

CEPC Monthly Meeting

11.09.2020 05:00 PM - 06:30 PM

Purpose	Recurring monthly meeting of the CEPC
Presenters	Francis, Maureen, Hogg, Tanis
Attendees	Ayoubieh, Houriya, Beinhoff, Lisa, Cotera, Maria, Dankovich, Robin, Ellis, Linda S, Francis, Maureen, Hogg, Tanis, Lopez, Josev, Manglik, Niti, Martin, Charmaine, Mehta, Shivani, Nino, Diego, Ogden, Paul, Padilla, Osvaldo
Guests	brad.fuhrman@ttuhsc.edu, daniel.tran@ttuhsc.edu, Genrich, Colby, homaira azim, karishma.palvadi@ttuhsc.edu, kevin.w.woods@ttuhsc.edu, lokesh.nagineni@ttuhsc.edu, Melissa, roberto.l.garcia@ttuhsc.edu, Rohan, runail.ratnani@ttuhsc.edu, Whitney
Location	WebEx until further notice

TTUHSC EP Paul L. Foster School of Medicine

5001 El Paso Drive
El Paso, TX, 79905
USA

Meeting Minutes

1. REVIEW OF MEETING MINUTES

Presenter(s): Hogg, Tanis

Description

September's meeting minutes were sent out by email to all voting members for approval prior to this meeting.



CEPC September - Minutes FINAL.pdf

Discussion

Dr. Hogg went over minutes from September meeting and requests motion to approve.

Dr. Francis mentioned NBME exam vouchers were purchased and were out to the students.

PLFSOM 10 Point Plan will be submitted to LCME by Dec. 1 for approval.

PGO review finished.

Decision

Dr. Nino motions to approve.

Dr. Manglik seconds motion.

No objections; minutes approved.

2. STUDENT REPORTS

Description

MS1 -

MS2 -

MS3 -

MS4 -

Discussion

MS1 Students: Rohan Rerreddy and Whitney Shaffer - Expressed overall feeling the class is under; there is a lot of stress and are feeling uneasy with the COVID situation in our city. Want to know what the contingency plans are.

Dr. Ogden: School has been holding Brown Bag Lunch meetings for students to deal with such questions. The simple answer is the campus will remain open as long as we can keep it safe. Travel is left up to students decision, as long as they follow all precautions. Anyone coming back from travel is not required to quarantine given the situation in El Paso is worse compared to other cities.

Rohan: Are we considering preemptive measures? Holding off on 'in person' activities, or at least limiting these?

Dr. Ogden: Students can't learn to be a physician online. Students need to attend at some point. It's a balance of 'proper' medical education vs. keeping students safe. The school isn't risking students. It is scary, but there's no way to make the risk = 0. Dr. Ogden requests MS1 students to ask the student president -Kedzie Arrington- to reach out to Vanessa Solis in the president's office for weekly Brown Bag lunches.

Rohan agrees this will work to minimize student stress and anxiety, or feeling of isolation and uncertainty in the COVID situation.

Dr. Hogg - You need to practice your skills. Program may have to do make-up sessions for missed practice. Dr. Hogg is preparing plan for this.

MS 2 - Daniel Tran: All well. END unit concerns to be brought to Dr. Hogg in scheduled meeting.

MS 3 - Runail Ratnani: All well

MS 4 - Not in attendance.

3. ANNOUNCEMENTS

Presenter(s): Hogg, Tanis

Description

Dr. Wojciechowska has requested personal leave from her CEPC appointment.
3 New CEPC member appointments needed

Discussion

Incoming Associate Dean for Medical Education, Dr. Irene Alexandraki, scheduled to assume roll January 1, 2021.
Will take over chair of CEPC.

Committee needs 3 new CEPC members for clinician appointments - Dr. Wojciechowska took extensive leave of absence and had to step off committee.
Asked members to send in suggestions.

4. NOTIFICATION OF FINALIZED AND APPROVED PGO REVISION

Presenter(s): Hogg, Tanis

Description

Finalized version of PGOs is presented to committee for the record.

 PLFSOM PGO side-by-side Comparison Old-New.xlsx

Discussion

Dr. Hogg presented the finalized PGO comparison between original vs. revised to the committee for their review.

Decision

No comments from committee members.

