



Curriculum and Educational Policy Committee

AGENDA

FEBRUARY 29, 2016

5:00 PM

MEB 1140

I.	Review and Approval of minutes for prior meeting, 2/01/16	
II.	Elective/Supplemental Anatomy Track Proposal	Thomas Gest, PhD
III.	4th Year ICE CP/WCE Case Presentation Proposal Accreditation and Educational Compliance	Richard Brower, MD
IV.	Update on the course/clerkship syllabus review rubrics	Tanis Hogg, PhD Maureen Francis, MD
V.	Research services fee structure and potential effect on SARP	Curt Pfarr, PhD
VI.	Bylaws considerations: recommendations regarding the CEPC Including addition of more general faculty members, possibly an elected Chair	Richard Brower, MD
VII.	Current Clerkship Administration	Richard Brower, MD
VIII.	Adjourn	



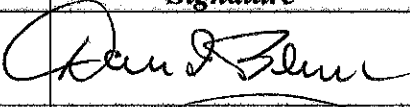
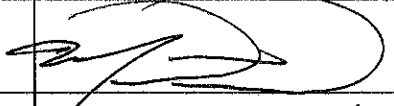

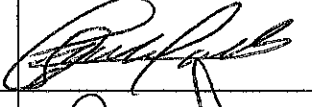
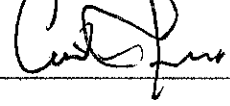
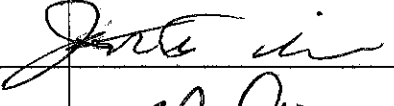
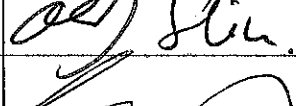
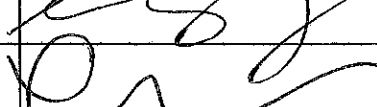


TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
at El Paso

Paul L. Foster School of Medicine

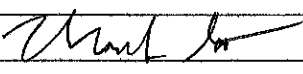
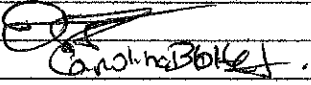
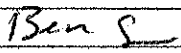
Curriculum and Educational Policy Committee Meeting
February 29, 2016

Richard Brower, MD – Chair


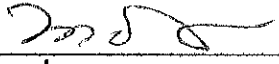
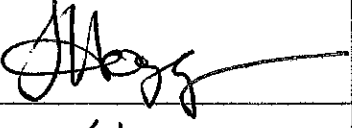



Members – Faculty

Name	Title	Department	Signature
Dan Blunk, M.D.	College Master	Medical Education	
Mark Francis, M.D.	Professor	Medical Education	
Thomas Gest, Ph.D.	Professor	Medical Education	
Oswaldo Padilla, M.D.	Clinical Assistant Professor	Pathology	
Curt Pfarr, Ph.D.	College Master	Medical Education	
Janet Piskurich, Ph.D.	College Master	Medical Education	
Olof Sundin, Ph.D.	Associate Professor	Biomedical Sciences	
Cynthia Perry, Ph.D.	Assistant Professor	Medical Education	
Laura Cashin, M.D. DO	Assistant Professor	Internal Medicine	
Uga Aghaegbulam, M.D.	Assistant Professor	Internal Medicine	

Members - Students

Name	Year	Signature
Christa Soekamto	MS 4	
Mark Girton	MS 4	
Joshua Speirs	MS 4	
Laura Palmer	MS 3	
Claire Zeorlin	MS 3	
Rima Patel	MS 3	
Daniel Welder	MS 2	
Carolina Blotte	MS 2	
Tyler Trevino	MS 1	
Douglas Weier	MS 1	
Benjamin Shapleigh	MS 2	

Ex-officio - Members

Name	Title	Department	Signature
Richard Brower, MD	Associate Dean for Medical Education	Medical Education	
Andrea Cancellare	Unit Associate Director	Library	
J. Manuel de la Rosa, MD	Provost and Vice President of Academic Affairs	President's Office	
Maureen Francis, MD	Assistant Dean	Medical Education	
Tanis Hogg, PhD	Assistant Dean	Medical Education	
Kathryn Horn, MD	Associate Dean	Student Affairs	
Naomi Lacy, PhD	Director	Medical Education	
Jose Lopez	Assoc. Dir. Academic Tech.	Information Technology	
Lisa A. Beinhoff	Managing Director	Library	

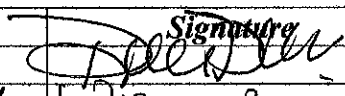
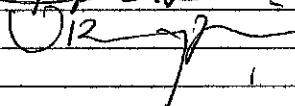
Guests

<i>Name</i>	<i>Year</i>	<i>Department</i>	<i>Signature</i>

Clerkship Coordinators

<i>Name</i>	<i>Year</i>	<i>Department</i>	<i>Signature</i>

Other participants

<i>Name</i>	<i>Department/Organization</i>	<i>Signature</i>
ROBIN DANKAUCH	MED ED	
Vianey Flores	Office of Medical Education / Med Ed	

Notes



Curriculum and Educational Policy Committee Meeting

Date: February 29, 2016

Time: 5:00 PM – 6:30 PM

Location: MEB 1140

Meeting Called By	Richard Brower, M.D., Associate Dean for Medical Education
Type of Meeting	Curriculum and Educational Policy Committee
Chair	Richard Brower, M.D.
Staff Support	Vianey Flores
Attendees	See sign-in sheet

I. Convene and review of minutes from the previous meeting **Richard Brower, M.D.**

Minutes for February 1, 2016 were reviewed and revisions were noted below.

Revisions

Item V - 2nd Paragraph

Change paragraph listed as Action Item: Item in listed in red is not an action item; it is mainly informative. It should be part of the item V paragraph and should be regular black text.

Item VI - 2nd Paragraph

Change paragraph listed as Action Item: Item in listed red is not an action item; it is mainly informative. It should be part of the item VI paragraph and should be regular black text.

