

CEPC Meeting - 2016 SEP 19

09.19.2016 05:00 PM - 06:30 PM

Purpose:	
Presenters:	Brower, Hogg, Lacy
Attendees:	
Location:	MEB 1140

1. Review of prior minutes

Review

 CEPC Meeting 08AUGUST2016 revised.docx

2. SCEC reports

3. Policy Reviews

3. 1. Annual Evaluation report- Dr. Lacy

 Med Ed Policy Annual Report Policy v22AUG2016.docx

3. 2. Curriculum review cycle- Dr. Brower

 Curriculum Review Policy v09AUG2016RDBNo Mark-up.docx

3. 3. Test item performance - Dr. Hogg and Lacy

 Test Item Quality Policy v16SEP2016.docx  Test Item Standards Policy Proposal for the CEPC.DOCX

3. 4. GME prep for UME participation- Dr. Brower

 Departmental Resident and Fellow Preparation Plan v26AUG2016.docx  GME PREP FOR UME PARTICIPATION v16SEP2016.docx  Preparatio

3. 5. Non- Faculty Non-Trainee Ed Program Participation -Dr. Brower

 Non-Faculty PLFSOM Med Ed Policy DRAFTv23JUL2016RDB.DOCX

4. ICE case Presentation Excercise-Dr. Brower

 ICPE ASSESSMENT FORM v16SEP16.pdf  ICPE ATTESTATION FORM v16SEP16.pdf  ICPE Ice Case Presentation Exercise v16SEP16.pdf

5. BOR approval of Distinction in Anatomy program

6. Overview of upcoming CEPC curriculum review tasks -Dr. Brower

 Proposal for AY2016-17 Curriculum Reviews.pptx

7. Annual Report -Dr. Lacy

Hard copies of the full report draft distributed in committee

 Annual Report Synopsis Presentation.pptx

8. Adjourn

CEPC Meeting - September 2016

09.19.2016 05:00 PM - 06:30 PM

Purpose:

Presenters: As noted

Note Taker: Dankovich, Robin

Attendees: See attached sign-in sheet

Location: MEB 1140

1. Review of prior minutes

Review

 CEPC Meeting 08AUGUST2016 revised.docx

General Note

Announcements:

Dr. Hogg introduced new SCEC representatives: MS1 Brittany Harper & MS1 David Morris

Dr. Brower introduced new CEPC Faculty Members: Dr. Jorge Cervantes (Medical Education) & Dr. Darine Kassar (Neurology - not present)

Conclusion

Committee had no changes or updates - minutes approved for 2016 AUG 08

2. SCEC reports

General Note

MS1s - Issues with technology and course materials

- CHAMP issues - offline and access issues, in particular over the past weekend. Student leadership from MS1s are arranging meeting with IT to discuss challenges.
- Unit Objectives differ across materials (i.e. CHAMP objectives differ from what is presented in PowerPoint presentations)
- Lectures are updated late online, sometime faculty inform students, but often they do not and students are using the out-of-date materials for study.

3. Policy Reviews

General Note

General discussions for each policy below.

3.1. Annual Evaluation report- Dr. Lacy

 Med Ed Policy Annual Report Policy v22AUG2016.docx

General Note

Dr. Brower discuss items identified items that the report should include.

- Self directed learning readiness scale
- Timing of feedback
- Match rates
- LCME related monitoring items regarding the curriculum

Dr. Pfarr commented on the placement of the program outcomes within the report? Should they come at the end?


Dr. Lacy was open to change, however felt that the current organization aided in providing general/big picture information in the front portion and

more detailed drilled down data on course/clerkships in a compact manner in towards the back.

Conclusion

Approved by committee as written

3. 2. Curriculum review cycle- Dr. Brower

 Curriculum Review Policy v09AUG2016RDBNo Mark-up.docx

General Note

Dr. Brower reminded the committee that they have seen this a few times and the purpose behind the new curriculum review cycle.

Normally we spend about three monthly per year with these reviews, however this proposal provides a plan to thoroughly and deeply review concentrated segments of the curriculum and incorporates regular review of the curriculum as a whole.

In consultation with Dr. Steele and reviewing LCME standard there is a fail-safe incorporated in the policy that triggers off-cycle expedited review of any portion of the curriculum as issues are identified.

Dr. Francis - Questions the specification of who prepared and who gathers the information. Specifically the mapping has been maintained at the Assistant Dean of Clerkship Phase and not the Office of Assessment and Evaluation. She suggests alternate wording.

After brief discussion it is concluded to strike **parenthetical statement on page three**

 Curriculum Review Cycle Policy.pdf


Conclusion


Approved by committee with strike out of "[prepared & maintained by the Office of Assessment & Evaluation]"

UPDATED Policy attached that notes above revision 10/6/2016

 Curriculum Review Cycle Policy.pdf

3. 3. Test item performance - Dr. Hogg and Lacy

 Test Item Quality Policy v16SEP2016.docx

 Test Item Standards Policy Proposal for the CEPC.DOCX

General Note

Dr. Brower asked to strike out "standard" from the title of the policy.

Discussion ensued:

Dr. Hogg provided a caveat that we need to be cautious with eliminating based on the item performing well in past years. We can make notes in the exam soft database about reasons an item may have not performed as well most recently (i.e. topic not covered well)

More comments from committee on how best to statistically address poor performing question, what the literature suggests, possibility of rewarding credit to all students when question is flawed enough to remove from the test bank and how to avoid being punitive to students.

Conclusion

Dr. Brower - noted that this established policy and this is just a new format for the policy.


Approved by committee as written - caveat to review policy after a year's worth of data - follow-up Summer 2017

Task	Due Date	Owner	Project	Completion	Priority
Review the Test Item Policy	06.01.2017	Dankovich, Robin	CEPC Policy	0%	*****

3. 4. GME prep for UME participation- Dr. Brower

 Departmental Resident and Fellow Preparation Plan v26AUG2016.docx

 GME PREP FOR UME PARTICIPATION v16SEP2016.docx

 Preparation of GME trainees for roles in UME -- an LCME imperative (element 9.1).pdf

General Note


Dr. Brower reviewed the source of this policy as a means for better meeting LCME standards

- This is a supplemental to what is provided by the department already - referencing to the Resident As Teachers (RAT) and other teacher preparation processes.
- Aim to collect residency and fellow teaching preparation plans by department.

Conclusion

Approved by committee as written

3. 5. Non- Faculty Non-Trainee Ed Program Participation -Dr. Brower

 Non-Faculty PLFSOM Med Ed Policy DRAFTv23JUL2016RDB.DOCX

General Note

Dr. Brower provides an overview of the policy and the LCME standards that guides recommendation. He recognizes the need for flexibility however suggests this provides a framework.

Intent to encourage community faculty who enjoy the interaction with medical students to consider a non-salaried faculty appointment. Policy provides limits on the number of access hours allowed by community physician (20 hours per student or 60 hours per Academic Year). Those who engage with PLFSOM students in excess of these limits require institutional credentialing PLFSOM must abide by the current set standard to be a faculty member and the main sticking point appears for community physicians to join the faculty have been associated with the letters of reference requirement.

Clerkships concerns -not physicians - other professionals (i.e. midwives, nurse practioners) that are incorporated in clinical experiences - however it was noted that the hour limits were specific to physicians.

Assessment concern raised and clarified: Noted that the faculty cannot defer student assessment to the preceptor however the faculty member responsible for the student may consult the preceptor for feedback that may be used in faculty members overall assessment of the student.


Dr. Padilla asked if the CEPC responsible for central monitoring. It is noted on page 4 - it will be stricken from the policy "and the CEPC"

 Educational Program Participation by Non-Faculty Policy.pdf

Conclusion

Policy approved with stricken language.

UPDATED Policy attached that notes above revision 10/6/2016

 Educational Program Participation by Non-Faculty Policy.pdf


5. BOR approval of Distinction in Anatomy program

General Note

General announcement about the Anatomy distinction approved by the Board of Regents.

OME staff to add information as addendum to the PLFSOM AY 2016-17 catalog.

6. Overview of upcoming CEPC curriculum review tasks -Dr. Brower

 Proposal for AY2016-17 Curriculum Reviews.pptx

General Note

Dr. Brower presents CEPC review processes via attached power point - overview of what we need to do this year.

How do we transition to the next cycle?

- Assignment of 3 person teams for course and clerkship review
- Next meeting discuss the curriculum as a whole and review in the context to the PGOs.
- November - teams report back on course and clerkship reviews
- Later incorporate the PGO work groups for competency reviews and report our on this later in December.

Addressing current gap in our curriculum review is the analysis of the our overall Program Goals and Objectives for the curriculum as a whole.

Dr. Brower presents suggestions for new review teams based on new CEPC membership - detailed in .ppt

Discussion of the timeline -


Needs to be completed in a time frame to allow to incorporate it into the self-study - therefore data need to be done in the early spring.

Dr. Perry requested that PGO reporting become more staggered - Dr. Brower was receptive to have groups present more than once and partial reporting over several meetings.

Dr. Maureen Francis suggests that the course and clerkship teams should assess the same PGOs as within each course/clerkship, but Dr. Brower replied that doing the process would not fully look at the curriculum as a whole. The process needs to be global in an overall outcomes top-down approach and not how the course feeds up to the whole.

