

CEPC MEETING AGENDA

01:00 PM - 02:30 PM

12/08/2022

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; Arely Munoz, Daniel Rios, Dr. Gilberto Garcia, Dr. Lee Rosenthal

APPROVAL OF MINUTES

Minutes will be attached.

ANNOUNCEMENTS

Presenter(s):

CEPC 12/08/2022

ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I Pre-Clerkship Phase Review AY 2022/21 Closure

Presenter(s): Dr. Hogg

ITEM II Independent Medical Spanish Course Proposal

Presenter(s): Dr. Hogg

OPEN FORUM

ADJOURN

MEMBERS IN ATTENDANCE:

Maureen Francis, Colby Genrich, Dale Quest, Wajeeha Saeed, Fatima Gutierrez, Jessica Chacon, Houriya Ayoubieh, , Patricia Ortiz, Khanjani Narges, Lisa Beinhoff, Jose Lopez, Tanis Hogg, Rowan Sankar

MEMBERS NOT IN ATTENDANCE:

Joshua Salisbury, Miraal Dharamsi, Rohan Rereddy, Whitney Shaffer, Daniel Tran, , Nikolas Malize, Kristina Ingles, Munmun Chattopadhyay

PRESENTERS/GUESTS IN ATTENDANCE:

Charmaine Martin, Gilberto Garcia

INVITED/GUESTS NOT IN ATTENDANCE:

Richard Brower, Priya Harindranathan, Jose Manuel de la Rosa, Christiane Herber-Valdez, Arely Munoz, Daniel Rios, Lee Rosenthal

REVIEW AND APPROVAL OF MINUTES

Dr. Francis, CEPC Chair • Meeting minutes from November 10, 2022 were adopted.

Decision: Dr. Quest moves the motion for approval.
 Dr. Chacon seconds the motion.
 No objections: Motion was approved.

ITEMS FROM STUDENT REPRESENTATIVES

Rowan Sankar (MS2) ○ MS2 had no comments or issues to report.

ITEM I Pre-Clerkship Phase Review AY 2022/21 Closure

Presenter(s): Dr. Hogg **AY 2020/21 Pre-Clerkship Phase Review – Wrap-Up**

Dr. Hogg started his presentation by stating that the pre-clerkship phase review process had strengths but also some limitations. He identified the following strengths: the collective input from the course directors, the faculty and the students, and the alignment of the review criteria with LCME standards and elements. The review was primarily focused on the feedback, he said, but was lacking the learning outcomes. Moving forward, the goal is to couple them together. The biggest challenge was the fact that this review was focused on the most unconventional academic year, the year of pandemic. It was the most radical modification of the pre-clerkship curriculum in the history of the school. Dr. Hogg explained that this was a time when the entire campus was in phase 2 operations trying to meet limited campus operations. He briefly provided a comparison of the academic plan during this phase in AY 2020/21 and the revised live version of the curriculum for AY 2022/23 (slides 4 and 5).

He noted that the entire SPM course in AY 2020/21 was taught virtually using a combination of asynchronous and live stream activities. This included a complete rebuild of the anatomy program which was taught virtually. The SCI course was taught virtually as well. Small group Spanish activities were canceled and replaced with the canopy platform. He said that in-person preceptor activities were replaced with modules and panel discussions, and colloquium was live streamed. The only element of the curriculum that had some face-to-face contact was within the medical skills course, but it was also modified to allow social distancing.

Dr. Hogg stressed that his intention was not to emphasize anything that was focused on issues manifested in the curriculum because of the pandemic. These issues were all resolved, he noted. Therefore, when students expressed concern that Fridays were long and exhausting, sessions were modified by combining a number of in-class activities and asynchronous activities. As a result, Fridays are shorter now.

Dr. Hogg also stated that all the perspectives that he was presenting were generated by the review teams.

The Scientific Principles of Medicine course (SPM)

The review team identified the following **strengths**: strong clinical context/relevance; clinical schemes and PWS; regular participation of clinician experts (e.g., WCEs); strong formative assessment component including weekly in-house and Firecracker quizzes, session-level quizzes, and iRATs/tRATs.

iRATs/tRATs weren't formative. They were low-stakes summative assessments that had a formative, feedback component tied into them, he explained.

