

**UPSOM Curriculum Committee
Minutes of the 411th Meeting
December 16, 2020**

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

Dr. Rosenstock convened the meeting at 4:00pm. This was the 411th meeting of the Curriculum Committee.

AGENDA

New member, student representative
Clerkship issues, particularly relating to CAMPC
Create External Resources Task Force

SUBCOMMITTEE REPORTS

CCES: Meets weekly.

- Discussion has primarily focused on possible revisions to CAMPC
- ROMS and the approval process
- 12.5 Period – Ensure students have access to courses
- Curriculum Colloquium – Award recipients have been selected
- LCME follow-up reports
- Policy issues

CCQI: Greg Null went through CCQI items.

- Tracking specific mandates, and how to ensure we are in compliance with each standard
- Our goal is 100% on-time for grade submissions

Course Evaluation Report (by subcommittee chair Dr. Cynthia Lance-Jones)

- Members work in collaboration with Course Directors on a number of items such as reviewing pre-clinical student course evaluations and creating new goals for the following year.
- There are about 10 faculty, in addition to Greg Null
- Committee members sign-up to review three or four courses per year. An Objectives form is completed as a component of the Course Portfolio.
- Over a third of course directors added quizzes to their course in response to student requests.
- Course directors are considered about finding facilitators and faculty for their courses; time constraints and creating good board-like questions; administrative support
- Goals for improvement: 1. Ensure that review meetings are held as soon as possible upon receipt of course evaluations; 2. Include discussion of links between course objectives and UPSOM objectives and curricular themes; 3. Encourage course directors of science courses to provide clear clinical relevance.
- Trying to focus on encouraging integration, and asking course directors about ideas for curriculum reform.

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

NEW BUSINESS- CAMPC: A Proposed Revision

Dr. Rosenstock passed around the CAMPC portfolios, and included a Presentation on this topic. Currently, CAMPC is a 2-month required ambulatory clerkship during the 3rd or 4th year. There is a customized NBME exam at the end of each period. Its OSCE significantly helps students prepare for Step 2CS.

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Concerns:

- Student dissatisfaction: 60% satisfaction on the most recent ISA; lowest of 10 clerkships
- Multiple “extra” assignments
- Continuity issues with multiple sites that students must attend
- Scheduling issues/inflexibility
 - 2 months is difficult to schedule; frequently postponed until MS-4; students get ambulatory experience ‘too late;’ Family Medicine easier to schedule so more commonly done as MS-3 student; most common clerkship taking during the interview season.
- Ambulatory Education: too much?
 - 9% of MS-4s felt that ambulatory training is “excessive,” and is duplicated in Family Medicine; Only 50% of medical schools have ambulatory rotations like this (continue to decline).
- Pediatric Education: not integrated?
 - SHELF scores below national mean; Newborn typically embedded with pediatrics rather than ambulatory medicine

Goals for Change:

1. Streamline clinical education
2. Maximize clinical competency
3. Bring UPSOM in line with national educational practice/trends
4. Reduce administrative burden on clerkship directors
5. Stimulate interest in ambulatory practice

Proposal: Splitting up CAMPC, and taking the month of Pediatrics and pairing it up with inpatient Pediatrics to create an 8-week integrated Pediatric experience (4 weeks inpatient and 4 weeks outpatient). Then we would allow Ambulatory Medicine float through a 1-month separate rotation.

Advantages:

1. No change in require weeks, departmental time, and clerkship leadership
2. Peds will **not** be offered in the fourth-year (“keeps core in core”)
3. Pediatrics integration of content/administration
4. Preserves newborn/infant experiences
5. Brings us more in line with national approaches and addresses most pressing issue in MS-3/4 curriculum

Disadvantages:

1. No reduction in ambulatory time or overall clinical requirements
2. Still have an 8-week clerkship; course directors will still have to find site locations
3. Does not address other issues in curriculum (“right-sizing”)
4. Doesn’t integrate medicine
5. A lot of work to change
6. Could make curriculum reform harder

VOTE on Proposal:

- Effective AY21 (beginning May 2020)
 - 4 weeks Ambulatory Pediatrics integrated with inpatient Pediatrics into an 8-week required clerkship

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- 4 weeks Ambulatory Medicine standalone required clerkship

Discussion amongst Curriculum Committee members occurred to determine the best way to handle the removal of CAMPC, particularly how to handle MS-4 students who haven't yet taken CAMPC but have taken Pediatrics (with the goal of providing ambulatory pediatrics experiences of some kind for them)

Vote: 13 people in favor of this change; 1 person not in favor – Proposal passes.

Next Meeting: The next meeting will be Monday, January 6, 2020 at 4pm.

The meeting was adjourned at 5:30pm.

Respectfully submitted by: Michelle Sergent

Approved by: Jason Rosenstock, MD