



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
EL PASO

Paul L. Foster School of Medicine

## CEPC MEETING AGENDA

5:00 PM - 6:30 PM

04/10/2023

### CHAIR:

Dr. Maureen Francis, MD, MACP, MS-HPed

### VOTING MEMBERS:

Colby Genrich, MD; Fatima Gutierrez, MD; Houriya Ayoubieh, MD; Jessica Chacon, PhD; Munmun Chattopadhyay, PhD; Patricia Ortiz, MD; Khanjani Narges, MD, PhD; Dale Quest, PhD; Wajeeha Saeed, MD

### EX-OFFICIO:

Lisa Beinhoff PhD; Martin Charmaine, MD; Tanis Hogg, PhD; Jose Lopez

### STUDENT REPRESENTATIVES:

Kristina Ingles MS1 (Voting); Joshua Salisbury MS1 (Ex Officio); Rowan Sankar MS2 (Voting); Nikolas Malize MS2 (Ex Officio); Whitney Shaffer MS3 (Voting); Rohan Rereddy MS3 (Ex Officio); Miraal Dharamsi MS4 (Voting); Daniel Tran MS4 (Ex Officio)

### INVITED/GUESTS:

Richard Brower, MD, FAAN; Christiane Herber-Valdez, PhD; Jose Manuel de la Rosa, MD; Priya Harindranathan, PhD; Diana Pettit, PhD; Nicholas Martinez

### APPROVAL OF MINUTES

Minutes will be attached.

### ANNOUNCEMENTS

Presenter(s):

CEPC 04/10/2023

**ITEMS FROM STUDENT REPRESENTATIVES**

**Presenter(s): Students**

**ITEM I Clerkship Phase Review Process AY 2021/22 – Intersession, Sub-Internship, and Critical Care**

**Presenter(s): Dr. Francis**

**ITEM II Clerkship Phase Review Process AY 2021/22 – Review Team IV**

**Presenter(s): TBD**

**ITEM III Policy Updates**

**Presenter(s): Dr. Francis**

**ITEM IV Syllabi Updates – Clerkship MS3**

**OPEN FORUM**

**ADJOURN**

**MEMBERS IN ATTENDANCE:**

Maureen Francis, Colby Genrich, Houriya Ayoubieh, Jessica Chacon, Munmun Chattopadhyay, Patricia Ortiz , Dale Quest, Wajeeha Saeed, Lisa Beinhoff, Tanis Hogg, Jose V Lopez, Kristina Ingles, Joshua Salisbury, Whitney Shaffer

**MEMBERS NOT IN ATTENDANCE:**

Fatima Gutierrez, Khanjani Narges, Charmaine Martin, Rowan Sankar, Nikolas Malize, Rohan Rereddy, Miraal Dharamsi, Daniel Tran

**PRESENTERS/GUESTS IN ATTENDANCE:**

Richard Brower, Priya Harindranathan, Diana Pettit, Thwe Htay

**INVITED/GUESTS NOT IN ATTENDANCE:**

Christiane Herber-Valdez, Jose Manuel De La Rosa, Nicholas Martinez

**REVIEW AND APPROVAL OF MINUTES**

**Dr. Francis, CEPC Chair**

- Dr. Francis introduced the new OME Director Mr. Jose Santos-Romeu.
- Meeting minutes from the March 13, 2023 were adopted.

**Decision:**

Dr. Ortiz moves to approve minutes.  
Dr. Chacon seconds the motion.  
No objections. Minutes were approved.

**ITEMS FROM STUDENT REPRESENTATIVES**

- No comments or issues to report

**ITEM I Clerkship Phase Review Process AY 2021/22 – Intersession, Sub-Internship, and Critical Care**

**Presenter(s): Dr. Francis**

*Dr. Francis presented an overview of the Intersession Clerkship*  
\*Presentation is attached

**Goals & Objectives**

- Two week course at the end of 3<sup>rd</sup> year
- Integrate experiences in clinical rotations with pre-clerkship coursework
- Assess attainment of competencies

**Op Log Requirements (6.2; 8.6) – N/A**

**Combined Integrated & Longitudinal Experiences (9.3)**

- Quality Improvement workshop that builds on prior session after block 1 and a Q stream during block 2
- Law in medicine session that relates to an earlier SP encounter
- High value care sessions build on Q stream questions
- Social determinants of health session that builds on SCI
- Session with college mentors
- Sessions with basic scientists

**Clinical Experiences (6.2; 5.6; 6.4; 8.7) – not applicable**

**Basic Science Examples (6; 8.1; 8.3)**

- Updates in Basic Science session – 2 hours

**IPE Examples (7.9)**

- A session on law and medicine run by a District Attorney

**Portfolio of Assessments (9)**

- Attendance
- Participation
- Satisfactory completion of the procedure workshop with demonstration of competent performance in simulation lab
- Achieve a passing score on post-test
- Achieve a passing score at each station
- EOY 3 OSCE – must pass on the first or second attempt
- Satisfactory effort in the CCSE
- Completion of all class assignments by posted deadlines
- Professionalism Rubric

**Block Evaluation Summary (8; 3.5; 8.5)**



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- Overall positive response

**Specific Challenges Class Size Expansion and Sites (4.1; 5.4)**

- Small group work will require more resources

**Quality Improvement Plan (1.1)**

- In a response to students remarks that they've been tired sessions will be improved
- As a response to comments that Intersession was too long the following actions were taken: second Friday was free and some sessions might be moved to asynchronous modules

*Dr. Francis presented an overview of Sub-Internship Selectives*

\*Presentation is attached

**Objectives**

- Each 4<sup>th</sup> year student is required to complete a 4-week sub-internship  
— 5 choices: IM, FM, Pediatrics, Surgery or OB
- Overall objective is for the student to increase responsibility for patient care at the level of an entering intern under supervision
- All have objectives based on the 8 competency domains and they are linked to PGOs

