Curriculum Committee Minutes

Date	March 4, 2024
Time	4:00 – 5:30PM PT
Attendees ☒ QUORUM REACHED:	***Academic Co-Chair****: Laura Goodell;* ***Executive Chair:*** *Heather McPhillips* ***Voting Members:*** *Heather McPhillips, Laura Goodell, Kristine Calhoun, Colette Inaba, Cat Pittack, John Willford, Leanne Rousseau, Matt Cunningham,* ***Guests:*** *Ceradwen Tokheim, Cynthia Sprenger, Edith Wang, Electra Enslow, Geoffry Scott Jones, John McCarthy, Karan McDonough, Karla Kelly, Kathy Young, Kellie Engle, Jung Lee, LeeAnna Muzquiz, Martin Teintze, Sara Kim, Sarah Wood, Erica Brice, Micheal Campion, Christine Ann Ibrahim Rizkalla, Mary Sargent, Emmanuel Wright, Gerald Tolbert, Meghan Kiefer, Eric Malmberg*
Regrets	***Voting members: Esther Chung, Eric LaMotte, Chris Jons, Shelby Snyder, Lukas Schwarz, Zach Galleher, Seth Pincus, Cindy Knall, Ryan Richardson, L'Oreal Kennedy***

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve February Minutes	Laura Goodell	5 min	Attachment A	Decision
2	Integrations Week Updates	Karan McDonough	20 min	Attachment B	Decision
3	2023 Patient Care and Foundations OSCE Report	Kris Calhoun	20 Min		Discussion
4	Patient Care End of Phase Report	Matt Cunningham	20 Min	Attachment C	Discussion
5	USMLE Step 1 Report	Matt Cunningham	25 Min	Attachment D	Discussion

1. Approve Meeting Minutes		
Discussion: The meeting minutes were reviewed.		
☒ DECISION REQUIRED?	[11] VOTES FOR	[0] VOTES AGAINST
Decision: Curriculum Committee sent Meeting Minutes out for e-vote.		

2.   Integrations Week Updates
Discussion: The Committee discussed the proposal to establish Foundation Integration Weeks as 3 separate courses, which are currently a graduation requirement without associated credit. This change aims to enhance accountability and resource allocation for these weeks. Each course would be 0.5 credits

and include assessments structured around participation, completion of a practice exam, and a professional identity formation (PIF) assignment. The goals of Integration Weeks remain focused on linking basic science knowledge to clinical features, improving clinical and diagnostic skills, and preparing students for Step 1 exams while reflecting on professional identity.

Questions
- Concerns about the credit allocation for TRUST students participating remotely and how it would be managed.
- Logistics regarding the listing of these courses at some campuses due to course request processes, possibly delaying full alignment.

Resolutions for Questions
- It was clarified that TRUST students could still participate in elements of Integration Week remotely, potentially making it easier for them and addressing concerns.
- It was noted that while some campuses might not achieve full alignment immediately due to procedural delays, this was not seen as a dealbreaker for moving forward with the proposal.

Conclusion

The Committee's discussion led to a motion to approve listing the Integration Weeks as courses for actual credit, as presented. This decision reflects a collaborative effort to enhance the medical education program by making Integration Weeks more structured and accountable. The proposal aims to improve the learning experience by closely linking clinical and basic science knowledge, thereby better preparing students for future professional challenges.

☒ DECISION REQUIRED?	[10] VOTES FOR	[] VOTES AGAINST

Decision: Curriculum Committee sent item out for e-Vote. This decision reflects a collaborative effort to enhance the medical education program by making Integration Weeks more structured and accountable.

3. 2023 Patient Care and Foundations OSCE Report

Discussion: The Committee discussed the performance and structural changes in the Objective Structured Clinical Examination (OSCE) program. This program assesses and provides feedback on clinical skills, clinical reasoning, and identifies strengths and weaknesses in the curriculum. It covers three main phases: Foundations 1 and 2, and Patient Care, with varying degrees of assessment intensity. The recent changes include moving to a 2-point evaluation scale and the incorporation of a telehealth station.

Questions
- The most students who needed development were found in the telehealth station, raising questions about where telehealth is taught in the curriculum and whether structured teaching around this is available.
- How the revamping of medical education program objectives might affect OSCE goals, especially considering the potential for new assessment objectives to reflect these changes.

