

CHAIR:

Dr. Irene Alexandraki, MD, MPH, FACP

VOTING MEMBERS:

Colby Genrich, MD; Fatima Gutierrez, MD; Fuhrman Brad MD; Houriya Ayoubieh, MD; Jessica Chacon, PhD; Niti Manglik, MD; Osvaldo Padilla, MD; Patricia Ortiz, MD

EX-OFFICIO:

Beinhoff Lisa PhD; Busey Blake, MS; Ellis Linda S, MD; Francis Maureen, MD; Hogg Tanis, PhD;

STUDENT REPRESENTATIVES:

Rowan Sankar MS1 (Voting); Nick Malize MS1 (Ex Officio); Shaffer Whitney MS2 (Voting); Rereddy Rohan MS2 (Ex Officio); Tran Daniel MS3 (Ex Officio); Palvadi Karishma MS4 (Voting); Ratnani Runail MS4 (Ex Officio)

INVITED/GUESTS:

Brower, Richard, MD, FAAN; Christiane Herber-Valdez, EdD; Martin, Charmaine, MD;

APPROVAL OF MINUTES

Minutes will be attached.

ANNOUNCEMENTS

Presenter(s): Dr. Alexandraki

- Curriculum revision cycles

Presenter(s): Mirjana Babic

- Pre-Clerkship phase review

ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I DISCUSSION ABOUT SITAC

Presenter(s): Dr. Alexandraki

ITEM II THE ANNUAL EVALUATION REPORT

Presenter(s): Dr. Harindranathan ○ The Annual Evaluation Report

ITEM III CLERKSHIP DIRECTORS – UPDATE

Presenter(s): Dr. Francis • Clerkship directors update

OPEN FORUM

ADJOURN

MEMBERS IN ATTENDANCE:

Brad Fuhrman, Charmaine Martine, Colby Genrich, Fatima Gutierrez, Houriya Ayoubieh, Irene Alexandraki, Jessica Chacon, Lisa Beinhoff, Maureen Francis, Nick Malize, Osvaldo Padilla, Patricia Ortiz, Richard Brower, Rohan Rereddy, Rowan Sankar, Tanis Hogg

MEMBERS NOT IN ATTENDANCE:

Blake Busey, Linda S. Ellis, Niti Manglik, Whitney Shaffer, Tran Daniel, Palvadi Karishma, Ratnani Runail

PRESENTERS:

Irene Alexandraki, Mirjana Babic, Priya Harindranathan, Maureen Francis

REVIEW AND APPROVAL OF MINUTES

- | | |
|---------------------------------------|--|
| Dr. Alexandraki CEPC
Chair | <ul style="list-style-type: none">• Having met quorum, the meeting minutes from the September 8, 2021 meeting were voted on and approved as presented. |
|---------------------------------------|--|

ANNOUNCEMENTS

- | | |
|---------------------------------------|---|
| Dr. Alexandraki CEPC
Chair | <ul style="list-style-type: none">• Introduced the new MS1 student representatives. |
|---------------------------------------|---|

ITEMS FROM STUDENTS

- | | |
|----------------------------|--|
| MS1 - Nick Malize | Discussion held regarding: |
| MS1 - Rowan Sankar | <ul style="list-style-type: none">○ Questions and concerns about the IHD unit. Objectives were linked to the lecture from the last year, which is not taught currently. Dr. Hogg met with MS1 students. Course directors are informed and will follow up regarding the matter. |
| MS2 - Rereddy Rohan | <ul style="list-style-type: none">○ Students expressed that SCI class requires significant time commitment.○ They appreciated the experiences gathered through service-learning that the course offers. |

- Student questioned the need for an SCI exam.
- They don't prefer to have two high- stakes exams e.g. SCI and SPM in the same week.
- Students would like that one exam is removed.
- Dr. Hogg stated that this can be discussed during pre-clerkship review, and that course directors will seek for the solution.
- Students will continue this discussion with Dr. Hogg and Dr. Rosenthal.

MS2 - Rereddy Rohan
MS3 & MS4 students

- No issues to report. Students are planning to meet with Dr. Hogg.
- Not present.

ITEM I CURRICULUM PHASE REVISION – PRE CLERKSHIP REVIEW

Dr. Alexandraki

- Explained that the need for ongoing CQI process which is also an LCME requirement.
- Due to the pandemic, the review of the pre-clerkship phase was suspended. For that reason, the revision of the pre-clerkship phase must be done during this academic year (2021-2022). This will allow another full cycle of curriculum review (pre-clerkship and clerkships phases and the curriculum as a whole) before the next LCME visit in 2025.

Ms. Babic
LCME Program
Manager, OME

Provided a brief presentation about the new revision process.

*Please see attached report

- The newly created course evaluation form will provide a comprehensive revision process that is linked to the LCME standards/elements.
- This review process will help the medical school identify the areas for improvement as part of the ongoing CQI process.

ITEM II DISCUSSION ABOUT SITAC

Dr. Alexandraki

Discussion held regarding:

- The Student Information Technology Advisory Committee Charter (SITEC).
- The Committee has not been convened in a long time.

