

Curriculum Committee Minutes

Date	January 10, 2022
Time	4:00 – 5:30PM
Co-Chairs	<i>Sherilyn Smith</i>
Attendees	Academic Co-Chair: <i>Sherilyn Smith</i>
<input checked="" type="checkbox"/> QUORUM REACHED: 11	Voting Members: <i>Audrey Mossman, Cindy Knall, Courtney Francis, Elizabeth Buhler, Kris Calhoun, Laura Goodell, Matt Cunningham, Peter Fuerst, Ryan Richardson, Zach Gallaher</i> Guests: <i>Edith Wang, Meghan Kiefer, Frank Batcha, Amanda Kost, Heather McPhillips, John McCarthy, Jeff Seegmiller, LeeAnna Muzquiz, Geoff Jones, Brant Schumaker, Kellie Engle, Gina Franco, Cynthia Sprenger, Kathy Young, Gerald Tolbert, Darryl Potyk, Robin Scott, Maya Sardesai, Sarah Wood, Judy Swanson, Michael Champion, Sara Kim, Brenda Martinez, Devin Sawyer, Janelle Clauser, Kelley Goetz, LeeAnna Muzquiz, Ruth Lewinski, Karla Kelly, Heidi Combs, Martin Teintze, Jaime Fitch, Ceradwen Tokheim</i>
Regrets	Voting members: <i>Ben Trnka, Carolyn Bell, Eric LaMotte, Esther Chung, John Willford, Leanne Rousseau</i>

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve December Minutes	Sherilyn Smith	5 min	Attachment A	Decision
2	<ul style="list-style-type: none"> • Recruit new Academic Co-chair • Welcome new student members: <ul style="list-style-type: none"> ○ Audrey Mossman ○ Ryan Richardson 	Sherilyn Smith	5 min		Announcement
3	UW Curriculum Committee approved 2022 Graduation Requirements	Kellie Engle	5 min	Attachment B	Announcement
4	Foundations 2022 Update	Edith Wang / Meghan Kiefer	10 min		Announcement
5	WRITE 2.0	Frank Batcha / Amanda Kost	45 min	Attachment C - I	Discussion / Decision

Next Meeting: February 7, 2022

1. Approve December Minutes

Discussion: The December minutes were reviewed.

DECISION REQUIRED?

[9] VOTES FOR

[0] VOTES AGAINST

Decision: The Curriculum committee approved the December meeting minutes.

2. Announcements

Announcements: Dr. Sherilyn Smith will be retiring in summer 2022, the Curriculum Committee will need a new Academic Co-Chair. Curriculum Committee bylaws stipulate the Academic Co-Chair will be selected from faculty members who have served for at least one year. In the event of multiple candidates, a vote of the Curriculum Committee members will choose the next co-chair. Academic Co-Chairs are expected to serve a three-year term. Duties include:

- Working with the Executive Co-Chair (the Associate Dean for Curriculum) to set agendas, lead meetings, ensure adequate and appropriate documentation of meetings and decisions, convene task forces and special groups as needed, serve as liaisons to the phase committees (Foundations, Patient Care, and Explore & Focus Phase Committees), report recommendations to the Vice Dean for Academic, Rural and Regional Affairs and by extension the Faculty Council on Academic Affairs (FCAA) and provide updates to the Medical School Executive Committee (MSEC).

If you meet the criteria and are interested in serving as the Curriculum Committee Academic Co-Chair, send an e-mail to the Curriculum Team at somgov@uw.edu.

The UWSOM student body elected two new student members to the Curriculum Committee:

- Audrey Mossman, a Foundations Phase student from the Wyoming site
- Ryan Richardson, a Foundations Phase student from the Idaho site

A very warm welcome to our newest student members!

3. UW Curriculum Committee approved 2022 Graduation Requirements

Discussion: The University of Washington Curriculum Committee approved the UW School of Medicine's (UWSOM) 2022 graduation requirements on November 29, 2021. These graduation requirements include updates made to the Foundations Phase with the current curriculum renewal.

See meeting handouts for details.

4. Foundations 2022 Update

Discussion: In 2019, the U.S. Department of Education updated requirements for the length of the quarters, requiring them to be between 9-13 weeks. UWSOM's Foundations Phase is out of compliance. UWSOM faculty, staff and student workgroups have been working on a Foundations renewal both to come into compliance for the 2022 entering class and to make improvements to the Foundations curriculum.