**Op Log Requirements (6.2; 8.6)**

- Dr. Francis presented the Op Log requirements related to each Sub-I (slide 4)

**Combined Integrated & Longitudinal Experiences (9.3)**

- Family Medicine Sub-I students attend a hospital follow-up clinic once a week
- Surgery Sub –I students work with one attending surgeon to see patients in the operating room, clinics and call
- OB Sub – I follow patients through the course of their labor and delivery
- Family Medicine Sub – I and Internal Medicine Sub – I students follow the progress of the patients during their hospital stay

**Basic Science Examples (6; 8.1; 8.3)**

- Case discussions
- OR preparation

**IPE Examples (7.9)**



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- Students work with team members from multiple health professions including nurses, pharmacists, OR techs, midwives, social workers/discharge planners etc.

**Portfolio of Assessments (9)**

- Mid-clerkship
- Final
- Admission
- H & P Documentation
- Daily progress notes
- Discharge summary
- Sign-out/hand-off evaluation
- Clinical assessments

**Preparation of Department Faculty & Residents to Teach (3.1; 4.5; 9.1)**

- Faculty and residents oriented by the Sub-Internship Directors
- Copy of syllabus provided
- Completion of “Residents as Teachers” modules

**Block Evaluation Summary (8; 3.5; 8.5)**

- Overall there was high satisfaction with clerkships

**Challenges Class Size Expansion and Sites (4.1; 5.4)**

- More rotations needed to avoid crowding

**Quality Improvement Plan – Suggestions (1.1)**

- Ensure all syllabi contain the op log requirements, location information, and other standard information
- Quick guide for assignments
- Formalize the IPE experiences

*Dr. Francis presented an overview of the Critical Care Selectives*

\*Presentation is attached

**Objectives**

- Each 4<sup>th</sup> year student is required to complete a 4-week Critical Care rotation: 7 choices – MICU, MICU-THOP, CVICU, NSICU, NICU, PICU, SICU

- All have objectives based on the 8 competency domains and they are linked to PGOs
- Focus on Professional Activities for entering residency such as recognizing a patient requiring urgent or emergent care and initiate evaluation and management
- Common Elements – Knowledge for Practice
- Completion of Society for Critical Care Medicine VCCR Modules
  - Pediatric set – PICU and NICU
  - Adult set – MICU, MICU-THOP TM, CVICU, NSICU
  - SICU in house exams during AY 2021-2022

**Op Log Requirements (6.2; 8.6)**

- Dr. Francis provided a list of the Op Log Requirements (slide 4)

**Combined Integrated & Longitudinal Experiences (9.3)**

- SICU – Student may be asked to see a post ICU patient in the clinic
- All units – Follow patients daily during ICU stay and communicate with families

**Clinical Sites (6.2; 5.6; 6.4; 8.7)**

- UMC, EPCH, THOP TM

**Basic Science Examples (6; 8.1; 8.3)** – (examples are listed on the slide 7)

**IPE Examples (7.9)**

- Students on all services work with team members from multiple health professions including – nurses, pharmacists, OR techs, Midwives, PT Respiratory Therapists, speech pathology, social workers/discharge planners etc.
- SICU – students attend 2 SICU discharge planning meetings with a social worker, student must interact with wound care team, student must observe one speech pathology evaluation
- NICU – attend weekly discharge planning sessions
- Students also work with residents and fellows

**Selectives (6; 10.9)** – N/A

**Portfolio of Assessments (9)** – list for each of the critical care selectives presented (slide 10)

**Preparation of Department Faculty & Residents to Teach (3.1; 4.5; 9.1)**

- Faculty and residents oriented by the Critical Care Directors
- Copy of syllabus provided
- Completion of “Residents as Teachers” Modules

**Block Evaluation Summary (8; 3.5; 8.5)**

- Overall feedback was good across all the units.

**Specific Challenges – Class Size Expansion & Sites (4.1; 5.4)**

- Accommodating students in their Choice of Critical Care rotations
- More rotations needed to avoid crowding

**Quality Improvement Plan – Suggestions (1.1)**

- Ensure all syllabi contain the location information and other standard information
- Quick guide for assignments and Op Log Requirements
- State the alternate assignments for Op Log
- Formalize the IPE experiences

**ITEM II Clerkship Phase Review Process AY 2021/22 – Review Team IV**

**Presenter(s): Dr. Pettit & Dr. Ortiz**

Review Team Overview – *Dr. Ortiz, Dr. Pettit, and Dr. Saeed reviewed Intersession, Sub-Internship and Critical Care*

\*Presentation is attached

Dr. Pettit presented the review team findings.

**Syllabus**

- Critical Care – all clearly written and comprehensive however NSICU location not listed; Integration threads not explicitly stated in any Critical Care Unit syllabi
- Intersession – met all requirements, was concise and thorough; consider a list of assignments/sessions/sample schedule
- Sub-I – clear and comprehensive

**Comparability Reports: Site Specific Data**

- Critical Care – Op Log requirements met, duty hours met, Honors: PICU 100%, SICU 93% (seems a bit high)
- Intersession – not applicable
- Sub-I – Op Log requirements met, for surgery duty reported as 68 hours, Honors: Ob/Gyn 100%, (seems a bit high) Pediatrics 83%, and Surgery 77%

**Comparability Reports: Mid –Clerkship Completion**





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- Critical Care – MICU THOP, 37% completed within 3 days from scheduled date; PICU 50% completed within 7 days of scheduled date
- Intercession – not applicable
- Sub-I – 8% at IM THOP (MCF was given following day from scheduled date) and 17% Ob/Gyn (MCF given within 3 days from scheduled date)

**Comparability Reports: Fair & Timely Release of Grades**

- Dr. Pettit provided a schedule of the dates the grades were submitted (slide 6)
- Dr. Francis added that our internal policy is that grades are due within 28 days from the last day of the rotation while the LCME deadline is 42 days. Dr. Hogg asked if this area was subjected to monitoring by LCME. Dr. Francis responded that in the past the LCME did not ask for selective grades, however, the same policy is applied to all courses including selectives.

