

**UPSOM CURRICULUM COMMITTEE  
MEETING MINUTES  
FEBRUARY 4, 2019**

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

**Members present:** Aaron Brown, MD, Thuy Bui, MD, Patricia Campos, MS2, Donald DeFranco, PhD, Kevin Duffy, MS2, Scott Herrle, MD, MS, Heather Hohmann, MD, Laurie Knepper, MD, Cynthia Lance-Jones, PhD, John Mahoney, MD, Robin Maier, MD, Michelle Nanni, MS1, Brigid O'Donnell, MD, Jonathan Perkins, MS1, Martin Schmidt, PhD, Ann Thompson, MD, Jake Waxman, MD, PhD, Areeg El-Gharbawy, MD, Giselle Hamad, MD

**Invited Colleagues:** Rose Turner, MLIS, Reed VanDeusen, MD, Joseph Yanta, MD, Evelyn Reis, MD, Brady Marburger, MS, Carey Balaban, PhD, Alaina James, MD, PhD, Lisa Borghesi, PhD

**Next meeting: Monday, February 18, 2019; 4:00--5:30**

Jason Rosenstock, MD, UPSOM Curriculum Committee Chair convened the meeting at 4:00 PM. This was the 395th meeting of the Standing Curriculum Committee since its first meeting on November 26, 1991.

**ANNOUNCEMENTS**

Dr. Rosenstock announced the appointment of two new Curriculum Committee members, Giselle Hamad, MD, FACS, FASMBS and Areeg El-Gharbawy, MD.

Dr. Hamad is a Professor of Surgery, Director of Surgical Education, Associate Residency Program Director, General Surgery and Co-Director, Bariatric Fellowship Program, UPMC Magee-Womens Hospital. She is also the Clerkship Co-Director of the Surgery and Perioperative Care Clerkship

Dr. El-Gharbawy holds a faculty position in Pediatrics, Medical Genetics at the UPMC Children's Hospital of Pittsburgh and University of Pittsburgh. Her current research involves mitochondrial energy defects, GSD, and optimizing treatment of rare diseases and developing new treatments.

**NEW BUSINESS – COLLOQUIUM FOLLOW-UP: REPORTS FROM BREAKOUTS**

Drs. Rosenstock and Yates presented a follow-up of the reports from the breakout sessions at the Colloquium that took place on January 24, 2019. The Colloquium was LCME focused this year and attendees comprised of mostly course and clerkship directors. Updates on the building renovations and the learning environment were covered as well as three small group breakout sessions discussing LCME topics – CCQI, narrative feedback in the first two years of the curriculum and service learning within the curriculum.

Service Learning

Approximately 12 faculty were part of this small group discussion. Service learning adds layers of tie-ins to the curriculum with very specific learning objectives, preparation for that activity and reflection after the activity. Service learning is covered in our curriculum as part of the Clinical Experiences course. Students perform an activity with a reflective piece and linked to the learning objectives of that course. There are volunteer activities available as well. It was noted that UPSOM's service learning was currently more than adequate for LCME purposes. However, the group felt adding more service learning would only improve the curriculum further. The group suggested looking at what other schools are doing, reaching out to students and faculty for input on popular volunteer activities and how that might fit in with the curriculum and approaching course and clerkship directors about incorporating more service learning into the curriculum. The Executive Subcommittee will be enlisted to see how we can push forward in expanding the service learning opportunities.

Narrative Feedback

This small group discussed UPSOM's policy on narrative feedback; specifically, if a facilitator is in four or more sessions with 12 or fewer students, they need to provide narrative feedback to students. Some

faculty feel it is difficult to provide meaningful narrative feedback. Coaching both faculty and students in giving and receiving feedback would be helpful. Suggestions were to create a narrative feedback page for each student and to stipulate what areas and type of feedback they would like to see/receive, and to articulate the specific goals and expectations of the sessions and narrative feedback.

### CCQI

Discussion at this small group session focused on the language preferred by the LCME and used in the CCQI reports which is basically “plan/do/check/act”. The group also focused on course directors making sure they are receiving feedback from all sources available (course evaluations, etc). A suggestion was to provide feedback/information to course directors of Step 1 data outlining how our students performed in various disciplines/subjects taught within curriculum to aid in discussions with the LCME group during the site visit.