- Dr. Alexandraki presented policy and queried members if they would like to revive it. She stated that this could be a momentum to formalize students' input as the school has recently implemented a new Learning Management System (Elentra).
- Dr. Brower provided historical background. He stated that the concept was good.
- Dr. Brower queried if the committee should be reestablished at the institutional level since the applications are now shared across the dental and medical school and in some cases, the nursing school as well.
- Dr. Brower noted that committee could be also revived within the medical school if there is a significant interest among students.
- Dr. Alexandraki will provide an update about the level of interest among students at the next meeting.

ITEM III THE ANNUAL EVALUATION REPORT

Dr. Harindranathan Presented AY 2020-21 Pre-clerkship Assessment and Evaluation report

*Please see attached report.

- The report presents an executive summary of trends over the past 4 years.
- Dr. Harindranathan identified strengths, suggested Improvements, and recommendations for the following courses: SPM; MedSkills; SCI and Spanish

OPEN DISCUSSION

Dr. Hogg

- Dr. Hogg explained that pandemic negatively impacted the entire curriculum.
- There were many technical issues, particularly with the work case examples.
- Students were burned out throughout the pandemic.
- Many issues have already been addressed e.g. long Fridays were restructured; iRats and tRats were moved into the work case example activities; and 80/20 versus 50/50 iRats tRats.

Dr. Ortiz

- Work Case examples used to be extremely valuable. It is disheartening to hear that they are not perceived in the same way anymore.

**Malize (MS1)&
Rohan (MS2)**

- Explained that it is hard for all 125 students to engage in work case examples.
- The suggested breakout groups could improve this learning experience.

- Work-case examples would also improve if students receive the prep materials about cases before the class session.

ITEM IV CLERKSHIP DIRECTORS – UPDATE

- Dr. Francis** Provided an update about changes in the clerkship directors leadership
- *An updated list is attached
 - Change in Family Medicine: Dr. Chenai Netty will be the new Assistant Clerkship Director replacing Dr. Melissa M. Montoya
 - Changes in Surgery: Dr. John Lawrence will be the new Clerkship Director replacing Dr. Karinn Chambers, and Dr. Grace Ng will be the new Assistant Clerkship Director

Decision: Dr. Ayoubieh moves the motion for approval.
Dr. Genrich seconds the motion.
No objections: Motion was approved.

ADJOURN

Meeting adjourned at 6:30pm.



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Pre-Clerkship Phase Review Process AY 2020/21

A Process to Review the Quality of a Medical Education Course

- LCME requires that schools have an internal CQI process to “ensure effective monitoring of the medical education program’s compliance with accreditation standards” (Barzansky et al., 2015).
- According to the MedEdPORTAL publication “there are currently no guidelines for ideal types of process, structure and outcomes that would indicate a medical school course is high quality” (Moore et al., 2020).
- Based on the available literature, template from the other school, and the current DCI the following process is developed:

Review Process

First part

- Course directors complete their review using the course evaluation form

Second part

- OME receives the evaluation form from the course director(s) and sends it to the respective review team

Final part

- Each team presents their findings and recommendations at the CEPC meeting

Review Process – Form

The course director(s) will have two weeks to complete the form.

Standard 8: Curricular Management, Evaluation, and Enhancement

Element 8.2 Use of Medical Educational Program Objectives

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, and to review and revise the curriculum. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.

25. Is each session learning objective mapped to one or more Educational Program Objectives?

YES _____ NO _____

Review the table below.

Program Objectives/Competency Domain		Session Objectives
Patient Care	1.1	48397 - For a case of a child with dehydration who has decreased fluid intake relative to usual output, use history and physical exam findings to determine if the child has stomatitis or pharyngitis.
		48397 - For a case of a child with dehydration who has decreased fluid intake relative to usual output, use history and physical exam findings to determine if the child has stomatitis or pharyngitis.

Element 8.8 Monitoring Student Time

*The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding **the amount of time medical students spend in required activities.***

27. Describe how the time medical students spend in required course activities is monitored.
When and how data is collected and to whom the data is reported.

Areas that will be evaluated:

- Course learning objectives that align with educational program objectives and assessment
- Content and delivery
- Grading
- Feedback to students
- Feedback to faculty
- Programmatic evaluation

LCME Standards

- LCME Standard 4: Faculty Preparation, Productivity, Participation, and Policies
- LCME Standard 6: Competencies, Curricular Objectives, and Curricular Design
- LCME Standard 7: Curricular Content
- Standard 8: Curricular Management, Evaluation, and Enhancement
- Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety
- Standard 5: Educational Resources and Infrastructure

Revision Teams – Volunteers

- Teams – two faculty members (one clinical and one science), member of the Sub-committee on Evaluation Programs and two students.
- Teams should work closely with students to capture their point of view.
- The process may require more than 1-2 meetings prior to completion.
- The form will be provided to assist teams with course review as well.

AY 20-21 Pre-clerkship Evaluation

Priya Harindranathan, Ph.D.