In Spring 2020, two workgroups were formed to develop a data-driven approach to develop guiding principles for the Foundations renewal and restructuring. A student workgroup developed recommendations around assessment and Step 1 preparation, an ideal schedule, and course materials. A faculty and staff data workgroup reviewed Step 1 performance, course evaluation, and course

performance data as well as the student workgroup's recommendations. From this work, eight guiding principles were developed and approved by the Curriculum Committee:

1. Foundations should be longer
2. Blocks should be less than or equal to 8 weeks and more uniform in length
3. Hematology should be earlier and before cardiovascular content
4. HFF complexities deserve special attention when constructing the schedule
- 5. Threads need a larger and more integrated presence in block**
6. Set time aside during Foundations for review and integration
7. Consider burden of disease when determining depth of coverage
8. Give more time to Blood & Cancer, MSK, Immunology and threads

Update on #5

This guiding principle has been updated slightly: "Threads should have a larger and more systematic/consistent presence in each block." In order to accomplish a more systematic approach, Curriculum leadership should develop a framework for block/thread planning that can be applied by block and thread leaders to determine how best to teach relevant thread material within a block.

In Spring 2021, the Foundations 2022 workgroup reviewed the current thread structure and hours allocation. The workgroup recommended:

- Threads need to transition from a virus to a commensal bacterial structure
- Assessment structure – uneven and sometimes unknown distribution of questions; thread assessment should be independent
- Time devoted to threads should not be determined by block leads
- Students want clarity, re: what content they are responsible for
- Value to tracking thread performance

In Fall 2021, Curriculum leadership focused on:

- Working with blocks and threads to ensure content has a home and reflects guiding principles approved by Curriculum Committee
- Coordinating with Academic Learning Technologies/Instructional Design and Block/Thread/Theme faculty to translate these visions into guidelines for developing 2022 Foundations Phase Curriculum
- Integration workgroup formed: created course objectives and developed working model for curricular structure and content
- Met with students to review concerns with current thread assessment structure

2022 Thread Hours

- Dr. Wang and Dr. Kiefer have met with all threads and reviewed their content, current hours, and requested hours and content in depth
- These requests have been balanced with needs of blocks and other threads to develop hours allocation in each course
- Working with Themes and Oncology leads to review their longitudinal content needs
- Suggest development of formalized process for changes to thread hours in future years
 - The hours dedicated to Threads is not set in stone and can be changed if need be.

ACTION: Dr. Wang and Dr. Kiefer will come back to the committee to present the hours allocation (both in the legacy curriculum and the 2022 curriculum) and how well we met the guiding principles.

5. WRITE 2.0

PROGRAM OVERVIEW

The WWAMI Rural Integrated Training Experience Program (or WRITE) is a Longitudinal Integrated Clerkship (LIC) that offers selected third-year medical students a mix of ambulatory and hospital training through a clinical education experience at a rural primary care teaching site. Throughout the program, WRITE students develop practice styles while learning how to treat a broad range of medical, surgical, and psychological problems. Emphasis is on the rural physician's roles and responsibilities to diagnose, treat, and manage most health problems on a longitudinal continuing basis while calling upon the health care resources of the community.

WRITE was created to expand primary care and rural training options at the UW; develop additional training experiences in the WWAMI states, including rural Washington; foster the UWSOM's primary care mission, and provide more physicians for rural practice in the Pacific Northwest.

The first WRITE students completed their experiences in 1996 in Hailey and McCall, Idaho. Since that time WRITE has expanded to 40 sites throughout WWAMI and has become an integral part of the Targeted Rural and Underserved Track (TRUST).

WRITE began as a 24-week LIC whereby students received credit for their Family Medicine clerkship and the outpatient portions of the Internal Medicine, Pediatrics, and Psychiatry clerkships. Currently, WRITE is a 16-week experience consisting of 6-week Family Medicine clerkship, 3 weeks each of outpatient Pediatrics and Psychiatry, and a 4-week elective (currently Pain elective for early start WRITE and APC for late start WRITE). Some WRITE sites have a concurrent longitudinal OB/GYN clerkship associated.

WORKGROUP CHARGE

In November 2020, the Vice Dean for Academic, Rural and Regional Affairs charged a workgroup to make recommendations for a conjunct clerkship which allows for the following:

1. Leadership and oversight of the LIC
2. Goals and objectives, required clinical experiences including inpatient and outpatient, to be met during the LIC
3. Variability, if any, between LIC sites
4. Length of the LIC
5. Evaluation of students during the LIC
6. Evaluation of faculty during the LIC
7. Graduation requirements which will be met by the LIC
8. Faculty development that will be needed

The workgroup gave a status report to Curriculum Committee on June 7, 2021 (see June meeting minutes for details).

