

## Curriculum Committee Minutes

<b>Date</b>	June 7, 2021
<b>Time</b>	4:00 – 5:30PM
<b>Co-Chairs</b>	<i>Mark Whipple, Sherilyn Smith</i>
<b>Attendees</b>	<b>Academic Co-Chair:</b> <i>Sherilyn Smith</i> ; <b>Executive Chair:</b> <i>Mark Whipple</i>
<input checked="" type="checkbox"/> QUORUM REACHED: 13	<b>Voting Members:</b> <i>Amanda Kost, Cindy Knall, Courtney Francis, Elizabeth Buhler, John Willford, Laura Goodell, Leanne Rousseau, Matt Cunningham, Peter Fuerst, Zach Gallaher, Kris Calhoun, Ruth Lewinski</i> <b>Guests:</b> <i>Cynthia Sprenger, Frank Batcha, Gerald Tolbert, Heidi Combs, Jenny Wright, Kathy Young, Kelley Goetz, Kellie Engle, Martin Teintze, Meghan Kiefer, Nick Cheung, Sara Kim, Tara Gates, Jaime Fitch, Michael Campion, Doug Paauw, Brenda Martinez, LeeAnna Muzquiz, Devin Sawyer, Sarah Wood, Maya Sardesai</i>
<b>Regrets</b>	<b>Voting members:</b> <i>Ben Trnka, Brenna Ostertag, Carolyn Bell, Eric LaMotte, John Scott, Mara Rendi</i>

### Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve May Minutes	Sherilyn Smith	5 min	Attachment A	Decision
2	Announcements: <ul style="list-style-type: none"> <li>• CLOOM (Curriculum Learning Objective Oversight and Management) Committee membership</li> <li>• Student committee members participation in class meetings</li> </ul>	Mark Whipple	5 min		Announcement
3	Curriculum Committee Annual Reports	Mark Whipple / Sherilyn Smith	5 min	Attachment B	Discussion
4	Foundations 2022 Update	Edith Wang / Meghan Kiefer	10 min		Discussion
5	Step 2 CK Report	Matt Cunningham	20 min	Attachment C, D	Discussion
6	LIC Workgroup: WRITE Status Report	Mark Whipple / Frank Batcha / Jenny Wright	45 min	Attachment E	Discussion

1. Approve May Minutes		
<b>Discussion:</b> The May minutes were reviewed.		
<input checked="" type="checkbox"/> DECISION REQUIRED?	[11] VOTES FOR	[0] VOTES AGAINST
<b>Decision:</b> The Curriculum committee approved the May meeting minutes.		

2. Announcements
<p><b>Announcements:</b></p> <ul style="list-style-type: none"> <li>• The newly formed CLOOM (Curriculum Learning Objective Oversight and Management) Committee is seeking faculty membership. CLOOM is accountable for providing oversight and management of medical education learning objectives for all curricular items, evaluating gaps and/or redundancies related to the learning objectives, and developing processes for changing learning objectives. In consultation with Phase Committees, this committee will recommend actions to the Curriculum Committee for an in depth-annual review of the program level objectives and/or make recommendations for changes in program level objectives. The committee will likely meet every other month. If you are interested in joining, reach out to Nick Cheung, Curriculum Management Systems Manager, at somcms@uw.edu</li> <li>• Student committee members are instrumental in the work of the governance committees. At student class meetings, it tends to be primarily the deans and leadership leading the conversation. It would be great to include student voices in sharing information on committee activities with their classmates. <ul style="list-style-type: none"> <li>○ Student members are willing to help present information but want to be cognizant that the class meetings are one of the few venues where they hear from / can talk to deans and leadership.</li> </ul> </li> </ul>

3. Curriculum Committee Annual Reports
<p><b>Discussion:</b> Curriculum Committee’s bylaws stipulate that we will issue an annual report summarizing activities, actions, and decisions from the past year to Dean, Dr. Paul Ramsey and Vice Dean, Dr. Suzanne Allen. The committee briefly reviewed the reports for academic years 2019-2020 and 2020-2021 (the COVID-19 pandemic delayed the 2019-2020 report). The committee has accomplished a great deal over the past two academic years – well done all!</p> <p>See handouts for details.</p>

4. Foundations 2022 Update
<p><b>Discussion:</b> Dr. Kiefer reviewed the work of the Foundations 2022 workgroup in preparation for the June 8<sup>th</sup> Curriculum Retreat. The workgroup is made of members representing every block, thread, and site as well as faculty, students, and staff. The workgroup has met three times to discuss the following:</p> <ol style="list-style-type: none"> <li>1. Mission of Foundations</li> <li>2. Vision of curricular materials</li> <li>3. Implementation of Curriculum Committee objective #5: Give threads a more robust presence in the blocks</li> </ol> <p><b>1. Foundations (working) mission statement:</b> Students who complete the Foundations phase will, through engagement with our learning community, acquire the scientific knowledge, develop the foundational clinical skills, and form the professional identity necessary for the next phase of medical training and succeed as physicians.</p>