**Comparability Reports: NBME Results Compared to National Data – no NBME for comparison**

**Inpatient/Outpatient Ratio in the Clerkship & Block**

- Critical Care – 0% Ambulatory; 100% Inpatient
- Intercession – not applicable
- Sub-I – 0-10% Ambulatory; 90-100% Inpatient

**Block Evaluations:**

- Critical Care – Improvements included more information on vent management, intro to Critical Care Units, and resident teaching/expectations. Strengths included hands on patient management, great attending, team learning.
- Intercession – Library, SCI and Updates in Basic Science sessions received lowest ratings.
- Sub-I – Improvements included more emphasis on clinical pharmacology in Internal Medicine, in Family Medicine more focus on seeing patients and patient care, and in Surgery senior residents to teach more. Strengths - Surgery was organized, OR time and communication were good, in Internal Medicine good teamwork, patient care and practice of evidence-based medicine, and Family Medicine was organized, good communication and patient variety.

**Recommendations:**

- Critical Care: MICU THOP – early EMR access, clearer expectations in syllabus; NSICU – clear resident/teacher expectations; preclinical – more critical care/vent management/etc.; more exposure to pediatrics

- Intercession: Consider list of assignments/sessions/sample schedule. Review material in/utility of Library, SCI, and basic science sessions. Consider reframe as preparation for Step 2 studying.
- Sub-I: Discrepancy in high numbers of Honors. Duties hour regulations should be followed. Avoid last minute schedule changes.

Dr. Genrich moves to accept the review.

Kristina Ingles seconds the motion.

No Objections. The review was accepted.

#### **ITEM III Policy Updates**

**Presenter(s): Dr. Francis**

##### **Student Information Technology Advisory Committee (SITAC)**

- Dr. Francis explained that the committee represented a partnership between students and IT leadership, and was formed several years ago to address some of the information and technology challenges the school had at that time. She explained how the committee has been inactive for several years and wanted to discuss if we should keep or retire the committee.
- Dr. Brower added that students with IT backgrounds formed the committee many years ago. They worked with the IT lead for medical school, and at the time functioned more like an interest group. Dr. Francis stated that IT needs still exist but having a formal committee might not be the best way to handle those needs. She stated that problems with Elentra could be handled through coordinators and course directors.
- Student Whitney Shaffer agreed that the school has grown a lot since the committee and maybe this committee might not be the best way to address some of students' needs, however, she stated the importance of having avenues to report IT related issues that students encounter.

Dr. Ortiz moves the motion to retire the SITAC Committee.

Dr. Chacon seconds the motion.

No objections. The committee was retired.

**Dr. Francis presented the Student Curriculum and Evaluation Committee Charter Policy (SCEC)**

- There was a discussion over the timeline of elections between the years. No significant concerns were stated about the policy.

Kristina Ingles moves to approve policy as is.

Whitney Shaffer seconds the motion.

No objections. The policy passed.

#### ITEM IV Syllabi Updates – Clerkship MS3

**Presenter(s): Dr. Francis**

- Dr. Francis reported that there are no major changes to the syllabi for 3<sup>rd</sup> year.
- Dr. Lawrence is leaving the Surgery. He will complete the grading process but the syllabus will be updated by Dr. Subhasis Misra who will serve as the interim Surgery Clerkship Director.
- Any major changes within the Surgery syllabus will be brought back to CEPC for review.

#### ADJOURN

Meeting adjourns at 6:10 pm.



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# Clerkship Phase Review - Intercession AY 2021-2022

Course Directors Overview



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# Goals & Objectives

1. The Intersession is a 2-week course at the end of 3<sup>rd</sup> year
  1. Integrate experiences in clinical rotations with pre-clerkship coursework
  2. Assess attainment of competencies



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# Objectives

- Explore clinical overlap across specialties of medicine (PGO 7.2)
- Document clinical encounters accurately in the medical record. (PGO 1.1, 4.4)
- Demonstrate the ability to gather essential information about patients and their conditions through history taking, physical examination, and the use of data from diagnostic tests. (PGO 1.1)
- Demonstrate the ability to use clinical information and diagnostic reasoning to develop a reasonable list of differential diagnoses and to begin treatment, including writing appropriate prescriptions and inpatient orders in low to moderate complexity cases (PGO 1.1, 1.2, 1.3)
- Counsel and educate patients to enable them to participate in their care and promote health. (PGO 1.6, 1.7)
- Communicate effectively with patients of all ages and across a broad range of socioeconomic and cultural backgrounds. (PGO 4.1)
- Demonstrate competency in the general procedures of a physician – IV line placement, venipuncture, and airway management (PGO 1.8)
- Analyze and solve system-level problems using quality improvement and patient safety principles and tools (PGO 3.2, 6.3)



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# Objectives

- Apply knowledge of evidence-based medicine to provide high value care for patients (2.3)
- Identify social determinants of health in clinical cases and reflect on how this affected patient care (PGO 2.5)
- Demonstrate professionalism and adherence to ethical principles in all activities (PGO 5.1, 5.5, 5.6, 5.7)
- Recognize potential conflict of interest and ethical dilemmas related to health care business practices and administration. (PGO 5.5)
- Demonstrate the ability to apply medical knowledge related to normal variation and pathologic states in diagnostic and therapeutic decision making and clinical problem solving. (PGO 2.1, 2.2, 2.3)
- Understand the basics of informed consent, including special situations such as children and patients who do not speak English (PGO 5.2, 4.1)
- Reflect on the professional identity formation during medical school as plans are made for entering residency (PGO 8.2, 8.3, 8.4)



