

CEPC Monthly Meeting.

03.09.2020 05:00 PM - 06:30 PM

Presenters Brower, Richard, Francis, Maureen, Hogg, Tanis

Location MEB 1140

Meeting Minutes

TTUHSC EP Paul L. Foster School of Medicine

5001 El Paso Drive

El Paso, TX, 79905

USA

1. REVIEW OF MINUTES

Presenter(s): Hogg, Tanis



CEPC Monthly Meeting 2.17.20.pdf

Decision

Follow up with ms 3 for feedback on meeting with Dr. Francis

Dr. Cervantes motions to approve minutes. committee approves.

2. STUDENT CONCERNS

Presenter(s): Hogg, Tanis

Discussion

MS 1's and 4's raise no concerns.

3. ANNOUNCEMENTS

Presenter(s): Hogg, Tanis

Discussion

Will be reconstituting Committee members, Evaluation committee also missing members. Terms just expired for two members and need two additional members. Will meet with faculty council for committee appointments for faculty.

4. COMMON CLERKSHIP POLICY REVIEW

Presenter(s): Francis, Maureen



Common clerkship policies AY 2020-2021 draft.docx



NBME Grading Cut-offs for Pass and Honors.pptx

Discussion

Emergency medicine passing will go up to 68 and honors 86 which is the lowest acceptable rate. This has been discussed and approved by year 3, 4 committee already. MS 4 raises concerns and has heard this will apply to the current 4th year class, Dr. Francis replies no, this will take effect with new academic year. OB/GYN is in 8th percentile. Dr. Nino asks if we should include something in the honors system that is related to concerns over professionalism. Dr. Francis replies professionalism is in one of the competency's.

If you have a passing score but have a competency failure it will be up to the clerkship director to pass or fail you. Dr. Hogg asks if Dr. Francis knows how this will affect the fail rate, Dr. Francis is unsure but replies if they are in the 4th percentile than they shouldn't pass. The percent of students receiving honors has dropped except for in Psych, which is consistently the highest percentage. MS 4 raises concerns over passing rates and they should have more review material, Dr. Francis says they are looking into practice NBMEs. MS 4 says the aquafer practice tests have helped to which Dr. Francis replies that is optional and not all students are utilizing it.

Ice case requirement is being dropped, and delinquent medical records are now documented for students.

Lourdes has been working with the hospitals and is obtaining any delinquent records and notifying the students, they are hoping students are replying in a timely manner otherwise the diploma will be held until all records are turned in. MS 4 raises concerns over not being able to delete notes in error, Dr. Francis replies the students would need to reach out to medical records who can delete them.

The paragraph regarding medial records is on the bottom of page 15, wording has been approved by the year 3, 4 committee. MS 4 asks what the timeline is, Dr. Francis says it depends because each hospital has different timelines. So far students have been good about addressing any issues related to notes on medical records.

No further questions are raised. The policies will be sent out via email for vote with a deadline of march 20th.

Not all votes received yet. All received votes approved, None opposed.

5. POLICY REVIEW

Presenter(s): Brower, Richard, Francis, Maureen

Decision

All committee votes received via email.

Committee votes to approve.

5.1. TECHNICAL STANDARDS POLICY

 Technical Standards Policy Draft v03MAR2020rev1.docx

 Technical Standards Update MAR2020 CEPC Presentation.pptx

Discussion

Policy is driven by LCME standard 10.5 which states we must have technical standards. Technical standards state we must accept students who are otherwise qualified and who meet the standards with or without accommodation. Any candidate or student who can do this must be considered. Standards haven't been reviewed or updated since the schools inception, and have been copied from Lubbock. By making a policy we are creating a home for the document. Dr. Payton requested a review in September, the current document we have is unnecessarily long, most things shouldn't be in the policy or are already in the schools policy as a whole for students with disabilities.

This is an important document that must be updated. All attachments will be forwarded to members to review and vote on, everything in the document is within norms if compared to other schools across the country. Also have inserted language that clarifies the standards in that all students admitted must be able to complete all standards without exception. Faculty are encouraged to point out any errors but are reminded not to micromanage the document. Votes are requested no later than March 20th. Dr. Nino raises concerns in regards to understanding the statement within this framework, the need for a trained intermediary to observe or interpret information, or to perform procedures, is deemed to preclude essential elements of participation in, and comprehensive fulfillment of the curriculum, Dr. Brower replies it means we aren't allowing trained intermediaries. Dr. Hogg asks if interpreters fall into that category, Dr. Brower replies no, they need to speak English in order to get into the medical school, but they can use interpreters for languages they don't understand. Dr. Brower mentions trained intermediaries aren't allowed in most medical schools and more are heading in that direction, 6B reads students in the PLFSOM M.D. degree program are expected to acquire a broad foundation of medical knowledge and skills that generally supports and permits this progression. In addition, as students interact with patients throughout their medical education, the school has an ethical responsibility for the safety of the patients with whom students and graduates will come in contact. There's a bit

of elaboration as to why the school is requiring these.

