

**UPSOM Curriculum Committee  
Minutes of the 516th Meeting  
April 7, 2025**

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

Business of the Curriculum Committee on April 7, 2025

| Motion   | Vote Tally   | Approved? |
|--|--------------|-----------|
| Approval of Meeting Minutes from 3/17  | 9 Yes, 0 No  | YES       |
| Approval of Content Change Requests for: (1) Interprofessional Education Activity in Surgery and Inpatient Medicine Clerkships; (2) ICM1/2; (3) Pulmonology; (4) Neurology/MSK | 13 Yes, 0 No | YES       |
| Approval of Elective Course Proposals: (1) Bereavement Camp (2wks); Lifestyle Medicine (2wks); Integrative Medicine (2wks); Medical Russian (2wks)                             | 14 Yes, 0 No | YES       |
| Approval of Surgery Clerkship Expansion  | 15 Yes, 0 No | YES       |

**Voting Members Present:** A. Yarkony, MS2; A. Liu, MS1; A. McCormick, MD, FAAP; A. Tanna, MS1; B. Yates, PhD; B. O'Donnell, MD; C. Yanta, MD; E. Egbert, MS1; H. Hohmann, MD; J. Rosenstock, MD; 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; U. Gaffney, MS1; V. Agarwal, MD

**Ex-Officio Members Present:** A. Hyderi, MD, MPH; A. Gonzaga, MD, MS; C. Pettigrew, EdD; E. Ufomata, MD, MS; L. Borghesi, PhD; R. Buranosky, MD, MPH

**Invited Colleagues and Guests:** A. Clark, MD; A. Serra, MD, MPH; C. Pacella, MD; C. Newman; E. Reis, MD; C. Newman; G. Cooper, PhD; J. Alexander; J. Maier, PhD, MD; J. Szymusiak, MD, MS; K. Maietta, MPPM; L. Shutter, MD, FNCS, FCCM; M. Madigan, MD; M. Sergeant, MPH, MSL; M. Elnicki, MD; P. Phrampus, MD, FACEP; R. Powers, PhD; R. Peterson, MD; S. Templer, DO, FACP, FIDSA; T. Bui, MD; T. Painter, MD; T. Cyr, MD, PhD

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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 3/17.

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**Department & Committee Updates**

**OACQI:** Dr. Allison Serra and her current team announced two new additional team members: Dr. Christina Megli (Basic Science ACQI Lead) and Dr. Eloho Ufomata (Clinical ACQI Lead). Both will work on accreditation, CQIC, self-study committees, and LCME-related tasks.

**LCME Self-Study Committees:** There are 6 committees established; member list shared. There was high interest in participation, and more volunteers than available spots.

**Curriculum Committee:** Meetings have been held virtually since COVID. Dr. Rosenstock proposed a shift to a hybrid format (in-person + virtual). Meetings will be held in Scaife 4565 and via Zoom. The main goal of this shift is to improve participation and function while including remote members. Voting and participation will be supported for both in-person and remote attendees.

**Content Change Requests**

Drs. Lisa Borghesi and Raquel Buranosky discussed content changes that needed approval by CC members. All were supported by course directors and the Curricular Design Committee (CDC).

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1. **Neuro to MSK Course Content Shift:**
  - 4 sessions moved from Neuro to MSK (same semester: MS2 Fall).
  - Based on student feedback – Neuro was too dense; MSK had room.
  - Topics moved: neuromuscular junction, muscle contraction, PNS and neuropathies, motor neuron/muscle diseases, botulism/tetanus.
2. **ICM Course Session Swap:**
  - Motivational Interviewing session moved from Spring (ICM 1) to Fall (ICM 2) to align with site course.
  - Disabilities Workshop moved from Fall to Spring – better fit with content on hospitalized patients.
3. **Pulmonology Course Objective Update:**
  - Language revised to include more active verbs and align with new learning standards.
  - New objective added: covers planetary and structural determinants of health (e.g., climate medicine).
4. **Interprofessional Education (IPE) Change:**
  - IPE exercise removed from Internal Medicine, added to Pediatrics.
  - Pediatrics already conducts IPE; will now include a quiz.
  - Students conduct a scripted interview with an interprofessional colleague and complete a quiz.
  - Published, successful approach with high student satisfaction (originated at Indiana University).

Curriculum Committee members voted to APPROVE all content change requests.

