UPSOM Curriculum Committee Minutes of the 423rd Meeting June 1, 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. Kusztos, MS3; W. Yates, PhD; B. O'Donnell, MD; C. Yanta, MD; E. Ufomata, MD, MS; E. Waxman, MD, PhD; G. Hamad, MD, FACS, FASMBS; J. Hect, MS2; J. Rosenstock, MD; L. Knepper, MD; L. Borghesi, PhD; M. DeFrances, MD, PhD; M. Schmidt, PhD; M. Granovetter, MSTP; M. Zhang, MS3; P. Campos, MS3; P. Drain, PhD; R. Maier, MD, MA; S. Herrle, MD, MS; T. Bui, MD; V. Agarwal, MD

Ex Officio Members Present: 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. Strong; A. Serra, MD, MPH; A. Kohli, MD; C. Balaban, PhD; C. Schott, MD, MS, RDMS, FACEP; D. DiNardo, MD, MS; E. Reis, MD; F. Yates, MLIS; F. Modugno, MS, PhD, MPH; G. Null, MA; J. Chang, MD; JB McGee, MD; J. Suyama, MD, FACEP; J. Maier, PhD, MD; J. Szymusiak, MD, MS, FAAP; J. Yanta, MD; J. Childers, MD, MS; ; K. Scott, MA; K. Maietta; M. Browne; M. Nance, MD; M. Sergent, MPH; M. Decker, MD, FAAP; M. Elnicki, MD; N. Shenai, MD; P. Zahnhausen; P. Viswanathan, MD; R. Schuchert, MD; R. VanDeusen, MD, MS; R. Turner, MLIS; S. Khan, PhD; S. Thornton; S. Beaman, MD, FASA; S. Gabrielson, MSLIS; W. Walker, PhD

Dr. Rosenstock, MD, Chair of the Curriculum Committee, convened the meeting at 4:00pm.

Subcommittee Updates:

CCES: Currently following up on MS3 Report from last meeting including additional guidance on away elective substitutions, flex day process, and SHELF study time. Curriculum Reform subcommittees are being built. ROMS activity continues. Since Committee vote to expand what counts for official Als, CCES is working with Als for expansion in to OB, Neuro, Neurosurgery, Adult Psych, and PM&R. More may be coming.

CCQI: Subcommittee met prior to this meeting to discuss COVID-19 response. The Curricular Function Checklist was also shared with the group to ensure that the Curriculum Committee completes its mandated actions throughout the academic year.

New Business

Clinical Experiences and Alternative Experience:

The committee discussed making the Anesthesiology clerkship a 1-week selective clerkship in Specialty Care, just for the covid transition year, due to restrictions on clinical access. Students will not be able to observe anesthesiology in ORs, but will be able to take part in other areas. Two required clinical procedures, endotracheal intubation and bag/mask ventilation, are linked with the Anesthesiology clerkship. Due to COVID-19, these procedures will not be available in patient care settings during the transition year. These skills were covered via simulation during the Clinical Procedures course. Anesthesiology may be reactivated later in the year if approved and safe.

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A vote was called to approve the alternative experiences for Anesthesiology clerkship, including accepting the intubation and bag/mask procedure simulation during a Clinical Procedures course and by making the Anesthesiology clerkship a selective option during the Specialty Care clerkships. These motions PASSED unanimously.

Step 2CS Graduation Requirement:

USMLE suspended Step 2CS for 12-18 months. Because of this, the graduation requirement must be modified. All students will take the in-house CCA instead, which is very similar to Step 2CS.

A vote was called to waive the Step 2CS graduation requirement for the Class of 2021 only. This approval PASSED unanimously.

Patient, Physician, and Society Block Report:

Dr. Childers and the course directors reviewed the block. This block includes Intro to Being a Physician; Ethics, Law, and Professionalism; Behavioral Medicine; and Population Health.

Intro to Being a Physician includes large and small group sessions. Attendance is mandatory. Innovations include Healthcare Q&A large group session and virtual family encounters. Changes based on feedback include limited chapters of book assignment, increase diversity of physician panel, adding more Healthcare Q&A, and removal or edit of specific HIV segment. Challenges include virtual format platform and support, large group gatherings, and anticipated decline in feedback from students due to virtual activities.

Ethics, Law, and Professionalism includes small and large group sessions. Assessment methods include modules, essay, three quizzes, and a final exam (if student is under 80%). Innovations include online modules, expanding quizzes to every small group session, and adding a racial disparities large group combined with small group sessions. Challenges include helping students structure ethical arguments without making it a graduate ethics course and, of course, the move to remote learning.

Behavioral Medicine includes large and small group sessions. Innovations include moving all practice questions to Navigator, with annotated answers. More time was placed on race and health, while lectures were shortened. Enhanced training for faculty in small groups was a key change. Ongoing challenges include the shift to remote learning, volunteer recruitment and Wednesday course/Friday exam schedule.

Population Health includes small and large group sessions, independent learning, and a poverty simulation. Innovations include final exam elimination, adding quizzes, and mapping content to First Aid. Reduction of length of the course, elimination of the poverty simulation, adding a large group session on pandemics, and updating disparities exercise are planned for the next year. Challenges include recruitment of facilitators, span of the course, and addressing sensitive topics.

Overall the PPS Block is moving toward evidence-based teaching, more frequent, lower stakes assessment, reflection, and fewer lectures.

Prior to the next report, Dr. Maier asked for a moment of silence for George Floyd and the healing of our country.

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Family Medicine Clerkship Report

Dr. Maier discussed Family Medicine, a 4-week experience over 20 sites across western and central PA. This clerkship includes Monday didactics, 4 virtual cases, family and community assessment, health literacy exercise, a 6-station OSCE, and NBME Family Medicine SHELF Exam. Evaluation is 65% clinical evaluation, SHELF 15%, OSCE 15%, and written assignments 5%.

Family Med's importance continues as the healthcare industry moves toward more outpatient and doctor's office for point of care. Family Med covers many different clinical conditions. NBME scores are above the national norm.

Family Med is a telemedicine originator. All didactics will be held remote. Adding ankle and lower back clinical conditions to ensure that it is covered during clinical rotations. Everything can be done remotely, although students may miss OBGYN situations and well-baby checks (both can be covered by Aquifer cases).

Dr. Maier pushed for a new model of student grading. Different strategies were discussed.

Other Business:

Question concerning in-person orientation and pinning was discussed. Clerkships were remotely pinning.

The next meeting is scheduled for Monday, June 15. Dr. Rosenstock closed the meeting at 5:35.

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