

Curriculum Committee Minutes

Date	January 06, 2025
Time	4:00 – 5:30PM PT
Attendees	Academic Co-Chair: Laura Goodell; Executive Chair: Heather McPhillips
<input checked="" type="checkbox"/> QUORUM REACHED:	Voting Members: Guests: Cynthia Sprenger, Edith Wang, Electra Enslow, Janelle Clauser, Jay Erikson, Jerome Graber, John McCarthy, Julien Goulet, Jung Lee, Karen McDonough, Karla Kelly, Kathy Young, Kellie Engle, Kim Kardonsky, Mark Whipple, Micheal Campion, Sara Kim, Sarah Wood, Todd Anotho Guth, Geoff Jones, Jordan Kinder

Quorum = 14

Laura Goodell (ACC)	X	April French	x	Zakyrie Mohamed	x
Matt Cunningham	X	Sarah Gerrish		Abigail Petty	
Rebekah Burns		Zach Gallaher		Seth Pincus	x
Kristine Calhoun	X	Molly Gilbert	x	Cat Pittack	
Nick Cheung		Raymond Hsu	x	Shelby Snyder	
Esther Chung	X	Colette Inaba	x	Jelena Svircev	x
Alexandra Collis (on leave)		Chris Jons	x	Leanne Rousseau	x
Matt Cunningham	X	Meghan Kiefer	x	John Willford	x
Byron Kim	x				

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve December Meeting Minutes	Laura Goodell	5 Min	Attachment A	Decision
2	Clinical Translational Research Pathway Update	Mark Whipple	20 Min	Available at Meeting	Discussion
3	Report Card: Step 1 Workgroup Charge	Laura Goodell/ Heather McPhillips	25 Min	Attachment B	Discussion
4	Foundations and Patient Care OSCE	Kris Calhoun/ Matt Cunningham/ Karen McDonough	20 Min	Available at Meeting	Discussion

1. Approve Meeting Minutes (Dr. Goodell)

Discussion: The meeting minutes will be reviewed and approved.

DECISION REQUIRED?

[11] VOTES FOR

[] VOTES AGAINST

Decision:

2. Clinical Translational Research Pathway Update (Dr. Whipple)

Discussion:

The Committee Discussed updates on the pilot Clinical and Translational Research Pathway (CTRP) for medical students, now in its second year. The program is funded by a large NIH grant through the Institute for Translational Health Sciences (ITHS) and involves 30-35 students annually across the WWAMI Region. Students participate in a structured curriculum of courses, research projects, and presentations aimed at fostering skills in research design, implementation, and dissemination. Cohorts are organized by site or via Zoom for remote participants, and the program appears effective based on preliminary feedback. The program's future includes potential expansions, improvements in biostatistics resources, and integration with other health science programs.

Questions and Concerns:

- How feasible is the inclusion of students from other pathways without overburdening them?
 - Can the program accommodate students interested in different summer research experiences, such as RUOP or Duke Star programs, and still maintain the pathway's objectives?
 - How can biostatistics education be effectively integrated given the diverse research projects?
 - What steps can be taken to improve promotion and participation in regional campuses like Wyoming?
 - How will the program sustain itself financially after the current NIH grant expires in February 2026?
 - Can students receive credit for a research rotation during their clerkship phase?
 - Is it feasible to bring all students together during integration weeks or transition to residency for additional learning opportunities?
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Resolutions:

- **Inclusion of Other Pathway Students:** The program was opened to students from other pathways, provided they meet the requirement of participating in a summer Scholarship

of Discovery project. This maintains the program’s integrity while allowing more participants.

- **Support for Biostatistics:** Discussions are ongoing to include individual consultations with biostatisticians before and after the research phase. The use of external resources such as Coursera was also suggested as a potential solution.
- **Regional Promotion:** Faculty and alumni from regional campuses, such as Wyoming, are being engaged to promote the program and encourage student participation. Individual outreach and testimonials from previous participants were highlighted as effective strategies.
- **Expansion Plans:** The program will experiment with including students from other professional schools (e.g., nursing and dental) as auditors. This includes pilot testing the inclusion of undergraduate and resident participants.
- **Sustainability:** ITHS leaders are exploring options for grant renewal and adjustments to funding priorities. Engaging stakeholders in discussions about future funding is a priority.
- **Clerkship Credit for Research:** Conversations are ongoing about the feasibility of allowing a research rotation during clerkship phases, though no immediate implementation is planned.
- **Integration Weeks:** The program is exploring using integration weeks to bring cohorts together for additional educational activities, which could enhance collaboration and learning.

Conclusion:

The Clinical and Translational Research Pathway has proven to be a valuable addition to the curriculum, providing students with an in-depth understanding of clinical research and professional skills development. The program's current trajectory includes modest expansions, efforts to address gaps in biostatistics, and experiments in interdisciplinary participation. However, concerns about funding sustainability and broader student participation remain. Continued dialogue with stakeholders and strategic planning will be critical to the pathway’s long-term success and potential integration into other parts of the medical curriculum.

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3. Report Card: Step 1 Workgroup Charge (Dr. Goodell and Dr. McPhillips)

Discussion:

The Committee Discussed the establishment of a workgroup to evaluate step one performance, identify challenges, and propose solutions. The discussion included identifying stakeholders for the workgroup, the timeline for deliverables, the scope of work, and the focus on equity and data analysis to identify at-risk students. Key curricular changes were also reviewed, with the intention of assessing their impact on step one performance. The workgroup will focus on understanding

and addressing systemic and individual factors contributing to performance while refraining from considering changes to admission criteria.