WRITE 2.0

The workgroup has returned to Curriculum Committee to present their final recommendations for review and approval:

New WRITE structure

- The WRITE outpatient experience will be a conjunct clerkship administered under Family Medicine, with participation of Internal Medicine, OB/GYN, Pediatrics, and Psychiatry (Surgery will stand alone).

- Leadership and oversight will be provided by an advisory board.
- Each department will administer inpatient experiences.
- 21-24 weeks (depending on whether there is an OB/GYN clerkship at the site)

LIC workgroup's mission: WRITE should be structured as a rural workforce program intimately linked to TRUST

- Regional admission 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 clerkship capacity, TRUST/WRITE site availability, regional interest, and student interest.

WRITE Objectives (mapped to UWSOM Program Level Objectives and Entrustable Professional Activities (EPAs) where appropriate)

- Obtain focused and comprehensive medical histories using patient-centered, developmentally appropriate communication with patients across the lifecycle (infants, children, adolescents, adults, and older adults) (*PC.02, EPA 1*)
- Perform the appropriate physical examination with patients across the lifecycle (*PC.02, EPA 2*)
- Present well organized, appropriately focused, and accurate oral case presentation for common patient presentations across the lifecycle (*PC.0, PC.05, EPA 2, EPA 3*)
- Generate and communicate patient management plans throughout the lifecycle, including acute, chronic, and health maintenance visits, using collaborative decision making with patients (*PC.05, PC.06, PC.07, EPA 3, EPA 4*)
- Apply established and emerging scientific principles to diagnostic and therapeutic decision making, clinical guidelines, and other aspects of evidence-based health care (*KP.11*)
- Produce well organized, complete, concise, and accurate write-ups for patient presentations across the lifecycle and across the patient care spectrum (*CS.04, EPA 5*)
- Demonstrate patient-centered communication skills in multiple clinical settings, including eliciting/recognizing the needs of families/caregivers (*CS.05, CS.06*)
- Demonstrate a demeanor that establishes rapport and puts patients and families at ease and fosters engagement of patients in a discussion of their health needs (*PD.07*)
- Address patient needs to promote health within systems that are rural and potentially resources limited (*SB.01-.02*)
- Engage in self-directed learning to address gaps in knowledge, skills and/or attitudes needed for high quality clinical care (*PB.01-03, EPA 7*)
- Demonstrate effective partnerships within a multidisciplinary healthcare team (*IP.01-.03, EPA 9*)
- Demonstrate appropriate professional and ethical behaviors (*PR.01-.06*)

Instructional Strategies (mapped to MedBiquitous instructional methods)

- IM02: Clinical experience – Ambulatory
- IM03: Clinical experience – Inpatient (as available by setting)
- IM13: Lecture (Prerecorded modules on how to prepare Oral Case Presentations (OCP) and write-ups for pediatric and adult patients and those with behavioral health or reproductive health concerns)

- IM31: Patient presentation – Patient
- IM08: Discussion, Small Group (Small group discussion and debrief of student OCPs)
- IM06: Demonstration (depending on setting and clinical care)
- IM24: Service-Learning Activity (required community engagement project or service-learning hours with reflective component)

Assessment Strategies (mapped to MedBiquitous content)

- AM01: Clinical documentation review
 - Required clinical encounters
- AM11: Oral patient presentation
 - Formal oral case presentation (two of each)
 - i. Pediatric care
 - ii. Adult ambulatory care
 - iii. Reproductive health
 - iv. Behavioral health
- AM02: Clinical performance rating/checklist **vs.** AM14: portfolio-based assessment
 - Workplace-based assessments of EPAs aligned with WRITE LIC objectives
- AM10: Narrative assessment
- AM16: Research or project assessment
 - Community engagement or service-learning project
- AM13: Peer assessment
 - Peer feedback using a structured form for the required OCPs
- AM17: Self-assessment
 - Pre- and post-Ottawa levels for EPAs for Course 1 and Course 2
- AM08: Exam – nationally normed/standardized, subject
 - Family Medicine NBME exam

Competency-based clerkship assessment

Consulted colleagues at Oregon Health & Science University (OSHU) on how to utilize workplace-based assessments. The WRITE 2.0 team also has meetings scheduled with other peer institutions.

