

**UPSOM Curriculum Committee  
Minutes of the 420<sup>th</sup> Meeting  
April 20, 2020**

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

**Due to COVID-19 pandemic, the meeting was held virtually using the Zoom platform. All members and guests remotely participated.**

**Voting Members Present:** V. Agarwal, MD; L. Borghesi, PhD; A. Brown, MD; R. Brown, MS1; T. Bui, MD; P. Campos, MS3; M. DeFrances, MD, PhD; A. Doshi, MD; P. Drain, PhD; K. Duffy, MS3; G. Hamad, MD; J. Hect, MS1; S. Herrle, MD; H. Hohmann, MD; L. Knepper, MD; J. Kwon, MS4; R. Maier, MD; A. McDermott, MS4; M. Nanni, MS2; S. Raj, MS4; J. Rosenstock, MD; M. Schmidt, PhD; R. Tarfa, MS3; J. Waxman, MD, PhD; C. Yanta, MD; W. Yates, PhD; H. Worku, MS2; M. Zhang, MS2.

**Ex Officio Members Present:** R. Buranosky, MD; D. DeFranco, PhD; J. Harvey, MD; C. Lance-Jones, PhD; J. Losee, MD; M. McNeil, MD; B. Piraino, MD.

**Invited Colleagues and Guests:** G. Apodaca, MD; C. Balaban, PhD; D. DiNardo, MD; M. Elnicki, MD; S. Gabrielson, MSLIS; A. Gonzaga, MD; D. Johnstone, MD; S. Khan, MD; A. Landau, MD; J. Lee, MD; K. Kirk; J. Maier, MD; K. Maietta; J. Mitzner; JB McGee, MD; G. Null, MA; C. Ortiz; G. Perez, MD; L. Rapkin, MD; E. Reis, MD; C. Schott, MD; R. Schuchert, MD; K. Scott, MA; M. Sergeant, MPH; N. Shenai, MD; A. Shoukry, MD; T. Sigler; C. Standaert, MD; A. Strong; J. Suyama, MD; J. Szymusiak, MD; S. Thorton, PhD; A. Tobias, MD; R. Turner, MLIS; W. Walker, PhD; R. VanDeusen, MD; G. Wagner; F. Yates, MLIS; P. Zahnhausen.

Dr. Rosenstock, MD, Chair of the Curriculum Committee, convened the meeting at 4:00pm. This was the 420<sup>th</sup> meeting of the Curriculum Committee.

On April 9, 2020, committee members were emailed a proposal to make changes to Period 11 grading. Specifically, four-week clerkships and CAMPC will award satisfactory/unsatisfactory grades, and Anesthesiology/Surgery and AIMC will continue with the usual grading scale once clinical make-up is complete. By email, this proposal was approved unanimously.

On April 10, 2020, committee members were emailed a proposal to allow early conferral of the MD degree on a case-by-case basis when a student 1) specifically requests it, 2) has completed all graduation requirements, and 3) has a specific program to go to that requires an early MD degree. By email, this proposal was approved unanimously. It will now go to the Promotions Committee for approval.

**Subcommittee Updates:**

CCES: Continues to review curriculum, electives, ROMS, and clinical restart task force.

CCQI: Mandate change was proposed for CCQI. The Mandate states that the Chair is a Curriculum Committee member. Currently, the Chair, Allison Serra, MD, is not a member. We proposed to alter the mandate, given the fact that there is no necessity for the subcommittee chair to be a CC member, and other subcommittees have non-members as chairs. CC members felt that subcommittee leaders should be the best people for the job regardless of CC membership status. Using the Chat function, this motion PASSED unanimously.

**New Business:**

A vote was called for approval of the following Period 1 remote electives: Emergency Medicine Simulation and Telepsychiatry. Both electives were APPROVED for Period 1.

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12.5 Electives were discussed. Students enrolled will be sent out to the course directors soon. Period 1 electives will be sent out soon as well.

**Curriculum Reform Task Force Report:**

Drs. Doshi and Yates reviewed the make-up of the task force and its actions and functions over the past few months. The task force, made up of medical students, faculty, residents, and staff, reviewed nine medical school curricula (including UPSOM reforms in 1999 and 2004, respectively) and came up with the following themes:

1. Other schools were motivated to consider reform for similar reasons: students not regularly coming to lectures and using alternate curricula via third party vendors
2. Reform resulted in condensed preclinical education for an earlier clerkship start
3. Foundational material incorporated into organ blocks or cases to provide clinical context
4. Most (or all) class time is active learning; didactics done asynchronously
5. Assessments are more frequent in the preclinical curriculum
6. Reduction in preclinical time requires streamlining and integration; completed by discipline experts
7. Capstone experience is required
8. Curriculum reform is expensive
9. Buy-in by all stakeholders: students and faculty included
10. Transition is logistically challenging
11. Changes in admission process and student support is needed

The task force concluded that curricular reform should conform to the mission of UPSOM. Its members recommend curriculum reform, and that students should be involved in all aspects of planning.

Recommendations based on review follow:

1. UPSOM preclinical curriculum could better meet the needs of our students
2. UPSOM education program is at risk of falling behind other schools
3. Curriculum Committee should endorse a comprehensive reimagining of the UPSOM curriculum
4. Comprehensive reform cannot be siloed
5. Preclinical curricular reform should focus on increasing high-quality interactive learning experiences
6. Curriculum Committee and UPSOM administration must appreciate the required effort of faculty members, as well as financial resources, for successful implementation
7. Curriculum Committee appoint a multi-year (3-5 years) Curriculum Reform Oversight Task Force to manage process
8. Student Advisory Council of the above task force must also be commissioned

Curriculum Committee members are urged to review the full report in the Curriculum Committee box in preparation for a possible vote on recommendations on May 4.

The next meeting is scheduled for Monday, May 4. Dr. Rosenstock closed the meeting at 5:25.

Respectfully submitted by Gregory Null, recording secretary. Approved by: Jason Rosenstock, MD