



Foundations Phase Committee Minutes

Date	June 24, 2024
Time	4:00 – 5:30PM PT
Attendees	Academic Chair: Matt Cunningham; Executive Chair: Edith Wang
<input checked="" type="checkbox"/> QUORUM REACHED:	Voting Members: Matt Cunningham, Natash Hunter, Sarah Murphy, Leo Wang
	Guests: Emmanuel Wright, John Willford, Julien Goulet, Micheal Campion, Alyssa Stephenson, Bruce Silverstein, Jordan Kinder, Kellie Engle, Laura Gumz, Julie Calcavecchia, Meghan Keifer, Gerald Tolbert, Doug Schaad, Maya Sardesai, Sara Kim, Jung Lee, Heather McPhillips
Regrets	Voting members: Alexis Baranoff, Serena Brewer, Rebekah Burns, Cassie Cussick, Gerald Groggel, Amada Kost, Holly Martinson, Mike Stephens, Ryan Thomas, Cam Walker

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve May minutes	Matt Cunningham	5 min	Attachment A	Decision
2	Foundation Phase Committee Bylaw Update	Emmanuel Wright	5 Min	Attachment B	Announcement
2	MEPO Update	Matt Cunningham	5 Min	N/A	Announcement
3	Exam Reschedule Policy e-Vote Heads-Up	Matt Cunningham	5 Min	Attachment C	Announcement
4	Reproduction and Development Lessons Learned	Roberrt Steiner / Alyssa Stephson-Famy	20 Min	Attachment D	Decision
5	Foundations of Clinical Medicine Lessons Learned	Julie Calcavecchia / Karen McDonough	20 Min	Attachment E	Decision
7	CQI Priorities for Foundations Phase Committee	Jung Lee / Sara Kim	25 Min	Attachment F	Discussion



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

2. Foundations Phase Committee Bylaw Update
<p>Discussion: The Committee discussed the following changes made to the Foundations Phase Committee Bylaws.</p> <ol style="list-style-type: none"> 1. Co-Chair Terms and Recruitment: <ul style="list-style-type: none"> ○ Term Duration: The term for the academic co-chair has been extended to three years. Previously, it was two years with an option to renew for another two years. This change aims to provide more time to learn the role and increase continuity. ○ Recruitment and Onboarding: Recruitment will start in September, with onboarding beginning in January of the academic co-chair's third year. ○ Eligibility for Nomination: Previously, one had to serve at least one year on the committee before being eligible to apply or self-nominate for academic co-chair. Now, eligibility begins within the first year of committee service. ○ Vacating Faculty Seat: The academic co-chair will vacate their faculty seat upon election. 2. Faculty Membership Changes: <ul style="list-style-type: none"> ○ Disbandment of Themes Committee: The Themes Committee was disbanded at the May Curriculum Committee meeting. To ensure themes representation, a Themes/Medicine, Health, and Society working group member will be on each committee. ○ Administrative and Staff Seats: Two seats have been added for administration and staff. ○ Basic Scientist: There will be 6 Basic Scientist members. ○ Longitudinal Representative: There will 4 members representing longitudinal curricular components, including Foundations of Clinical Medicine, threads (pharmacology, histology, pathology, and anatomy & embryology), themes (Medicine, Health, & Society content), and Integrations Weeks with at least two members from the Threads. ○ General Faculty Members: There will be 11 general faculty members, non-specific to any particular faculty category. 3. Student Membership Changes: <ul style="list-style-type: none"> ○ Term Duration: Student members will serve two-year terms. ○ Diversity Focus in Recruitment: Recruitment will focus on diversity, including campus location and identity. ○ Election Process: The election process has been adjusted to accommodate the increased number of student members. 4. Clarifications and Additional Points: <ul style="list-style-type: none"> ○ Faculty Nomination: Any faculty member, including clerkship directors and site directors, can self-nominate or be nominated by others. <p>These changes are being presented at phase committees, with the Curriculum Committee expected to vote on the changes and bylaws by the end of June through an electronic vote, allowing time for thorough review.</p>



3. MEPO Update

Discussion:

The Committee Discussed updates on the Medical Education Program Objectives (MEPOs). The process of revising these objectives has been ongoing for over a year, involving extensive work by the Curriculum Committee to refine and streamline the objectives.

Key Updates

- **Reduction in Number of Objectives:**

- The MEPOs have been condensed from 61 to 33.
- The objectives are grouped into the same overarching competencies or domains, including:
 - Patient Care
 - Medical Knowledge
 - Systems-Based Practice
 - Practice-Based Learning and Improvement
 - Service to Patients and Community/Professionalism
 - Interpersonal and Communication Skills

- **Purpose and Implementation:**

- These objectives are designed to be the foundational competencies that students should possess upon graduation.
- The objectives are intended to guide the development and assessment of the curriculum, ensuring that all key competencies are taught and evaluated.