Item X - 2nd Paragraph

Dr. Francis suggested rewording the last 2 sentences to read as follow: *As the class size has increased, it is more difficult to match students with their choice of an ICU rotation. Some students now do away rotations in Critical Care areas in addition to their required rotation here. There was a discussion about potentially allowing students to satisfy our requirement for Critical Care through an away rotation. To do this in the future, we will need to develop criteria and a mechanism for reviewing the away experience to assure that it meets these criteria.*
After this update, item can be settled.

Minutes were approved with above revisions by those who were present.

II. Elective/Supplemental Anatomy Track Proposal **Thomas Gest, Ph.D.**
Dr. Gest stated that the Anatomy Track proposal is intended for students that show particular interest in the anatomy discipline. It will not replace anatomy in the course curriculum. To be eligible for this course, students will have to demonstrate the ability to succeed in the curriculum. This course will be limited to the resources the school currently has. Items such as

acceptance process and criteria, capacity and eligibility were discussed by the committee regarding this proposal.

Dr. Brower referred to prospective timeline and Anatomy Track handouts. Discussion, comments, and questions ensued.

Action Item: Drs. Gest, Hogg and Baatar will develop a detailed explanation of the track (essentially a full curriculum plan) for review and approval by the CEPC at a later meeting. Subsequently, Dr. Brower will meet with Dr. Horn, Dr. Hogg, and Dr. de la Rosa to discuss the administrative issues and the potential inclusion of this track in the catalog for AY2016-17. The committee had no objections about this project.

III. 4th Year ICE CP/WCE Case Presentation Proposal Accreditation and Educational Compliance **Richard Brower, M.D.**

Dr. Brower briefly referred to the MS4 ICE (Integrated Curricular Elements) Case Presentation Exercise handout for CEPC members to review. Dr. Brower mentioned that this could be an alternative or replacement for the current CME requirement. It would contribute to the fulfillment of some important learning objectives in terms of building student ability to develop concise case presentation with clarity, to engage and apply basic science principles, and to formulate discussion items and explanations. This would also help the institution to continuously renew the pre-clerkship clinical case materials (for elements such as Worked Case Examples).

Action items: The idea was presented for the Committee to consider. Discussion will be resumed at a future meeting once syllabus review assignments are completed.

IV. Update on the course/clerkship syllabus review rubrics **Tanis Hogg, Ph.D.**
Maureen Francis, M.D.

Dr. Hogg mentioned that Assessment Rubric and Guide packets were distributed for the syllabus rubrics for Year 1 and 2 Course reviews. They come with samples that show how they have been used to improve syllabus in different courses. It was also mentioned that there is not passing or failing grade for the rubric; it is basically a way to get feedback for areas of improvement. The first round of reviews will be in March. Dr. Maureen Francis also sent out a revised rubric to those involved in reviewing the Year 3 and 4 clerkships. It is recommended to present the syllabus for review in a brief Power Point presentation and to be prepared with comments.

V. Research services fee structure and potential effect on SARP **Curt Pfarr, Ph.D.**

Dr. Pfarr mentioned that the research facilities have changed their fee structure pretty significant; going from very minimum or not cost to a higher fees. This is an educational program concern will impact the students that use these resources for SARP projects and the program itself.

Action items: Dr. Brower, Dr. Hogg and Dr. Pfarr will meet with Dr. Rotwein to discuss the idea of considering either changing the SARP grant structure or creating some type of discounted fee schedule for these projects if the intention is to have the SARP program, and promote student's scholarships and publications.

VI. Bylaws considerations: recommendations regarding the CEPC **Richard Brower, M.D.**

Including addition of more general faculty members, possibly and elected Chair.

All committee members received the assignments related to the syllabus review and course review by e-mail. There will be teams doing syllabus review, revising existing outcomes data and giving some assessments of their course elements. This involves a lot of work and it happens every academic cycle. It is intended by Dr. Brower to turn this committee into a more activist committee, with task oriented sub-committees, and with discussions driven by assignments within the CEPC not just driven by the Office of Medical Education.

Action item: Dr. Brower will recommend to the Faculty Council expanding the CEPC by two more general faculty members with the next bylaws revision. This will allow better distribution of tasks related to course and syllabus reviews. The timeline is long, no anticipated changes for this academic cycle are expected, but the idea is to have a larger and more diverse committee next year. The committee approved the idea of expanding the CEPC.

VII. Current Clerkship Administration

Richard Brower, M.D.

Dr. Brower asked the committee to review the 2 handouts in which he is proposing the initiative to change the clinical clerkship structure.

All changes concerning the Year 1-2 and Year 3-4 committees should be approved by the CEPC, which is the central managing committee for medical education program curriculum supported by the Office of Medical Education. One of the main issues the Year 3-4 Committee is facing right now is that the clerkship director is just one person that is responsible for all the clerkship administration support and tasks, in addition to the Chair and professional responsibilities. The proposal, which is part of the Educational Policy Curriculum Management, is for the CEPC to determine the type of support that needs to be provided to make the clerkships run. The idea is to formally acknowledge at an institutional level the roll of Assistant Clerkship Director; this will create more flexible and manageable expectations for protected time, greater flexibility for back-up, and will create a pipeline for future directors, basically a mechanism for succession planning.

Discussions, comments and questions regarding the FTE/EVU amount followed.

Action item: The Committee agrees to recommend to Dr. Lange and the Clinical Department Chairs (the 'EVU group') increasing overall salary support to .6 FTE for Clerkship administration, split between two faculty members, a clerkship director and an assistant director.

Dr. Lacy is working on different models of EVU for Dr. Lange and the Clinical Department Chairs to review. Dr. Brower will present the EVU models to Dr. Lange and the Department Chairs ("EVU Group").

VIII. Adjourn

Meeting was adjourned at 6:28 P.M.