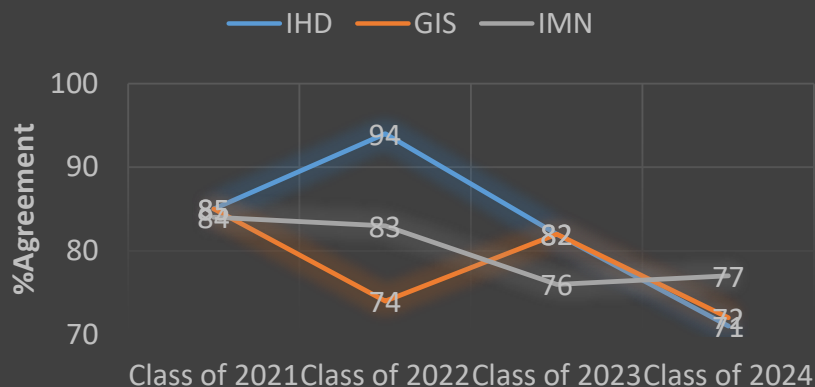
Associate Director of Assessment and Evaluation

Office of Medical Education, PLFSOM

SPM

SPM: MS1 Fall: Units IHD, GIS, IMN

The course workload was manageable



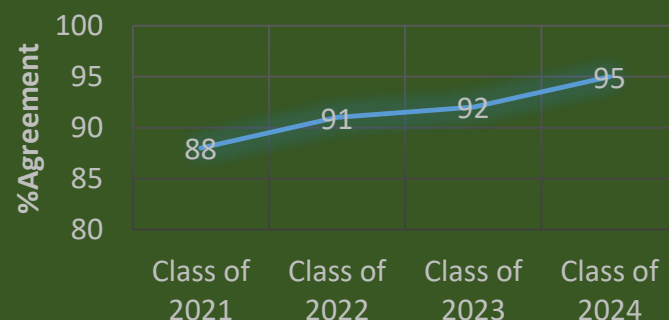
Identified Strengths

- Scheme presentations
- Self-assessment modules, quizzes, firecracker, OLM, recorded lectures, practice questions

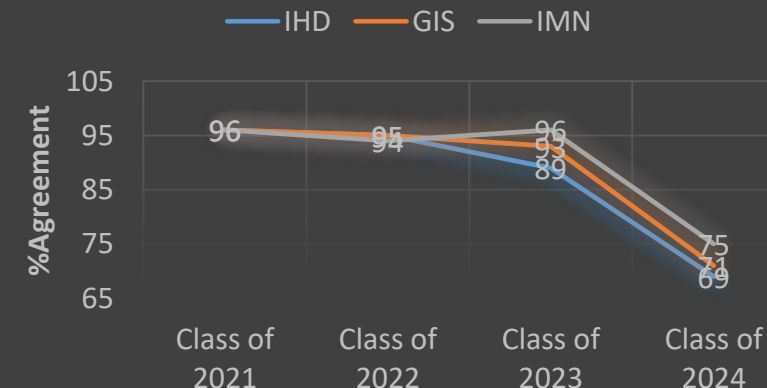
Suggested Improvements

- Alignment of learning materials and quizzes with NBME
- Representation of materials emphasized in class and formatives in summatives
- iRAT/tRAT : 50/50 grading instead of a 80/20 ratio
- WCE before iRat tRat, OLM and WCE are redundant, shorten, small groups, exhausting Fridays

GIS: The clinical presentation schemes contributed to my learning



The worked case examples helped me learn the material

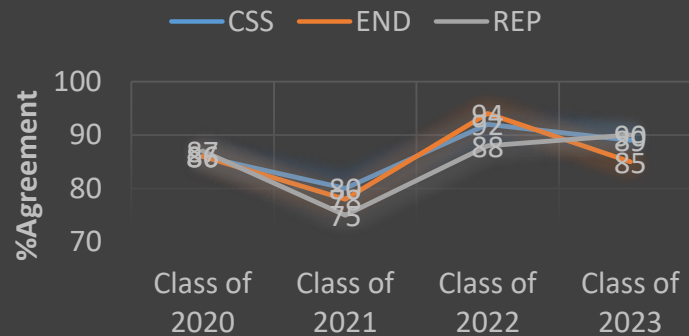


Experienced offensive or negative behaviors

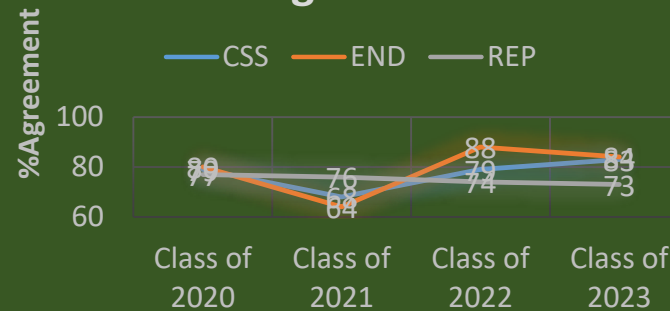
(IHD) 13%

SPM: MS2 Fall: Units CSS,END,REP

The course workload was manageable



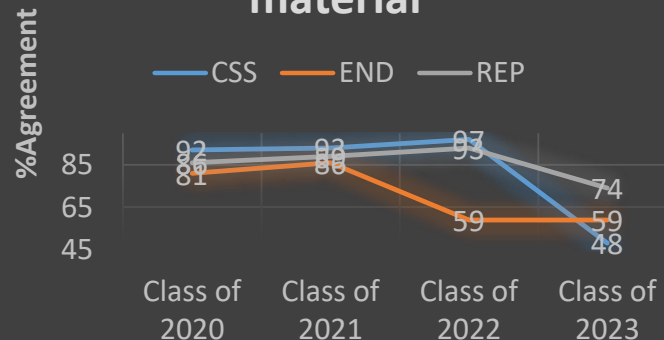
The clinical presentation schemes contributed to my learning in this unit



