

Curriculum Committee Minutes

Date	September 11, 2023		
Time	4:00 – 5:30PM PT		
Attendees	Academic Co-Chair: Laura Goodell; Executive Chair: Heather McPhillips		
QUORUM REACHED:	Voting Members: Laura Goodell, Matt Cunningham, John Willford, Cindy Knall, Ryan Richardson, Seth Pincus, Chris Jons, Catt Pittack, Zach Gallaher		
	<i>Guests:</i> John McCarthy, Heather McPhillips, Cynthia Sprenger, Edith Wang, Joshua Jauregui, Jordan Kinder, Jung Lee, Electra Enslow, Mary Sargent, Martin Teintze, Erik Malmberg, Janelle Clauser, Karla Kelly, Meghan Kiefer, Erin Gunsul, Jaime Fitch, Sara Kim, Maya Sardesai, Sarah Wood, Kellie Engle		
Regrets	<i>Voting members:</i> Eric LaMotte, Esther Chung, Kris Calhoun, Leanne Rousseau, Collette Inaba, Courtney Francis		

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve June Minutes	Laura Goodell	5 min	Attachment A	Decision
2	Introduce new Curriculum Committee faculty members	Laura Goodell	5 min		Discussion
3	 Announcements E-Vote: May 1, 2023, minutes approved. Clinical Assessment System Phase 2 Implementation, Approval by Faculty Council on Academic Affairs 8/8/23 Exam Reschedule Policy – Foundations Phase- approved by E-Vote by Foundations Committee 	Kellie Engle	5 min		Discussion
4	Ratify phase committee members	Laura Goodell	20 min	Attachment A	Decision
5	Triple I Recommendations Pending- Check with Leads	John McCarthy MD & Cynthia Sprenger PhD	30 min	Materials available at meeting	Decision



1. Approve June Meeting Minutes				
Discussion: The meeting minutes were reviewed.				
☑ DECISION REQUIRED?	[10] VOTES FOR	[0] VOTES AGAINST		
Decision: Curriculum committee approved the June meeting minutes.				

2. Introduce New Curriculum Committee Members

Discussion:

New Curriculum Committee Members were announced and introduced to the committee.

3. Announcements

Discussion:

The following information was announced to the committee at the beginning of the meeting:

- May votes were approved unanimously via e-vote.
- Clinical Assessment System Phase 2 Implementation Approval by Faculty Council on Academic Affairs 8/8/2023
- Foundations Committee approved changes to the Exam Reschedule Policy. Now allowing students in the Foundations Phase to reschedule one exam for personal emergencies.

4. Ratify Phase Committee Members

Phase Committee Members were ratified for the following committees:

- Curriculum Committee
- Foundations Phase Committee
- Patient Care Phase Committee
- Explore and Focus Committee

The Grade Appeal Committee members weren't ratified, the following concerns were raised around Bylaw language:

- Unclarity of bylaws language around affiliate appointment.
- Committee asked that bylaws are changed to mirrors the Patient Care Phase and Explore and Focus Phase Committee's bylaws.
- The importance of having a faculty appointment to be a member of an appeal committee.
- Affiliate faculty requirements.
- Committee membership minimums and the requirements for phase committee diversification among the Grade Appeal Committee members.

Grade Appeal Committee Current Language:

Article 4 Membership, Section 2. Faculty:

The Grade Appeal Committees for Foundations and Clinical Phases will consist of about 8 members in good standing at or above the rank of assistant professor, clinical assistant professor or research assistant professor, with member diversity to be considered in committee selection for WWAMI representation, gender/ethnicity, and phase and discipline.

Suggested Change:



Article 4 Membership, Section 2. Faculty:

The Grade Appeal Committees for Foundations and Clinical Phases will consist of about 8 faculty members in good standing with member diversity to be considered in committee selection for WWAMI representation, gender/ethnicity, and phase and discipline.

Patient Care Phase Committee Current Language Article 4 Membership, Section 2. Faculty:

The Patient Care Phase Committee will consist of about 20 members in good standing, with approximately half from WWAMI training sites, as follows:

- Five members will be individuals responsible for the required clerkships (emergency medicine, family medicine, medicine, obstetrics & gynecology, neurology, pediatrics, psychiatry, and surgery).
- One member will be a member of the Foundations Phase Committee
- One member of the Explore and Focus Phase Committee
- One member will be a member of the Themes Committee
- One member will be a member of the Program Evaluation and Assessment Committee (this individual may be a staff member)
 Five members will be faculty based at regional sites and involved in the Patient Care Phase implementation and representing the longitudinal integrated clerkships (LICs) and Tracks: western Washington, eastern Washington, Wyoming, Alaska, Montana and Idaho.
- Two members will be general faculty Clerkship Directors for required clerkships not serving as voting members will become nonvoting (ex-officio) members.