The PLFSOM Anatomy Track

Students with a special interest in advanced instruction in anatomy may apply for the PLFSOM Anatomy Track during the 2nd semester of their MS1 year. **ACCEPTANCE PROCESS AND CRITERIA:** The application deadline is April 1st. Acceptance is competitive and determined by a committee consisting of the participating anatomy faculty members, a College Master from each PLFSOM College, and the Associate Dean for Student Affairs. Acceptance is to be based primarily on the applicant's general academic record; an essay explaining the applicant's motivation and goals related to the anatomy track; and the applicant's performance on anatomy summative exam items (including a cumulative average of greater than 71.5% on anatomy summative exam items). **CAPACITY:** The number of students accepted for the Anatomy Track is to be determined each year by the participating anatomy faculty members and the Chair of the Department of Medical Education, with final approval by the Associated Dean for Medical Education. **ELIGIBILITY:** Students participating in other formally defined curriculum tracks or dual-degree programs are not eligible for the Anatomy Track. Students who fail more than one unit of the SPM Course on the first attempt, or who fail to remediate one failed unit on the first attempt, are not eligible for the Anatomy Track (and must withdraw from the track if already enrolled). Also, students who fail any unit or semester of any other required course are not eligible for the Anatomy Track (and must withdraw from the track if already enrolled). All other students are eligible to apply for the Anatomy Track.

Comment [BS1]: Open question to CEPC, should this have a maximum # applicants, is intent to make competitive?

Comment [BR2]: We should probably specify that students cannot participate in the Anatomy Track if they are enrolled in a dual-degree program (such as the MD-MPH) or any other formally recognized elective track (we have no others at the moment, but more may come) – one supplemental curriculum per qualified customer!

Comment [BS3]: Yes, must be exclusionary to alternate electives

MS1 Year

As suggested above, during the MS1 year students must demonstrate an ability to succeed in the core curriculum. Students interested in the elective Anatomy Track must fulfill the track's general and anatomy-specific criteria, and submit a complete application by April 1st. As outlined in the following sections, the Anatomy Track Curriculum begins immediately following the end of the MS1 spring semester.

SARP / MS1 Summer break

During the MS1 summer break, students will engage in dissection for a minimum of 80 hours, primarily developing high quality anatomical specimens. These prosection assignments will be based in part on the student's anatomical interests, guided by faculty anatomists, and potential used in general anatomical instruction.

Comment [BR4]: Should probably outline the general expectations for the 80 hours.

Participating student are expected to develop an anatomy-based SARP project.

MS2 Year

Students will continue advanced dissection (approximately XX hours/week) and work on their anatomy-based SARP projects.

Students will also participate in a limited number of MS1 anatomy labs as teaching assistants. TA obligations will be shared, and will be coordinated by the supervising anatomy faculty.

Students will take the NBME anatomy subject exam within 2 weeks of finishing the core MS2 curriculum (including exams), and will "pass" based on scoring at or above the national average. If unsuccessful, students may remediate this requirement by re-taking the exam during their MS4 year ("passing" score must be posted by the NBME prior to graduation – specific deadline relative to graduation to be determined in consultation with the Office of Student Affairs).

The Anatomy Track students will, under the supervision of the anatomy faculty, develop and administer an optional cadaver practical at the end of each MS1 semester.

MS3 Year

If necessary, continue work on SARP project. If ready, submit anatomy scholarship for peer-reviewed publication or presentation at a regional or national meeting.

MS4 Year

Anatomy Track students will be required to enroll in and successfully complete a clinical or surgical anatomy elective.

If necessary, submit anatomy scholarship for peer-reviewed publication or presentation at a regional or national meeting. Acceptance of a journal submission is not required; however, a poster presentation at a regional or national conference is a minimum requirement.

If necessary, remediate NBME Anatomy Subject exam prior to graduation.

Upon successful completion of all the above outlined elements of the Anatomy Track, the student will receive either a designation of "Distinction in Anatomy" on their diplomas or a notation in their official transcript indicating completion of the Anatomy Track (to be determined based on TTUHSCEP and TTU System academic policies).

Distinction in anatomy will not preclude recognition for distinction in research.

Elective course designations?

Elective course credit hours?

Guiding system policies?

Guiding LCME policies?

Comment [BR5]: Is the national average where we want to be with this? – I'm not opposed to this, as long as the track is otherwise rigorous, but we might want to consider a slightly higher bar...perhaps the 60th percentile.

Comment [BS6]: Median is most likely not passing the anatomical NBME, what is pass rate on anatomical NBME

"setting the bar" must be within realistic expectations based on how much anatomy is actually instructed at PLFSOM, where the national average is based on students receiving much more anatomical instruction than those at PLFSOM.

Comment [BR7]: If their work also meets the criteria for Distinction in Research, then could a student graduate with this as well? This seems reasonable....

Comment [BS8]: Yes, distinction in anatomy should not preclude a distinction in research.

Comment [BR9]: Also need to include a statement indicating that students must maintain passing grades in all courses in the core curriculum to participate in the anatomy track. Perhaps allowing for one successful remediation event in Year 2.

Comment [BS10]: Allowed 1 remediation in MS2 year to ensure that students do not neglect regular SPM coursework.

Comment [BR11]: Or possibly only noted in their transcript. We need to explore the TTU system rules and regulations regarding this – should be possible, but may be tricky.

Comment [BS12]: Sure – inclusion in transcript would be suitable as well depending on TTU policies.

Anatomy Track Curriculum

MS 1 Year

Eligible students choose the Anatomy Track in the 2nd semester of MS1 year (date). Students must demonstrate willingness and preparedness for the Anatomy Track by scoring greater than 71.5% average on summative exam items in the anatomy discipline. This average is the all-time cumulative class average, 2009 – to date. The deadline for application is April 1, of MS1 year, dependent upon performance on final MS1 Unit Exam and CEYE. The Anatomy Track Elective will be exclusive to participation in alternate curriculum electives or other dual-degree programs.

SARP / MS1 Summer break

During the MS1 Summer, students will conduct 80 hours minimum of pro-section quality dissections determined by the faculty anatomists. Pro-sections will follow student's anatomical interest accordingly, guided by faculty anatomists, and intended for use in teaching purposes of other student labs. Students participating in the Anatomy Track must also choose a SARP project involving the anatomical discipline.

MS 2 Year

Students will continue advanced dissection and anatomy based SARPs. Students will also participate in MS1 anatomy labs as TAs. TAs obligations will be shared, TAs having discretion about which labs are most pertinent to their anatomical interests. Students will take NBME anatomy subject exam 1 week following last unit of MS2 year and pass based on the national average, or remediate in 4th year.

In consideration of other SPM coursework, students will be allowed only 1 remediation of SPM Unit Summative during the MS2 year to ensure maintenance of passing grades.

