Foundations Phase Committee Minutes

Date	January 28, 2024
Time	4:00 – 5:30PM PT
Attendees ☒ QUORUM REACHED:	***Academic Chair:*** *Matt Cunningham;* ***Executive Chair:*** *Edith Wang* ***Voting Members: (See Below)*** ***Guests:*** Brent Wise, Doug Schaad, Erik Malmberg, Esther Chung, John's Ipad, Jordan Kinder, Karla Kelly, Micheal Campion, Sarah Wahlster, Todd Anthony, Jung Lee

Voting Members			
Lindsay Rettler		Cam Walker	**x**
Matthew Cunningham	**x**	Cassie Cussick	**x**
Rebekah Burns		Leigh Bishop	
Natasha Hunter		Kate Weaver	**x**
Holly Martinson	**x**	Angela Scharnhorst	**x**
Gerald Groggel		Katie Daughenbaugh	**x**
Micheal Stephens	**x**	Julien Goulet	**x**
Leo Wang	**x**	Patrick Mark	**x**
Ryan Thomas		Aaron Erickson	**x**
Nell Baumgarten	**x**	Jenny Wright	
		Shannon Uffenbeck	**x**

Agenda

	ITEM	LEAD	TIME	ATTACHMENT	ACTION
1	Approve December Minutes	Matt Cunningham	5 min	Attachment A	Decision
2	Dr. Mike Stephens Academic Co-Chair Starting September 2025	Edith Wang	5 Min	N/A	Announcement
3	FMR Lessons Learned	Max Kullberg / Brent Wisse	25 Min	Attachment B	Decision
4	Foundations OSCE	Kris Calhoun/Karen McDonough/ Matt Cunningham	25 Min	Attachment available at meeting	Discussion
5	E22 USMLE Step 1 Report	Matt Cunningham	30 Min	Attachment C	Discussion

1. **Approve December Meeting Minutes (Dr. Matt Cunningham)**		
The Committee reviewed and approved the Meeting Minutes from the December meeting		
☒ DECISION REQUIRED?	[12] VOTES FOR	[] VOTES AGAINST
Decision: The meeting minutes were approved.		

2. **Dr. Mike Stephens Academic Co-Chair Starting September 2025 (Dr. Edith Wang)**		
Summary: The Committee introduced Dr. Michael Stephens as the incoming Academic Co-Chair, with his term set to begin in September 2025. Dr. Matt Cunningham, who currently holds the position, is in the final year of his term as Foundations Phase Committee Academic Co-Chair. The Committee acknowledged Dr. Cunningham's contributions and discussed the transition process to ensure continuity in leadership.		
DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST

3. **FMR Lessons Learned (Dr. Max Kullberg/Dr. Brent Wisse)**
Summary: The Committee discussed lessons learned from the FMR Block, focusing on active learning, assessment improvements, and content organization. While small-group discussions and faculty engagement effectively support active learning, enhancements are being explored. Pharmacology remains stable, but

anatomy and embryology sessions require refinement due to high content density.
Efforts to transition course materials to Pressbooks continue, with concerns about formatting challenges and faculty workload. Assessment methods, including AI-generated and Amboss-based practice tests, were reviewed for potential improvements. Content redundancy across disciplines was addressed to optimize instructional time while maintaining necessary reinforcement.
Technological tools, such as Saturday review videos and weekly overviews, were recognized as valuable student resources. A new real-time student feedback system for Pressbooks will be implemented to systematically improve course materials. Overall, the FMR Block performed well, supported by structured assessments and comprehensive review resources.

Questions and Concerns:

- How can active learning be further integrated into the FMR Block without requiring excessive faculty facilitation?
- How can anatomy and embryology sessions be optimized to reduce overwhelming content while maintaining rigor?
- What steps are needed to transition anatomy syllabi into Pressbooks, and how can faculty be supported in this process?
- Should practice tests be revised to more closely resemble actual exams, and what is the best platform for delivering them?
- How can Amboss materials be effectively incorporated while ensuring they align with students' current level of knowledge?
- What strategies can be used to minimize redundant content across disciplines while maintaining essential reinforcement?
- How labor-intensive is the process of converting course packs into Pressbooks, and can administrative support be allocated?

Resolutions and Action Items:

- Maintain current active learning strategies while identifying additional opportunities for engagement.
- Faculty will refine challenging anatomy and embryology sessions to improve content delivery and reduce overwhelming material.
- The transition of anatomy syllabi to Pressbooks will be further explored, with discussions on faculty assistance and administrative support.
- AI-generated and Amboss-based practice tests will be considered, with faculty reviewing and refining questions.
- Faculty will integrate Amboss questions thoughtfully to ensure they align with students' current understanding.
- Redundant content across disciplines will be identified and adjusted to enhance instructional efficiency.
- Discussions will be held with administrative staff to determine the feasibility of support for Pressbook conversion.

Conclusion:

The committee reviewed key lessons from the FMR Block and proposed targeted improvements in assessment, content organization, and student engagement. While the current structure is effective, implementing real-time Pressbook feedback and refining certain sessions will further strengthen the block. The discussion highlighted the importance of continuously improving student learning resources while ensuring faculty workload remains manageable.

