

**UPSOM Curriculum Committee  
Minutes of the 509th Meeting  
December 2, 2024**

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

Business of the Curriculum Committee on December 2, 2024

Motion	Vote Tally	Approved?
Approval of Meeting Minutes from 11/18	12 Yes, 0 No	YES
LRP Grading Proposal	13 Yes, 1 Abstain, 1 No	YES

**Voting Members Present:** A. Liu, MS1; A. McCormick, MD, FAAP; A. Sharma, MSTP; A. Slingerland, MS3; B. Yates, PhD; B. Spataro, MD, MS; B. O'Donnell, MD; C. Yanta, MD; E. Egbert, MS1; H. Hohmann, MD; J. Waxman, MD, PhD; J. Rosenstock, MD; M. DeFrances, MD, PhD; M. Schmidt, PhD; N. Chen, MSTP; O. Torres, MD, MS; P. Drain, PhD; R. Schuchert, MD; R. Maier, MD, MA; S. Truschel, PhD; U. Gaffney, MS1; Z. Tariq, MS4

**Ex-Officio Non-Voting Members:** A. Hyderi, MD, MPH; A. Gonzaga, MD, MS; B. Piraino, MD; E. Ufomata, MD, MS; L. Borghesi, PhD; P. Veldkamp, MD, MS; R. Buranosky, MD, MPH

**Invited Colleagues and Guests:** A. Clark, MD; A. Serra, MD, MPH; C. Pacella, MD; C. Newman; G. Null, MA; J. Alexander; J. Chang, MD; J. Moore, MD, MS, FCCM; J. Maier, PhD, MD; K. Maietta, MPPM; M. Rahman, MS2; M. Wargo; R. Van Deusen, MD, MS; R. Peterson, MD; S. Templer, DO, FACP, FIDSA; T. Cyr, MD, PhD; T. Bui, MD

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**All members participated virtually**

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

Curriculum Committee members voted to APPROVE meeting minutes from 11/18.

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**Standing Subcommittees**

**CCES:** CCES continues to meet weekly. Dr. Jason Rosenstock provided subcommittee updates, highlighting discussions on the LRP proposal, managing clerkship capacity for LOA returnees, and changes to graduation requirements. He mentioned ongoing work on schedule adjustments for Organ System and PCC calendars, efforts to enhance narrative feedback collection, and Title IX training initiatives.

**CCQI & LCME:** Greg Null stated that the December CCQI meeting focused on DCI reviewer training, practicing site review processes, and discussing LCME standards, specifically 7.1.

**1. LCME Standard 7.1 (Biomedical, Behavioral, and Social Sciences):**

- Faculty must ensure that the curriculum supports mastery of biomedical, behavioral, and social sciences.
- **Progress on 7.1:**
  - Initially rated as unsatisfactory in 2019, it improved to satisfactory by 2024 after several revisions and quality improvement efforts.
- Key metrics come from graduate questionnaires (GQ), which evaluate basic science preparation for clerkships and residency.

**2. Identified Challenges and Actions**

- **Performance Gaps:**
  - Some areas, such as gross anatomy, showed significant drops in student satisfaction.
  - Biochemistry and biostatistics were cited by students as areas needing

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improvement despite positive progress test results for biostatistics.

- **Student Feedback and Curriculum Design:**
  - Students sometimes fail to recognize when foundational sciences are integrated into the curriculum (e.g., biochemistry labeled as "Fuel Metabolism").
  - The integrated approach can create perception gaps about content coverage (e.g., genetics or pharmacology not being standalone courses).
- **Documentation and Review:**
  - Emphasis on documenting curriculum committee reviews and approvals in meeting minutes to support compliance during LCME site visits.
  - Suggestions include enhancing mapping and tagging of assessments and integrating basic sciences into later phases (clerkships and bridges).
- **COVID-19 Impact:**
  - Classes impacted by the pandemic reported lower satisfaction, particularly regarding preparation for clerkships.

