



Curriculum Committee Minutes

Date	January 9, 2023
Time	4:00 – 5:30PM
Co-Chairs	<i>Heather McPhillips, Laura Goodell</i>
Attendees	Academic Co-Chair: <i>Laura Goodell</i> ; Executive Chair: <i>Heather McPhillips</i>
<input checked="" type="checkbox"/> QUORUM REACHED:	<p>Voting Members: <i>Audrey Mossman, Cindy Knall, John Willford, Kris Calhoun, Leanne Rousseau, Matt Cunningham, Peter Fuerst, Ryan Richardson</i></p> <p>Guests: <i>Kellie Engle, Bessie Young, Holly Kennison, Debbie Blackstone, Cynthia Sprenger, John McCarthy, Devin Sawyer, Sarah Wood, Jeff Seegmiller, Michael Campion, LeeAnna Muzquiz, Sara Kim, Meghan Kiefer, Martin Teintze, Darryl Potyk, Maya Sardesai, Jung Lee, Kathy Young, Jordan Kinder, Gerald Tolbert, Karla Kelly</i></p>
Regrets	Voting members: <i>Courtney Francis, Eric LaMotte, Esther Chung, Zach Gallaher</i>

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve December Minutes	Laura Goodell	5 min	Attachment A	Decision
2	Foundations and Patient Care OSCE Results	Kris Calhoun	20 min		Discussion
3	Community-Urban Scholars Program (CUSP): <ul style="list-style-type: none"> • Updates • Pilot-to-Permanent 	Holly Kennison / Bessie Young	45 min	Attachment B	Decision



1. Approve December Minutes		
Discussion: The meeting minutes were reviewed.		
<input checked="" type="checkbox"/> DECISION REQUIRED?	[9] VOTES FOR	[0] VOTES AGAINST
Decision: Curriculum committee approved the December meeting minutes.		

2. Foundations and Patient Care OSCE Results
<p>Discussion: The committee reviewed the 2022 OSCEs (Objective Structured Clinical Examinations) data. The OSCEs are a graduation requirement. The main goals of the OSCEs are to:</p> <ul style="list-style-type: none"> Assess and provide feedback on clinical skills and clinical reasoning as students move through the curriculum. Identify strengths and weaknesses in the curriculum. <p>Two OSCEs are administered during the Foundations phase (Foundations OSCE I and Foundations OSCE II) and one OSCE is administered during the Patient Care phase. Foundations OSCE I is lower stakes and provides an opportunity for students to get familiar with the exam’s structure and for their College mentor to see where they are. The students are assessed and evaluated, but there is not a requirement to pass. Foundations OSCE II is more summative. The Patient Care OSCE is administered when students have completed five of the six required Patient Care Phase clerkships.</p> <p>There is a three-point grading system: Exceeds Expectations (EE), Meets Expectations (ME), and Needs Development (ND). Students who do not meet the standard on either part must either remediate with a College faculty (Foundations OSCE I or II) or retake the exam (Patient Care).</p> <p>The committee reviewed the 2022 OSCE results. Most students received EE or ME grades on the Foundations and Patient Care OSCEs.</p>

3. Community-Urban Scholars Program (CUSP)
<p>Discussion: The Community-focused Urban Scholars Program (CUSP) is a comprehensive approach to diversifying the UW School of Medicine (UWSOM) student population and addressing WWAMI’s urban underserved physician workforce shortage through pipeline development and community-based medical school training. CUSP Scholars engage in a four-year, integrated curriculum which offers in depth public health training and clinical experiences in underserved settings. Scholars also grow personally and professionally through mentorship, reflection, and service learning. Curriculum Committee last discussed CUSP in March 2017 when it was approved as a pilot program. The Office of Healthcare Equity (OCHE) presented updates to the committee and are requesting approval to become a permanent program.</p> <p>Program Mission: Aim to recruit students from urban underserved communities, train them in population health and health equity, tailor their clinical experiences for maximum exposure to urban underserved care, and send them back to Washington communities as physicians. Core to the mission is nurturing the talents of students from underrepresented backgrounds by creating an ecosystem of support that offers mentorship, tailored programming, and professional development.</p>



Program Goals:

Develop a workforce of diverse physician leaders in under-resourced urban communities in the WWAMI region through a full circle pipeline program that fosters and supports qualified students through mentorship and professional development, population health training, and urban clinical experiences.

Program Objectives:

- Develop a workforce ecosystem that encourages and supports a diversity of students toward careers in urban under-resourced clinical practices.
- Train students to apply the principles and practices of population health in clinical and community environments.
- Provide quality clinical rotations and experiences in urban under-resourced areas to sustain student interest in urban medicine in under-resourced communities.
- Create an inclusive and supportive learning community that values equity and diversity.
- Through personal and professional development opportunities, prepare students to be clinical and community leaders and advocates.

