Review of Committee Work
This is the last of the five scheduled meetings of the Assessment Committee. The Committee is transitioning from brainstorming to the formation of task forces. Members reviewed all discussion items from previous meetings. Highlight discussions included:

- Membership has represented a variety of backgrounds – education, basic sciences, WWAMI, clinical, dental/IPE, with ~18-19 members
- 4 school approaches to assessment were explored (details can be seen in the appended handout):
  1. Indiana School of Medicine
  2. Cleveland Clinic Lerner College of Medicine
  3. University of Pennsylvania Perelman School of Medicine
  4. Weill Cornell Medical College
- Common themes to the assessment models explored include:
  1. ACGME competency-based, plus additional competencies
  2. Narrative assessment including reflective/essay
  3. Self-assessment methods
  4. Faculty development
• Review of past brainstorm topics (please see appended document for specifics):
  
  **Trends** -
  1. It was noted that the exploration of emerging trends was very timely, as the American Medical Association has recently announced a Request for Proposals for innovative projects that support the redesign of undergraduate medical education

  **Assessment** -
  2. Members noted the importance of a strong framework for assessment
  3. Future assessments need to be centrally-driven
  4. There is a benefit to look at assessment methods now, as historically they have just been tacked to the end of planned approaches. It may well be that assessment tools will affect curriculum make-up
  5. WWAMI standardization is crucial, including mandating assessments across sites, and centrally-driven assessments
  6. Need for a GME & UME coordination
  7. Medbiquitous –provides standardized terminology

**Demo of Family Medicine Dashboard: Wes Fitch**

An example of a Dashboard concept from Family Medicine Clerkship was presented. The committee’s goal of centralized data management may be implemented through a comparable dashboard system. This model may serve for future UWSOM student activity and performance tracking purposes. Several schools are already moving into complex dashboard systems including NYU School of Medicine and Medical Colleges of Georgia. Here are some key features of the Family Medicine Clerkship Dashboard:

• Family Medicine has approximately 31 clerkship sites
• Students log in once a week and check off what activities/experiences they have done (self-report)
• Once logged in, the dashboard automatically fills out information fields
• Typical topics in the log include:
  1. Clinical knowledge
  2. Patient center care
  3. Context of care
  4. Professionalism
  5. Clerkship environment
  6. Clinical issues encountered
• Dashboard is completely web-based, so you can log on anywhere
• Site Coordinators review the logs
• Activities/experiences listed in the log relate to the final exam
• Students must actually see/do an activity, or go online and see presentation that covers learning activity
• Students can print out their log progress and go over it with their Site Coordinators
• The dashboard has direct links to E*Value, e-mails, etc. You can add links to the dashboard. However, the dashboard does not currently pull data into/from E*Value
Possible benefits of this system:
1. Students like the simplicity, top-level inventory of things to do
2. Good way to monitor who is falling behind at an early stage
3. Good means of identifying performance gaps (UCLA dashboard example provided)
4. Potential to be translatable into any clerkship by changing the inventory items
5. A nice shift to student-centered responsibility of progress

Considerations:
1. Self-assessment is not necessarily accurate
2. Helpful for guidance, but also need to match in validity terms
3. Triangulation of data for validation needed

Peer Institution Assessment Model: Columbia University College of Physicians and Surgeons - Sara Kim
Dr. Kim provided information on Columbia. The contact person is Boyd Richards, PhD, Vice President of Research and Evaluation. This model has the following features:

Curriculum Highlight
- Learning objectives: CARE, EDUCATE, LEAD, DISCOVER
- Foundations courses run through 4 years with emphasis on behavioral, social and socioeconomic content areas
- NIH funding to provide faculty development in reflective practice including narrative medicine techniques to target faculty values, skills and teaching methods
- Student Support Network: 2nd year students provide academic support for 1st year students via tutoring.
- Paired clerkships (neurology – psychiatry) for integrative experiences
- Clerkship intersessions (1 wk x 3 times) for synthesize learning with emphasis on cultural competence, public health and basic sciences content review

Evaluation Highlight
- Contact Person: Boyd Richards, Ph.D., is vice president of education research and evaluation
- Evaluation Highlights:
  - NBME Shelf Exam
  - Performance Assessment
    - OB/GYN: Multi-station performance evaluation with SPs
    - Surgery: Multi-media test items in ExamSoft
    - Psychiatry: Watch video clips and complete a patient chart
    - End of Major Clinical Year: Mini-CPX exam
  - Pilot Portfolio System: A 4-year, 25 students pilot to promote identity formation via reflection and faculty mentor. Once a semester, a required “signature” submission of narrative record used towards developing a composite picture of students' identity formation.
Discussion of Task Force Directions

A. Review of Information Available to the Committee
The meeting shifted to a discussion of where the committee should go next. The members first reviewed the appended handout – Future Committee Activities that summarized the current state of assessment at UWSOM, proposed curriculum plan, and expectations of ACGME competency basis.

