

**UPSOM Curriculum Committee
Minutes of the 477th Meeting
April 3, 2023**

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

Business of the Curriculum Committee on April 3, 2023

Motion	Vote Tally	Approved?
Approval of Minutes from the March 20 meeting	13 Yes, 0 No	YES

Voting Members Present: A. McCormick, MD, FAAP; B. Yates, PhD; B. Chamberlain, MSTP; E. Ufomata, MD, MS; J. Waxman, MD, PhD; J. Rosenstock, MD; K. Cargill, MS2; L. Knepper, MD; L. Borghesi, PhD; L. Carlson, MS; M. DeFrances, MD, PhD; M. Schmidt, PhD; P. Drain, PhD; 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. Thompson, MD, MHCPM; C. Lance-Jones, PhD; P. Veldkamp, MD, MS

Invited Colleagues and Guests: A. James, MD, PhD; A. Smyntek; A. Clark, MD; A. Shoukry, MD; A. Serra, MD, MPH; A. Young, MLIS; A. Carter, MD; B. Bollinger, MD; B. McIvor, MD, FASA; B. Abramovitz, DO; B. Arnold, MD; C. Deal, MD; C. Schott, MD, MS, RDMS; D. Mendoza-Cervantes, MS3; D. Klein, MD; E. Bonifacino, MD; E. Reis, MD; F. Friedman; F. Gaba, MS1; F. Modugno, MS, PhD, MPH; G. Apodaca, PhD; G. Perez, MD; G. Conway, MS2; G. Cooper, MD, PhD; G. Null, MA; J. Alexander; J. Morrison, MS2; J. Glance, MD; J. Maier, PhD, MD; K. Senko, EdD, APTD; K. Maietta, MPPM; K. Ehrenberger, MD, PhD; L. Farhat, MD; L. Zippay; L. Sickler; M. Peretti, MS4; M. Errera, MD, PhD; M. Harper, MD; M. Geraci, MD; M. Pihlblad, MD; M. Anderson; M. Grubisha, MD, PhD; M. Best, MD, FASA, Maj, USAFR; M. Elnicki, MD; M. Ramkumar, MD; N. Chen, MSTP; O. Clinger, MS3; R. Fogel, MS4; R. Van Deusen, MD, MS; R. Ishima; R. Powers, PhD; R. Peterson, MD; S. Sweat, MSTP; S. Tatomir; S. Winsor, PhD; S. Pandya, MS1; S. Templer, DO, FACP, FIDSA; S. Choi, MD, FAAP; T. Bartholow, MD; T. Dongilli, AT, CHSOS-A, FSSH; T. Painter, MD

All members and guests remotely participated.

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

A motion to approve the minutes of the 476th meeting of the Curriculum Committee was brought before the Curriculum Committee. The minutes were APPROVED.

Standing Subcommittees

CCES: CCES continues to meet and has reworked the Curriculum Committee mandate and will report on that at the next meeting.

CCQI: Monitoring continues on CCQI indicators.

Social Medicine/DEI Report: No report.

Curriculum Reform Task Force Final Report

Dr. Rosenstock introduced the Task Force by reviewing work of Phase 1 and Phase 2 over the last four years. Dr. Rosenstock thanked all of the staff, students, and faculty for their work in the working groups. Respectful communication rules were reviewed.

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Task Force Steering Leadership members Nathalie Chen, Rachel Fogel, Alaina James, John Maier, Katie Maietta, and Greg Null delivered a snapshot of the final report to the Curriculum Committee. The Final written report will be delivered later this week. Over the span of six months, 306 deliverables were achieved, with another 50 slated to be started and completed in Phase 4. This was the cumulative work of the over 250 participants in the 28 working groups that kicked off in August 2022. The centering themes included care of people, alignment, interconnectedness, and timing. The presentation reviewed the proposed student and faculty experience, administration and support, and final recommendations.

Students will experience the 15-month Foundations segment in an active learning format, guided in small groups by longitudinal educators. In addition to the case-based curriculum, students will experience and learn through the integrated themes of clinical reasoning, Interprofessionalism, leadership, and social medicine. Students will have quantities of independent learning throughout the week and set flex weeks for individualized learning experiences. Community Alliance Program (CAP) and Longitudinal Alliance Program (LAP) were reviewed.