**Elective Course Proposals**

The following four electives were vetted and discussed by the Bridges Subcommittee:

1. **Bereavement & Grief in Youth (2 weeks, Pass/Fail)**
  - Student-initiated.
  - Includes prep on grief + hands-on work at a children's grief camp.
  - Up to 8 students.
2. **Integrative Medicine (2 weeks, Pass/Fail)**
  - Based at Shadyside.
  - For 2 students.
3. **Lifestyle Medicine (2 weeks, Pass/Fail)**
  - Family Medicine.
  - Includes telehealth experience.
  - For 2 students.
4. **Medical Russian (4 weeks, Tiered Grading)**
  - Student-initiated.
  - Language/cultural clinical training with role-play.
  - For 2–8 students.

Curriculum Committee members voted to APPROVE all elective course proposals.

**Surgery Clerkship Expansion Proposal**

Dr. Rani Schuchert presented the Surgery Clerkship expansion proposal. The Surgery Clerkship is shifting from a 6-week to an 8-week format. Clinical rotations remain two 3-week blocks, but now run Monday to Saturday (as pre-COVID), enhancing continuity and exposure.

1. **Key Improvements:**
  - **Reduced Interruptions:** Students will now have uninterrupted clinical time; all workshops and didactics are consolidated into the first (launch) and final (wrap-up) weeks.

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- **Dedicated Education Time:** Wednesday didactics align with resident education, fostering more team integration.
- 2. **Launch Week Activities:**
  - Includes OR orientation, suture/knot tying, laparoscopic skills, trauma simulations, and new workshops (e.g., ultrasound, preoperative risk, perioperative pain, and delivering bad news).
- 3. **Wrap-Up Week:**
  - Features the NBME Subject exam, OSCE, review sessions, and final project submissions, with expanded subspecialty workshops.
- 4. **Grading Breakdown:**
  - 60% Clinical performance (30% per rotation)
  - 20% NBME Subject exam
  - 10% OR preparation (now formally assessed via short evaluation cards)
  - 5% Weekly quizzes (completion only)
  - 5% Social determinants of health project
- 5. **Saturday Clinical Work:**
  - Reinstated (excluding launch and wrap-up weeks), schedules vary by service.
  - Designed to mimic real-world conditions and offer valuable learning experiences.
- 6. **Student Concerns Addressed:**
  - Some overlap in students doing legacy vs. new format—assessed accordingly.
  - Concerns about shelf study time addressed by emphasizing dedicated education weeks.
  - Clarified Saturday expectations for future cohorts.

Curriculum Committee members voted to APPROVE the Surgery Clerkship expansion proposal.

**Whole Curriculum Review Work Plan**  
**Discussion**

Dr. Allison Serra provided an update on the curriculum review process, noting that while the full review is not complete—particularly the EPO (Educational Program Objectives) review for Clerkships and the Bridges phase—her team (OACQI) has drafted a preliminary work plan for feedback and refinement.

**Key Highlights:**

- **Curriculum Review Progress:** The team has reviewed much of the curriculum and is now focusing on EPO alignment and assessment, revealing a major gap due to prior unmapped curriculum components.
- **Glows (Strengths):** Strong Foundations phase, high-quality clerkships, excellent Step 2 pass rates, good match outcomes, and identification of 28 EPOs assessed in the Foundations phase.
- **Grows (Areas for Improvement):**
  - Need for better curriculum mapping, especially in Bridges and Clerkships.
  - Improve assessment methods and narrative feedback.
  - Enhance understanding and feedback around self-directed learning.
  - Align teaching methods and assessments more clearly with EPOs.
  - Improve course evaluation response rates, especially in the Bridges phase.

**Draft Work Plan – 4 Priority Areas:**

1. **Complete Curriculum Mapping:** Especially in Clerkships and Bridges.
2. **Define Clinical Experience Responsibilities (LCME 6.2):** Clarify levels of responsibility for required clinical experiences.
3. **Analyze Step 1 Delays:** Root cause analysis to support on-time testing.
4. **Ensure Clerkship Comparability (LCME 8.7):** Develop metrics to ensure equitable clerkship experiences across sites.

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**Additional Suggestions:** A variety of other improvement ideas were collected and will be kept for future committee consideration. Final approval of the work plan will occur after the EPO review is completed.

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**The next meeting is on Monday, April 21<sup>st</sup> at 4PM. Dr. Rosenstock closed the meeting at 5:09PM.**

Respectfully submitted by Michelle Sergent, recording secretary.