7. Annual Report -Dr. Lacy

Hard copies of the full report draft distributed in committee

 Annual Report Synopsis Presentation.pptx

General Note

Dr. Lacy - for time purposes she provided an abridged version of the presentation about the annual report.

Attached hyperlink available for online review of draft report

 [2015-16 Annual Report Draft](#)

Conclusion

Report will be presented in full at future CEPC meeting - committee members charged with review as homework.

8. Adjourn

General Note

Meeting ended at 6:44pm

Conclusion

Actual Sign In Sheet detailing all attendees

 Sign In Sheet 19SEPT2016.pdf

[Other]

General Note

Dr. Hogg introduced new members SCEC new MS1 members

Tasks Summary

Task	Due Date	Owner	Project	Completion	Priority
Review the Test Item Policy	06.01.2017	Dankovich, Robin	CEPC Policy	0%	*****

Parked Items

4. ICE case Presentation Excercise-Dr. Brower







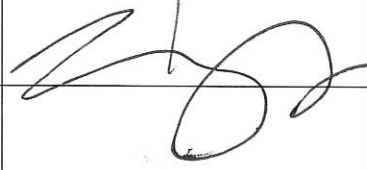
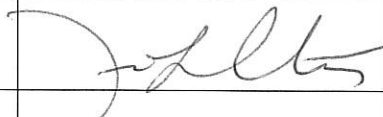
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Paul L. Foster School of Medicine


Curriculum and Educational Policy Committee Meeting
Monday, September 19, 2016

Richard Brower, MD – Chair



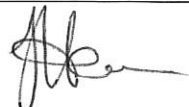


Members – Faculty

<i>Name</i>	<i>Title</i>	<i>Department</i>	<i>Signature</i>
Dan Blunk, M.D.	<i>College Master</i>	<i>Medical Education</i>	
Mark Francis, M.D.	<i>Professor</i>	<i>Medical Education</i>	
Thomas Gest, Ph.D.	<i>Professor</i>	<i>Medical Education</i>	
Osvaldo Padilla, M.D.	<i>Clinical Assistant Professor</i>	<i>Pathology</i>	
Curt Pfarr, Ph.D.	<i>College Master</i>	<i>Medical Education</i>	
Cynthia Perry, Ph.D.	<i>Assistant Professor</i>	<i>Medical Education</i>	
Laura Cashin, D.O.	<i>Assistant Professor</i>	<i>Internal Medicine</i>	
Uga Aghaegbulam, M.D.	<i>Assistant Professor</i>	<i>Internal Medicine</i>	
KASSAR, MD			
CERVANTES, MD, PhD	Ass. Prof	Med Educat	

Members - Students

<i>Name</i>	<i>Year</i>	<i>Signature</i>
Laura Palmer	MS 3	
Claire Zeorlin	MS 3	
Rima Patel	MS 3	
Daniel Welder	MS 3	
Carolina Blotte	MS 2	
Tyler Trevino	MS 2	
Douglas Weier	MS 2	
David Morris	MS 1	
Brittany Harper	MS 1	

Ex-officio - Members

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

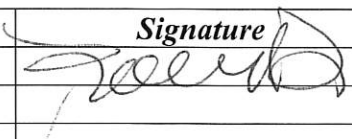
Guests

<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>
<i>Robin Dankovich</i>	<i>Medical Education</i>	

Notes



Medical Education Program Policy

Policy Name:	Curriculum review cycle (and triggers for off-cycle reviews) <ul style="list-style-type: none">- Pre-clerkship phase (Years 1 and 2) and components- Clerkship phase (Years 3 and 4) and components- Curriculum as a whole				
Policy Domain:	Curriculum management	Refers to LCME Element(s):	8.1, 8.2, 8.3		
Approval Authority:	Curriculum and Educational Policy Committee	Adopted:		Date Last Reviewed:	
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:			
Responsible Office:	Office of Medical Education	Contact:	robin.dankovich@ttuhsc.edu		

- Policy Statement:** The Curriculum and Educational Policy Committee (CEPC) shall systematically review the curriculum in a continuous 3-year cycle in the following order:
 - Year 1 – curriculum as a whole (including the fulfillment and adequacy of the medical education program goals and objectives)
 - Year 2 – pre-clerkship phase and components (courses and other requirements)
 - Year 3 – clerkship phase and components (clerkships and other requirements)

Additionally, the CEPC will review any curriculum component, either phase, or the curriculum as a whole, on an 'off-cycle' basis as necessary due to any of the circumstances listed below.

- Reason for Policy:**
 - To describe a systematic approach to curricular revision and program evaluation activities to ensure that program quality is maintained and enhanced
 - To monitor the overall quality and outcomes of individual curriculum components (courses and clerkships) and other requirements
 - To monitor the outcomes of the curriculum as a whole, and its fulfillment of the medical education program goals and objectives
 - To ensure that medical students achieve all medical education program objectives and participate in all required clinical experiences and settings
 - To review and ensure the adequacy of the medical education program goals and objectives

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3. **Who Should Read this Policy:**

- All course, SPM unit, and clerkship directors
- All members of the Curriculum and Educational Policy Committee
- All educational program administrators

4. **Resources:** The Office of Medical Education, its subsidiary Office of Assessment and Evaluation, the Curriculum and Educational Policy Committee, and the Year 1-2 and Year 3-4 Committees.

5. **Definitions:**

- **Pre-clerkship phase:** Years 1 and 2 of the PLFSOM medical education program
- **Clerkship phase:** Years 3 and 4 of the PLFSOM medical education program
- **Courses:** the required pre-clerkship phase courses
- **SPM unit:** a physiological system-based unit of the Scientific Principles of Medicine Course
- **Clerkships:** For the purposes of this policy, all references to the clerkships refer to the required Year 3 clerkships, the required Year 4 clinical rotations, and the required Year 4 selectives (critical care and sub-internship). It also refers collectively to the Year 4 electives as a curricular component.
- **Annual Educational Program Evaluation Report:** This is an annual report of educational program evaluation and outcomes data prepared by the Office of Assessment and Evaluation. The specification for this report are outlined in a separate educational program policy.
- **Systematic review:**
 - For the purposes of this policy, 'systematic review' refers to a deliberate and documented process of combining and reviewing all available institutional data (including academic outcomes and program evaluations), as well as relevant and representative national benchmark data, to assess the quality and resilience of the medical education program as a whole, or of any of its phases or individual components.
 - In addition, for the purposes of this policy, 'systemic review' refers to the use of this process to identify program weaknesses and opportunities for improvement, and to develop and assert initiatives to address and monitor these findings.

6. **The Policy:** The Curriculum and Educational Policy Committee (CEPC) shall systematically review the curriculum in a continuous 3-year cycle in the following order:

- Year 1 – curriculum as a whole (including the fulfillment and adequacy of the medical education program goals and objectives)
 - Resources:

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- Educational Program Goals and Objectives (EPGOs)
 - The Annual Educational Program Evaluation Report
 - Academic Catalog
 - Course and Clerkship Syllabi
 - Table of course, clerkship, and assessment linkages to the EPGOs (prepared and maintained by the Office of Assessment and Evaluation)
 - Year 1-2 and Year 3-4 Committees, Evaluation Committee, and Student Curriculum and Evaluation Committee
 - Any other educational program data as deemed necessary by members of the CEPC
- Process:
 - The CEPC has discretion to determine and modify the processes for systematic review of the curriculum as a whole.
 - Beginning in the Fall Semester the CEPC will determine and document the processes for systematic review of the curriculum as a whole. The process shall be completed prior to the beginning of the next academic year.
 - The process shall include:
 - Critical review of the resources listed above
 - Assessment of the program's fulfillment of each of the EPGOs
 - Specific identification of program strengths and weakness relative to its EPGOs
 - Directives for corrective actions and monitoring as indicated/necessary
 - The outcomes of the review shall be included in the minutes of the CEPC and be reported to the Faculty Council.
- Year 2 – pre-clerkship phase and components (courses and other requirements)
 - Resources:
 - The resources will be essentially the same as listed above for the systematic review of the curriculum as a whole, but with specific attention to the structure and functions of the pre-clerkship phase (years 1 and 2) and its curricular components.
 - Process:

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- The CEPC has discretion to determine and modify the processes for systematic review of the pre-clerkship phase and its curricular components.
- Beginning in the Fall Semester the CEPC will determine and document the processes to be followed. The process shall be completed prior to the beginning of the next academic year.
- The outcomes of the review shall be included in the minutes of the CEPC and be reported to the Faculty Council.
- Year 3 – clerkship phase and components (year 3-4 clerkships and other requirements)
 - Resources:
 - The resources will be essentially the same as listed above for the systematic review of the curriculum as a whole, but with specific attention to the structure and functions of the clerkship phase (years 3 and 4) curriculum components.
 - Process:
 - The CEPC has discretion to determine and modify the processes for systematic review of the clerkship phase and its curricular components.
 - Beginning in the Fall Semester the CEPC will determine and document the processes to be followed. The process shall be completed prior to the beginning of the next academic year.
 - The outcomes of the review shall be included in the minutes of the CEPC and be reported to the Faculty Council.