—TAs will administer an optional cadaver practical at the end of each MS1 unit semester.

MS 3 Year

Continue SARP if necessary, submit publication or present poster if schedule permits.

MS 4 Year

Anatomy Track students will also be required to enroll in a Clinical or Surgical Anatomy elective. Submit for publication at a peer-reviewed journal, or present poster at a national meeting if not previously completed. Acceptance of journal submission is not required, however a poster presentation at a national conference is the minimum requirement, likely to be the content of SARP. Remediate NBME Anatomy Subject exam prior to graduation if necessary.

Upon successful completion of the Anatomy Track course, students will receive a designation of Distinction in Anatomy on their diplomas, or noted on their transcript according to TTUHSC academic policies. Distinction in anatomy will not preclude a distinction in research

Commented [BR1]: Where did 71.5% come from?

Commented [BS2R1]: Dr. Lacy – cumulative total classes average, put description in parenthesis, arbitrary cut off is also an option)

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Commented [BR3]: So it appears that 4/1 would be the application deadline, but students would still need to wait until after their end-of-unit and comprehensive end-of-year exams to qualify – correct?

Commented [BS4R3]: yes

Commented [BR5]: Should probably indicate that admission to the anatomy tract will be competitive, and limited to ## participants (perhaps 10-15??).

Commented [BS6R5]: Open question to CEPC, should this have a maximum # applicants, is intent to make competitive?

Commented [BR7]: We should probably specify that students cannot participate in the Anatomy Tract if they are enrolled in a dual-degree program (such as the MD-MPH) or any other formally recognized elective track (we have no others at the moment, but more may come) – one supplemental curriculum per qualified customer!

Commented [BS8R7]: Yes, must be exclusivity to alternate electives

Commented [BR9]: Should probably outline the general expectations for the 80 hours.

Commented [BS10R9]: In conjunction with anatomist guidance, students will focus on anatomical areas of interest. All prosections are intended for use in other student labs

Commented [BR11]: Probably need to put limits on ... [1]

Commented [BS12R11]: Agreed. TA's will have ... [2]

Commented [BR13]: Is the national average where ... [3]

Commented [BS14R13]: Median is most likely not ... [4]

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Commented [BR15]: Just brainstorming here, but w ... [5]

Commented [BS16R15]: Agreed. Easter mandate e ... [6]

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Commented [BR17]: Is submission sufficient, or do ... [7]

Commented [BS18R17]: Acceptance of submission ... [8]

Commented [BR19]: If their work also meets the cri ... [9]

Commented [BS20R19]: Yes, distinction in anato ... [14]

Commented [BR21]: Also need to include a statem ... [13]

Commented [BS22R21]: Allowed 1 remediation i ... [12]

Commented [BR23]: Or possibly only noted in the ... [11]

Commented [BS24R23]: Sure – inclusion in trans ... [10]

(Mirror curriculum of 'distinction in research' for SARP)

Page 1: [1] Commented	Brower, Richard	1/21/2016 9:32:00 AM
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Probably need to put limits on this – with the students on the track sharing the load but with all not expected to participate in every MS1 lab.

Page 1: [2] Commented	Benjamin Shapleigh	1/29/2016 2:50:00 PM
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Agreed. TA's will have discretion about which labs are most pertinent to their areas of interest, TA obligations will be shared and limited.

Page 1: [3] Commented	Brower, Richard	1/21/2016 9:34:00 AM
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Is the national average where we want to be with this? – I'm not opposed to this, as long as the track is otherwise rigorous, but we might want to consider a slightly higher bar...perhaps the 60th percentile.

Page 1: [4] Commented	Benjamin Shapleigh	1/29/2016 2:52:00 PM
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Median is most likely not passing the anatomical NBME, what is pass rate on anatomical NBME

“setting the bar” must be within realistic expectations based on how much anatomy is actually instructed at PLFSOM, where the national average is based on students receiving much more anatomical instruction than those at PLFSOM.

Page 1: [5] Commented	Brower, Richard	1/21/2016 9:39:00 AM
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Just brainstorming here, but we might want to consider changing this to a summative end of semester practical exam (one at the end of the MS1 semester and one at the end of the MS1 spring semester)?

Page 1: [6] Commented	Benjamin Shapleigh	1/29/2016 2:57:00 PM
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Agreed. Easier mandate every semester than every unit, also in consideration that it is optional for students to participate in this TA exam.

Page 1: [7] Commented	Brower, Richard	1/21/2016 9:36:00 AM
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Is submission sufficient, or do we expect that the publication and/or presentation be accepted? Given that almost anything accepted for publication would be acceptable for a presentation too – perhaps we should at least expect that the student presents.

Page 1: [8] Commented	Benjamin Shapleigh	1/29/2016 3:00:00 PM
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Acceptance of submission is not required; however presentation at national conference is the required minimum

Page 1: [9] Commented	Brower, Richard	1/21/2016 9:42:00 AM
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If their work also meets the criteria for Distinction in Research, then could a student graduate with this as well? This seems reasonable....

Page 1: [10] Commented	Benjamin Shapleigh	1/29/2016 3:05:00 PM
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Sure – inclusion in transcript would be suitable as well depending on TTU policies

Page 1: [11] Commented	Brower, Richard	1/21/2016 9:54:00 AM
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Or possibly only noted in their transcript. We need to explore the TTU system rules and regulations regarding this – should be possible, but may be tricky.

Page 1: [12] Commented	Benjamin Shapleigh	1/29/2016 3:03:00 PM
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Allowed 1 remediation in MS2 year to ensure that students do not neglect regular SPM coursework

Page 1: [13] Commented	Brower, Richard	1/21/2016 9:55:00 AM
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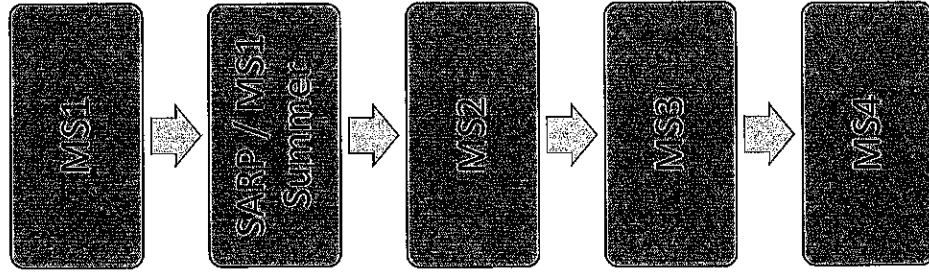
Also need to include a statement indicating that students must maintain passing grades in all courses in the core curriculum to participate in the anatomy track. Perhaps allowing for one successful remediation event in Year 2.

