COM CURRICULUM COMMITTEE- 7.20.20-present

Date	Actions	Summary
12/8/2020	Motion to approve the CBSE become a standalone progression requirement for students and CAPP language needs to be included in the CAPP rubric for this requirement	**CBSE**: There were concerns of who will take ownership of remediation if we have a standalone element in the curriculum that was not an actual course. Dr. Moses and Dr. Young discussed concerns with this arrangement in the past, however, the faculty remain committed to this arrangement. Drs. Haywood, Moses, and Yun will work out the details to address this concern.
12/8/2020	Motion to approve the GRE Clinical Dyad Leadership.	We recruited a clinician whose expertise is in family medicine, Dr. Laura Barr. She is already a faculty member and has completed her fame fellowship. Dr. Barr is joining us as the clinical dyad leader. Dr. Barr will work with Drs. Haywood and Stovsky to mentor her into the role. Dr. Barr can assume full dyad leadership next year.
12/8/2020	Motion to approve the COM academic blueprints.	*COM Blueprints*-2 versions – one based on Academic Year 21/22 for all cohorts and another projecting the current M1 cohort forward. Current snapshot contains dates, credit values and total hours for each semester. Cohort based one does not have dates because the future dates have not yet been determined. Discontinued DPD course still has content that has not been relocated. A group including Drs. Haywood, Mowad, Holliday, Ledford, Aultman and Craig Theissen to discuss.
12/8/2020	Motion to approve the names of courses, content hours and general content.	*M2 Course Approvals for M2 AY21-22 – The committee must approve the course names and credit values to meet the registrar deadline. Minor changes in the credit calculations have already been adjusted.
12/8/2020	Motion to approve the updates to the syllabi pending new language regarding the description of academic misconduct.	Curriculum Tasks Discussed: *M2 Spring 2021 Syllabi* - Syllabi can be approved with general language regarding remediation even though actual dates are not yet determined. The dates will be developed by a task force consisting of Dr. Moses, Dr. Yun, Dr. Aultman and Ms. Miranda to determine dates for remediation. These dates will be discussed in our January agenda. Academic Dishonesty language will need to be updated to refer to the new university policy. Dr. Mowad will develop the verbiage regarding the conduct policy.
12/8/2020	Motion to approve the Faculty Feedback Survey for a pilot phase with the fall courses, with a review in the spring.	Faculty Feedback Survey: *The purpose of this survey is to address concerns raised by the CC in the September retreat. **Faculty not having the opportunity to provide feedback on annual approval process, annual scorecard as well as the triennial review. *Would like to launch the survey for our header and fall courses. *Trying to get this out mid-December but if not January. *Will be 100% anonymous. *We will then send the data to the dvad leaders or course directors.

11/24/2020	Block schedule is approved.	Curriculum Tasks Discussed: *M2 Syllabi not discussed. *GRE exception approved because changes are due to Covid-19. *After looking at the pass/fail data the Clinical Curriculum Subcommittee endorsed five-week clerkships again for next year. *Internal Medicine will be ten weeks and continue with electives. This elective is moving to the March time-period. The reason for this is it gets them in at a time when most of our M4 students will be in cap for part of this. Then in period nine not all the students choose to do a specific elective. By changing the elective to March, it will allow the student the opportunity to jump in when the M4 students will be jumping out. *ACM and Emergency Medicine are staying the same. *M4 schedule remains unchanged. *COM Blueprints not discussed.
11/24/2020	Motion to approve class ranking system. This topic will be discussed at future meetings.	With the Class of 2023 and Class of 2024 they must maintain the designated numerical values associated with pass/fail in the basic sciences courses and there would be no class rank calculations for the clinical courses. Proposed with the Class of 2025 have numerical scores associated with class rank for all our M1/M2 courses.
11/24/2020	Motion to approve the PI Recommendation of the flexibility model.	*According to the Module Dyad Leader Orientation Manual we have in place for how the curriculum is laid out, recommends the current PI model have between 7-9 PI questions per hour. Those can be preceded by a 5-7-minute power lecture on each question and followed by 1-2 teaching slides. Since there is so little teaching going on, the preparatory materials must be comprehensive. *The manual states that 20% of the grades need to be engaged learning and typically that has come from PI. Dyad Leaders do have the option to divide that engaged learning into multiple/different assessments. The proposal is to let the PI include no more than 8 questions giving extra time for the PI to present more of a narrative flow of instruction. *The current model allows flexibility for engaged learning. One way to incorporate this under the new flexible PI models is by having some quizzes that students take prior to coming in to make sure they have done the preparatory material. The function of this proposal is to have a little flexibility and how the PI session itself can be delivered during that hour and include more instructor led instruction.

11/24/2020	Motion was made to approve the D&T and PPC extended weeks and to remove the CIA module.	*Extend Diagnosis & Treatment 2 from 14 weeks to 15 weeks *Extend Patient, Physician & Community 5 from 13 weeks to 14 weeks *Remove the CIA module *The final week of the spring semester will contain only the CBSE on that Friday **The CBSE would be a COM Curricular Requirement and the students would need to pass this within 2 attempts (if no aggregate issues) to sit for USMLE 1 (students who have failed a course in M2 or have aggregate issues per the registrar would need to go to CAPP before a 2nd attempt if they do not pass on a first try). An initial CBSE failure if remediated successfully would not appear on the Transcript (only P would) per the registrar. The Pre-Clerkship Subcommittee suggested the CBSE be a stand-alone exam but did not vote on this. They wanted it brought before this Curriculum Committee to see if there are any potential barriers with it being a stand-alone exam. There were discussions back and forth over the pros and cons of making CBSE a stand-alone exam. This will come back for discussion and not voted on today.
11/24/2020	Approve updated scorecards.	Updates to scorecards: updated based on feedback from faculty + PCS -Updates made since CC last saw the Annual Course/Module Scorecard: --Thresholds for the below indicators were added based on faculty recommendations (followed by an open feedback window for PCS) -Lab (row 16, based on feedback from Dr. Young [and Anatomy faculty; HAC], Dr. Dong [FPD], and Dr. Lu [NEURO]) -Clinical Skills Assessment Results (row 17, based on feedback from Dr. Hartung [CSA 1], Dr. Belen [CSA 2], and Dr. Stovsky [CSA 3]) --Faculty Feedback Survey is in progress (row 23) – Courtney asked for CC to approve Scorecard as is, and then CC can select applicable items once survey is finalized
11/10/2020	Approve dyad leader appointment.	Dr. Zarconi will be dyad leaders with Dr. Aultman for PPC3.