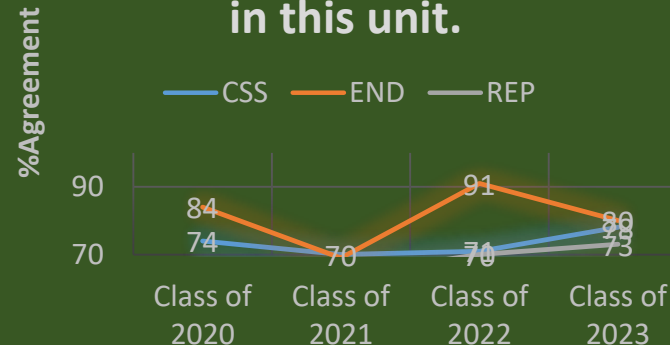
Suggested Improvements

- Materials and formatives to be tailored to NMBE
- Correlation between material emphasized in class/formatives and summatives
- Short, small group WCE
- Schemes: prefer to be taught, was less organized (REP)

The worked case examples helped me learn the material



The process worksheets contributed to my learning in this unit.

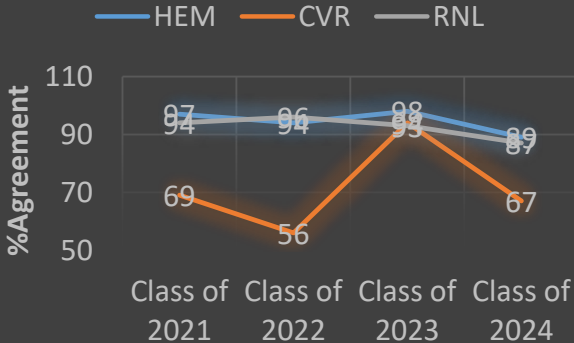


Identified Strengths

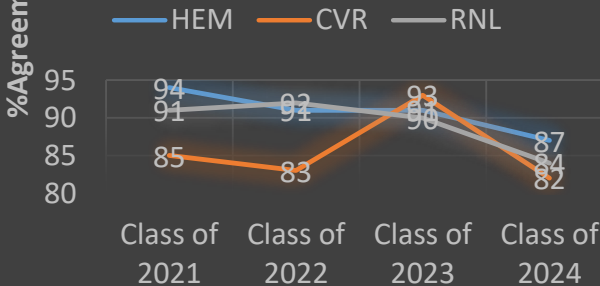
- Switch to NBME from in-house exams
- Scheme presentations, Process worksheets
- Flow in organization of materials, Integrated sessions
- Firecracker quizzes

SPM: Spring: Units HEM, CVR, RNL, MHD

The course workload was manageable



The clinical presentation schemes contributed to my learning



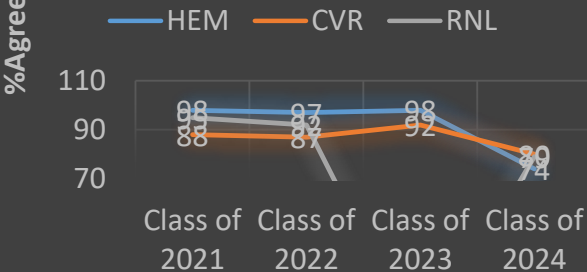
Suggested Improvements

- Lectures and formatives to help prepare for summatives and standardized exam
- Representation of materials emphasized in class and formatives in exams
- Balance in workload
- Timely availability of materials

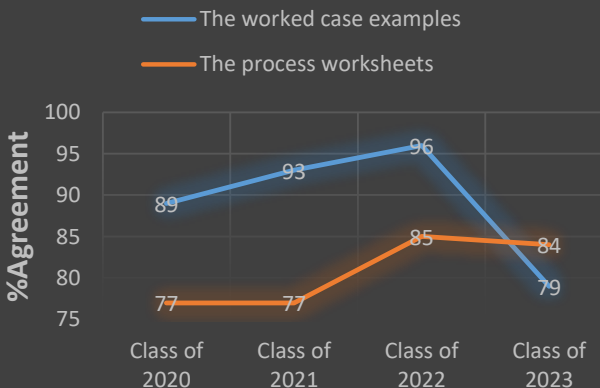
Identified Strengths

- Blood smear sessions, small group EKG sessions
- Review sessions
- Schemes
- Practice quizzes