The CEPC shall conduct additional problem-focused reviews on an 'off-cycle' basis as necessary due to any of the following circumstances:

- For courses/clerkships/other graduation requirements:
 - A change is made in curricular content or assessment plan affecting one or more course or clerkship.
 - *For example: A new faculty member proposes to the Year 1-2 Committee that content related to a particular basic science topic is reduced, simplified, or eliminated, and other faculty members and/or the Assistant Dean for Medical Education for Basic Science Instruction identifies this as a significant risk to the course's fulfillment of its approved syllabus.*

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- A change is made in the sequencing of curricular content affecting one or more course or clerkship.
 - *For example: An SPM course unit director proposes that a unit of the SPM course, or a clinical presentation within a unit of the SPM course, be shifted elsewhere in the unit – or to another unit (affecting the instructional plans for the other pre-clerkship courses).*
- The availability or function of the educational spaces or other resources regularly utilized by one or more course or clerkship changes to the extent that modification of its approved instructional methods or assessment plan is required.
 - *For example: A major affiliated hospital decides to close a unit or program upon which a required clerkship is reliant.*
- As requested by the Dean, the Associate Dean for Medical Education, or the CEPC as a whole, based on a change in a curricular component's outcomes/performance.
 - *For example: There is an abrupt drop in student performance on one or more SPM course end-of-unit exams, or on one or more Clerkship-associated NBME subject exams.*
 - *For example: There is an abrupt drop in student satisfaction with a particular curriculum component based on internal program evaluations and/or the AAMC Graduate Questionnaire*
- Phase (pre-clerkship, clerkship):
 - A change is made in curricular content or assessment plan affecting the structure and outcome measures of either the pre-clerkship or clerkship phase.
 - A change is made in the sequencing of curricular content affecting the structure and outcome measures of either the pre-clerkship or clerkship phase.
 - *For example: The changes proposed in AY2014-15 (and currently being implemented) related to adjusting the pre-clerkship phase calendar in order to allow an earlier start of the clerkship phase.*
 - The availability or function of the educational spaces or other resources regularly utilized by one or more course or clerkship changes to the extent that modification of the structure of the

Policies are subject to revision. Refer to the Office of Medical Education website or contact the Office of Medical Education to ensure that you are working with the current version.



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curricular phase (including the relationships between its components)
is required.

- *For example: There is a fire in the anatomy lab, instruction must be relocated and reconfigured for 1-2 years.*
- As requested by the Dean, the Associate Dean for Medical Education, or the CEPC as a whole, based on changes in the outcomes associated with the phase.
 - *For example: There is an abrupt change or developing trend in student performance on USMLE Step 1 that suggests inadequate performance of the pre-clerkship curriculum.*
 - *For example: AAMC GQ data suggests a precipitous decline in the clerkship phase learning environment and/or clinical instruction.*
- Curriculum as a whole:
 - The PLFSOM educational program goals and objectives are modified.
 - *For example: A new educational program objective is proposed to specifically address the acquisition of skills in the performance of common clinical procedures.*
 - A change in a course, clerkship, other graduation requirement, or curriculum phase, reduces or eliminates content and/or assessment elements identified as essential to fulfillment of an educational program objective.
 - As requested by the Dean, the Associate Dean for Medical Education, or the CEPC as a whole, based on changes in the outcomes associated with the performance of the curriculum as a whole.
 - *For example: The PLFSOM graduation rate trends downward and/or becomes inconsistent with national benchmark data.*
 - *For example: Poor performance by PLFSOM graduates as evidenced by USMLE Step 3 and/or feedback from GME program directors.*



Curriculum and Educational Policy Committee Meeting

Date: August 08, 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 of the July 11, 2016 meeting were reviewed and approved with no additional revisions.

General Announcements

Dr. Brower stated that this will be the last meeting for Dr. Piskurich as a member of the CEPC after many years of service; he recognized her service and mentioned that she will be serving in the GPC committee. This will also be the last meeting for Dr. Sundin.

II. SCEC Rep Reports **Student Representatives**

Students mentioned they are experiencing numerous issues on CHAMP; they were informed that all the Academic Technology support requests and/or issues can be directed to Jose Lopez, Associate Director of Academic Technology, or to their e-mail distribution list: : IT-Academics@ttuhsc.edu for assistance. These issues are caused by the implementation of the new curriculum management system, and the assessment and clinical scheduling tools; the IT department is working to minimize the impact until the new platforms become fully implemented.

Justin Hartmann, MS2, was introduced as new Curriculum representative. MS1 representatives will be selected in the next couple of weeks.

Students also mentioned other issues. One was that the IM/PSYCH issues continue, mainly from the Psych department regarding scheduling. Students are scheduled on the child/adolescent outpatient side only one day of the week, however, they would like to stay longer to be able to follow up on patients and have better understanding of the cases. It was also mentioned that longitudinal are much better organized now, and that the FM/Surgery clerkship seems not to have enough preceptors per students.

Action Item: Dr. Francis will address these issues with all the different clerkships.

III. Meeting Booster

Robin Dankovich

Meeting Booster is a cloud-based meeting management system that is integrated with Outlook. It will allow disseminating minutes and all the meeting's material more effectively; it integrates tasks and follows up with the action items. Ms. Dankovich mentioned that this will help to meet an LCME requirement by allowing archiving and keeping track of all the discussions at the meetings more efficiently.

This project is currently in the testing phase, it is projected to be implemented in the next couple of weeks.

Also, it was announced that due to change in personnel and roles, a new centralized e-mail distribution list was created for all CEPC meeting activities.

IV. Block 3 Report and Aggregate AY2015-16 Clerkship Block Data

Maureen Francis, M.D.

A detailed presentation of the Clerkship Report Data provided by Dr. Maureen Francis ensued. This report includes comparability plus clerkship block performance data.

The following conclusions resulted from Dr. Francis' presentation and the discussion by the CEPC:

- Overall, the comparability of experiences at the different sites for the required clerkships is good.
- The current system of clerkship monitoring (including the monitoring of clerkship site comparability) will be maintained – with particular attention to:
 - Monitor the level of responsibility for patient encounters in Op Log in Psychiatry, Internal Medicine, and Surgery at the UMC compared to other sites to watch for trends.
 - Monitor new rotation sites, such as THOP for Internal Medicine. Experience seems comparable but number of students rotating there is too small at this time.
 - Monitor % Honors in each clerkship in light of the new honors policy which will take effect in 4th year for the first time this academic year.
 - Monitor % honors in Neurology at WBAMC site to determine if there is a trend toward higher number of clinical honors.
- The OME will consider and develop methods for routinely including student satisfaction and evaluation data by sites for the required clerkships.

A copy of the report is attached.

V. Need for a new EPGO related to Patient Care: Technical Skills/Procedures

Maureen Francis, M.D.

A new Educational Program Objective was proposed to be added regarding general procedures because of the entrustable professional activities that are supposed to be taught to the students per AAMC guidelines. Dr. Maureen Francis proposed adding a new PGO under the Patient Care section (1.10) that says: "Demonstrates and applies understanding of key issues in performing procedures and mitigating complications, and demonstrates reliable mechanical skills in performing general procedures of a physician."

If approved, all courses would have to remap their objectives to include this objective related to procedures.

Action Item: The CEPC authorized adding this new PGO. It will be implemented next AY.

VI. Revision to Common Clerkship Policies – and Associated Med Ed Policy

Dr. Brower stated that as previously authorized by the CEPC, the following Policies have been finalized:

Copies were circulated as part of the handouts for review.

- SCEC Charter,
- Clerkship Director PD and Course Director PD, and
- Non-Faculty Participation in UME.

The Common Clerkship Policies document was previously approved; however, there are some updates that needed to be included in the last version. Dr. Francis presented a quick overview of the new updates to these policies. The main change is that Student Affairs has covered the duty hour's policy for the medical students. This policy has in base GME hour's policy stating that medical students in the clerkship years have the same restrictions as interns. These restrictions include no more than 80-hours a week, no more than 16-hour shifts, and a mandatory break suggesting 10-hour break between duty hours.

The other change is that the contact list for the clerkships will be updated due to changes in personnel.

Action Item: Dr. Francis will provide an updated copy of the Common Clerkship Policies, containing the updated duty hours as per Student Affairs; the Medical Education Policy will be updated to reflect this change as well.

VII. Scholars in Primary Care

Charmaine Martin, M.D.

Dr. Martin gave an overview about the Scholars in Primary Care program. She mentioned that this program is possible through grant funding from the Texas Higher Education Coordinating Board. It is an interdisciplinary, innovative and complementary 4-year curriculum that provides the students with unique training experiences. The goal is to increase the number of primary care medical students in Texas, by developing different elements such as leadership training, introduction to practice management and patient advocacy. They are currently recruiting faculty mentors that are available to meet with the students to discuss academic issues and career goals and plans.

Students receive an educational stipend to cover travel expenses when attending a national primary care conference; faculty mentors will also receive a yearly allowance for travel expenses with the hope of encouraging the bond with their mentee and help them present scholarly work at the conference.

This academic year, it is intended that MS2s take on an MS1 as mentee to guide and provide advice as they course their first year of medical school.

Students team up in rotations at clinics to offer immediate feedback on patient care; this provides students the opportunity to develop clinical skills under faculty supervision.