10/27/2020	Approve appointing members to the curriculum evaluation subcommittee.	This committee does not have a role in the governance. It is the administrative work; they process the assessment data and then make recommendations to the Curriculum Committee. People that have volunteered and agreed to serve on the Curriculum Evaluation committee which Dr. Diaz will chair. The nine people will serve for one year on that committee. Since we are starting late this year, we are going to ask them to serve for 18 months essentially with Sebastian. We will appoint three new people when the time comes. -The Clinical Curriculum Subcommittee voted on Timothy Barreiro, DO, Professor Internal Medicine and Adam Bartlett, MD, Assistant Professor Pediatrics. Dr. Nofziger is looking for a third person. -The Pre-Clerkship Curriculum Subcommittee voted on Kris Baughman, PhD, Associate Professor Family and Community Medicine, Heather McEwen, Assistant Professor Family and Community Medicine and Mariquita Belen, MD, Assistant Professor Family and Community Medicine. -Dr. Mowad proposed for the Curriculum Committee, Janet Holliday and Erica Stovsky, both of whom are NEOMED based faculty. They both have previous experience on the previous iteration of the Assessment Subcommittee of CMAC. A new clinical faculty member, Dr. Norman Friedman, who is in the division of Neurology in the department of Internal Medicine volunteered to be on this committee.
10/27/2020	Approve moving the cut line for OB/Gyn Shelf Exam scores.	The Clinical Suommittee is asking that the lower limit of passing be decreased to 64 for Ob/Gyn and this be retroactive to the start of the year. In this case, there was one important piece of information that we missed with giving the recommendations 2020-2021 academic year last year. It is restricted to Ob/Gyn because we did not want to make an impression that the student scores are a moving target. Grade change forms and have these minutes excerpted, saying the score cut was changed retroactive. We can re-address the overall thought process as far as following the Hofstede recommendations in March.
10/27/2020	Approved dyad leader appointment	Dr. Baccon's request that this committee appoint Dr. Mehool Patel as her dyad partner for the header to teach histology.
10/27/2020	Approval to move the hematology to the M2 header	The M2 curriculum had been previously approved with a **"minor" change**. When the planning took place in the fall, the hematology topic was put into the fall semester proper, rather than in the header. We are asking for approval of the modification where some of the human theological topics get moved in the FTT course rather than into the Diagnosis and Treatment. Just one course in the fall because it fits better with how that course is being laid out.

10/13/2020	Approval of annual clerkship scorecards with corrections.	Annual Clerkship Scorecards: -Ms. Marsden reviewed the annual clerkship scorecard with the committee. -Dr. Mowad recommended the curriculum and evaluation subcommittee be the one to put forth a draft with suggested metrics for the Curriculum Committee to debate. -Step 2 CS has been put on hold. Add a notation to say that the Curriculum Committee would expect a report or recommendation from the Clinical Curriculum Subcommittee regarding updates on this exam. -The inpatient vs outpatient percent of clerkship experiences varies. We may need to get Clinical Curriculum Subcommittee's guidance on established ranges. Our team will vote after the recommendations come forth. -All clerkship site directors have a faculty appointment. Ms. Marsden will follow up with Dr. Nofziger on any exceptions. -Dr. Thewissen asked that the word "lecture" be changed to"session" in Annual Approval/Table 1
10/13/2020	Approve the form and rubric as part of the evaluation plan.	Each module will have a post module review committee with student input to review. What went well and What did not go well. Create a short survey to collect data from faculty. Ask instructors for their suggestions. -module Dyad Leaders: Look at the module in prep for next year so we are not duplicating that work. -CSA already has their own standards. -Proposed Evaluation Plan – Ms. Basaran to send the Proposed Evaluation Plan to the voting members of this group to prioritize the top five data points from the End-of-module/Course survey to incorporate onto the survey
10/13/2020	Approval of M4 Elective Syllabus	No international rotations allowed by university Covid policy. The guidelines are still in there for when they are. We are not allowing it currently
10/6/2020	Approval to change the deadline for submitting for wellness days from noon to 1 pm.	Students requested a desire to extend the deadline for submitting wellness day requests from noon to 1:00 the day before, as students are in class unitl noon.
10/6/2020	Review of language in the manual to be discussed at the 10/27/20 CC meeting	The committee discussed changes to the Peer Instruction guide, which included that virtual students would need to have their cameras turned on during sessions. Other changes were discussed that will be presented at a future meeting.
10/6/2020	The Educational Program Objectives for the Diagnosis and Treatment module in M2 were appproved.	The issue of non-assigned EPOs for the Diagnosis & Treatment modules in M2 were brought to the last CC meeting on 9-22-2020. Recommended EPOs were provided to the CC members and they were given the opportunity to provide feedback prior to the 10-6-2020 meeting. No concerns were expressed at the previous meeting or prior to this meeting. It was stated that the recommended EPOs reflected what would be appropriate for the modules to address. There were no additional comments.