The worked case examples helped me learn the material



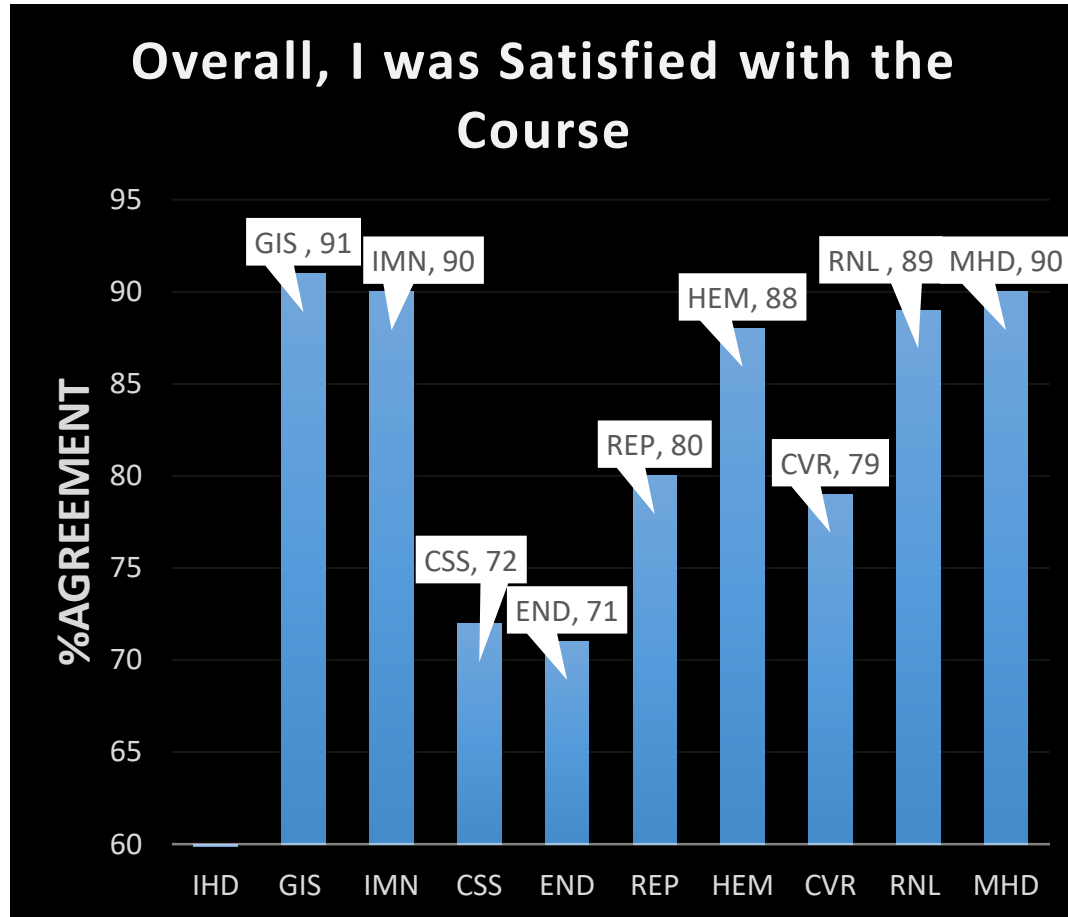
MHD



Experienced offensive or negative behaviors (offensive remark from faculty, no responses to emails)

3%

SPM: Recommendations



- **Testing for knowledge**

- Correlation between content emphasized in classes and formatives and content tested
- Usefulness of internal assessments and course materials (lectures, quizzes, etc.) in preparation for standardized exams

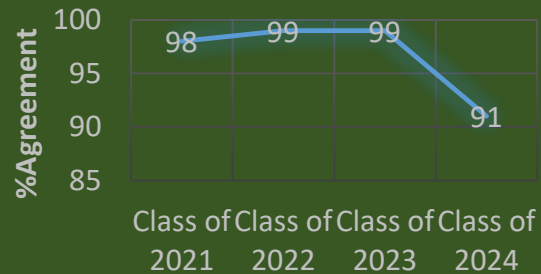
- **Organization**

- WCE implementation: small groups, shorten, avoid redundancy
- Timely availability of materials
- Sequence and arrangement of materials in lectures to aid better flow, integration of topics to interconnect ideas, balance in workload