Dr. Brower stated that this program is basically an elective and supplemental enrichment activity; it is not intended to distract students from the required/core curriculum, and it will be monitored by the CEPC in this regard.

Action Item: Dr. Brower invited Dr. Martin to provide annual updates of the program's progress to the committee.

VIII. UME Program Policies

Richard Brower, M.D.

- Non-faculty Participation in UME
- Course/Clerkship, and Curriculum as Whole Reviews
- Annual Report
- Guidelines for Schemes and Process Worksheets
- WCE Prep Packets
- Other TBD

Naomi Lacy, Ph.D.

It was mentioned that these policies will be sent via e-mail in about a week for the CEPC committee members to review and comment.

Action Item: If there is any issue or concern regarding any policy, Dr. Brower asked to please bring it to the next CEPC meeting for additional discussion. If no further issues arise and policies are acceptable, they will be considered approved.

IX. ICE Case Presentation Exercise

Richard Brower, M.D.

Dr. Brower briefly mentioned that he will circulate an e-mail with these documents for review as well. Item deferred for future meeting.

X. CEPC Curriculum Review Tasks for the Current AY

- Schedule and format for review of curriculum fulfillment of the Program Goals and Objectives
- Syllabus Template Proposal Reviews (Pre-Clerkship and Clerkship Phases)
- Annual Report and Course/Clerkship Team Reviews (Coming soon!)

Dr. Brower went over regarding the upcoming tasks for the current Academic Year:

- Annual Report will be presented by Dr. Lacy in the upcoming month.
- Reviewing the plan to review the Curriculum as a whole and fulfilling the Educational Program Goals and Objectives is a very important task for this Academic Year to be in compliance with the LCME, since the last time it was reviewed was back in 2012.
- Another important task is to review is the combined Year 1-2, Year 3-4, CEPC and UME Task Force Committees Meeting scheduled in early October. This meeting provides an opportunity to look at what has been approached to be able to continue the quality improvement in education.

XI. Need for New Members – Replacements for Dr. Piskurich and Dr. Sundin

After mentioning that this will be the last meeting as members of the CEPC committee for Drs. Piskurich and Sundin, Dr. Brower mentioned that Dr. Pfarr will now be the College Master representative.

He also emphasized the need of new basic scientist clinician members for the CEPC Committee and suggested Dr. Darine Kassir, Neurology Clerkship Director. He will address this with her, based on the interest she has expressed about serving in the committee. He encouraged the members of the committee to make suggestions if they identify any other prospects from other departments interested in serving in the committee.

Action Item: Dr. Brower will ask Dr. Kassir about becoming a member of the CEPC.

XII. Open Forum

There were no items for discussion.

XIII. Adjourn

Richard Brower, M.D.

The next CEPC meeting is scheduled for 5:00pm on September 19, 2016. Dr. Brower adjourned the meeting at 6:38p.m.



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Medical Education Program Policy

Policy Name:	Annual Evaluation Reporting				
Policy Domain:	Education Program Evaluation	Refers to LCME Element(s):	LCME 8.2 LCME 8.3 LCME 8.4		
Approval Authority:	Curriculum and Educational Policy Committee (CEPC)	Adopted:		Date Last Reviewed:	
Responsible Executive:	Director of Assessment & Evaluation	Date Last Revised:			
Responsible Office:	Office of Assessment & Evaluation	Contact:	Naomi Lacy, Ph.D.		

1. Policy Statement: The Director of Assessment & Evaluation shall provide a report regarding the structure, outcomes and evaluations of the PLFSOM undergraduate medical education program to the Curriculum and Educational Policy Committee (CEPC) each year at its regularly scheduled meeting in September.
2. Reason for Policy: In order to fulfill their mission, the CEPC needs sufficient data to make informed judgements about the curriculum and its outcomes.
3. Who Should Read this Policy:
 - Office of Medical Education personnel
 - Office of Assessment & Evaluation staff
 - Members of the CEPC
4. The Policy: In the fall of each year, the Director of Assessment & Evaluation shall provide the CEPC with a report including the following elements:
 - Executive summary
 - Methodology
 - Curriculum overview
 - Curriculum changes and schematics
 - Program goals and objectives mapped by course (including content and assessments)
 - Educational program policy and practice changes monitoring as requested by the CEPC to monitor the outcomes of its decisions)
 - Program Outcomes
 - USMLE Step 3 results
 - Annual measures
 - Jefferson Empathy Scale
 - Social Medicine Scales
 - Self-Directed Learning Readiness Scale
 - Graduated student survey results
 - Graduate program directors

Policies are subject to revision. Refer to the Office of Medical Education website or contact the Office of Medical Education to ensure that you are working with the current version.



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- Graduates
 - Graduation rate
 - Initial residency match rate (plus ultimate placement rate)
 - Residency match distribution by specialty
 - Timing of feedback
- LCME Related Items
 - Any monitoring items pertaining to the curriculum
 - Curriculum related tables not captured elsewhere
- Pre-clerkship phase (Years 1 & 2) curriculum
 - Outcomes
 - Grades (pass rates)
 - In House Exams
 - CEYE
 - CBSE
 - STEP 1
 - Evaluation results by course
- Clerkship phase (Years 3 & 4) curriculum
 - NBME Comprehensive Clinical Science Exam
 - USMLE Step 2CK
 - USMLE Step 2CS
 - M3 clerkships
 - Outcomes
 - Grades (pass rates, honors rates)
 - NBME subject exams
 - Student clinical activity, duty hours, timely feedback, and timely assessment data (including site comparison information for clerkships with multiple sites)
 - Evaluation results
 - M4 required courses
 - Outcomes (Grades (pass rates, honors rates)
 - Evaluation results
 - M4 electives
 - Elective subscription rates
 - Grades (pass rates, honors rates)
 - Evaluation results for courses with subscription greater than 4

After acceptance by the CEPC, the report shall be published on the Office of Medical Education website.

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Medical Education Program Policy

Policy Name:	Summative Test Item Performance Standard Policy				
Policy Domain:	Assessment		Refers to LCME Element(s):		
Approval Authority:	Curriculum and Educational Policy Committee	Adopted:	2/1/2016	Date Last Reviewed:	2/1/2016
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:			
Responsible Office:	Office of Medical Education	Contact:	robin.dankovich@ttuhsc.edu		

- 1. Policy Statement:** Individual test item quality on pre-clerkship multiple choice question-based summative exams must maintain a level appropriate in assessing student understanding. This policy establishes the criteria for test bank items with standards that assess the reliability and validity of items beginning with the Academic Year 2016-17.
- 2. Reason for Policy:** PLFSOM administers NBME style exams to pre-clerkship students as a means of assessing the students' knowledge base. While we recognize the importance of subject mastery, these exams are intended to provide a reliable and valid means of assessing the overall knowledge base of the student. The quality of individual test items on a test determines the reliability and validity of that test. With this in mind, this policy sets the standards by which test items will be kept in the test bank.
- 3. Who Should Read this Policy:**
 - Pre-clerkship Phase (Year 1 and Year 2) Course Directors and Course Faculty
- 4. Resources:** Office of Medical Education Annual Evaluation Report
- 5. Definitions:**
 - "Item difficulty" – calculated as percentage of the class getting item correct.
 - "Item discrimination" – calculated as the percentage of students in the upper quartile who get the correct answer minus the percentage of students in the lower quartile who get the correct answer
- 6. The Policy:**

Reporting and Monitoring:

- *Data indicating test item quality will be published as part of the Office of Medical Education Annual Report for CEPC review.*
- *The Assistant Dean for Medical Education for Basic Science Instruction and the Year 1-2 Committee will review the data resulting from the application of this*

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policy after each SPM unit (as part of the unit debriefing). The CEPC will review the data in aggregate on an annual basis – or as deemed necessary by the Assistant Dean for Medical Education for Basic Science Instruction based on the outcome of the unit reviews.

- *Benchmark data established AY 2016-17, the initial implementation period of this policy*

Items requiring action: *Test items that do not perform within the quality guidelines will be removed from the test item pool, pending either improvement or replacement.*

- **Difficulty**
 - For any item with a difficulty of .2 or less, the item will be removed from the test and from the pool until improved (see below).
 - For any item with a difficulty of .9 or above, no changes to the test are required. The item is removed from the pool until it is made more difficult.
- **Discrimination**
 - Items with discrimination scores less than .1, item is removed from the pool until improved.
- **Foil Quality**
 - If 50% or more of the foils are not selected, the item is removed from the pool until improved.
 - Items that fall within the quality guidelines will be included in grade calculations. Figure 1 presents the flow of decision points about item actions.

Item Remediation Process: *When an item is removed from the test bank/item pool, the responsible faculty member shall have the option of permanently archiving the question or improving the question. If the item is archived, it will be tagged as unusable so that it may not be used again without improvement.*

If the faculty chooses to improve the question, a team of at least 2 other faculty members shall review the question. The reviewers will be provided with the original item statistics and reason for revision.

7. **Attachments:** The attached document entitled, “Summative Test Item Standards Policy” (as approved by the CEPC on February 1, 2016) is adopted as a Medical Education Program Policy.