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# Op Log Requirements and Discussion of Alternate Experiences

1. Not Applicable



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# Combined Integrated & Longitudinal Experiences

1. This is not a clinical rotation but there are some activities that build on prior experiences
  1. Quality improvement workshop that builds on prior session after block 1 and a Q stream during block 2
  2. Law in medicine session that relates to an earlier SP encounter
  3. High value care sessions build on Q stream questions
  4. Social determinants of health session that builds on SCI
  5. Sessions with college mentors
  6. Sessions with Basic Scientists



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# Clinical Experiences (Including Clinical Sites)

1. Not applicable



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# Basic Science Examples

1. Updates in Basic Science session – 2 hours
  1. Presented by Dr Chacon, Dr Pfarr, Dr Perry, Dr Cervantes and Dr Ayoubieh



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# IPE Examples

1. District Attorneys run one of the sessions as an opportunity to learn about law and medicine



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## Selectives (if offered)

1. Not applicable



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## Portfolio of Assessments - Please include observed activities

- Attendance
- Participation
- Satisfactory completion of the procedure workshop with demonstration of competent performance in the simulation lab.
  - Achieve passing score on post-test
  - Achieve a passing score at each station:
    - Bag-valve-mask ventilation
    - Adult and infant intubation
    - Venipuncture
    - IV line placement
- EOY 3 OSCE –must pass on the first or second attempt
- Satisfactory effort in the CCSE
- Completion of all class assignments by posted deadlines



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# Portfolio of Assessments - Please include observed activities

Grading is Pass/Fail

Professionalism rubric:

1. Student is reliable and attended all sessions. (PGO 5.3, 5.7)	No concern/slight concern/serious concern
2. Student demonstrates respect for all people. (PGO 5.1)	
3. Student's dress and grooming are appropriate for the setting. (PGO 5.7)	
4. Student came to the sessions prepared to learn. (PGO 5.3, 5.7)	
5. Student demonstrates honesty in all professional matters. (PGO 5.6)	
6. Student completed assignments in a timely manner. (PGO 5.7)	
<b>Comments:</b>	



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# Preparation of Department Faculty & Residents to Teach

1. Residents and faculty who participate in the Intersession activities are prepared by the faculty leader organizing the session



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# Block Evaluation Summary

	Positive responses	Negative responses
Mentor's colloquium session	65	12
Quality improvement session	57	20
Law and medicine session	70	7
Procedure workshop	76	1
High value care session	65	12
Conflict of interest session	61	16
Library session	40	37
Hand-off and admission orders	74	3
SCI session	37	40
Updates in basic Science	38	39
Ultrasound session	73	4
Systemic racism in healthcare	66	11
Informed consent	69	8

# Specific Challenges – Class Size Expansion & Sites

1. Small group work will require more resources



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## Quality Improvement Plan - Please include changes for upcoming year and major changes anticipated in the syllabus

1. Comments that students were tired
  1. Will work on making sessions more interactive and fun
2. Comments that Intersession is too long
  1. Second Friday was free – will try to preserve this
  2. Can consider moving some sessions to asynchronous modules and perhaps decrease by another ½ day
  3. Note that OSA is using 1.5 days this year for 4<sup>th</sup> year prep
3. Comments that sessions were redundant with prior courses
  1. Can evaluate this and try to improve



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# Clerkship Phase Review AY 2021-2022

Course Directors Overview –  
Sub Internship Selectives



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# Objectives

1. Each 4<sup>th</sup> year student is required to complete a 4-week sub-internship
  1. 5 choices – IM, FM, Pediatrics, Surgery or OB
2. The overall objective is for the student to increase responsibility for patient care at the level of an entering intern under supervision
3. All have objectives based on the 8 competency domains and they are linked to PGOs
4. Common elements
  1. Increasing responsibility for the 4<sup>th</sup> year student
  2. Order writing exercises
  3. Hand-off/transition of care participation and assessment
  4. Documentation exercises, including discharge summaries
  5. Exposure to call duties
5. Note: Pediatric Sub-I includes an Individualized Learning Plan



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# Op Log Requirements and Discussion of Alternate Experiences

Internal Medicine Minimum 15 including:	Family Medicine Minimum 13 including:	Pediatrics Minimum 20 including:	OB Minimum 10 including:	Surgery Minimum 20 including:
Abdominal pain	Renal failure UTI/Urosepsis	Abdominal pain Renal Abnormalities	5 Vaginal deliveries	Hernia repair
Chest pain	Acute coronary syndrome	Cardiac abnormality Chest pain	5 C-sections	Cholecystectomy
Glycemic control	Asthma	Fever Post-op care		Appendectomy
Acute renal failure	Congestive heart failure exacerbation	Electrolyte disorders Pain management		Colon resection
Altered mental status	COPD	Respiratory distress Seizure/Neurologic		Thyroid surgery
	Dementia or delirium	Nausea/vomiting Altered mental status		Breast surgery
	DM	Glycemic control Shock		Operative trauma
	HTN	Drug toxicity Musculoskeletal		Non-operative trauma
	Pain management	Pediatric imaging		
	Peri-op care	Pediatric pathology		



# Combined Integrated & Longitudinal Experiences

1. Family Medicine Sub I – students attend a hospital follow-up clinic once a week
2. Surgery Sub I – students work with on attending surgeon to see patients in the operating room, clinics and call
3. OB Sub I – follow patients through the course of their labor and delivery
4. Family Medicine Sub I and Internal Medicine Sub I– students follow the progress of the patients during their hospital stay