**3. Recommendations and Future Plans**

- **Curriculum Mapping:** Enhance tagging and visibility of foundational science topics in assessments and learning materials.
- **Data Collection:** Consider adding GQ questions to course evaluations for real-time feedback.
- **Scaffolding and Communication:** Clearly label and scaffold topics like biochemistry to ensure students recognize and appreciate their coverage.
- **Curriculum Review:** A whole curriculum review is planned to assess overall effectiveness, focusing on systemic improvements in preparation for clinical phases and beyond.
- **Standardization:** Evaluate adding more structured coverage of basic sciences during clerkships and bridge phases.

**LRP Grading Proposal**

Dr. Veldkamp continued the conversation that revolved around refining the Longitudinal Research Program (LRP) for medical students. He emphasized that the goal is procedural clarity and consistency, not major shifts in expectations. The changes aim to ensure timely student engagement and support struggling students more effectively. Faculty clarified that the proposal does not retroactively impose unsatisfactory grades and targets consistent enforcement of current policies. Dr. Veldkamp explained that the program's primary aim is to support students in completing their research successfully, with interventions like increased progress tracking or task adjustments when issues arise. Suggestions for improving the system include integrating non-punitive measures, such as writing sections of research methods to benefit future work, rather than strictly penalizing missed deadlines. Some students misunderstood the proposed changes, mistaking them for entirely new requirements. The faculty plans to address this by improving communication and exploring ways to make the process feel less punitive while maintaining accountability.

The focus moving forward is balancing clear expectations with supportive measures to help students succeed in their research endeavors.

Curriculum Committee members voted to APPROVE the of LRP course/grading proposal.

**AAMC Updates**

**Politics (including election aftermath, free speech, DEI, dr-pt relationship):** The conversation reflects ongoing concerns and discussions in higher education about the shifting landscape of Diversity, Equity, and Inclusion (DEI) efforts, particularly in response to affirmative action bans and a broader national climate of scrutiny around DEI initiatives. DEI offices at many institutions are being renamed and their missions pivoting to focus on supporting all students broadly, rather than emphasizing diversity and marginalized groups. Despite these challenges, there is an effort to integrate DEI principles across all institutional spaces,

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emphasizing the importance of supporting individual components of the student body to maintain inclusivity.

A session highlighted how institutions, such as the University of Chicago, handle free speech by promoting institutional neutrality while fostering environments where diverse perspectives are heard. This includes coursework on civil discourse and activism, and discussions on social media's role in student expression. Institutions are striving to adapt creatively to maintain their DEI missions, emphasizing the importance of these values living across all aspects of the institution rather than being confined to a single office.

**UME competencies (and CBME more generally):** Dr. Raquel Buranosky discussed the progress of a national effort to develop a common set of competencies for undergraduate medical education (UME), aimed at aligning with the existing Graduate Medical Education (GME) framework. This initiative, which has involved collaboration among various medical societies over several years, focuses on creating a unified language for competency-based medical education (CBME). The goal is to establish a foundation of competencies that integrates knowledge, skills, attitudes, and values, with an emphasis on equity, well-being, and diversity of perspectives.

The new framework aims to provide measurable outcomes, though assessments for all competencies are still being developed. The effort is designed to be inclusive of osteopathic programs as well. Next steps include launching the framework, providing supplemental guides for its implementation, and offering faculty development opportunities to ensure consistent application across institutions. This initiative promises to create a more cohesive approach to medical education, especially in terms of grading and competency assessments.

**Clinical Skill Development (including clinical reasoning, NBME):** Dr. Reed Van Deusen, MD, shared updates from the AAMC, emphasizing the increasing role of AI in clinical skills education. He highlighted AI's use in text-based interactive cases and avatars for simulating patient interactions, though raised concerns about ethical issues and bias. AI's presence in clinical skills training is a developing area, requiring careful oversight. He also discussed updates from the NBME on clinical skills assessments, particularly regarding new formative questions on communication skills and clinical reasoning. These updates will not affect scores immediately but will help assess the effectiveness of these tools over time. Additionally, he noted the shift in focus from Step 1 scores to other metrics in residency applications, including Step 2 CK scores, rotations, and past experiences.

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**The next meeting is on Monday, December 16<sup>th</sup> at 4PM. Dr. Rosenstock closed the meeting at 5:25PM.**

Respectfully submitted by Michelle Sergent, recording secretary.

Curriculum Committee members voted to APPROVE meeting minutes for 12/02 on 12/16.