

**UPSOM Curriculum Committee
Minutes of the 505th Meeting
September 16, 2024**

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

Business of the Curriculum Committee on September 16, 2024

Motion	Vote Tally	Approved?
Approval of Meeting Minutes from 8/19	12 Yes, 0 No	YES
Approval of Leadership in Mapping and Integration Subcommittee	16 Yes, 0 No	YES
Approval of Nominations Subcommittee (Dr. Agarwal)	17 Yes, 0 No	YES
Approval to Eliminate Resources Subcommittee	13 Yes, 0 No, 1 Abstain	YES
Approval of Revisions to CCES Mandate, as reported	14 Yes, 0 No	YES
Approval of Transfer Student Policy Revision, as reported (will not take transfer students)	10 Yes, 4 No	YES
Approval of 2-Week Elective Process for February 2025 (delegation to subcommittee)	14 Yes, 0 No	YES
Approval of ALCE Mandate, as reviewed	13 Yes, 0 No	YES
Approval of Board Study Elective Revision, as reported	17 yes, 0 No	YES

Voting Members Present: A. McCormick, MD, FAAP; A. Doshi, MD; B. Yates, PhD; B. Spataro, MD, MS; B. O'Donnell, MD; C. Yanta, MD; H. Hohmann, MD; J. Waxman, MD, PhD; J. Rosenstock, MD; L. Carlson, MS3; M. DeFrances, MD, PhD; M. Schmidt, PhD; M. McDowell, MD; N. Agarwal, MD; O. Torres, MD, MS; P. Drain, PhD; R. Maier, MD, MA; S. Herrle, MD, MS; S. Truschel, PhD; V. Agarwal, MD

Ex-Officio Members Present: A. Gonzaga, MD, MS; B. Piraino, MD; C. Pettigrew, EdD; E. Ufomata, MD, MS; L. Borghesi, PhD; R. Buranosky, MD, MPH

Invited Colleagues and Guests: A. Brown, MD; A. Clark, MD; A. Serra, MD, MPH; A. Young, MLIS; C. Newman; G. Cooper, PhD; G. Null, MA; J. Maier, PhD, MD; K. Scott, MA; K. Maietta, MPPM; M. Wargo; R. Van Deusen, MD, MS; R. Peterson, MD; S. Templar, DO, FACP, FIDSA

All members and guests remotely participated.

Dr. Rosenstock opened the meeting at 4:00PM.

Curriculum Committee members voted to APPROVE meeting minutes from 8/19.

Standing Subcommittees

CCES: CCES continues to meet weekly. The committee discussed research approvals for medical students, led by Dr. Bill Yates, and reviewed various policies. Six policies were highlighted, including three related to admissions (criminal background checks, international students, and DACA status), a USMLE revision, and two transportation and site assignment policies. These policies were signed off by the Dean and are now in effect. The subcommittee is also focused on reviewing policies every two years and plans to add two medical student members to the Educational Policy Council to improve student representation.

Dr. Rosenstock also mentioned clarifications on malpractice coverage for students participating in career exploration activities, confirming they are covered even in operating room settings. He introduced discussions around the upcoming Curriculum Colloquium in February, asked for input on themes, and noted that a call for nominations for education awards would be announced soon.

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CCQI & LCME: Greg Null shared insights from the LCME's most-cited elements from 2015 to 2023 to help prepare for the upcoming self-study. He explained the three levels of compliance: satisfactory, satisfactory with monitoring, and unsatisfactory. In 2019, Pitt had 10 unsatisfactory elements and 5 requiring monitoring, higher than the average of 7 and 6, respectively.