The following **recommendations** were made by the review team for the SPM course:

- Better alignment of summative assessments with content areas emphasized in the curriculum. Dr. Hogg explained that one of the challenges with some of the assessment during that phase was the fact that only NBME exams were used. Therefore, 90% of an assessment or student grade was based on these customized exams. However, he noted that the database had coverage issues, e.g. gaps in assessments in contemporary topic in medicine (i.e. next generation vaccine technology, modern pharmacology, precision medicine, etc.). Even though those topics may have been emphasized in class, they were not available in the database. This was rectified by complimenting NBME customized assessments with in-house Qs.
- Integrate content related to social justice, cultural competency, ethics, and equity. He said that the team has been working on diversifying patient skin tones to illustrate disease and in the process of development of an in-house derm image database. His proposal is to identify/eliminate language that can perpetuate racism and gender bias. Dr. Hogg pointed out that a number of schools have gone through an entire curriculum to identify and eliminate that kind of language. For example, there was a publication in the New England Journal of Medicine that came out last year illustrating some examples of misrepresentation of race in preclinical curriculum (slide 8).
- The inclusion of more pharmacology sessions. He stated that more dedicated in-class pharmacology sessions were created. In addition, the faculty members have been adding pharmacology to existing “integration sessions”.
- Improve the large-group work case example (WCE) format. Address any ‘outdatedness’ meaning that some cases are aging, so there is a need to review anything that's getting a bit antiquated. The class was divided into 2 workplace example cohorts, which reduced overall group size and provided a more interactive environment. Dr. Hogg proposed the following: to offer on-site faculty development workshop on the large-group TBL method (team-based learning consultants) and conduct systematic review of WCE materials.

- Restructure weekly coursework around physiology. Start with foundational material (e.g. physiology) each week, followed by pathology and pharmacology. Dr. Hogg proposed the following: development of content and process review (CPR) templates for each clinical presentation week to guide content selection, sequencing, pedagogy, and integration.
- Dr. Hogg presented the template that he has developed (slide 11). He noted that the template has not been vetted by the other faculty members yet. He used sore throat topic as an example to explain the guiding framework for a week of curriculum. Dr. Hogg spoke about 3 pillars of medical education, foundational science, clinical science and health systems science. The 3rd pillar of medical education, Health systems science, Justice, Equity, Diversity and Inclusion (JEDI), Ethics encompasses everything from healthcare delivery systems to patient safety, quality, improvement, population, health, structural and social determinants of health law and ethics. Dr. Hogg also said that formalizing how these areas are threaded together by using this organizational templates would be highly beneficial.
- More self-assessment tools/quizzes such as AMBOSS (Firecracker deemed inadequate). Dr. Hogg stated that as a result of this feedback, an institutional AMBOSS license was purchased this year (AY 2022-23). The Firecracker license will expire in June 2023, he added. He said the plan is to reintroduce more frequent, lower stakes, summative quizzing, which is in accordance with the approved curriculum revision plan called the 10 Point Plan. He stressed that these weekly summative quizzes may have “moved the needle” in terms of student learning outcomes on national exams.

Medical Skills Course

The review team identified the following **strength**: faculty/staff; SP encounters replicate real world environment and Integration with SPM.

The following **recommendations** were made by the review team for the Medical Skills course:

- Students would like more physician feedback on the standardized patient encounters. Hence, the faculty expanded the standardized patient encounter review activity (SPERRSA) and moved it from optional to required.
- Another recommendation was to diversify the standardized patient pool, everything from race, ethnicity, background, age, etc. Dr. Hogg explained that the standardized patient pool is maintained by the Tech center. Their goal is to get a diverse patient panel and our faculty will continue to relay this suggestion to them, he commented.
- An increase of time for SP encounters and SOAP note writing. Dr. Hogg stated that there is no solution for that currently because the medical skills calendar is completely packed.
- Incorporation of Spanish SP encounter, possibly with the use of interpreters. He explained that this is also in development in collaboration with Spanish instructors. Additionally, an SCI activity is in the process of development in collaboration with UMC medical interpreters.
- Dr. Hogg pointed out that students would like to have a cumulative OSCE/SP component that promotes wider differential diagnostic reasoning skills across organ systems. The medical skills faculty are brainstorming right now to perhaps have end-of-semester OSCE that could incorporate cases with multi-organ involvement.