Questions and Concerns:

- **Stakeholder Representation:**
 - Are all relevant stakeholders included in the workgroup, such as foundations block faculty, clinical representatives, counseling and wellness, and admissions?
 - Should student representatives be stratified across years to reflect different perspectives?
 - Would program directors, career advisors, or other external stakeholders be beneficial to include?
 - **Timeline:**
 - Is the proposed timeline realistic, with a progress report in June and a final report in October, given the summer break and fall workload?
 - **Scope of Work:**
 - What data points will be used to identify students at high risk for difficulties with step one?
 - How early can students in need of support be identified, and what interventions are effective?
 - How will curricular changes already implemented (e.g., integration weeks, block length standardization, remediation changes) be assessed for impact?
 - **Focus on Equity:**
 - How will the equity impact tool be integrated into the workgroup's analysis?
 - How will structural and systemic barriers, such as stereotype threat, be addressed?
 - **Data Analysis:**
 - How granular will the data review be, and what predictive indicators (e.g., undergraduate coursework, MCAT scores) will be considered?
 - Are there resources available to assist with a root cause analysis framework for identifying factors impacting performance?
 - **Guardrails:**
 - Are there clear boundaries to ensure the group remains focused, such as excluding admission criteria changes from its scope?
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Resolutions:

- **Stakeholder Inclusion:** Additional stakeholders were proposed, including a member of the Student Progress Committee (SPC), block and thread directors, counseling and wellness representatives, admissions representatives, and program directors or specialty career

advisors. The group will include students from all years and ensure regional representation.

- **Timeline Adjustments:** The workgroup will aim for a progress report in June and a final report in October but may adjust based on workload and readiness.
- **Curricular Changes and Data Review:** The workgroup will analyze the impact of curricular changes such as integration weeks, cumulative block exams, and remediation improvements. Data review will focus on identifying at-risk students early, with input from stakeholders who can provide insights into predictive indicators and historical trends.
- **Equity Focus:** The group will prioritize equity by applying the equity impact tool and reviewing research on barriers such as stereotype threat. Strategies for supporting historically marginalized students will be emphasized.
- **Out-of-Scope Areas:** The group will focus on supporting admitted students rather than altering admissions criteria. Admissions representatives may serve as resource experts but will not participate in discussions about changing criteria.

Conclusion:

The workgroup will investigate systemic and individual factors contributing to step one performance, review and analyze relevant data, assess the impact of recent curricular changes, and make equity-informed recommendations to support student success. While implementation is beyond the scope of this phase, the workgroup will provide actionable insights for future interventions. The committee invites additional members to self-nominate if interested in contributing to this important effort.

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4. Foundations and Patient Care OSCE Reports (Dr. Cunningham, Dr. Calhoun, Dr. McDonough)

Discussion:

The Committee Discussed the Foundations and Patient Care Objective Structured Clinical Exams (OSCEs) program, which assesses and provides feedback on clinical skills and reasoning. Updates were provided on the restructured Foundations 1 (F1) and Foundations 2 (F2) OSCEs, as well as the Patient Care OSCEs. The F1 and F2 OSCEs underwent significant redesigns to align more closely with clinical milestones, including the implementation of video recording for assessment and feedback. The Patient Care OSCEs retained their traditional format but included a new case and saw a reduction in the number of students requiring remediation. Plans for future improvements focus on refining the process, integrating milestone-based assessments, and expanding the case library.

Questions and Concerns:

- **Faculty Workload:**
 - How sustainable is the current workload for faculty and residents in reviewing video-recorded encounters?
 - Can rubrics and guidelines be optimized to reduce variability and ensure consistent expectations across sites?
 - **Assessment Standards:**
 - Should students be required to meet expectations for all OSCE cases to pass, as opposed to the current standard allowing one "needs development" (ND) per case?
 - Is the current Patient Care OSCE sufficiently rigorous as a measure of clinical competency before graduation?
 - **Future Alignment:**
 - How can the Patient Care OSCE be aligned with clinical milestones and program objectives similar to the Foundations OSCEs?
 - Should the program adopt a competency-based approach, grouping performance holistically across stations rather than using a case-specific pass/fail model?
 - **Discipline Representation:**
 - How can the Patient Care OSCE ensure representation of all core clerkships, such as surgery, which is currently underrepresented in cases?
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Resolutions:

- **Faculty and Resident Grading:** Residents will continue to grade the physical exam components, while faculty focus on areas requiring their expertise, such as communication and reasoning. Review processes will be standardized to manage workload and ensure consistent grading.
 - **Assessment Rigidity:** The committee decided not to mandate meeting expectations for every case at this time but will re-evaluate as the program evolves. Future considerations include competency-based assessments across cases and requiring remediation for specific domains rather than entire cases.
 - **Milestone Integration:** The success of the Foundations OSCEs in mapping to milestones serves as a model for the Patient Care OSCE. A gradual transition to milestone-based assessments for Patient Care OSCEs will be explored.
 - **Case Development:** Efforts will continue to expand the case library to better represent all clerkships and provide a more comprehensive assessment of clinical competency. Input from clerkship directors will guide the development of critical cases.
 - **Program Support:** Hiring an OSCE manager remains a priority to enhance the program's sustainability and ensure the robustness of future initiatives.
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Conclusion:

The OSCE program demonstrated significant progress, particularly in the restructured Foundations OSCEs and the reduced remediation needs for Patient Care OSCEs. The success of video-recorded encounters and milestone mapping will inform future enhancements, including aligning Patient Care OSCEs with clinical milestones and expanding case representation. Faculty workload, assessment standards, and competency-based approaches will remain key areas of focus as the program evolves. The committee expressed gratitude to all contributors for their dedication to maintaining the program’s success across a complex system

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