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- In addition to institutional and school-level programs to generally prepare GME trainees for roles in teaching, supervision, and assessment of other trainees and students, all clinical departments with GME programs that interact with medical students (UME) shall develop a plan for the preparation of their GME trainees that is consistent with the policy statement above.
- These plans shall be:
 - Specific to the department's UME components and functions
 - Systematic – fulfilling all policy-related expectations on a regular and appropriate cycle
 - Centrally monitored
 - Applicable to all PLFSOM-affiliated GME trainees
 - Based on the attached template
 - Reviewed at least every four years, or as necessary due to changes in UME or GME administration, or due to concerns expressed by the department chair, clerkship director, GME program director, or the Office of Medical Education

7. **Attachments:** “Department Resident and Fellow Preparation Plan” template

Summative Test Item Standards Policy

Purpose:

PLFSOM administers NBME style exams to the M1 & M2 students as a means of assessing the students' knowledge base. While we recognize the importance of subject mastery, these exams are intended to provide a reliable and valid means of assessing the overall knowledge base of the student. The quality of individual test items on a test determines the reliability and validity of that test. With this in mind, this policy sets the standards by which test items will be kept in the test bank.

Item Statistics used by this policy

Item difficulty – calculated as percentage of the class getting the item correct.

Item discrimination – calculated as the percentage of students in the upper quartile who get the correct answer minus the percentage of students in the lower quartile who get the correct answer.

Items requiring action

Test items that do not perform within the quality guidelines will be removed from the test item pool, pending either improvement or replacement.

- **Difficulty**
 - For any item with a difficulty of .2 or less, the item will be removed from the test and from the pool until improved (see below).
 - For any item with a difficulty of .9 or above, no changes to the test are required. The item is removed from the pool until it is made more difficult.
- **Discrimination**
 - Items with discrimination scores less than .1, item is removed from the pool until improved.
- **Foil Quality**
 - If 50% or more of the foils are not selected, the item is removed from the pool until improved.

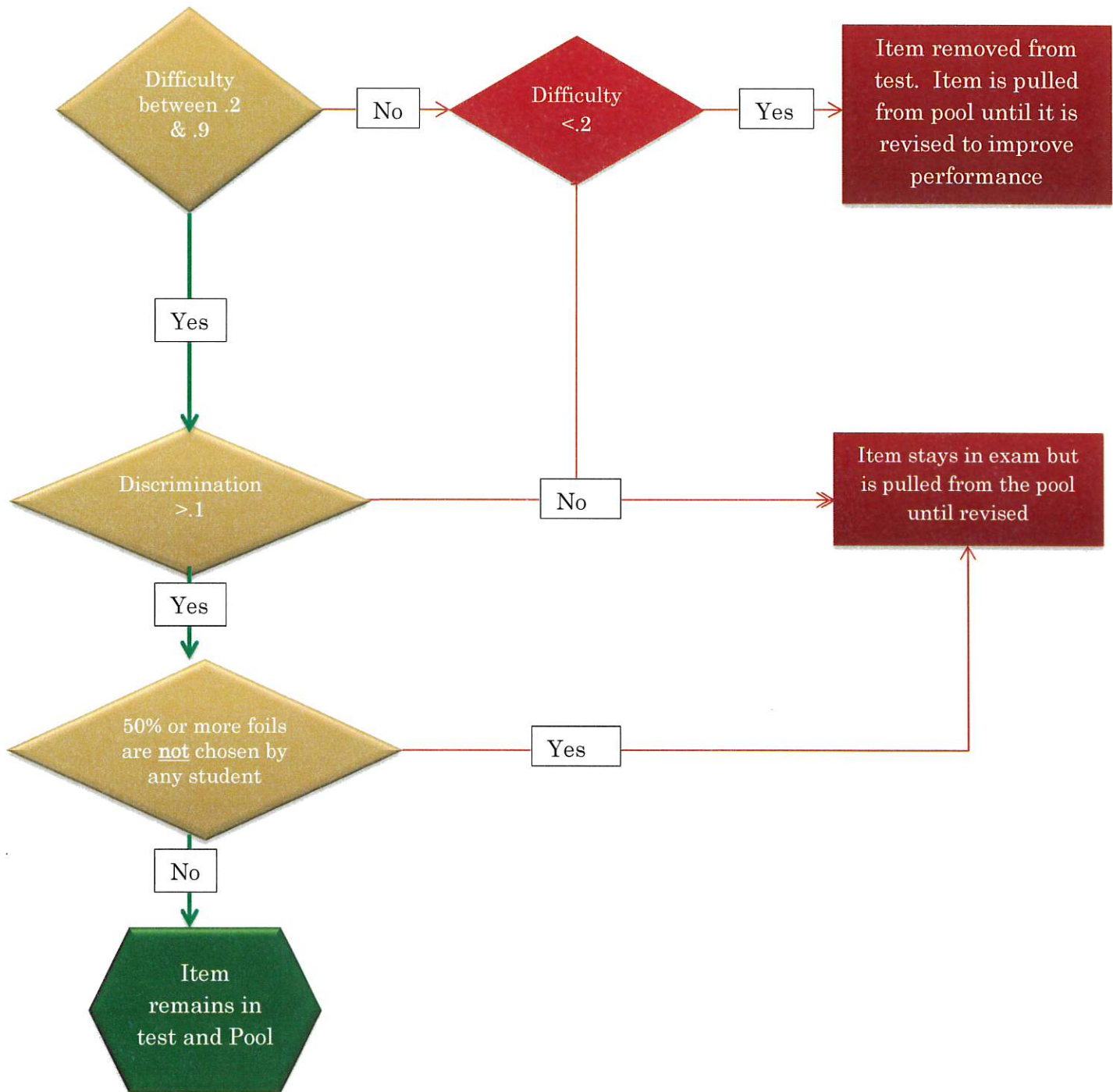
Items that fall within the quality guidelines will be included in grade calculations. Figure 1 presents the flow of decision points about item actions.

Item Remediation Process

When an item is removed from the test bank/item pool, the responsible faculty member shall have the option of permanently archiving the question or improving the question. If the item is archived, it will be tagged as unusable so that it may not be used again without improvement.

If the faculty chooses to improve the question, a team of at least 2 other faculty members shall review the question. The reviewers will be provided with the original item statistics and reason for revision.

Figure 1: Item Analysis Decision Flow



Annotated Bibliography:

Crystal Ramsay, *Item Analysis*. Accessed at <http://sites.psu.edu/itemanalysis/difficulty-2/> - provides a short tutorial on item statistics. Information used for this policy:

% Correct	Item difficulty designation
0 – 20	Very difficult
21 – 60	Difficult
61 – 90	Moderately difficult
91 – 100	Easy

"Very easy or very difficult items are not good discriminators.... It is typically recommended that item discrimination be at least .20."

Office of Educational Assessment, *Understanding Item Analysis Reports*. Accessed at https://www.washington.edu/oea/services/scanning_scoring/scoring/item_analysis.html. Information used for this policy:

Ideal difficulty levels for multiple-choice items in terms of discrimination potential are:

Format	Ideal Difficulty
Five-response multiple-choice	70
Four-response multiple-choice	74
Three-response multiple-choice	77
True-false (two-response multiple-choice)	85

(from Lord, F.M. "The Relationship of the Reliability of Multiple-Choice Test to the Distribution of Item Difficulties," *Psychometrika*, 1952, 18, 181-194.)

Scoring Office, Michigan State University, *Item Analysis Guidelines*. Accessed at <https://www.msu.edu/dept/soweb/itanhand.html>.

... If possible, items should have indices of difficulty no less than 20 and no greater than 80. It is desirable to have most items in the 30 to 50 range of difficulty. Very hard or very easy items contribute little to the discriminating power of a test.

Kehoe, Jerard (1995). Basic item analysis for multiple-choice tests. *Practical Assessment, Research & Evaluation*, 4(10). Retrieved October 13, 2015 from <http://PAREonline.net/getvn.asp?v=4&n=10>

The proportion of students answering an item correctly also affects its discrimination power. This point may be summarized by saying that items answered correctly (or incorrectly) by a large proportion of examinees (more than 85%) have markedly reduced power to discriminate. On a good test, most items will be answered correctly by 30% to 80% of the examinees.... Distractors that are not chosen by any examinees should be replaced or eliminated. They are not contributing to the test's ability to discriminate the good students from the poor students. ... Items that virtually everyone gets right are useless for discriminating among students and should be replaced by more difficult items. ...

French, Christine (2001). A Review of Classical Methods of Item Analysis. Annual Meeting of the Southwest Educational Research Association (New Orleans, LA, February 1-3, 2001). Accessed at <http://files.eric.ed.gov/fulltext/ED450152.pdf>.

... A high index of item discrimination ($d > .40$) will always preferred over a lower index of discrimination (Ebel & Frisbie, 1986). ...The item discrimination index is equal to the number of students in the upper scoring group, U , minus the number of students in the lower scoring group, L , who get the correct answer on a certain question. The difference is then divided by the total number of students in each group (Cohen, Swerdlick, & Phillips, 1996).

However, there is a general rule about the preference level for an item discrimination index. Anastasi and Urbina (1997) suggested a level above or as close to 50% as possible. Others have laid out a guideline of all the possible discrimination index values and their evaluation. Ebel and Frisbie (1986) suggested that item discrimination indices greater than .40 are very good items, those between .30 and .39 are good but there is some room for revision, those between .20 and .29 are borderline and are in need of improvement, and those below .19 should be eliminated or undergo much improvement (p. 234).