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# Clinical Sites

Internal Medicine	Family Medicine	Pediatrics	OB	Surgery
UMC	UMC	EPCH	UMC	UMC
WBAMC	TTUHSC-Kenworthy Clinic*			
THOP TM				

\*FM Sub I - students have ½ day continuity clinic each week  
All others are 100% hospital-based rotations



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# Basic Science Examples

1. Case discussions
2. OR preparation
3. SCCM modules



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# IPE Examples

1. Students on all services work with team members from multiple health professions including:
  1. Nurses
  2. Pharmacists
  3. OR techs
  4. Midwives
  5. Social workers/discharge planners



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## Selectives (if offered)

Not applicable



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# Portfolio of Assessments

Internal Medicine	Family Medicine	Pediatrics	OB	Surgery
Mid-clerkship	Mid-clerkship	Mid-clerkship	Mid-clerkship	Mid-clerkship
Final	Final	Final	Final	Final
Admission orders/prescriptions	Admission orders (1 presented to CD)	Admission orders (2)	Admission orders (1)	Admission orders (1)
Documentation H&P	Documentation H&P (1 presented to CD)	Documentation H&P	Documentation H&P	Documentation H&Ps (1 submitted to CD)
Daily progress notes	Daily progress notes	Daily progress notes	Daily progress notes	Progress notes
Discharge summary (1 submitted to CD))	Discharge summary (1 presented to CD)	Discharge summaries/prescriptions (2)	Discharge summary (1)	Post-Op notes (1) Tertiary survey (1)
Sign-out/hand-off evaluation	Transition of care evaluation card (2)	Handoff evaluation (IPASS) (2)	Hand-off/transition of care evaluation (1)	Sign-out evaluation card (2)
Clinical assessments	Clinical assessments	Clinical assessments	Clinical evaluation cards	Clinical evaluation cards (minimum 10)
Conference attendance (morning report & noon conference)		ILP with 3 to 5 learning goals achieved over the 4 weeks		Formal case presentation with literature review (1)

# Preparation of Department Faculty & Residents to Teach

1. Faculty and residents oriented by the Sub-Internship Directors
2. Copy of syllabus provided
3. Completion of “Residents as Teachers” modules

*Note: Residents as Teachers paragraph missing from Pediatrics*



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## Block Evaluation Summary

	Internal Medicine (+/-)	Family Medicine (+/-)	Pediatrics (+/-)	OB (+/-)	Surgery (+/-)
Workload was manageable	26/0 F; 17/0 S	9/0 F; 5/0 S	6/0 C	5/0 F	8/0 F; 4/0 S
Met the identified learning objectives	26/0 F; 17/0 S	9/0 F; 5/0 S	6/0 C	5/0 F	8/0 F; 4/0 S
Satisfied with methods used to evaluate my performance	26/0 F; 16/1 S	9/0 F; 5/0 S	6/0 C	5/0 F	8/0 F; 4/0 S
Feedback I received helped improve my performance	25/1 F; 17/0 S	9/0 F; 5/0 S	6/0 C	5/0 F	8/0 F; 4/0 S
Feedback I received Mid-clerkship helped me identify my strengths	25/1 F; 16/1 S	9/0 F; 5/0 S	6/0 C	5/0 F	8/0 F; 4/0 S
Feedback I received Mid-clerkship helped me identify areas for improvement in my performance	25/1 F; 16/1 S	9/0 F; 5/0 S	6/0 C	5/0 F	8/0 F; 4/0 S
I understand how the clerkship content is applicable to the practice of medicine	26/0 F; 16/1 S	9/0 F; 5/0 S	6/0 C	5/0 F	8/0 F; 4/0 S
I acquired useful knowledge and/or skills during this clerkship	26/0 F; 17/0 S	9/0 F; 5/0 S	6/0 C	5/0 F	8/0 F; 4/0 S
Overall, I am satisfied with this clerkship	26/0 F; 15/2 S	9/0 F; 5/0 S	6/0 C	5/0 F	8/0 F; 4/0 S



# Specific Challenges – Class Size Expansion & Sites

1. Accommodating students in their choice of Sub Is
2. More rotations needed to avoid crowding
  1. Start new Sub Is – for example Orthopedics



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# Quality Improvement Plan - Suggestions

1. Ensure all syllabi contain the op log requirements and location information and other standard information
2. Quick guide for assignments
3. Formalize the IPE experiences



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# Clerkship Phase Review AY 2021-2022

Course Directors Overview –  
Critical Care Selectives



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# Objectives

1. Each 4<sup>th</sup> year student is required to complete a 4-week Critical Care rotation
  1. 7 choices – MICU, MICU-THOP, CVICU, NSICU, NICU, PICU, SICU
2. The overall objective is for the student to gain knowledge and experience caring for critically ill patients who require extensive monitoring and dynamic management, such as:
  1. Acute respiratory failure
  2. Acute heart failure
  3. Shock
3. All have objectives based on the 8 competency domains and they are linked to PGOs
4. There is a focus on Entrustable Professional Activities for entering residency, particularly
  1. Recognizing a patient requiring urgent or emergent care and initiate evaluation and management
5. Common elements – Knowledge for Practice
  1. Completion of the Society for Critical Care Medicine VCCR Modules
    1. Pediatric set – PICU and NICU
    2. Adult set – MICU, MICU-THOP TM, CVICU, NSICU
    3. SICU – in-house exams during AY 21-22



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# Op Log Requirements and Discussion of Alternate Experiences