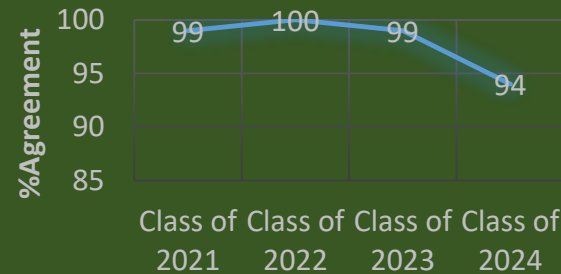
MedSkills

MedSkills: Units IHD, GIS, IMN CSS, END, REP

Medical Skills was well organized



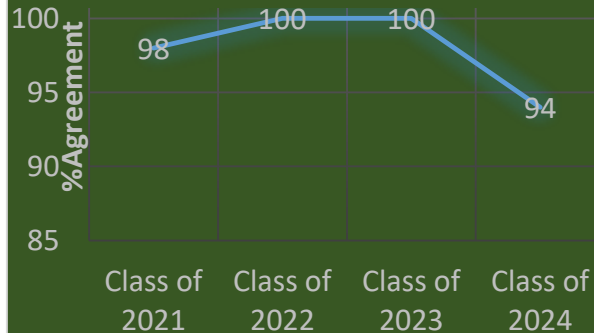
The course workload was manageable



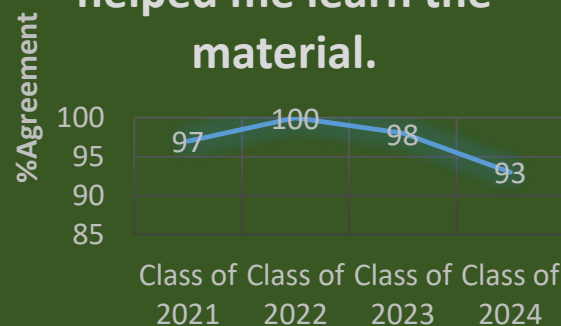
Suggested Improvements

- More opportunities to practice skills, interact with patients, use of medical equipment
- More SOAP practice and feedback, realistic examples
- Consistency in skills instructions across instructors
- Scheduling issues with split time between two sessions ; stay on time schedules

Medical Skills met the identified learning objectives



The Medical Skills preparation materials helped me learn the material.



Identified Strengths

- Workshops (e.g., colonoscopy and endoscopy, DKA sessions, Fetal hear rate workshops)
- Practice before OSCE and Feedback from Standardized patients
- Organized and well integrated with SPM
- Receptive to student concerns/suggestions

MedSkills: Units HEM, CVR, RNL, MHD

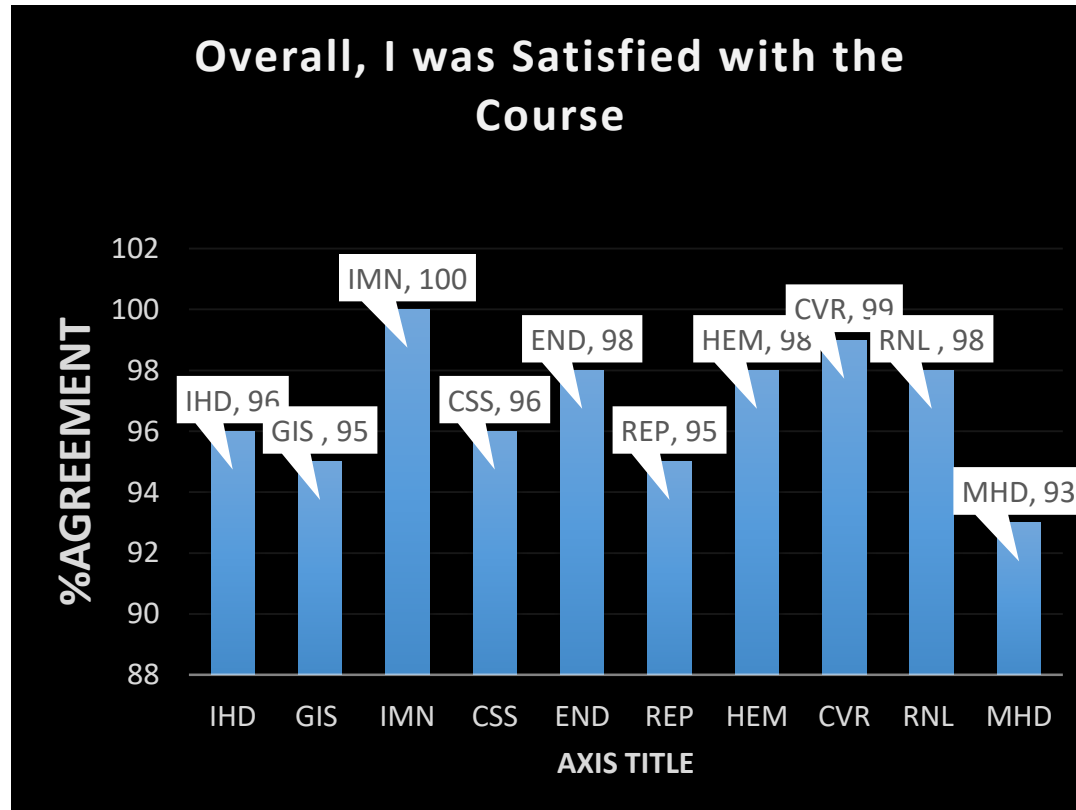
Suggested Improvements

- With STEP 2 CS cancelled what changes can be expected? Consider more time for writing notes, patient encounters, activities
- More clarity on what to expect during patient encounters
- Shorter TBLs
- iRats tRats not effective
- Issues with CHAMP calendar, students expected before scheduled time

Identified Strengths

- Heart Lung sound, US workshops
- SOAP note practice
- Feedback from small group skills session
- Organized and aligned with SPM
- Faculty receptive, quickly addressed student concerns