An overview of the Foundations segment was shared. The curriculum begins in August of the first year and will end with 5.5 weeks of dedicated Step 1 study in December/January of the second year. A general weekly schedule was also shared, with a more standardized schedule each week, with small groups every Tuesday, Wednesday, and Thursday morning, one patient-centered care section in the afternoon each week, and assessments on Friday. Week 11 (Weight Loss and Fatigue/Graves' Disease) was reviewed in detail, session by session. Week 12 flex week was also reviewed and included possible flex week activities.

Each Friday morning, students will be assessed, most of them formative assessments that will not count toward the final grade. Twelve summative assessments and three progress tests are planned for the Foundations Segment. After formative assessments, case leadership will reach out to students who did not perform well with available resources. If a student fails a summative assessment, students will be referred to the Academic Success Team and remediation planning will begin. Remediation must be successfully completed by mid-July to continue onto the second year and by Preclerkship Week to continue into the Clerkship segment. A faculty assessment director will be hired and will work closely with the newly formed Assessment Subcommittee to strengthen assessments in the new curriculum.

Clerkship changes include an earlier start (February of second year), expansion of Surgery to eight weeks, expansion of OBGYN to six weeks, relocation of Anesthesiology and Adult Outpatient Medicine to the Bridges segment, and the dispersment of Specialty Care clerkship content to other parts of the curriculum. Bridges segment will include requirements for an Acting Internship, Integrated Life Science course, Anesthesiology, and Longitudinal Clinical Experience; strong recommendation for Acute Care elective and a 'Perspective' elective. Ophthalmology and Otolaryngology content will be integrated into all four years of the curriculum through Foundations cases, clinical sites, Professional Enrichment Courses (PECs), and elective in Bridges segment.

Legacy clinical overlap modelling was shared and will be refined in Phase four. A pilot of longitudinal clinical experiences will begin for the Legacy curriculum. Primary Care Accelerated Track (PCAT), the three year accelerated program, was also reviewed.

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New faculty experience include protected time to focus on medical education, longitudinal relationships in small groups, and ongoing professional development. Longitudinal Educators will run small groups Tuesday-Thursday mornings. Clinical Skills Preceptors will teach Monday-Wednesday afternoons. Faculty Leadership will average a half day a week and will also work through all cases each week, and include Block Director, Content Lead, Thread Lead, and Program Lead positions. Responsibilities for each were identified. Faculty interviewing and selection is happening now with training to begin summer 2023.

Administrative changes include the creation and staffing of a Health Science CAP office, the search and hiring of two instructional designers, and a restructured Office of Medical Education. The use of the Elentra learning management system and ProgressIQ for student achievement monitoring will replace Navigator and open up opportunities for better, more refined curriculum mapping and student tracking. Four year calendar was accepted by the Steering Committee and is ready for use. Program Evaluation will be strengthened with the creation of a Program Evaluation office that will bring faculty and staff together to monitor the new curriculum. Thirty-four policies were updated in preparation for the new curriculum. The new curriculum will cost \$6 million in the first year, and then will grow to \$9 million in subsequent years, much of it spent on faculty salaries. Tracking of ECUs will cease; departments will receive supplement for education activities instead.

In closing, the Steering Leadership team recommended that curriculum reform continue into Phase 4. Delayed working groups will also begin in Phase 4. The Steering Leadership team recognized that changes may be made to this plan in Phase 4 or in its execution moving forward. A motion to approve the final report will be brought forward on April 17.

Dr. Rosenstock thanked the Steering Leadership team for their work and leadership over Phase 3. Discussions from the Curriculum Committee included department involvement in flex weeks, faculty involvement in the new curriculum, Patient-Centered Care block leadership concerns and proposal, flexibility for change as the curriculum begins in fall, clarification on Areas of Concentration, and Phase 4 shift from task force to routine office systems.

A vote on this proposal will be taken at the next Curriculum Committee meeting, after members have the opportunity to review the written final report from the Curriculum Reform Task Force.

The next Curriculum Committee meeting is April 17 at 4pm. Dr. Rosenstock closed the meeting at 5:18pm.

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