He highlighted seven frequently cited elements, including:

1. **9.9 (Student advancement and appeal process):** Ensure clear, fair, and timely processes.
2. **8.3 (Curriculum review and phase reviews):** LCME requires action and outcomes from reviews, including robust curriculum mapping.
3. **11.2 (Career advising):** Advisors must be knowledgeable, with advising starting in Year 1, and high student satisfaction.
4. **5.11 (Study space and facilities):** Students must have access to study and clinical spaces that are conveniently located.
5. **7.1 (Pre-clerkship preparation for clerkships):** Address student anxiety and dissatisfaction by monitoring and improving curriculum integration.
6. **9.8 (Fair and timely assessment):** Beyond timely grades, LCME now emphasizes fairness and clarity in assessment.
7. **12.1 (Financial aid and debt management):** Schools must limit tuition increases and provide institutional scholarship support to mitigate student debt.

He emphasized the need to ensure compliance with these elements by monitoring student feedback, acting on it, and documenting outcomes in preparation for the LCME review.

**Leadership in Mapping and
Integration Subcommittee**

Dr. Jason Rosenstock provided updates on subcommittee leadership and mandate revisions, focusing on the Mapping and Integration Subcommittee. This subcommittee has been redefined to improve mapping and integration, aligning with LCME expectations and tracking needs. The former leads, Will Walker and Marie Defrancis, are stepping down after years of service.

New leadership is required, and the subcommittee has seen significant interest from both veteran and new members. Dr. Rosenstock proposed a co-leadership model due to the workload, with Katie Maietta (staff lead and national expert in mapping) and Jennifer Steinman (faculty lead from the Department of Surgery with experience in curricular design) as candidates for leadership roles. These appointments aim to strengthen the subcommittee's efforts moving forward.

Curriculum Committee members voted to APPROVE leadership in the Mapping and Integration Subcommittee.

**Leadership in Nominations
Subcommittee**

Dr. Jason Rosenstock announced that the Nominations Subcommittee needed a new leader following Jake Waxman's departure. Dr. Vikas Agarwal from the Radiology Department, a current member of the Curriculum Committee, has agreed to take on the leadership role, pending approval.

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Curriculum Committee members voted to APPROVE leadership in the Nominations Subcommittee.

**Elimination of Resources
Subcommittee**

Dr. Jason Rosenstock proposed eliminating the Resource Subcommittee. He explained that the subcommittee, consisting of the executive subcommittee and Katie, reviews funding proposals for curricular efforts. However, it receives few requests, and the current method for requesting and allocating funds is not effective. With the new curriculum, budgeting and funding are now part of OMED's regular operations, where course expenses are handled at the start of each year. He suggested that OMED, led by him and Katie, would handle any new funding requests through a more integrated process.

Curriculum Committee members voted to APPROVE the elimination of the Resources Subcommittee.

Revisions to CCES Mandate

Dr. Jason Rosenstock presented proposed updates to the CCES mandate, originally approved in 2019. Key changes include:

1. **Title Update:** The new title of Vice Dean for Education applies to Dr. Abbas Hyderi.
2. **Student Appeals:** A recent addition allows the Executive Subcommittee to handle student appeals for excused absences, ensuring fairness by involving more than one person in decisions.
3. **Meeting Frequency:** For students in clerkships, the required meeting frequency has been adjusted to every two months instead of monthly, aligning with their preferences.
4. **Joint Degrees and Parallel Tracks:** Clarification was made regarding the approval of alternate learning activities for students pursuing joint degrees or parallel track programs. These decisions, particularly regarding individual learner gaps, would be made by the Executive Subcommittee, while larger programmatic decisions would involve the full Curriculum Committee.

Curriculum Committee members voted to APPROVE revisions to the CCES Mandate, as reported.

Transfer Student Policy Revision

Dr. Beth Piraino discussed the University of Pittsburgh School of Medicine's long-standing policy on accepting transfer students from other medical schools, which has been in place for at least 50 years. Key points include:

1. **Transfer Rules:**
 - Transfers are only accepted into the second year.
 - Students must meet academic standards and pass Step 1 of the USMLE.
 - Transfers are permitted only in cases of personal hardship, such as a student needing to relocate due to a spouse's location.
2. **Challenges with Transfers:**
 - Transfers are contingent on the availability of space in clinical clerkships.
 - Since 2009, no transfers have been accepted due to a lack of available clinical spots.
3. **Curriculum Changes:**
 - With the new curriculum starting clinical rotations as early as February, it may no longer be feasible to accept transfer students, as the timing of their preclinical education no longer aligns with Pitt's schedule.