Page 1: [14] Commented	Benjamin Shapleigh	1/29/2016 3:01:00 PM
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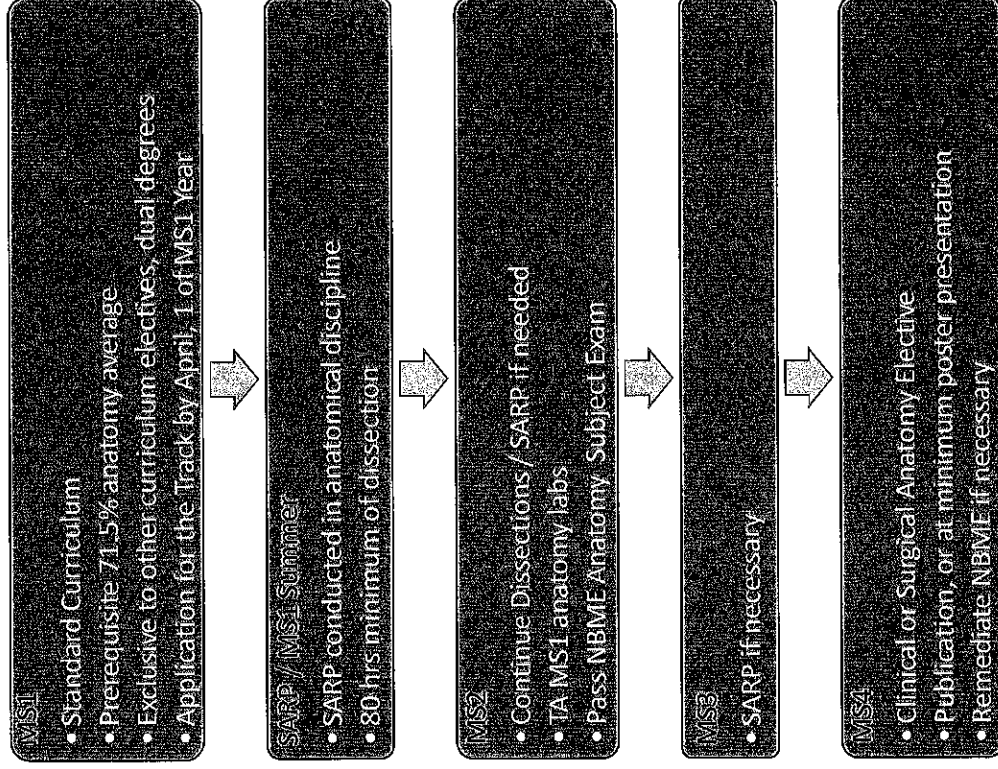
Yes, distinction in anatomy should not preclude a distinction in research

Prospective Timeline

Standard Curriculum



Distinction in Clinical Anatomy



MS4 ICE Case Presentation Exercise:

Every medical student is required to identify and prepare a clinical case for presentation:

- The case should be selected from the student's direct clinical experience during their 3rd or 4th year.
- The presentation should be concise yet comprehensive (including chief complaint, history of present illness, past medical history, pertinent family and social history, initial examination findings, initial imaging and laboratory findings -- including pertinent negative results -- clinical course, and available outcomes).
- All submitted materials, including text, clinical imaging and laboratory findings, should be de-identified.
- The presentations should include and relate the case to the most appropriate PLFSOM pre-clerkship clinical presentations and diagnostic schemes.
- The presentation should outline how the case relates to the selected diagnostic scheme, including an explanation of the sequence and roles of key examination findings and test results in the diagnostic process.
- The case presentation should include at least five questions developed by the student about the underlying basic science principles directly related to the case and/or the associated diagnostic process. These questions should be consistent with best practices for writing such items as promulgated by the National Board of Medical Examiners (NBME "red book"). Include concise explanations of the correct response and the flaws of each foil, along with core literature references.
- Presentations should be submitted in PowerPoint, using standard slide size (insert ratio) and format, with plain white backgrounds and black text (no special backgrounds or effects).
- SUBMISSION FORM PART ONE: The student must submit the case along with an attestation that they created the presentation, developed the case-based questions, and that the presentation is of an actual case from their clinical experiences as an MS3 or MS4 at PLFSOM.
- SUBMISSION FORM PART TWO: Presentations (as plain text and background PowerPoint files) are to be reviewed and approved prior to submission by a member of the faculty from the clinical department in which the case was encountered (rubric TBD).

To ensure the development of a balanced case bank, the CEPC may limit the list of Clinical Presentations from which students in the class entering year 3 may chose to submit case presentations.

Learning objectives:

- For an actual clinical case from their experience in El Paso, the student produces a clear, concise, and comprehensive case presentation, including the identification and inclusion of key clinical images and test results. ILO 1.3, 3.1, 3.4, 4.2
- For an actual clinical case from their experience in El Paso, the student identifies the most applicable PLFSOM pre-clerkship clinical presentation and diagnostic scheme, and provides a clear and concise analysis of the case in the context of the scheme -- demonstrating the application of the case and the scheme in self-directed learning (and in the development of case-based instructional materials generally). ILO 1.3, 3.1, 4.2, 8.5

- For an actual clinical case from the student's experience in El Paso, the student develops and answers questions that explore the underlying basic science principles and diagnostic processes directly related to the case, and provides clear, concise and appropriately referenced explanations. ILO 2.2, 3.1, 4.2, 8.5
- Demonstrate the potential to effectively engage in the case-based instruction of other learners, particularly medical students, consistent with the professional expectations for physicians in residency. ILO 1.3, 4.2, 5.7

Potentially relevant Institutional Learning Objectives:

ILO 1.3 For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.

