

**UPSOM Curriculum Committee  
Minutes of the 515th Meeting  
March 17, 2025**

Bill Yates, PhD, Vice-Chair

Business of the Curriculum Committee on March 17, 2025

Motion	Vote Tally	Approved?
Approval of Meeting Minutes from 3/03	13 Yes, 0 No	YES
Approval of the MD-MPH Program Proposal	11 Yes, 0 No	YES

**Voting Members Present:** A. McCormick, MD, FAAP; A. Tanna, MS1; A. Slingerland, MS3; B. Yates, PhD; B. Spataro, MD, MS; B. O'Donnell, MD; C. Yanta, MD; E. Egbert, MS1; J. Waxman, MD, PhD; M. DeFrances, MD, PhD; M. Schmidt, PhD; N. Chen, MSTP; N. Agarwal, MD; O. Torres, MD, MS; P. Drain, PhD; R. Schuchert, MD; R. Maier, MD, MA; S. Truschel, PhD; V. Agarwal, MD

**Ex-Officio Non-Voting Members:** A. Hyderi, MD, MPH; A. Gonzaga, MD, MS; B. Piraino, MD; C. Pettigrew, EdD; E. Ufomata, MD, MS; J. Hanmer, MD, PhD; L. Borghesi, PhD; R. Buranosky, MD, MPH; R. Steinman, MD, PhD

**Invited Colleagues and Guests:** A. Clark, MD; A. Serra, MD, MPH; A. Young, MLIS; A. Kohli, MD; C. Isitan-Alkawadri, MD; C. Newman; E. Bardhi, MSTP; E. Lovallo, MD; E. Reis, MD; G. Perez, MD; G. Null, MA; J. Suyama, MD; J. Maier, PhD, MD; J. Szymusiak, MD, MS; K. Scott, MA; K. Senko, Ed.D.; K. Maietta, MPPM; M. Lichtveld, MD, MPH; M. Elnicki, MD; M. Sergeant, MPH, MSL; M. Wargo; M. Bisignani; P. Workman, MD; R. Van Deusen, MD, MS; R. Powers, PhD; S. Templer, DO, FACP, FIDSA; T. Bui, MD; T. Painter, MD; Y. Ding, PhD

---

**All members participated virtually.**

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

Curriculum Committee members voted to APPROVE meeting minutes from 3/03.

---

**MD/MPH Program Proposal**

The proposed joint MD/MPH program will be embedded within the four-year MD curriculum and is planned to start in the summer of 2026. It has been in development for over a year, with efforts to integrate a specialized MPH in Infectious Disease Management within the existing medical school framework.

Key details:

- Students will complete 12 shared credit hours between the MD and MPH programs.
- An additional 30 MPH credits will be required, primarily taken online and asynchronously.
- Coursework will be concentrated in the summers before and after the first year, with additional courses spread throughout the four years.
- The community/family medicine rotation will count as a 200-hour practicum, and the four-year research project will serve as the thesis.
- The program ensures students graduate with both degrees in four years, unlike many five-year joint programs.
- Admissions will be streamlined, with MD-accepted students who opt for the MPH automatically enrolled.

This integration is expected to enhance residency placements, as past experience shows 80% of graduates from similar programs secure their first-choice residencies.

Curriculum Committee members voted to APPROVE the MD/MPH Program Proposal.

**UPSOM Curriculum Committee**  
**Minutes of the 515th Meeting**  
**March 17, 2025**  
**Whole Curriculum Review: Mapping**  
**and Educational Program Objectives**

**Overview of CBME and Mapping**

Dr. Abbas Hyderi discussed the fundamentals and current challenges of implementing competency-based medical education (CBME). He emphasized the importance of shared definitions, citing the international consensus on CBME's five key components:

1. **Clear Outcomes** – Defined competencies, skills, and knowledge expected from graduates.
2. **Sequenced Progression** – Developmental milestones tracking competence over time.
3. **Competency-Focused Instruction** – Teaching aligned with developmental progression.
4. **Tailored Learning Experiences** – Structured experiences supporting competency development.
5. **Programmatic Assessment** – A system where assessments are linked to outcomes and milestones.

He noted that while some institutions have adopted CBME, many, have gaps—particularly in defining milestones and linking assessments to competencies. He emphasized that curriculum mapping should be an intentional, front-end process rather than a post-hoc exercise. To move forward, he advocates aligning all Course-Level Objectives (CLOs) with Educational Program Objectives (EPOs), ensuring every CLO is assessed, and establishing a one-to-one relationship between CLOs and EPOs. He concluded by emphasizing that while full CBME adoption is a long-term goal, strategic planning is necessary for meaningful progress.

**Discussion of EPOs**

Katie Maietta discussed the importance of Educational Program Objectives (EPOs) in medical education, emphasizing their role in competency development, assessment, and curriculum alignment. She highlighted how EPOs must be measurable, accessible, and integrated into both teaching and assessment. The curriculum review process ensures that EPOs are effectively mapped, monitored, and revised to maintain alignment with accreditation requirements and institutional goals.

**Clerkship Crosswalk using Family Medicine as an Example**

Dr. Robin Maier shared her approach to mapping EPOs to the Family Medicine Clerkship, emphasizing authenticity in what is truly taught and assessed. She described refining her list of objectives to ensure representation across domains and alignment with assessment methods. Her process involved identifying relevant EPOs, modifying learning objectives to fit the clerkship setting, and linking them to assessment tools such as the NBME shelf exam, clinical evaluations, and OSCEs. She aims to balance comprehensiveness with manageability for students and faculty while ensuring curriculum transparency and accountability.

**Mapping and Action Plan**

Discussion was centered on refining and aligning Course and Clerkship-Level Objectives (CLOs) with the institution's Educational Program Objectives (EPOs). Key points included:

1. **Granularity of Objectives** – Course objectives should be broad, while session-level objectives can be more detailed. Clerkships do not have session-level objectives, as they focus on assessing higher-order skills.
2. **Assessment Over Coverage** – Objectives must be tied to assessment methods rather than just being "taught" or "covered." If an objective cannot be assessed, it should not be classified as a CLO.
3. **Clerkship Assessment Crosswalk** – A streamlined approach was proposed to align assessment items with EPOs and CLOs efficiently. Clerkship directors were encouraged to use existing templates to complete this process quickly.
4. **Challenges with Hard-to-Assess Topics** – Topics like community engagement and equity require alternative assessment methods (e.g., projects, reflections).
5. **Standardization & Compliance** – The institution currently tracks 34 EPOs, but we do not have

**UPSOM Curriculum Committee**  
**Minutes of the 515th Meeting**  
**March 17, 2025**

mapping that links to assessment. Other medical schools tend to have fewer EPOs (around 20 or fewer), suggesting potential future streamlining.

6. **Next Steps & LCME Accreditation** – There is urgency in finalizing the curriculum mapping ahead of the upcoming LCME self-study. Faculty members are encouraged to refine their assessments and participate in the ongoing process.

This meeting represents Part 3 of the three-part Whole Curriculum Review noting the EPO review of the clerkship and post-clerkship phase was deferred until completion of the EPO-CLO-Assessment Method crosswalks. Next meeting, 4/07/25, we will decide what should go on our committee's work plan thus far—the highest priority items to devote time to over the coming year. Members have been contributing to the suggested work plan list and ultimately, they will vote on our priorities.

---

**The next meeting is on Monday, April 7<sup>th</sup> at 4PM. Dr. Yates closed the meeting at 5:36PM.**

Respectfully submitted by Michelle Sergent, recording secretary.