MICU Minimum 10 including:	MICU -THOP Minimum 10 including:	CVICU Minimum 5 including:	NSICU Minimum 10 including:	PICU Minimum 8 including:	NICU Minimum 5 including:	SICU Minimum 26 including:
Acute respiratory failure	Acute respiratory failure	Chest pain evaluation/ ACS	Intracranial hypertension	Respiratory distress (1)	Infant with respiratory distress (1)	Respiratory failure (10)
Multiple organ failure	Multiple organ failure	Dyspnea/shortness of breath	Coma	Hemodynamic instability (1)	Sepsis (1)	Shock (1)
Hemodynamic instability	Hemodynamic instability		Acute stroke	Abnormal CNS function/ change in baseline MS (1)	Metabolic derangements (1)	Trauma, multisystem (5)
Severe metabolic disorder	Severe metabolic disorder		Status epilepticus	Trauma patient requiring PICU monitoring/ therapy (1)	Late preterm neonate at risk for instability (1)	Traumatic Brain injury (2)
Acute Neurological Disorders	Acute Neurological Disorders		Acute respiratory failure	Metabolic disorder (1)	Infant with cardiovascular instability (1)	Pneumonia (1)
			Multiple organ failure	Multiple organ dysfunction (1)		Infection – any other than pneumonia (3)
			Hemodynamic instability			Altered mental status (4)
			Severe metabolic disorder			

# Combined Integrated & Longitudinal Experiences

SICU – student may be asked to see a post ICU patient in clinic

All units – follow patients daily during ICU stay and communicate with families



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# Clinical Sites

MICU	MICU -THOP	CVICU	NSICU	PICU	NICU	SICU
UMC	THOP-TM	UMC	UMC	EPCH	EPCH	UMC
					UMC L&D	EPCH
					UMC Newborn Nursery	

\*FM Sub I - students have ½ day continuity clinic each week  
All others are 100% hospital-based rotations



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# Basic Science Examples

1. Case discussions/research questions related to patient care
2. OR preparation – anatomy
3. Shock – pathophysiology
4. Respiratory physiology and the principles of ventilator management
5. Ulcer prophylaxis
6. VTE prophylaxis
7. ABG interpretation – respiratory physiology and acid/base
8. Interpretation of EKGs, Echocardiograms, CXRs, and electrolyte abnormalities
9. Learn about the pulmonary and cardiovascular transition in the normal term and pre-term infant



# IPE Examples

1. Students on all services work with team members from multiple health professions including:
  1. Nurses
  2. Pharmacists
  3. OR techs
  4. Midwives
  5. PT
  6. Respiratory Therapists
  7. Speech Pathology
  8. Social workers/discharge planners
2. SICU
  1. Attend 2 SICU discharge planning meetings with a social worker
  2. Student must interact with wound care team
  3. Student must observe one speech pathology evaluation
3. NICU – attend weekly discharge planning sessions

*Note: Students also work with residents and fellows*



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## Selectives (if offered)

Not applicable



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# Portfolio of Assessments

MICU	MICU -THOP	CVICU	NSICU	PICU	NICU	SICU
Mid-clerkship	Mid-clerkship	Mid-clerkship	Mid-clerkship	Mid-clerkship	Mid-clerkship	Mid-clerkship
Final	Final	Final	Final	Final	Final	Final
Clinical evaluations	Clinical evaluations	Clinical evaluations	Clinical evaluations	Clinical evaluations	Clinical evaluations	Clinical evaluation cards (minimum 10)
Written discharge plan (1)	Written discharge plan (1)	H & P documentation & presentation (5)	Discharge plan – evaluation & feedback (1)	Observed H&Ps (2)	Student presentation on topic of interest (1)	Note on trauma patient (1)
SCCM Module completion with pretest and posttest	SCCM Module completion with pretest and posttest	SCCM Module completion with pretest and posttest	Journal article assignment with written exam	Admission orders (2)	SCCM Module completion with pretest and posttest	Sepsis quiz and Final exam (in-house)
			SCCM Module completion with pretest and posttest	Hand-off evaluation form (4)		Detailed treatment plan for new ICU admit (1)
				SCCM Module completion with pretest and posttest		Student presentation on topic of interest

# Preparation of Department Faculty & Residents to Teach

1. Faculty and residents oriented by the Critical Care Directors
2. Copy of syllabus provided
3. Completion of “Residents as Teachers” modules



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# Block Evaluation Summary

	MICU (+/-)	MICU-THOP (+/-)	CVICU (+/-)	NSICU (+/-)	PICU (+/-)	NICU (+/-)	SICU (+/- )
Workload was manageable	8/0 F; 9/0 S	12/0 F; 8/0 S	13/0 C	8/0 C	7/0 C	7/0 C	5/2 F; 4/0 S
Met the identified learning objectives	8/0 F; 9/0 S	11/1 F; 8/0 S	13/0 C	8/0 C	7/0 C	7/0 C	6/1 F; 4/0 S
Satisfied with methods used to evaluate my performance	8/0 F; 9/0 S	12/0 F; 8/0 S	13/0 C	7/1 C	7/0 C	7/0 C	6/1 F; 4/0 S
Feedback I received helped improve my performance	8/0 F; 9/0 S	12/0 F; 8/0 S	13/0 C	8/0 C	7/0 C	7/0 C	6/1 F; 3/1 S
Feedback I received Mid-clerkship helped me identify my strengths	8/0 F; 9/0 S	11/1 F; 7/1 S	13/0 C	5/3 C	6/1 C	6/1 C	7/0 F; 4/0 S
Feedback I received Mid-clerkship helped me identify areas for improvement in my performance	8/0 F; 9/0 S	11/1 F; 7/1 S	13/0 C	6/2 C	7/0 C	6/1 C	7/0 F; 4/0 S
I understand how the clerkship content is applicable to the practice of medicine	8/0 F; 9/0 S	11/1 F; 8/0 S	13/0 C	8/0 C	7/0 C	7/0 C	7/0 F; 4/0 S
I acquired useful knowledge and/or skills during this clerkship	8/0 F; 9/0 S	10/2 F; 8/0 S	13/0 C	8/0 C	7/0 C	7/0 C	7/0 F; 3/1 S
Overall, I am satisfied with this clerkship	8/0 F; 9/0 S	10/2 F; 8/0 S	13/0 C	7/1 C	7/0 C	7/0 C	7/0 F; 3/1 S