MedSkills: Recommendations

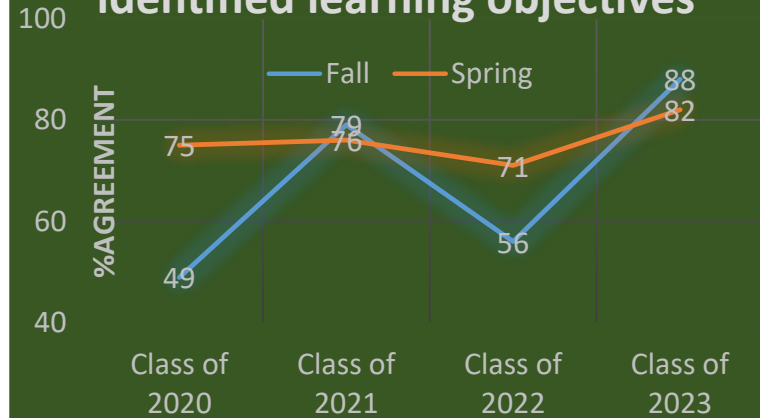


- Balance in instruction, practice, feedback: more time for self-practice and feedback
- Clarity and consistency in instruction
- Stay on schedule, optimal schedules that allow for self-study time etc.

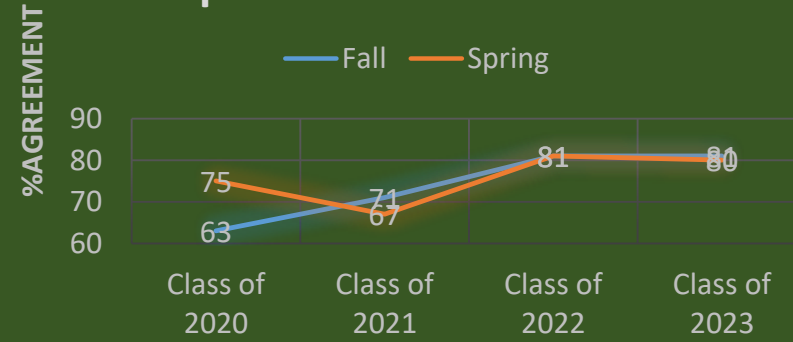
SCI and Spanish

SCI

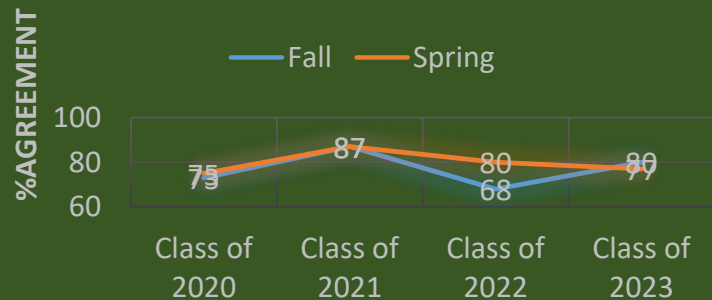
MS2: The course met the identified learning objectives



MS2: The community clinic experience is a worthwhile component of the curriculum



MS2: The amount of material presented was reasonable



Suggested Improvements

- More organization, clear learning objectives
- Reduce length and number of assignments and mandatory sessions scheduled around other exams
- Material tailored to STEP
- Time commitment while preparing for STEP, request for more topics to be covered in year 1

Identified Strengths

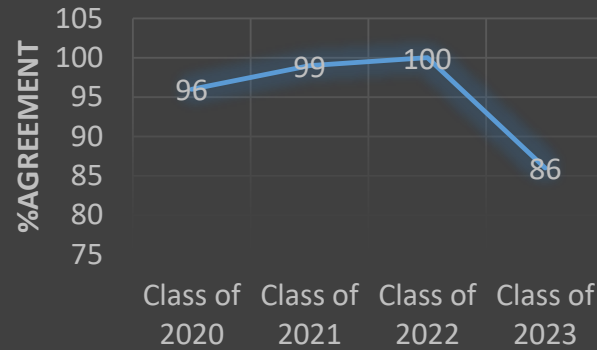
- Stats content
- Panel discussion topics and guest speakers
- Community Engagement

Spanish

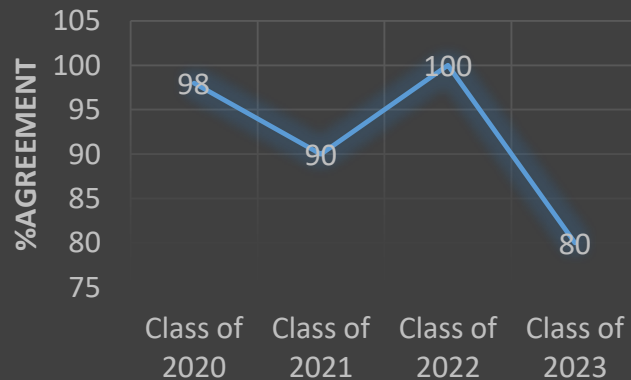
The course met the identified learning objectives