B. Recommendation of Task Forces
With the background information above, members brainstormed on 3 possible options for creating Task Forces. One option that was considered by members to be the best way to move forward is described as follows:

**Task Forces Created Based on the ACGME Competencies**

a. It is recommended that Task Forces be organized around the ACGME competencies across three UWSOM curriculum phases that are being proposed. Based on the GME milestone competencies that are currently being implemented in residency specialties, committee members recommend that Task Forces (a) use Level 1 residency milestone competencies as anticipated competencies for graduating medical students (or resident readiness competencies) and (b) define appropriate competencies for ‘novice’, ‘intermediate’ and ‘expert levels in order to build in added knowledge and skills across medical school training (a spiral curriculum concept).

b. In addition, members recommended adding *Task Force: Technical/Data Management*, which will be tasked to explore data inventory, tracking, and reporting.

c. Sara Kim and Jan Carline also proposed creating a Coordinating Committee that will serve as a resource to all Task Forces. The recommended membership for this committee will include: Sara Kim, Jan Carline, Freddie Chen, Wendy Mouradian.

d. Members also recommended a few more large group meetings as a way to develop a template that all Task Forces will use in their work.

The committee will move forward with this proposed plan after eliciting input from all members.

C. Other Task Force Options
Other Task Force options considered but not recommended included the following:

**Option 1. Phase-based Approach**

Three task forces of 3-4 members respectively would be created based on:

1. **Foundations**
2. **Patient Care/Clinical**
3. **Career Exploration and Scholarship**
**Option 2. Threads-based Approach**

This approach is based on the curriculum threads as an organizing framework:

1. Primary Care
2. Health Equity
3. Ethics
4. Quality & Safety
5. Communication
6. Diversity
7. Lifelong Learning
8. Advanced Clinical Skills

D. Discussions Regarding Task Force Processes and Outcome

Sara Kim presented the following overall scope of the Task Forces:

**Deliverable:** Team reports of 2-3 pages discussing assessment principles and proposed models for each phase. The reporting structure would explore:

1. What learning to focus on
2. When to assess students
3. Assessment methods
4. Innovations
5. Implications for WWAMI
6. Resources (faculty, personnel, others)
7. How data will be managed

**Resources Available to Task Forces:**

1. Web sites and contact information of 2-3 Peer Institutions Whose Curriculum Best Reflects UWSOM’s Vision
2. Ongoing Development of Other Curriculum Committee’s Work
3. 2001 UWSOM Evaluation Committee Report
4. Examples of Conceptual Framework That Informs Assessment
5. A Comprehensive Matrix of Assessment Methods (including GME Toolbox) As a Reference Guide
6. UWSOM College Benchmarks
7. Level 1 Developmental Milestones from GME
8. UWSOM Contacts
   - Medical Students
   - Faculty
   - WWAMI Constituents
9. Health Sciences Colleagues Involved in Curriculum Renewal (Nursing, Public Health, Pharmacy, Social Work)
10. Aviation Industry (2 contacts)
11. Performance-driven Industry (Amazon, Gates Foundation)
Proposed Timeline (May be subject to revision):
1. January 10 – 20, 2013: Key Decision Making Points to be Emailed for Curriculum Members’ Input
2. January 20, 2013: Specific Instructions to Task Force Leads
4. February 25: Task Force Reports Due to Coordinating Committee
5. March 4 – 15: 2-3 Large Group Committee Meetings to Be Set Up to Review the Final Report Overview
6. April 1: Coordinating Committee to Submit the Final Report to Steering Committee

Follow Up Actions
1. Sara Kim to solicit all members’ input regarding the proposed plan concerning task forces.
2. Sara Kim to seek a mid-point check in meeting with the UWSOM curriculum leadership.
3. Jennifer Bondurant to set up 2-3 large group Committee meetings.
4. Task Forces to be created by no later than January 31.