5. TTUHSC DUAL DEGREE PROGRAM ARTICULATION AGREEMENT - MD/MBA - DR. BROWER

Description

Proposed TTUHSC(PLFSOM)-TTU(RCOBA) MD-MBA dual degree program affiliation agreement review and vote to approve.

Issue to be resolved: PLFSOM accepting any RCOBA MBA course credits towards completion of the MD degree. -

Discussion

Dr. Brower shared the Dual Degree Program Articulation Agreement proposal between TTU Jerry S Rawls College of Business and TTUHSC PLFSOM.

This would be a 5 yr program where students would acquire 2 separate degrees in a coordinated 'joint degree' effort. Students would be on a leave of absence for one year while they do the MBA requirements, which would likely happen for medical students at the end of the 3rd year.

Expected demand for admission to the program is 5% - 10% of matriculants.

UTEP was originally considered, but it was decided to move ahead with TTU. Agreement has been reviewed by several people, including Dr. Paton and Dr. Dankovich. It is

very straightforward standard agreement as they already have several dual degrees with other institutions.

Minor changes to be finalized through a Memorandum of Understanding.

A director for the dual degree on the PLFSOM side still needs to be selected.

Committee is being asked to approve if our MD program will accept some of the MBA credits hours towards completion of the MD degree; and specify which MBA courses would replace the credit as Elective requirements. This would alleviate the burden of students having to take full load credits during Summer, Fall, and Spring term to complete MBA.

Dr. Hogg shared other schools' programs which swap credits/don't swap credits as examples (Iowa, Baylor, Vanderbilt). Suggest we don't have 3 credit Electives so we should consider accepting even number credit courses. Suggests courses from Rawls catalog which we could accept:

- Healthcare Operations Management and Quality - 3 Credits
- Integrated Healthcare Operations - 3 Credits

Dr. Hogg opens floor to comments from committee members:

Student D. Tran: Will current students be able to apply? - Dr. Brower: Steps still needed to approve agreement; it has been slow because of pandemic. It goes to the Academic Council, then the president, then Board or Regents (12 months?) Then students can apply to Rawls.

Dr. Hogg asks Dr. Francis for input from Clerkship perspective

Dr. Francis: The credit should be any combination which fits even number (2 credits for one course or 6 for both).

Dr. Ayoubieh: How long would it take to complete the MBA program? - Dr. Brower: 2 or 3 terms taking 2-3 courses per term.

Dr. Francis: Is it "package deal" in the sense that students must take both courses suggested from MBA program? - Dr. Brower: Both courses are requirements for MBA we will only be giving them 6 Elective credits for them. (Package 'all or nothing' deal).

Dr. Hogg requests motion to approve; more questions arise.

Houriya Ayoubieh: How can required courses for MBA be given credit as Electives for the MD program? - Dr. Brower: There's no conflict in that. Rawls requirements substitute Electives at PLFSOM.

Dr. Nino: Brings up tuition payment. - Dr. Brower: Students will pay separate tuition to each program. Student who are doing MBA year won't be enrolled in PLFSOM so resources won't be the same. They are admitted but not enrolled. They will maintain access to campus, library, lab for research projects, etc. All this needs working out.

Dr. Nino: what about professionalism issues? - Dr. Brower: These are things that will have to be ironed out later in the Memorandum of Understanding.

Dr. Dankovich: Make sure language is clear and carefully worded so students understand financial aid is paid to the home institution -wherever they are attending full time. This affects library usage, counseling services, and other services which would come from the "home institution". - Dr. Brower: This will be included in Memorandum of Understanding and any promotional material put forth.

Dr. Manglik: Where will students be physically? - Dr. Brower: As it's an online program, they can be anywhere.

Dr. Hogg: Minutes should state we need to add scholarship money verbiage to agreement, as any monies disbursed for Medical School education must be used for that purpose only.

Dr. Brower explains the request for approval is only to move forward with finalization of agreement process.

Additional conversation in regard to the benefits of having dual degree programs happened after motion was approved.

Decision

Dr. Hogg requests motion to approve to move forward with finalizing agreement and development of Memorandum of Understanding.

Nino motions to approve.

Dr. B. Fuhrman seconds motion.

All in favor, no opposition.

