

MINUTES
Board of Regents
June 24, 2016

The Board of Regents of Washington State University (WSU) held a special meeting pursuant to call in Open Meeting at 10:00 a.m. on Friday, June 24, 2016. The meeting was held on the WSU Pullman campus in the Lighty Student Services Building, Room 401.

I. Call to Order. Regent Lura Powell, Chair, called the special meeting to order and stated the purpose of the meeting was for the Regents to discuss and vote on the Elson S. Floyd College of Medicine curriculum map. Chair Powell informed the audience that the Regents would be participating in the meeting by telephone conference call. Chair Powell noted the public comment period that would occur after the regular agenda items and the procedures for making public comment.

II. Roll Call. Executive Assistant to the Board of Regent Desiree Jacobsen conducted the roll call. Present: Regent Lura Powell, Chair; Regents Don Barbieri, Ted Baseler, Scott Carson, Harold Cochran, T. Ryan Durkan, Laura Jennings, Ron Sims, Jansen VanderMeulen, and Mike Worthy.

Present via teleconference: Elson S. Floyd College of Medicine Dean John Tomkowiak. Present in Pullman: President Kirk Schulz, Provost and Executive Vice President Daniel Bernardo, Vice Provost Erica Austin, Senior Assistant Attorney General Danielle Hess, and Executive Assistant to the Board of Regents Desiree Jacobsen.

III. Action Item: Discussion and Vote on the Elson S. Floyd College of Medicine Curriculum Map

Provost Bernardo introduced Dean Tomkowiak and noted that staff have worked very hard to develop the curriculum for the College of Medicine.

President Schulz asked Dean Tomkowiak to provide the Board a broad overview on how WSU's curriculum is different from the traditional medical school curriculum, and to explain how WSU has been successful at developing a curriculum that is not like every other medical school in the United States.

Dean Tomkowiak stated that the WSU College of Medicine is really defining its mission as preparing the future workforce to practice in a challenging healthcare environment. He said there are a number of challenging healthcare environments, including practice in rural areas, urban underserved areas, socioeconomic disadvantaged areas, and within special populations that have critical issues with access and follow-up. Dean Tomkowiak said WSU's curriculum is designed to give future physicians all of the skills they will need to be successful in those very difficult and challenging healthcare environments. Skills

needed include leadership ability, particularly in the context of team-based care and inter-professional care, and an appreciation and understanding of population health and how to keep populations well before they get sick. Dean Tomkowiak said one of the things not seen in WSU's curriculum is lectures. He said the College of Medicine has a commitment to engage students in a meaningful way, so the curriculum has many experiential opportunities and hands-on contact with patients. He said in an intensive phase 1, students, for a week at a time, will be placed at the regional campuses to get integrated into the community culture and the practice in those campus areas. He also said the curriculum has a very innovative phase 2 and phase 3 clinical model which is called the "Longitudinal Integrated Clerkship" where instead of students rotating from discipline to discipline, they actually get a panel of patients they then follow in a continuous way over time so they can really see the continuum of care as it is given to a patient as they go from the outpatient setting to the inpatient setting, from specialist to specialist, and even other inter-professional healthcare providers.

President Schulz thanked Dean Tomkowiak for the overview, said he was pleased that WSU came up with a curriculum that is not simply what everybody else is doing, and said he believes that is a critical part of WSU's medical school experience.

Regent Baseler inquired how a traditional medical school would look at WSU's curriculum and would they have any legitimate criticism. Dean Tomkowiak said "not at all." He said about 40 percent of the schools have already moved to some format that is beginning to approach WSU's curriculum model. He said the real innovate part is in the clinical training, the "Longitudinal Integrated Clerkship," and that a number of schools across the country are beginning to adopt this type of model. He noted that what will make WSU's school very unique is that all its students will be engaged in the curriculum, that it is not a track, and that it is the way we are going to educate every one of our students. He said we have a significant advantage in the state of Washington being a community-based medical school with our regional campuses in that we have the ability to carry this out because of our extensive clinical partners, both in terms of hospitals and large clinics as well as with other smaller clinics and individual practitioners. He said it is a more intensive model, but WSU has the capacity and the resources and, when you look at the literature, it is a much better way to learn medicine, and the continuity of medicine, so that our future physicians have an appreciation of how a patient's health and wellbeing changes over the course of time, and how it is addressed by the healthcare team. He said it is a really fantastic model and WSU will be the only medical school in the country that has this model for every student. Dean Tomkowiak described it as "the best of both worlds." There is no way they could be concerned about it because many schools are doing it as tracks, but what makes us different is that every student will do it.

Regent Durkan asked what comments were received regarding the curriculum map, either at the Faculty Senate level or above. Vice Provost Austin reported the Faculty Senate was very supportive of the curriculum. She stated that they had received comments from faculty who had experiences at other institutions with offers to assist

where “tweaking” might need to occur on the internal aspects of the curriculum or where to avoid potential pitfalls

Regent Durkan said that she had noticed there was some flexibility that suggested there could be changes in the future and asked if those changes would need to come back to the Regents for approval or whether the curriculum map is self-implementing once approved. Vice Provost Austin said the curriculum map is what would be approved today, and that the particular details within each course would still go through the review process in the Faculty Senate, which is where some of the smaller tweaks may be made. Vice Provost Austin asked Dean Tomkowiak to address the question from the Liaison Committee on Medical Education (LCME) standpoint where there is and isn’t flexibility going forward in the development. Dean Tomkowiak said we are still going to have some time to change the curriculum in terms of the LCME, even after the site visit, for probably a period of time up to their meeting in October. He said if we are going to do something that looks significantly different than what is being proposed, we would have to get it to the LCME in October.

Regent Barbieri expressed his excitement about the curriculum and said he felt it is a visionary map that has been laid out. He noted how well it overlays to our land grant mission of really getting out to every county in the state of Washington and asked Dean Tomkowiak to explain how this curriculum would accomplish that goal. Dean Tomkowiak said the regional campuses are going to be the hubs from which we can reach out into the communities, into rural areas, and into some of the critical access hospitals and individual practitioner’s offices in either rural areas or urban underserved areas. He said with this model in which students get a panel of patients, it allows us to have students work with a clinician who can be in a rural area, 60 to 90 minutes outside of one of those hubs, and really get an in-depth experience with that clinician’s patient panel, to get to know where that clinician lives and practices, to get to understand that community and its resources, and then follow those patients for the continuity of their clinical experience. Dean Tomkowiak said that is the real beauty about getting our future physician to really appreciate and understand both the kind of skills and the resources they are going to need to bring to bear to help solve some of these challenging healthcare environments. He said students are going to be living that every single day of their clinical rotation in some of these areas throughout the entire state.

Chair Powell asked for further discussion and hearing none, noted for the record that the agenda item was being presented as an Action Item rather than a Future Action Item, in accordance with Board of Regents Bylaw II.12.B.

Chair Powell asked for a motion to approve the Elson S. Floyd College of Medicine curriculum map as proposed. The motion was so moved and seconded. Chair Powell asked for a roll call vote. Motion carried.

VII. Public Comment. No public comment.

VIII. Adjourn. The meeting adjourned at 10:25 a.m.

Approved by the Board of Regents at its meeting held September 16, 2016, on the WSU Pullman Campus, at the Compton Union Building, Room 204.

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