Minutes Submitted by Susan Yantis
AGENDA

1. Overview (5 minutes)
   - Introduction of Members
   - Review of Agenda

2. Review of Committee Work (15 minutes)
   - Overview of the Committee process as of date.

3. Demo of Family Medicine Dashboard: Wes Fitch, Misbah Keen (20 minutes)
   - An example of a Dashboard concept from Family Medicine Clerkship will be presented. This may serve as a model of the future UWSOM student activity and performance tracking system.

4. Presentation: Sara Kim (10 minutes)
   - Peer Institution Assessment Model: Columbia University College of Physicians and Surgeons

5. Discussion of Task Force Directions (60 minutes)
   - Focused discussion of the purpose and responsibilities of Task Forces

6. Follow Up Actions (10 minutes)
   - A summary of action items for moving the Committee process forward
UWSOM Curriculum Renewal
Assessment Committee Up To Date Work
January 9, 2013

1. Committee Membership

Education
Sara Kim, PhD, ISIS, Committee
Michael Campion, Educational Technology, Deans' Office  (Leaving UW)
Jan Carlene, PhD, Medical Education & Evaluation
Jamie Cheek, EdD, Learning Specialist, Dean's Office
Susan Johnston, PhD, Graduate Medical Education
Julie McNalley, PhD, Curriculum Specialist, Dean's Office
Annemarie Relyea-Chew, JD, Radiology
Lynne Robins, PhD, Medical Education & Evaluation
Doug Schaad, PhD, Medical Education & Evaluation

Basic Sciences/WWAMI
Cassie Cusick, PhD, Cell Biology and Neuroscience, Montana
Phil Mixter, PhD, Immunology, WSU

Clinical
Freddy Chen, MD, Family Medicine
Heidi Combs, MD, Psychiatry
Rosemary Fernandez, MD, Emergency Medicine  (Will join in Feb)
Jon Ilgen, MD, Emergency Medicine
Chris Knight, MD, Medicine
David Losh, MD, Family Medicine
Heather McPhillips, MD, Pediatrics
Brian Ross, MD, PhD, Anesthesiology, ISIS

Dental/IPE
Wendy Mouradian, MD, School of Dentistry

2. Committee Meetings

Four meetings were held as of date:
a. 12/13/2012, Thurs: Number of participants - 11
b. 12/17/2012, Mon: Number of participants - 9 (6 first time attendants)
c. 12/21/2012, Fri: Number of participants - 8 (1 first time attendant)
d. 1/7/2013, Mon: Number of participants - 15 (1 first time attendant)

3. Review of Peer Institutions’ Assessment Approaches and Models
Based on telephone interviews with colleagues at 4 institutions, Sara Kim presented approaches and models of assessing student performance as follows:
<table>
<thead>
<tr>
<th>Date</th>
<th>Institution</th>
<th>Highlight Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/13/2012</td>
<td>Indiana School of Medicine</td>
<td>3 End of Year OSCEs (3(^{rd}) Year: Summative High Stakes Exam with 7-9 Stations). Scores based on checklists and rubric-based grading of narrative components.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Shelf Exams</td>
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<td></td>
<td></td>
<td>▪ Use of Online Self- and Peer Assessment Portfolio</td>
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<tr>
<td></td>
<td></td>
<td>o The computer program allows students to complete self-assessment as well as provide assessment/feedback to 10 other peers.</td>
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<td></td>
<td></td>
<td>o Reports and learning goals are available to students for reflection each year.</td>
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<td></td>
<td></td>
<td>▪ Ongoing Faculty Development and QI for Curriculum Improvement</td>
</tr>
<tr>
<td>12/17/2012</td>
<td>Cleveland Clinic Lerner College of Medicine</td>
<td>Students identify their own strengths and weaknesses compared to defined expected standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ No grades</td>
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<tr>
<td></td>
<td></td>
<td>▪ Training on reflective practice with self-regulation skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Physician advisors review student essays and help students develop learning plans</td>
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<tr>
<td></td>
<td></td>
<td>▪ Students document their progress in portfolios</td>
</tr>
<tr>
<td>12/21/2012</td>
<td>University of Pennsylvania Perelman School of Medicine</td>
<td>Key Principle: Application of multiple assessments</td>
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<tr>
<td></td>
<td></td>
<td>▪ Formative Feedback: Weekly student feedback card primarily used as formative assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Team-based Exam: 6-8 students in a team take the final exam together. No peer assessment regarding degree of individual contribution. This complements individual exams.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Faculty Development: Consistent faculty development in multiple-choice question item writing, case-based questions</td>
</tr>
<tr>
<td>1/7/2013</td>
<td>Weill Cornell Medical College</td>
<td>Triple exams – problem-set in Auditorium, E-mail copy of submission for students to study, 1 on 1 oral exam with faculty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Clinical skills Center for OSCEs</td>
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<td></td>
<td></td>
<td>▪ Pilot study of Reflective Writing: narrative assessment</td>
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<tr>
<td></td>
<td></td>
<td>▪ Longitudinal patient care program – meet with patients, visit homes, small group seminars, students keep daily log/reflective journals</td>
</tr>
</tbody>
</table>
Common Themes:
   a. Assessment model based on a clearly defined curriculum goals that are largely defined using the ACGME core competencies
   b. Heavy use of narrative assessment including reflective/essay writing
   c. Consistent use of portfolios over course of training
   d. Inclusion of self assessment methods
   e. Active faculty development for skill building in assessment

