

CEPC Monthly Meeting

11.04.2019 05:00 PM - 06:30 PM

Presenters Cotera, Maria, Dankovich, Robin, Dudrey, Ellen, Hogg, Tanis, Nino, Diego

Note Taker Kasten, Andrew

Attendees Beinhoff, Lisa, Brower, Richard, Cervantes, Jorge, Cotera, Maria, Dankovich, Robin, Dudrey, Ellen, Francis, Maureen, Gajendran, Mahesh, Herber-Valdez, Christiane, Hogg, Tanis, Kasten, Andrew, Manglik, Niti, Mehta, Shivani, Nino, Diego, Ogden, Paul, Padilla, Osvaldo, Wojciechowska, Joanna

Absences De-Lara, Veronica, Kassar, Darine, Lopez, Josev, maggie.scribner@ttuhsc.edu

Guests brad.fuhrman@ttuhsc.edu, kevin.w.woods@ttuhsc.edu, roberto.l.garcia@ttuhsc.edu

Location MEB 1140

Meeting Minutes

TTUHSC EP Paul L. Foster School of Medicine

5001 El Paso Drive

El Paso, TX, 79905

USA

December/January through to the spring.

Results are from the last graduating class and are below the 10th percentile nationally, meaning of all the Medical Schools, we are in the bottom 14 as far as satisfaction. Dr. Ogden asks which class is the Data from to which Dr. Dankovich replies 2019.

Dr. Hogg asks if there was any qualitative feedback to which Dr. Dankovich replies there is but a full analysis hasn't been done yet.

Dr. Ogden asked if there was something unusual about the class to which Dr. Dankovich replies that the Y2Q, which is a survey that goes out in the middle of the second year, showed that the students were very happy in the beginning, so the decline could have been something that happened over time or maybe the student wasn't as prepared or confident for the clerkship's as they thought. Dr. Hogg mentions we should do analysis of the narrative feedback from that group.

Dr. Ogden says potential reason could be the revolving door in student affairs and lack of support that students were receiving. Dr. Dankovich replies the GQ has questions regarding availability of and accessibility of the Dean of Students Affairs and Medical Education. Dr. Dankovich also mentions this group was the one that reported the OB/GYN issues.

Dr. Francis mentions that although this is anecdotal, this group did have a lot of dissatisfied students, so it would be worth looking at the end of unit evaluations.

Dr. Brower brings up the fact that everyone seems to like their medical school so the bar is very clustered toward one end, where as if we have a smaller group or class where some are disgruntled then it could drop our scores relatively quickly.

Students view on the school doing a good job in fostering their development as a future physician has declined to the 10th percentile and development as a person is in the 50th percentile, both are on a decline over the past several years.

Bio Statistics has improved over time in SCI course. Microbiology, Pharmacology, Physiology, and Gross Anatomy are historically below national average.

Step one first attempt, the last five years we have been below the national average in mean score, the first attempt pass rate is comparable to the national benchmark however was low for three of the five years. Note data is calendar years so is only partial data for 2019. Recent data shows 4 point improvement while the national only improved by 1 point.

Dr. Hogg asks if we are tracking MCAT scores and GPA by class, Dr. Dankovich replies yes but we still need to organize the data, but the MCAT has been very close to what the national averages are.

Respiratory continues to be low as compared to the national average. the hope is to be able to make some correlation between low scores in relation to internal assessments, to assess if this is an issue with how we are preparing the students.

Due to a data crash, we don't have access to the first years data for 2017 - this was prior to exam soft.

Dr. Ogden asks if we have individuals in charge of the low scoring units, to which Dr. Hogg replies yes. Dr. Ogden then mentions that respiratory has been at the bottom every year and implies we need to inquire with who ever is teaching the unit as to why, and suggests if we focus on the units that are consistently low and fix them then we will see the total scores shift closer to the national average.

but is dropping. Psychiatry has also dipped in last few years, but Surgery is on the rise. Most students are satisfied with Internal Medicine, in the 3 year rolling aggregate overall Basic Sciences in in the 90th percentile

Step 2 CS overall pass rate first attempt, last several years have been at or above national average and continues to improve. PLFSOM's mean score has recently dropped over national averages.

