

CEPC Monthly Meeting

12.02.2019 05:00 PM - 06:30 PM

Note Taker

Kasten, Andrew

Location

MEB 1140

1. Review of Minutes.

Decision

Dr. Cervantes motions to approve meeting minutes from November meeting, Committee approves.

2. Announcements.

2.1. Clerkship Personnel Updates.

Presenter(s): Francis, Maureen

 [CEPC - 11-4-19 - Hot Topics and Curriculum as a Whole Review.pptx](#)

 [Clerkship director list updated 11-25-19.docx](#)

 [Sushma Reddy Yerram Resume Nov 2019.docx](#)

 [Vellipuram CV 99 -6.18.18.docx](#)

Discussion

Dr. Yerran is a new TTUHSC faculty member and will be taking over the Neurology clerkship.

- Assistant Professor
- Medical training in India
- Neurology residency at the University of Missouri, Columbia,
- Epilepsy fellowship at the University of Rochester.

Dr. Hogg asks if Dr. Yerran has any teaching credentials to which Dr. Francis replies she has just finished her fellowship so she is unsure, but she has received a fellow award for teaching. Dr. Kassir wants to overlap with Dr. Yerran for a few weeks in January to teach her and show her what she will be doing.

Dr. Cruz - Flores will be passing the Neurology Sciences ICU clerkship over to Dr. Vellipuram.

- Residency at the University of Missouri
- Neurology critical care at the University of Chicago
- Board Certified in Psychiatry and Neurology.

CEPC approves the clerkship changes.

2.2. Elective Proposals

Presenter(s): Francis, Maureen

 [AY 2020-2021 Electives - new and revisions.pptx](#)

Discussion

The six new offerings will be as follows.

GYN Ambulatory

- Lead Faculty: Dr. Sireesha Reddy

- 1 student per rotation
- 4 weeks
- Offered all year
- Clinical rotation aimed to prepare students applying to OB/GYN residency with family planning skills.

GYN Oncology

- Lead Faculty: Dr. Jennifer Brown
- 1 student per rotation
- 2 or 4 weeks
- Offered in October, November, February, March or April
- Clinical rotation aimed to expose the medical student to the full breadth of Gynecology Oncology clinical practice, focusing the epidemiology of different gynecologic cancers, mechanism of cancer treatment, understanding of pelvic anatomy, and augmenting surgical skills.

Medical Toxicology

- Lead Faculty: Dr. Sarah Watkins
- 1 student per rotation
- 2 or 4 weeks
- Offered all months except September and February
- The MS4 will rotate for 2 or 4 weeks at the West Texas Regional Poison Center. The student is expected to become familiar with general approaches to the poisoned patient and clinical presentations of common toxidromes. Students should also develop a basic understanding of poison prevention techniques, pharmacokinetics, toxicokinetics, resuscitation of the poisoned patient, and commonly used antidotes.

Pediatric Dermatology

- Lead Faculty: Dr. Brenda Simpson
- 1 student per rotation
- 2 weeks
- Offered all year
- Students will take histories and present exam findings for new patients with a variety of skin conditions. They will perform in office procedures including cryotherapy, shave and punch biopsies.

Endocrine Surgery

- Lead Faculty: Dr. Eyas Alkhalili
- 1 student per rotation
- 2 to 4 weeks
- Offered all year
- Students will participate in the endocrine surgery clinic at TTUHSC Alberta and Transmountain campuses as well as endocrine surgical cases performed at University Medical Center and the Hospitals of Providence Transmountain campus.

Border and community health immersion

- Pediatrics and Medical Education
- Lead Faculty: Dr. Lisa Ayooub Rodriguez, Dr. Lee Rosenthal, and Dr. Blanca Garcia
- 6 student maximum per rotation
- 2 or 4 weeks
- Variable based on availability
- Clinical and community immersion rotation. The Community and Border Health Immersion Elective provides both community and clinical experiences aimed to provide learners with a foundation in understanding border and immigrant health. This elective will increase the learners direct exposure to issues of community and border health in the Paso Del Norte region, especially as they impact individuals, families, and communities with limited access to economic resources

Border and community health immersion could replace current elective offered by Dr. Lee Rosenthal.