Society, Community and the Individual course (SCI)

The review team identified the following **strengths**: recognized importance of topics outside of Step 1 focus (e.g., health insurance, community health, access to care); panel discussions (e.g. National Alliance on Mental Illness (NAMI); Biostatistics.

The following **recommendations** were made by the review team:

- Reduce repetition/redundancy of topics (not just within SCI, but between SCI, Immersion and College Colloquium). Dr. Hogg said that a comprehensive review of SCI and Colloquium topics will be conducted to reduce an overall redundancy and create opportunities for new topics. Furthermore, he explained that the pre-clerkship should be reviewed in totality to ensure that institutional social justice curriculum objectives are met. This has been done in the past, but there is a new set of institutional social justice curriculum goals and objectives that need to be covered in the entire curriculum. He added that this will be done in collaboration with the clerkship directors, but right now pre-clerkship is in the initial mapping stage identifying any deficiencies and/or gaps.
- Improve overall organizational aspects of the course (clarity of objectives, assessments, schedules, deadlines, e-mail communication). Dr. Hogg said that the Assistant Dean and course directors are meeting regularly to discuss and tackle these issues.
- Increase student engagement in SCI sessions by transitioning from didactic lectures to active, problem-based activities. Dr. Hogg said that TBL faculty training is in the planning stage. Course co-director has already completed TBL training and plans to implement it for biostats/epi, he added.
- Enhance community clinic experiences (including overall level of student engagement). Dr. Hogg noted that the Pre-clerkship student placement with community preceptors has been an ongoing challenge. Faculty is brainstorming alternative value-added roles for medical students in clinical workplace environments (e.g., students as patient navigators, household-centered service-learning, EMT). He shared that Penn State Case Western published an article on how to achieve the household service learning model. Basically students would adopt a family and work longitudinally with one or more families in the community, he explained. Also, he noted that EMT training would additionally expose students to the community. These opportunities could even replace the community preceptors' experience, Dr. Hogg stated.
- Enhance context/relevance of SCI topics for clinical practice. Use real life scenarios when possible. Dr. Hogg said that the transition of in-class activities to active-learning scenarios and team/case-based learning is the planning phase. He proposed to augment WCEs and/or integration cases to incorporate elements of health-

systems science. Dr. Hogg explained the proposed model by using the clinical vignette used in curriculum (slide 22).

College Colloquium Course

The review team identified the following ***strengths***: dedicated college mentors; high overall regard for the course content, esp. medical ethics; course helped broaden student perspectives; essays improved writing skills; ability to openly discuss important topics as a learning community, especially during the sense of isolation associated with the pandemic.

The following ***recommendations*** were made by the review team:

- Address college mentor attrition. Dr. Hogg stated that there were 4 retirements in a one-year span. Three mentors were recently recruited and the recruitment will continue.
- Improve consistency across colleges. There is no formal action as yet, he said. The Assistant Dean will meet with course directors and mentors to improve consistency of content coverage and overall expectations.
- Reduce overlap between SCI and Colloquium. A comprehensive review of SCI and Colloquium topics will be conducted.
- Enhance coverage of racism in health care and border health disparities. A core set of institutional social justice goals & objectives has been developed and approved by the Academic Council. Dr. Hogg said that the pre-clerkship is currently in the process of mapping these goals and objectives to the existing curriculum. Gaps and deficiencies will be addressed by AY 2023-24 in collaboration with clerkship directors, he concluded.

Discussion was held regarding the wrap-up of the pre-clerkship phase review:

Dale Quest commented that work case example could be updated by incorporating care planning and health system science aspects. A recommendation that implied adding care planning into the med skills course should actually be redirected to the work case example as the way to conclude the cases, he explained.

Dr. Hogg agreed and stated that it's going to be a matter of prioritizing what needs to be accomplished. He reiterated that organizational templates for every week should be developed along with the update of the work case examples. He stressed that the social justice curriculum component is a time-sensitive matter and the game plan should be done by spring. He also said that this was all a manifestation of the pre-clerkship review process which was a good process even though it was grueling to go through.