ILO 2.2 Apply established and emerging foundational/basic science principles to health care.

ILO 3.1 Identify and perform learning activities to address gaps in one's knowledge, skills and/or attitudes.

ILO 3.4 Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.

ILO 4.2 Communicate effectively with colleagues and other health care professionals.

ILO 5.7 Meet professional and academic commitments and obligations.

ILO 8.5 Demonstrate the ability to employ self-initiated learning strategies (problem definition, identification of learning resources and critical appraisal of information) when approaching new challenges, problems or unfamiliar situations.

MS4 ICE Case Presentation Exercise:

Every medical student is required to identify and prepare a clinical case for presentation:

- The case should be selected from the student's direct clinical experience during their 3rd or 4th year.
- The presentation should be concise yet comprehensive (including chief complaint, history of present illness, past medical history, pertinent family and social history, initial examination findings, initial imaging and laboratory findings -- including pertinent negative results -- clinical course, and available outcomes).
- All submitted materials, including text, clinical imaging and laboratory findings, should be de-identified.
- The presentations should include and relate the case to the most appropriate PLFSOM pre-clerkship clinical presentations and diagnostic schemes.
- The presentation should outline how the case relates to the selected diagnostic scheme, including an explanation of the sequence and roles of key examination findings and test results in the diagnostic process.
- The case presentation should include at least five questions developed by the student about the underlying basic science principles directly related to the case and/or the associated diagnostic process. These questions should be consistent with best practices for writing such items as promulgated by the National Board of Medical Examiners (NBME "red book"). Include concise explanations of the correct response and the flaws of each foil, along with core literature references.
- Presentations should be submitted in PowerPoint, using standard slide size (insert ratio) and format, with plain white backgrounds and black text (no special backgrounds or effects).
- SUBMISSION FORM PART ONE: The student must submit the case along with an attestation that they created the presentation, developed the case-based questions, and that the presentation is of an actual case from their clinical experiences as an MS3 or MS4 at PLFSOM.
- SUBMISSION FORM PART TWO: Presentations (as plain text and background PowerPoint files) are to be reviewed and approved prior to submission by a member of the faculty from the clinical department in which the case was encountered (rubric TBD).

To ensure the development of a balanced case bank, the CEPC may limit the list of Clinical Presentations from which students in the class entering year 3 may chose to submit case presentations.

Learning objectives:

- For an actual clinical case from their experience in El Paso, the student produces a clear, concise, and comprehensive case presentation, including the identification and inclusion of key clinical images and test results. ILO 1.3, 3.1, 3.4, 4.2
- For an actual clinical case from their experience in El Paso, the student identifies the most applicable PLFSOM pre-clerkship clinical presentation and diagnostic scheme, and provides a clear and concise analysis of the case in the context of the scheme -- demonstrating the application of the case and the scheme in self-directed learning (and in the development of case-based instructional materials generally). ILO 1.3, 3.1, 4.2, 8.5

- For an actual clinical case from the student's experience in El Paso, the student develops and answers questions that explore the underlying basic science principles and diagnostic processes directly related to the case, and provides clear, concise and appropriately referenced explanations. ILO 2.2, 3.1, 4.2, 8.5
- Demonstrate the potential to effectively engage in the case-based instruction of other learners, particularly medical students, consistent with the professional expectations for physicians in residency. ILO 1.3, 4.2, 5.7

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ILO 4.2 Communicate effectively with colleagues and other health care professionals.

ILO 5.7 Meet professional and academic commitments and obligations.

ILO 8.5 Demonstrate the ability to employ self-initiated learning strategies (problem definition, identification of learning resources and critical appraisal of information) when approaching new challenges, problems or unfamiliar situations.

This committee will report to the Faculty Council. Members shall be appointed for three-year terms with one-third of the committee being selected each year. Faculty may serve two consecutive three-year terms, but six years of consecutive service must be followed by a minimum of a one-year absence from the committee before faculty members will be eligible to serve another term. The committee will include a physician representative from the community who holds a current faculty appointment to be elected by the El Paso County Medical Society. The chair will be elected from the committee membership on an annual basis. The Associate Dean for Admissions and the Director of Admissions will serve as ex-officio (non-voting) members of the Committee. The Committee shall have full authority to select members of the medical school entering class based on the screening assessments and interview evaluation reports and to fill vacancies that may occur in any of the medical school classes. A list of recommended candidates to be offered positions through the Texas Medical and Dental School Application Service (TMDSAS) matching process will be prepared based on a ranking determined following deliberations by the Committee. The Committee also shall have the responsibility to review the requirements for admission and, if necessary, to recommend revisions to the faculty.

2. Committee on Curriculum and Educational Policy

This committee will report to the Faculty Council. The Curriculum Committee is chaired by the (Senior) Associate Dean for Medical Education. The membership of this committee will be broadly representative of the faculty responsible for and participating in the Doctor of Medicine degree program. Membership will include two College Masters, to include one basic scientist and one clinician, who are each appointed for a four-year term. In addition to the above, membership will include four members from the basic sciences faculty and four members from the clinical sciences faculty are appointed for four year terms on a rotating basis. Candidates for these 'at-large' positions are to be recommended by the (Senior) Associate Dean for Medical Education and appointed by the Dean for staggered four-year terms. Terms may be renewed by recommendation of the (Senior) Associate Dean for Medical Education and appointment of the Dean; however, 'at-large' members may be appointed for no more than two consecutive terms, after which they are ineligible to serve for four years. Candidates for these positions should demonstrate an ongoing interest in medical education. Ex-officio, non-voting members will include: the Associate Director of the Library, the Director of Information Technology or designee, the Director of Assessment and Evaluation, the Assistant Deans for Medical Education, the Associate Dean for Student Affairs, and the Dean or Dean's designee, and two student representatives from each of the four classes. The student representatives will be designated by and from the Student Curriculum and Evaluation Committee, the members of which are elected or re-affirmed annually by each class.

