

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

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

Members present: Vikas Agarwal, MD, Thuy Bui, MD, Patricia Campos, MS2, Peter Drain, PhD, Areeg El-Gharbawy, MD, Giselle Hamad, MD, Scott Herrle, MD, MS, Heather Hohmann, MD, Laurie Knepper, MD, Cynthia Lance-Jones, PhD, Melissa McNeil, MD, Michelle Nani, MS1, Brigid O'Donnell, MD, Chenits Pettigrew, Jr., PhD, Sandesh Raj, MS3, Martin Schmidt, PhD, Eloho Ufomata, MD, Claire Yanta, MD

Invited Colleagues: John Maier, MD, PhD, Rose Turner, MLIS, Carey Balaban, PhD, Lisa Borghesi, PhD, Joseph Yanta, MD, Evelyn Reis, MD, Steven Truschel, MD

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

Jason Rosenstock, MD, UPSOM Curriculum Committee Chair convened the meeting at 4:00 PM. This was the 397th meeting of the Standing Curriculum Committee since its first meeting on November 26, 1991.

NEW BUSINESS – CCQI SUBCOMMITTEE UPDATE

The report was tabled until the next meeting to allow for more time for data collection and review.

NEW BUSINESS – CLERKSHIP REPORT: ANESTHESIOLOGY

Dr. Michael Mangione is the course director for the Anesthesiology Clerkship. The course is a 10 day clerkship offered in the MS3 or MS4 year. This course is designed to help the student develop proficiency in common anesthesiology procedures, including airway management and intravenous cannulation.

In this clerkship, students are expected to achieve the following basic learning objectives:

- Improve airway management and vascular access skills
- Identify basic issues in regards to management of peri-operative patients
- Discuss the basics of hemodynamic management
- Discuss issues of importance for the perioperative evaluation of patients and postoperative management
- Actively participate in the management of patients undergoing surgical procedures

Teaching with attending physicians and residents occurs in conferences, the operating room, at the bedside, and in small groups. Eight hospital sites are utilized, as well as the WISER simulation center. Student evaluation is a mix a mix of clinical global ratings (50%) and an in-house examination (50%). Students are also expected to complete required procedures, documented in the learning log. Students have been satisfied with the clerkship; 88% of students rated it outstanding or very good in AY2019. Students feel well-treated; 96% agreed or strongly agreed that they were treated with respect. Virtually all students have observed patient contact, and grade turnaround is 100% on time. Basic science integration is a particular strength, especially physiology and pharmacology; fully 97% of students believe the clerkship integrates basic science well.

Dr. Mangione described some recent initiatives, including efforts to modify grade distribution to bring it more in line with medical school norms, and to accurately reflect student performance. The clerkship has significantly improved its observed physical exam rate. It has also adopted innovative and evidence-based educational approaches, particularly with respect to simulation, online curriculum, and the use of rigid fiberoptic laryngoscopy as a teaching tool.

In the coming year, the examination will be updated and the acute pain management portions of the curriculum will be expanded.

As a final note, Dr. Mangione informed the group of his impending retirement from UPSOM.

NEW BUSINESS – SMALL GROUP PROFESSIONALISM GROUND RULES

A set of Ground Rules for Professional Behavior in UPSOM Small Groups was developed with input from the Learning Environment Committee, the CC representatives, the Honor Council, MS class leadership, the SCC, and various deans and administration. The goal is for UPSOM small groups to be supportive, inclusive, and professional learning environments that stimulate critical thinking in medical students, guided by competent facilitators who seek to help students develop knowledge, skills, and attitudes to foster development into competent physicians. The rules cover principles, expectations, rationale, examples and details, and dissemination. The Ground Rules will be published in syllabi and posted on Navigator and placed within view in the small group rooms. It will also be included in the training of small group facilitators.

The Curriculum Committee members voted and unanimously approved the Ground Rules for Professional Behavior in UPSOM Small Groups.

NEW BUSINESS – TASK FORCE: SOCIETAL PROBLEMS

Dr. Rosenstock distributed a handout outlining the mandate for the new task force. The Curriculum Committee would like to create a time-limited task force to make recommendations as to which societal problems should be more heavily addressed in our MD curriculum for the coming years. The task force will be led by one member of the Curriculum Committee who will organize its activities along with between 5-7 additional members that should include faculty with experience in clinical education, social medicine or public health, at least one medical student representative and at least one resident/fellow. The task force will be charged with the following deliverables to be completed by June 1, 2019:

- List two to four societal problems that we should increase attention to in the UPSOM curriculum.
- Recommend where in the curriculum such problems should be covered.
- Suggest faculty, formats, or approaches that might be most effective to address those problems.

Dr. Rosenstock asked that interested individuals contact him.

NEW BUSINESS – SERVICE LEARNING: APPROVAL PROCESS

Service learning was defined as a concept where you are tying extra activities into the volunteer activities to make it more educational for students. Some preparatory activities, a reflection piece after an activity and learning objectives are all specific things that can be tied into service learning. Service learning is currently available in the clinical experiences course (Birmingham Clinic, etc.). The issue came up about what other volunteer activities could be offered that might be related to our learning objectives but don't involve a continuity experience such as at the Birmingham clinic. A local health center hosted a health fair at the Community Engagement Center in Homewood and the group asked Dr. John Maier for medical student volunteers to help educate guests about health issues. This opened an opportunity for Dr. Maier to pilot a new service learning experience at the Center which tied in all the components of preparatory activities, a reflection piece and learning objectives. Dr. Maier felt there needed to be a process or certification whereby a volunteer activity has risen to the level of service learning. Dr. Rosenstock indicated that the Curriculum Committee Executive Subcommittee (CCES) will review proposed volunteer activities (vetted by a faculty member) to identify if it qualifies as a service learning opportunity. Dr. Thuy Bui will then track the opportunities and notify the students. Students who successfully complete a service learning activity will receive a certificate upon graduation. Dr. Rosenstock will circulate an outline of the approval process for a service learning activity.

ANNOUNCEMENTS

Dr. Rosenstock informed the group of an upcoming IAMSE webinar series *The Role of Basic Science in the 21st Century Medical Education*, encouraging members to attend as part of our institutional subscription. .

Beginning in the next academic year, there will be a change in the Neurology Clerkship that extends the clerkship from 3 weeks to 4 weeks. The Psychiatry clerkship timeline will change from 5 weeks to 4

weeks. A week of ambulatory psychiatry would then be integrated into the 8 week CAMPC clerkship. The CAMPC leadership has agreed to this integration. The logistics are being discussed with ideas of placement either as a week or a solid continuity experience.

The meeting adjourned at 5:45 p.m. All reports presented were received for filing.

Respectfully submitted by,
Betsy Nero, Recording Secretary

Approved by:
Jason Rosenstock, MD, Chair Curriculum Committee