Curriculum Committee Minutes

Date	December 02, 2025
Time	4:00 – 5:30PM PT
Attendees	Academic Co-Chair: Laura Goodell; Executive Chair: Heather McPhillips
QUORUM REACHED:	Voting Members: see below
	Guests: Jung Lee, Meghan Filer, Julien Goulet, Jordan Kinder, Michael
	Campion, Todd Guth, Mary Sargent, Teresa Borrenpohl, Julien Goulet,
	Janelle Clauser, Sara Kim, John McCarthy, Joshua Jauregui, Edith Wang,
	Jung Lee, Electra Enslow, Geoff Jones, Kathy Young, Karla Kelly, Kim
	Kardonsky, LeeAnna Muzquiz, Byron.
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Quorum: 13

Voting Members			
Heather McPhillips (ECC) (Non-Voting	Х	Chris Jons	
Member)			
Laura Goodell (ACC)	Х	Meghan Keifer	X
Prabhat Aluri	Х	Byron Kim	
Rebekah Burns	Х	Cindy Knall	X
Kristine Calhoun		Zakyrie Mohamed	X
Matt Cunningham	Х	Abigail Petty	
Nick Cheung		Seth Pincus	X
Esther Chung	Х	Cat Pittack	X
Alexandra Collis (leave until 2/15/25)		Shelby Snyder	
April French	Х	Jelena Svircev	X
Sarah Gerrish	Х	Leanne Rousseau	X
Zach Gallaher	Х	John Willford	X
Molly Gilbert	Х		
Raymond Hsu	Х		
Colette Inaba	Х		

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve November Meeting Minutes	Laura Goodell	5 min	Attachment A	Decision
2	Grade Appeal Bylaws	Joshua Jauregui	15 min	Attachment B	Decision
З	Educational Quality Improvement Independent Student Analysis, Graduate Questionnaire Internal data	Sara Kim/Jung Lee	25 Min	Attachment C	Discussion
4	Annual Report Card	Laura Goodell/Heather McPhillips	30 Min		Decision

1. Approve Meeting Minutes				
Discussion: The November meeting minutes were presented to approval.				
	[17] VOTES FOR	[0] VOTES	[2] VOTES ABSTAIN	
REQUIRED? AGAINST				
Decision: The November meeting minutes were approved				

2. Grade Appeal Bylaws

Discussion: The Grade Appeal Committee is delegated authority by the Curriculum Committee, Vice Dean for Academic, Rural and Regional Affairs, and the School of Medicine Department Chairs, and has accountability for determining whether a petitioning student's grade and/or clinical evaluation summative comments were awarded arbitrarily or capriciously by the instructor/department.

The Grade Appeal Committee reports to the Curriculum Committee. Once a year, the Grade Appeal Committee will provide a summary of the past year's activities, issues and resolutions to the Curriculum Committee, Vice Dean for Academic, Rural and Regional Affairs and department chairs.

Grades and/or clinical evaluation summative comments should not be determined in an arbitrary or capricious manner. The only factor that members of the Grade Appeal Committees may consider in determining the validity of a grade is the alleged arbitrary or capricious award of a final grade and/or clinical summative comments.

2024 Grade Appeal Committee Bylaws Update – Summary of changes:

- Throughout document shorten name of Committee from *Grade Appeal Committee for Foundations and Clinical Phases* to *Grade Appeal Committee.*
- Throughout document grammatical updates (capitalize Committee name, Co-Chair titles, etc. for consistency), rewording sentence structure for clarity.
- Article 3, Section c) newly added clarification about adjudication oversight to the 4-year MD program.
- Article 4, Section b) addition of staff as GAC members, addition of "UWSOM" as designation for which faculty and staff have eligibility to serve.
- Article 4, Section b) clarification of clinical faculty allowed to serve, additional of language about diversity in Committee selection for WWAMI presentation.
- Article 4, Section d) updated language about number of Committee members rotating on and off Committee each year.
- Article 4, Section e) updated criteria categories to reflect Article 4, Section b updates.
- Article 4, Section d) added staff language.
- Article 5, Section a) updated language about process when no Committee member nominates themselves as Academic Co-Chair.
- Article 5, Section b) clarification of Academic Co-Chair's time commitment in Committee.
- Article 5, Section g) added staff language, updated criteria categories to reflect Article 4, Section b updates.
- Article 6, Section b), subsection iii clarifying listed outcomes as "potential".
- Article 6, Section b), subsection iv addition of Conflict-of-Interest language.
- Article 6, Section b), subsection v addition of Confidentiality language.