Dale Quest commented that Hofstra also included EMT qualification as an immersion component of their program and was wondering how successful was the program there. Dr. Hogg said that he is not sure, but he added that the University of South Carolina was the first school that implemented this program as a part of their immersion experience. He added that he is planning to meet with the faculty from U. of South Carolina, because El Paso has a shortage of EMTs and its implementation would certainly help the community.

Dr. Quest moves the motion for approval.

Dr. Ayoubieh seconds the motion.

No objections: Motion was approved.

Dr. Hogg stated that he would like to provide an update on action items after the conclusion of the clerkship review phase. Dr. Francis said that after the clerkship phase review there will be a review of the curriculum as a whole, and that would be a great time to follow up on the progress.

ITEM II Independent Medical Spanish Course Proposal

Presenter(s): Dr. Hogg

Dr. Hogg started the second presentation, which is a proposal to establish an independent Medical Spanish course. He stated that since the beginning of our program launched in 2009, Medical Spanish has been a requirement and one of the components of the SCI course. The Spanish team works diligently to align medical Spanish instruction with the themes of the week. However, it's not formally recorded on students' transcripts.

Hence, the rationale here is to decouple medical Spanish from SCI and establish an independent course for medical Spanish. He stressed that future graduates will have this unique recognition on their transcripts. No major changes to established course content are planned. This plan is supported by the pre-clerkship curriculum committee (discussed and approved on 11/15/22), he added.

Dr. Hogg briefly summarized the presentation (*attached) made by Dr. Garcia, director of the Spanish program. The teaching focus is Spanish foundations, conversational Spanish and medical/dental Spanish. This course would include 36 hours of combined face to face instruction. In addition, it would have beginner, intermediate and advanced levels. Dr. Garcia also initiated the credit course count and, according to his calculations, it would be a 2-credit course in the 1st year when it would be coupled with immersion, and then it would be 1-credit.

Discussion was held regarding this proposal :

Dr. Quest asked if the number of credit units would be drawn from the SCI course, leading to reduced credit course in SCI. Dr. Hogg concurred and added that the credit counting formula might bring a net increase in overall credits due to some rounding that formula encompasses.

Dr. Francis commented that we could vote on the concept of the creation of an independent Spanish course. She explained that, if there isn't any added time to the course, it would be advisable to keep the credit hours the same and come up with a plan on how to split them. Dr. Hogg agreed and added that Dr. Herber-Valdez is an expert in this area and said that she agreed to provide consult in terms of implications of the increased credit hours.

Dr. Quest asked if this transition is planned for the next academic year. Dr. Hogg explained that the course catalog has to be finalized in the spring. Hence, this would be the deadline for the separation to be finalized. Dr. Quest raised the question of whether this transition to Medical Spanish as a separate course is going to be cost neutral. It should be cost neutral because fees are already allocated for the canopy program, as well as the teaching staff, Dr. Hogg explained. He added that one more Spanish instructor will be added to the team due to size class expansion in ours and the dental school. We would like to have that new person in place prior to

immersion, by next summer. Dr. Francis clarified that adding the instructor would occur even if the Spanish was still part of SCI. According to her, this is not related to the course splitting.

Dr. Ortiz asked what testing would look like and if the students are tested currently. She wondered if they could be held back. Dr. Hogg explained that testing takes place currently, and he doesn't think that the testing would be altered. Dr. Francis added that in order for a student to pass SCI, they would have to pass each of the course components including Spanish. She assumes that Spanish would remain pass fail. Dr. Hogg confirmed that the grading would remain the same.

Khanjani suggested that class level achieved should be added to the transcripts. Dr. Hogg stated that levels could be probably be added as annotations, and that Dr. Dankovich from Student Services actually has experience with this practice.

Dr. Francis suggested to members to vote on the creation of the Spanish as an independent course, and to treat the discussion about the credit hours as a separate item.

Dr. Genrich moves the motion for approval.

Dr. Chacon seconds the motion.

No objections: Motion was approved.

OPEN FORUM

Dr. Francis announced that, starting in January, the CEPC meeting will be held every second Monday of the month from 5pm to 6:30pm, and that it will be a hybrid meeting.

ADJOURN

Meeting adjourned at 2:30pm.

