CEPC Monthly Meeting

12.11.2017 05:00 PM - 06:30 PM

Purpose:	
Presenters:	Brower, Richard, Francis, Maureen, Hogg, Tanis
Note Taker:	De-Lara, Veronica
Attendees:	De-Lara, Veronica, Beinhoff, Lisa, Brower, Richard, Cervantes, Jorge, Dankovich, Robin, Francis, Mark, Francis, Maureen, Gajendran, Mahesh, Gest, Thomas, Hogg, Tanis, Horn, Kathryn, Kassar, Darine, Lacy, Naomi, Lopez, Josev, Maldonado, Frankj, Padilla, Osvaldo, Perry, Cynthia, Pfarr, Curt
Guests:	brittany.harper@ttuhsc.edu, carolina.blotte@ttuhsc.edu, daniel.welder@ttuhsc.edu, douglas.weier@ttuhsc.edu, hilda.alarcon@ttuhsc.edu, justin.hartmann@ttuhsc.edu, kristoffer.gonzalez@ttuhsc.edu, maggie.scribner@ttuhsc.edu, roberto.l.garcia@ttuhsc.edu
Location:	MEB 1140

1. Review of prior minutes

Presenter(s): Brower, Richard

General Note

Under item 3 make the following correction:

• Change must to want

Minutes approved as written.

• Dr. Gest motioned to approve - motion carried.

2. SCEC Concerns

Presenter(s): Brower, Richard

General Note

- MS1- Survey after summative exams are confusing. Students are receiving surveys for faculty they did not take course with.
 - Dr. Lacy will send an explanatory email explaining how voluntary evaluations should be filled out.

3. Block Comparability Report (LCME 8.7)

Presenter(s): Francis, Maureen

■ AY2017-2018 Block 1Report without narrative for general distribution .pptx

General Note

The report is data from Block 1.

 After Block is done, grades are due 4 weeks later. At 6 weeks, Dr. Francis meets with student representatives from Years 3 and 4 and review the evaluation data from the block.

Standard 8.7, Standard 8.6, Standard 8.8, Standard 9.5, Standard 9.7, Standard 9.8

Internal Medicine

- 6 weeks on inpatient service
- · All students spend 3 weeks at UMC
- Additional 3 weeks can be at
 - UMC
 - Providence
 - WBAMC
- 3 weeks on a "selective"
- Comparability report focused on inpatient service by site and across 6 weeks

- None alternative experiences reported
- · None duty hour violations

Surgery- UMC

- · 3 weeks of General Surgery
- 3 week selective
- 1 week community surgery rotation
- 1 week Trauma
- 1 week System Based Practice
- · Comparability focused on 3 week general surgery rotation
- · None duty hours violations reported
- None alternative experiences reported.

Psychiatry

- 3 weeks inpatient psychiatry
 - EPPC
 - Peak and EPBH in past but no longer actively taking students
- 3 week outpatient psychiatry
- Longitudinal selective
- Comparability focused on inpatient psychiatry when offered at more than 1 site
- None alternative experiences reported.
- . On review of schedules, 14 students were assigned schedules that violated duty hours 10 hour break rule
 - Weeknight call from 6 PM 10 PM, then report at 7:30 for CAD
 - Coordinator counselled on this, and scheduling adjusted to avoid this problem and allow required break

Pediatrics

- · All students rotate at same site
- General Calendar
 - 1 week Wards days
 - 1 week selective
 - 2 weeks clinic (walk-in and continuity)
 - 1 to 2 weeks specialty services (depending on timing of NBME week)
 - 1 week nursery
 - 1 week ILP (Individual learning plan)
- 1 student violated hours
 - Student called in sick but then went in to wards from 8 to 11 PM and returned at 6AM the next morning
 - · Student counselled on this

OB/GYN

- All students rotate in output and input settings
 - Students beginning to rotate at TM Faculty clinics
- General Schedule
 - 5 weeks outpatient
 - 3 weeks inpatient
- Includes
 - Benign GYN
 - Complicated OB
 - Specialty services
 - L&D
 - Oncology
 - Triage
- 1 Student had multiple deficiencies:
 - Required diagnoses missing 12
 - Op Log Procedures missing 7
 - Otherwise, no alternate activities required.