Explore and Focus Phase Committee Current Language Article 4 Membership, Section 2. Faculty:

The Explore and Focus Phase Committee will consist of about 20 members in good standing, with approximately half from WWAMI training sites, as follows:

- Ten members will be individuals responsible for the required components of the Explore and Focus Phase, inpatient and outpatient advanced clerkships (emergency medicine, family medicine, medicine, obstetrics & gynecology, neurology, pediatrics, psychiatry, and surgery), clinical electives and transition to residency.
- One member of the Elective Clerkship Committee
- One member of the Foundations Phase Committee
- One member of the Patient Care Phase Committee
- One member of the Themes Committee
- One School of Medicine Career Advisor
- One member will be a member of the Program Evaluation and Assessment Committee (this individual may be a staff member)
- Two members will be faculty based at regional sites and involved in the Explore and Focus Phase implementation. At least six committee members must be from western Washington, eastern Washington, Wyoming, Alaska, Montana or Idaho.



[] VOTES AGAINST

Things to consider: LCME requires that if you're writing a grade for a student, you must be faculty. It was suggested that out of the 8 committee members, making a minimum of number of people representing each phase.

NOTE: The Curriculum and Foundation Phase Committee language both specify that the member must be faculty members in good standing. One Grade Appeal Committee member is awaiting approval for their faculty appointment. The committee decided to table his nomination pending faculty appointment approval.

Voting Language:

- 1. Changing Bylaw language to mirror the Explore and Focus and Patient Care Phase Committee's Bylaw language (*Article 4, Section 2. Faculty*).
- 2. Ratify Grade Appeal Members that were brought forward, noting that one member is pending faculty appointment approval.
- 3. Minimum representation annotated in Bylaws for committee diversification. (Preference a minimum of 1 or 2 Foundations Phase Committee Member and 1 or 2 Clinical Faculty member). Motion 3 was not moved forward, e-vote will come later after more discussion.

Voting Procedures: Motion 1

Motioned: Zach Galleher

Seconded: Cindy Knall

Qourom reached, motion passed.

Voting Procedures: Motion 2

Motioned: Zach Galleher

Seconded: Cindy Knall

Qourom reached, motion passed.

☑ DECISION REQUIRED?

Decision: Committee decides to:

1. Changing Bylaw language to mirror the Explore and Focus and Patient Care Phase Committee's Bylaw language (*Article 4, Section 2. Faculty*).

[10] VOTES FOR

2. Ratify Grade Appeal Members that were brought forward, noting that one member is pending faculty appointment approval.

5. Triple I Recommendations Pending- Check with Leads

Discussion:

The Curriculum Committee formed a workgroup to address whether Tripple I should be required or not. The workgroup focused on the Triple I program and whether it should remain required or become optional. The group discussed the results of a survey on other medical schools' research programs and found that most schools provide competitive stipends for research, with an average of 40-50% of students engaging in research.

The committee discussed the recommendations from the Scholarship Work Group, which include exploring funding in different ways, providing more support for students during their first year, and requiring Triple I. The meeting section focused on the issue of student count numbers and economic disadvantage. The workgroup was charged with the following:



- If Triple I should be optional or required
- How to enhance to make high value.
- Increase funding or reduce cost to make easier.
- How do costs compare to other schools
- If optional, how to finance and financial aid implications.
- If optional, how to ensure scholarship.
- If required, should WAIVER be created.

Triple I Workgroup's Findings

The workgroup completed an equity research tool which brought up the following questions.

- 1. SCOPE: What is the decision to be made and the scope?
- 2. **STAKEHOLDERS/AFFECTED PARTIES:** Who is potentially impacted? What relevant data are available? What demographic data are available and should be considered?
- 3. DECISION MAKER: Who makes the final decision?
- 4. **EQUITY AND COMMUNITY CONTEXT:** Whose voices are present and whose are missing? Impact on known inequities? Potential unintended consequences?
- 5. ANALYSIS AND DECISION PRCESS: Analysis of key alternatives?
- 6. **IMPACT:** Impact on goal of UW Medicine as an anti-racist organization?

Other Notable Findings

- Implications of optional vs required for tuition assistance (6 credits required to receive financial aid; remember MHSII will remain a required summer course, 3 credits).
- URM student panel: undue financial burden placed on disenfranchised students; lack of support during entire process.
- GME panel and what is expected (generally support RUOP/research as long as meaningful; more programs going to holistic review of residency applications; concern that with most things being P/F, including 3rd year clerkships now, more emphasis will be on scholarly activities).
- Research panel: educational endeavor vs work endeavor (majority of faculty not able to pay a stipend).
- What happens to Triple programs if it becomes optional:
 - RUOP would have to pay tuition(to be covered by malpractice insurance).
 - $\circ~$ GHIP would have reduced tuition (FRILA credits, ~\$500).
 - SoD/SoI can be done without paying tuition (exception: competitive summer research programs that provide a NIH stipend often require proof of enrollment in at least 6 credits of summer medical courses—this includes UW MedStAR program as well as programs outside of UW).