6. CLERKSHIP CURRICULUM CHANGES DUE TO COVID

Presenter(s): Francis, Maureen

 Clerkship Phase Update 11-2020.pptx

Discussion

Dr. Francis shared her screen to present Clerkship Phase Updates due to COVID situation.

Face to face visits have decreased or been affected, particularly in Neurology clinic Outpatient experience beginning Monday, October 26. Clinic can no longer support 5 - 6 students at a time. Reverted to hybrid model with 2-3 students at a time per week and one week of virtual activities. Inpatient services not affected

Similar issues in other clinical departments, ambulatory and inpatient.

New experience became available: Emergency Department Monitoring Station rotation - which can substitute for missed experiences. Has been integrated into clinical schedule for MS3 and MS4 students on Neurology hybrid week. Other times are covered by volunteer students.

Objectives for new experience were created. It is tied to PGO 1.5, 4.2, 5.3, 7.2, 8.3.

Very positive highlight is that students developed their own patient hand-off tool (kudos). Faculty put together Canvas file with educational materials. Working on other educational modalities (eg. Dr. Seghal tapes instructions at nursing stations for students) Rotation has been a positive and educational addition which has even helped saved pt. lives.

PICU Rotation - Has been affected by contracting issues with EPCH - Rotations were put on hold (9/28 to 10/23). PICU has now resumed, but can only take 1 student per 4 week block rotation (down from 2 students). Other ICUs have taken up the slack.

Open to questions.

Dr. Hogg: Will students still meet all stipulated PGOs for the block with the revised approach? - Dr. Francis: Yes.

7. ADJOURN

Discussion

Meeting adjourned at 6:16 PM

CEPC September

09.14.2020 04:00 PM - 05:30 PM

Presenters	Francis, Maureen, Hogg, Tanis
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Note Taker	Kasten, Andrew
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Location	Webex
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Meeting Minutes

TTUHSC EP Paul L. Foster School of Medicine

5001 El Paso Drive
El Paso, TX, 79905
USA

1. REVIEW OF MEETING MINUTES

Presenter(s): Hogg, Tanis



CEPC September - Minutes FINAL.pdf

Decision

Dr. Nino motions to approve, Dr. Manglik seconds. None opposed.

Minutes approved.

2. WELCOME NEW COMMITTEE MEMBERS

Presenter(s): Hogg, Tanis

Discussion

Dr. Hogg welcomes three new committee members:

- Dr. Houriya Ayoubieh from the department of Medical Education and Internal Medicine. Prior to teaching at PLFSOM, Dr. Ayoubieh worked at the University of New Mexico School of Medicine and Johns Hopkins.
- Dr. Homaira Azim from the department of Medical Education. Prior to teaching at PLFSOM, she worked at Kabul University of Medical Sciences and at Indiana University and Indiana State.
- Dr. Colby Genrich from department of Family Medicine. Dr. Genrich has acquired over a decade of experience teaching middle school and high school Biology, General Science, and Computer Science prior to pursuing his Medical Doctorate. He received multiple teaching awards from Hackensack Meridian Health – affiliate of Rutgers New Jersey Medical School- while completing his residency in Family Medicine.

3. RECOGNITION OF DEPARTING COMMITTEE MEMBERS

Presenter(s): Hogg, Tanis

Discussion

Dr. Kassar from the department of Neurology and Dr. Cervantes from department of Medical Education have each completed the 4 year committee term and will be leaving the committee. Dr. Hogg and committee thanks them for their terms of service.

4. STUDENT REPORTS

Presenter(s): Hogg, Tanis

Discussion

- No first year students in attendance as non have been elected for CEPC. MS1 Student Committee representatives to meet with Dr. Hogg Wednesday, September 23 at which time 2 members will be elected to serve on the CEPC.

- MS2s have nothing to report
- MS3s attempting to get used to the hybrid clerkship format and are meeting with Dr. Francis to hammer-out grievances. Main concern is expected requirements given syllabus hasn't been updated for the three clerkships in one semester block. Dr. Francis adds they are purchasing NBME vouchers for the students to take at least one practice shelf exam provided by school. The FM/surgery syllabus are still separate, but next year will be wrapped up into one. Per students' request, clerkship directors have scheduled "check-ins" with students during the week; Surg, OB, Peds / IM, Psych, FM one evening each set of directors.
- MS4s not in attendance.