AY 2020-21 Pre-Clerkship Phase Review – Wrap-Up

CEPC Meeting – 12/8/2022

Tanis Hogg, Assistant Dean for Medical Education
Office of Medical Education



To all the course directors and faculty/student review teams:



Strengths and Limitations of AY 2020-21 Pre-Clerkship Phase Review



Strengths

- Collective input from course directors, teaching faculty, and students
- Alignment of review criteria with LCME Standards and Elements

Limitations

- Exclusion of learning outcomes
- Review was focused on our 'pandemic year'

Phase II Academic Plan (AY 2020-21)



	M	T	W	Th	F	
8	Sore Throat Scheme Presentation	Antigen Recognition	Pharmacodynamics	Independent Study	iRAT	Counts for 10% of SPM grade
9	Pharynx, Nasal Cavities and Sinuses	Antigen Recognition & B	Overview of Antimicrobial Therapy		tRAT	
10	Throat & B		Pathology of Acute		Worked-Case Examples – Sore Throat (TBL)	
11		Viral Causes of Sore Throat	Outbreak Investigations	Medical Skills – Sore Throat F2F		
12		LUNCH				
1	Introduction to Neuroscience	Independent Study (Replace Community Clinic with Virtual Panel)	Independent Study (Replace Community Clinic with Virtual Panel)	Independent Study	College Colloquium – The Antibiotic Problem	
2	Antigens and MHC					
3	Strep Throat					
4	Independent Study				Independent Study	
5						