9/22/2020	Credit hours approved on an executive level to be submitted to the Registrar.	M2 Course Credits approval for Spring 2021. In the old process, the Curriculum Committee reviewed the number of hours per instructional type and the overall hours as well as the credit hours. Every 15 hours of in-class time equals 1 credit hour, 45 hours of experience equals 1 credit hour or 1 week of clerkship equals 1 credit hour.

In comparing these hours with last year's hours and there is nothing that drastically changed. This is an unusual situation because these changes will be in effect for only one year because these courses will disappear after one year as the M1 curricular transformation moves into M2.

The deadline for getting the Registrar these numbers is Monday, September 28, 2020. |
| 9/8/2020 | Informational | Mr. Syed informed the Committee that a total of five students failed the IDT course. Mr. Syed stated he spoke to Dr. Moses and Dr. Baccon who advised him to bring this matter to the Curriculum Committee. The students would like an alternate date for IDT remediation. The date is currently May 14 which is two weeks into their study time. The students feel that two weeks into their dedicated study time would be detrimental to them to focus on this material when they should be focusing on other things.

Other dates were reviewed, and it was found that January 4 – 8 would be a great time for them to remediate. Mr. Syed asked for guidance from the Committee.

Dr. Mowad asked Mr. Syed to write him an email outlining this matter and to send a copy to Dr. Moses, Dr. Yun, and Dr. Baccon. Once Dr. Mowad discusses this matter with them, he will get back to Mr. Syed and begin working this through the system. |
| 9/8/2020 | Informational | There will be by-law changes due to personnel and title changes in the subcommittees. 1) M1/M2 Group - Dr. Haywood, Ex Officio Chair; 2) M3/M4 Group – Dr. Noftziger, Ex Officio Chair; and Assessment and Evaluation Subcommittee – Dr. Diaz, Chair. These individuals will come to this Committee representing the subcommittees, but without a vote. Dr. Noftziger will transition from a voting member to a nonvoting member and will have to designate someone from her subcommittee as a voting member of this Committee.

Dr. Haywood discussed some of the goals for the subcommittees. She stated that the subcommittees are in place to review the progress and implementation of the curriculum changes. This is across the board. Also, be aware that there will be integration in M1 and M2 and in M3 and M4. The subcommittees will review the evaluation process as the Assessment Committee gets up and running and will look at the evaluation of whether NEOMED has enough faculty to implement the curriculum. |

9/8/2020	Information regarding virtual curriculum would be shared with students via email.	There was a discussion in regard to student safety and COVID, that despite the assertion that the campus is safe, there are students and faculty who feel unsafe. M1 students have asked if it is possible to create a curriculum where students can opt-in. This curriculum has been created in POMS. There is a group of students who feel that they can benefit from a curriculum where they can opt to come to campus as opposed to being made to come to campus.
9/8/2020	Endorsement of Class Rank proposal for Class of 2022.	Class rank at NEOMED is only used to qualify students for honor societies and certain awards at graduation that may have a monetary value. The top 25% are recorded on their MSPE unless they are in the top 10%, then their exact rank is recorded.

Having met with the Student Curriculum Council, individual students, and this small group, Dr. Moses would like the Committee's endorsement on a proposition the prior Curriculum Committee had agreed to at the time the MSPEs were ready to be produced, is to go with the class rank at that time.

It was recognized that there may not be a level playing field due to timing of the clerkships, weight of the clerkships, some students being pulled off of clerkships, etc.
Also, allow them to use the rank at the end of the M2 year, which they already have, as a second ranking, and allow them to compare the lists and use the number that best helps that student. It gives them two different ways to look at it. TThis will be only for cohort of M3 students affected by COVID and not the plan going forward. |

| 9/8/2020 | Refer this matter to the M1/M2 Subcommittee to handle. Dr. Haywood will prioritize this matter in the subcommittee. If the subcommittee voices an opinion, Dr. Mowad may give it Executive Approval until the next Curriculum Committee meeting. | The team looked at prior use of NBME exams at NEOMED and found that our students scored 5% - 9% below the test's predicted average. This means that when a customized NBME exam is written, there are P values associated with the selected questions. Those questions are rated upon their performance when used as a USMLE question.It was noticed that there was a question typically used used after the second year and NEOMED is using it in the first-year modules. Looking at the 5% - 9% difference in performance, it was thought that the M1 exams should be written to a P value of .82 for NEOMED to allow some accommodation since there were a fair number of students who struggled.

The Population Health module did not have an issue. They were able to write their NBME to .82 and, even better, the students averaged .88 on that part of the exam. HAC posed a challenge getting to .82 because of the questions available and because of the amount of pathophysiology on the exam. One of the module directors is getting a .78 with which they were comfortable and the other a .75 where they are also comfortable. They were struggling to find questions that would get them above the threshold with the material that was taught. The most straight forward way would be if it were written to .78 and just add 4 points to everybody's exam and make the predicted average .82. This would scale to what the test was written. If the test was written to .75, then we would add 7 to get it to .82 which was approved by the prior Committee. The procedure was written to say that if 20% of the class is below a certain threshold, the procedure comes back to this Committee to make certain adjustments to correct this.
The problem is that if an exam cannot be written because the questions are not available, then we cannot hold the exam to this standard. Should we allow individual module directors to adjust this and correct this by applying a curve or should the curriculum committee create a policy for module directors? |
| 8/25/2020 | Informational | There are four steps to self-directed learning (SDL): 1) student must identify their own learning – independently (not assigned reading); 2) student self-analysis – self-directed, 3) synthesis of relevant information; and 4) find information to address those needs. Student completes this process in order and independently over a short period of time. Group work is not required. Independent and facilitator appraisal of the credibility of information sources. Student is assessed on and receives feedback on their information-seeking skills. Faculty provide feedback to each student on each step of SDL.