Resolutions for Questions
- It was acknowledged that while telehealth is becoming a permanent fixture, there's a need to revisit and possibly enhance the curriculum to incorporate structured telehealth training.
- The integration of new program objectives into the OSCE will require a reassessment of the program. This includes building an OSCE library based on the top three essential skills identified by clerkship directors. However, administrative bandwidth has been a challenge.

Conclusion		
The Committee's discussion highlighted the success and challenges of the OSCE program, including the transition back to in-person exams and the slight increase in students needing development across all phases. Efforts to reimagine the OSCE, integrate it more closely with the Foundations of Clinical Medicine (FCM) course, and enhance feedback mechanisms were discussed. These changes aim to ensure that OSCEs provide meaningful and structured assessment aligned with curriculum objectives and prepare students effectively for their clinical roles.		
☐ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST
Decision: Curriculum committee was presented the OSCE report.		

4. Patient Care End of Phase Report
Discussion: The Committee discussed various aspects of the patient care phase, including clinical and final grades, subject exam scores, clinical skills rating items, clerkship evaluations, and findings from the end-of-phase survey. The discussions covered: - The distribution of clinical and final grades across clerkships, showing differences based on clinical performance and exam scores.   - The performance of students on subject exams relative to national averages, indicating that students are performing similarly to peers nationwide.   - The examination of grading disparities based on race, ethnicity, and gender, highlighting areas where underrepresented groups may be receiving lower grades.   - The assessment of students' clinical skills across different domains, showing a general consistency in scoring across departments.   - Students' evaluations of their clerkship experiences, which were generally positive, with areas for improvement identified in responsiveness to feedback and summative assessments' fairness.   - The importance of feedback, evaluation, and assessment in the learning environment, with discussions on how to better address student concerns and ensure a supportive learning environment.   - The introduction of changes to the grading system moving towards pass/fail grading and competency-based evaluations to mitigate biases in grading based on race and sex.   **Questions**   - How the changes to pass/fail grading and competency-based evaluations will be assessed for effectiveness in mitigating biases in grading.   **Resolutions for Questions**   - The effectiveness of the new grading system may be challenging to assess due to the low number of students who fail clerkships. However, moving towards a pass/fail system is expected to reduce subjectivity in grading.   **Conclusion** The discussions highlighted the ongoing efforts to improve the patient care phase, including grading systems, assessment methods, and the learning environment. The Committee acknowledged the challenges in grading and evaluation, particularly concerning biases, and discussed strategies for improvement. The move towards pass/fail grading and competency-based evaluations was seen as a positive step towards mitigating these biases. Future discussions will focus on assessing the effectiveness of these changes and continuing to improve the educational experience for all students.

☐ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST
Decision: Curriculum committee was presented the Patient Care End of Phase Report.		

5. USMLE Step 1 Report
Discussion: The Committee reviewed and discussed various aspects of medical student assessments, performance, and feedback across clinical clerkships and USMLE Step 1 outcomes. The topics covered included clinical and final grades, subject exam scores, clinical skills rating items, clerkship evaluations by students, USMLE Step 1 performance, including delays and pass rates, and various logistic regression analyses to predict step one outcomes based on student performance in the curriculum. Questions • Concerns were raised about the gap between curriculum performance and USMLE Step 1 outcomes, particularly for students performing well academically yet struggling with the exam. • Inquiries were made regarding early predictors within the curriculum to identify students who might struggle with USMLE Step 1. Resolutions for Questions • It was noted that life events, mental health issues, and unexpected circumstances significantly impact students' ability to perform well on USMLE Step 1, despite strong academic performance. • Continuous efforts are being made to identify students needing additional support early on through the curriculum and dedicated study periods. Conclusion The discussion highlighted the complexities of assessing medical student performance through clinical grades, exam scores, and standardized tests like USMLE Step 1. The need for ongoing support, early identification of struggling students, and adjustments to evaluation methods to better predict and enhance student success were emphasized. Furthermore, the committee acknowledged the impact of external factors on student performance and the importance of providing comprehensive support systems to address these challenges.

☐ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST
Decision: Curriculum committee discussed the USMLE Step 1 Report.		