 Article 7, Section a) – change records retention to 5 years from 10 years. 			
DECISION REQUIRED? [16] VOTES FOR [0] VOTES [1] VOTES AGAINST AGAINST			
Decision: Grade Appeal Committee Bylaws updates were approved.			

3. LCME update: Independent Study Analysis highlights

Discussion: The Committee were presented with updates on the LCME accreditation preparation, findings from the 2024 Independent Student Analysis Survey, and strengths, risks, and action plans. Important milestone dates were mentioned:

- March 15, 2025: Self-Study Committees Submit Evaluations of LCME Elements
- October 2025: Follow-up Student Survey
- November 2025: Submission of Accreditation Documents
- December 2025 February 2026: Site Visit Preparation

• ISA Overview:

- \circ $\,$ A student-led survey with 130 required items.
- \circ ~ Conducted parallel to the school's accreditation process.
- Data focuses on strengths and areas requiring attention.
- Markers of Risk and Excellence:
 - **Excellence**: Agreement rates ≥80%, low disagreement rates, and minimal "N/A" responses.
 - **Risk**: Agreement <80%, disagreement >20%, high "N/A" responses, or inconsistent ratings across regional campuses.

Discussion

Highlights:

- Positive Trends:
 - High student satisfaction with curriculum, clinical skills training, and block coordination.
 - Preclinical training is well-received; retrospective views from MS3/MS4 students show strong agreement.
 - Improvements noted in research access, workload, and formative feedback for preclinical phases.
 - o Reduction in overall mistreatment rates compared to historical data.
- Areas of Concern:
 - Basic Science Subjects:
 - Biostatistics, epidemiology, genetics, and microanatomy received lower satisfaction ratings, potentially related to early curriculum placement.
 - Clinical Feedback:
 - Formative feedback quality in clerkships raises concerns due to high "N/A" responses.
 - Summative assessment (grading) remains a critical issue for clerkship satisfaction and may result in citation.
 - Student Feedback:
 - MS3/MS4 students feel the school is less responsive to their feedback compared to preclinical students.
 - Communication gaps about changes following feedback need to be addressed.
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• Mistreatment Data:

• Decreasing trends overall, but sexist and racially offensive remarks are still above the national average.

Decisions and Action Items

1. Identified Risk Areas for Focus:

- Element 7.1: Curriculum content and quality tracking.
- **Element 8.5**: School responsiveness to student feedback.
- Element 9.1: Resident training on teaching and evaluations.
- **Mistreatment Policies**: Sustain improvements and address specific high-risk categories (e.g., sexist remarks).

2. Student Feedback and Communication:

- Enhance mechanisms to communicate improvements to students based on their feedback.
- Monitor trends in student awareness of program changes.

3. Next Steps for Accreditation Preparation:

- Continue analyzing ISA comments for qualitative insights.
- Implement focused changes in high-risk curriculum areas (e.g., biostats, genetics).
- Highlight improvements in clerkship grading systems to mitigate risks for citation.

4. Data Collection and Review:

- o Track three years of data for critical areas like mistreatment and curriculum satisfaction.
- Prepare thorough responses in accreditation documentation highlighting ongoing quality improvement efforts.

5. Work Group Formation:

- Develop a draft charge for a work group to analyze **Step 1 pass rates**, student preparedness, and curriculum impacts.
- Identify stakeholders (e.g., learning specialists, student support, curriculum deans, student representatives) for targeted interventions.

Key Takeaways:

- The ISA results are largely positive, reflecting improvements across the curriculum, but critical areas still require targeted focus.
- LCME accreditation preparation requires sustained monitoring of risk areas, particularly clinical grading, mistreatment, and feedback responsiveness.
- Stakeholder engagement and ongoing quality improvement efforts will be essential to address identified risks and strengthen outcomes.

DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST
Decision: No decision needed.		

4. Curriculum Committee Annual Report Card

Discussion: We are developing more time during Curriculum Committee for white space to bring discussion in from committee members and analyze the identified priority area for CQI. The Committee agreed on Step 1 pass/failure rate as a priority area for internal review. The problem is defined as: To better understand Step 1 performance at UWSOM (as defined by successful completion/pass by March 1 of winter quarter MS2 year) utilizing internal and external evidence. Develop/track feasible interventions/adjustments to improve our student's capacity to successfully take Step 1 on time.