GYN MIS Elective will have a change in faculty, Dr. Lopez will be replaced by Dr. George Iskander.

Caring and communication elective

- Initially approved in 2017 as a 2 week rotation.
- Faculty now requesting extension from 2 to 4 weeks to give students more time to develop relationships and to reduce the amount of pre work the students currently have.

Dr. Gajendran asks how many been through this rotation to which Dr. Francis replies a few per year, total around 4 or 5.

- Dr. Cervantes asks what do they do in the elective, Dr. Francis replies they have a learning contract where the physician trainee must take the initiative to diagnose their learning needs, formulate the learning goals, and implement learning objectives, Then evaluate how they achieved the intended goals. They have interactive online material, and have material assigned on evidence based competencies in the theory of human caring, and work with faculty to promote dialog and self reflection.
- Dr. Cervantes mentions he feels this could be done in the current 2 week period to which Dr. Francis replies the faculty are requesting more time for the pre work and for the students to have more time to develop relationships.
- Dr. Hogg asks if they are tracking student engagement on a weekly basis, and mentions he is trying to read the undertones of this to make sure this isn't a 4 week vacation
- Dr. Gajendran agrees and mentions it sounds like a month of online training. Dr. Francis replies they meet in person with the faculty, and that is it harder to envision because it is individualized for each student.
- Dr. Ganjendran believes that offering the student 2 or 4 weeks is a better option, Dr. Francis mentions the concern over students signing up for 2 weeks will be the amount of pre work that needs to be done before the course while they are in other electives
- Dr. Hogg motions to invite Dr. Quest and Laura Gorby to an upcoming meeting to answer the questions being raised by the committee in more detail, Dr. Francis mentions it will have to be in the January meeting to which the committee agrees.

3. Student Concerns/Reports.

Discussion

MS1 raises concerns over lack of practice questions offered for SCI even though it is in the formatives, and recommends creating a pseudo formative specifically designed for SCI. Dr. Cervantes replies he is putting together a formative, but they have to make sure it matches the new program for the year.

No other concerns are raised.

4. Follow - Up - Items – Curriculum - as - a - Whole Review.

Presenter(s): Dankovich, Robin

 [Quantitative ANALYSIS GQ 2016-2019.pptx](#)

Discussion

Dr. Dankovich presents summary of the qualitative analysis of GQ comments over the past 4 years.

Topics regularly occurring include

EMR note writing

- Most common comments are about students not having access to the EMR to take notes, notes taken during SPM are never graded or given feedback which leaves them challenged when entering the clerkship's on how to write good notes.
- Dr. Dankovich asks Dr. Francis if the access to note taking in EMR is dependent on the clerkship to which Dr. Francis replies students were always allowed to document but it was in something called a medical student note, which is not part of the regular flow of the record, but since 2018 Medicare and Medicaid changed the rules to allow billing for students notes. Dr. Francis met with compliance and UMC and got approval for students to be trained on how to document and now allowing students to go in live note and document, which can then be modified by the resident and sent to the faculty who can also modify the notes. This started with Internal Medicine but then spread to the rest of the clerkship's. However students cannot document on Surgery or Psychiatry due to being highly specialized notes.
- Dr. Dankovich asks if only one year has had access to this so far since it was adopted in the spring of 2018, to which Dr. Francis replies no the Medicare change went into place in spring of 2018 but after everything went through the Medical Executive Committee it was summer of 2018, so 4th year students experienced it.
- Dr. Dankovich follows up by saying there seems to be some amendments to how students are experiencing it now and that

this new group shouldn't have the same comments, Dr. Francis mentions the MS3 who is present for the meeting and asks for his thoughts.

