

**UPSOM Curriculum Committee  
Minutes of the 519th Meeting  
May 19, 2025**

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

Business of the Curriculum Committee on May 19, 2025

Motion	Vote Tally	Approved?
Approval of Meeting Minutes from 5/05	16 Yes, 0 No	YES
Approval of Content Change Requests for KF and Physical Examination	16 Yes, 0 No	YES
Approval of Required Clinical Experiences	17 Yes, 0 No	YES
Approval of the Whole Curriculum Review and Work Plan	14 Yes, 0 No	YES

**Voting Members Present:** A. McCormick, MD, FAAP; A. Doshi, MD; A. Slingerland, MS4; B. Yates, PhD; B. Spataro, MD; B. O'Donnell, MD; C. Yanta, MD; E. Egbert, MS2; H. Sukumvanich, MD; J. Waxman, MD, PhD; 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;

**Ex-Officio Non-Voting Members:** A. Hyderi, MD, MPH; B. Piraino, MD; E. Ufomata, MD, MS; R. Buranosky, MD, MPH

**Invited Colleagues and Guests:** A. Brown, MD; A. Serra, MD, MPH; A. Young, MLIS; A. Klein, MD; C. Newman; E. Lovallo, MD; E. Reis, MD; G. Perez, MD; G. Null, MA; G. Cooper, PhD; J. Alexander; J. Maier, PhD, MD; K. Scott, MA; K. Senko, Ed.D.; L. Shutter, MD, FNCS, FCCM; M. Elnicki, MD; M. Sergent, MPH, MSL; P. Phrampus, MD, FACEP; P. Workman, MD; R. Van Deusen, MD, MS; R. Powers, PhD; S. Templer, DO, FACP, FIDSA; T. Bui, MD; T. Augi, MS3

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**Members participated virtually and in-person.**

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

Curriculum Committee members voted to APPROVE meeting minutes from 5/05.

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**LCME Update**

Greg Null provided an update on the work of the Continuous Quality Improvement (CQI) Committee in preparation for the 2027 accreditation site visit. Over the past four months, the committee has reviewed all standards, elements, and narratives in the data collection instrument, leaving over 1,000 comments. They are using rapid-cycle meetings to address issues in 30- to 90-day timeframes, aiming to reduce the number of unsatisfactory (U) ratings before the self-study begins. This involves policy revisions, improved documentation, and student satisfaction strategies.

The CQI Committee will pause as members join self-study committees launching this Wednesday. The committee will resume in July 2027 with a steady review pace, reviewing two standards a month.

**Content Change Requests: Keystone  
Fundamentals and Physical  
Examination**

**Keystone Fundamentals (KF):**

- Two embryology topics (GI tract and heart) are being removed due to redundancy and moved to organ-system-specific courses (cardiology and digestion/nutrition).
- Replaced with expanded genetics content (e.g., replication, Down syndrome), in response to student feedback and performance data.
- Neuroscience content will also be added to better prepare students before the Neuro course.

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**Physical Examination (PE):**

- **Addition of Medical Interviewing to OSCE:**
  - Students will now perform focused medical interviews during the physical exam OSCE to prevent skill degradation in history-taking.
  - This addresses a known drop in students' HPI (history of present illness) skills over time.
- **OSCE Format Changes:**
  - Students will conduct both a focused history and a full physical exam on the same day (essentially two separate tests).
  - Additional SP (standardized patient) practice time will be built into the course.
  - OSCE time will be extended to accommodate the added tasks, and the passing threshold remains at 90%.
  - Students will have only one formal OSCE attempt unless remediation is needed.
- **Instructional Consistency:**
  - Faculty and CSPs will receive clearer guidance to standardize expectations for full physical exams.

Curriculum Committee members voted to APPROVE both content change requests.

**Required Clinical Experiences**

Dr. Raquel Buranosky discussed required clinical experiences.