Knowledge	Skills	Professional Identify
Basic Science Clinical Practice Medicine in Society	Communication Teamwork Lifelong Learning	Integrity Respect Teamwork

**2. Foundations (working) vision statement:**

**Independent/Out-of-Class:**

Independent learning resources will be a holistic, deliberate, and customized selection of established materials (e.g., course packets, textbooks, prerecorded lectures, practice questions) used to orient students to the subject, provide them with a schema/framework, delineate important concepts, and prepare them to engage in class and provide an opportunity to consolidate learning.

Out-of-class material should	Students should
Provide students with new information, background, schema, framework, and important concepts & connections to previous knowledge	Recall facts and core concepts about topic Understand and describe/recognize framework and key concepts
Delineate key concepts within materials	Be prepared to communicate and apply concepts in class
Provide opportunity for self-assessment	Identify gaps in knowledge/areas of uncertainty

**Interactive/In-Class:**

Interactive learning sessions should be a holistic, deliberate, and customized selection of forums (e.g., large and small-group live sessions) to provide students with an opportunity to gain a deeper understanding through engaging with faculty and peers, communicating ideas and key concepts to colleagues, applying knowledge & solving problems in a supportive learning environment.

Interactive sessions should	Students should
Provide students with opportunity to engage with faculty and fellow students	Meaningfully participate in working through problems or projects
Review and reinforce key concepts & schema	Practice communicating ideas and key concepts
Create opportunity for students to use information learned in new situations	Engage with faculty, other students, and materials to construct a personal framework for understanding the material
Support students in practice of applying concepts and filling in gaps in understanding of material	Use materials to discover gaps in their own knowledge and to help support fellow students' learning

**3. Threads:**

The Threads recommendations are still being developed. The recommendations will include:

- Assessment structure
- Clarity of responsibility of knowledge

Visit the Foundations 2022 webpage for the most up-to-date information.

## 5. Step 2 CK Report

**Discussion:** The committee reviewed the report for the 2020 calendar year (encompassing several different cohorts). Since the implementation of the new curriculum in 2015, Step 2 CK scores and pass rates have been improving, both metrics are at, or slightly above the national average.

In 2020, about 90% of the students who took Step 2 CK were E-17s. There were no differences by regional campus or by sex/gender. Looking at results by race/ethnicity, there's a gap between white students and Underrepresented Minority students.

The committee provided feedback and asked questions:

QUESTION: Do we look at scores by economic status (disadvantaged, etc.) or by underserved rural populations?

ANSWER: Not currently.

QUESTION: How do these results compare with previous years?

ANSWER: Unsure, the Medical Education and Evaluation team has not done this analysis.

Step 2 CK will increase in importance as Step 1 changes to Pass/Fail. The Medical Education and Evaluation team looked at indicators for predicting Step 2 CK scores, including:

- Clerkship grades for the six required clerkships that most students will take before Step 2 CK. Clerkships are graded on a four-tier scale: Honors, High Pass, Pass and Fail. The stronger relationship is the sum of Honors grades.
- The variables with the highest Step 2 CK score correlation are:
  - Clerkship exam average
  - Step 1 score
  - Block average (only available for E-15 – E-17 students)

If a student has difficulty on the first few required clerkship exams, this could be a good opportunity for early intervention before they take Step 2 CK. College mentors have access to these scores, but this may fall more under Student Affairs' and the Proactive Advisor's purview.

The School should consider how Step 2 scores will play into residency applications as Step 1 changes to Pass/Fail and how we can best advise and support students.

**ACTION:** Dr. Cunningham will review Step 2 CK data to see if there any trends over time and come back to share with Curriculum Committee.

**ACTION:** This data will be shared with students at class meetings, so they are aware of the correlation between clerkship exam performance and Step 2 CK performance.

**ACTION:** In order to ensure we are taking proactive steps to address the difference of scores between white and underrepresented minority students, the Student Affairs team will consult with experts in the School and the Medical Education and Evaluation team to ensure we have analyzed the data enough to assess whether we have put all of the proactive measures in place that we can.

See handouts for details.

## 6. LIC Workgroup: WRITE Status Report

**Discussion:** In November 2020, Dr. Allen charged a workgroup to make recommendations for a conjunct clerkship which allows for the following items, #1 – 8.

