



Curriculum Committee Minutes

Date	September 12, 2022
Time	4:00 – 5:30PM
Co-Chairs	<i>Heather McPhillips, Laura Goodell</i>
Attendees	<p>Academic Co-Chair: <i>Laura Goodell</i>; Executive Chair: <i>Heather McPhillips</i></p> <p>QUORUM REACHED: YES, 10 Voting Members: <i>Audrey Mossman, Cindy Knall, Courtney Francis, Esther Chung, John Willford, Kris Calhoun, Matt Cunningham, Zach Gallaher</i></p> <p>Guests: <i>Sara Kim, Jordan Kinder, Michael Campion, Darryl Potyk Kellie Engle, Rachel Liao, Gerald Tolbert, Sarah Wood, Jung Lee, Cynthia Sprenger, Gina Campelia, Jaime Fitch, LeeAnna Muzquiz, Bruce Silverstein, Geoff Jones</i></p>
Regrets	Voting members: <i>Elizabeth Buhler, Eric LaMotte, Leanne Rousseau, Ryan Richardson</i>

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve June Minutes	Laura Goodell	5 min	Attachment A	Decision
2	APC and Sub-I Criteria Revisions	Esther Chung	10 min	Attachments B, C, D	Decision
3	Comprehensive Cohort Competency Report	Matt Cunningham	35 min	Attachment E	Discussion
4	Review of 2022 Student Survey Key Findings	Sara Kim	40 min	Attachment F	Discussion



1. Approve June Minutes		
Discussion: The meeting minutes were reviewed.		
<input checked="" type="checkbox"/> DECISION REQUIRED?	[8] VOTES FOR	[0] VOTES AGAINST
Decision: The Curriculum committee approved the June meeting minutes.		

2. APC and Sub-I Criteria Revisions
<p>Discussion: A subcommittee was formed after the May Explore & Focus Phase committee meeting to finalize proposed revisions to the Advanced Patient Care clerkships (APCs) and Sub-Internship criteria, specifically to update the criteria to include some longitudinal courses, that otherwise fit the requirements of an APC (in goals and hour requirements).</p> <p>A summary of the proposed revisions include:</p> <ul style="list-style-type: none"> • General language clean-up. • Change “full-week, full-time” to “8 credit.” Adding additional information: “while sub-internships must be full-time four-week experiences, other APC rotations may be longitudinal as long as students complete the number of clinical hours needed for an 8-credit clerkship.” • Remove the following from APC goals: “<i>Apply concepts and skills from the longitudinal Ecology of Health & Medicine course in a relevant clinical setting. (These activities will be assessed by EHM faculty but may require the clerkship to provide dedicated time and access to relevant personnel. Specific activities are described separately.)</i>” • Add the following to APC goals: “Demonstrate independence and ability to think critically, skills necessary to transition to residency.” • Edit language around number of patients that should be seen in an APC. From: “<i>must allow student to become responsible for the care of the appropriate number of patients</i>” to “should allow the student to take responsibility for the care of a number of patients that exceeds the amount seen by a typical Patient Care Phase student.” • Clarify the definition of “team” for a Sub-Internship, from: “<i>The elective must either involve the student functioning as a part of a team of residents, preferably one on which there is at least one intern (first-year resident), as this experience is meant to better prepare the student for residency and patient management; or alternatively if appropriate for the particular specificity, if the elective is at a community-based clinic or hospital the student must work under the direct supervision of one or more attending physicians in the manner of a first-year resident in that specialty.</i>” To: “The rotation must either involve the student functioning as a part of a team of residents, or alternatively the student must work under the direct supervision of one or more attending physicians in the manner of a first-year resident in that specialty.” • Update patient care and continuity language, from: “<i>elective must allow the student to become responsible for the care of more than one patient at a time and following those patients in extreme detail.</i>” To: “rotation must allow the student to become responsible for the care of more than one patient at a time, with the opportunity to follow those patients as an intern in that specialty would” • Remove the following from Sub-Internship criteria: “<i>The elective must include a significant inpatient experience if appropriate for the specialty.</i>”



The Explore & Focus Phase committee endorsed these revisions via e-vote in July 2022. Curriculum committee reviewed and discussed the revisions.

Curriculum Committee recommended one additional revision with the goal of clarifying what constitutes a team for a Sub-I: “The rotation must either involve the student functioning as a part of a team of residents, or alternatively the student must work under the direct supervision of one or more attending physicians in the manner **of that approximates as closely as possible** a first-year resident in that specialty”

<input checked="" type="checkbox"/> DECISION REQUIRED?	[7] VOTES FOR	[0] VOTES AGAINST
--	---------------	-------------------

Decision: The Curriculum committee approved revisions to the Advanced Patient Care clerkships (APCs) and Sub-Internship criteria.

3. Comprehensive Cohort Competency Report

Discussion: The committee reviewed the Comprehensive Cohort Competency Report (CCCR) for the Entering class of 2017/graduating class of 2021. This report addresses the Liaison Committee on Medical Education’s (LCME) 8.4 *Evaluation of Education Program Outcomes*: “A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the **extent to which medical students are achieving medical education program objectives** and to enhance the quality of the medical education program as a whole. These data are collected during program enrollment and after completion.”