- **Framing:** She reviewed required clinical experiences (per LCME Table 6.2.1), known to students as "learning log entries" (45 total), tracked in Elentra or Navigator.
  - Will eventually shift entirely to Elentra.
- **Purpose:** These outline conditions, procedures, and patient types students must encounter across clerkships, with expected levels of responsibility (observe or perform).
- **Structure:**
  - **Internal/Outpatient Medicine:** Students evaluate common conditions (e.g., diabetes, cancer).
  - **Anesthesiology:** Focus on procedures; all are performed by students per Dr. McIvor.
  - **Family Med, Neuro, OB/GYN, Peds, Psych, Surgery, etc.:** Varied clinical settings (inpatient, outpatient, ER); standardized patient use (e.g., pelvic exam); alternatives provided if real-patient exposure is missed.
  - **Pediatrics:** Combined across settings due to the structure of the 8-week rotation.
  - **Psych and Specialty Areas:** Exposure through observation, with redundancy encouraged for broader learning.
- **Clarification:**
  - "Observe" = a student watches a task being done by a clinician.
  - "Perform" = a student completes the task (with supervision as appropriate).

Curriculum Committee members voted to APPROVE required clinical experiences.

**Resident as Teacher Training**

Dr. Rosenstock discussed resident as teacher training. The discussion focused on how the institution ensures residents are trained to teach medical students, a requirement for LCME accreditation. All incoming residents receive "Resident as Teacher" training, including clerkship objectives and expectations. Documentation (a list of 500 names) confirms this training was completed for last year's incoming class.

One concern was clarified: the list only reflects one class year, not all current residents. The system also covers visiting residents, who must complete a module. Heritage Valley Beaver is the only non-UPMC

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residency still taking students; future training there will be documented via sign-in sheets.

**Bridges Crosswalk and Whole  
Curriculum Review Work Plan**

**Bridges Crosswalk**

Michelle Sergent led a presentation on how the curriculum maps Clerkship Learning Objectives (CLOs) to Educational Program Objectives (EPOs) and emphasized that each CLO must be taught and assessed, and linked to an EPO. The goal is a clear one-to-one CLO-to-EPO linkage, which is particularly well developed in the foundations phase. Key points include:

- A comprehensive crosswalk maps all EPOs, CLOs, and their assessments, broken down by curriculum phase, including the newer Bridges phase (ALCE, Boot Camp, AI, ILS, and the Diagnostic Course).
- LCME accreditation elements 6.1, 8.2, and 8.3 depend on this mapping; failure in one could compromise the others.

Three EPOs currently lack proper assessment:

1. EPO 8 – Clinical Procedures: Procedures are performed and partially assessed (e.g., in anesthesia), but learning objectives and consistent mapping are missing, especially after curriculum revisions.
2. EPO 26 – Leadership: Taught in the curriculum (especially via a leadership thread) but not robustly assessed.
3. EPO 30 – Quality Improvement (QI): Some teaching exists (e.g., in PPS), but it's limited, and both the mapping and assessment need strengthening.

The committee acknowledged that all three EPOs are important and that while progress has been made, more work is needed to align teaching, assessment, and documentation.

**Whole Curriculum Review**

Greg Null discussed further preparation for LCME review and internal curriculum development. Four primary focus areas were identified:

1. **Completion of Curriculum Mapping:** Across all phases; to be monitored continuously by the Curriculum Committee.
2. **Review and Inclusion of Required Clinical Experiences (RCEs):** With annual reviews and updates, targeted for completion by late 2025.
3. **Step 1 Delay Root Cause Analysis (RCA):** Ongoing issue with a presentation scheduled for July; monitored by the academic success team and Curriculum Committee.
4. **Clerkship Site Comparability:** Ensuring consistent student experience across clinical sites, with an update expected by August 1.

**Additional Points:**

- The Curriculum Committee will revisit and monitor these items in each meeting.
- Discussions included establishing clear timelines for curriculum changes and creating accessible resources (like timelines and benchmarks) for faculty and students.
- The group agreed to finalize and approve these four work plan items with tentative deadlines (e.g., Step 1 Root Cause Analysis by July 1, Site Comparability by August 1, Curriculum Mapping update by September 1, RCE updates by December 2025).

Curriculum Committee members voted to APPROVE the Whole Curriculum Review and Work Plan.

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**The next meeting is on Monday, June 2<sup>th</sup> at 4PM. Dr. Rosenstock closed the meeting at 5:31PM.**

Respectfully submitted by Michelle Sergent, recording secretary.