Learning environment saw concerns in OB/GYN, they were addressed and are now showing signs of improvement. Fear of retribution and a belief that there is no resolution in regards to issues being brought up are on the rise across the whole learning environment. One way to remedy this issue would be to close the loop with students by either saying we did something or we could not do something about the issue. Mari mentions this is something that could be brought up in orientation with students to which Dr. Hogg says we could but we need to show students that things are changing but aren't always seen and are sometimes done behind the scenes. MS 1 agrees that it would be great to find a way to show them the changes being made.

In general there has been an uptick in reports of being denied opportunities based on gender, race, religion, and sexual orientation. we are below the national benchmark in other areas such as public embarrassment, humiliation, performing personal services, and subject to sexist, racially, and ethnically insensitive remarks.

In community impact, the feeling that they are able to care for patients with different backgrounds and the under served are in the 80th percentile. Graduates entering primary care are in the 90th percentile. In match outcome Emergency Medicine has its highest match this past year, while Pediatrics had its lowest match in several years. Recent increase in students staying in El Paso from 6 percent in 2018 to 17 percent , but dropped in students staying in Texas with 69 percent staying in 2018 down to 54 percent. Our 4 year graduation rate has improved.

Dr. Francis asks about match rate factoring due to students not wanting to go into certain areas students, Dr Dankovich says she agrees and we are working on getting the data for students first choice and where they are actually ending up as an additional metric.

Dr. Hogg asks what are the next steps after viewing the Data presented, and mentions he would like to do a deeper analysis of the Respiratory content, as well as Gross anatomy, Pharmacology, Physiology, and Microbiology with the idea of reporting back to the committee in the spring to present the findings.

4.1. KEY CURRICULUM - AS - A - WHOLE - OUTCOMES P

Discussion

Dr. Hogg says we will bench the curriculum as a whole outcomes for the next meeting.

5. 10 POINT PLAN FEEDBACK (8.3). P

Presenter(s): Hogg, Tanis

 [SCEC curriculum review - Minutes.pdf](#)

 [Ten Point Plan Binder.pdf](#)

6. DEBRIEF – CEPC NEXT STEPS (8.3). P

Presenter(s): Hogg, Tanis

them a partial outcome after the first assessment, Dr. Nino replies he thought about that but doesn't think it will go over well with the students. MS 2 brings up the possibility of letting the student know if they passed or failed but with out telling them the actual score to help reduce student anxiety. MS 1 asks if i would be possible to release a letter pass or fail and missed objectives without placing numerical grade, that way students will at least have an idea of if they passed or failed.

MS 3 disagrees with averaging grades and proposes a separate grade for each assessment to which Dr. Hogg agrees.

Dr. Hogg asks what outcomes are sought from this intervention. Dr. Nino replies first to better assess the outcomes of each item in the unit as well as help the students who struggle with the large units.

Dr. Dudrey says they are hoping it will help with understanding the function of the wards.

Decision

Dr. Hogg proposes moving forward with the idea to which the council votes yes.

8. EMERGENT TOPICS IN MEDICINE.

 [Copy of KeywordCHAMPSearch_v2 Curricular Elements and assessments.xlsx](#)

9. POLICY REVIEW: STANDARDS FOR CURRICULAR COMPLETION (10.5).

 [PLFSOM Technical Standards Acknowledgement Form.pdf](#)

 [PLFSOM Technical Standards_CEPC 04NOV2019.pptx](#)

 [STANDARDS FOR CURRICULAR COMPLETION v29OCT2019.docx](#)

 [Standards of Curricular Completion.pdf](#)

Discussion

Dr. Brower explains the standards document and how it boils down to what it takes to be a medical student and stay a medical student. Our document was pulled from Lubbock without any changes being made to it, the issue being the document is too long for anyone to want to read and could realistically be boiled down to a page. The process of reviewing and changing the document has been an ongoing thing for the last 3 years and hasn't been accessible.

Dr. Brower requests making it easier to find by linking it directly to the website without making any changes for now since it has already been distributed to students but working a newer more up to date version that will be ready by the next admission cycle.

Decision

Dr. Hogg brings the request to a vote to which the committee votes yes.

10. ROUNDTABLE

11. ADJOURN