

CEPC Meeting

08.12.2019 05:00 PM - 06:30 PM

Note Taker

Kasten, Andrew

Attendees

Beinhoff, Lisa, Brower, Richard, Cotera, Maria, Dankovich, Robin, Francis, Maureen, Gajendran, Mahesh, Hogg, Tanis, Janssen, Herb, Kasten, Andrew, Ogden, Paul, Perry, Cynthia, Wojciechowska, Joanna

Absences

Castro, Michelle, Cervantes, Jorge, De-Lara, Veronica, douglas.weier@ttuhsc.edu, Francis, Mark, hilda.alarcon@ttuhsc.edu, jose.b.diaz@ttuhsc.edu, justin.hartmann@ttuhsc.edu, Kassar, Darine, kristoffer.gonzalez@ttuhsc.edu, Lopez, Josev, maggie.scribner@ttuhsc.edu, Maldonado, Frankj, Padilla, Osvaldo, Pfarr, Curt, Uga, Aghaegbulam H

Guests

brittany.harper@ttuhsc.edu

Location

MEB 1140

1. Call to order and review of prior meeting minutes

Presenter(s): Brower, Richard

Decision

May and June minutes approved.

Note: Quorum not achieved with low member attendance. However, no policy voting issues in today's meeting, primarily informational. Dr. Brower asks if all agree to continue with the meeting without quorum - No objection

2. Student representative reports

Discussion

Student group to discuss recent tragedy was well met, but timing needs to be worked on since its unexcused absence. main concern is students who needed it might not of been able to attend due to absence. Dr. Ogden asks how many students were involved in working on patients that day to which Britney Harper answers that she is unsure if students were on ED rotation but says she knows of some students doing psych consults. Dr. Francis confirms there were no students on ED rotation since they ended on Friday, but there were MS3's on the surgery rotation.

Dr. Francis confirms counselling services are excused absences. Dr. Ogden asks if students are aware of services offered. Britney Harper is unable to give definite answer but says she believes they are. Dr. Brower brings up student interest in collective discussion which Britney Harper confirms. Dr. Francis brings up issue with student affairs not sharing information on events in a timely manner with clerkship.

No policy voting issues, mostly information. no objection.

3. Clerkship block and End-of-Year report

Presenter(s): Francis, Maureen

Discussion

Full year comparability report covering LCME Standards

Internal Medicine

6 weeks in-patient service; all students rotate at-least 3 weeks a UMC; Currently THOP - Memorial Campus on hold due to faculty changes, our current class size is being accommodated without this site - Goal to get site back on line for class size expansion.

Op-Log: 39 at UMC - lower compared to past; most assist or managed

Alternate Experiences: none required
Duty Hours: No violations - 38 hrs/week average
Satisfaction: lower at UMC than other hospital rotations
Mid-Clerkship Evals: 100% on-time
NBME Scores: 74 average; in range with national
% Honors: 24% eligible received honors

Discussion:

Dr. Ogden asked if students take on-call; yes, but no overnight on-call in IM
Dr. Brower concerned about variability of Op-Log items recorded by students; current practice is to regularly remind students however, EM requires a higher number than minimum required in order to honor - so maybe consider that in the future

Surgery Clerkship

3 weeks general done at UMC or WBAMC , 3 weeks of selective, 1 week of community surgery, 1 week of trauma, and 1 week of systems based practice.

Op-Log: 21 at UMC - Down from last year. Most assisted or managed

Alternate Experiences: none required
Duty Hours: No violations - 44 hrs/week average
Satisfaction: Good, more feedback wanted from WBAMC
Mid-Clerkship Completion: 100% on-time
NBME Scores: 72 average; in range with national
% Honors: 19% Received Honors.

Psychiatry

3 weeks inpatient 3 weeks outpatient. epcc is only site for inpatient.

Op-Log: 42. Most assisted or managed

Alternate Experiences: 4 students did not see minimum required patients.
Duty Hours: No violations - 34 hrs/week average. Down from last year.
Satisfaction: down from prior years
Mid-Clerkship Completion: 100% on-time
NBME Scores: 81 Average
% Honors: 39%. Down from last year, but still highest.

Britney Harper comments that logs maybe misrepresented due to students not logging observed patients due to lack of incentive. Dr. Francis replies that they are asked to log everything regardless of requirements, but there is no way of comparing what is logged to what is seen.

Pediatrics

1 week of ward, 1 week of selective, and 2 weeks of clinic.

Op-Log: 90. Most assisted or managed

Alternate Experiences:

- Colic: 4 students, Lecture given by Dr. Hernan
- Child Abuse: 3 students, CLIPP case
- Jaundice: 1 student, CLIPP Case
- Well child (2,4,6 mos): 2 students, CLIPP case
- Well Child (12 mos.): 1 student, Paper
- Well child (Toddler): 1 student, Paper
- Well Child (School Age): 1 student, Paper

Duty Hours:

- 1 student was assigned an overnight rotation in L&D on the Saturday before starting Wards resulting in the student being over 80 hrs.
- This was brought to the coordinator's attention. She will notify the OB coordinator in the future of students scheduled to start on Wards so that they are not scheduled after midnight on the Saturday before.
- 1 student worked late on Wards twice, meaning he left after 8 PM, but returned the next morning at 6 AM. Less than 10 hours between shifts.
- This was brought to the coordinator's attention. Suggested that the shift hours be shorted to 7:30 to allow some leeway. She will talk to the Clerkship Director.
- 41 hrs/week average.

Satisfaction: Good

Mid-Clerkship Completion: 100% on-time

NBME Scores: 77

% Honors: 19%

Dr. Ogden asks what is lower limit on passing scores, Dr Francis answers they're different for everyone clerkship and are based off NBME recommended passing rate which is 62.

