

Curriculum Committee Minutes

Date	September 9, 2024
Time	4:00 – 5:30PM PT
Attendees	<p>Academic Co-Chair: <i>Laura Goodell</i>; Executive Chair: <i>Heather McPhillips</i></p> <p><input checked="" type="checkbox"/> QUORUM REACHED: Voting Members: <i>Laura Goodell, Matt Cunningham, Kristine Calhoun, Esther Chung, Zach Gallaher, Seth Pincus, Collete Inaba, Chris Jons, John Willford, Cindy Knall, Leanne Rousseau</i></p> <p>Guests: <i>Alicia Scribner, Alson Burke, Alyssa Stephenson-Famy, Amy Dettori, Amy Navratil, Andrea Kalus, Andrew Luks, Barbara Doty, Brant Schumaker, Brent’s iPhone, Bruce Silverstien, Cam Walker, Carmelita Richardson, Cassie Cussick, Cynthia Sprenger, David Pfeiffer, Debbie Blackstone, Desiree Jones, Edith Wang, Electra Snow, Eric Kraus, Erik Malmberg, Gerald Tolbert, Janelle Clauser, Jenny Wright, Jerome Graber, John McCarthy, Jordan Kinder, Josiah Hanson, Jung Lee, Justin Magee, Karla Kelly, Kate Weaver, Kathleen Kieran, Kellie Engle, Kristen Seiler, LeeAnna Muzquiz, Lenasi, Lindsay Rettler, Marshall Horwitz, Mary Sargent, Micheal Campion, Molly Jackson, Nadia, Neha Deshpande, Paul Borghesani, Plinette Sanchez, Ruth Sanchez, Ryan Thomas, Sara Kim, Sarah Sanghavi, Sarah Wood, Doug Schaad, Serena Brewer, Shannon Uffenbeck, Tasha Hunter, Teresa Borrenpohl, Thomas Bassler, Tonja, Vera Paulson, V Paredes, Pam Langer, Vicki Mendiratta, Angela Scharnhorst</i></p>
Regrets	Voting members: <i>Cat Pittack, Shelby Synder</i>

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve June Meeting Minutes	Laura Goodell	5 Min	Attachment A	Decision
2	Curriculum Committee Annual Report Card	Heather McPhillips	90 Min	Attachment C	Discussion

1. Approve Meeting Minutes			
Discussion: The meeting minutes will be reviewed and approved through e-vote			
<input checked="" type="checkbox"/> DECISION REQUIRED?	[9] VOTES FOR	[0] VOTES AGAINST	
Decision: The meeting minutes from June 2024 were approved.			

2. Curriculum Committee Annual Report Card			
Discussion: The Committee Discussed various elements of the student experience across different phases of the medical curriculum and their preparation for residency. The topics covered include key assessment data from the Association of American Medical Colleges (AAMC) Graduation Questionnaire (GQ), Residency Readiness reports, and LCME accreditation standards. Strengths, areas for improvement, and ongoing interventions were identified. The report is organized into five sections: At Matriculation, Foundations Phase, Clinical Phases, At Graduation, and Residency.			

At Matriculation:

The Committee Discussed how incoming students are assessed and supported in the early stages of their medical education. While there was limited specific data presented for this phase, it was acknowledged that the medical school must ensure new students are adequately prepared for the rigorous coursework and clinical experiences that await them. Attention was given to the overall structure and how foundational skills are introduced to students, such as biostatistics, epidemiology, and early clinical skills development.

Questions:

- How do we ensure that incoming students are prepared for the transition to medical school, especially in critical thinking and biostatistics?
- Are there sufficient resources to support early student development and orientation to medical education expectations?

Resolutions:

- Further exploration of orientation processes and early skill-building in biostatistics and epidemiology.
 - Increased support mechanisms will be examined to ease the transition into medical school.
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Foundations Phase:

The Committee Discussed the Foundations Phase of the curriculum, focusing on key areas such as the integration of basic sciences with clinical relevance, workload balance, self-directed learning, and student feedback mechanisms. The review of survey data highlighted the need for improved formative feedback and clarity in self-directed learning.

Strengths:

- High student satisfaction with the integration of basic science content and clinical relevance.
- Strong alignment of the curriculum with national standards in preparing students for clinical practice.