4. Committee Brainstorming Discussions

Committee members engaged in 4 major brainstorming sessions during each meeting based on the following trigger questions:

a. What emerging trends in medical education and healthcare systems would significantly impact the way we train and assess future students at UWSOM?

b. Which set of assessment principles should guide the design & implementation and quality improvement of UWSOM assessment model and approaches?

c. What existing and emerging assessment methods should the Committee recommend in its final report?

d. Which task forces should be created for continuing the committee work between mid-January and end of February?

Key discussions points for questions a-c are appended to this document. The focus of today’s meeting is to finalize discussions regarding question d.

What emerging trends in medical education and healthcare systems would significantly impact the way we train and assess future students at UWSOM?

A. HEALTHCARE TRENDS
   1. Workhour Restrictions:
      a. Limits continuity of care (owning the patient care process from beginning to the end). Challenge of how to ensure trainees’ experience with longitudinal care and acquire associated clinical reasoning skills.
      b. Raise implications for hand off and exposure of medical students to a full spectrum of patient care and teaching by residents.
   2. Expectations for physicians to deal with complex cases while mid-level providers take care of routine acute cases. Students’ exposure to patient panel to possibly change (complex cases vs. primary care cases).
   3. Health care reform driving changes in the way physicians are going to be reimbursed.
   4. Growing accountability to the public, society, regulatory agencies.
   5. IT revolution including electronic medical records and other development with challenges such as how to teach EMR competencies.
   6. Expectations for team management skills/team-based care, medical home care.
   7. Trends towards integration of standard of care based on national guidelines, EBM.
   8. Need for greater primary care providers impacting workforce issues.
B. MEDICAL EDUCATION TRENDS

1. ACGME competencies serving as an organizing framework of medical students’ competencies that are embedded into teaching and assessment.
2. Trends in certifying medical students as EMTs at the onset of training.
3. Trends in increased preference for sub-specialties in primary care. Does this impact the overall length of residency and clerkship?
4. Medical students’ expectations on how learning materials should be delivered.
5. Greater emphasis on communication skills.
6. Trends in documenting skills achievement.
7. Increasing diversity of learners.
9. Student expectations regarding feedback; ongoing/continuous, formative
10. An increasing trend to integrate inter-professional education and training into curriculum.
11. An increasing trend towards Longitudinal Clerkship experiences (like WRITE).

Incidentally, the following RFP announcement was sent out by AMA, which reflects the timeliness of the Committee’s thinking regarding emerging trends:

The American Medical Association is pleased to announce a Request for Proposals (RFP) from MD-granting medical schools in the United States for innovative projects that support the significant redesign of undergraduate medical education (UME). These projects will:

- Develop new methods for teaching and/or assessing key competencies for medical students, including
  - The use of flexible, individualized learning plans
  - Promote exemplary methods to achieve patient safety, performance improvement and patient-centered,
  - Team-based care
  - Improve medical students’ understanding of the health care system and health care financing
  - Optimize the learning environment

The aim of this funding opportunity is to alter the course of medical education through bold, rigorously evaluated innovations that align medical student training with the evolving needs of patients, communities and the rapidly changing health care environment.

The AMA is committing $10 million over the next five years to partner with medical schools and support their efforts to accelerate change in medical education. Additionally, the AMA will convene a consortium of grant recipient schools in which participants will share ideas, discuss outcomes and plan to widely disseminate innovative models.