McCowan, Richard N and Sheila C. McCowan, 1999. *Item Analysis for Criterion- Referenced Tests*. Buffalo, New York 14207-2407.

Table 9
Optimal Difficulty Levels for Items with Different Options
(for tests with 100 items)

Optimal Difficulty Level	Number of Options
2	.75
3	.67
4	.63
5	.60

Other ROUTINE AND SYSTEMATIC processes for disseminating clerkship session or activity-related learning objectives, instructions, and expectations:

- List each process in a separate row below, add additional rows as necessary

Process	Description	Timing, trigger, or cycle	Monitoring^

Any OPTIONAL OR SUPPLEMENTAL activities or resources provided to residents by the department to enhance their knowledge and abilities for participation in UME (specifying when and how often they occur, and who is eligible):

- Specify who is eligible (i.e., what type or subset of residents and fellows)
- List each process in a separate row below, add additional rows as necessary

Activity or resource	Description	Timing, trigger, or cycle	Monitoring

*EPGOs: PLFSOM Education Program Goals and Objectives (updated version published and distributed annually – also publically available through the PLFSOM online academic catalog)

^Fulfillment of required activities and processes must be monitored. In addition, alternative means of fulfillment of required activities and processes should be identified as relevant/necessary. Utilization of optional activities or resources should be monitored when possible.



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Medical Education Program Policy

Policy Name:	Preparation of GME Trainees for Participation in UME				
Policy Domain:	Teaching	Refers to LCME Element(s):	9.1		
Approval Authority:	Curriculum and Educational Policy Committee	Adopted:		Date Last Reviewed:	
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:			
Responsible Office:	Office of Medical Education	Contact:	robin.dankovich@ttuhsc.edu		

- 1. Policy Statement:** GME trainees (residents and fellows) who supervise or teach medical students shall be familiar with the learning objectives of the courses and/or clerkships in which they participate, and be prepared for their roles in teaching, supervision, and assessment. In addition, GME trainees will be provided with resources to enhance their skills in these areas.
- 2. Reason for Policy:**
 - GME trainees frequently interact with medical students in multiple educational roles and settings.
 - The policy statement reflects an LCME accreditation imperative.
- 3. Who Should Read this Policy:**
 - Clerkship directors, assistant directors, and coordinators
 - GME training program directors, assistant directors, and coordinators
 - Chairs of Departments sponsoring GME programs that participate in UME
- 4. Resources:**
 - Office of Medical Education, officers and staff
 - Office of Graduate Medical Education, officers and staff
 - Year 3-4 and Clerkship coordinators
- 5. Definitions:**
 - GME trainee: residents and fellows participating in PLFSOM affiliated graduate medical education programs.
 - UME participation: interacting with medical students as part of the undergraduate medical education program (specifically including the teaching, supervising, and assessing of medical students).
- 6. The Policy:**

Policies are subject to revision. Refer to the Office of Medical Education website or contact the Office of Medical Education to ensure that you are working with the current version.

From: [Brower, Richard](#)
To: [Mallett, Veronica](#); [Fuhrman, Brad](#); [Shokar, Gurjeet](#); [Tyroch, Alan](#); [Mukherjee, Debabrata](#); [Briones, David](#); [Cruz-Flores, Salvador](#); [Michelson, Edward](#); [Calleros, Jesus](#); [Abdelgawad, Amr](#)
Cc: [Meza, Amanda](#); [Lange, Richard](#); [Francis, Maureen](#); [LCME Accreditation Team - El Paso](#)
Subject: Preparation of GME trainees for roles in UME -- an LCME imperative (element 9.1)
Date: Saturday, August 27, 2016 9:05:06 AM
Attachments: [Departmental Resident Preparation Plan v26AUG2016.docx](#)
Importance: Low

To the PLFSOM Clinical Department Chairs -- Greetings all:

In follow-up to the message copied below, please add this issue to your next Department meeting agenda for a quick discussion. **the Office of Medical Education is relying on you to support this effort** by encouraging your GME and UME program leaders to work together and submit their plans by November 4th, earlier if possible. This should be relatively easy to achieve, and **most of the necessary resident prep activities are likely already occurring or will be simple to add** -- they just need to be documented and systematic (see attached template).

Please contact me or Dr. Maureen Francis if you have questions or concerns.

This effort in support of LCME accreditation survey prep is greatly appreciated -- thanks!

--Rick

Richard D. Brower, M.D.
Associate Dean for Medical Education, Office of Medical Education
Associate Professor, Department of Medical Education
Clinical Associate Professor, Department of Neurology

From: Brower, Richard
Sent: Friday, August 26, 2016 4:47 PM
To: Mallett, Veronica; Fuhrman, Brad; Shokar, Gurjeet; Tyroch, Alan; Mukherjee, Debabrata; Briones, David; Cruz-Flores, Salvador; Michelson, Edward
Cc: Calleros, Jesus; Lyn, Heidi; Martin, Charmaine; Milan, Stacey; Fuhrman, Lynn; Cashin, Laura; Tonarelli, Silvina; Kassir, Darine; Parsa, Michael D; Vashishtha, Neha; Molokwu, Jennifer; Mclean, Susan; Lopez, Sandra; Ayoub-Rodriguez, Lisa; Chambers, Karinn; Fitzgerald, Tamara; Meza, Armando; Lange, Richard; Mendez, Melissa; Davis, Br; Salameh, Hasan; 'justin.d.orr.mil@mail.mil'; Weisman, Henry; Piriawat, Paisith; Uga, Aghaegbulam H; Farrag, Safa; LCME Accreditation Team - El Paso
Subject: Preparation of GME trainees for roles in PLFSOM UME -- an LCME imperative (element 9.1)

Dear Department Chairs, Residency and Fellowship Directors, and Required Clerkship Directors:

As part of preparing for our upcoming LCME accreditation survey, it is very important that we demonstrate routine and reliable systems for preparing all residents and fellow for participation in the PLFSOM undergraduate medical education program. As you may be aware, there is some required and centrally managed general training (the "Residents as Teachers" modules) administered upon employment by the Office of Graduate Medical Education. However, though this training is important and necessary, it is not sufficient. We must also demonstrate that all residents and fellows are well-prepared to participate in the specific elements of the UME curriculum sponsored by their departments. To a large extent, I believe that the Departments are already accomplishing this -- these efforts just need to be adequately documented, monitored, and in some cases made more reliable and systematic.

- **In this regard, all clinical departments that sponsor required elements of the MD degree program (PLFSOM clerkships and selectives -- plus the Department of Radiology and the Department of Orthopedics), are asked to develop a "Departmental Resident and Fellow Preparation Plan" that addresses all of the elements included in the attached worksheet.**

Completion of this task -- as well as implementation and monitoring of the plan -- should be a collaborative effort by the UME and GME program directors in each Department, and may require the encouragement and support of the Department Chair.

- **Submission of your Departmental Resident and Fellow Preparation plan by November 4, 2016, is essential (and earlier responses would be greatly appreciated).**
- **The plans should be submitted to Dr. Maureen Francis, Assistant Dean for Clinical Instruction (maureen.francis@ttuhsc.edu).**

Our goal is to have these plans reviewed by the Curriculum and Educational Policy Committee before the end of this calendar year (which should allow us time to update our LCME DCI and significantly improve our evidence of compliance with this important element).

Please feel free to follow-up with me, or with Dr. Maureen Francis, if questions or concerns arise.

Thanks!

--Rick

Note: If you are aware of other UME and/or GME program leaders in your department who were not included in this message (and there are undoubtedly several), please forward it to them.

Richard D. Brower, M.D.

Associate Dean for Medical Education, Office of Medical Education

Associate Professor, Department of Medical Education

Clinical Associate Professor, Department of Neurology

Paul L. Foster School of Medicine; TTUHSC El Paso

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Medical Education Program Policy

Policy Name:	Educational Program Participation by Non-Faculty				
Policy Domain:	Instructional Methods and Resources	LCME Elements:	9.1		
Approval Authority:	Curriculum and Educational Policy Committee	Date First Adopted:		Date Last Reviewed:	
Responsible Executive:	Assoc. Dean for Med Ed	Date Last Revised:			
Responsible Office:	Office of Med Ed	Contact:	robin.dankovich@ttuhsc.edu		

1. **Policy Statement:** Involvement by non-faculty in medical student instruction is to be strictly limited and centrally monitored.
2. **Reason for Policy:** This policy is intended to guide, inform, and regulate the involvement of non-faculty in medical student instruction.
3. **Who Should Read this Policy:** This policy should be read by all Course Directors, Faculty, and Course Coordinators involved in curricular elements that may include participation in instruction by non-faculty
4. **Resources:** None
5. **Definitions:**
 - a. **"Non-faculty":** For the purposes of this policy, "non-faculty" refers to physicians, therapists, nurses, other health care providers, scientists, technicians, and other individuals with special skills and/or expertise that are relevant to a well-rounded medical education, who are not appointed to the faculty of the Paul L. Foster School of Medicine and who are not post-graduate trainees affiliated with the Paul L. Foster School of Medicine or any academic component of the Texas Tech University Health Sciences Center El Paso.
6. **The Policy:**

General principles related to non-faculty participation in the educational program:

Almost all instruction and facilitation in the required curricular components of the Paul L. Foster School of Medicine educational program is to be provided by its faculty.

