

**UPSOM Curriculum Committee
Minutes of the 463rd Meeting
July 18, 2022**

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

Business of the Curriculum Committee on July 18, 2022

Motion	Vote Tally	Approved?
Approval of Minutes from the June 6 meeting	15 Yes, 0 No	YES
Approval of Comics and Medicine Elective	19 Yes, 0 No	YES
Approval of PPS Block Report	18 Yes, 0 No	YES
Approval Standard Setting beginning with MS1	15 Yes, 1 No	YES

Voting Members Present: A. Brown, MD; A. McCormick, MD, FAAP; A. Doshi, MD; B. Yates, PhD; B. O'Donnell, MD; B. Chamberlain, MSTP; E. Ufomata, MD, MS; H. Hohmann, MD; J. Rosenstock, MD; L. Burnette, MS2; L. Borghesi, PhD; M. DeFrances, MD, PhD; M. Schmidt, PhD; O. Torres, MD; 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; C. Pettigrew, EdD; C. Lance-Jones, PhD; J. Losee, MD, FACS, FAAP; P. Veldkamp, MD, MS; R. Buranosky, MD, MPH

Invited Colleagues and Guests: A. James, MD, PhD; A. Clark, MD; A. Shoukry, MD; A. Serra, MD, MPH; B. Civi; B. Mclvor, MD, FASA; C. Pacella, MD; C. Schott, MD, MS, RDMS, FACEP; E. Reis, MD; G. Apodaca, PhD; G. Cooper, MD, PhD; H. Cheng, MD, MPH, MS; J. Bitterman, MD; J. McGee, MD; J. Maier, PhD, MD; J. Szymusiak, MD, MS; J. Childers, MD, MS; J. McCausland, MD, MS, FACEP; K. Maietta, MPPM; L. Rapkin, MD; L. Strattan, PhD; M. Tavarez, MD, MS; M. Nance, MD; M. Elnicki, MD; M. Sergent, MPH; M. Ramkumar, MD; R. Van Deusen, MD, MS; R. Powers, PhD; R. Turner, MLIS; R. Peterson, MD; S. Khan, PhD; S. Stinnett, MD; S. Sakamoto, MD; S. Templer, DO, FACP, FIDSA; T. Painter, MD; 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 462nd meeting of the Curriculum Committee was brought before the Curriculum Committee. The minutes were APPROVED.

Standing Subcommittees

CCES: CCES continues to vet new course directors, review LCME survey results, approve ROMS requests, approve course grade standard setting proposal, and conduct policy reviews.

CCQI: Dr. Serra reported that the Subcommittee is building a report of the last academic year's data that will be submitted to the Curriculum Committee in the next two months. CCQI welcomes comments and suggestions on how to best visualize and distribute the data. CCQI stands ready to analyze the AAMC GQ data at the end of July and to assist the School with the submission of the LCME response due August 16.

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Social Medicine/DEI update: Dr. Ufomata distributed [AAMC Diversity, Equity, and Inclusion competencies](#). The competencies were shared with an emphasis on student and educator levels.

Content Change

Dr. Rosenstock brought to the Committee a proposal for a new elective entitled “Comics and Medicine”. This elective will occur during period 7 with up to 15 students with 10 in-person, synchronous sessions. Course learning objectives and rationale were shared. No formal visual arts experience is required. Dr. Bitterman, the course director, gave an overview of the benefits of this course to both medical students and their future patients.

A motion to approve the Comics and Medicine elective was brought before the Curriculum Committee. The elective was APPROVED.

Bioterrorism/Disaster Medicine and Mapping Follow-up

The Mapping and Integration Subcommittee presented their review of key content themes in April. At that meeting, Bioterrorism and Disaster Medicine were found to be inadequately covered based on mapping done at that time. A working group was convened and found coverage not mapped by the subcommittee previously. The group of faculty experts felt that our current content was adequate and exceeds what is covered in most schools. It was also recommended that the ‘Stop the Bleed’ module be included in the first year, that Surgery Clerkship add a triage component to a trauma simulation, Specialty Care Clerkship will add a case on either Bioterrorism or Disaster Medicine, and Emergency Medicine will investigate reviving the Disaster Medicine elective. The Curriculum Committee felt that this plan was reasonable.