### **NEW BUSINESS – FOLLOW-UP TO MS2 CLASS REPORT**

Dr. Rosenstock revisited the students’ request in the MS2 class report to consider timeline changes to the ICS course to allow for additional board study. The CCES decided to “shorten” ICS by making the four week course into three weeks of required content and a fourth week of optional or elective content. Clinical Procedures was also adjusted so that the third week of Clinical Procedures would not interfere for students who wanted to take that fourth week as dedicated Step 1 preparation time. A long-term solution for the ICS course will be considered for the upcoming academic year.

### **NEW BUSINESS – CLERKSHIP REPORT: NEUROLOGY**

Dr. Laurie Knepper is the Clinical Neurology clerkship director; Dr. Claire Yanta is associate director. The Clerkship (3 weeks) integrates experience in neurology, neurosurgery, neuropathology, and neuroradiology. Clinical teaching with attendings and residents takes place in inpatient and ambulatory settings.

The objectives of the course are for students to be able to:

1. Perform a detailed and focused neurologic history and physical exam.
2. Deliver a clear and concise oral summary of the patient evaluation.
3. Document patient evaluations on the electronic medical record.
4. Distinguish normal from abnormal findings on a neurological exam
5. Localize site(s) in the nervous system responsible for clinical findings.
6. Formulate a tiered differential diagnosis.
7. Understand and use tests to localize and diagnose neurologic disease.

There are 7 current clinical sites that include PUH Inpatient ward, Consults, VAMC, CHP, Outpatient clinic, Shadyside and Passavant. Ward students have a half day of outpatient clinic each week and one week of stroke. CHP students have a half day adult outpatient clinic on Wednesday mornings.

Clinical experiences are augmented by a focused classroom curriculum that includes lectures, small group discussions, and case presentations. During the formative standardized patient encounters students refine their skills in neurologic assessment and patient management. Students also attend neuropathology workshops, and have the option of attending neurosurgery operating-room sessions. The Neurology clerkship grade is based on core site evaluations (50%), NBME exam (25%), Neuro patient exam (10%), EMR note review (10%) and professionalism (5%). The clerkship assessment is both formative and summative.

The clerkship has met LCME requirements of timely grading, education and discussion of topics of student mistreatment, professionalism, diversity, patient quality improvement and high value care. Site equivalency is adequate.

Clerkship improvements this past year include:

1. students submit new patient EMR note second week for narrative feedback and at the end of the clerkship for 10% grade

2. students list their 3 clerkship goals at orientation and these are viewed mid-clerkship and clerkship end
3. anew clinical site was added (Passavant)
4. the Pediatric neurology telemedicine conference was eliminated.

Objectives and innovations for 2019-2020 are a yellow card for staff to complete for accolades and professionalism concerns, a faculty-designed brief handout on how to present on rounds, 5 more mini modules on pediatric neurology on navigator, continued neuroanatomy online modules adding brainstem review, newly designed online questions for students to take before didactics, and an additional student case conference.

#### **NEW BUSINESS – CURRICULUM MAPPING AND INTEGRATION SUBCOMMITTEE REPORT**

The subcommittee is comprised of 12 faculty and student members whose focus is to monitor the curriculum hour by hour to verify existing content themes and identify new appearance of themes as they arise and to identify unanticipated changes and gaps in the curriculum that could affect the amount of instruction in particular subject areas. There are approximately 50 content themes being monitored. In addition, experts on a topic are being identified for each theme and asked to report on whether coverage of a theme is adequate. All content themes have been mapped for all required courses on an hour by hour basis and in clerkships for the 2016-2017 and 2017-2018 academic years. Content themes were added to course files in Navigator and reports can now be generated for any content theme.

Some general findings were that many reports indicated that integration of presentations on a topic could be improved and that LGBTQ coverage could be improved. The group discussed how the reports could be used for curriculum reform and how the reports could be easily distributed to course directors; i.e., develop a catalog of reports.

The meeting adjourned at 5:30 p.m. All reports presented were received for filing.

Respectfully submitted by,  
Betsy Nero, Recording Secretary

Approved by:

Jason Rosenstock, MD, Chair Curriculum Committee