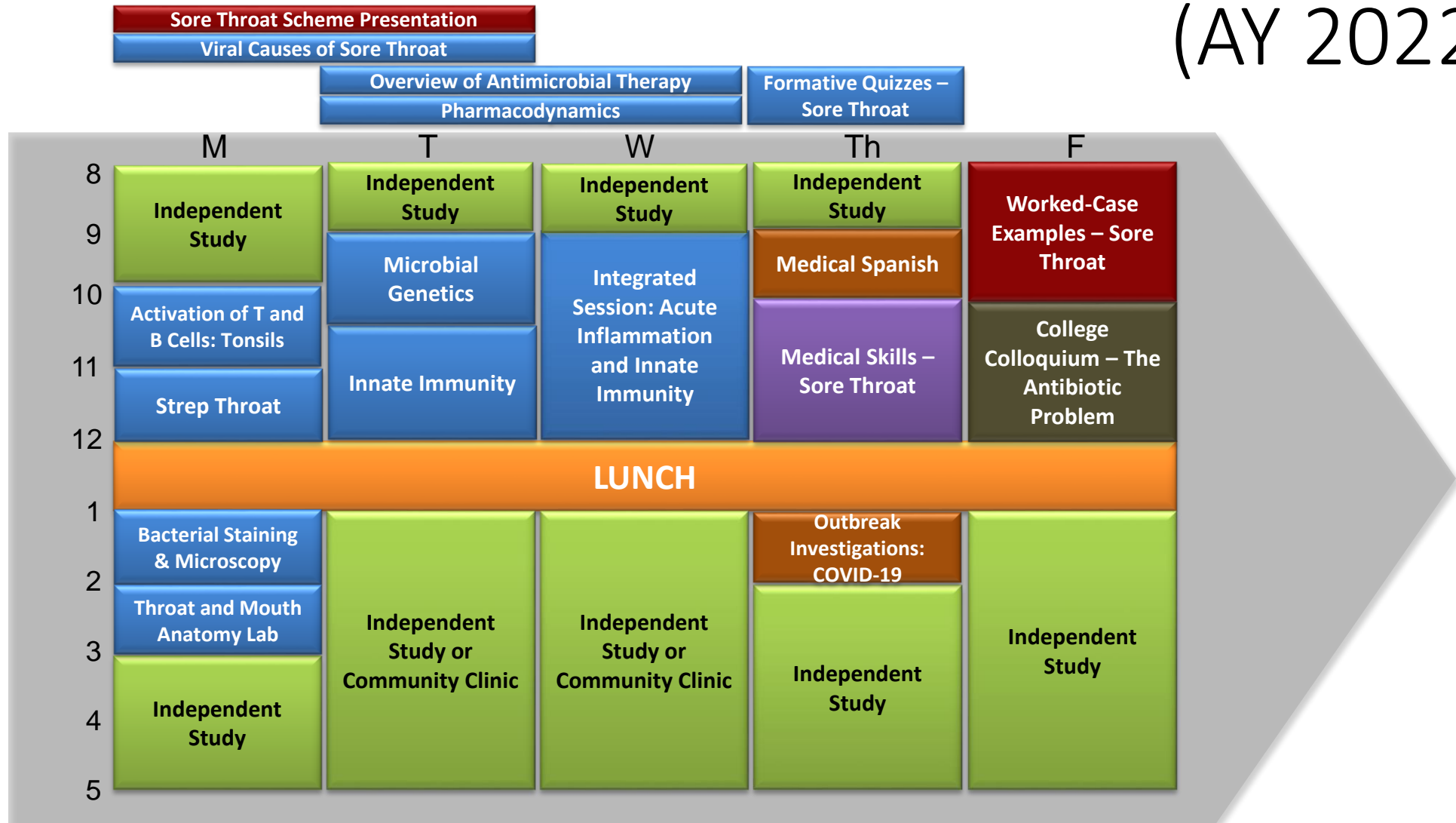
ONLINE

ONLINE

Instructional Flow Within the Curriculum Week: A Cycle of Learning



(AY 2022-23)



Major review points for SPM

Strengths

- Strong clinical context/relevance
- Clinical schemes and PWS
- Regular participation of clinician experts (e.g., WCEs)
- Strong formative assessment component including weekly in-house and Firecracker quizzes, session-level quizzes, and iRATs/tRATs*

*note that the iRATs/tRATs were lower-stakes summative assessments with feedback

Major review points for SPM

Recommendations (and →actions):

- Better alignment of summative assessments with content areas emphasized in the curriculum
 - complementing NBME customized assessments with in-house Qs
- Integrate content related to social justice, cultural competency, ethics, and equity
 - diversifying patient skin tones to illustrate disease. Developing in-house derm image database
 - proposal: identify/eliminate language that can perpetuate racism and gender bias

Table 1. Misrepresentation of Race in Preclinical Curricula.

Domain	Description	Representative Examples
Semantics	Using imprecise and nonbiologic labels that inaccurately conflate race and ancestry	Widespread use of “Caucasian,” “Black,” “African American,” and “Asian” as labels to denote biologic differences between patients Describing a Nigerian patient as “African American” in a clinical vignette
Prevalence without context	Presenting racial/ethnic differences in disease burden without contextualization	Teaching students that “Black” patients have higher rates of asthma than “White” patients, without reference to the effects on asthma prevalence of residential segregation and unequal access to high-quality housing and health care ¹⁶ Teaching students that “Black” patients have higher rates of hospital readmission, without any discussion of the underlying causes of these disparities
Race-based diagnostic bias	Presentation of links between racial groups and particular diseases	Priming students to view sickle cell disease as affecting only Black people, rather than as common in populations at risk for malaria ^{17,18}
Pathologizing race	The tendency to link minorities with increased disease burden	In a slide showing the incidence of 13 types of brain tumors in Black patients and White patients, using the title “Incidence rates are higher among Blacks than among Whites,” even though 10 of the tumors occurred more frequently in White patients
Race-based clinical guidelines	Teaching of guidelines that endorse the use of racial categories in the diagnosis and treatment of diseases	Teaching students to use different first-line antihypertensive drugs in Black patients than in White patients, without any exposure to literature that questions these practices and misleading interpretations of information ¹⁹⁻²¹

Major review points for SPM

Recommendations (and →actions):

- Inclusion of more pharmacology sessions
 - Creating more dedicated in-class pharmacology sessions.
 - Adding pharmacology to existing “integration sessions”.
- Improve large-group WCE format. Address any ‘outdatedness’
 - Divided class into two WCE cohorts (reducing group size)
 - Proposal: offer on-site faculty development workshop on the large-group TBL method (team-based learning consultants)
 - Proposal: conduct systematic review of WCE materials and update where indicated

Major review points for SPM

Recommendations (and →actions):

- Restructure weekly coursework around physiology. Start with foundational material (e.g. physiology) each week, followed by pathology and pharmacology
 - Proposal: develop 'content and process review' (CPR) templates for each clinical presentation week to guide content selection, sequencing, pedagogy, and integration