Ob/gyn

All students rotate in outpatient (5 weeks) and inpatient (3 weeks) settings. Students begin to rotate at TM Faculty clinics.

Op-Log: 83 double required amount. Most assisted or managed

Alternate Experiences: None

Duty Hours: No violations - 41 hrs/week average.

Satisfaction: improved from block 3

Mid-Clerkship Completion: 100% on-time

NBME Scores: 76 Average

% Honors: 21%

Family Medicine

5 week clinic 1 hospice, FM selective half day per week for block.

Op-Log: 64. Most assisted or managed

Alternate Experiences: None

Duty Hours: No violations - 23/week, Concerning due to consistently being low.

Satisfaction: Good

Mid-Clerkship Completion: 99% on-time. Student was in San Angelo and had issues with WebEx, but was completed next day.

NBME Scores: 74 Average

% Honors: 24%

Dr. Brower asks if there are protected clinic days for teaching slots which Dr. Francis confirms.

Duty hours in Family Medicine continue to be low, Student satisfaction raised in OB/GYN but lower in Internal Medicine at UMC and psychiatry. no duty hour violations in any clerkship.

Neurology

4 week rotation. WBAMC is on hold during this academic year. 50% Ambulatory 50% Inpatient.

Op-Log: 33. Most assisted or managed

Alternate Experiences: None

Duty Hours: No violations - 30 hrs/week average. Down from prior years.

Satisfaction: Improved over prior years.

Mid-Clerkship Completion: 100% on-time

NBME Scores: 79, Below National average.

% Honors: 23%

Dr. Brower asks if they will get WBAMC back to which Dr. Francis replies no due to them only having one Neurologist.

Emergency Medicine

all students rotate at same sites with 96 hour in ED, 8-12 hours shifts.

Op-Log: 59 Average across year. All assisting.

Alternate Experiences: None

Duty Hours: No violations - 31 hrs/week average. Down from prior years.

Satisfaction: Improved over prior years.

Mid-Clerkship Completion: 100% on-time

NBME Scores: 79 in Fall, 75 in Spring. Grading changed from scaled to equated percent correct.

% Honors: 10% in Spring, 44% in Fall. More students interested in taking Emergency Medicine in Fall

LCME Elements

- 8.6

- 8.7
- 8.8
- 9.7
- 9.8

4. Initial discussion of Curriculum revision plan

Presenter(s): Brower, Richard

 [Ten_Point_Plan_Binder.pdf](#)

Discussion

point 1, retention of highly integrated clinical presentation based model and associated instructional cycle. People react positively to our model, and other institutions are starting to implement like models. Maintain clinical based framework and instructional cycle.

Point 2, conversion of work case examples from small group discussions to team based learning sessions. Students like work case example sessions but what do they get out of it, do we get any educational consistency out of the sessions. Small sub group interested in doing pure team based learning and to be more systematic and more deliberately integrated of basic science and clinical reasoning by getting sessions more consistent through TBL method. Dr. Hogg has done pilot studies to see how students would react and early indications are positive. TBL better for smaller sized faculty and better for spacing.

point 3: conversion of the clinical scheme presentations and professionally produced learning modules. Schemes have inconsistency based on who is available as instructor. Need an instructional designer to bring consistency to schemes. Issue is mainly educational quality inconsistency.

(Dr. Hogg takes over presentation) Firecracker integration formative assessment. Helps student success by delivering real time feed back, and guiding future learning. Will aid in other steps, also can promote long term knowledge retention in students and help to reduce forgetting curve. Will track students performances on subjects by asking questions and gearing future questions towards weaker subjects. MS1's and 2's will be utilizing Firecracker this year. Have worked to align firecracker database with our curriculum. students will receive in house and firecracker quiz weekly. In addition faculty gets a dashboard to track student engagement and performance. 3 year contract.

LCME Elements

- 8.1
- 8.3

5. Overarching CEPC agenda for Academic Year 2019-20

Presenter(s): Brower, Richard

Discussion

Dr. Brower discussed planning CEPC activities for the upcoming Academic Year; concerns relate to time management and the tasks ahead, which include:

- Curriculum Revision - Ten Point Plan
- Class size expansion w/ LCME notification
- Scheduled policy reviews/revisions
- Curriculum review cycle - Curriculum as a whole review

Dr. Brower explains that given the load for the CEPC this AY - that there is a minimal effort placed on the Curriculum as a whole review and defer it until the major curriculum changes are implemented.

LCME Elements

- 8.1

6. Introduction of new Year 4 NICU Director

Presenter(s): Francis, Maureen

 [Sadhana Chheda CV 2019.docx](#)

Discussion

Sadhana Chheda new NICU director. possible short term.

7. Thanks to departing Members

Presenter(s): Brower, Richard

Discussion

Dr. Perry, Dr. Uga, Dr. Fhar , and Dr. Mark Francis are Departing members. Dr. Ogden asks how many are going to need to be replaced to which Dr. Brower asnwrs with 3, then discusses bylaws and the fact that they need to be reviewed and possibly edited.

8. Announcement of new members

Presenter(s): Brower, Richard

9. Graduation Questionnaire 2019

Presenter(s): Dankovich, Robin

 [839_gq_2019.pdf](#)

Discussion

Dr. Dankovich will post the full 2019 GQ outcomes on the CEPC resources web page and provide an email to identify opportunities for improvement or further review.

Dr. Brower pointed out that overall student satisfaction with the MD program was low - placing PLFSOM in the 10 percentile of all allopathic medical schools. Most students like their medical schools, but our satisfaction is 80% and with our small class size, a small contingent of students can contribute to swings in the data, however this must be considered carefully moving forward.

LCME Elements

8.4

8.5

10. Open forum

11. Adjourn

Meeting adjourned at 6:34 pm.