- MS3 says it is better now that they can document and makes them feel like they are more a part of the team. students can now also open live notes in the chart with the same tabs used by residents and faculty. Dr. Francis says they are hopeful surgery may change in the future and allow students to document and starting in January students will be able to document on the outpatient records as well as propose orders, prescriptions, and referrals.
- Dr. Hogg mentions the comment about the preparation for the pre clerkship phase and asks the MS3 if he feels they are missing something that could have better set him up, to which the MS3 responds he can see where they are coming from but personally feels like he was well prepared.
- Dr. Hogg comments they have made changes in the clerkship side that they will have to continue to monitor, Dr. Dankovich agrees and expects the negative feedback to decline. Dr. Francis mentions students are now subject to delinquent record notices just as the residents are.
- Dr. Gajendran asks about inconsistent progress notes to which Dr. Francis replies they are supposed to document progress notes at UMC and should be doing 2 to 3 a day, MS3 agrees and says he has heard students are supposed to document 3 progress notes a day but could depend on resident.
- Dr. Gajendran asks if the minimum is 3 to which Dr. Francis says no, 3 is the maximum.

Standardized testing and exams

- A common complaint is that the education is not directed at helping students perform well on the standardized test, having exams based off of national standards and not question bank, SCI goes overboard on what was needed for STEP examinations, and information presented is above the level required for first and second year medical students.
- Dr. Hogg mentions one of the things that are still in progress is launching the champ mapping tool, to begin to map every session level which will help identify if there are certain gaps. Dr. Hogg also mentions this is something they are acutely aware of and have launched the CBSE progress testing with the first and second year students which is giving more standardized testing.

Faculty and teaching

- Most common are wanting faculty that are more dynamic in their approach to teaching rather than just reading off slides, some that seem to only acknowledge residents if anyone, substantial inconsistency in the quality of education between faculty, and having professors know what is on the STEP exam.
- Dr. Hogg mentions generally faculty don't know what's on STEP, they can only gauge what they think might be on it based on current trends and on the content outline, but STEP is consistently evolving, and is also worried students will find that things not mapped to STEP 1 are unimportant.
- Dr. Fuhrman asks if they have any faculty who write for STEP, to which Dr. Hogg replies yes there is a few who do in specific content areas, Dr. Fuhrman follows up by saying they should have an idea what's on STEP, Dr. Hogg says it's hard to say since they are pulled together to write questions in groups, and get together several times a year to write. The best way to get more evidence is to look at the customized assessment services since they have a lot of retired off circulation questions which are mapped to STEP 1 which should give us some insight, but those questions could have been retired due to being old or due to not being a good question.
- Dr. Hogg also mentions they might be moving to a new pass or fail system for STEP which will likely eliminate 3 digit scoring, and mentions Dr. Francis was at a AAMC workshop. Dr. Francis brings up the work shop group that has been meeting about what to do and are supposed to come out with recommendations in the beginning of the term, but something must be done due to the level of stress and discomfort it is causing the students. There is also an option of banding the scores which means the student would not get a 3 digit score but would be told they are between 2 numbers, however some don't believe that is entirely different from the current 3 digit score method.
- Dr. Fuhrman asks how much does STEP one emphasize detailed basic science and how much it emphasizes clinical scenarios. Dr. Hogg replies it is 60 -70% application of basic science questions to clinical problem solving. There are no factual recall questions but some questions will require students to apply a basic science concept to resolve the problem, with a smaller portion being related to diagnostic reasoning. Dr. Hogg recommends assessing what we have in our internal data bank of questions and how many are factual recall versus how many are application of foundational sciences to clinical problems to better assess our students similar to the shelf exams.

Pharmacology

- Frequent remarks are more emphasis on the foundations of pharmacology, integrating systems led to confusion, better integration between clinical and basic sciences, and did not prepare them for year 3 and 4. Dr. Gajendran agrees with the last comment on the preparation of the students and explains when they arrive for the rotations, they cannot pronounce generic names of pharmaceutical drugs.
- Dr. Hogg asks what could be done to address and improve this concern, Dr. Nino mentions trying to integrate pharmacology as much as possible into all the pre clerkship's. MS1 brings up prescription writing and how it could help students

understand pharmacology more by associating cases with medications. Dr. Hogg mentions it is something that needs to be worked on and a plan of action needs to be made, MS4 mentions the issue could be with the method of teaching and how it is integrated. Dr. Francis suggests looking at other curriculum's to see how they are teaching it.

