UPSOM Curriculum Committee
Minutes of the 436th Meeting
February 15, 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; G. Hamad, MD, FACS, FASMBS; H. Hohmann, MD; J. Waxman, MD, PhD; J. Rosenstock, MD; J. Zimo, MS4; L. Knepper, MD; L. Borghesi, PhD; M. Peretti, MS2; M. DeFrances, MD, PhD; M. Schmidt, PhD; M. Granovetter, MSTP; N. Douglas, MS1; P. Drain, PhD; R. Maier, MD, MA; S. Herrle, MD, MS; T. Bui, MD; V. Agarwal, MD

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

Invited Colleagues and Guests: A. James, MD, PhD; A. Shoukry, MD; A. Strong; A. McCormick, MD, FAAP; B. Abramovitz, DO; C. Balaban, PhD; D. Brooks, MD; E. Reis, MD, FAAP; F. Yates, MLIS; F. Modugno, MS, PhD, MPH; G. Cooper, MD, PhD; G. Null, MA; H. Cheng, MD, MPH, MS; J. Chang, MD; J. Suyama, MD, FACEP; J. Maier, PhD, MD; J. Szymusiak, MD, MS, FAAP; K. Scott, MA; K. Maietta; M. Tavarez, MD, MS; M. Nance, MD; M. Elnicki, MD; M. Teixeira, MD, PhD; M. Sergent, MPH; P. Zahnhausen; Rani Schuchert, MD; R. Van Deusen, MD, MS; R. Powers, PhD; S. Khan, PhD; S. Gabrielson, MSLIS; S. Templer, DO, FACP, FIDSA; W. Walker, PhD

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

Standing Committees
CCES: The Curriculum Committee Executive Subcommittee continues to meet weekly. ROMS reviews, pre-clerkship week and away elective (one per student) planning, and the overlap period in May are areas of focus for CCES at this time. A schedule of future reports and committee business was shared with the Committee.
CCQI: The Curriculum Continuous Quality Improvement Subcommittee continues to build two new domains for study and review covering Interprofessionalism and Social Medicine.
Curriculum Reform:
Social Medicine: Eloho Ufomata, MD reported that the Racism in Medicine course ends this week. Gender identity use in case descriptions were briefly discussed, with a reminder that the use of identifiers does not need to be in the first sentence. The goal is to ensure that the patient is treated respectfully and faculty are urged to consider incorporating aspects of the patient's life and identity in to the rest of the vignette.

Content Change Request

None.

GME Update

No new updates.

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Nomination Subcommittee

Evan Waxman MD, PhD reported that the voting ballot for elections are forthcoming.

In-Person Clinical Experiences Update

Dr. Rosenstock reported the recent approval of the reintroduction of preclinical students in to the clinical environment. Students can now complete some clinical experiences in-person. Other courses, such as professional enrichment courses, can now be held in hospitals as well. Career exploration/enrichment (shadowing) is seen as essential and is allowed. Students are also welcome to participate in-person in the Longitudinal Alliance Program.

Curriculum Colloquium Outcomes

Summaries of the breakout groups were shared. We discussed ways to implement suggestions designed to enhance our anti-racist curriculum. The suggestions will be reviewed in more detail by CCES, the Social Medicine thread leaders, and other relevant groups to determine how to proceed.

Topic	Action Items
Grading Bias: Mitigation Strategies	1. Is there bias in grading? If so what it is? a. We discussed need to collect/analyze data on WHO is getting honors because many do not know or haven't seen evidence of how bias plays out in grading. Like we know it's there but need to see it to address it. 2. What are the ways to Mitigate Bias in Grading? (Mostly discussion of grading in Clerkships) b. PREPARE students better to be communicative and participatory c. Discuss how to be an active participant d. Better define expectations e. Should grading faculty understand more about personality types/learning styles in order to appreciate different strengths of different kinds of students? f. Likely need for system wide change to address grading and educate graders 3. How can we measure success in addressing Grading Bias? g. Discussion involved the idea that we should expect students NOT to do Honors work at the beginning of third year and that they should progress and improve over the year with experience h. Progress Testing was discussed

	i. Expectation could be changed from hoping for HONORS all year to seeing and documenting a GROWTH curve showing that students are able to take in constructive feedback and improve over time. j. Improving our job at giving negative feedback in ways that support improvement and growth without worrying about failure – improvement should be the goal.
Threading Social Medicine in the Foundations Segment	• **Intro week**: Our team discussed the importance of Dr. Pettigrew's Diversity sessions during MS1 orientation but were concerned that students have trouble focusing on Social Justice issues during this week. We felt that an early and intensive introduction to social justice (perhaps 1-4 days) was needed that could set the stage for discussion in foundations courses that followed. A reading assignment for the students might accompany this session. (e.g., Just Medicine) • **Integration**: Have meetings with groups of course directors to make sure they complement each other and make sure that they use material that threads back to this week throughout the year or years. • **Faculty Development**: Create resources for faculty training. This might include not only appropriate ways to lead discussions, but social medicine cases published by the New England Journal of Medicine, consultants, possible community people who they might partner with.