Other School's Practices

- 20/21 provide stipends, but at 19/20 schools these are competitive stipends (range from 15-60 students; most around 20 funded students); only one school gave all students who participated in research a stipend (\$2500; 60-80 students out of 112 total students).
- Sources of funding: school itself, NIH grants (R25s), a few used work study.



- Amounts range from \$1000-\$6000; mean amount is \$3000.
- 2 schools required research and charged tuition; at others enrolling in a course allows students to receive financial aid; most schools that responded had optional /competitive programs (but not tuition).
- Some have courses leading up to summer program.
- Percent of students participating in summer research at each school is around 40-55%.

Pros of Tripple I Being Required

- Model is currently based on required, don't need to change financials.
- Students who need it get financial aid; if optional, have 3 credits to pay for.
- Allows completion of health pathways.
- Scholarship is something all students have available.
- Maintains scholarship as part of what UW produces.
- Allows for distinguishing self from other students on residency applications.
- Students who change mind as to value won't have regrets about not doing it.
- Scholarship is required; high risk for some students who put off doing scholarship until 3rd and 4th year; risk of expansion, not graduating.
- Tracking students has been significant concern; don't need to do if required.

Pros for Triple I Being Optional

- Potentially lower tuition overall (many votes for this as a pro).
- Potentially more free time.
- Freedom of choice and determining own destiny.
- Advantage to people who don't need/want financial aid for summer.
- Advantage to people who already have a MPH or a PhD in biomedical field.
- Some preceptors/mentors consider Triple I a burden.
- Less competition for good sites to do research.
- More motivated students doing the work.

Votes (15 Votes) Within Tripple I Workgroup on Action Item (*Keeping Tripple I Required vs Optional*) Required: 66.7%

Optional: 26.6%

Impact of Provided Information on Voting Members Decision

Yes: 73%

No: 27%

Future Discussion Items:

- More discussion about how to provide training/education/resources to students and faculty; there was some discussion about spreading 6 credits out over Autumn-Spring quarters with summer scholarship prep courses; Triple I tuition free in summer.
- More discussion on how the quality of research produced by students who opted to participate in Triple I compares with research completed by students who didn't enroll in Triple I



- Hearing from Curriculum Committee members on what it would take to change graduation requirements or add courses during academic year.
- Hearing directly from UW attorneys and Attorney General about legal issues with Triple I (not just hearing second hand from faculty): malpractice insurance requirements, paying for course at time it is completed rather than ahead of time

Funding Considerations

- There is inequity in disenfranchised students not having the same financial resources to complete their education (no financial scholarships for summer quarter).
- This is more dramatic for DACA students.
- Curriculum team working with Development and Student Affairs to work on ways to increase funding for summer research.
- Consider equity in funding across venues, not just Triple I.

Waivers

The workgroup we believe that Curriculum should consider waivers for students who demonstrate adequate biomedical scholarship prior to medical school.

- Curriculum Committee would need to determine the benchmarks to meet waiver.
- Prior benchmarks were: 1) PhD or Master's in biomedical field or MPH **and** 2) a first author publication in a peer-reviewed journal.
- Around 10 students/year met these requirements previously.
- Waiver = full waiver, not just meeting course requirements, but Triple I registration and tuition payment would not be necessary.
- Financial implications for waiving requirement should be considered.

Consensus Priorities

- Clear outlines of costs and requirements presented to students ahead of time.
- Emphasis on utility of Triple I for both students and faculty; this is a learning experience, not just research.
- Need more money for economically disadvantaged students; scholarships extended into the summer quarter.
- Need high quality options such as IRB and stats seminars and guidance on writing project proposals.
- The issue of Triple I is complex due in part to the complexity of our school.

Voting Language

Triple I remain required to fulfill graduation requirements and a work group explore items two through five, with the amendment that waivers should be explored for advanced degrees.

Tripple I Workgroup Recommendations:

- Emphasis on utility of Triple I for both students and faculty; this is a learning experience, not just research.
- Increase funding for economically disadvantaged students; scholarships extended into the summer quarter.



 Need high quality options such as IRB and stats seminars and guidance on writing project proposals. 					
 The issue of Triple I is complex due in part to the complexity of our school 					
☑ DECISION REQUIRED?	[10] VOTES FOR	[] VOTES AGAINST			
Decision: The committee decides Triple I remain required to fulfill graduation requirements and a work					
group explore items two through five, with the amendment that waivers should be explored for advanced					

degrees