The Course workload was reasonable



Course materials supported my learning



Canopy helped improve medical Spanish

77%

Suggested Improvements

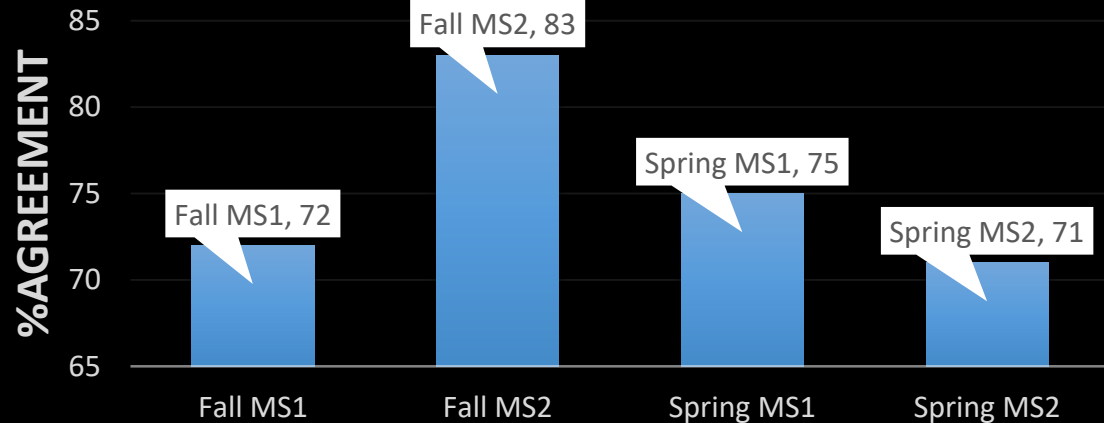
- Required deadlines and checkpoints
- Interaction with Spanish faculty; Conversation with real speakers for better retention of information
- Modules based on level of proficiency of learner
- Align modules to content being learnt

Identified Strengths

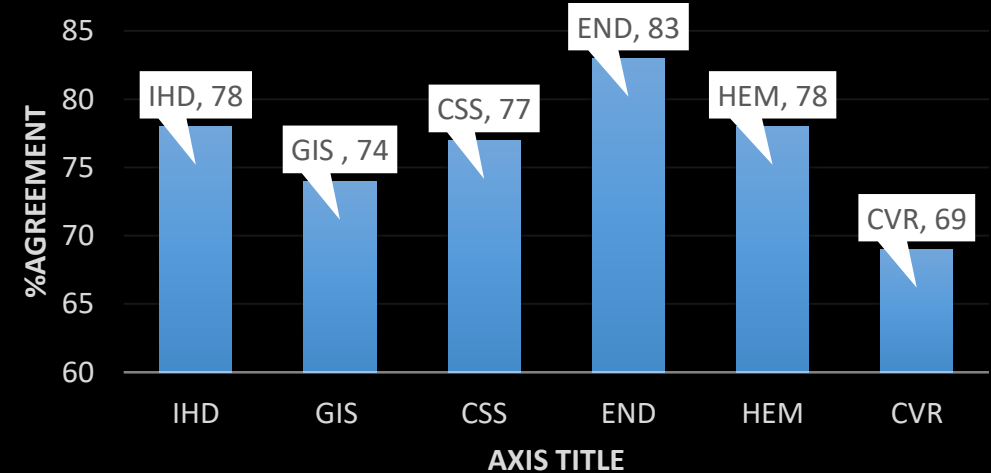
- Access from anywhere, self-paced

SCI & Spanish: Recommendations

SCI: Overall, I was Satisfied with the Course



Spanish: Overall, I was Satisfied with the Course



- Deadlines and checkpoints for accountability
- Practice for retention
- Differentiation in instruction and testing based on skill level
- Ease of locating resources
- MS2: material aligned with STEP, sensitivity towards STEP preparation in workload, overlapping scheduling

Year 3 Clerkship	Name	Title	FTE
Internal Medicine	Suvarna Guvvala	Clerkship Director	0.5
	Charishma Boppana	Assistant Clerkship Director	0.1
Psychiatry	Patricia Ortiz	Clerkship Director	0.4
	Christopher Castaneda	Assistant Clerkship Director	0.2
Surgery	John Lawrence (Karinn Chambers once approved by CEPC)	Clerkship Director	0.5
	.Grace Ng (filling vacant position)	Assistant Clerkship Director	0.1
Family Medicine	Colby Genrich	Clerkship Director	0.4
	Chenai Netley (replacing Melissa M. Montoya once approved by CEPC)	Assistant Clerkship Director	0.2
Pediatrics	Lynn Hernan (Fuhrman)	Clerkship Director	0.5
	Joanna Wojciechowska (resigned and is pending replacement)	Assistant Clerkship Director	0.1
OB/GYN	Patricia Rojas Mendez	Clerkship Director	0.5
	Naima Khamsi	Assistant Clerkship Director	0.1

Year 4 Clerkship	Name	FTE
Surgery Sub I	Alonso Andrade	0.2
IM Sub I	Fatma Dihown	0.2
FM Sub I	Gerardo Vazquez	0.2
Pediatrics Sub I	Ittay Moreno	0.2
OB/GYN Sub I	Mary Ann Son	0.2
MICU	Harold Hughes	0.1
CVICU	Debabrata Mukherjee	0.1
PICU	Arjun Chandran	0.1
NICU	Ajay Singh	0.1
SICU	Susan McLean	0.1
Neuro ICU	Anantha Vellipuram	0.1
Emergency Medicine	Michael Parsa	0.5
Neurology	Sushma Yerram	0.5
Bootcamp Co-director	Neha Sehgal	0.25
Bootcamp Co-director	Charishma Boppana	0.25