Program Requirements:

- Complete non-clinical elective Social Determinants of Health (currently being restructured) and/or complete other appropriate elective focused on underserved populations (i.e., FAMED 525 *African American Health Disparities*).
- Primary Care Practicum (PCP) placement at urban underserved sites.
- [Rural Underserved Opportunities Program](#) (RUOP) placement at urban underserved site and/or Triple I public health project. RUOP is a four-week elective immersive experience in community medicine for students between their first and second years of medical school. RUOP provides students with an early exposure to the challenges and rewards of practicing primary care medicine in a rural or urban underserved setting.
- Core clerkships at urban underserved sites (Surgery and Psychiatry rotations at Harborview Medical Center in Seattle, Washington. Medicine, Pediatrics, and Family Medicine rotations at other assigned urban underserved sites).
- Mentorship – identification of faculty mentor (DO/MD), quarterly check-in with program manager.
- Required additional completion of the [Underserved Pathway or the Black Health Justice Pathway](#).

Since the pilot program was implemented in 2017:

- There has been a total of 24 student participants.
- A secondary application process for CUSP applicants was developed and added to the AMCAS-portal. The first applicants applied in the E-2023 application cycle.
- CUSP leadership holds CUSP informational sessions (approximately twice a quarter) for prospective medical students.
- CUSP leadership presented at the Association of American Medical Colleges (AAMC) Virtual Fair to interested student applicants.
- In 2022, a part-time (0.10 FTE) CUSP Program Coordinator was hired. The coordinator assists with coordination of the FAMED 525 course and future CUSP designed non-clinical electives.
- OHCE is in the process of hiring a Faculty Director (0.20 FTE).



- Sixteen student applicants are moving forward in the UWSOM interview process (for the E-2023 cohort).

Currently, CUSP leadership is working with:

- UW Neighborhood Clinics to create a CUSP-designated eValue rotation (only for CUSP MS4s).
- UW Network of Underrepresented Residents & Fellows (NURF) and the Faculty Director of the Indian Health Pathway to recruit a CUSP Faculty Director.
- Administration in Anchorage, Alaska and the UWSOM Admissions team on data collection and review, recruitment methods, and clerkship ideas for potential program expansion.

Moving forward:

- CUSP leadership needs to ensure the workload for all departments is manageable.
- Stakeholder evaluation of the program.

Ongoing questions:

- Regional site development in Alaska and Spokane (including clerkship development). Who and how will this be managed?
- Will CUSP-designated rotations be limited to a certain pre-fix (i.e., solely housed in PEDS, FAMED, etc.?)
- How/who will gather data assessment of CUSP students in eValue and beyond?
- eValue captures some data (fourth year rotations, MSPE commentary for the Dean's Letter). What else can it do?
- How can the UWSOM capture the program's impact on the greater urban-underserved community?

The committee provided feedback and asked questions:

- Concerns were raised about resource allocation, including funding, administration, leadership, the admissions process, and securing access to clinical experiences.
 - CUSP and Curriculum leadership are working to identify new partnerships with clinical sites as opposed to assigning CUSP students to existing clerkship sites.
- CUSP leadership should partner with the UWSOM Admissions team to develop a sustainable admissions process/model for the future and determine whether additional resources need to be allocated for the process.
- Concerns were raised that the grant funding was intended for Seattle, Anchorage, and Spokane. However, the program is not operational in Anchorage and Spokane yet. Delays are due largely to the COVID-19 pandemic.
- The committee recommended updating the mission statement to include Spokane and Anchorage: "Aim to recruit students from urban underserved communities, train them in population health and health equity, tailor their clinical experiences for maximum exposure to urban underserved care, and send them back to **WWAMI communities** ~~Washington communities~~ as physicians. Core to the mission is nurturing the talents of students from underrepresented backgrounds by creating an ecosystem of support that offers mentorship, tailored programming, and professional development."



QUESTION – What does it mean for a program to move from pilot to permanent? What resources does it afford?

ANSWER – A permanent program:

- Is an official, formal part of the UW School of Medicine.
- The coursework becomes a requirement for students accepted into the program.
- Can be included in students’ Medical Student Performance Evaluation (MSPE) letters.

While Curriculum Committee’s purview does not include program funding and resource allocation, the committee’s endorsement of the curricular aspects of the program will be used in justification/funding requests to UW Medicine and UW.

Ultimately, the committee identified the following needs to ensure CUSP’s success and requested CUSP leadership return to provide an update in three to six months:

- Improve admissions process (including whether it is a pre-matriculation or post-matriculation process)
- Scalability to regional campuses
- Secure resources for funding

<input checked="" type="checkbox"/> DECISION REQUIRED?	[8] VOTES FOR	[0] VOTES AGAINST
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Decision: Curriculum committee approved the Community-Focused Urban Scholars Program (CUSP) as a permanent program.