The UW School of Medicine (UWSOM) adopted a modified version of the Physician Competency Reference set developed by the Association of American Medical Colleges (AAMC). The UWSOM has 61 [program objectives](#) sorted into eight domains:

- Patient Care (9)
- Professionalism (6)
- Knowledge for Practice (15)
- Systems-based Practice (4)
- Practice-based Learning & Improvement (10)
- Interprofessional Collaboration (3)
- Interpersonal & Communication Skills (6)
- Personal & Professional Development (8)

The Educational Evaluation team inventoried all major sources of summative assessments throughout the curriculum (all assessments are mapped to program objectives).

Summative Assessment Components		
Foundations Phase	Clinical Phases	OSCE
Block examinations	Clerkship examinations	Foundations OSCE
FCM assessments	Clerkship assessments	Patient Care OSCE

The Program Evaluation and Assessment Committee (PEAC) reviews this data and develops standards of mastery for program objectives:



Assessment	Standard
Foundations block examinations	70% or higher across all exam items
FCM assessments	Meets all FCM milestones
Clerkship assessments	Minimum passing threshold or higher on at least 80% of all rating items across clerkships
Clerkship examinations	Minimum passing threshold or higher on all clerkship exams
Foundations / Patient Care OSCEs	Meets or exceeds expectations on at least 75% of all applicable exam stations across both OSCEs

Overall, this cohort of students did well meeting the standards of mastery for the program objectives. Of the UWSOM's 61 objectives, 56 are currently assessed. This is an improvement from the Entering class of 2016/graduating class of 2021 (48 PLOs were assessed). The increase in PLOs assessed is largely due to the addition of the Ecology of Health and Medicine course (which taught Themes and systems content). The five PLOs not currently assessed include:

- PC.08 – Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes.
- KP.15 – Contribute to the creation, dissemination, application, and/or translation of new health care knowledge and practices.
- PB.08 – Participate in the education of patients, families, students, trainees, peers, and other health professionals.
- SB.01 – Work effectively in various health care delivery settings and systems relevant to one's clinical specialty.
- SB.02 – Coordinate patient care within the health care system relevant to one's clinical specialty.

There are plans to assess SB.01 and SB.02 through the new clerkship rating forms and items under development by the Educational Evaluation team and required clerkship directors. However, many of the new forms and rating items are more focused and the Educational Evaluation team anticipates losing coverage of other PLOs.

Next Steps:

How to address expanded students:

- The CCCR only includes data for students who complete the UWSOM medical education program in four years. The School does not have an effective way to assess PLO performance for expanded students.

Improve data collection and report generation:

- Long-term goals include automating processes for data collection, especially for expanded students.

Revise program objectives:

- This is under the purview of the Committee for Learning Objective Oversight and Management (CLOOM) and is a longer-term project. If anyone is interested in joining the committee, reach out to Matt Cunningham.

Address gaps in assessment coverage:



- The LCME expects medical schools to be able to measure student achievement of all program objectives. This will need to be addressed before the next LCME accreditation renewal (in 2026).

The committee discussed the following:

- Does the UWSOM skew toward assessing program level objective mastery through the clinical components of the curriculum?
 - The assessment components are fairly balanced between Foundations Phase block exams and required clerkship exams.
- The CCCR does not include data for expanded students (many of whom expand due to academic difficulty), which could produce bias in the report.
 - It would be helpful to identify which phase of the curriculum most students struggle with learning objective mastery.
 - COVID-19 pandemic waivers may have helped students who were struggling in the Foundations Phase and could impact the data.
 - The most common period for expansions are: around the USMLE Step 1 examination (due to Step 1 delays) and between third and fourth year for residency applications.
- It would be helpful to have this data in real-time to provide support to students, but this is difficult due to the amount of data analysis.

4. Review of 2022 Student Survey Key Findings

Discussion: Curriculum Committee reviewed key findings from 2022 student feedback. Sources included:

- Internal UWSOM student surveys
 - Foundations Phase, Patient Care Phase, and Explore & Focus Phase surveys administered by the Educational Quality Improvement (EQI) unit in Academic Affairs.
- AAMC Year 2 Questionnaire (Y2Q).
- AAMC Graduation Questionnaire (GQ).

The data from these surveys is utilized for continued accreditation through the Liaison Committee on Medical Education (LCME), for continuous quality improvement, to identify resource needs, and for communications.

Key takeaways:

- UWSOM graduates report planning to work in small cities, practice in underserved areas, and care for underserved populations (regardless of location) at a higher rate than the national average.
- UWSOM graduates score comparably to the national average in satisfaction with their education.
- Satisfaction is comparable across the regional sites.
- UWSOM graduates feel well prepared for residency training (a trend that has held steady over the past three years).
- Between 75 and 81 percent of respondents would recommend the UWSOM.
- Students are overall satisfied with the basic science courses and feel they prepared them well for clerkships.
- Students reporting mistreatment has been declining over the past three years.