Curriculum Committee Minutes

Date	November 4, 2024
Time	4:00 – 5:30PM PT
Attendees ☒ QUORUM REACHED:	***Academic Co-Chair****: Laura Goodell;* ***Executive Chair:*** *Heather McPhillips* See below
Regrets	***Voting members:*** *Kris Calhoun, Esther Chung, Alex Collis, Sarah Gerrish, Abigail Petty, Shelby Snyder*
Guests:	*Michael Campion, Janelle Clauser, Kellie Engle, Electra Enslow, Julien Goulet, Todd Guth, Jerome Graber, Kim Kardonsky, Karla Kelly, Sara Kim, Jordan Kinder, Max Kullberg, Jung Lee, John McCarthy, LeeAnna Musquiz, Amy Nair, Grant Schumaker, Cynthia Sprenger, Gerald Tolbert, Edith Wang*

Voting Member Attendees			
Laura Goodell (ACC)	X	Raymond Hsu	X
Prabhat Aluri	X	Collette Inaba	X
Rebekah Burns	X	Chris Jons	X
Kristine Calhoun		Meghan Keifer	X
Matt Cunningham	X	Byron Kim	X
Nick Cheung	X	Cindy Knall	X
Esther Chung		Zakyrie Mohamed	X
Alexandra Collis		Abigail Petty	
April French	X	Seth Pincus	X
Sarah Gerrish		Cat Pittack	X
Zach Gallaher	X	Shelby Snyder	
Molly Gilbert	X	Jelena Svircev	X
		Leanne Rousseau	X
		John Willford	X

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve October Meeting Minutes	Laura Goodell	5 Min	Attachment A	Decision
2	Announcement: Incomplete Policy Clinical Phases Approved	Kellie Engle	5 Min	Attachment B	Decision
3	Triple I Waiver Exception	John McCarthy/ Cynthia Sprenger	30 Min		Discussion
4	Curriculum Committee Report Card Priorities	Laura Goodell	20 Min	Attachment available at meeting	Discussion/ Decision
4	Patient Care End of Phase Report	Matt Cunningham	20 Min	Attachment D	Discussion

1. Approve Meeting Minutes		
Discussion: The October 7, 2024 meeting minutes were reviewed. Motion included one change to list the names of all phase committee students, staff and faculty members ratified by the Curriculum Committee.		
☒ DECISION REQUIRED?	[16] VOTES FOR	[1] VOTES ABSTAIN
Decision: Approve October 7, 2024 minutes with revision to add the names of all phase committee, students, staff and faculty members ratified by the Curriculum Committee.		

2. Announcement		
Discussion: Clinical Phase Incomplete policy is approved by the Patient Care Committee on October 14, 2024 and Explore and Focus Committee on October 28, 2024. This is a new policy to outline expectations for students who are unable to complete the course requirements due to an acute personal illness or personal/family emergency. Student must petition the clerkship director in writing for additional time to complete the requirements. This policy is in effect for clerkships which are 4-weeks/8 credits or longer. A student may be awarded an incomplete if doing satisfactory work up until the last 7 calendar days of the clerkship.		
☐ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST
Decision:		

3. Triple I Waiver Exception
Discussion: The Committee discussed Triple I being required and information regarding a waiver being accepted. Data collected showed how the Equity Impact tool was implemented to make sure people on the margin were not being disadvantaged. Eight meetings were held with a variety of stakeholders, research faculty, GME, financial, and a group of URM students. Two-thirds of the committee believed it should be required with consideration given for a waiver. Discussions involved what the implications would be to make a waiver available both financially and scholastically and equitably. The review of waivers back in 2020 noted that waivers for coursework was provided to people with PhDs in a biomedical or a health-related field, MD PhD students, students with a master's degree in one of those fields, a 1st author paper in Peer reviewed journal, as well as the ability for years of research experience in a lab plus a 1st author paper.

The idea of a waiver passed the Curriculum Committee but failed to pass the SOM Faculty Council due to concern over equity of the waiver, lack of specific guidelines about who would qualify for the waiver, and lack of clarity regarding who will determine which student meet these qualifications.

The workgroup then used the Equity Impact Tool to address these concerns. The workgroup met and asked self-identified students from URM backgrounds about criteria and waiver in general. After the survey results, the workgroup decided that they did not want to push forward with a waiver.

Questions:
- Are the current MD PHD students exempt from Triple I or are they registering for Triple I credits as part of their PHD work? If so, would that not be considered a waiver?

Resolutions:
- Prior to 2020, when student re-entered, they were enrolling in Triple I, and their PHD counted as their Triple I project. Students in the MSTP (MD/PhD) program are receiving credit for Triple I

coursework as completed by their PhD. MSTP meet the coursework requirement through their PHD which is considered different than a waiver by the University.

Conclusion:
- The workgroup decided that they would make no recommendation for a waiver and that they will bring the following consensus priorities forward: clear outlines of costs and requirements presented to students, emphasis on utility of Triple I for both students and faculty, more funding for economically disadvantaged students including scholarships in the summer, high quality options such as IRB and states seminars and guidance on writing project proposals.

☐ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST
Decision:		

4.   Curriculum Committee Report Card Priorities
Discussion: The Committee discussed the 9 themes for priority focus areas which included, predictors of performance, academic learning, Integration weeks, student wellness and workload, Step 1 performance, outcomes, and policy, 2022 curriculum change – workload and wellness, career development, pathways and function, curriculum real estate & face time, and clinical phases gaps, feedback and grading. The top three Themes receiving the most votes by committee meetings being: Step 1 performance, outcomes and policy, 2022 curriculum change & career development, with Step 1 having most votes. This year LCME Self Study is occurring so this process may look different in the following years. Questions: • Where can we take meaningful action with the tools and data that we have in our hand? Can you explain how this process would look? Resolutions: • One of the motivations from the retreat was to get the committee meetings to have more white space to share perspectives, things that are going on, and to be able to talk about ideas and how to make things better. Aa a committee, we would discuss what our preliminary data is as well as what is our baseline data? Once baseline data is given, maybe charging a work group to try to make an improvement in the targeted area or we could do qualitative interviewing with students etc. Conclusion • The Committee chose Step 1 for the priority area with a focus on understanding the problem for taking the exam late and Step 1 failure. Heather will gather all previous Step 1 data and will present at the December, 2024 meeting.

☐ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST
Decision:		

5.   Patient Care End of Phase Report
Discussion: The Committee discussed grading and exams and clinical assessment data for both traditional and the Olympia LIC clerkships + write 2.0, summary of clerkship evaluation, and patience care OSCE.

The Committee discussed the patient care phase consisting of 6 rotations: family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry and surgery. The report includes a snapshot from the 23-24 clinical year that starts in the 2023 Spring quarter and ends in the Winter quarter of 2024. The chart compares clinical grades which are tiered by honors, high pass, pass and fail. Data showed a 3-year comparison regarding Final Honors by Race/Ethnicity, gender, clerkship, and quarter. Data showed WRITE 2.0 final grades and WRITE clerkship subject exam fails.

Questions:
- Are students and faculty aware how strong and consistent the trend of increasing honors is across the year? (20% to 60%)

Resolutions:
- Students are advised if you have a clerkship in something you want to match, that it may be better to schedule it later in your patient care year, however not 100% certain.

☐ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST
Decision		