Almost all schools make sure that these points are clear. Dr. Herber-valdez asks if that also includes service animals, Dr. Brower replies he doesn't think it needs to be included here since the student would have to go to the ada office and provide an explanation as to why they need the animal and then would be interpreted within our technical standards. Dr. Ogden asks if a legally blind person would qualify, Dr. Brower replies no. Dr. Ogden then asks about deaf people, to which Dr. Brower replies it depends on the needs of the person and if they need an interpreter.

Dr. Ogden replies he's had experience with students with this issues and notes that they had a blind student who could pass tests but suffered in the clinical portion, and they had a student with one arm who was able to meet all standards. Dr. Brower states students with minor complications or who need minor assistance will not be affected by this document.

After having a meeting, they inserted language that is very commonly used, Dr. Hogg mentions the need for an emotional support animal might interfere with the hospital, to which Dr. Brower agrees and says it will be case dependent and if a student is so impaired they would not meet the requirements of the medical school. MS 4 mentions the statement at the end of 7 is sort of a get out of jail free statement, and has an issue with the policy maybe not covering students who would need accommodations in the middle of medical school, Dr. Brower says they would have to meet with the disability office and measure if they can meet the standards or not, but that doesn't apply to this policy. Dr. Nino asks if it needs to be added to which Dr. Brower says no, to avoid stepping on the institutions toes with their own policies.

5.1.1. POLICY ON ENROLLMENT



Draft med ed prog policy on medical student enrollment requirements.pptx



Policy on Enrollment - full vs partial v10FEB2020.docx

Discussion

LCME accreditation requirement 10.3 states we need to have policies on student acceptance, promotion, graduation and any disciplinary actions, and these policies must be made available. The purpose is to clarify expectations on full enrollment under almost all circumstances so as to promote timely progression, reserve curricular integration and to insure appropriate stewardship of student financial aid and tuition funds, also to reduce potential for gamesmanship by students angling to maintain low level enrollment while paying full tuition to maintain financial aid. Most of these are already covered by federal financial aid regulations, but this document will clearly tell everyone that the school expects students to enroll in the curriculum as a whole and progress on time. This policy will be sent out via email, to which members can vote on by March 20th. Committee raises no questions

Dr. Brower mentions 6.A.4 has a policy that discusses what constitutes half time enrollment. There are cases where partial enrollment has been approved due to a student not taking or not passing step 1, but any student wanting to take a term or semester off will have to enroll for a full year or term.

6. COVID-19 CONTINGENCY PLANNING - POTENTIAL CURRICULAR IMPACT

Presenter(s): Hogg, Tanis

Discussion

In the last 24 hours there have been an additional 100 cases in the united states. PLFSOM may need to make some adjustments to curriculum, AAMC has rolled out recommendations. Non clinical courses are

recommended to move to an online format in the case of a local outbreak of COVID-19. First years could be affected by this. Medical skills have mostly been done and clinical rotations are still being discussed. AAMC recommends having students not be the first in line to evaluate a suspected COVID-19 case, but would still be expected to show up to clinic. MS 4 raises concerns it could affect ER rotations to which Dr. Hogg agrees. Dr. Ogden mentions he doesn't see this being an issue outside of the emergency room. There will be a workflow protocol that would be implemented should the need arise. At this point students are non essential personnel but if we have an outbreak they could become essential. Dr. Hogg mentions as soon as they have some policies written up he will distribute them. Dr. Ogden mentions international travel is off limits currently and national travel is being defined by essential travel.

7. CRITICAL REVIEW OF PLFSOM PGOS 5-8

Presenter(s): Hogg, Tanis

Discussion

Domain 5 is professionalism. PGO 5 has slight wording variation to PCRS.

- PGO 5.1 has slight wording variation to PCRS. PCRS 5.5 is unique to PCRS, but is it fairly captured by our PGO 5.1. Committee agrees and votes to keep 5.1 same as worded.
- PGO 5.2 has a slight wording variation. committee votes to keep as worded
- PGO 5.3 has slight wording variation. Dr. Hogg recommends deleting PGO 5.7 due to it being similar to PGO 5.3, but committee votes to keep it in PGO. Dr. Nino recommends rewording it and integrating 5.3 and 5.7, however committee disagrees. Dr. Hogg asks how could we link 5.7 to a PCRS, Dr. Francis replies it could be cross linked to 5.4 for mapping purposes.
- PGO 5.4 has slight wording variation. Committee votes to leave as is.
- PGO 5.6 is unique to PLFSOM, it will be difficult to map. Committee decides to keep it separate. Remove integrity from 5.1 and add to 5.6. in order for them both to map to 5.1 in PCRS. committee is split between the options.
- PGO 5.7 slight wording variation Committee votes to keep as is.
- PCRS 5.5 will be left out as it is captured in PGO 5.1.

Dr. Herber-Valdez recommends making it more consistent. Dr. Hogg agrees. This will need to be done by AY 2021-22

8. ADJOURN

Discussion

Meeting is adjourned at 6:28.