Background – there was discussion on what the WRITE program should be and how it should be developed. Originally the group wanted to make WRITE an independent course as part of TRUST. This recommendation was ultimately not approved. The group then decided that WRITE should be intimately linked with TRUST. The workgroup’s vision is that WRITE will be viewed as a rural physician workforce program. Using this as a framework, the workgroup developed the following recommendations:

### 1. Leadership and oversight of the LIC

WRITE conjoint clerkship will be administered by the WRITE conjoint clerkship director who will be clinically active faculty of the administering department. The WRITE director will be assisted by an administrative assistant. Each non-administering participating department will provide clinically active faculty to assist the WRITE conjoint clerkship director in the development of curriculum, goals and objectives, educational content, student assessment, grading and evaluation, faculty development, and quality improvement. The WRITE conjoint clerkship director and clinical departmental representatives will meet no less frequently than at the end of each academic quarter to assess curriculum, goals and objectives, educational content, student assessment, grading and evaluation, faculty development, and quality improvement.

### 2. Goals and objectives, required clinical experiences including inpatient and outpatient, to be met during the LIC

- A preliminary draft of Goals and Objectives can be found at this LINKED LIVE document and in the attached document.
- Inpatient experiences will be administered by the individual clinical departments.

### 3. Variability, if any, between LIC sites

The curriculum will be uniform for all outpatient WRITE conjoint clerkship sites, with the exception of those WRITE sites which have the OB/GYN clerkship component embedded, which will then have the OB/GYN component run concurrently.

### 4. Length of the LIC

- The outpatient WRITE conjoint clerkship will run for 21 weeks without an OB/GYN clerkship component; 24 weeks for those sites with an OB/GYN clerkship component. Scheduling of the WRITE conjoint clerkship will be concurrent over two academic quarters. It is preferable that the inpatient experiences, as much as possible, follow the outpatient experience, and that inpatient experiences will take place regionally, preferably geographically proximate to the student’s WRITE site.
- The inpatient portion of Internal Medicine will be 6 weeks, and for OB/GYN not associated with a conjoint WRITE clerkship with an OB/GYN clerkship, PEDS, and PSYCH, 3 weeks respectively.
- Surgery will remain a standalone clinical clerkship.

### 5. Evaluation of students during the LIC

Evaluations of students during the WRITE conjoint clerkship will be performed by site preceptors according to grading rubrics established by the administering department under the oversight of the representatives from the participating clinical departments. Family Medicine exam is a requirement that will be administered during the conjoint course. The WRITE conjoint clerkship will span two academic quarters, and the students will receive a grade for each quarter. At the time of the writing of this document, it has yet to be determined if the quarterly grades will be linked or separate, and whether the grades will be tiered or pass/fail.

#### **6. Evaluation of faculty during the LIC**

- WRITE conjoint clerkship faculty will have a faculty appointment from the UWSOM.
- WRITE conjoint clerkship faculty will undergo student evaluation feedback at the end of the WRITE conjoint clerkship.
- WRITE conjoint clerkship faculty will receive at a minimum annual site visits from either a Regional Clinical Dean, a faculty member from the administering department, a faculty member from one of the partnering clinical departments, or a faculty member from the Office of Rural Programs.
- WRITE inpatient faculty will be administered under the auspices of and in accordance with the individual clinical departments.

#### **7. Graduation requirements which will be met by the LIC**

The requirements of the Patient Care phase will be met by successful completion of a 21 week WRITE conjoint clerkship (42 credits), 6-week Surgery clerkship (12 credits), 6-week Inpatient Medicine (12 credits), 3-week Inpatient Pediatrics (6 credits), 3-week Inpatient Psychiatry (6 credits), 3 weeks Inpatient Obstetrics/Gynecology (6 credits).

#### **8. Faculty development that will be needed**

Site Directors of the WRITE conjoint clerkship will complete at a minimum annual faculty development from the administering department and the partnering clinical departments regarding the curriculum, goals and objectives, content, and content delivery of the WRITE conjoint clerkship, as well as faculty development dealing with teaching, feedback, learning environment, and other pertinent related subject matter. Additional UWSOM and Regional faculty development may also be available and may address the requirements as delineated above.

#### **Other Additional Comments and Input from the LIC Workgroup:**

- Consensus among the workgroup was that **WRITE should be structured as a rural workforce program intimately linked to TRUST.**
- Regional admission's committees will be educated on the goals of TRUST as a rural workforce program. Applicants to TRUST will be made aware of the uniqueness of the WRITE LIC educational experience in the UWSOM and its mission to develop a rural physician workforce.
- A pathway will be developed to admit interested post-matriculation students to the TRUST program.
- Consideration will be given to expand TRUST beyond the current level of 40 students given the constraints of clerkship capacity, TRUST/WRITE site availability, Regional interest, and student interest.
- Further investigation into the structure, administration, and expansion of the Olympia-style LIC will be undertaken, upon completion of the restructuring of the WRITE LIC.

See handouts for details.