

**UPSOM Curriculum Committee
Minutes of the 409th Meeting
November 18, 2019**

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

Dr. Rosenstock convened the meeting at 4:00pm. This was the 409th meeting of the Curriculum Committee.

AGENDA

AAMC Update
Jefferson Curriculum Reform Presentation
Report from Standardized Patient Program
Curriculum Committee Mandate (Final Vote)

SUBCOMMITTEE REPORTS

CCES:

- ROMS
- Policy work
- Clerkship scheduling

CCQI:

- Domains for LCME
- Look at some of the survey preparation for the LCME response; certain items must be monitored.
- October 20th – We had 100% of the clerkship grades turned in within the 28-day limit.

Standardized Patient Program and Performance Based Assessment Subcommittee:

- SPs in the curriculum
 - SPs are used immediately in MS-1 year in Medical Anatomy and throughout the whole curriculum
- SP-related curricular changes
 - Mostly related to mission of PBA subcommittee
 - Neurology Clerkship OSCE added and enhanced (received an extra week in clerkship)
 - Future: Case focused on gender-diverse patients; Boot Camp – mock paging activity; Disabilities case in CAMPC (examining a patient in a wheelchair)

• SP Diversity Report

- Received a complaint from students that there was not enough diversity amongst SPs; the table below is data from HR as of 3/31/2019

Asian	1.3%
Black or African American	7.3%
Hispanic/Latino	5.3%
Two or More Races	2.7%
White	76.0%

- Compared results to data from 10/27/2019 and numbers slightly increased to favor more diversity.

- Although UPSOM is still the main client of the SP Program, they have additional campus-wide clients
 - Most of the Health Sciences schools use SPs
 - Dental Medicine, Health and Rehabilitation Sciences, Nursing, and Pharmacy, Pitt Law School, School of Education, PA Programs (Carlow, Chatham, Duquesne, Slippery Rock)

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- UPMC and VA
- **PBA Annual Report:** Dr. Van Deusen and the subcommittee have been continually monitoring OSCE content and assessment, updated as required. No major issues were required for Curriculum Committee review.

Deferred GME update because Dr. Waxman was not present at this meeting.

NEW BUSINESS- AAMC Update

Several faculty on the committee attended the recent AAMC annual meeting (Lead Serve Learn 2019) and agreed to present short reports about lessons learned at the meeting. Dr. Ankur Doshi presented today, and focused on curriculum reform at several institutions. As a general observation, he found that as schools he found that as schools accelerate their curriculum, and have moved clerkships up – schools have found a greater need for breaks within the curriculum.

UCSF Clinical Experiences: 1 year of foundational sciences, then move quickly into clerkships. Their clerkships are similar to ours. They built 2-week breaks within the curriculum, with a goal in mind of decompression. You could take a course that involved multiple topics and settings. They had 44 sub-specialty electives that they wanted students to receive more exposure to, but could not because of clerkships. Their entire clerkship experience is Pass/Fail. This type of learning within the curriculum proved to be highly beneficial and received positive feedback. Unsure of exactly when students take Step 1, but he believes it's after their clerkships.

Michigan State Sessions: Within first two-years, they will take multiple different fields (basic sciences and foundation sciences) and integrate together. There are then standardized tests, and students who are in the bottom 10% will be required to take an Intro Session. One session is 'Core' where everyone takes something, but are not particularly interested. The other session is 'advanced or foundational' and if you are in the top 90% of your class, you can go into whatever you wanted. If you were in the bottom 10% of your class, you were required to take a foundational session because this would allow for remediation time in the basic sciences. Students knew these were coming, so they knew how to prepare properly. Results were that students scores overall improved after the remediation sessions.

Correlation: These two schools focused on the curriculum is accelerating, but also recognized students need intermittent breaks to improve overall scores.

Great Presentation: Presenter Bryan Stevenson explained his work on the 'Equality Project.' He is particularly interested in wrongful incarcerations and social justice. The takeaway was that faculty and staff need to get students more involved and engaged with the underserved.

NEW BUSINESS – Jefferson Curriculum Reform

Presentation given by Carly Sokach (slides included), who is a current UPMC resident.

Overview: In 2015, Jefferson was selected as one of the 21 new schools to join the AMA accelerated change in Medical Education consortium. Jefferson's new curriculum is known as JeffMD. There are 18-months of pre-clinical work; encouraged more experience in clinical months. There was a major emphasis to group curriculum by organs.

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Phase 1: 21 calendar months, which include breaks. This makes up the first two ‘pre-clinical’ years. At the end of each organ system block, there’s an assessment week which includes SPs and Didactics to test knowledge on the particular block. Curriculum runs from August to mid-February (MS-1 and MS-2). Students derive their own objectives. Every Friday of every week, there are quizzes which serve as check-in points where a student is standing in the course which in turn could benefit the later high-stake exam.

Phase 2: Clerkships

Phase 3: Focus on electives, AIs, etc.

Challenges: Decisions on which lectures to eliminate (redundancy and overlap); small group facilitators and training (issue: Much of the basic scientist faculty did not feel comfortable teaching a small group especially if it was a topic they did not have much knowledge on); faculty buy-in; space/logistical considerations (Jefferson renovated 2 large classrooms and 2 lecture rooms to make space for the new curriculum that was extremely conducive to TBLs); Clinical Experience standardization/coordination (very location dependent especially if patient-interaction is limited); simultaneously having students in 2 different educational models (overlap of legacy Jefferson students and JeffersonMD students). As a result, there happened to be double the number of learners in the wards, which was difficult in terms of space.

Solutions: Small group facilitator training program; block/thread director involvement (each block has 2 dedicated directors, one Basic and one Clinical); JeffMD Student Advisory Board (duties, for example, feedback on courses in an open and safe environment – students run these meetings and invite faculty).

Discussion: About 270 students/class, and small groups are still 12 people. This requires several facilitators and a large amount of space. Assessments after each block – are they helpful? First, exams are all taken electronically so students are easily flagged and undergo remediation. Data outcome is limited right now because the first cohort has not reached Phase 3. Faculty receive positive for the CBLs. There are two dedicated faculty per group.

NEW BUSINESS – Curriculum Committee Mandate

We spent much time reviewing the final version of the new mandate for the Curriculum Committee, building on previous discussions. The final changes reviewed today included:

Changes:

1. First, medical student representatives receive 1 vote per class, and there may not be an MSTP student representative but if so – they will get 1 vote collectively as well.
2. Key content that affects program objectives must be discussed, protects learning objectives.
 - a. Minor changes in the curriculum (faculty changes) do not need to be discussed.
3. Curriculum Committee meetings are open to the public.
 - a. Staff, faculty, students, and even patients can attend meetings and meeting minutes are already posted on the OMED website.
4. Medical student conflict of interest: students who are directly affected by a decision should recuse themselves from voting.

Decision: Unanimous vote in favor of Curriculum Committee Mandate

Next Meeting: The next meeting will be Monday, December 2 at 4pm.

The meeting was adjourned at 5:30pm.

Respectfully submitted by: Michelle Sergent

Approved by: Jason Rosenstock, MD