It was requested that the Committee increase the number of instances of SDL. The need to increase instances of SDL became apparent from the LCME site visit in March 2019. An SDL team was created in January 2020 and asked to address this issue by the Dean. All of this happened rapidly. |

Date	Action	Details
8/25/2020	Integration plan approved.	There were changes to the wording of the Plan: 1) Unclear use of the words "proportionately large competency" to refer to medical knowledge. This wording seemed to strike some people as being a bit overblown. It was changed it to "a very large competency;" 2) Changed "module" to "course" throughout the document; 3) Removed the introductory clause; and 4) Changed "sufficiently integrated" to "appropriately integrated."
8/25/2020	Evaluation plan approved.	The evaluation Plan and scorecards to the Curriculum Committee for final vote on M1 and M2 course module evaluations approval. Suggestions and recommendations from the Committee were incorporated for the end of course/module evaluations. A very explicit statement was inserted stating that end of course module surveys are not the sole metric of curricular success. Also, a footnote was added stating that a more comprehensive proposed Evaluation Plan is also being reviewed by the Curriculum Committee and provides a more complete view of the evaluation beyond just end of course evaluations. The clause "that in the event a certain item does not apply to a particular course module, that item can be removed from the survey", was changed. It was recommended to allow faculty to add supplemental items. This enables a set of items to be applied consistently across courses, but also allows faculty to remove items that do not apply to a course.
8/25/2020	Review issue with Spring Phase 1 Documents with Joe Zarconi and Paul Hartung.	The phase 1 documents for spring were received and vetted by the Operations Team. Once documents are approved, contact and credit hours as well as content may not change, however adjustments to the schedule may be made. Motion to approve documents for credit hours versus scheduling along with approval already given for poetry reading being moved to Friday .
8/25/2020	Exception request for PPD granted.	A request was made for the PPD course to stay the same and keep the same number of hours.
8/11/2020	The Committee determined it would be appropriate to address the above concerns by 1) adding a line for laboratory assessment; 2) having the pre-clerkship subcommittee discuss appropriate assessment of the clinically focused courses and make a recommendation to CC; 3) add a component to address additional faculty feedback to be determined by CC in the near future.	The Evaluation Plan and Scorecards were presented to the Curriculum Committee. The Data Science Team is asking the CC to review the list of standards and create the performance indicators for each standard. The Committee discussed at length concerns on 1) how to assess laboratory component; 2) how clinically focused courses, such as the new Patient, Physician and Community courses, would be assessed; 3) how to include feedback from faculty beyond strictly dyad leader feedback.

8/11/2020	Remove instructional method (page 4) and assessment method (page 6) tables from the document. Add language "methods are subject to final review and approval of CC" to address the removal of the tables. Dr. Mowad will work with sub-committee chairs to define a review timeline for the instructional and assessment methods for the EPOs.	The curriculum design and delivery plan was presented to the committee as a guidance document. The document focuses on appropriate teaching and assessment methods for each COM educational program objective. Concerns were raised about the inclusion of the instructional method and assessment method tables, which are very specific. The Committee discussed at length on the appropriateness of including these tables at this time. Concern was raised regarding the use of the word subjective in the description of narrative assessment. The Committee agreed to remove this word.
8/11/2020	Update all Curriculum Committee documents to reference the new committee name. The language in the integration document will be updated and presented at the next meeting.	The curriculum integration plan was presented to the committee as a guidance document. The committee discussed the tone, continued references to CMAC and vague language regarding integration.
7/28/2020	Change title and wording of description of form. Eliminate question regarding difficulty of the course. Five additional questions to be added that are more course specific.	1) Change the title and wording of the description of the form; (2) whether to eliminate the question regarding difficulty of the course; (3) whether to add five additional questions that would be more course specific; and (4) whether the form should focus on items that faculty has control over and be limited to things that affect change.
7/28/2020	The Committee agreed to remove this sentence.	Discussion was held regarding the Curriculum Management Charter and members were asked if they had any questions or needed clarification on any item regarding the Charter, and if not, this matter should be put forth for approval. Since the Charter has already been approved, the Committee should endorse it rather than approve the Charter. Question pertained to a sentence on page 16 that states, "the chair will call a vote when the majority supports an issue." Mr. Eaglen informed Dr. Thewissen that this language comes from Oklahoma's version of the Charter and if the Committee wanted to delete this sentence, he would have no problem with it.
7/28/2020	Motion to endorse this Charter with the agreed upon changes.	Discussion ensued regarding language on page 16 regarding a standardized system of approval of items. This refers to when a subcommittee has a matter that they have approved and would like the NCC to endorse it; or if they have issues with a matter and would like the NCC to discuss it; they have a standardized form that they send to us. Before this system when only one person had that information, you would have to rely on the administrative support person ensuring that the Committee remembered to put it on there. There was never any form that kept track of the issue. The Committee has started publishing both a meeting-by-meeting and a running total of action items that Jennifer Lint posts to a public website. There should be a systematic way of communicating Committee decisions. It was discussed that the Charter should give the Curriculum Committee the ability to change standards. The Committee should have the ability to change standards by which everything is evaluated over time.

7/28/2020	Endorse the Curriculum Evaluation Plan.	The purpose of this evaluation is to evaluate each one of the components of the curriculum. There are two different kinds of evaluations for the individual units of instruction. There is an annual scorecard type of evaluation and a three-year more in-depth evaluation.
7/28/2020	Integration Plan's design and delivery of Plan approval was moved to next meeting.	This plan should be reviewed by the Pre-Clinical Curriculum Subcommittee and the Clinical Curriculum Subcommittee.
7/28/2020	Adopt a technology interruption policy as a general principle. This action will be saved until a draft of this policy is available.	Students have some concerns regarding regarding tech interruption during PI sessions. Students are worried that their grade and mastery of material could be affected. There was agreement that a general principle should be adopted. It was discussed that this issue should be monitored and tracked by a committee (i.e., determine if same student has issues each week).
7/20/2020	Add language to the policy to address the unique remediation timing for the fall semester for M1	Add language to the policy that if a student fails HAC, they need to remediate in January and post pone their CPR remediation. It was also suggested that if a student fails both Population Health and HAC, that the student must remediate Population Health after Thanksgiving break so that they can remediate HAC after winter break.
7/20/2020	Remediation plan: Remove sentence "remediation" exam may contain up to 85% original exam questions when appropriate"	Remediation plan for M1 students was presented for AY 20-21 and M2 AY 21-22. The committee felt having 85% of original exam questions was too high of a percentage.

