UPSOM Curriculum Committee
Minutes of the 460th Meeting
May 2, 2022

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

Business of the Curriculum Committee on May 2, 2022

Motion	Vote Tally	Approved?
Approval of Minutes from the April 18 meeting	11 Yes, 0 No	YES

Voting Members Present: A. Brown, MD; A. McCormick, MD, FAAP; B. Yates, PhD; B. Chamberlain, MSTP; C. Deirmenjian, MS3; E. Ufomata, MD, MS; H. Hohmann, MD; J. Waxman, MD, PhD; J. Rosenstock, MD; J. Perkins, MS4; L. Burnette, MS1; L. Borghesi, PhD; M. DeFrances, MD, PhD; M. Schmidt, PhD; O. Torres, MD; P. Drain, PhD; P. Nelson, MS1; R. Schuchert, MD; R. Maier, MD, MA; S. Herrle, MD, MS; S. Truschel, PhD; T. Bui, MD; V. Agarwal, MD

Ex-Officio Members Present: A. Gonzaga, MD, MS; A. Thompson, MD, MHCPM; B. Piraino, MD; D. DeFranco, PhD; R. Buranosky, MD, MPH

Invited Colleagues and Guests: A. Biller, MD; A. James, MD, PhD; A. Clark, MD; A. Shoukry, MD; A. Fontenot, MPPM; B. Civi; B. McIvor, MD, FASA; B. Abramovitz, DO; C. Schott, MD, MS, RDMS, FACEP; C. Steup; C. Bonetti; D. Hall-Burton, MD; E. Reis, MD; F. DeRubertis, MD; G. Cooper, MD, PhD; Greg Null, MA; H. Cheng, MD, MPH, MS; J. McGee, MD; J. Lee, MD; J. Glance, MD; J. Maier, PhD, MD; J. Szymusiak, MD, MS; J. Beckel, PhD; K. Rao, MD; K. Brownlee; K. Maietta, MPPM; L. Jeannerette, MS; L. Podgurski, MD; L. Matheo, MD, FAAP; L. Shutter, MD, FNCS, FCCM; M. Gorgone, DO; M. Nance, MD; M. Boisen, MD; M. Elnicki, MD; M. Sergent, MPH; N. Zuckerbraun, MD, MPH; R. Fogel, MS3; R. Pollard, MD; R. Van Deusen, MD, MS; R. Brinza; R. Powers, PhD; R. Codario, MD; R. Turner, MLIS; S. Khan, PhD; S. Thornton, PhD; S. Gonzalez, MD; S. Templer, DO, FACP, FIDSA; S. Choi, MD, FAAP; T. Dermody, MD; W. Mars, PhD; W. Walker, PhD

All members and guests remotely participated.

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

A motion to approve the minutes of the 459th meeting of the Curriculum Committee was brought before the Curriculum Committee. The minutes were APPROVED.

Curriculum Reform Task Force Report

Dr. Elnicki shared with work of the Curriculum Reform Task Force in this final report. The report began with an overview of the six subcommittees. Subcommittee major points and recommendations followed, along with maps showing possible schedules. All can be found here

The Foundations (preclinical segment) subcommittee, co-lead by Lisa Borghesi, PhD and Alexandra Clark, MD, major recommendations include shortening the preclinical segment to fifteen months and creating a curriculum that is entirely case-based using small group instruction and no lectures. Longitudinal educators, both clinicians and basic scientists, would follow the class through the segment. Flex weeks, in addition to breaks, would be included so students have time to remediate, shadow, or commence independent learning. Step 1 study time and the longitudinal research project

will continue to exist. Interprofessional guests and community patients will be incorporated into the curriculum.

The Clerkship subgroup, led by John Szymusiak, MD, MS, included expanding Surgery clerkship to eight weeks and OBGYN clerkship to six weeks. Ambulatory medicine and Anesthesiology will be moved to the Bridges segment (fourth year). The Specialty Care clerkship will be discontinued, with its content potentially integrated in as surgical subspecialties. Time for additional elective time will be expanded. Step 2CK study time will continue.

The Bridges (post-clerkship segment) subgroup, led by Christopher Schott, MD, MS, included a restructuring of Integrated Life Sciences courses, and will include case-based work in the basic science. Acting Internship opportunities will continue as a requirement. Required Ambulatory Medicine and Anesthesia courses will occur in this this final segment. Students will be strongly advised to take either Critical Care or Emergency Medicine. Longitudinal experience, known as Advanced Longitudinal Clinical Experiences (ALCE) will begin with a consistent ambulatory setting and preceptor will begin with 1-2 sessions per week. Diagnostic sessions will be thread through the segment. A perspective elective, where a student takes an elective outside of their specialty, will be encouraged. A credit system for electives was also proposed.