Questions:

- How can formative feedback be improved to better guide student self-assessment?
- What interventions are needed to enhance student understanding and preparedness in self-directed learning?
- How can thread topics such as pharmacology be enhanced to better prepare students for clinical phases?

Resolutions:

- More structured and timely feedback mechanisms will be implemented in the Foundations Phase to allow students to better self-assess their progress.
 - The LCME's definition of self-directed learning will be further integrated into the curriculum to ensure clarity for students.
 - A review of thread courses, particularly in pharmacology, will be conducted to address gaps in perceived preparedness for clinical applications.
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Clinical Phases:

The Committee Discussed the data from the Clinical Phases, which include the Patient Care and Explore & Focus Phases. The areas covered were the quality of clerkship experiences, grading practices, student satisfaction, and challenges with access to healthcare and mistreatment reports. Students generally reported high satisfaction with their clerkships, but concerns were raised regarding the fairness of summative assessments and feedback mechanisms. Disparities in grading outcomes, especially for underrepresented minority students, were also noted.

Strengths:

- High overall satisfaction with clinical clerkships, with most clerkships meeting or exceeding national standards.
- Students reported feeling well-prepared for residency, especially in patient care and communication skills.

Challenges:

- Perceived unfairness in summative assessments, particularly regarding the exam's weight in final grades.
- Ongoing concerns about mistreatment, particularly offensive sexist and racially offensive remarks, despite an overall decrease in mistreatment incidents.

Questions:

- How can grading practices, especially summative assessments, be revised to ensure fairness and transparency?
- What strategies can address disparities in grading outcomes for underrepresented students?
- How can the school better address mistreatment concerns and improve the learning environment, particularly for women and minority students?

Resolutions:

- The clinical assessment system will be revised to align more closely with the new Medical Education Program Objectives (MEPOs) to improve fairness in grading.
- Enhanced training and support for faculty to better address mistreatment and create a more inclusive environment.
- Continued monitoring and intervention to address disparities in grading outcomes, with targeted support for underrepresented students.

At Graduation:

The Committee Discussed data from the AAMC Graduation Questionnaire (GQ), which assesses the overall satisfaction and preparedness of students as they graduate from the program. The data showed high satisfaction levels, with students feeling well-prepared for residency and praising the quality of their medical education. However, concerns about mistreatment were raised again, as well as ongoing challenges with perceived sexism and racial bias.

Strengths:

- High levels of student satisfaction with the quality of education and preparation for residency training.
- Strong results in mission-oriented outcomes, such as plans for primary care practice and service to underserved populations.

Questions:

- How can the school continue to improve its handling of mistreatment, particularly related to offensive sexist and racially offensive remarks?
- What additional support can be provided to ensure that all students feel included and respected during their time at the medical school?

Resolutions:

- Continued focus on addressing mistreatment concerns through improved policies, faculty training, and support systems for students.
- Enhanced initiatives to foster inclusivity and reduce incidents of sexism and racial bias within the learning environment.

Residency:

The Committee Discussed the performance of UW medical graduates during residency, using data from the AAMC Resident Readiness survey and the ACGME Milestone reports. The data revealed that the majority of graduates meet or exceed residency program directors' expectations. However, a small percentage of students were noted as not meeting overall performance expectations.

Strengths:

- High overall performance ratings from residency program directors, with most students meeting or exceeding expectations.
- Graduates consistently performed well across a range of clinical competencies.

Challenges:

- A small percentage of students were noted as not meeting expectations in the first six months of residency, with some specialties showing specific challenges, such as professionalism and patient care skills.

Questions:

- How can the medical school better prepare students who are at risk of not meeting residency expectations?
- Are there specific interventions needed in certain specialties where graduates are underperforming?

Resolutions:

- A review of the pre-residency preparation process will be conducted to identify areas for improvement, particularly for students who may be at risk of underperforming.
- The school will work more closely with residency program directors to identify early signs of struggling students and implement targeted interventions during medical school.

Conclusion:

The Committee acknowledged many strengths in the curriculum, including high levels of student satisfaction and strong preparation for residency. However, challenges such as fairness in grading, access to healthcare, mistreatment, and disparities in outcomes for underrepresented students remain areas for improvement. The Committee is committed to addressing these issues through targeted interventions, continuous quality improvement, and ongoing monitoring to ensure that all students are supported throughout their medical education and into residency.