Dr. Piraino proposed a possible change to the policy, suggesting that the school may need to stop accepting transfer students altogether. Some CC members expressed the hope that we continue our policy as is and make annual determinations of capacity. Others felt that would unfairly raise unrealistic hopes for potential

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transfer students. This proposal was put forward for the committee's consideration.

Curriculum Committee members voted to APPROVE the revision of the Transfer Student Policy to no longer accept transfer students.

**2-Week Elective Process for
February 2025**

Dr. Jason Rosenstock provided an update on the implementation of two-week electives for the Three Rivers curriculum, starting in February for the class of 2027. These electives were introduced to offer students shorter, exploratory experiences, especially opposite the six-week OB/GYN rotation.

Key points include:

- **Proposals:** 18 proposals from 11 departments were submitted, covering areas like vaccinations, minimally invasive surgery, urology, and women's mental health. The electives are pass/fail and aim to give students a taste of various specialties. All these proposals were circulated to the full Curriculum Committee for review—there were no comments/concerns.
- **Approval Process:** Proposals are vetted for alignment with educational objectives, then sent to Dr. Buranosky's Bridges Subcommittee for approval. Out of 18 proposals, 15 have been approved.
- **Delegation:** The full curriculum committee is delegating approval authority to the subcommittee due to the urgency of implementing these electives. Rosenstock asked for a vote to formalize this delegation.

Curriculum Committee members voted to APPROVE the 2-week Elective process for February 2025.

ALCE Mandate

Dr. Jason Rosenstock discussed the formation of a working group to develop a new ambulatory longitudinal continuity experience (ALCE), paralleling the process previously used for the Diagnostics working group. The goal is to create a curriculum experience addressing capacity issues while ensuring continuity in ambulatory care for students. Key points include:

- **Purpose:** To develop the ALCE, addressing challenges like ambulatory capacity, student duties, and overlap with other clerkships.
- **Membership:** Led by an elected chair, the group will include clinical faculty, staff, students, and other experts.
- **Task:** The working group must provide recommendations by February 1st on the ALCE's learning objectives, structure, assessment, and leadership.
- **Focus:** The group will consider using AAMC transition competencies rather than EPAs due to the latter's granularity.

Dr. Reed Van Deusen also highlighted the importance of discussing how the ALCE will interact with the Comprehensive Clinical Assessment (CCA).

Curriculum Committee members voted to APPROVE the ALCE Mandate, as reviewed.

Board Study Elective Revision

Dr. Alda Gonzaga discussed an ongoing issue with board study preparedness, where about one-third of students delay taking Step 1 exams. Last year, a policy was approved allowing students who delay to enroll in a second board study month if they take a course through the Institute of Medical Boards (IMB). Now, Dr. Gonzaga is requesting a new policy for 10-20 students annually who need four or more months to prepare. These students often exhaust their vacation time and face delayed graduation. Under current rules, they must take a leave of absence, which creates issues with financial aid, as they are required to return federal loans after disbursement.

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The proposed solution is to allow these students to stay enrolled using the Board Study elective. This would not give them extra credit but would allow them to maintain student status and avoid repaying financial aid immediately, giving them financial stability. The Step 1 study elective has already been approved by the Curriculum Committee. It has learning objectives, faculty/staff supervision, and rigorous student work that helps them fulfill educational program objectives of the school. The modification discussed today would simply add flexibility to the duration of the rotation.

Curriculum Committee members voted to APPROVE the revision of the Board Study Elective, as reported.

The next meeting is on Monday, October 7 at 4PM. Dr. Rosenstock closed the meeting at 5:11PM.

Respectfully submitted by Michelle Sergent, recording secretary.

Curriculum Committee members voted to APPROVE meeting minutes on 10/7.