



Foundations Phase Committee Minutes

Date	March 25, 2024
Time	4:00 – 5:30PM PT
Attendees	Academic Chair: Matt Cunningham; Executive Chair: Edith Wang
<input checked="" type="checkbox"/> QUORUM REACHED:	Voting Members: Edith Wang, Matt Cunnigham, Alexis Baranoff, Cassie Cusick, Gerald Groggel, Natasha Hunter, Holly Martinson, Sarah Murphy, Micheal Stephens, Ryan Thomas, Shannon Uffenbeck, Leo Wang
	Guests: Bruce Silverstein, Janelle Clauser, John Willford, Gerald Tolbert Jordan Kinder, Julien Goulet, Karla Kelly, Kathy Young, Martin Teintze, Meghan Keifer, Micheal Campion, Doug Schaad, Kristine Calhoun, Sara Kim
Regrets	Voting members: Serena Brewer, Rebekah Burns, Amanda Kost, Elizabeth Parker

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve February minutes	Matt Cunningham	5 min	Attachment A	Decision
2	Infections and Immunity Lessons Learned	John Willford/Kristen Hayward	20 Min	Attachment B	Decision
3	Foundation OSCE Report	Kris Calhoun	20 Min	Attachment C	Discussion
4	USMLE Step 1 Report	Matt Cunningham	25 Min	Attachment D	Discussion



1. Approve Meeting Minutes		
Discussion: The committee reviewed the previous meeting's minutes.		
<input checked="" type="checkbox"/> DECISION REQUIRED?	[11] VOTES FOR	[0] VOTES AGAINST
Decision: The Foundations Phase Committee approved the February meeting minutes.		

2. Infections and Immunity Lessons Learned
<p>Discussion: The committee discussed enhancements to the Infections and Immunity (I&I) block, focusing on refining the curriculum based on feedback. Efforts aimed to better distribute workloads, update thematic assessments, and address participation in small groups.</p> <p>Summary:</p> <ul style="list-style-type: none"> • The I&I block update centered on improving the curriculum by addressing workload balance, assessment methods, and small group engagement, based on evaluations from the E21 cohort. • Modifications included the incorporation of more focused anatomy sessions, adjustments in workload distribution, and a shift in thematic assessment strategies. <p>Key Changes and Insights:</p> <ul style="list-style-type: none"> • Anatomy Session Integration: Introduced "Portals of Entry" sessions to enhance understanding of fundamental anatomy in the context of infections and immunity. • Workload Balancing: Aimed to distribute workload more evenly across the block, including adjustments in the scheduling of immunomodulatory pharmacology content and better distribution of microorganism studies. • Thematic Assessments: Transitioned from multiple-choice questions to reflections, targeting a richer engagement with thematic content. • Small Group Participation: Recognized the need for improving dynamics in small group participation, focusing on clearer expectations and more active engagement. <p>Future Directions:</p> <ul style="list-style-type: none"> • Small Group Participation: The future direction includes a focus on improving small group participation. This may involve changing the nature of participation credits, potentially shifting from mandatory to extra credit while maintaining the grading standards. This adjustment seeks to address student concerns about the punitive nature of current participation grading and enhance the overall appeal of small group sessions. • Restructuring the curriculum to balance workload more effectively across the semester, integrating new sessions that address student feedback on content saturation and instructional pacing. Additionally, assessment methods are evolving to include more reflective and nuanced evaluations that better align with thematic content, moving away from traditional multiple-choice formats. • These changes are supported by a robust system of continuous feedback from students and faculty, essential for adapting the curriculum dynamically to meet educational objectives and improve student outcomes effectively.



The adjustments to the I&I block reflect a commitment to continuous improvement, informed by detailed feedback. These changes aim to create a balanced, engaging educational experience, equipping students with a robust foundation in both infections and immunity.

<input checked="" type="checkbox"/> DECISION REQUIRED?	[10] VOTES FOR	[0] VOTES AGAINST
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Decision: The Foundations Phase Committee approved the I&I Lessons Learned. The adjustments to the I&I block reflect a commitment to continuous improvement, informed by detailed feedback.