For more information, go to: http://www.ama-assn.org/sub/accelerating-change/index.shtml
Which set of assessment principles should guide the design & implementation and quality improvement of UWSOM assessment model and approaches?

- Assessment approaches should be aligned with emerging trends in healthcare and medical education.
- Assessments should be competency-based and objective driven.
- Assessments should include ongoing formative methods in a given year as well as longitudinal approaches across 4 years of training. At the same time, a balance should be achieved between formative and summative assessments to avoid student burn out.
- Assessment experiences at UWSOM should mirror student experiences with NBME exams.
- Assessments should encompass multiple methods (both quantitative and narrative/reflective oriented assessments) with multiple data collection points over time.
- Assessments will be both high quality (reproducible, reliable, valid) and portable (easy to use, easy to train faculty on) [NOTE: The assessment standard of high quality and portability doesn’t always apply equally, case in point: OSCEs involve intensive logistics in terms of space.]
- Assessment model should include an expanded scope to include OSCEs that reflect healthcare practices.
- Assessments should include innovative and emerging methods such as progressive testing, self-reflections, peer assessment that are implemented at peer institutions.
- Assessment approaches in the future should be less course bound and may target a broader scope of student competencies.
- Assessments should generate data that allow for analyses leading to another round of future changes in the curriculum and overall assessment approaches (e.g., built in continuous quality improvement cycle).
- Successful assessments at UWSOM will depend on
  - Faculty development in item writing, qualitative assessment
  - Faculty advisors to assist with goals, portfolio, self-learning, etc.
  - Congruence in content and methods across WWAMI
  - Adequate personnel
  - A centralized system for quality assurance of assessment materials, data access and reporting, and close monitoring of student progress
  - Considerations of complexities of the WWAMI environment as well as opportunities for distributed assessments via regional assessment centers

What existing and emerging assessment methods should the Committee recommend in its final report?

Members discussed possible assessment methods for consideration:
- Skill assessment methods:
  - OSCE
  - Mini-CEX
  - Simulation
  - Focus Skill
  - Video-tapes of performance
- Multiple choice/computer-based testing
- E-learning (e.g. CLIPP pediatric cases)
- Portfolios
- Self reflection/self assessment
• Tailored testing
• Feedback re future performance
• Cyclical competency/return/remedial
• Peer assessment
• Digital tracking – (e.g., social media, EMR)
• Tracking/triangulating data between experiences (e.g., Dashboard)
• Progress Testing – an old concept in which students draw from a large question bank and test over time to see progress
• Dean’s Letter – this is longitudinal, and an important process already in place
• Series of small essays – e.g., GI offers this, and if the student does well, these essays replace the final exam
• More direct observations

**National Movement in Assessment Standards**
MedBiquitous develops and promotes technology standards for healthcare education, assessment and quality improvement. AAMC uses these standards.

• Attendance
• Chart Review
• Computer Exams
• Computerized case simulation to test decision-making
• Conferences
• Essay Questions
• Final Examination
• Group Presentation
• Lab Exam
• Laboratory Practical
• Matching Questions
• Midterm
• Multiple-Choice Exam
• Narrative Evaluations
• NBME Shelf Exam
• Objective Structured Clinical Exam (OSCE)
• Observation by Faculty
• Observation by Residents
• Oral Exam
• Oral Presentation
• Patient Workup
• Peer Review
• Practical
• Practice Exams
• Preceptor ratings
• Presentations
• Problem-solving exercises
• Quiz
• Research Paper
• Self-evaluation
• Short Answer Questions
• Small Group Participation
• Standardized Patients (SP)
• Structured Observation by Faculty
• Structured Observation by Residents
• True/False Questions
• Tutor Assessment
• Tutor Group Assessment (TGA)
• Written Assignments
1. Committee Mandate
   A. Critically assess UW School of Medicine’s approaches that currently work well in student assessment and those approaches that either need improvement or should be terminated, including justification for any such recommendations.
   B. Recommend new approaches that will advance and improve student assessment, including justification for any such recommendations, while acknowledging the needs and demands of the additional areas identified as priorities within the School of Medicine curriculum renewal. This is to include assessment of the financial needs of programs and/or approaches and justification (David Green can provide input)
   C. Work collaboratively with the other curriculum renewal committees and the Steering Committee to ensure that student assessment is an integral, integrated and vital part of the UW School of Medicine curriculum that accurately and optimally reflects and helps to advance the performance of our medical students.

