



Curriculum Committee Minutes

Date	June 3, 2024
Time	4:00 – 5:30PM PT
Attendees	Academic Co-Chair: Laura Goodell; Executive Chair: Heather McPhillips
<input checked="" type="checkbox"/> QUORUM REACHED:	<p>Voting Members: Laura Goodell, Cindy Knall, Esther Chung, Seth Pincus, John Willford, Leanne Rousseau, Matt Cunningham, Zach Gallaher, Cat Pittack, Colette Inaba,</p> <p>Guests: Sarah Wood, Cynthia Sprenger, Electra Enslow, Jerome Graber, Justin Magee, Sara Kim, Jung Lee, Jordan Kinder. Mary Sargent, Gerald Tolbert, Michael Champion, Kathy Young, Janneke Volkert, Geoff Jones, Karla Kelly, Meghan Kiefer</p>
Regrets	Voting members: Eric LaMotte, Chris Jons, Shelby Snyder, Ryan Richardson, Kristine Calhoun, L'Oreal Kennedy, Lukas Schwarz

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve May Minutes	Laura Goodell	5 Min	Attachment A	Decision
2	Medical Education Program Objectives	Heather McPhillips	30 Min	Attachment B	Decision
3	Bylaw Revisions	Heather McPhillips	30 Min	Attachment C	Decision
4	CQI priorities for Curriculum from the LCME Perspective Based on GQ and Internal Surveys	Sara Kim/Jung Lee	25 Min	Attachment D	Discussion

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

2. Medical Education Program Objectives
Discussion: The Committee discussed the review and approval of the updated Medical Education Program Objectives (MEPOs). The discussion included the need to revise and condense the current MEPOs from 61 to a more manageable number, with specific attention to the clarity and how assessable each objective is.
Questions and Concerns



- Should the competencies for patient care (gathering patient histories, performing physical exams, creating differential diagnoses) be lumped or split?
- The term "cost-conscious" in the context of management plans: should it be included or removed?
- How to clearly assess the ability to educate others and share feedback constructively?
- The need to define and assess specific procedural techniques required for entering residency.
- Assessment strategies for recognizing and addressing personal well-being needs that impact professional performance.
- Assessing the application of local population health data and resources in promoting health.

Resolutions for Questions

- **Lumping vs. Splitting Patient Care Competencies:** It was decided to move "creates and prioritizes the differential diagnosis" into a separate category under patient care to better align with diagnostic reasoning.
- **Cost-Conscious Management Plans:** The term "cost-conscious" was removed to prevent confusion, with an understanding that evidence-based and clinically sound judgments inherently include cost considerations.
- **Assessing Education and Feedback:** It was agreed to keep the objective on educating others and sharing feedback, with a plan to figure out assessment methods, particularly looking into peer feedback in foundational courses and small groups.
- **Procedural Techniques:** The phrasing was updated to "performs procedures considered essential for entering residency" to provide flexibility in defining and assessing necessary procedures.
- **Recognizing Personal Well-Being Needs:** This objective was kept, acknowledging the need for further development of assessment strategies.
- **Local Population Health Data:** The committee recognized the need to assess this objective in various clerkships and planned to align it with current assessments in pediatrics, family medicine, and internal medicine.

Conclusion

The committee agreed on a revised set of medical education program objectives, significantly reduced in number for clarity and manageability. They acknowledged the need for ongoing assessment development, especially for the new or significantly revised objectives. The implementation will be phased, starting with the foundational blocks and extending to clerkships, with continuous mapping and assessment adjustment throughout the next academic year.

<input checked="" type="checkbox"/> DECISION REQUIRED?	[10] VOTES FOR	[1] VOTES AGAINST
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Decision: Curriculum committee approved the revised medical education program objectives with the discussed amendments and proceed with the implementation and mapping phase as planned.

3. Bylaw Revisions

Discussion:

The Committee discussed the update to the governance committee bylaws during the June Curriculum Committee meeting, aiming to simplify and standardize the governance structure. The goal is to ensure robust stakeholder engagement and efficient functioning of the committees. The updated bylaws will be presented for an e-vote after the June meeting and any necessary adjustments.

Questions and Concerns



- How will the new academic co-chair terms and recruitment process be managed across all committees?
- What changes are proposed for student and faculty term limits and representation?
- How will the cross-committee representation and standing seats be adjusted?
- What is the role of administrative staff in the updated committee structure?
- How will the changes impact the total voting membership and the balance between regional and Seattle-based members?

Resolutions for Questions

- **Academic Co-Chair Terms:** Standardized to a 3-year term with an option for renewal. The recruitment process will begin in the third year, allowing for a smooth transition.
- **Student and Faculty Representation:** Simplified rules with a focus on broad diversity. Student membership will increase slightly to ensure better attendance and engagement.
- **Cross-Committee Representation:** Adjusted to ensure relevant committees are represented without excessive overlap.
- **Administrative Staff Inclusion:** Added two staff seats to each phase committee, one from the region and one from Seattle, recognizing their critical perspectives.
- **Total Voting Membership:** Adjusted to align across committees, ensuring a balanced and manageable number of voting members.

Conclusion

The Committee agreed on the proposed updates to the governance committee bylaws. These changes aim to simplify the structure, standardize terms, and ensure meaningful engagement from all stakeholders. The updated bylaws will be sent to phase committees for further review and an e-vote will follow for final approval.

<input checked="" type="checkbox"/> DECISION REQUIRED?	[9] VOTES FOR	[0] VOTES AGAINST
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Decision: A motion and second was put forward by the Curriculum Committee with e-vote to follow the Phase Committees being informed.

4. CQI Priorities for Curriculum from the LCME Perspective Based on GQ and Internal Surveys

Discussion:

The Committee discussed the progress on LCME preparation and continuous quality improvement areas related to the curriculum, highlighting student data and specific high-risk areas. The LCME site visit is confirmed for March 2026, and the formal kickoff for preparation begins in September 2024. The goal is to have 70% of the accreditation content materials completed by then. Seven committees will be formed to oversee various aspects of the preparation, with continuous quality improvement efforts focused on maintaining positive trends and addressing specific student concerns.

Questions and Concerns

- What are the specific high-risk areas related to the curriculum based on student data?
- How are the committees for LCME preparation structured and who are the members?
- What are the key continuous quality improvement priorities for the curriculum?
- How is student feedback on curriculum integration and coordination being addressed?
- What interventions are planned to improve student perceptions of mistreatment policies and the fairness of assessments?



Resolutions for Questions

- **High-Risk Areas:** Identified as student access to scholarly opportunities, mistreatment, self-directed learning, curriculum integration, timely and fair assessments, and monitoring student time.
- **Committee Structure:** Seven committees will be formed, each with two co-chairs, and will include 15 to 30 members from various backgrounds. Outreach for co-chair appointments has been successful.
- **Quality Improvement Priorities:** Focus on maintaining positive trends in student data, improving communication of policies and interventions, and ensuring equitable access and experiences across regional campuses.
- **Student Feedback:** Efforts include integrating LCME language into self-directed learning activities and increasing the visibility of integration efforts through initiatives like integration weeks.
- **Mistreatment and Fairness of Assessments:** Ongoing communication with students about mistreatment policies and actions taken, along with revamping the clinical grading system to ensure fairness and transparency.

Conclusion

The Committee is actively preparing for the LCME site visit in 2026 by focusing on continuous quality improvement and addressing high-risk areas identified through student data. The formation of dedicated committees and the involvement of a broad range of stakeholders aim to ensure thorough and effective preparation. Continuous monitoring and communication will be key to maintaining positive trends and addressing any emerging issues.