5. ANNOUNCEMENTS

Presenter(s): Hogg, Tanis

Discussion

Dr. Mehta, Assistant Clerkship Director for Psychiatry Department, is leaving and will be replaced by Dr. Patricia Ortiz. Dr. Ortiz is a PLFSOM graduate from 2015 and did her Psychiatry residency at George Washington and has a lot of teaching experience. Committee thanks Dr. Mehta.

6. MD CURRICULUM RENEWAL UPDATE

Presenter(s): Francis, Maureen

Decision

Dr. Hogg summarizes that this movement towards the LIC plan has already been approved by CEPC, the only changes are the way we are rolling this out incrementally. No comments or concerns raised.

Dr. Nino, Dr. Azim and Dr. Manglik motion to approve.

No votes raised against.

Discussion

Dr. Hogg makes brief introduction to the PLFSOM 10 point plan to CEPC new members.

PLFSOM 10 point plan items which pertain to Clerkship presented by Dr. Francis:

- Number 8: Earlier and expended 18 month clerkship phase concluding with a 24 week flexible block for testing, remediation, early elective and scholarship - Block placed on hold. Timing of Clerkship Phase remains the same, with step 1 passing required prior to beginning clerkship phase.
- Number 9: Transition to a longitudinal integrated clerkship (LIC) model. Problems with traditional clerkships separated by core disciplines explained, literature proves this is not the optimal method. PLFSOM system of Amalgamated Clerkships explained; new LIC plan background presented, it dates back to the retreat in June 2018; student/ faculty continuity being the major advantage of LIC. – "J" curve explained.

Advantages of the LIC method and benefits to students presented.

COVID-19 accelerated opportunities for LIC at PLFSOM; required changes to Clerkships due to pandemic presented and explained.

Clerkship directors presented with the option to go back to paired Clerkship method for a year or two

before moving to the LIC method; decision was made by all to continue to move in a step wise fashion towards the LIC method rather than going back to the pairs.

Year 3 timeline for the class of 2023 presented. It depicts the initial LIC plans much closer with half of the students in IM, FM, Psych block, and other half of students in OB, Peds, Surgery block; the students would then 'flip-flop'. Each block is 24 weeks long and will include 2 weeks for testing at the end of the year.

Ultimate LIC plans include EM and Neurology pulled into 3rd year, however academic year 21-22 would be too soon for preparation and at this point we are unclear how clinical experiences and clinical case load will be next year. Also, pulling in EM and Neuro require a year of overlap with MS4.

Dr. Hogg asks if what we are seeing for testing blocks is similar to what other programs are doing. Dr. Francis replies it is; NBME examinations are taken combined in blocks at the end. Advantage is students are afterwards ready to take Step 2 CK and do very well on it. Dr. Hogg also asks how mid-clerkship feedback requirement will work in the LIC model. Dr. Francis replies a feedback system would be needed and suggests a clinical competency committee were the clerkship directors get together and review student progress periodically, like in Residencies.

Dr. Hogg asks how students are assigned to each of the two blocks. Dr. Francis replies student preference is currently considered and honored, but going forward and as student numbers grow, they will need to do some negotiating.

Dr. Francis adds that there is currently an international committee called SLIC (student organization for longitudinal integrated clerkships) and suggest our student reach out to her to find out more about it.

- Number 10: Retention of a highly modular and flexible 4th year focused on success in the transition to residency.

Shifts in the calendar that were originally planned (shortening of the pre-clerkship phase and lengthening of the clerkship phase to 18 months making 4th year shorter) have not taken place so MS3 years maintains the same length and MS4 year continues to have 12 blocks, 34 weeks of required course work. The new proposed MS4 year timeline would keep the Sub I - 4 weeks, Critical Care - 4 weeks, and bootcamp - 2 weeks, but increase the Elective time to 22 weeks and include a requirement for 4 weeks of basic science elective or research. This leaves 16 weeks of unscheduled time interviews/vacation.

Dr. Beinhoff asks what other classes other than the Library Elective count as research and basic science. Dr. Francis replies we have several, including Senior Research Electives in all of the departments which are very student centric. Also, BS Electives include a Genetics Elective planned for next year by Dr. Ayoubieh, and Dr. Cervantes and Dr. Chacon's Electives on Infectious Disease type electives, Dr. Fuhrman had a COVID-19 Pandemic Elective, and there is a Senior Anatomy Elective and a Surgery Anatomy Elective.