Threading Social Medicine in the Clinical Curriculum	• Don't rely on preceptors—structure content by scheduling, logging, or otherwise requiring coverage (e.g., write into LO's)—make it trackable
	  ○ Social justice case discussion (MS-led)
	  ○ IP rounds + SDH (after regular)
	  ○ Sgro-like "My Story" case interviews and write-ups w/SDH focus, to be reviewed/discussed
	  ○ Podcasts
	  ○ Every clerkship does something
	• Commensality Groups (6-8MS w/1fac), what is happening on rotations across the year
	• Faculty stories as role models of equity interest
	• Create policies against use of stigmatizing language in clinical settings
	• Collaborate w/GME, other professions
	• Longitudinal pt relationships (LAP) or continuity clinic
	• Consider selective experience in social medicine

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Diversifying Educators, Staff/SPs, and Cases	Faculty / pipeline ideas:
	• Identify and focus on the biggest problems
	• Educate faculty/residents on how to make their field more welcoming to students, staff on welcoming students on rotations (learning environment)
	• Give students more opportunities to see practicing MDs in private practice to help them with choosing a field
	• Enhance the mentoring programs:
	  ○ Have FAST advisors do "warm handoffs" to people within certain fields to help students establish mentor relationships (outside of research mentoring)
	  ○ Develop a career mentorship program outside of research mentorship. Work with Bonifacino & Ufomata, b/c they have published on this
	
	Ideas for cases:
	• Remove identifiers from cases (except only the absolutely relevant things) and then randomly assign new ones
	• Be transparent about why any identifiers are used, continually asking, "why is this relevant?"

Advocacy and Allyship within the School/System/Region/Nation	• Emphasis on community involvement in research: including community in research design, measures, circling back to share results and compensation • Development & recruitment of local URM students starting in high school and before--we believe that it will be more possible to recruit and retain URM faculty if Pittsburgh is their family home in the first place • Deliberately teach Advocacy skills throughout the curriculum including getting out of the building--into the community, Harrisburg and D.C. Perhaps longitudinal project? Every student gets minimum, some can do more if they wish.
Wellbeing: Helping Students Manage Ongoing Trauma	• Healers Art Course (reflection on traumatic experiences in medical school)– fund 1 faculty member to become certified and then run the course • In-service of mental health resources for clerkship coordinators • Website listing all the resources for well-being in one place that students and faculty can go to

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Covid-19 and Social Justice	1. Keep an active database of all faculty, staff and students at UPSOM (or Health Sciences) to respond to public health crisis, review and updated annually 2. Should be an opt-in unless request to exempt for health problems, caregiving responsibility, etc. 3. Establish task force and committee to deal with such crisis (make sure all key stakeholders are at the table, community members included) 4. Conversation with medical students about their roles in disasters and crisis (opt in process) so that students could be part of an effective response effort 5. More investment in CEC (Homewood, Hill District) and probably should have one in the Mon Valley
Protecting Learners from Patient Bias/Harassment	Train <u>educators</u> (faculty, fellows, and residents) to: • Provide <u>patients</u> with expectations re: student role <u>prior</u> to encounter o Set the stage (this is a teaching institution) o Create a positive expectation (this is an excellent student; we expect that you will show them respect as all of us show you respect) o Explain role of students: Future physicians to care for you and me; are carefully supervised • Empower and set expectations with <u>learners</u> <u>prior</u> to patient encounters o Increase awareness/vigilance (identify harassment) o At start to the week/day of working together, set ground rules (I will explain your role to all patients, I will step in if I observe any bias…) o Be aware of power differential, normalize, establish safety o Advise them to end encounter and find educator if not present during the incident • If incident occurs <u>during</u> an encounter: o Model respectful treatment of all patients o Model for students how to respond to patients o De-escalate situation o Debrief <u>afterward</u> incident

	• Encourage them to reflect on lessons learned • Model human responses to challenging patient encounters and self-care strategies • Educate students re: realistic risks related to angering patients (they can't sue if they don't like the care plan) • Normalize faculty experience (e.g., Imposter syndrome) • Provide scripts for educators to do all of above • Train the trainer model for clerkships/departments • Can use AMI case which includes training videos Train <u>students</u> (e.g., simulations preclerkship to stand up for themselves (and peers)) Train <u>staff</u> to support students if harassment occurs **Training opportunities** 1. MedEd Day, MERMAID, AME** 2. GME/resident Conference
Difficult Conversations	• Develop rapport, safe space, and trust through honesty, transparency, and objective feedback • Explain good intentions and support • Establishing an environment from day 1 that works to provide safety, growth, and self-reflection
Intersectionality: Race, Culture, Sexual Minority Status, and Beyond	(a) How to talk to a patient about identity in an appropriate and respectful way, when you meet them for the first time. As an example: Hello I am Dr. X , how may I address you ? (b) How to talk about identity in depth when there is indication to do so? However we have not yet ironed out what those indications might be. (c) We didn't have answers per se, just acknowledged those as salient points related to knowing that patients are complex and have multiple identities.

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The next meeting is scheduled on March 1. The meeting was adjourned at 5:04pm.

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