The Committee on Curriculum and Educational Policy is charged with planning, coordinating, reviewing, and evaluating the curriculum to ensure that it adheres

to the written educational policies, goals, and objectives of the School of Medicine. Further, the Committee shall have full authority to make changes in educational policy or in the organization of the curriculum with the concurrence of the Dean and with comment and input from the Faculty Council. The Faculty of the School of Medicine has the responsibility to define course objectives, create and deliver content to meet those objectives, and modify their activities in response to appropriate feedback from peers and students. The Committee will provide updates on its activities at least twice a year to the Faculty Council. In order to accomplish the mission of the Committee, the Chair may appoint subcommittees that may include members who are not members of the Committee. It shall be the responsibility of the Committee to coordinate the activities and reports of these subcommittees. In addition, the Committee receives reports from the Committee on Evaluation of Educational Programs.

3. Committee on Evaluation of Education Programs

The Committee on Evaluation will report to the Faculty Council. The committee shall be chaired by the Director of Assessment and Evaluation. The membership of this committee will be broadly representative of the faculty responsible for and participating in the Doctor of Medicine degree program, and will include an equal number of physician and non-physician faculty members with at least three of each. In addition, the membership will include two of the College Masters not currently serving on the Curriculum and Educational Policy Committee. Candidates for membership are to be recommended by the (Senior) Associate Dean for Medical Education and appointed by the Dean for staggered 4- year terms. Terms may be renewed by the Dean upon recommendation of the (Senior) Associate Dean for Medical Education; however, members may be appointed for no more than two consecutive terms, after which they are ineligible to serve for four years. Candidate for these positions should demonstrate interest in medical education. Ex-Officio, non-voting members of the committee will include the (Senior) Associate Dean for Medical Education, the Assistant Deans for Medical Education, and the Director of Institutional Policy and Effectiveness. The Committee's primary function will be to provide oversight on the design, methods, collection, and interpretation of all data (quantitative and qualitative) that is used to assess the quality of the educational programs of the school. The roles of the committee will include the following:

- Review of the school's undergraduate medical education evaluation systems and processed on a regular basis, including the content and structure of testing materials, student performance, validity and reproducibility of evaluations, evaluation feedback, and correlation of course content and evaluations.
- Evaluation of the curriculum in the context of student performance and provide feedback to the Dean and the Curriculum and Educational Policy Committee about the effectiveness of the curriculum.

- Identify problems in student performance, pedagogy, or evaluation that might require prompt modification or remediation.

4. Committee on Student Grading and Promotion

This committee will report to the Faculty Council. Committee members will be drawn from academic units with teaching responsibilities in the undergraduate medical curriculum. Members will elect a chair annually. The Committee shall have the responsibility to receive reports of grades and other performance evaluations of students, to evaluate those reports, to make decisions regarding promotions of those students whose performance is deemed satisfactory, and to direct remediation or dismissal of those students whose performance is deemed unsatisfactory. In order to accomplish the mission of the Committee, the Chair may appoint subcommittees as needed, and it shall be the responsibility of the Committee to coordinate the activities and reports of these subcommittees.

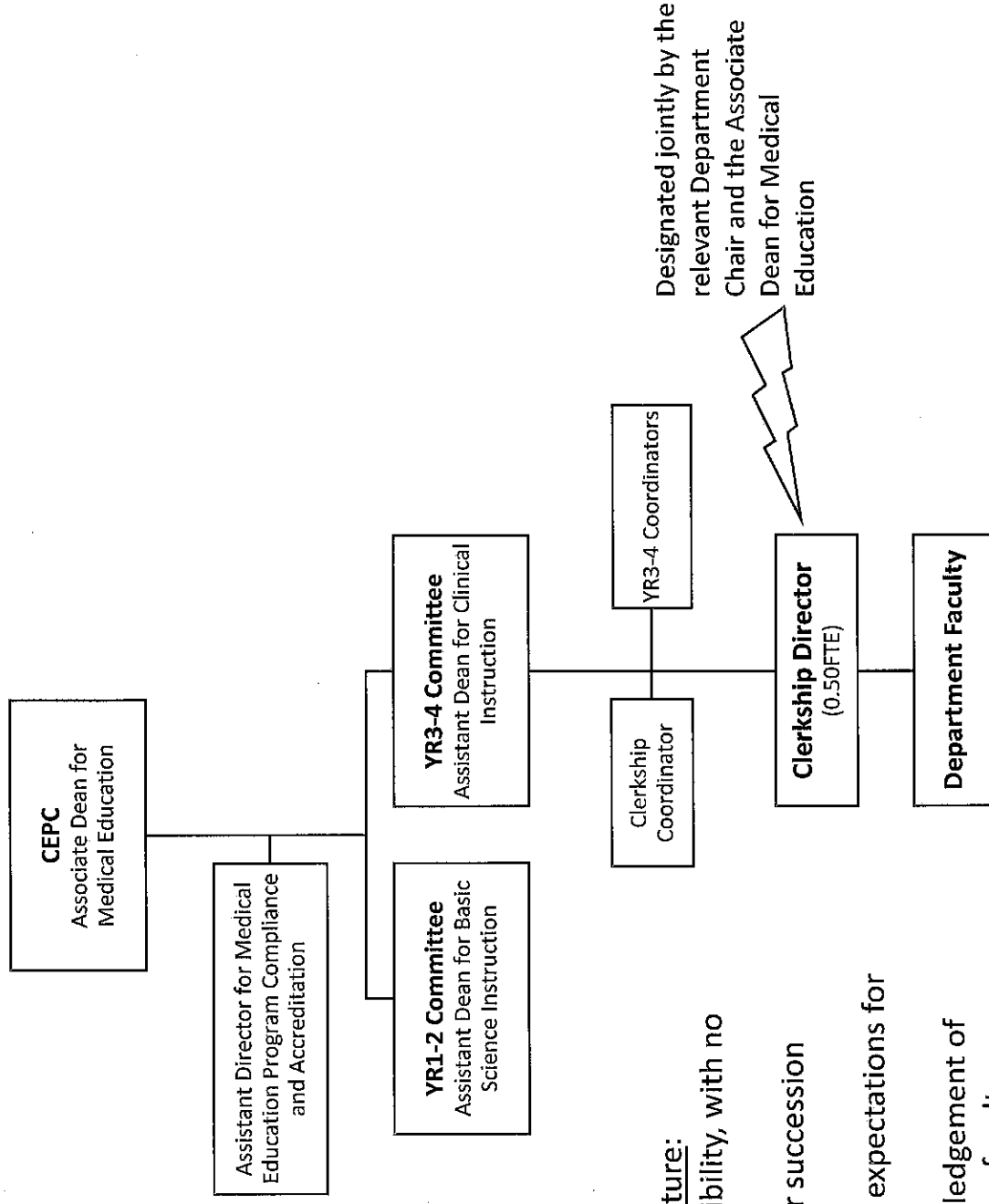
5. Committee on Graduate Medical Education (GMEC)