Family Medicine

- · All students rotate at same sites
- General Schedule
 - 5 weeks clinic (including community clinic)
 - 1 week Hospice
 - FM selective ½ day per week for block
- None alternative experiences reported.
- None duty hours violations reported

Narrative comments were provided.

Brower, Richard

Element 8.1 Curricular management

A medical school has in place an institutional body (e.g.,a faculty committee) that oversees the medical
education program as a whole and has responsibility for the overall design, management, integration,
evaluation, and enhancement of a coherent and coordinated medical curriculum.

Element 8.3 Curricular design, review, revision/content monitoring

The faculty of a medical school are responsible for the detailed development, design, and implementation of all
components of the medical education program, including the medical education program objectives, the
learning objectives for each required curricular segment, instructional and assessment methods appropriate for
the achievement of those objectives, content and content sequencing, ongoing review and updating of content,
and evaluation of course, clerkship, and teacher quality.

These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives

Element 8.4 Program evaluation

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to
demonstrate the extent to which medical students are achieving medical education program objectives and to
enhance medical education program quality. These data are collected during program enrollment and after
program completion.

Process:

- 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.

Delineation of the review process

- Course level reviews:
 - Learning objectives
 - Content (gaps, redundancies)
 - Instructional and assessment methods
 - Quality of syllabus and course admin.
 - Sufficiency of phase evaluation methods and data
- Phase-level review:
 - Overall structure and function of the pre-clerkship phase
 - Vertical and horizontal integration
 - Achievement of intended cross-course synergies
- Student achievement consistent with programmatic intentions for the clerkship phase (per the PGOs)
- Sufficiency of phase evaluation methods and data

A policy was created last year:

- 3 year process
 - Curriculum as Whole
 - Pre-Clerkship Phase and components
 - · Clerkship Phase and components

Timeline for process was included in presentation. See PowerPoint for details.

Accreditation compliance context for the pre-clerkship phase review 11DEC2017RDB.pptx

Hogg, Tanis

Outcomes of "Curriculum as a Whole" Review

CEPC-identified areas for focused CQI:

• Consistency and quality of learning objectives

Mapping of learning objectives to CEPC-approved keywords

These recommendations were endorsed by the Evaluation Committee as areas of emphasis for this cycle

By writing good learning objectives, we are:

- Describing to the learner what we value and expect them to be able to do (selecting content)
- Specifying the desired outcomes that can be tested (developing an instructional strategy)
- Assessing the learner's performance (linking to student assessment)
- Evaluating the effectiveness of the curriculum (linking to program evaluation)

What is a learning objective?

A clear, concise, and specific statement of observable student behaviors that can be assessed at the conclusion of a learning activity and contributes to reaching an overall educational program goal

Proposals

1.Establish a set of pre-clerkship learning objective criteria and writing guidelines (Jan-Feb)

- SMART criteria?
- Guidelines for uniformity in style establish sample templates?
- Recommendations for scaffolding/sequencing in relation to Bloom's taxonomy
- Propose criteria for teaching/assessing affective domain (e.g. behaviors, attitudes)
- 2. Conduct evaluation pilot of pre-clerkship learning objectives using established criteria through peer-review process (one unit in Year 1 and one unit in Year 2). (Mar-Apr)
- 3. Report findings to Year 1-2 committee and CEPC (Apr-May)
- 4.Based on feedback from CEPC, continue with evaluation and/or initiate CQI efforts to improve learning objectives (May-TBD)

Timeline:

- Generation of initial dataset (current map of learning objectives to keywords & PGOs) (Jan)
- OME-led mapping pilot: 1 unit each from year 1 and 2 (Feb-Apr)
- Report findings to Year 1-2 committee and CEPC (May)
- Based on feedback from CEPC, continue with existing mapping approach, revise, or terminate (May TBD)

Dr. Lacy mentioned that IT department has been working on reporting options - reporting process is in progress already.

■ CEPC - Pre-clerkship phase review proposal - 12-11-17.pptx

Conclusion

Dr. Brower recommended that the OME will get together and come out with a proposal via e-mail before the next CEPC meeting.

5. Roundtable

Presenter(s): Brower, Richard

6. Adjourn

Presenter(s): Brower, Richard

General Note

Meeting adjourned at 6:30pm. See attached sign-in sheet for attendance