# Specific Challenges – Class Size Expansion & Sites

1. Accommodating students in their choice of Critical Care Rotations
2. More rotations needed to avoid crowding
  1. Explore new sites



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# Quality Improvement Plan - Suggestions

1. Ensure all syllabi contain the location information and other standard information
2. Quick guide for assignments and Op Log requirements
3. State the alternate assignments for OpLog
4. Formalize the IPE experiences



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# Clerkship Phase Review AY 2021-2022

Review Team 4

Intersession, Sub-Internship and Critical care

Dr. Ortiz, Dr. Petit and Dr. Saeed

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# Syllabus

1. Critical care: All clearly written and comprehensive
  1. NSICU: location not listed
  2. Integration threads not explicitly stated in any CCU syllabi
2. Intersession: Concise and thorough. All requirements met.
  1. Consider list of assignments/sessions/sample schedule
3. Sub-I: Clearly written and comprehensive.



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# Comparability Reports: Site Specific Data

1. Critical care:
  1. Op log requirements were met.
  2. Duty hours met.
  3. Honors: PICU 100%, SICU 93%
2. Intersession: n/a
3. Sub-I:
  1. Op log requirements were met.
  2. For surgery average duty reported as 68 hours.
  3. Honors: Ob/Gyn 100 %, Pediatrics 83 % and Surgery 77%



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# Comparability Reports: Mid-Clerkship Completion

1. Critical care:
  1. MICU THOP, 37% completed within 3 days from scheduled date.
  2. PICU: 50% completed within 7 days of scheduled date
2. Intersession: n/a
3. Sub-I: 8 % at IM THOP (MCF was given following day from scheduled date) and 17 % Ob/Gyn (MCF given within 3 days from scheduled date)



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# Comparability Reports: Fair & Timely Release of Grades

## Final grade submitted after end of rotation

- Critical care:
  - CVICU: 1/22
  - MICU 10/21, 12/21
  - MICU THOP: 11/21 (56)
  - NICU 3/25
  - SICU: 10/21 (41), 1/22
- Sub-I:
  - IM UMC: 7/21 (40), 1/22
  - IM THOP: 1/22
  - OB/Gyn: 7/21
  - FM: 8/21, 2/22
  - Surg: 9/21, 2/22 (66), 3/22
- Intersession: n/a



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# Comparability Reports: NBME Results Compared to National Data

No NBME for comparison



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## Inpatient/Outpatient Ration in the Clerkship & Block:

	Ambulatory	Inpatient
1. Critical care:	0%	100%
2. Intersession:	NA	
3. Sub-I:	0-10%	90-100%



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# Block Evaluations:

## 1. Critical care:

1. Improvements: They want more vent mgmt. and intro to CCU- resident teaching/expectations
2. Strengths: Hands on patient management, great attendings, team learning
3. NICU: 14% negative MCF identifying strengths and improvements
4. SICU: 18% negative workload was manageable and feedback helped improve performance
5. NSICU: 12% negative observed delivering care and received sufficient supervision; 1 experienced offensive or negative behaviors; expectations not set
6. PICU: 14% negative MCF helped identify strengths; update the syllabus; 1 offensive or negative behaviors: disrespect, humiliation, defensiveness.

## 2. Intersession:

1. Library, SCI, and Updates in Basic Science sessions were seen as least useful
2. Amount of time, multiple half days

## 3. Sub-I

1. Improvements; IM-more emphasis on clinical pharmacology, FM- more focus on seeing patients and patient care, Surg: senior residents to teach more.
2. Strengths: Surg- Organized, OR time and communication, IM- Team work, patient care and practice of evidence-based medicine, FM- Organized, good communication and patient variety.



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# Learning Environment Surveys

1. Critical care:
  1. CVICU: 1 student experienced offensive or negative behavior in Fall and 1 in Spring
  2. MICU THOP: 1 student in Fall
  3. PICU: 1 students Fall
  4. NeuroICU: 3 students Spring
2. Intercession: N/A
3. Sub-I:
  1. Surg spring Sub-I: 1 student experienced offensive or negative behavior in spring



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# Recommendations:

1. Critical care:
  1. MICU THOP: early EMR access, clearer on specific expectations in syllabus
  2. NSICU: resident teacher, clear expectations
  3. Preclinical: more critical care/vent management/etc; more exposure to peds
2. Intersession:
  1. Consider list of assignments/sessions/sample schedule
  2. Review material in/utility of Library, SCI, and basic science sessions
  3. Reframe as preparation for Step 2 studying
3. Sub-I: Discrepancy in high numbers of Honors. Duties hour regulations should be followed. Avoid changes in schedule at last minute.



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## Medical Education Program Policy

<b>Policy Name:</b>	Student Information Technology Advisory Committee Charter				
<b>Policy Domain:</b>	Administrative	<b>Refers to LCME Element(s):</b>	5.9		
<b>Approval Authority:</b>	CEPC	<b>Adopted:</b>	8/7/2017	<b>Date Last Reviewed:</b>	
<b>Responsible Executive:</b>	Assoc. Dean for Med Ed	<b>Date Last Revised:</b>			
<b>Responsible Office:</b>	Office of Med Ed	<b>Contact:</b>	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu		

1. **Policy statement:** The attached document titled “Student Information Technology Advisory Committee Charter” (as approved by the Curriculum and Educational Policy Committee on August 7, 2017) is adopted as medical education program policy.
2. **Reason for policy:** The purpose of this policy is to clarify the roles and responsibilities of the Student Information Technology Advisory Committee (SITAC).
3. **Who should read this policy:**
  - Any student potentially interested in serving as a member of the SITAC.
  - Members of the Curriculum and Educational Policy Committee
  - The associate director for academic technology
4. **Resources:** The SITAC is sponsored by the Office of Medical Education.
5. **The policy:** See the policy statement and the attached document as described.