All required curricular components (courses, clerkships, other graduation requirements) and their associated instructional sessions and educational experiences must be supervised by the appropriately designated members of the faculty.



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At the session level, and within the centrally-determined curriculum plan and operational management, learning objectives, instructional methods, and student assessment are to be determined by the appropriately designated members of the faculty.

Prohibitions related to non-faculty participation in the educational program:

Design of curriculum management, instruction, and assessment: Although faculty may consult with non-faculty in preliminary discussions, non-faculty shall not participate in the final determination of curriculum plans, course/curricular component management, learning objectives, instructional methods, or student assessment. More specifically:

- Development of learning objectives: Although faculty members may consult with non-faculty in the development of formal learning objectives related to their area(s) of experience and expertise, non-faculty may not develop or propose formal learning objectives.
- Development of student assessments: Although faculty members may consult with non-faculty in the development of medical student assessments, non-faculty may not develop or propose medical student assessments, and non-faculty may not participate in the summative assessment of medical students.
- Participation in student assessment: Non-faculty may not participate in any substantive student assessment (formative or summative) of medical student core/required clinical skills. Conversely, only faculty may complete student assessments that contribute to summative grades, fulfillment of graduation requirements, and determinations of competency in core clinical skills. See below regarding "Limits on assessment of student performance/feedback".

Terms for and limits on participation:

Participation in formal components of the medical education program by non-faculty (as defined above) may be approved by a course/clerkship director under the following conditions:

- Relevant skills and experience: The non-faculty individual(s) possess verified skills and/or expertise that are directly relevant to their proposed participation. For health care professionals, this refers to relevant proof of licensure (required for any experiences occurring in an actual clinical environment) and/or state or national certification in their relevant area of expertise.
- Preparation and supervision of non-faculty participants: Preparation and supervision of non-faculty participants in medical student education is the responsibility of the relevant Course Director(s). All non-faculty participants are to be provided with an



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explanation of the sessions and/or experiences in which they are participating as well as a copy of the associated learning objectives. Non-faculty participants are also to be provided an explanation of any feedback and/or information regarding student participation they are expected to provide. In addition, the Course Director is expected to inform the non-faculty participants of the basic expectations regarding the enhancement and preservation of a positive, growth-oriented learning environment and the strict avoidance of student mistreatment/abuse. Student evaluations of their experiences with non-faculty participants are to be reviewed by the Course Director(s). Potential non-faculty participants who do not acknowledge and accept the above described preparation and supervision are to be excluded from participation in the medical education program.

- Limits on assessment of student performance/feedback: Student performance feedback by non-faculty participants in medical student instruction and/or facilitation shall be limited to confirmation of, and/or comment upon, the student's attendance and active engagement in the educational experience. Additionally, non-faculty participants may be asked to confirm or comment upon the basic appropriateness of the student's professional behavior.
 - Note: The faculty member(s) responsible for an educational experience involving participation by non-faculty are responsible for assessment the student's achievement of the associated learning objectives and the completion of any required experiences.
- Discretion of the Course/Clerkship Director and limits on the duration of non-faculty participation for non-faculty physicians: For physicians, participation by any individual non-faculty must be directly related to their areas of professional expertise and experience. In addition, and within the constraints as otherwise outlined in this policy, participation is at the discretion of the course or clerkship director. Also, participation by any individual non-faculty physician as a community-based preceptor is limited to no more than 20 hours with any individual student per academic year, and less than 60 hours in total per academic year.
- Discretion of the Course/Clerkship Director and limits on the duration of non-faculty participation non-faculty who are not physicians: For non-physicians, participation must be directly related to the non-faculty individual's special and desired expertise and/or experience, and participation is at the discretion of the course or clerkship director (within the constraints as otherwise outlined in this policy).
- Requirement of faculty appointment prior to exceeding the duration of non-faculty participation limits: All physician non-faculty who agree to participate, and who



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intend to provide more than the limited number of hours listed above, must obtain a PLFSOM faculty appointment prior to exceeding the non-faculty contact hour limits.

- Encouragement of all non-faculty to apply for appointment: All non-faculty who agree to participate in medical student instruction and/or facilitation on a recurring annual basis, regardless of the number of hours per year, are to be encouraged, if eligible, to apply for a non-salaried/volunteer PLFSOM faculty appointment.
- Termination of participation by educational program administration: The participation by any non-faculty shall be terminated by the Course/Clerkship Director or, if appropriate or necessary, the Associate Dean for Medical Education or their designee, if the non-faculty participant does not function in accordance with the intent of the educational experience in which they are invited to participate, or if their behavior is disruptive or inconsistent with the school's intent to provide a professional and supportive learning environment.
- Central monitoring: Participation by non-faculty shall be centrally monitored least annually by the Office of Medical Education and the CEPC (including their qualifying credentials, the hours of instruction and/or facilitation provided, and student evaluations regarding the instruction and/or facilitation provided).

Examples/explanations of some intended applications of this policy:

Early/pre-clerkship phase clinical experiences: Early clinical experiences are a required component of the PLFSOM pre-clerkship curriculum. These experiences are designed, managed, and assessed by members of the faculty of the PLFSOM Department of Medical Education. It is the intention of this CEPC that all or most of these experiences occur in community-based settings, away from the school's primary academic medical campus. In addition, the CEPC expects that all or most of these experiences shall be facilitated by non-salaried/volunteer members of the PLFSOM faculty. However, some of these experiences involve health professionals who either do not qualify for appointment to the PLFSOM faculty, are in the process of applying, or who contribute such limited and infrequent time and effort that the time and effort required to obtain and maintain a faculty appointment may be reasonably considered onerous.

Clerkship phase: In the clerkship phase of the curriculum there are structured experiences that may be facilitated by non-faculty health professionals functioning within the instructional design of appropriately designated PLFSOM faculty (e.g. clerkship director or assistant director). These experiences occur within the oversight, supervision and assessment of student performance/completion by PLFSOM faculty. These include selective experiences that occur within the context of the clinical settings of the clerkships.

PLFSOM MS3-4 ICE Case Presentation Exercise:

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

1. The case should be selected from the student's direct clinical experience during their 3rd or 4th year. While students may seek input from others regarding their case selection and the development of their presentation, the presentations will be assessed as individual efforts. In addition, students are not to select cases that they know have been chosen for this purpose by another student.
2. Students may utilize cases that they prepared for presentation as part of their 3rd and 4th year clerkships and electives, but the case materials must be re-configured to meet the expectations of this required exercise. If a student chooses to adapt such a presentation, and a team developed the original presentation, the student should cite the team members and attest that those team members agreed to the student's use of the original materials and that no other students on the original team are using the same case for this exercise.
3. 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).
4. All submitted materials, including text, clinical imaging and laboratory findings, should be completely de-identified.
5. The presentations should include and relate the case to the most appropriate PLFSOM pre-clerkship clinical presentations and diagnostic schemes.
6. 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.
7. 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.
8. Presentations should be submitted in PowerPoint, using standard slide size (4:3 ratio) and format, with plain white backgrounds and black text (no special backgrounds or effects).

SUBMISSION PROCESS (Required Case Presentation File, Assessment Form and Attestation Form):

- Prior to submission, the student's "**ICE Case Presentation File**" is to be reviewed and approved by a member of the faculty from the clinical department in which the case was encountered (using a rubric-based "**ICE Case Assessment Form**" -- attached). The rubric-based assessment form is to be posted by the student in their e-Portfolio and reviewed for authenticity and satisfactory completion by a faculty member or coordinator designated by the Office of Medical Education. The rubric-based assessment form allows for the following potential outcomes: "Unsatisfactory", "Pass" and "Honors". Presentations found to be "Unsatisfactory" may be revised and resubmitted or replaced with another case presentation. Satisfactory completion requires an assessment outcome of "pass" or "honors".
- The student must submit their ICE Case Presentation File as a PowerPoint file formatted in plain text and background, and in standard 4:3 ratio slides (no special fonts, backgrounds or effects). The file name should include a brief descriptor of the case, the student's last name, first initial, and class year (for example: "STROKE-GARZA-P-2018")
- The student must also post in their e-portfolio a complete "**ICE Case Presentation Attestation Form**" (attached). This form confirms the following:
 - The student created the case presentation file, and to their knowledge it is unique (not developed by another student for this purpose).
 - The student developed the case-based questions.
 - The case presentation file is based on an actual case from the submitting student's clinical experiences as an MS3 or MS4 at PLFSOM.
 - As per item 2 above, if the case was originally presented during their 3rd and/or 4th year clerkships or electives for another purpose, and a team developed the original presentation, the

student has cited the original team members, those team members agree to the submitting student's use of the original materials, and no other students on the original team are using the same case for this purpose.

Notes:

- The submission process is subject to change based on technical/administrative factors.
- Proposed submission deadline is the end of the MS4 fall semester (with Spring semester remediation)
- 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 choose to submit case presentations.