☒ DECISION REQUIRED?	[13] VOTES FOR	[0] VOTES AGAINST
Decision: The committee approved key lessons from the FMR Block and proposed targeted improvements in assessment, content organization, and student engagement.		

4. **Foundations OSCE (Dr. Matt Cunningham)**

Summary:

The Committee discussed the **Foundations OSCE**, focusing on its recent changes, assessment structure, and integration into the curriculum. The new OSCE format emphasizes **full clinical encounters** rather than isolated skills, requiring students to conduct a **complete patient workup** within a set time. It is now fully embedded in the **clinical skills curriculum**, aligning with established **milestones** to track student readiness for clinical training.

The OSCE consists of **two parts**: a **formative assessment in the first year** and a **summative assessment in the second year**. These evaluations measure **history-taking, physical exam skills, clinical reasoning, and documentation**. Faculty provide **video-recorded feedback**, while **resident graders** assess physical exam performance using standardized checklists.

Results showed that **92% of students met all assessed milestones**, while **8% fell short on at least one**. The most common challenge was **physical exam skills**, with **14 students requiring remediation**. To address this, students needing improvement must submit a **recorded physical exam demonstration** for review before advancing to clinical training.

Questions and Concerns:

- How effective is the **new OSCE format** in preparing students for clinical rotations?
- What additional **remediation strategies** could help students struggling with physical exam skills?
- Should **more frequent assessments** be implemented to track skill development rather than relying heavily on the OSCE?
- How does this assessment model fit into a **competency-based evaluation system** for the full curriculum?
- Will students who do not meet OSCE milestones face **academic consequences**, or will remediation be the primary approach?

Resolutions for Questions:

- Faculty expressed overall support for the **new OSCE format**, recognizing its effectiveness in providing structured feedback.
- The need for **ongoing skill assessments** beyond the OSCE was considered to better track student progress.
- **Competency-based evaluation models** were identified as the long-term goal for clinical skills assessment.
- Students who do not meet milestones will not fail the clinical skills course but must complete **remediation before advancing**.

Conclusion:

The **revised OSCE format** was recognized as a valuable addition to the **clinical skills curriculum**. Early identification of skill gaps and continuous **competency-based assessments** remain essential for student preparation. Future discussions will focus on **strengthening remediation efforts** and ensuring all students meet **clinical skill milestones** before transitioning to the next phase of training.

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

5. **E22 USMLE Step 1 Report (Dr. Matt Cunningham)**

Summary:

The Committee discussed the **USMLE Step 1 Report** for the **E-22 cohort**, focusing on test completion rates, pass rates, and key predictors of success. They noted that **96% of students had taken Step 1**, with a **92% pass rate**, aligning with the national average. The **earlier Step 1 deadline** improved on-time test completion, but **21% of students still delayed**, with most postponements occurring past the **March 8th deadline** and some extending further into the clerkship period, impacting both individual schedules and overall clerkship availability.

They reviewed **cumulative block averages and NBME practice scores** as strong indicators of Step 1 performance. Students who **failed a block or thread** were significantly more likely to **delay or fail the exam**. They also discussed the higher rate of delays among certain student groups and considered whether curriculum adjustments could help reduce delays.

The Committee discussed challenges in advising students due to the **lack of numerical Step 1 scores** and whether **thread performance** might be a better predictor of Step 1 struggles. The potential for **predictive models** to identify at-risk students earlier was considered. There was discussion on whether **early interventions** should be implemented for students with **low block averages**, even if they do not fail. The effectiveness of **remediation strategies** was also discussed, including whether changes could improve Step 1 outcomes.

Questions and Concerns:

- What additional support can be provided to students at risk of **delaying or failing Step 1**?
- Would curriculum adjustments help reduce exam delays?
- Should **early interventions** be considered for students with **low block averages**, even if they do not fail?
- Can **remediation strategies** be adjusted to improve student outcomes?
- How can advising be improved given the **lack of numerical Step 1 scores**?
- Should additional metrics, such as **consistent low MCQ scores**, be used to identify at-risk students?
- Would **predictive models** provide a better way to track students at risk for Step 1 delays or failures?

Resolutions for Questions:

- The use of **predictive models** to identify at-risk students earlier was suggested.
- **Curriculum adjustments** were discussed as a possible solution to reduce delays.
- **Early interventions** for students with **low block averages** were suggested to improve Step 1 readiness.
- The Committee discussed the need to **review and refine remediation strategies** to better support struggling students.
- The effectiveness of **alternative advising methods** was considered due to the lack of numerical Step 1 scores.
- The potential of using **consistent low MCQ scores** to flag at-risk students was discussed.

Conclusion:

The Committee recognized improvements in **Step 1 timing and pass rates** but emphasized the need for **stronger support systems** for at-risk students. They reaffirmed that **cumulative block performance** is a strong predictor of Step 1 success and discussed the importance of **early intervention**. Further discussion

was suggested on **refining remediation efforts, evaluating curriculum adjustments, and exploring data-driven strategies** to better prepare students for Step 1.		
☐ DECISION REQUIRED?	[] VOTES FOR	[] VOTES AGAINST