

**UPSOM Curriculum Committee
Minutes of the 520th Meeting
June 2, 2025**

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

Business of the Curriculum Committee on June 2, 2025

Motion	Vote Tally	Approved?
Approval of Meeting Minutes from 5/19	16 Yes, 0 No	YES
Approval of Content Change Requests for EDR3	16 Yes, 0 No	YES
Approval of Workload Policy	15 Yes, 0 No	YES
Approval of Subcommittee/Taskforce Membership Procedures (Update)	16 Yes, 0 No	YES

Voting Members Present: A. Liu, MS2; A. McCormick, MD, FAAP; A. Tanna, MS2; A. Sharma, MSTP; 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; P. Drain, PhD; R. Schuchert, MD; R. Maier, MD, MA; S. Truschel, PhD

Ex-Officio Non-Voting Members: A. Hyderi, MD, MPH; B. Piraino, MD; C. Pettigrew, EdD; L. Borghesi, PhD; R. Buranosky, MD, MPH; R. Steinman, MD, PhD

Invited Colleagues and Guests: A. Serra, MD, MPH; A. Young, MLIS; A. Casagrande, MD; C. Pacella, MD; C. Newman; E. Reis, MD; G. Perez, MD; G. Null, MA; J. Maier, PhD, MD; J. Szymusiak, MD, MS; J. Suyama, MD; K. Senko, EdD; K. Maietta, MPPM; M. Sergeant, MPH, MSL; P. Volpe, MD; R. Peterson, MD; S. Iyer, 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 5/19.

Curriculum Committee Update

The committee discussed whether to shift from public to anonymous voting due to concerns about subtle pressure during visible votes. While some supported anonymity for sensitive topics, others argued for consistency and transparency, noting selective anonymity might reveal how someone plans to vote. A few technical solutions were suggested (Zoom polls, QR codes, Top Hat), but concerns remain about verifying eligible voters. The group agreed to revisit the issue after further consideration.

Additional updates included:

- A new curriculum advisory group is informally replacing the former executive subcommittee to continue providing guidance.
- Committee membership is being reduced from 18 to 16 faculty members per the new charter. Three current members are rotating off, and two new elected members are planned.
- Current appointed members were asked to consider stepping down to allow for increased diversity and participation through elections.

Whole Curriculum Review Update

The root cause analysis (Step 1 Outcomes) discussion was postponed to July to ensure full participation and access to complete data from the Class of 2027. Additionally, curriculum mapping efforts are progressing, with Michelle and the mapping team strengthening alignment with thread mapping needs.

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Content Change Requests: EDR3

Dr. Lisa Borghesi presented a content change request for the EDR (Evidence, Discovery, and Reasoning) course. Instead of treating EDR3 as a standalone course, the team developed integrated, progressive course learning objectives across EDR 1, 2, and 3 to reflect the sequence as a cohesive suite. EDR3 includes critical appraisal content previously in EDR2, AI tool engagement, and self-directed learning components.

Curriculum Committee members voted to APPROVE the EDR3 content change request.

Workload Policy

Dr. Jason Rosenstock discussed a proposed combined workload policy that merges the Foundations phase calendar/scheduling policy with the Clerkship/Bridges duty hours policy for clarity, efficiency, and LCME compliance. Key points:

- **Foundations Phase:** Max of 24 hours/week of required synchronous coursework and at least two half-days/week of independent learning time. Most students typically have more.
- **Clerkship/Bridges:** No changes to the previous policy; still follows ACGME-modeled standards with a 32-hour/week cap on required synchronous coursework (e.g., boot camps, ILS—not clinical duties).
- Discussion included whether to adopt ACGME's updated terminology ("clinical experience and education" instead of "duty hours"). While some supported it, others urged alignment with LCME's existing terminology, which still references "duty hours." We agreed to retain the "duty hours" language.

Curriculum Committee members voted to APPROVE the Workload Policy.

Subcommittee/Taskforce
Membership Procedures

Dr. Jason Rosenstock discussed updated subcommittee membership procedures as part of broader Curriculum Committee revisions. The Curriculum Committee votes on charters and leaders of subcommittees or task forces, but members do not require a vote and do not need to be Curriculum Committee members. Faculty can apply by submitting a CV and letter of interest; if approved, they serve 3-year terms, renewable once, followed by a 1-year hiatus before rejoining. Students may self-select subcommittees and can serve consecutive terms throughout their time in the program.

Curriculum Committee members voted to APPROVE the updated subcommittee/taskforce membership procedures.

Primary Care Accelerated Track
(PCAT) Report

Dr. Amanda Casagrande provided an update on the accelerated Primary Care Accelerated Track (PCAT) program at Pitt, highlighting its goal to reduce medical school debt and increase primary care presence by graduating students in 3 years. Key updates included:

- **Program Overview:** Started in 2023 with Family and Internal Medicine; Pediatrics added in 2024.
- **Steering Committee:** Recently formed, focusing on recruitment, retention, competency assessment, outcomes, and match preparation.
- **Admissions Process:** Includes multiple screening steps; applicants must express strong interest in primary care.
- **Current Cohorts:** 4 students matched this year; others in clerkship or advanced summer coursework. Strategic scheduling supports early residency integration.
- **Summer Curriculum:** Includes introductory and advanced clinical experiences focused on community medicine, clinical skills, and research.

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- **Longitudinal Clinical Experience:** Highly praised by students, provides continuity and early hands-on practice.
- **Challenges & Growth Opportunities:** Some academic struggles led to increased student support and improved screening. Future goals include a stipend proposal, clearer expectations, and an evaluation of post-residency retention locally.

The presentation concluded with appreciation for the program's development and its strong clinical integration.

MSTP Report

Dr. Richard Steinman provided an overview of Pitt-CMU's MSTP, which prepares physician-scientists through an integrated MD/PhD pathway. Key points included:

Program Overview:

- **116 students** currently enrolled across 24 graduate programs in 7 schools at Pitt and CMU.
- NIH supports 30 training slots annually; approximately 700 applications are received for 13–15 admissions each year.
- The curriculum blends medical and research training with structured summer courses, research rotations, and longitudinal clinical clerkships.

Curriculum Highlights:

- **Pre-M1 through MS2 years:** Summer rotations and courses (e.g., "Skills for Investigative Careers," research translation, All of Us database).
- **Transition to PhD phase:** Strategic planning to complete the PhD in a newly enforced 4-year limit.
- **During PhD:** Students participate in longitudinal clinical clerkships to maintain clinical skills.
- **Reentry:** Includes transition courses and Step 2 planning to facilitate return to clinical training.

Support and Advising:

- Use of Individualized Development Plans (IDPs) reviewed annually.
- Executive coaches and career advisors provide targeted support.
- New advising tools and an orientation video are being created to ease reentry into the 3RC curriculum.

Outcomes & Challenges:

- Strong publication and grant record (notably NIH F30 grants).
- MSTP students match to top research-intensive residencies at about twice the rate of non-MSTP peers.
- Ongoing challenge: adjusting to NIH funding changes and maintaining a strong pipeline of mentors and research opportunities.

Future Directions:

- Emphasis on data-driven tracking of outcomes (e.g., NIH and Blue Ridge residency match metrics).
- Institutional efforts to strengthen support, increase transparency, and better integrate MSTP within the evolving medical curriculum.

Dr. Abbas Hyderi and others affirmed commitment to improving clarity and support, especially around reentry to the clinical phase under the 3RC model.

The next meeting is on Monday, June 16th at 4PM. Dr. Rosenstock closed the meeting at 5:30PM.

Respectfully submitted by Michelle Sergent, recording secretary.