This committee will report to the Faculty Council. Membership shall be comprised of the Associate Dean for Graduate Medical Education who shall serve as chair, all residency program directors, the HIPAA Compliance Officer, the Senior Director for Quality Assurance/Health and Safety, and residents as elected by their peers. The Senior Director for GME and the Assistant Director for GME shall serve as *ex officio* (non-voting) members of the Committee. The Committee will establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. These policies and procedures will include: stipends and position allocation; resident duty hours and resident supervision; communication with medical staff; curriculum and evaluation; resident status; oversight of program accreditation; program changes; management of institutional accreditation, experimentation and innovation; oversight of program reductions and closures; and vendor interactions. The Committee will abide by the specific institutional requirements of the Accreditation Council for Graduate Medical Education (ACGME).

6. Committee on Student Affairs

This committee will report to the Faculty Council. The Associate Dean for Student Affairs shall serve as the chair of the committee. Committee members shall include both faculty members and students. Three members will be drawn from the Department of Medical Education (one College Master and two other educators either clinical or basic science) and two additional representatives will be drawn from the clinical departments (one must be a psychiatrist or psychologist). A student representative from each class will be selected by the Associate Dean for Student Affairs. The committee may select additional *ex-officio* faculty or student members. The committee shall be responsible for

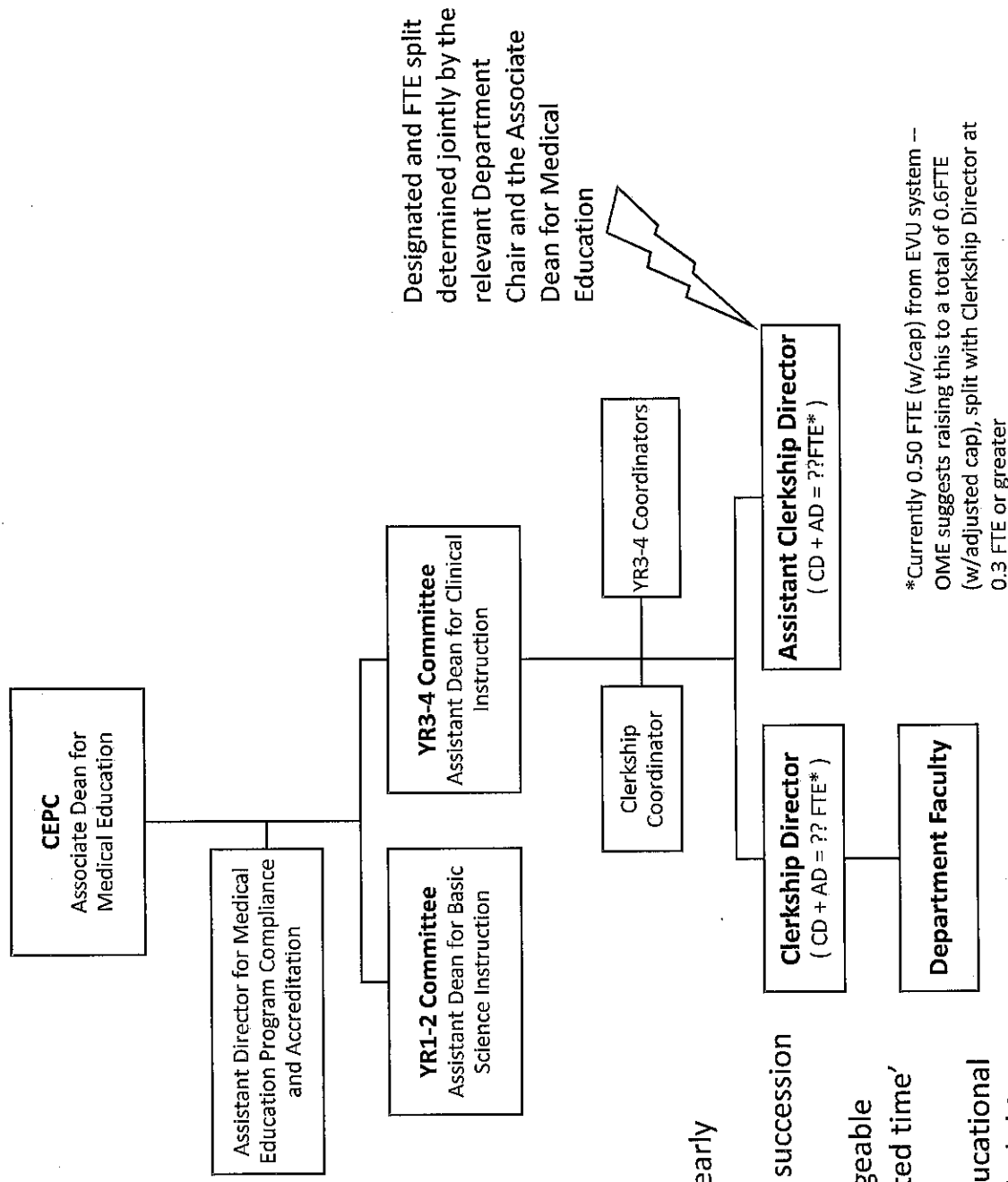
Current Clerkship Administration



Challenges related to this structure:

- System implies limited flexibility, with no designated back-up
- No inherent mechanism for succession planning
- Creates unrealistically high expectations for 'protected time'
- Limits institutional acknowledgement of educational effort to one key faculty member

Proposed Clerkship Administration



Potential advantages:

- Greater flexibility and clearly designated back-up
- Inherent mechanism for succession planning
- More flexible and manageable expectations for 'protected time'
- Provides institutional acknowledgement of educational effort by the Assistant Clerkship Director