NEW CURRICULUM CMAC DECISIONS- Last updated 8.26.20

Date	Actions	Summary
7/14/2020	No Motions	Introductions of new committee members an overview of curriculum charter and plans to be reviewed at the next meeting
6/9/2020	Approve attendance policy with addition of wellness days	Wellness days were added to the M1 curriculum and the policy was reviewed to ensure consistency between all of the documents.
6/9/2020	Approve grading policy for new curriculum	Summary and rationale were provided on the percent changes on the M1 and M2 grading Faculty Quick Guide. After considerable Committee discussion, Dr. Mowad asked if we could build this document into the orientation for learning support.
5/26/2020	Table attendance policy until next meeting as a document was created that incorporates information for the utilization of wellness days (which is part of the new policy) and other attendance issues	Attendance policy will be presented at next meeting to ensure consistency of language is both polices an accompanying chart.
5/26/2020	Approve spring dyad module leaders	Spring Dyad leaders are approved. Still one vacancy needs filled: Clinical dyad for Gastrointestinal-Reproductive-Endocrine Systems (GRE)
5/12/2020	Motion to endorse the semester credit definition policy	Semester credit definition policy approved.
5/12/2020	Motion to endorse the COM Contact Hour Policy with the following amendments 1) Regarding 23 hours- add exception waiver and who grants (curriculum committee) and 2) add language regarding 23 hours applies to AY 2021 only.	Contact Hour Policy approved with the following amendments 1) Regarding 23 hours per week- add exception waiver and who will grant exception (curriculum committee) and 2) add language that 23 hours per week applies to AY 2021 only.
5/12/2020	Table attendance policy until next meeting	Attendance policy was reviewed and tabled until next meeting.
5/12/2020	Curriculum Design Exceptions must be reviewed and approved by the curriculum committee	Documents were created for requesting exceptions to the curricular design and will be part of a handbook for Dyad leaders
5/12/2020	Charge the PI Steering committee with CQI for the PI modality.	The PI Steering committee will review PI questions, for style quality and consistency, education of faculty regarding PI question writing and review of post use item statistics leading to modification for future use
5/12/2020	Endorse Wright State providing feedback to 100 of our PI questions and adding Dr. Rebecca Fischbein as part of the PI Steering Committee	Our agreement with Wright State states that Dr. Roman will provide feedback on up to 500 PI questions.
4/28/2020	Peer Instruction Steering Committee was populated with the following members, leaving room to add additional members: Sonja Haywood, Erica Stovsky, Priya Raman, Jennifer Hillyer, Janel Koellner and Katie Mattison	A Peer Instruction Steering Committee was formed and will focus on the review and vetting of PI Questions.
4/28/2020	Approval of course evaluation plan and evaluation policy	Course evaluation plan and policy approved.
4/28/2020	Endorsement of M1 Fall Patient, Physician and Community Design template, with proposed revision and exception	Patient, Physician and Community Design is approved.
4/28/2020	Endorsement of the M1 Fall Human Architecture & Composition (HAC) Design Template, with proposed revision and exception	Human Architecture & Composition design approved.
4/28/2020	Endorsement of M1 Cardiovascular, Pulmonology, Renal (CPR) Design template, with proposed revisions and exception	Cardiovascular, Pulmonary and Renal design approved.
4/7/2020	Minor editorial changes to the curriculum charter	Approve the changes to the curriculum management charter
4/7/2020	Approval of edited module director job description	Final Module director job description is approved.
4/7/2020	Endorse waiver of exception to hours proposed by M1 Header Population Health to include the series: The Patient is Why I'm Here	Population Health waiver of exception to hours policy endorsed to include the series: The Patient is Why I'm Here.
4/7/2020	Endorse list of Interim Module Directors	Fall module directors are approved
4/7/2020	Endorse Peer Instruction as primary teaching modality on Tues, Wed, Fri. A waiver can be requested with CMAC approval	Peer instruction will be primary active learning modality
3/24/2020	Approval of header design template- Population Health	Population Health design is approved.
3/24/2020	Approval of header clinical design template	Intro to Clinical Skills design is approved.
3/24/2020	Approval of process and current content related to program objectives	Program objective process and content approved.

Date	Action	Result
3/24/2020	Approval of process and current content related to longitudinal competency map	Longitudinal competency map process and content approved.
3/24/2020	Conditional approval of module director job description	Module director job description is conditionally approved- needs edits.
3/9/2020	Approve Appendix G changes: Medical Education Committee structure- top level committee and sub-committees, Committee chair- will be new SR. Associate Dean of Med Ed	New curriculum committee structure is approved.
3/9/2020	Approve the curriculum management charter which lays out the roles of all members and committee levels and outlines the role of the curriculum committee, policies and rules of operation.	Role of the curriculum committee is approved.
3/9/2020	Approval of M1/M2 schematic	The order, length and names of modules for M1 are approved. M2 approved in with expectation of some design/naming modifications.
2/11/2020	Adopt two-year integrated pre-clinical curriculum model, with a foundational year and an abnormal year	Curricular model will focus on the following: M1- Foundations of Medicine, M2- Fundamentals of Clinical Medicine
2/11/2020	Endorse concept of blocks and list of topics, with no commitment of topics or lengths of blocks	Each year will be made up of modules, instead of courses (modules may still have a final grade)
2/11/2020	Endorse concept of a typical week and a typical pre-exam week	Educational weeks throughout a module will be scheduled consistently the same way. Exam weeks will be organized consistently as well.
2/11/2020	Endorse commitment to an instructional delivery model that will fit within the context of our standard weekly scheduled that maximizes student centered learning.	The curriculum will incorporate active learning strategies.
2/11/2020	Endorse Dyad concept, that includes module leadership focusing on both clinical and basic sciences.	Each module will consist of two leaders, one from the clinical arena, one from basic sciences.
1/28/2020	Adopt taskforce structure	Adoption of the curricular change project team which will focus on design, content, operations, faculty development and communications.
1/28/2020	Endorse design and innovation team members	Endorse members of the design and innovation team.
1/14/2020	Revise M1 Curriculum to systems-based model for next academic year starting 7/2020	Implement a systems-based active learning curricular model effective starting with M1, Fall 2020.

