

**UPSOM Curriculum Committee
Minutes of the 528th Meeting
October 20, 2025**

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

Business of the Curriculum Committee on October 20, 2025

| Motion | Vote Tally | Approved? |
|---|-------------------|------------------|
| Approval of Meeting Minutes from 10/6 | 12 Yes, 0 No | YES |
| Approval of Policy Revision: Parental Transition Time | 11 Yes, 0 No | YES |
| Approval of 2-Week Electives: <ul style="list-style-type: none"> • Emergency Medicine • New Parenthood During Medical School Elective | 12 Yes, 0 No | YES |
| Approval of Clerkship Grading | 10 Yes, 0 No | YES |

Voting Members Present: A. Brophy, MS2; A. Tanna, MS2; C. Yanta, MD; E. Egbert, MS2; H. Sukumvanich, MD; J. Waxman, MD, PhD; J. Rosenstock, MD; N. Agarwal, MD; O. Torres, MD, MS; P. Drain, PhD; R. Schuchert, MD; R. Maier, MD, MA; S. Yagobian, MS4; S. Truschel, PhD; U. Gaffney, MS2; Vikas Agarwal

Ex-Officio Members Present: A. Hyderi, MD, MPH; A. Gonzaga, MD, MS, FAAP, FACP; A. Serra, MD, MPH; C. Pettigrew, EdD; E. Ufomata, MD, MS; E. Reis, MD; L. Borghesi, PhD; M. Elnicki, MD; R. Buranosky, MD, MPH; R. Van Deusen, MD, MS; S. Gonzalez, MD

Invited Colleagues and Guests: A. Konopaski, MS4; C. Branstetter, MD; E. Krakora, MS4; H. Hoffman, MD; J. Alexander; John Maier, PhD, MD; K. Scott, MA; K. Maietta, MPPM; K. Miller, MS; M. Haley, MD; M. Sergeant, MPH, MSL; P. Workman, MD; R. Peterson, MD; S. Whelan, MD; FASCRS; T. Tarin, MD; T. Enoch, MS4; 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 10/06.

**Parental Transition Time Policy
Revision**

Dr. Allison Serra discussed slight revisions to the Parental Transition Time Policy. The revised document added a procedures section detailing how to implement the policy, which was less developed before. The policy is now broader in scope, involving both OMED and OSA, not just OSA. It addresses support for students experiencing new parenthood and navigating the curriculum. It also included language about a new elective allowing students to receive credit for learning related to parenting experiences. Most other changes were clarifications in language, with no major policy shifts beyond these points.

After further discussion, the following will be revised: (1) will add language clarifying the 6-week period and its meaning, (2) include guidance on pregnancy loss and other adverse outcomes, and how they will be accommodated; (3) reinstate the one-per-year maximum for the elective.

Curriculum Committee members voted to APPROVE the revision of the Parental Time Policy.

Two-Week Electives

Dr. Eloho Ufomata gave a brief overview of newly proposed two-week electives: Emergency Medicine and New Parenthood During Medical School.

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Emergency Medicine: This will be a two-week emergency medicine exposure elective, directed by Dr. Genna Jerrard. The purpose of the elective is to allow students to see patients, practice histories and physicals, and learn EM skills, which will be distinct from the acute care rotation. It will include a combination of clinical shifts (8 shifts of 6 hours, day/evening/night), VP SIM cases, EKG and WISER procedure workshops (designed to stay within reasonable work hours). The elective has been reviewed and approved by the Bridges Phase Subcommittee.

New Parenthood During Medical School: There were two versions of the New Parenthood During Medical School elective proposed: a four-week and a two-week version. It is non-clinical and designed to support students during Clerkships and the Bridges phase. Additionally, it focuses on the impact of new parenthood on professional identity, with objectives in medical knowledge, developmental pediatrics, nutrition, preventive care, professionalism, communication, and caregiver experience. Educational methods include pediatric/family healthcare visits, independent learning, readings, reflective journaling, weekly faculty check-ins, and an optional monthly group. The assessment is based on participation, self-care development, and reflective essays, graded satisfactory/unsatisfactory. The elective aligns with four EPOs and balances rigor with flexibility for new parent responsibilities.

Curriculum Committee members voted to APPROVE both two-week electives: Emergency Medicine and New Parenthood During Medical School Elective.

Clerkship Grading

Dr. Raquel Buranosky gave an overview of clerkship grading changes that would be implemented in the Clerkships Phase. Additionally, the Clerkship Phase Subcommittee reviewed and approved of these changes. The discussion included the following:

- **Rationale:** Changes aim to align grading weights across clerkships, maintain fairness, and standardize OSCE/NBME Subject Exams contributions.
- **Clerkships:** The NBME Subject Exam component of clerkship grades will be standardized at 25% of the total grade weight, with the Clinical Assessment component adjusted accordingly. In Adult Inpatient Medicine, for instance, the NBME Subject Exam will increase from 20% to 25%, while the Clinical Assessment will drop from 80% to 75%. Adjustments across other clerkships (Family Medicine, Neurology, OB-GYN, Pediatrics, Psychiatry, and Surgery) will be made similarly, with some minor variation around OSCEs, quizzes, and other customized components.
- **Implementation:** Effective next academic year (Feb 2026)
- **Overall:** Adjustments are minor, designed to reflect existing assessments more accurately without major impact on overall grades.

Curriculum Committee members voted to APPROVE clerkship grading.

**Robotic Surgery and the Future of
Medical Education**

As part of our “Future of Medicine” sessions, Drs. Nitin Agarwal, Sean Whelan, and Tarin Tatum led a discussion on robotics, minimally invasive, and robotic-assisted surgery in medical education. The following was included:

- **Medical Student Exposure:**
 - Currently variable by clerkship; some simulation-based opportunities exist.
 - Proposal for longitudinal, preclinical-to-clerkship exposure: suturing, laparoscopic, robotic, endoscopic simulation.
 - Electives could include certification for robotic skills.
- **Curriculum Integration:** Robotics would augment, not replace, traditional open or laparoscopic surgery. Emphasis on understanding new technology, patient decision-making, and evidence-based evaluation of surgical approaches.

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- **Educational Value:** Prepares students for surgical specialties, engages learners with modern tools, and provides visualization dashboards to track skill development.
- **Broader Implications:** Exposure helps all students—not just future surgeons—understand minimally invasive options, manage patient expectations, and integrate innovation responsibly.
- **Takeaway:** Robotics and simulation are seen as important for keeping the curriculum current, providing hands-on experience, and fostering adaptive, informed future physicians.

The Committee agreed that further discussion is warranted to best determine how robotic surgery should be included in the curriculum, perhaps as a Stream option.

The next meeting is on Monday, November 17th at 4PM. Dr. Rosenstock closed the meeting at 5:30PM.

Respectfully submitted by Michelle Sergent, recording secretary.