

**UPSOM Curriculum Committee
Minutes of the 435th Meeting
February 1, 2021**

Jason Rosenstock, MD, Chair
Bill Yates, PhD, Vice-Chair

Due to COVID-19 pandemic, the meeting was held virtually using the Zoom platform. All members and guests remotely participated.

Voting Members Present: A. Brown, MD; B. Yates, PhD; C. Yanta, MD; E. Ribar, MS4; E. Ufomata, MD, MS; E. Waxman, MD, PhD; G. Hamad, MD, FACS, FASMBS; H. Hohmann, MD; J. Rosenstock, MD; J. Zimo, MS4; J. Duehr, MS2; L. Knepper, MD; L. Borghesi, PhD; M. Peretti, MS2; M. DeFrances, MD, PhD; M. Schmidt, PhD; N. Douglas, MS1; P. Campos, MS4; P. Drain, PhD; R. Maier, MD, MA; S. Herrle, MD, MS; T. Bui, MD; V. Agarwal, MD

Ex-Officio Members Present: A. Gonzaga, MD, MS; A. Thompson, MD, MHCPM; B. Piraino, MD; C. Pettigrew, PhD; C. Lance-Jones, PhD; P. Veldkamp, MD, MS; R. Buranosky, MD, MPH

Invited Colleagues and Guests: A. Strong; A. Serra, MD, MPH; A. Weyer, MD; A. Van Cott, MD; B. McIvor, MD, FASA; B. Rossiter, MD, MS; C. Balaban, PhD; C. Pacella, MD; D. Becker, MD; E. Reis, MD, FAAP; F. Yates, MLIS; F. Modugno, MS, PhD, MPH; G. Perez, MD; G. Cooper, MD, PhD; G. Null, MA; J. Chang, MD; J. McGee, MD; J. Maier, PhD, MD; J. Szymusiak, MD, MS, FAAP; J. Childers, MD, MS; K. Scott, MA; K. Maietta; L. Rapkin, MD; M. Tavares, MD, MS; M. Elnicki, MD; M. Sergeant, MPH; N. Sheenai, MD; P. Zahnhausen; Rani Schuchert, MD; R. Van Deusen, MD, MS; R. Codario, MD; S. Khan, PhD; S. Gabrielson, MSLIS; S. Templer, DO, FACP, FIDSA; T. Painter, MD; V. Fulmer; W. Walker, PhD

Dr. Rosenstock began the meeting at 4:00pm.

Standing Committees

CCES: The Curriculum Committee Executive Subcommittee continues to meet weekly. The group is monitoring vaccine roll-out, UPMC negotiations, travel policies, and research projects. A reminder that the Curriculum Colloquium is Thursday, Feb 11 from 2-6pm. Discussions continue on Integrated Life Science expansion and Acting Internship requirements.

CCQI: At the last meeting, Curriculum Continuous Quality Improvement subcommittee discussed the addition of two new domains reviewing social medicine and interprofessional education threads. The subcommittee is also planning a review of the School's current and future response to the USMLE Step 1 change to pass/fail.

Curriculum Reform: John Maier, MD, PhD gave an update on the Big Idea competition. Thirty submissions were received and included 68 different staff, student, and faculty groups. The next step will be to select finalists who will submit a 2-page summary of their ideas.

Academy of Master Educators: Michael Elnicki, MD asked for nominations for the Academy. There are now two new categories for memberships: volunteer faculty and full-appointment faculty. Questions on process should contact Dr. Elnicki.

Social Medicine: Thuy Bui, MD reported on the fourth session of Race in Medicine course. Dr Bui described the Social Medicine feedback system, which included reporting curricular feedback via Navigator or through clerkship directors or Assistant Dean or Social Medicine theme leads, a review of comments, a discussion with the course director, and tracking database that will be reviewed quarterly. Mistreatment reports must still go through the PAIR reporting system from the Associate Dean of the Learning Environment.

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Content Change Request

None.

USMLE Step 2CS Change

Dr. Rosenstock reported that USMLE will discontinue Step 2CS until further notice. The school will continue to assess clinical skills in-house.

A motion to remove Step 2CS results from the graduation requirements was brought to the floor. The Curriculum Committee unanimously APPROVED removal of Step 2CS as a graduation requirement.

COVID Transition Phase: Anesthesiology

Raquel Buranosky, MD followed-up with transition year decisions made last summer on Anesthesiology. The rotation had been on hold due to covid-related restrictions on student participation. Fourth year students were able to make up their Anesthesiology experiences during the year. Third year students could choose Anesthesiology as a Surgery Selective. For rising MS3s, Surgery and Anesthesiology will blend back together. Anesthesiology will be held in the first two weeks of the eight-week Surgery clerkship.

CCES reviewed all educational program objectives and required clinical conditions/procedures related to anesthesiology. Additional simulation experiences, and other clinical experiences in required clerkships, means that we can still fulfill our program objectives without having anesthesiology as a required clerkship for the Class of 2021.

A motion to remove Anesthesiology clerkship as a graduation requirement for the transition year was brought to the floor. The Curriculum Committee unanimously APPROVED the removal of Anesthesiology clerkship as a graduation requirement for the transition year.

CCQI/OBGYN Clerkship Follow-up

Heather Hohmann, MD reported on two areas from the OBGYN clerkship report: adequate feedback on performance and didactic program levels. After a review of how OBGYN attending physicians and surgeons are scheduled, Dr. Hohmann reported on changes made within the clerkship. Medical student time in Labor and Delivery and Gynecology was expanded. Medical students are now assigned to a clinical preceptor during each shift and efforts are made to keep the pair together. Options within the antepartum service were also expanded with the same preceptor all week. Issues with feedback were discussed both with the clinical and administrative teams within the OBGYN department. To date, the feedback indicators are increasing from last year (through seven months a score of 3.7/5.0).

Students felt didactics were excessive within the clerkships. Lectures, workshops, problem-based learning small group sessions occur throughout the clerkship. Dr. Hohmann considered asynchronous recordings, but faculty wanted the chance for back-and-forth discussion. The timing of the didactics made getting to didactics a barrier, as COVID protocols did not allow group meetings and medical student left campus to logon elsewhere. Didactics are scheduled for evening to accommodate night float medical students so no student violate duty hour policy. Volunteer faculty plan the PBLs and this is also where they are available to teach. Faculty were asked to include two PBL topics per session and respect

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the time allotment. The OBGYN Student Advisory Group consultation on PBL topics found consensus on keeping all PBL topics. Dr. Hohmann will continue to work with the Student Advisory Group and appreciates their time and effort.

The group also discussed student advisory group structure.

Adult Inpatient Medicine Clerkship Report

Thomas Painter, MD gave the clerkship report that included structure, learning objectives, grading, and LCME metrics. AIMC does not hold didactic sessions, instead relying on case-based presentations on the wards. Dr. Painter introduced a cardiology elective section that just began; this was a common medical student request. Social determinants of health are integrated into multidisciplinary rounds. Basic science integration is found throughout the clerkship by way of pathophysiology.

Dr. Rosenstock reviewed the AIMC clerkship portfolio metrics for the group. The group discussed grading, evaluations, and grade turnaround strategies.

Course design and advisory groups were discussed, with more information forthcoming.

As a general reminder of LCME Element 12.5. Dr. Rosenstock reminded all clinical faculty that they cannot assess a medical student to whom they have provided health services.

The next meeting is scheduled on February 15. The meeting was adjourned at 5:16pm.

Respectfully submitted by Gregory Null, Recording Secretary. Approved by Jason Rosenstock, MD