Other CMAC Decisions-8.26.20

Date	Action	Summary
7/14/2020	No Motions	New College of Medicine Curriculum Committee oriented
6/9/2020	Approve Extra Credit Proposal	Extra-credit questions, if used, should be fully accessible to all students and non-coercive in regard to learning modality. If in-class extra-credit is given, an alternative and equal form should be offered in conjunction as to promote fairness and equality without incentivizing students to act outside of their own best interest.
6/9/2020	Approve renaming of M3 final grade report forms	The name of the forms for both M3 and M4 have changed to Student Performance Evaluation for consistency with OASIS. Additionally, Dr. Sperling provided a summary of the document and corresponding tables at the end of the document and advised site directors will complete the grade/evaluation form at the end of the clerkship. The document will go into effect for the rising M3 students.
6/9/2020	Approve M4 Patient Contact Elective SPEF	The M4 SPEF mirrors the M3 SPE; however, the exception is a higher expectation for patient care sub-competencies and removal of NBME Subject Exam scores.
6/9/2020	Approve M4 Non-Patient Contact Elective SPEF	The form relates to students in 2 electives with patient care non-face-to-face and the competencies have been removed regarding patient care. As with the M4 Patient Contact Elective SPEF, NBME Subject Exam scores have been removed.
6/9/2020	Endorse USMLE Macro Map	Endorse the use of the USMLE macro map as a guide of where we stand now and that it is a living document. The map was built by faculty involvement, that it is a guide to develop the modules, acknowledges that it needs refinement and advised we will take it piece by piece looking at M1 & M2 modules to make accurate continuous updates.
6/9/2020	Approve HAC Exception Request	Exception request regarding the HAC module final NBME exams having a fixed value. The exception asks to have a lab practical exam for the anatomy portion of HAC which would count as 10% of final and reduce the NBME value for that section by 10%.
5/26/2020	Approve CSEP Changes	Patient-related goals would like to drop for almost all rotations for the next 10 weeks. *Psychiatry 30 to 20 patients *Family 30 to 20 patients *Pediatrics 30 to 15 patients *Ob/Gyn 30 to 20 patients *Surgery 45 to 25 patients given OR restrictions *IM - no specific numbers in current CSEP Goals submission week one and end of clerkship Surgery, "observe" includes observe by video OB/Gyn – students may not have the opportunity to complete breast and pelvic exam including Pap smear on GTA
5/26/2020	Rising M3 schedules needed adjusted due to COVID	*Medicine is LONGER – 10 weeks *ACM is shorter by a week for the upcoming year while Health Care Team Experience is on hold *All other clerkships 5 weeks, except for ED - 3 weeks *SURGERY is now only 5 weeks, NBME study time is similar (ACM/EM/Surgery block) *Elective Time added (clinical or online) *Step 2 Study Prep

5/26/2020	Approve adjustments to the macro mapping of 2.2, 3.2 and 8.3	Dr. Palmer provided a summary of the changes to the Macro Maps. Dr. Palmer reported CMAC previously approved these Objectives and any removals require CMAC approval. Additionally, Dr. Palmer advised that any additions do not require CMAC approval. The changes are provided in the table below: *PPC I, 9.14, Remove- Potential return of COVID-19, PACE traditionally didn't start in the M1 year until Spring▯ *HAC, 2.1, Add-Module directly addresses this▯ *HAC, 2.3, Add-Module directly addresses this▯ *CPR, 2.1, Add-Module directly addresses this▯ *Clerkships, 2.2, Remove-M3 Clerkship director feedback: Students do not do scholarly activity or QI work on the floor and it isn't assessed▯ *Clerkships, 3.2, Remove- M3 Clerkship director feedback: Students do not do scholarly activity or QI work on the floor and it isn't assessed▯ *Clerkships, 8.3, Remov- Students do not create wellness plans for the rotation, and it isn't assessed. Site Directors do not have the bandwidth to take on this task.▯
5/12/2020	Endorse M3/M4 courses for approval and recommendations	*Applications of Clinical Medicine - increase coordinator team resources to ACM *Emergency Medicine – none, note this clerkship may change significantly due to COVID-19 *Family Medicine - note this clerkship may change significantly due to COVID-19 *Human Values in Medicine - assign instructional technology expertise from coordinator team to assist with student dissatisfaction *Internal Medicine - note this clerkship may change significantly due to COVID-19 *Obstetrics and Gynecology – Dr. Nofziger to work with clerkship director to ensure required text be at each site at beginning of rotation *Prerequisite to the Clinical Curriculum – none *Pediatrics - note this clerkship may change significantly due to COVID-19 *Psychiatry - note this clerkship may change significantly due to COVID-19 *Surgery - note this clerkship may change significantly due to COVID-19 *Quality Improvement – none *Social Determinants of Health – none
5/12/2020	Endorse recommendations for M2 Header Course	Principles of Clinical Medicine1 - Increase coordinator support for PCM. There is a new dedicated coordinator but there should also be additional support to meet acute staffing and workload needs to support PCM ; assign instructional design content expertise from coordinator team to help organize AIMS; and support changes to centralization using available resources while continuing to meaningfully engage our clinical sites.
5/12/2020	Endorse recommendations provided for Personal and Professional Development 3 (replaces Deliberate Practice and Development)	Personal and Professional Development3 – This is a new course which tracks closely to Deliberate Practice and Development.
5/12/2020	Endorse recommendations for General Pathology	General Pathology – Introduction to Diagnostics & Therapeutics – This is a new course. The CD will be unavailable for most of the course. A faculty co-course director must be named on the syllabus to fill in when the course director is not available.