- Dr. Gajendran says they don't have time to go over everything and explain to the students in clinic, they can fine tune them but cannot teach them everything in a 3 week period and it has to start at basic sciences.
- MS1 brings up medication sheet that could help students and writing down what medication they could use and what the side effects are. Dr. Hogg brings up coming up with a solution in the spring.

Clinical practice autonomy

- Frequent comments include being behind the curve while on rotations due to expected knowledge, involvement in activities such as taking patient notes and making management decisions felt like a burden to faculty and residents due to clerkship's not emphasizing it enough, empowering students and making them feel part of the team, and shadowing not being incorporated with independent decision making. Comments are mostly clinical and about the level responsibility.
- Dr. Dankovich asks MS4 if he feels like he has good experience in this to which he replies he feels like it mostly falls down to the instructor your working with and how they handle it.
- Dr. Hogg mentions he has heard comments about the block ending just as faculty are starting to trust the students, then asks Dr. Francis for her insight on the issue with the current system. Dr. Francis says the students really don't get independence when it comes to certain areas, like psychiatry, but all clerkship directors work with faculty to understand what is expected.
- Dr. Francis also brings up some of the issues fall on the student and the lack of initiative they have.
- Dr. Gajendran comments he thinks the feedback will change as they change the curriculum, and so will the direct feedback.
- Dr. Dankovich brings up setting expectations will also help the student, to which Dr. Mehta agrees. Dr. Herber-Valdez asks if they get a syllabus to which Dr. Mehta replies yes.
- MS1 mentions a colloquium could help outline objectives on the clinical side earlier so it is enforced later on. Dr. Hogg agrees and says he has heard this from other students about the inconsistency with some students getting to engage with the patient and others simply being shadows the whole time.

Anatomy

- Frequently comments bring up that it did not have lectures and dissections were awkward due to students not knowing what to do, it is poorly organized with too much information per anatomy session, it is lacking in instructional and educational value, and anatomy is underrepresented with an improvement being to add an anatomy boot camp.
- Dr. Hogg mentions the satisfaction rates have gone up since they have looked into the anatomy lab and addressed the issues. MS1 agrees that for the most part the changes are helping so far.
- Dr. Hogg also brings up concerns with expectations were not aligned with the tests and exams for students. Dr. Furhman asks how many students are responding and answering the survey questions to which Dr. Dankovich replies she will go back and verify as well as add number of respondents to slide deck.

Update: Number of possible respondents per survey include:

- 2016 - 68
- 2017 - 79
- 2018 - 81
- 2019 - 91

5. Emergent Topics In Medicine.


 CEPC Monthly Meeting 11.04.2019

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

 CEPC Monthly Meeting 12.02.2019

 [Copy of KeywordCHAMPSearch_v2 Curricular Elements and assessments \(1\).xlsx](#)  [GunViolence.pdf](#)

 [HumanTrafficking.pdf](#)  [MedicalMarijuana.pdf](#)  [Gun Violence](#)  [Recognizing and stopping human trafficking](#)

 [Why doctors know almost nothing about the health effects of marijuana](#)

6. 10 Point Plan Feedback (8.3).

Presenter(s): Hogg, Tanis

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Presenter(s): Hogg, Tanis

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

 [Ten_Point_Plan_Binder.pdf](#)

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Presenter(s): Hogg, Tanis

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

 [Ten_Point_Plan_Binder.pdf](#)

Discussion

Students were satisfied with the plan overall, however they do have concerns over certain areas, with continuous summative assessment proposal being the biggest concern. Pilots will be done to obtain some feedback. Overall voting results shows majority are satisfied with changes and based on the survey they are ready to move forward. January through May will need to prepare curricular change notification, time window is large due to having to develop, implement, advertise to students, and get approved by LCME. Dr. Hogg asks if they will have another lic workshop to which Dr. Francis replies hopefully, to get broader faculty in. The general faculty doesn't understand what lic is or what it entails.

7. Debrief – CEPC next steps (8.3).

Presenter(s): Hogg, Tanis

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8. Open Forum.

9. Adjourn.

Discussion

Meeting adjourned 6:30 PM