*Policies are subject to revision. Refer to the Office of Medical Education website or contact the Office of Medical Education to ensure that you are working with the current version.*

# Student Information Technology Advisory Committee Charter

**Charter:** The SITAC is a student organization sponsored by the Office of Medical Education. This committee's major purpose is to assist in the gathering and interpretation of student perspectives and recommendations in support of the Paul L. Foster School of Medicine's (PLFSOM's) efforts related to Information Technology improvement.

The SITAC:

- Advises the associate dean for medical education, the assistant deans for medical education, the director of assessment and evaluation, and the course/clerkship directors regarding the design and implementation of information technology within the medical school curriculum based on student experience.
- Seeks to provide balanced representation of student perspectives regarding the technical aspects of the educational program and to offer constructive recommendations for improvement.
- Supports broad student participation in the technical implementation of course and faculty evaluations to maximize reliability and credibility of the results.
- Meets with Information Technology staff and academic leadership several times throughout the year to maintain communication and address student body concerns.
- Maintains communication with the student body on technical concerns addressed by SITAC.
- Provides representation to the CEPC in accordance with the PLFSOM Faculty Bylaws.

**Membership:** SITAC will be represented by at least one student from each class. SITAC will include at least one member from the Student Curriculum and Evaluation Committee (SCEC), and one member from the Medical Student Council (MSC) of any class year. New members will apply and will be selected by the current SITAC members. SITAC members may serve for the remainder of their medical school careers; however, membership is voluntary, and members may resign at any time. Service on SITAC is dependent on compliance with the PLFSOM's standing academic policies. Members who resign or who are determined to be at academic risk shall be replaced by the committee as it deems necessary. SITAC membership shall be limited to 12. If the number of members falls below six, the committee will be considered defunct, unless reactivated by at least six interested students in consultation with the associate dean for medical education.

**Staff liaison:** The associate director for academic technology will collaborate with SITAC and facilitate communication and cooperation between SITAC, academic technology, and the Office of Medical Education.



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Paul L. Foster School of Medicine

## Medical Education Program Policy

<b>Policy Name:</b>	<b>Student Curriculum and Evaluation Committee Charter</b>				
<b>Policy Domain:</b>	Curriculum management	<b>Refers to LCME Element(s):</b>	Standards 8, 9		
<b>Approval Authority:</b>	Curriculum and Educational Policy Committee	<b>Adopted:</b>	7/11/2016	<b>Date Last Reviewed:</b>	
<b>Responsible Executive:</b>	Associate Dean for Medical Education	<b>Date Last Revised:</b>			
<b>Responsible Office:</b>	Office of Medical Education	<b>Contact:</b>	Mirjana Babic, M.P.A mbabic@ttuhsc.edu		

1. **Policy Statement:** The attached document entitled “Student Curriculum and Evaluation Committee Charter” (as approved by the CEPC on March 5, 2015) is adopted as a Medical Education Program Policy.
2. **Reason for Policy:** The purpose of this policy is to clarify the roles and responsibilities of the Student Curriculum and Evaluation Committee.
3. **Who Should Read this Policy:**
  - Any student potentially interested in serving as members of the Student Curriculum and Evaluation Committee.
  - Members of the Curriculum and Educational Policy Committee
4. **Resources:** The Student Curriculum and Evaluation Committee is sponsored by the Office of Medical Education.
5. **The Policy:** See the policy statement and the attached document as described.

*Policies are subject to revision. Refer to the Office of Medical Education website or contact the Office of Medical Education to ensure that you are working with the current version.*

# **Student Curriculum and Evaluation Committee Charter**

(draft-vRD805MAR2015)

**Charter:** The Student Curriculum and Evaluation Committee (SCEC) is a student organization sponsored by the Office of Medical Education. This committee's major purpose is to assist in the gathering and interpreting of student perspectives and recommendations in support of the Paul L. Foster School of Medicine's efforts related to continuous educational program improvement and accreditation.

The Student Curriculum and Evaluation Committee:

- Advises the Associate Dean for Medical Education, the Assistant Deans for Medical Education, the Director of Assessment and Evaluation, and the Course/Clerkship Directors regarding the design and implementation of the medical school curriculum based on student experience.
- Seeks to provide balanced representation of student perspectives regarding the educational program, to assist the Office of Medical Education and the Curriculum and Educational Policy Committee in the interpretation of course and faculty evaluations, and to offer constructive recommendations for improvement regarding all aspects of the educational program.
- Supports and facilitates broad student participation in course and faculty evaluations so as to maximize the reliability and credibility of the results.
- Provides leadership in the preparation of independent student self-studies as required for LCME Accreditation processes.
- Provides representation to the faculty Curriculum and Educational Policy Committee (CEPC) in accordance with the PLFSOM Faculty Bylaws.

Paul L. Foster School of Medicine delegates to the Association of American Medical Colleges (AAMC) Organization of Student Representatives (OSR) are selected from the SCEC.

For each class, each college elects two Student Curriculum and Evaluation Committee members to serve for one year, and members may be re-elected.

Service on the Student Curriculum and Evaluation Committee is dependent on the maintenance of good academic standing as collaboratively determined by the Associate Dean for Student Affairs and the Associate Dean for Medical Education. Members who resign or who are determined to be at academic risk shall be replaced by special election by the relevant College.

Approved by the PLFSOM CEPC March 5, 2015