4/7/2020	Approve content from IDT course on cumulative examinations in POMS	Dr. Moses requested to use content from IDT course in cumulative examinations in POMS.
4/7/2020	Approve increase in clicker point compensation for MTC	Dr. Haywood requested increased points for clicker questions in MTC to better engage students and faculty in Zoom instruction: Previous Proposed 80% correct 4pts 6pts 70% correct 3pts 5pts 60% correct 2pts 4pts 50% correct 1 pt 3pts 40% correct 2pts 30% correct 1 pt
3/24/2020	Re-approve rural pathway	*Extended running student rural free clinic across all 4 years. *The white cells on the form are included in class and the grey cells are extracurricular. *They are looking at how they can adjust to the new curriculum and will continue as before.
3/24/2020	Approve Social Justice Pathway	*This program will fall under the Department of Family and Community Medicine. *This program will replicate the Rural Pathway program. *This is a new program and they are recruiting now for students to start in the fall. *They will post administrative selection process. *The program consists of students working to serve the underserved and underrepresented population. *Dr. Aultman stated there needs to be a delineation of Pathway program certificate with communication about what exactly is received to alleviate any student confusion.
3/9/2020	Approve .5 contact hour increase for Infection and Immunity course	Dr. DeLucia's requested to increase the contact hours in Infection & Immunity by 0.5 hours. Due to Dr. DeLucia's willingness to move content online, he was proposing to remove one lab (1.5 hours) and add two 1-hour review sessions for the online content, thus increasing the overall contact hours by 0.5, which would not affect the overall credit hours.
3/9/2020	Approve LOA Clinical Skills Assessment Policy	After six months or longer the student needs to take a clinical skills assessment. This was never codified in a policy. We need to figure out the budgetary impact of this policy.
3/9/2020	Approve removal of 5.5 contact hours from Biostats	Remove 5.5 hours of unnecessary lectures, these are covered in textbook readings. The contact hours will be reduced from 20- 14.5. Credit hours went from 1.2 to .83.
2/18/2020	Approve M2 Header schedule	The M2 header schedule was presented, reviewing the weekly contact hours as well as the overall credit hours for each of the M2 courses in the header semester. Ryan had no concerns with the schedule as presented.
2/11/2020	Approve CSA 1 have a physical exam feedback session that will be formative	FCM3 had brought forward, as part of its course approval process, the idea of doing a summative physical exam as part of CSA1. They were going to do this in a PDL form because they didn't have the budget to go into the Wasson. This will count towards grade, right now it is just the history. Dr. Lecat and the team decided they would like to downgrade that to a formative. They were worried about assigning a grade to a student while other students were in the room, not going through the Wasson Center. The request is to make it a formative exam.
2/11/2020	Approve changes to M1 streaming schedules	There is a change to the CSU streaming. They want the students to be physically here to be able to attend the Dean's Luncheon. This was approved streaming but is now requesting to change to physically being on campus.

| 1/28/2020 | Approve change to CSA 3 syllabus from summative to formative | Dr. Erica Stovsky shared with CMAC CSA 3 feedback on students' clinical skills and to help prepare them for Step 2 CS and the current structure, the problems, and the proposal to move from summative to formative.

Ask is to change CSA3 Syllabus from summative to formative. |
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| 1/14/2020 | Approve Dr. Feng Dong as I & I interim co-course director | Appoint Dr. Feng Dong as interim Co-Course Director of I&I for the next academic year. This was discussed this with Dr. Chilian. Dr. Dong has high student evaluations and is student focused. |

COVID RELATED CMAC Decisions- 8.26.20

Date	Issue	Solutions	Motion	Updates
6/9/2020	Not possible for rising M4 students to meet Step 2 CS graduation requirement due to Covid	Drop Step 2 CS as a graduation requirement for Class of 2021 cohort	Approve dropping Step 2 CS as a requirement to revisit in December 2020	
6/9/2020	Class rank/standing of M3 affected by changes due to COVID	It was recommended NEOMED keep the same process in place, with adjusted timelines and, in the event that we see an M2 affected by COVID-19 timelines for AOA inclusion, we will review the class standing for both M2 and M3 and keep any M2 students included in the recommendation process if they happen to fall off during M3 calculations.	Approve M3 Class Rank/Standing	
5/26/2020	Rising M3 schedules needed adjusted due to COVID challenges	*Medicine is LONGER – 10 weeks *ACM is shorter by a week for the upcoming year while Health Care Team Experience is on hold *All other clerkships 5 weeks, except for ED - 3 weeks *SURGERY is now only 5 weeks, NBME study time is similar (ACM/EM/Surgery block) *Elective Time added (clinical or online) *Step 2 Study Prep	Approve M3 Schedule changes	
5/12/2020	Current policy states students must finish M3 before sitting for Step 2 CK. Covid has disrupted the M3 schedule making it difficult to adhere to the policy.	Because of COVID19 this year, Students will need to go back and make-up face-to-face time and sit for Step 2CK after they finish M3 year. He requested a 1-year waiver of current policy in light of COVID-19.	Approve a 1-year waiver for this policy.	
5/12/2020	Prometric sites were involuntarily bumping students from Step 1 testing dates	Step 1 deadline extended to July 12	Executive decision	
4/28/2020	Because of modifications to the M3 clerkship year, modifications to M4 are recommended.	Continue to require 3 core rotations, 1 online QI elective, plus a minimum of 2 additional electives; allow students in 2022 Class 2 career Prep/Flex blocks during the M4 year to replace Social Determinants of Health elective; allow a maximum of 2 non-patient contact electives, allowing students to graduate on time if clinical time is limited due to the pandemic	Endorse M4 recommendations	