The Threads subgroup, led by Humberto Trejo Bittar, MD, included four threads: Social Medicine, Interprofessional Education, Leadership, and Critical Reasoning. All threads would link to Educational Program Objectives and assessment methods. All four would be woven into the entire curriculum. Tracks/Streams were developed from areas of concentration and would be optional. This version would be uniform in structure and would be included in the MSPE. A thread would be up to two years in length.

The Learning Assessment and Program Evaluation subcommittee, led by John Maier, MD, PhD and Greg Null, MA, included an increase in curricular mapping at event, course, and EPO/EPA levels. More frequent formative assessment were recommended, and include progress testing at intervals, a continuation of OSCEs, and an increase in feedback and coaching. Summative assessment would occur at course level, along with NBME content exams, Step 1, and Step 2CK as required exams. Standard setting was recommended for all courses.

Also included were two broader recommendations. First, that a three-year track is created for seven students per class who would be ‘ranked to match’ at a UPMC primary care residency (Internal Medicine, Family Medicine, or Pediatrics). Secondly, that the existing Longitudinal Alliance Program (LAP) become a required activity for all students.

The logistics and costs of longitudinal educators, exact amount and timing of Step 1 dedicated study, logistics of running both legacy and new curriculum, technology support needs, and shifting from a time-demarcated to competency-based curriculum are all areas in need of development.

The student perspective was given by Ms. Fogel and Mr. Perkins, Co-leads of the Student Advisory Subcommittee. Students from the beginning were very interested in more elective time in clinical times, fewer lectures, specialized tracks, and case-based learning. Students were on each subcommittee. All recommendations were approved by consensus by all stakeholders.

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The staff perspective was given by Ms. Maietta. In addition to administrative functions, staff are charged with carrying out the curriculum in support of faculty and students. Staff members are keenly aware of the resources and logistics required to move a curriculum forward, and look forward to additional staff involvement in Phase 3.

Dr. Rosenstock thanked the Subcommittee leadership and participants for the many hours spent discussing and building these curriculum recommendations.

The following questions came with responses.

There was concern that Ophthalmology would be cut, that Anesthesiology was being moved, and Emergency Medicine would not be a requirement. The Task Force agreed that, while Ophthalmology may not sit alone, important eye care topics must be distributed throughout the curriculum. With the shortening of the preclinical segment and the completion of clerkships around 2.5 years into the curriculum, the Task Force felt that there was plenty of time for students to explore specialties like Anesthesiology in the Bridges segment. Similarly, Emergency Medicine would be strongly encouraged of all students through advising and it was thought that most students would take it in the Bridges segment.

The Task Force clarified that there would be no live lectures in the new curriculum.

Staff and fiscal resources will be determined in Phase 3.

Difference between Longitudinal Alliance Program (LAP) and Advanced Longitudinal Clinical Experience (ALCE) were further described. LAP would be based on observational experiences in the preclinical segment, while ALCE would be a longitudinal clinical panel of patients with active clinical care.

Comments on the new curriculum's emphasis on either scientific excellence or community service came with agreement that both were high priorities and would be seen throughout the curriculum. Community site and preceptor reward/incentives were also agreed to be explored.

How the new curriculum would be evaluated led to a discussion on the various ways program evaluation will take place in the curriculum, both the standard benchmarking (Match data, Step 1 pass rate, etc) and use of progress testing and other approaches.

As a key Dean initiative, the School of Medicine will actively engage with the other Health Science Schools to bring interprofessional experiences to Medical students, while also bringing medical school students to our neighbor schools.

Dedicated study time for Step 1 is slated somewhere between the end of Foundations segment (December) and Preclerkship Week in February. The actual dates will be created in Phase 3. Step 2CK dedicated will be more variable and used as study months, with completion by the ERAS application deadline.

In terms of the three-year accelerated curriculum, there were questions if students would be interested in identifying and choosing a specialty early in their medical school experience. It was pointed out that many students do come to medical school knowing exactly what they want to do. If the specialty and the locations work for the student, then the student should seek to be one of the seven.

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All in attendance were reminded of the upcoming community town hall meetings on May 9 and May 20. The Curriculum Committee will vote on this report on June 6, 2022.

The next Curriculum Committee meeting is May 16 at 4pm. Dr. Rosenstock closed the meeting at 5:30pm.

Respectfully submitted, Gregory Null, recording secretary. Approved by Jason Rosenstock, MD