- Brief survey (accessed through a QR code) about student level of entrustment and contextual details of encounter
 - Type of visit: acute, chronic, preventive
 - Type of patient: adult, pediatric, behavioral health, reproductive health
 - Setting: outpatient, inpatient, nursing facility, etc.

Using competency-based assessment in a letter grade environment

Based on a study out of Minnesota, the WRITE 2.0 team developed a potential grading framework. Ultimately, the advisory board would make entrustment decisions.

- Honors: Meeting entrustment in all WRITE EPAs across contexts of encounter
 - Type of visit: acute, chronic, preventive
 - Type of patient: adult, pediatric, behavioral health, reproductive health
 - Setting: outpatient, inpatient, nursing facility, etc.
- High Pass: Meeting entrustment in all WRITE EPAs across one content (type of visit, patient, setting)
- Pass: Meeting entrustment in all WRITE EPAs

The EPAs that will be assessed in WRITE

- EPA 1: history and physical exam
- EPA 2: differential diagnosis
- EPA 3: diagnostic and screening tests
- EPA 4: orders and prescriptions
- EPA 5: documentation
- EPA 6: oral case presentations
- EPA 7: clinical questions
- EPA 9: interprofessional team care

Future optional EPAs to assess in WRITE

- EPA 8: patient handover (could consider a pilot with transitions of care)
- EPA 11: informed consent (this has been done as a part of shared decision making at other schools)
- EPA 13: safety and improvement (could be part of APCs)

Advisory Board

This governing body will be made up of representatives from each department involved (Pediatrics, Psychiatry, OB/GYN, Family Medicine, and Internal Medicine). The board's potential activities:

- Ensure content is integrated, accurate, and reflective of traditional block
- Entrustment decisions
- Update objectives and assessment activities
- Involvement in didactic session
- Faculty development recommendations

The committee provided feedback and asked questions:

- The advisory board should include TRUST/WRITE faculty members

QUESTION – Are we doing everything we need to do for accreditation and governance?

ANSWER – The Clinical Curriculum team is helping shepherd the new course through all required steps and processes at the University of Washington level.

QUESTION – Are there equity and/or cultural humility EPAs that could be added?

ANSWER – The group used the 13 EPAs from the AAMC's "preparation for residency" list. The WRITE 2.0 team will look into adding an EPA on equity.

QUESTION – What are the total number of weeks?

ANSWER – It's the same as the traditional Patient Care Phase and students receive the same credit hours. The APC will be completed separately during the Explore & Focus Phase.

QUESTION – Will WRITE students have six weeks of elective time in their third-year schedule?

ANSWER – Yes, however WRITE students complete their outpatient experiences consecutively across two quarters, so it will not be during the outpatient portion of the program.

QUESTION – When will WRITE 2.0 be implemented?

ANSWER – The goal is to implement these changes for the 2023-2024 clerkship year (for the E-21 cohort).

QUESTION – Is this timeline feasible since we have already admitted TRUST students under the old requirements?

ANSWER – There will need to be detailed communications sent to current TRUST students. The School will need to get informed consent that they want to continue in the program. The WRITE 2.0 team does not anticipate any issues with current TRUST students switching to this new model.

QUESTION – If OB/GYN was absent at a WRITE site, how would the student get the OB/GYN experience?

ANSWER – They would not complete a traditional 6-week OB/GYN clerkship, rather the student would gain experience in reproductive care in the outpatient portion at their WRITE site and then complete a 3-week inpatient OB/GYN rotation.

QUESTION – Will WRITE’s current early start/late start structure continue?

ANSWER – Part of the cohort will start in Spring and the other part will start in Summer. The rationale is that summer is an in-demand time for inpatient experiences at large academic institutions and/or students often complete their Sub-I/“audition” rotations in the summer.

The structure of the program needs to be approved by the Curriculum Committee in order for progress to continue at the University of Washington level (to create a new course prefix).

The Curriculum Committee will continue to discuss the WRITE program changes and approve details in the coming months.

<input checked="" type="checkbox"/> DECISION REQUIRED?	[11] VOTES FOR	[0] VOTES AGAINST
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Decision: The Curriculum Committee approved WRITE as an outpatient Longitudinal Integrated Clerkship (LIC) experience structured as a 21-to-24-week clerkship administered by the Department of Family Medicine. Twenty-one to 24 weeks is predicated on whether or not there would be an OB/GYN experience at that location. The WRITE inpatient clerkship experience would be six weeks of Internal Medicine, three weeks of Pediatrics, three weeks of Psychiatry, three weeks of OB/GYN, and six weeks of Surgery, administered independently by respective departments.