Date	Issue	Action/Solution	Decision	Update
4/28/2020	M3 student assessments for online 2-week modules and 6 week clerkships	FM: PBLI, Aquifer cases, Firecracker shelf examination; Psych: Echo and lecture attendance, Reflective pieces x 2, Firecracker; Peds: Aquifer cases, case-based curricula, team-based learning session, PBLI, Zoom Lecture quizzes; OB: APGO Uwise testing transcript	Endorse the assessments as outlined	
4/28/2020	Need to stagger start times of M3 students at clinical sites	Add an additional week to PCC with online Covid curriculum	Endorse addition of .5 credit hour to PCC due to COVID 19	
4/7/2020	The NBME will open on 4/7/20 with a remote testing platform, but I & I and MTC will not utilize the NBME customized exams.	I & I and MTC will develop homegrown exams.	Request a syllabus modification to reflect the use of homegrown exams, not NBME customizable exams	
3/24/2020	More stringent protocols regarding social distancing and face-to-face student testing on campus not aligning for M1-M2	Adapted online, remote testing for two M1 exams. AIMS will be the testing platform, and proctors will participate via Zoom, one proctor for 20 students. Looking into Examsoft.	Endorsed as an executive decision	As of 3/30/20, online test administration moves from AIMS to Examplify
3/24/2020	Unable to proceed with M3 clerkships at clinical sites following two weeks of online learning. Students will continue with online instruction for four more weeks.	All M3 online courses to include Social Determinants of Health (normally taken during M4), COVID-19 preparedness and COVID-19 Echo	Endorsed	
3/24/2020	NBME exam for IM/Surg 3/27/20 cannot be delivered at NEOMED	Exam postponed until April. Working with NBME to deliver exam remotely.	Approved as an executive decision	As of 4/7/20, NBME will be able to offer subject examinations remotely. IM/Surg, 4/10, Peds/OB/FM/Psych, 4/17
3/24/2020	NBME suspends administration of customized exams. M1 courses will not be able to utilize customized NBME Exams	I & I and MTC will develop homegrown exams	Endorsed as an executive decision	
3/19/2020	19 M4 students are unable to fill their critical care rotation requirement for graduation	Creation of a Disaster Preparedness elective which involves policy making, simulated triage scenarios, risk assessment and interprofessional response teams. This will be used to fill the M4 requirement, allowing students to graduate on time.	Approved as an executive decision	
3/19/2020	Some M4 electives will not be able to accommodate a 3/23/20 start date	Allow flexibility where they can start on 3/30/20	Approved as an executive decision	
3/19/2020	Some M4 students have met specific elective graduation requirements but still need to complete one additional rotation	Allow students to take an additional non-patient care elective for the 19/20 year only. Our policy limits these experiences to a single block, but a second block will be allowed for this year only.	Approved as an executive decision	
3/19/2020	All M3 clerkships paused for four weeks beyond the current two week period.	A class-wide online curriculum.	Approved as an executive decision	

Date	Issue	Plan	Endorsement
3/16/2020	The clinical partner taking the most students is now unable to host students due to lack of PPE. Not able to provide students a comparable clinical experience for each discipline.	Develop two week online learning plan for M3	Endorsed the two week plan for M3
3/16/2020	A two week online plan for clerkship students	Students will complete two-weeks of medicine and/or surgery rotations and four weeks of block in weeks 1 through 4 and 5 through 8 content full or four weeks of elective which includes elements of board prep, elective clinical diagnostic, and wellness. If return to normal, the plan is six weeks into emergency medicine which has several extra sites with modified curriculum over a three-week period and eight shifts and two weeks of online curriculum.	Endorse plan
3/16/2020	80 M4 students start electives on 3/23. 19 M4 need critical care with is required for graduation.	Online Course activity with no patient contact. Delay start for those electives that can accommodate, with an alternate start date of 3/30/30, with one week of online, three weeks of clinical. Displaced students would be offered a comparable replacement experience.	Endorse the two week plan for M4
3/16/2020	We currently have no way to administer exams remotely. Only mission critical activities can take place on campus.	Exams are considered mission critical activities	Endorse summative exams as mission critical with students coming to campus to test.
3/13/2020	Clinical Sites have suspended clinical learning for M3 students. M3 students are not able to treat patients with coronavirus. Students on IM and Surgery rotations have only completed 7 of 9 weeks of their rotations, with students being displaced. Planning for 50% clinical, 50% online learning.	Use Aquifer as an alternative experience. COP to share 50 hours of pharmacologic content and systems-based learning disciplines. ECHO content. Cases, Faculty lecture via Zoom, PBLI via zoom.	Endorse plan to have online options for the last two weeks of the current 9 week rotation and use the same curriculum for next set of rotating students
3/13/2020	Some of the psychiatry sites will not take students. There are four students not currently rotating because of this.	Students will do three weeks clinical and three weeks online, switching with students currently in clinical.	Endorse psychiatry student rotation plan of three weeks clinical and three weeks online (switching halfway through)with a contingency plan for the other three clinical rotations if needed for FM, Peds, OB/Gyn.
3/13/2020	HVM event with assignments attached to it had to be cancelled earlier in the week.	New assignments were scheduled related to coronavirus	Endorsed this change in plan