Future Considerations

- **Curricular Alignment:**

- Members were encouraged to review the new objectives and consider where these competencies are currently being taught and assessed within the curriculum.
- Any gaps identified should prompt discussions on potential curricular changes to ensure comprehensive coverage and assessment of all competencies.

Conclusion

The updated MEPOs represent a streamlined and focused set of competencies essential for medical students. The committee emphasized the importance of aligning the curriculum with these objectives to ensure that all necessary skills and knowledge areas are effectively taught and assessed. Feedback and ideas for curricular adjustments to better integrate these objectives are welcomed and encouraged.

4. Exam Reschedule Policy e-Vote Heads-Up

Discussion:

The Committee Discussed proposed changes to the exam reschedule policy, focusing on addressing issues with students who frequently miss exams.

Key Points

- **Current Policy:**

- Students can miss exams for illness or personal/family emergencies.
- They are allowed one exam delay per term for personal events.



- PIN tests cannot be delayed.
- **Issues Identified:**
 - A small number of students are missing numerous exams, often due to chronic health issues.
 - The current system allows students to submit online forms for delays without required follow-up.
- **Proposed Changes:**
 - Implementing checkpoints requiring students who reach a certain number of exam delays within a block to check in with their Foundations Dean.
 - Ensuring students discuss their issues and receive appropriate support and intervention.

Discussion Points

- **Purpose of Changes:**
 - To provide more structured oversight and support for students with frequent exam delays.
 - To enhance communication between students and Foundations Deans regarding their circumstances.
- **Implementation:**
 - Exact language for the new policy is being developed and will be shared for review and voting via email.
 - Committee members are encouraged to provide feedback and raise any concerns once the markup is distributed.

Conclusion

The proposed policy changes aim to address the rising number of exam delays by enhancing communication and support for students with chronic issues. The committee will review and vote on the final language of the policy once it is prepared.

5. Reproduction and Development Lessons Learned

Discussion:

The Committee Discussed the official name change of the course to Reproduction Development (R&D), the past year's updates, feedback from students and faculty, and proposed changes for the upcoming year.

Key Points

- **Course Name Change:**
 - Officially renamed to Reproduction Development (R&D).
- **Previous Year Updates:**
 - Increased contact hours by 8.
 - Added new sessions on breast disease, pathology, imaging, and pharmacology.
 - Expanded pregnancy content.
 - Introduced a formal session on reproductive justice.
- **Feedback and Issues:**
 - Emphasis on pre-class readiness with pre-recorded lectures and videos.
 - Struggles with interactive and flipped classroom models.
 - Redundant material in large group sessions.
 - Visibility and alignment of pharmacology content needed improvement.



- Staggering of large and small group sessions requested by students.
- Balancing pre-class and in-class work.
- Avoiding testable material presentation just before exams.

Proposed Changes for Upcoming Year

- **Content Reshuffling:**
 - Reduce pregnancy content from 4 days to 3 due to decreased contact hours.
 - Adjust session timing and structure, especially around holidays.
- **Teaching Modality:**
 - Align pre-class videos with the syllabus.
 - Increase large group sessions to 1.5-2 hours and small groups to 2-2.5 hours.
 - Continue peer teaching in small groups.
 - Interactive content in large groups to avoid redundancy with pre-recorded videos.
- **Assessment Changes:**
 - Tentative grading schematic proposed.
 - Possible inclusion of themes assignments on Canvas.
- **Threads and Pharmacology:**
 - Spread Anatomy and Embryology (A&E) over 3 days.
 - Align pharmacology content across videos, slides, and course pack.
- **Pathology and Histology:**
 - Retain 6 hours of material, spread over multiple days.
 - Reorganize pathology sessions for better content alignment.
- **Themes:**
 - Increase themes large group sessions to 2 hours.
 - Introduce themes assignments on Canvas.

Discussion Points

- **Small Group Participation:**
 - Debate on continuing participation credit for attending small groups.
 - Need for institutional standards on attendance and participation.
- **Course Schedule Variability:**
 - Challenges with changing schedules due to holidays.
 - Need for stable course planning despite variable term start dates.

Conclusion

The proposed changes aim to streamline the course content and enhance interactive learning while addressing student feedback on scheduling, redundancy, and assessment alignment. The committee will continue to discuss and finalize these changes, considering input from various sites and faculty.

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Decision: The Foundations Phase Committee will send the R&D Lessons Learned out for e-Vote due to lack of quorum.

6. Foundations of Clinical Medicine Lessons Learned

Discussion:



The Committee Discussed the current state and proposed changes for the Foundations of Clinical Medicine (FCM) course, including feedback from students, updates to block level objectives (BLOs), assessments, and new initiatives for ultrasound training.

