

CEPC September

09.14.2020 05:00 PM - 06:30 PM

Presenters	Francis, Maureen, Hogg, Tanis
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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

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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

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.
- 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 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
- PGO 8.2 is similar in notion to PCRS 8.2
- PGO 8.3 has wording variation to PCRS 8.4.
- PGO 8.4 is similar in notion to PCRS 8.8

- 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 PLATFORM

Discussion

No final thoughts or comments from committee.

9. ADJOURNED

Discussion

Meeting adjourned at 6:34PM.