Artificial Intelligence and Machine Learning (AI/ML) Follow-up

Dr. John Maier reported on results of the AI/ML efforts within the Evidence-Based Medicine: Applied course. Topics in this area were identified. Pre-test and post-test data were shared. Students asked for clarity on why this topic is important and how it fits into their future as a physician. Bias within AIML was also identified. But overall the Committee felt this was an appropriate and adequate addition to the curriculum.

GME Update

Dr. Buranosky discussed the upcoming residency application season. Most programs are continuing virtual interviews. Second looks will continue to be optional with no formal interview. GME website includes [Community Guides](#) for students to get a better feeling about the area.

Discussion included a review of supplemental applications, rural programs and the lack of in-person interviews, and how students could take time off rotations for second look visits..

Patient, Physician, and Society (PPS) Block Report

Dr. Childers reviewed the block, beginning with an overview of the five courses: Introduction to Being a Physician; Ethics, Law, and Professionalism; Behavioral Medicine; Racism in Medicine; and Population Health. Educational Program Objectives were identified that are supported by this block.

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Student evaluation data from 2019-2020 and 2020-2021 were reviewed. The block utilizes evidence-based teaching and includes few lectures, more active learning, reflection/application experiences, more frequent, lower stakes assessments, and has an emphasis on clinical/societal connections. Innovations include online interactive cases, delayed recall, and reflective assignments. Common challenges include the challenging topics that are covered within the courses, finding patient and community stakeholders, attendance at large group sessions, and coordination across courses which approach same topic from different angles.

An overview and changes made within each course was followed by discussion.

Discussion includes the switching of Population Health and Racism in Medicine within the curriculum calendar, a future pilot program for patient compensation, the addition of climate change content in Population Health, the inclusion of PharmD students into Racism in Medicine course, and student feedback on challenging topics.

Dr. Maier reported that PPS topics will be included in the Doctoring course within the proposed new curriculum.

A motion to approve the Patient, Physician, and Society Block was brought before the Curriculum Committee. The report was APPROVED.

MS1 Grading Proposal

Dr. Lance-Jones outlined a proposal to change the grading criteria from normative to criterion-based grading within the first year curriculum. The proposal asks to move from a practice where students need only pass science block sections to one where students must pass all individual courses within each section, and to begin the shift from a normative grading structure to a more criterion-based structure. This move will help improve student success and clerkship readiness, focus on knowledge level rather than the students' individual scores in relation to peers, and initiate procedures that begin to match the new curriculum and peer schools.

Dr. Lance-Jones reviewed current practices and shared student performance data in courses and Step 1 delays and failures. Starting with the Class of 2026 and to begin the fall of 2022, incoming students must pass all courses to advance to MS2. In addition, the preclinical curriculum will switch from normative-based to criterion-based grading.

This change will eliminate an environment where students can "avoid" certain scientific topics, correct knowledge gaps, and better identify students having difficulty and link them to academic counseling resources. With the change to criterion-based grading, this approach will offer a more equitable grading system, ensure that all students pass each course, and align assessment with NBME Step 1 and 2CK, both which are criterion-based.

Criterion-based grading was discussed, with the expectation that all FOM and OSP block course directors will set a passing standard based on past student performance, exam difficulty, and desire future performance. All courses will be transparent with cutoffs set through collaboration between course directors and OMED. Procedures for students in need of remediation were identified.

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Discussion included the medical student and academic counselor perspectives, timing in relation to the new curriculum, flexibility of cutoffs, usefulness of incremental change, and NBME question use within criterion-based grading.

A motion to approve the MS1 Grading Proposal was brought before the Curriculum Committee. The report was APPROVED with 15 Yes votes, 1 no vote.

The next Curriculum Committee meeting is August 1 at 4pm. Dr. Rosenstock closed the meeting at 5:41pm.

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