2. Current State of Assessment in UWSOM

   A. Current assessment methods
      - Course/clerkship pass/fail
      - End of 2\textsuperscript{nd} year and end of 4\textsuperscript{th} year OSCEs
      - Step exam scores
      - Student evaluations
      - Course/clerkship/faculty evaluations
      - End of quarter/term survey – looks at learning environment, stress issues
      - End of year environmental survey – looks at broader issues, academic integrity, mistreatment
      - Specific objectives and report outcomes are in the hands of course chairs

   Some specific assessment features:
      - Course exams – most are:
         - By course chairs or faculty
         - Multiple choice, some short-answer, some problem sets
         - Pass/fail is reported; sometimes faculty will report specifics
         - Use of Common Exam – courses emphasize this differently
      - Required Clerkships:
         - Most have written exams
         - All have Mini-CEX & clinical evaluations
         - Inconsistent reporting of results
• Electives:
  o All have clinical evaluations
  o Nothing else is consistent

• Special Programs:
  o WRITE – longitudinal clerkship, other tracks
  o Evaluation of Pathways – in hands of Pathway personnel, e.g.,
    Indian Health Pathway, Underserved Pathway
  o Research activities – not recently reviewed

• OSCE & USMLE:
  o Not comprehensive
  o Not specifically linked to clinical curriculum although OSCEs
    leadership team work with clerkship directors to attempt to test
    key material

• Post-grad (AAMC questions):
  o 1st year resident & residency director evaluations
  o Use AMA downloads

B. New assessment activities:
  • MCQs are moving to USMLE-style
  • Trial of computerized testing, 3 are NBME
  • An increase in student-generated surveys

C. Performance Gaps and Challenges:
  • It was noted that assessment gaps tend to be performance related, involving the course
    rather than the specific curriculum objective.
  • It is currently difficult to track performance across courses and years.
  • Great deal of effort on student evaluation of education, little peer review of
    courses/clinics.
  • The biggest challenge is to see what the curriculum objectives are and then drill down to
    test specifics. There is no universal agreement. But assessment needs to be
    measurable.
  • Vertical development is another consideration – where should the competency be
    introduced, and at what point do you actually assess?

3. Current State of Assessment in UWSOM

Our Current Curriculum:

<table>
<thead>
<tr>
<th>Year 1:</th>
<th>Year 2:</th>
<th>Year 3:</th>
<th>Year 4:</th>
</tr>
</thead>
</table>
| 11 Basic Science Courses | 17 Organ System Courses | Required Clerkships | Required Clerkships
| ICM I | ICM II | Preceptorships | Elective Clerkships |
Proposed Vision of New Curriculum:

<table>
<thead>
<tr>
<th>Basic sciences &amp; clinical skills integrated over 18 months (a compression of the 1st two years of medical school)</th>
<th>Middle of 2nd year/Year 3:</th>
<th>Year 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rotations</td>
<td>Career Prep</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scholarly Research</td>
</tr>
</tbody>
</table>

Threads in the Curriculum:
The new curriculum vision also involves interrelated threads, for example:

- Primary Care
- Health Equity
- Ethics
- Quality & Safety
- Communication
- Diversity
- Lifelong Learning
- Advanced Clinical Skills

Curricular Recommendations from Pre-Curriculum and Vision Committees

1. Three phases – Foundations, Patient Care, Career Exploration and Focus
2. Foundations phase ends earlier than currently
3. Meaningful early clinical experience and service learning
4. Integrated medical science in foundations and clinical phases
5. The WWAMI regional program is an enduring strength
6. Sufficient time for career exploration and focus in the third phase, including for scholarship and research
7. Explicit use of scientific research in teaching and learning, patient care and public health

4. Expectations of Grounding Assessment in the ACGME Core Competency Framework
A specific charge by Dr. Ellen Cosgrove is to use the ACGME 6 core competencies (medical knowledge, patient care, interpersonal and communication, professionalism, practice-based learning, systems-based)

5. Trends in Healthcare and Medical Education that Have Implications on Assessing Student Performance
Members’ expertise, literature review, and interviews with peer institutions have identified key trends for committee’s ongoing consideration in crafting an assessment vision.

WHAT IS NOT KNOWN TO US

1. Specific curriculum goals and objectives associated with three curriculum phases.
2. Specific competencies associated with 8 curriculum threads.
3. Governance issues that may have impact on assessment.
4. Financial and personnel resources dedicated to assessment.

WHAT IS EXPECTED OF US

A final report to the Steering Committee by April 1.