3. Foundations OSCE Report

Discussion: The committee reviewed the outcomes and future directions of the Objective Structured Clinical Examinations (OSCEs) for medical students at different stages of their education. The OSCEs are designed to assess clinical skills, clinical reasoning, and provide formative feedback to students, with a focus on identifying strengths and areas for improvement both in individual performance and curriculum effectiveness.

Summary:

- OSCEs occur three times in the medical education curriculum: Foundations 1 (formative), Foundations 2, and Patient Care (summative, graduation requirement).
- The assessment has been streamlined to a two-point system (Needs Development and Meets Expectations) to provide clearer feedback.
- The recent OSCEs showed a generally high level of student competence, with a small number of students identified for additional support.

Foundations 1 OSCE:

- Conducted in the spring of the first year with three in-person stations.
- Aimed to introduce students to the OSCE format and identify early clinical skills development needs.
- Outcomes for the year 2023 indicated that the majority of students met expectations, with five students needing development.

Foundations 2 OSCE:

- Held in the fall of the second year, assessing readiness for patient care phase.
- Included three cases with standardized patients, focusing on history taking, physical examination, and clinical reasoning.
- One student was identified as needing development in 2023.

Patient Care OSCE:

- A graduation requirement conducted in the spring, after completing most clerkships.
- Five stations covering various clinical scenarios were used to assess a wide range of clinical skills.
- Seven students needed development in 2023, all of whom successfully remediated.

Future Directions:

- Foundations 1 OSCE is being revamped to better align with clinical skill milestones, involving video assessments to be reviewed by mentors, aiming to enhance curriculum assessment and support student development more effectively.
- Plans to further refine the OSCEs include possibly revising the Patient Care OSCE to ensure comprehensive assessment of clinical competencies.



The committee recognized the importance of the OSCEs in the medical education process and the efforts of the team to continuously improve the assessment methods. These changes aim to provide more meaningful feedback to students and better prepare them for their clinical roles.

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Decision: The Foundations Phase Committee was presented the OSCE report for AY 2023. The committee recognized the importance of the OSCEs in the medical education process and the efforts of the team to continuously improve the assessment methods.

4. USMLE Step 1 Report

Discussion: The committee discussed the recent Step 1 report focusing on the E21 cohorts, which comprised students who completed their foundations in fall of 2022, dedicated their time during winter of 2023, and have been taking clerkships over the last year. The report covered various aspects, including completion rates, exam fails, and demographic breakdowns, as well as logistic regression models predicting exam delays and fails.

Summary:

- The E21 cohort had 259 students, with a 95% exam take rate as of February 9th.
- There were 22 exam fails, with the school's pass rate slightly below the national average but not significantly far.
- Data analysis included gender, race and ethnicity, participation in the Comprehensive Basic Science Review (CBSR) course, and performance in foundations courses.

Questions raised during the discussion:

- Whether the committee is better at predicting delays than successes.
- The potential impact of the length of delay on student outcomes.
- Comparisons of delay rates and academic performance predictors between different student populations (those with life issues vs. those with academic struggles).
- How academic performance in foundational courses correlates with Step 1 outcomes.
- The relationship between pre-matriculation data (like MCAT scores and GPA) and Step One performance.

Resolutions and insights:

- The committee recognized the need to differentiate strategies for students struggling due to life circumstances versus those with academic difficulties.
- There was a discussion about potentially leveraging data more effectively to provide targeted support early in the medical education process.
- Suggestions included making block performance data more accessible to students as a predictor of Step One success and exploring further research into predictors of academic performance, including pre-matriculation data.

Conclusion: The report highlighted the complexity of predicting and improving Step 1 outcomes among medical students. While some patterns and predictors were identified, such as the correlation between foundational course performance and exam outcomes, the discussions underscored the challenges of addressing diverse student needs. Moving forward, there's a clear interest in exploring more nuanced



approaches to support students based on their unique circumstances and leveraging available data to inform those strategies.		
<input type="checkbox"/> DECISION REQUIRED?	<input type="checkbox"/> VOTES FOR	<input type="checkbox"/> VOTES AGAINST
Decision: The Foundations Phase Committee was presented the Step 1 Report. The report highlighted the complexity of predicting and improving Step 1 outcomes among medical students.		