Learning objectives:

1. 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. PLFSOM EPGO 1.3, 3.1, 3.4, 4.2
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). PLFSOM EPGO 1.3, 3.1, 4.2, 8.5
3. 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. PLFSOM EPGO 2.2, 3.1, 4.2, 8.5
4. 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. PLFSOM EPGO 1.3, 4.2, 5.7

Relevant PLFSOM Educational Program Goals and Objectives (PLFSOM EPGO):

- 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.
- 2.2 Apply established and emerging foundational/basic science principles to health care.
- 3.1 Identify and perform learning activities to address gaps in one's knowledge, skills and/or attitudes.
- 3.4 Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.
- 4.2 Communicate effectively with colleagues and other health care professionals.
- 5.7 Meet professional and academic commitments and obligations.
- 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.

PLFSOM MS3-4 ICE Case Presentation Attestation Form

Student Last Name:

Student First Name:

Student is in the PLFSOM Class of:

ICE Case Presentation Exact File Name:

I, the student indicated above, attest to the following (check all that apply):

- ☐ I selected the case and created the case presentation file named above, and to my knowledge it is unique (not developed by another student for this purpose).
- ☐ I developed the case-based questions.
- ☐ The case presentation file is based on an actual case from my clinical experiences as an MS3 or MS4 at PLFSOM.

If the case was originally presented during a 3rd and/or 4th year clerkships or electives for another purpose, and a team developed the original presentation, the student must cite the original team members, those team members must agree to the submitting student's use of the original materials, and no other students on the original team may use the same case for this purpose.

☐ Yes or ☐ No: The case I am submitting was originally presented during one of my 3rd or 4th year clerkships or electives for another purpose and a team developed the original presentation.

If you responded "Yes" to the question above, please check all that apply:

- ☐ The members of the team that originally developed this case for presentation are cited in my ICE Case Presentation File.
- ☐ The members of the team have each agreed to my adapting the original case presentation materials for this purpose.
- ☐ No other students on the team that originally developed this case for presentation are using this case for this purpose (i.e. to fulfill the PLFSOM MS3-4 ICE Case Presentation exercise).

Student Signature and Date

PLFSOM YR3-4 ICE CASE PRESENTATION EXERCISE ASSESSMENT FORM – PAGE 1 OF 2

All elements must be assessed as “satisfactory” or “very good” for satisfactory completion of this exercise

0 NOT ACCEPTABLE					
1 NEEDS REVISION					
2 SATISFACTORY					
3 VERY GOOD					
ELEMENT	ACCEPTABLE	REVISION	SATISFACTORY	VERY GOOD	ELEMENT COMMENTS (FOR THE STUDENT)
Concise and comprehensive (incl. pertinent CC, HPI, PMH, FH, SOC, ROS, PE, labs/images/path, and avail. outcomes)	Major errors of omission and/or flawed content	Minor and correctable errors of omission and/or flawed content	Concise, with all pertinent elements addressed to a reasonable degree	Concise, with all pertinent elements included and, when needed, appropriately illustrated	
All materials completely de-identified (no “PHI”)	Contains any patient identifiers		All materials completely de-identified		
Inclusion of an appropriate PLFSOM pre-clerkship clinical presentation (CP) diagnostic scheme and explanation of its application in the context of the case	No PLFSOM pre-clerkship CP scheme included	Correctable inadequate or incorrect associations w/ CP Scheme	Clear and correct associations with a CP Scheme	Especially well-explained and well-illustrated associations with a CP scheme	
Creation and inclusion of at least 5 NBME style single-best-answer questions regarding underlying basic science principles (with explanations)	Items not included, not relevant, or incorrect	Correctable inadequate, incorrect, or irrelevant elements	Includes 5 relevant, well-explained NBME style basic science questions, w/ref.s	Highly relevant, well-explained NBME style questions, uniformly high quality and well-integrated references	

Overall presentation flow, format, and use of images	Incoherent presentation and/or inappropriate flow, images or formatting	Correctable inadequate or incorrect flow, format and/or use of images	Effective flow and use of images, and correct format	Exceptionally clear and effective flow, format and use of images	
Potential for use in case-based instruction of other learners, particularly medical students	Case or materials are irrelevant, fraught with ambiguity, or excessively obscure	Case or materials are otherwise adequate but idiosyncratic or bizarre (a "fascidnoma")	Case or materials are relevant and adaptable for use in medical student instruction	Great case and materials! Could be used as a PLFSOM "worked case example" tomorrow	

PLFSOM YR3-4 ICE CASE PRESENTATION EXERCISE ASSESSMENT FORM – PAGE 2 OF 2

All elements must be assessed as "satisfactory" or "very good" for satisfactory completion of this exercise

Total Score from Page 1 = _____ (not directly related to satisfactory completion, but may be used in ranking the best presentations for recognition)

Check all that apply:

All elements are assessed to be "SATISFACTORY" or "VERY GOOD": ☐ YES ☐ NO –

If the answer is **NO**: Return the form and the case presentation to the students for revision or replacement. Please provide growth/improvement-oriented feedback in the "ELEMENT COMMENTS" sections to guide the student. Let the student know whether you will be willing to review their revisions.

If the answer is **YES**: please answer the following additional item:

Three or more elements were assessed to be "VERY GOOD": ☐ YES ☐ NO (YES = *eligible* for "honors" for this exercise see next item; NO = "pass")

If the answer is **YES**: please answer the following additional item:

Based on the overall quality of the case presentation, and the skill with which it was prepared, the student should receive an overall assessment of "HONORS" for this exercise: ☐ YES ☐ NO (final determination subject to review and confirmation by the Office of Medical Education)

Additional comments/notes for the Office of Medical Education:

SEP

- Consideration of 3-year curriculum review cycle policy
- Consideration of annual evaluation report policy
- Assignment of course and clerkship review 3-person teams

OCT

- Discussion of “curriculum as a whole” review in the context of the PGOs
- Assignment of PGO review teams (all at regular meeting, 10/10/16)

NOV

- Course and clerkship reports (special meeting 10/31/16, routine meeting 11/7/16, both 4:30-6:30pm?)
- Further clarification of “curriculum as a whole” review (expected products, outcome tracking)
- Distribution of PGO course/clerkship and assessment linkages

DEC

- Regular meeting, 12/12/16: Knowledge for practice (2.1-2.6), and Practice-based learning and improvement (3.1-3.5)

JAN

- Regular meeting, 1/9/17: Patient care (1.1-1.9), and Interpersonal and communication skills (4.1-4.4)
- Special meeting, 1/30/17: Systems-based practice (6.1-6.4), and Interprofessional collaboration (7.1-7.4)

FEB

- Regular meeting, 2/13/17: Professionalism (5.1-5.7), and Personal and professional development (8.1-8.5)
- Any remaining ‘catch-up’ tasks, and review of outcomes and tracking plan (special meeting if necessary)

Course/Clerkship Review Teams

COURSE/CLERKSHIP: TEAM MEMBERS:	
IM-PSYCH EM	PADILLA, KASSAR , GEST
OB/GYN-PEDI CC + SUB-I	UGA, PFARR, CASHIN
SURG-FM NEURO	BLUNK, CERVANTES , FRANCIS-MK
SPM	PERRY , UGA, GEST
SCI	PFARR, ^HOGG, BLUNK
MED SKILLS	PADILLA, CASHIN, *HTAY
COLLOQUIUM	^LACY, PERRY
SARP	KASSAR , ^FRANCIS- MN
ICE/PICE	CERVANTES , FRANCIS-MK

* Not a member of the CEPC

^Ex Officio

PGO Review Teams

Educational Program Goals:		TEAM MEMBERS:	
<ul style="list-style-type: none">Knowledge for practicePractice-based learning & improvement	BLUNK, PERRY, *PISKURICH	<ul style="list-style-type: none">SWOT analysis for each elementIdentify/prioritize critical issuesRecommendations (including tracking)	
<ul style="list-style-type: none">Patient careInterpersonal and communication skills	CASHIN, GEST, UGA, *HTAY	<ul style="list-style-type: none">SWOT analysis for each elementIdentify/prioritize critical issuesRecommendations (including tracking)	
<ul style="list-style-type: none">Systems-based practiceInterprofessional collaboration	CERVANTES, FRANCIS-MK, KASSAR	<ul style="list-style-type: none">SWOT analysis for each elementIdentify/prioritize critical issuesRecommendations (including tracking)	
<ul style="list-style-type: none">ProfessionalismPersonal and professional development	PFARR, *JANSSEN , PADILLA	<ul style="list-style-type: none">SWOT analysis for each elementIdentify/prioritize critical issuesRecommendations (including tracking)	

* Not a member of the CEPC

PGO Review Teams

- Suggestions regarding process:
 - Based work on the course/clerkship reviews and the Annual Program Evaluation Report
 - Individual SWOT analyses for each objective, followed by group discussion and collation
- Additional questions:
 - Would it be possible for a student to graduate from PLFSOM with deficiencies in any of the 8 goal/competency domains?
 - Would the school know if a student were deficient in any of the goal/competency domains and, if so, how?
 - How is the student able to demonstrate remediation for program goal and/or objective deficiencies?
- As a team, identify and prioritize programmatic weaknesses
- Provide recommendations for improvement and tracking of identified weaknesses (think CQI...plan-do-study-act cycles)