

**UPSOM Curriculum Committee
Minutes of the 518th Meeting
May 5, 2025**

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

Business of the Curriculum Committee on May 5, 2025

Motion	Vote Tally	Approved?
Approval of Meeting Minutes from 4/21	10 Yes, 0 No	YES
Approval of Content Change Request for POCUS expansion in Physical Examination	14 Yes, 0 No	YES
Approval of CC Charter	12 Yes, 0 No	YES

Voting Members Present: A. Liu, MS1; A. McCormick, MD, FAAP; A. Tanna, MS1; B. Yates, PhD; B. Spataro, MD; B. O'Donnell, MD; C. Yanta, MD; E. Egbert, MS1; H. Hohmann, MD; J. Waxman, MD, PhD; J. Rosenstock, MD; L. Carlson, MS3; M. DeFrances, MD, PhD; N. Agarwal, MD; P. Drain, PhD; 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; B. Piraino, MD; C. Pettigrew, EdD; E. Ufomata, MD, MS; L. Borghesi, PhD; R. Buranosky, MD, MPH

Invited Colleagues and Guests: A. Young, MLIS; C. Newman; E. Lovallo, MD; E. Reis, MD; G. Perez, MD; G. Null, MA; J. Donohue, MS4; J. Alexander; J. Suyama, MD; J. Maier, PhD, MD; K. Scott, MA; K. Scott, MA; M. Elnicki, MD; M. Sergeant, MPH, MSL; R. Van Deusen, MD, MS; R. Powers, PhD; R. Peterson, MD; S. Templer, DO, FACP, FIDSA; T. Bui, MD

Members participated virtually and in-person.

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

Curriculum Committee members voted to APPROVE meeting minutes from 4/21.

**Content Change Request: POCUS
Expansion in Physical Exam Course**

Dr. Emily Lovallo presented an overview of a point-of-care ultrasound (POCUS) program that she and Dr. Klein piloted last year to help first-year medical students better understand physical exam techniques by integrating ultrasound imaging. The program focuses on cardiovascular and abdominal exams, with goals like visualizing heart valves during systole/diastole and identifying abdominal organs during physical exams.

This year, the team plans to expand the program by training Clinical Skills Preceptors (CSPs) to teach the material, reducing the reliance on emergency medicine faculty. A hybrid model of asynchronous (videos, AI-guided ultrasound practice) and synchronous (in-person scanning sessions) training will be used. The updated curriculum includes mandatory pre- and post-assessments to better measure effectiveness. The ultimate aim is to build parallel pathways for faculty and student development in ultrasound skills and gradually expand POCUS integration across the broader curriculum.

Discussion then followed regarding the shift from peer scanning to scanning standardized patients (SPs). A key challenge is image quality, which is affected by body habitus. Dr. Lovallo explained that peer scanning was attempted with mixed results, raising issues of consent, student discomfort, and logistical strain on faculty and SP availability. While peer scanning offers cost-saving and educational benefits, it cannot be required, and sensitivity around body image and student pressure is crucial.

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Students emphasized the program's educational value and suggested logistical flexibility could keep costs manageable. The group agrees to support integrating ultrasound more fully into the curriculum, training SPs, and funding necessary equipment or personnel.

Curriculum Committee members voted to APPROVE the content change request.

**Review of Clerkship Learning
Objectives**

Dr. Raquel Buranosky gave an overview of Clerkship Learning Objectives, which correspond to the six core GME: patient care, medical knowledge, systems-based practice, professionalism, communication, and practice-based learning.

The structure includes:

- Six competency domains (standardized nationally).
- 34 educational program objectives (EPOs) defined by the institution (flexible across programs).
- Learning objectives tied to clerkship activities, aligned with how faculty can teach and assess them.

Key changes:

- Assessment now explicitly links student performance in clerkships to both competency domains and program objectives.
- A scale is used to evaluate clinical competence, from unacceptable to outstanding, with rubrics tied to specific EPOs.

Dr. Buranosky worked with faculty to map the 34 EPOs under the six competencies and identify core objectives most relevant across clerkships (e.g., gathering patient history, managing chronic disease). These were tailored based on clinical setting (inpatient vs. outpatient).

A critical insight from Dr. Abbas Hyderi emphasized a shift from focusing on "what we teach" to "what we assess" — assessment should drive curriculum design to ensure students achieve measurable, meaningful competencies.

The group also addressed:

- Challenges assessing system-based practice and communication, noting these are complex and under development through workshops and feedback mechanisms.
- Alignment with residency-level milestones, while noting the difference in training structure (USMLE vs. GME).
- The limitations in assessing students' independence, given the constraints of undergraduate medical education.
- Challenges measuring professionalism—i.e., is this a tiered competency with a developmental trajectory?"

Curriculum Committee Charter

Dr. Abbas Hyderi discussed key updates to the Curriculum Committee Charter, emphasizing distinctions between governance vs. management/administration, crucial for compliance with LCME standards—particularly Standard 8 on curricular management, which excludes administration.

He clarified the committee's authority comes from the Dean and the School of Medicine's "Plan of Organization," not previously specified, and noted plans to increase transparency and awareness of this document.

Dr. Hyderi explained rationale for removing or restructuring subcommittees, including:

- **Executive subcommittee:** Now advisory to the Associate Dean, not part of the charter.

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- **Mapping and integration:** Now split between front-end (curriculum design) and back-end (administrative review).
- **Nominations:** To be centralized through a “Committee on Committees.”
- **Resource Subcommittee:** Administrative, no longer needed.

He emphasized that only four subcommittees will remain: three phase-based (Foundations, Clerkships, Bridges) and one for Assessment. He also noted edits to clarify roles, composition, and voting in the charter and flagged missing language around “design” responsibilities for phase subcommittees that will be corrected.

Summary of Discussion:

- **Membership Changes:** Proposal to reduce committee size from 17 to 16 members; introduce term limits (two 3-year terms with a 1-year break); increase student terms from 1 to 2 years for continuity.
- **Student Concerns:** Students expressed concern over limited voting power (5 students vs. 16 faculty) and asked for formal recognition of the ability to delay votes to better represent student perspectives. They requested this be included in either the charter or a procedural document.
- **Faculty Response:** Faculty emphasized that all members (faculty or student) can request vote delays and noted that procedural issues are typically handled outside the charter. They agreed to consider creating a separate procedures document to codify such protections.
- **Student Involvement:** Faculty highlighted efforts to integrate students more actively through subcommittee assignments and feedback roles. Students described various communication methods used to represent peers, such as surveys, Slack, and class chats, and emphasized the importance of maintaining a strong student voice.

Curriculum Committee members voted to APPROVE the CC Charter.

The next meeting is on Monday, May 19th at 4PM. Dr. Rosenstock closed the meeting at 5:35PM.

Respectfully submitted by Michelle Sergent, recording secretary.