Key Points

- **Current State of FCM:**
 - Positive feedback from students on clinical skills workshops, hospital tutorials, and primary care preceptorships.
 - Ongoing updates to improve the course based on student and faculty feedback.
- **Feedback and Updates:**
 - Simplified BLOs to make assessments more straightforward.
 - Unified BLOs for both inpatient and outpatient settings to streamline the curriculum.
- **Assessment Changes:**
 - Introduced new assessment methods, including the Foundations OSCE tied to FCM milestones and workplace-based assessments (WBA) for primary care practicum.
 - Planned merger of two term 3 simulation sessions to free up time for video reviews of OSCE performance.
- **Ultrasound Training:**
 - Integration of ultrasound into FCM, with BLOs focused on understanding its role and basic ultrasound physics.
 - Use of Butterfly Academy modules for pre-class work and quizzes to track completion.
- **Attendance and Participation:**
 - High attendance in workshops without tying it to grades.
 - Proposal to add completion of 80% of pre-class assignments as a course requirement to ensure preparedness.

Discussion Points

- **Ultrasound BLOs:**
 - Consideration to keep the BLO describing the role of focused ultrasound as a supplement to physical exam and typical indications and limitations.
 - Basic ultrasound physics BLO discussed whether it should be included as a session-level objective.
- **Institutional Standards:**
 - Need for consistent attendance and participation standards across the curriculum.
- **Course Schedule Variability:**
 - Challenges with changing schedules due to holidays, and the need for stable course planning despite variable term start dates.

Conclusion

The proposed changes aim to streamline the course content, enhance interactive learning, and address student feedback on assessment and preparedness. The committee will continue to discuss and finalize these changes, considering input from various sites and faculty. The approval of these changes, including the amendments to the ultrasound BLOs, will be conducted through an electronic vote (Evo) with detailed documentation provided to the committee members.

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Decision: The Foundations Phase Committee will send the FCM Lessons Learned out for e-Vote due to lack of quorum.

7. CQI Priorities for Foundations Phase Committee

Discussion:

The Committee Discussed the LCME accreditation preparation status and continuous quality improvement (CQI) areas based on student surveys. The focus was on identifying areas with high compliance risk and implementing strategies to address these risks before the 2026 site visit.

Key Points

- **LCME Accreditation Roadmap:**
 - Targeting 70% completion of the accreditation document by June/July to facilitate the self-study process starting in September.
 - Seven self-study committees formed, with co-chairs from various departments and campuses.
 - Independent student analysis (ISA) to be conducted by medical students, with results expected by February 2025.
- **Key LCME Elements and Risks:**
 - **Community of Scholars, Research Opportunities (Element 3.2):**
 - Improved satisfaction with access to scholarly opportunities but requires monitoring due to previous citations.
 - LCME changed survey questions to focus on access to research opportunities and school support for student participation in research.
 - **Student Mistreatment (Element 3.6):**
 - Significant improvement in overall mistreatment prevalence, but concerns remain in specific areas like public humiliation and offensive remarks.
 - LCME will flag any data point with 20% or higher dissatisfaction for automatic citation.
 - **Self-Directed Learning (Element 6.3):**
 - LCME definition includes four key components: student assessment of learning needs, independent identification and analysis of information, appraisal, and facilitator feedback.
 - New question on whether the curriculum provides sufficient practice in self-directed learning.
 - **Curriculum Integration (Element 7.6):**
 - Concerns over the perceived integration of block content, particularly in MS2 data.
 - Ongoing efforts to address content integration issues.
 - **Student Feedback (Element 8.5):**
 - Concerns primarily in clerkship phases regarding responsiveness to student feedback.
 - Efforts underway to improve mechanisms for obtaining and responding to student feedback.
 - **Monitoring Student Time (Element 8.8):**
 - Slightly lower satisfaction and higher dissatisfaction with student workload among MS1s.



- New questions will address student perceptions of workload manageability in both pre-clerkship and clerkship phases.
- **Fair and Timely Summative Assessment (Element 9.7):**
 - No major concerns in the foundation phase, with most work required in the clerkship phase.

Questions and Concerns

- **Changes in Survey Questions:**
 - How changes in survey questions from satisfaction to agreement will impact data interpretation and compliance risk assessment.
- **Student Preparedness:**
 - Ensuring students understand LCME definitions and linking them with preclinical activities to improve survey responses.
- **Continuous Quality Improvement:**
 - Sustaining current positive trends in student satisfaction with access to scholarly opportunities and addressing gaps in the curriculum.
 - Monitoring new survey data to assess the impact of changes and implementing necessary CQI measures.

Resolutions for Questions

- **Communication and Education:**
 - Increase efforts to educate students about LCME definitions and survey expectations.
 - Use LCME language consistently in the curriculum to help students internalize key concepts.
- **Enhanced Monitoring:**
 - Continuously monitor and analyze new survey data to detect and address any emerging issues promptly.
 - Maintain regular communication with students to ensure transparency and responsiveness to their feedback.

Conclusion

The Committee emphasized the importance of proactive measures to address compliance risks identified in the LCME accreditation process. Continuous monitoring, student education, and responsive CQI measures are crucial to ensuring successful accreditation and maintaining high standards in medical education. The Committee remains committed to working collaboratively to achieve these goals, with ongoing efforts to analyze and address student survey data effectively.