

**UPSOM Curriculum Committee  
Minutes of the 422<sup>nd</sup> Meeting  
May 18, 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:** A. Brown, MD; A. Doshi, MD; W. Yates, PhD; C. Yanta, MD; E. Ufomata, MD, MS; G. Hamad, MD, FACS, FASMBS; J. Rosenstock, MD; K. Duffy, MS3; L. Borghesi, PhD; M. Peretti, MS1; M. DeFrances, MD, PhD; M. Schmidt, PhD; M. Granovetter, MSTP; M. Nanni, MS2; M. Zhang, MS2; P. Campos, MS3; P. Drain, PhD; R. Tarfa, MS3; R. Maier, MD, MA; T. Bui, MD; V. Agarwal, MD

**Ex Officio Members Present:** A. Thompson, MD, MCCM; B. Piraino, MD; C. Pettigrew, PhD; C. Lance-Jones, PhD; J. Harvey, MD; M. McNeil, MD; R. Buranosky, MD, MPH

**Invited Colleagues and Guests:** A. James, MD, PhD; A. Shoukry, MD; A. Serra, MD, MPH; A. Van Cott, MD, FAAN, FAES; C. Balaban, F. Yates, MLIS; G. Null, MA; JB McGee, MD; J. Glance, MD; J. Suyama, MD, FACEP; J. Szymusiak, MD, MS, FAAP; K. Scott, MA; K. Maietta; K. Kirk; L. Rapkin, MD; M. Nance, MD; M. Boisen, MD; M. Sergent, MPH; M. Decker, MD, FAAP; M. Elnicki, MD; N. Shenai, MD; P. Zahnhausen; P. Viswanathan, MD; R. Schuchert, MD; R. Van Deusen, MD, MS; R. Turner, MLIS; S. Khan, PhD; S. Gabrielson, MSLIS; W. Walker, PhD

Dr. Rosenstock, MD, Chair of the Curriculum Committee, convened the meeting at 4:06pm. This was the 422<sup>th</sup> meeting of the Curriculum Committee.

**Subcommittee Updates:**

CCES: Continues to meet weekly, with clinical restart and planning for the fall dominating the discussion. CCES also addressed the issue of community volunteers: patient volunteers come and discuss their medical issues with medical students in many courses. After consulting with legal services, it was determined that the patient volunteers are aware of their disclosures to the group, how it is not a clinical encounter, and so HIPAA compliance is not necessary.

CCQI: Currently laying groundwork for the COVID-19 Response Report. A split screen comparing AAMC/LCME guidance and UPSOM response is being built and will be shared with the Committee. If any faculty receive a Faculty Survey from the University, they are asked to take it as that de-identified information may be shared with CCQI in the future.

**New Business**

**MS3 Report:** Class representatives reported survey results from classmates. Top study resources preferred by rising MS3 students are UWorld (96%) and Online Med Ed (80%). Students asked for a standardized study day off the day before the SHELF exam for each clerkship. Step 2CS/CK test timing is now pushed back due to suspension and backlog. This will affect students down the line over the year. Students asked for a standardized method for applying to away rotations or at least a document that marks who needs to do what to start and continue the process. Students would prefer clerkship started earlier in order to have more time for electives and away electives prior to ERAS. Students do not feel totally prepared for residency, although question was asked prior to clinical restart. 65% of MS3 students know their specialty for residency, with internal medicine as most popular. Students were

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satisfied with the amount of communication from administration on COVID-19 and the switch of grading scheme to P/F for the period during the crisis. Students are worried about AI and Sub-I completion prior to ERAS but are pleased with UPSOM's level of flexibility thus far.

**OMFS Student track modification:** Two Oral and Maxillofacial Surgery students join the medical school to complete their MD degrees each year. Dental accreditation (CODA) requires certain topics at the level of resident and not at the level of a medical student. The OMFS program presented a proposal today that would move up their MD graduation so students can move up to their resident-level education earlier. Certain requirements will be waived, including AIs, electives, and boot camp. This was felt to be reasonable given the extensive background and training of these learners, who complete dental medicine degrees and participate in high-level residency activities before, during, and after their medical school experiences. In the new proposal, after all required clerkships are completed in MS3, in addition to Step 2CK/CS completion, OMFS students will earn their MD. LCME does not consider this a parallel track.

A vote was called on the approval of modifying the OMFS student curriculum, waiving the requirements as reported and allowing for earlier conferral of the MD degree. This approval PASSED unanimously.

**Clinical Experience Make up/Alternative Experiences plan:**

- **APE** make up: Neuro/Psych small group practical waived. CSA will be completed in fall. Adult practical waived. Pediatric practical will be made up in summer or fall.
- **CE** make up: Rehab unit make up will include a documentary viewing and remote group discussion in May or June. Primary care unit make up in fall. Underserved unit will include a book club and remote discussion experience.

**Clerkships:** require all clinical conditions, either in person, virtual SP, or via Aquifer cases. Clinical procedures are mostly complete, except Bag/mask ventilation and endotracheal intubation, which will be completed either through simulation or reactivation of clinical experiences, depending on the course of the pandemic. Observation procedures will be delivered in person or via video. Remote didactics and SHELF will continue. There will be more use of modules or cases to accommodate decreased clinical variety, with telemedicine for rounding and outpatient care. Sub-I to AI conversion checklist was also reviewed—we will be trying to expand the number of approved AIs to increase flexibility during the transition year. All modifications are for this transition year only.

A vote was called on the approval of the make-up/alternative experience plan as reported. This approval was PASSED unanimously.

The next meeting is scheduled for Monday, June 1. Dr. Rosenstock closed the meeting at 5:28.

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