Dr. Dankovich asks how would contact hours be calculated given the existing CEPC policy currently in place, and would we have to revisit how we calculate the credit hours since LIC is spread out over such a long period of time. Dr. Francis replies the proportionality of weeks per clerkship is the same as the current distribution. No major adjustments should be required, but this can be reviewed. Family Medicine, when we go to full LIC, will spread across two terms and this will have to be revised.

7. FINALIZE PGO REVIEW PGO 6 - 8

Presenter(s): Hogg, Tanis



September CEPC PGO Review FINAL.xlsx

Discussion

Final revisions will be done and sent around to committee members for review and we will do one last pass during the next meeting.

Dr. Hogg presents and explains PLFSOM's current PGOs and how as part of our curriculum as a whole review we set out to review and update the PGOs. Revisions have been made to the first 5 competency domains, but due to COVID-19 the rest are pending revision. The revised set of PGOs would go live for AY 2021-2022. The 3 remaining

PGOs to review are: Systems - based practice, Interprofessional Collaboration, and Personal and Professional Development.

- PGO 6 overall goal has slight wording variation from PCRS but maintains the same meaning.
- PGO 6.1 is unique to PLFSOM
- PGO 6.2 is unique to PLFSOM
- PGO 6.3 is similar in notion to PCRS 6.3. PGO Kept as is
- PGO 6.4 is unique to PLFSOM
- PCRS 6.1, 6.2, 6.4, 6.5, and 6.6 are more GME/CME oriented. PGO 3.2 and 6.4 somewhat cover these PCRS.

Decision

Committee accepts PGO 6 competency domain as is. No votes to change.

Discussion

- PGO 7 overall goal is identical to PCRS 7
- PGO 7.1 is unique to PLFSOM, Dr. Hogg feels this is redundant with PGO 6.1 "Describe the health system and its components", and feels this could be removed. Dr. Francis recommends keeping it separate given the IPAC competencies and adding the word 'responsibilities' to PGO 7.1 making it "Describe the roles and responsibilities of health care professionals" competencies.
- PGO 7.2 is similar in notion to PCRS 7.2
- PGO 7.3 is similar in notion to PCRS 7.4. Dr. Francis mentions she is more in favor of PCRS 7.4 wording as it is more appropriate for student level. Dr. Hogg and Dr. Manglik agree. PCRS wording adopted.
- PGO 7.4 is unique to PLFSOM. Dr. Francis recommends adding the word 'Peers', Dr. Dankovich and Dr. Fuhrman agree.
- PCRS 7.1 has some overlap with PGO 5.1, 5.3, 5.6 and 5.7. Dr. Nino mentions there is no need to add to as PGO.
- PCRS 7.3 is redundant with PGO 4.2. Committee agrees to leave out.

Decision

- Add the word 'responsibilities' to PGO 7.1
- Replace PGO 7.3 with PCRS 7.4
- Add word 'peers' to PGO 7.4
- Leave PCRS 7.1 and 7.3 out of PGOs.

Discussion

- PGO 8 overall goal is identical to PCRS 8
- PGO 8.1 is similar in notion to PCRS 8.1. No changes
- PGO 8.2 is similar in notion to PCRS 8.2 with wording variation. No changes

- PGO 8.3 has wording variation to PCRS 8.4.No changes
- PGO 8.4 is similar in notion to PCRS 8.8. No changes
- PGO 8.5 is unique to PLFSOM. There is some redundancy with PGO 3.1. Dr. Francis votes to get rid of PGO 8.5, Dr. Hogg agrees.
- PCRS 8.3 is difficult for us to measure in undergraduate medical education
- PCRS 8.5 is overlapped throughout the PGOs
- PCRS 8.6 will be redundant if added
- PCRS 8.7 is covered in the patient care set and communication set.

Decision

Committee agrees to:

Remove PGO 8.5. as it is covered by PGO 3.1

Discussion

Final revisions will be done and sent around to committee members for review and we will do one last pass during the next meeting.

8. OPEN FORUM

Discussion

No final thoughts or comments from committee.

9. ADJOURNED



PLFSOM PGO PCRS COMPARISON ALL- 10-29-2020 -FINAL.xlsx

Discussion

Meeting adjourned at 6:34PM.