UPSOM Curriculum Committee Minutes of the 522nd Meeting July 7, 2025

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

Business of the Curriculum Committee on July 7, 2025

Motion	Vote Tally	Approved?
Approval of Meeting Minutes from 6/16	11 Yes, 0 No	YES
Approval of Content Change Request: Anatomy	10 Yes, 1 No	YES
Approval of Promotions Policies	9 Yes, 0 No	YES

Voting Members Present: B. Yates, PhD; B. O'Donnell, MD; C. Yanta, MD; J. Waxman, MD, PhD; J. Rosenstock, MD; M. Schmidt, PhD; N. Chen, MSTP; N. Agarwal, MD; O. Torres, MD, MS; R. Maier, MD, MA; S. Truschel, PhD; U. Gaffney, MS2; V. Agarwal, MD

Ex-Officio Non-Voting Members: A. Hyderi, MD, MPH; A. Gonzaga, MD, MS; A. Serra, MD, MPH; C. Pettigrew, EdD; E. Ufomata, MD, MS; L. Borghesi, PhD; M. Elnicki, MD; R. Buranosky, MD, MPH

Invited Colleagues and Guests: A. Clark, MD; A. Kohli, MD; B. Spataro, MD, MS; C. Branstetter, MD; C. Pacella, MD; C. Newman; G. Perez, MD; G. Null, MA; J. Maier, PhD, MD; K. Scott, MA; K. Maietta, MPPM; L. Francis, MD; L. Strattan, PhD; M. Warg; R. White, PhD; R. Powers, PhD; R. Peterson, MD; S. Templer, DO, FACP, FIDSA; T. Cyr, MD, PhD

Members participated virtually and in-person.

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

Curriculum Committee members voted to APPROVE meeting minutes from 6/16.

Content Change Request: Anatomy

Dr. Lisa Borghesi presented a content change request for Anatomy to introduce a medical humanities reflection into the course. This idea, originally proposed by a student (Sami Ahmad) and continued by Elise Barberis (rising M3), aims to help students process their experience working with cadaveric patients by reflecting on the personhood of the donor. Encouragement to use this assignment as a way of connecting students further with donors and their families, particularly by attending the Day of Remembrance ceremony

Proposal Details:

- Small groups (6–8 students) will write a group reflection on their cadaver, deciding whether or not to name the donor and explaining that choice.
- The reflection would be worth 5 points, added to the exam score (increasing it from 100 to 105 points).
- The assignment is mandatory, but all "thoughtful" reflections will receive full credit.
- The goal is to support student processing, not assess academic competencies.

Discussion Points:

- Clarification that the reflection is group-based and each group receives the same score.
- Emphasis on inclusivity of diverse reflections, not seeking "correct" answers.
- Suggestion to develop a standardized grading rubric to ensure clarity and transparency.
- Mention of existing models and literature on assessing reflective writing and professionalism in anatomy.

Curriculum Committee members voted to APPROVE the Anatomy Content Change Request.

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Root Cause Analysis: Step Outcomes

A comprehensive presentation was delivered by Drs. Alda Gonzaga, Suzi Templer, and Lisa Borghesi to examine the causes and consequences of delays in USMLE Step 1 completion. Prompted by the Committee's 2025 Work Plan, the review aimed to address disruptions to clerkship schedules, academic progression, and institutional planning, with the overarching goal of achieving a 100% Step 1 pass rate and on-time completion.

Local Trends and Concerns

Roughly one-third of students in each class delay Step 1, although this trend has begun to improve. The school's pass rate has slightly declined from 2020 until now, and students who delay often show weaker foundational knowledge and lower Step 2 performance. Most delays result from insufficient readiness, not personal crises.

National Context

Following the transition of Step 1 to pass/fail scoring, schools nationwide have reported more delays, failures, and missed deadlines. Many institutions have responded by enhancing advising, implementing readiness pathways, and improving communication. However, few have pursued major curriculum overhauls due to resource constraints.

Wider Impacts

Delays have cascading effects, including:

- Increased financial burden and academic stress for students
- Disruptions in clerkship scheduling and institutional partnerships
- Heightened faculty and staff workload, contributing to burnout
- Lost tuition revenue and higher student support costs

Root Cause Analysis

A detailed analysis revealed a combination of contributing factors:

- Admissions: Slightly lower MCAT scores were noted among delayers, but with no strong predictive value. Delay rates were similar even for those who had not taken the MCAT.
- *Non-Cognitive Traits*: Challenges with emotional regulation, help-seeking, resilience, and prior trauma can contribute to delays.
- Curricular Expectations and Resources: Questions remain about whether expectations are realistically calibrated and whether students have adequate, effective access to coaching and tutoring.
- Institutional Culture: Student engagement with support systems and personal accountability for learning are critical factors.

Early Identification and Intervention

Efforts to detect at-risk students focus on both cognitive and non-cognitive indicators. Orientation LASSI scores show students are generally motivated and organized but often lack strong test-taking strategies. Poor early performance in Keystone Fundamentals and Organ Systems courses has been strongly linked to Step 1 risk, highlighting the need for early intervention.

Policy and Support Enhancements

To improve outcomes, the school has introduced:

- Immediate remediation during "flex weeks" to avoid prolonged delays
- Expanded academic and wellness resources, though student feedback indicates confusion about when and how to use them effectively
- Mandatory advising check-ins and improved performance feedback to promote engagement

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Conclusion and Next Steps

Delays in Step 1 are a multifactorial, national issue influenced by academic preparedness, personal characteristics, institutional culture, and systemic pressures. The School of Medicine remains committed to reducing the proportion of students who require testing delays to below 25% of the class, and maintaining pass rates above the national average through targeted policy, enhanced advising, and a supportive, data-informed academic environment.

Promotions Committee Policies

Dr. Rosenstock opened the meeting by inviting discussion on the Promotions Policies that had been shared in advance. Dr. Robin Maier raised concerns about the proposed **Master of Medical Science (MMS) Policy**, particularly the rigid three-year deadline for transitioning into the program. She emphasized that many students facing this option often do not reach clarity about their path until after three years, especially those who have experienced delays or setbacks. Other committee members responded by noting that tighter guardrails are now in place to help students make more timely and informed decisions.

The goal is to provide a structured off-ramp that supports student well-being and financial stability, rather than prolonging uncertainty.

The group also discussed related policy revisions, including:

- Absence Policy: Some language was unclear, particularly regarding allowed personal absences in Foundations. Dr. Maier recommended simplifying and clarifying it for operational use by course coordinators.
- **Leave of Absence Policy**: Clarified that entrepreneurial leaves are now limited, must be approved by academic leadership, and are capped at two years.

Dr. Abbas Hyderi and Dr. Jason Rosenstock thanked the policy revision team for their collaborative work, which included multiple stakeholder inputs. The updated suite of six policies aims to enhance clarity, consistency, and support for students.

Curriculum Committee members voted to APPROVE the Promotions Policies.

The next meeting is on Monday, July 21st at 4PM. Dr. Rosenstock closed the meeting at 5:30PM.

Respectfully submitted by Michelle Sergent, recording secretary.