

UW Medicine

UW SCHOOL
OF MEDICINE

November 6, 2014

Dear Colleagues:

We are pleased to report that on October 14, the UW Faculty Council on Academic Standards approved the revised program requirements for the Doctor of Medicine degree, and the School of Medicine is authorized to specify these requirements beginning autumn quarter 2015. The UW Curriculum Committee approved the seven Foundations of Medical Science blocks and the two Foundations of Clinical Medicine courses—clinical skills and the introductory primary care clerkship. For national accreditation approval, Ellen Cosgrove, vice dean for academic affairs, prepared and submitted the request for approval of proposed changes to the Liaison Committee on Medical Education (LCME). The plan will be reviewed by the LCME at their February 2015 meeting.

The required approvals from the University of Washington for the new curriculum structure, combined with the ongoing development of the Foundation Phase content by block, thread and theme leaders and by work groups have moved us from the preliminary design to the detailed curricular design phase on the curriculum renewal continuum.

Our WWAMI partners have been indispensable and integral to the curriculum renewal process. We connect with the regional deans on a regular basis to address the many issues associated with planning and implementing a new curriculum across five states. The fact that we are a regional medical school with partner universities and diverse clinical sites throughout the region creates some challenges but also provides remarkable opportunities and considerable satisfaction.

Through our curriculum renewal work with our WWAMI partners, we have come to realize even more than previously how much being a regional medical school enriches everything we do and stand for. The collaboration and active participation of our WWAMI partners are a gift to us all and exemplify why our students speak so positively about their diverse WWAMI experiences.

Planning has moved forward in several critical areas for the new curriculum:

- **Curriculum Committee selection:** We received a number of nominations from department chairs and regional deans of faculty interested in serving on the new Curriculum Committee. A nominating committee (selected by peer vote from the current Curriculum Oversight Committee) will review these nominations on November 12 and select a panel of candidates to be put to a vote of the entire faculty shortly thereafter. The first meeting of the new Curriculum Committee will be in December 2014.
- **Anatomy:** In the last phase of renewal, the Foundations committee recommended that anatomy instruction be threaded through the entire Foundations phase of the new curriculum, and that it be paired and presented in the most relevant blocks. Significant progress was made toward realizing this goal during an all-day, in-person anatomy retreat held on October 31. Anatomy instructors from Seattle and all the WWAMI states engaged in lively discussion about how best to use imaging, surface anatomy, prosection, physical

exam, and dissection to help students understand the complex three-dimensional relationships in the human body. There will also be an emphasis on the clinical diseases important to the structures.

- **Themes:** The non-scientific themes leaders have begun work to integrate the themes into all four years of the new curriculum. Two meetings have been held with theme leaders to discuss objectives and proposed approaches to integration. Theme leaders are: Freddie Chen and India Ornelas (health disparities, health equity), Raye Maestas and Denise Dudzinski (professionalism and ethics), Rachel Thompson and Bill Sayres (quality and safety), Karen McDonough and Jamie Shandro (communication and interprofessionalism), Sharon Dobie and Cicely White (diversity), Misbah Keen and Matthew Thompson (lifelong learning), Jay Erickson (primary care), and Mark Whipple and Robert Steiner (scholarship). A variety of approaches to incorporating the themes into the four-year curriculum are being explored, including incorporation of themes into intersessions and directly into block case studies.

Below is a brief progress report on activities of some of the ongoing curriculum renewal work groups and committees:

- The **Patient Care Committee** will hold an all-day retreat in November to finalize the timing, sequence, and overall structure of the required and elective clerkships in the Patient Care Phase. All required clerkship directors and WWAMI regional deans are participating. Mark Whipple leads this group.
- The **Academic Affairs Advisory Group** is preparing a gap analysis and timeline to help plan for the operational and logistical aspects important to the implementation of the entire new curriculum, from orientation to graduation. With so many moving parts, careful coordination and advance planning are essential. Information technology, student affairs, admissions, registration and curriculum teams are involved in the planning process. This work is expected to be completed by the end of November.
- The **Assessment Committee** has developed a framework for assessment in all phases of the new curriculum and has begun work on priority sections. An initial plan for assessment in the Foundations Phase will be completed within two weeks. This plan will guide assessment practices in the Foundations blocks, including assessment of curricular content relevant to the threads and themes.

The overall guiding principles for assessment will be: 1) focus on student mastery of block objectives; 2) use of formative assessments to help students understand their progress; 3) emphasis on the students' abilities to apply concepts to understanding human health and illness; 4) use of multiple assessment methods (e.g. multiple choice questions, essays, reflections, simulation); 5) provision of faculty development in assessment skills; and 6) congruence of assessment practices across teaching sites.

- The **Clinical Skills Work Group** has completed an initial sequencing of activities for a cohesive Foundations of Clinical Medicine course that will include the clinical immersion block, clinical skills, College mornings, and the introductory primary care continuity clinic. The group is refining a draft to ensure that key content is included for the AAMC's Core Entrustable Professional Activities (EPAs) for Entering Residency. A full-day retreat is

planned in December to finalize sequencing and prepare for the next step of developing or refining session content.

- The **Medical Technology Collaborative Work Group** has been working with consultants from the University of British Columbia (UBC) to identify challenges and recommend approaches to strengthen our information and distance technology internally and WWAMI-wide in order to achieve the needed quality and consistency for the new curriculum. The UBC group recently presented their recommendations; internal discussions will ensue to set directions.

The staff in Academic Affairs have been working very hard on curriculum renewal. We would particularly like to acknowledge and thank Sarah Shirley and Evelyn Fenner-Dorrity who are supporting the curriculum renewal. They have done considerable work and made significant additions in recent weeks to the curriculum renewal web page:

<http://www.uwmedicine.org/education/md-program/curriculum-renewal>

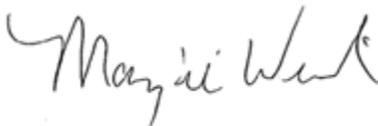
One of the areas now covered on the web page is progress in and plans for information technology in the new curriculum, including the new curriculum management system. Please take a look if you get a chance. We would like to acknowledge and thank the exceptional work of Michael Campion, director of Academic and Learning Technologies, and his talented team for their hard work, progress and vision. There is considerable work ahead to improve our information technology and, in particular, our distance capabilities. We are very fortunate to have this dedicated group working with us.

After a summer and early fall working on the current phase of curriculum development, it is even clearer to us that curriculum renewal is a difficult and complex process. Curriculum renewal represents a major transformation of not only the courses, but also the teaching methods that have been in place for many years. Although challenging to plan and build, the new curriculum will position our students as lifelong learners, critical thinkers and compassionate physicians. We very much appreciate the hard work, commitment and positive attitudes of the many faculty and staff involved in the current phase of curriculum renewal. Your participation has allowed us to accomplish a great deal in a short period of time on behalf of our students.

Sincerely,



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