Data lives in different places and the goal is to host a discussion with Curriculum Committee to make sure we have all the data and elements that need to be considered. Purpose is to create database as a resource to pinpoint areas of concern and opportunities for improvement. **Definition of Success**: Completion and passing of Step 1 by March 1st of the MS2 year.

Purpose: Develop and track feasible interventions to improve student outcomes.

A conversation was held at PEAC and the following elements were identified to review as a starting point:

PEAC discussed:

- Step 1 Date First Attempt
- Step 1 Result First Attempt
- Step 1 Date Second Attempt
- Step 1 Result Second Attempt
- Step 1 Date Third Attempt
- Step 1 Result Third Attempt
- Step 1 Date Fourth Attempt
- Step 1 Result First Attempt
- Step 1 Delay (Y/N)
- MCAT all four subcomponents and total
- GPA Total
- GPA Science
- UC Davis Score
- Race/Ethnicity
- Gender
- URiM (4 categories)
- EO1/EO2 (parental education/employment)
- Entry Year
- Foundation Site
- End of Foundations Phase Date
- Full Restart (y/n)
- Exam scores for every block exam
- Final Score for each block
- Term 1, 2, 3 Block averages
- Exam delays
- Number of Foundation Block Fails
- Number of Foundation Thread Fails

- TRUST
- CUSP
- Elective courses?
- Attendance (if available)
- LOA status (time away from curriculum)
- Exam accommodations
- NBME exams during Foundations (CAS, CBSSA)
- Academic advising usage?
- Financial aid utilization?
- Utilization of third party resources
- What students did for Triple I?

Discussion

Data Elements to Track:

- Step 1 Results:
 - Pass/Fail status.
 - Date of first and subsequent attempts.
 - Delays in Step 1 completion.
- Admissions Data:
 - MCAT scores (total and subscores).
 - Undergraduate GPA (total and science-specific).
 - UC Davis socioeconomic score.
 - Race, ethnicity, and gender.
 - Underrepresented student status.
 - AAMC EO1/EO2 parental education classifications.

• Academic Performance Data:

- Block and thread exam scores.
- Rolling block averages.
- Number of exam delays, block fails, and thread fails.
- NBME standardized test scores during Foundations.

• Program and Support Data:

- Foundations site and completion timeline.
- Restart status.
- Trust, CUSP program, or Triple I participation.
- Utilization of tutoring and exam accommodations.
- Leave of absence history.
- Enrollment in nonclinical electives or pathways.
- Financial and Attendance Factors:

- Financial aid utilization.
- Attendance and engagement in coursework.
- Impact of external obligations (e.g., work).
- Additional Suggestions:
- Ask Learning specialist if there is anything to add
- Tutoring utilization
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 - Track late clerkship drops and effects on clinical performance.
 - Include pathways and Triple I specifics where possible.
 - Explore third-party resource usage for Step 1 preparation.

Consider adding:

- o Ask Learning specialist if there is anything to add
- Tutoring utilization
- Pathways (elective enrollment) or Triple I experiences (GHIP, RUOP or SOI, SOD)
- Utilization of third party resources (Consolidation surveys)

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Work Group Formation:

• Proposed Stakeholders:

- Foundations Dean.
- Learning Specialists.
- Assistant Dean for Student Support.
- Representation from Trust Program.
- Multiple student representatives.
- Curriculum and program directors.
- Academic support staff.
- TRUST
- Proactive advisor
- Representative from each WWAMI site
- Clinical representative who has seen downline effects (clerkship availability and placement)

Key Questions:

- Are additional data points missing?
- How can data integration streamline tracking and analysis?
- Could external surveys or targeted studies supplement current data gaps?

Decisions and Next Steps

- Draft Charge:
 - \circ $\;$ Define a clear charge for the work group to investigate Step 1 performance.
 - Include areas of focus, stakeholders, and measurable outcomes.
- Committee Review:

- Circulate the draft charge and data elements to the committee for review.
- Finalize and vote on the work group formation at the next meeting.
- Preliminary Timeline:
 - Form the work group in January.
 - Present preliminary results by June.
- Follow-Up Actions:
 - Address data integration challenges.
 - Explore additional surveys or confidential studies to gather insights on third-party resource usage.

Conclusion

- The committee has outlined a clear path forward to address Step 1 performance concerns.
- Stakeholders, data elements, and next steps have been identified to ensure thorough analysis and effective interventions.
- Draft charge and work group formation will be finalized in the upcoming meeting.

Action: Curriculum Committee Co-Chairs to bring charge to Curriculum Committee for vote	e in
January 2025	

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