Over 30 attendees participated in UPSOM’s second Curriculum Reform Town Hall, focused on concerns of students: medical and graduate.

The CR Task Force was represented by steering committee leaders Peter Drain and Mike Elnicki, subcommittee chairs Lisa Borghesi, John Maier, and Greg Null, and medical student representative Jonathan Perkins. Jason Rosenstock moderated.

The Task Force presented a status update, followed by questions and discussion by the audience. The most common questions/concerns raised by participants are outlined below:

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| **Domain** | **Comments** |
| **Dual Degree Programs** | (1) Flexibility for MD/PhD and other dual degree students in getting in the required clerkships will benefit from dual degree students being able to get in more clerkships before the take off at the end of their MS2 year to do their graduate work, given clerkships start mid-year MS2.  (2) There is an annual structure to when they can start and stop their graduate work. With more clerkships done before, there is built in flexibility to their re-entry in there being less clerkships needed to complete the MD program requirements. |
| **Clerkship & Beyond Design** | (1) Students are meeting/discussing what they think should be the actual specified core clerkships.  (2) Students are meeting/discussing what they think is best for additional clerkships, AIs, electives of Beyond components, etc.  (3) Will students be ready for clerkships if they have a shortened Foundations phase? Clerkship directors will need to have clear expectations of what students will be prepared for. The two respective subcommittees are meeting to confer on this point. |
| **Progress Testing** | (1) Progress testing appears reasonable to the students, but they had different thoughts on how to do this successfully.  (2) One student suggestion – cumulating progress testing, especially aligning with USMLE Step 1 and then step 2 approach (e.g., cumulating until the MS2’s take the Step 1, a Step 1 test offered few months; non-identical questions on each test but testing the same concepts, skills, behaviors. Then switch to cumulating progress tests based on Step 2 until the MS3’s take their Step 2; then cumulating UPSOM EPOs/AAMC EPAs every few months until the MS4’s graduate).  (3) Student(s) suggested progress testing should be very low or no stakes, often less than full-length step in terms of number of questions, and might be optional so if overwhelm about them students do not have to opt in at any given or all progress tests. |
| **Medical Anatomy** | (1) One student wondered if we needed a full seven weeks of anatomy, or if the content could be taught in a shorter time. In the new curriculum, anatomy will likely consist of a shorter core exposure with supplemental sessions running concurrent with organ systems. |
| **Transition Years** | (1) Transition years where both legacy and new curriculum are occurring for the different year medical students needs to be thought out logistically – at some point the new curriculum will need someone from OMED to oversee this who would be a good lead at this or some appropriate future point on this? |
| **Thread: Interprofessional** | (1) Interprofessionalism preclinical scaffolded with available project inter-professional-collaboration (community-based, nonprofits , patient-advocacy) requiring students in the MD, PA, Nursing, Pharmacy, Dental, and Graduate degree programs in a group  (2) Natural scaffolding using small group project-based – great report by the student - re-interatable and scalable too! |