Clinical Presentation: Sore Throat		
Foundational Science	Clinical Science	Health-Systems Science, JEDI, Ethics
<ul style="list-style-type: none"> Anatomy of the nasal cavity and nasopharynx (e.g., nares, septum, turbinates, sinuses, mucous membranes) Anatomy of the oropharynx (e.g. oral cavity, tongue, epiglottis, palatine and lingual tonsils, adenoids, palate) Anatomy of the laryngopharynx/hypopharynx (e.g. vocal cords, trachea, esophagus) Anatomy of the cervical and submandibular lymph nodes 	<ul style="list-style-type: none"> Nose examination: use of nasal speculum to inspect nasal septal anatomy, inferior turbinates, nasal polyps, nasopharyngeal lesions Throat examination: use of flashlight, tongue blade, laryngeal mirror, nasopharyngoscope. Inspection for redness, swelling, exudates, lesions, masses. Identification of tonsillitis, peritonsillar abscesses, retropharyngeal abscesses, submandibular abscesses, acute epiglottitis, abscesses of the deep neck, thrush, tumors/malignancies (squamous papilloma), cysts, granulomas Select, perform, and interpret relevant investigations including: <ul style="list-style-type: none"> Lateral soft tissue x-ray of the neck and identification of the 'thumb sign' associated with epiglottitis Rapid strep test for GAS Laryngoscopy 	<ul style="list-style-type: none"> Social determinants of health in the risk and prevention of group A strep infection, acute rheumatic fever, and rheumatic heart disease (causal association with crowding and socioeconomic status) Antibiotic prescribing behavior among physicians: ethical challenges in resource-poor settings Association between antibiotic use and antibiotic resistance emergence Introduction to federal and state antibiotic stewardship programs Epidemiology of antibiotic use and drivers of cross-border procurement along the US-Mexico border
<ul style="list-style-type: none"> Microbiology of common cold viruses (rhinovirus, coronavirus, influenza, adenovirus) Pharmacology of anti-flu medications (e.g., zanamivir, oseltamivir) Pharmacology of antihistamines (e.g. Benadryl, Claritin) and decongestants (e.g. Sudafed) 	<ul style="list-style-type: none"> Identify signs and symptoms associated with viral URI or bronchitis in a patient with acute rhinorrhea (e.g., progression of symptoms from nose to throat to bronchi; inflammation of nasal mucosa, turbinates, throat and tonsils with minimal nontender cervical adenopathy. 	
<ul style="list-style-type: none"> Basic immunology: activation of T and B cells (role of tonsils), antigen receptors, lymphocyte maturation 	<ul style="list-style-type: none"> Identify signs and symptoms associated with allergic rhinosinusitis, nonallergic rhinitis, and mixed rhinitis in a patient presenting with chronic rhinorrhea (e.g., itching, postnasal drip, fatigue, 	

Major review points for SPM

Recommendations (and →actions):

- More self-assessment tools/quizzes such as AMBOSS (Firecracker deemed inadequate)
 - Institutional AMBOSS license starting AY 2022-23. Note that Firecracker license will expire in June 2023
 - Planned: Re-introduction of frequent lower-stakes summative quizzing (in concordance with CEPC-approved curriculum revision plan)

Medical Skills

Strengths

- Faculty/staff
- SP encounters replicate real world environment
- Integration with SPM

Medical Skills

Recommendations (and →actions):

- More physician feedback on SP encounter
 - Expansion of SP encounter review activity (SPERRSA). Moved from optional to required student participation. Addition of optional 1:1 feedback session with faculty
- Diversifying SP pool (race/ethnicity, background, age, etc.)
 - no solution at present
- Increasing time for SP encounter and SOAP note writing
 - no solution at present

Medical Skills

Recommendations (and →actions):

- Incorporation of social determinants into treatment plans
 - No action at present. Course focuses on H&P skills, diagnostic reasoning, communication, and work-up (with little introduction to treatment plans). High Value Care activity in clerkship emphasizes proper utilization of resources, testing and treatment
- Incorporation of Spanish SP encounter, possibly with use of interpreters
 - Medical Skills activity in development (in collaboration with Spanish instructors)
 - SCl activity in development in collaboration with UMC medical interpreters (Spring 2023)

Medical Skills

Recommendations (and →actions):

- Develop a cumulative OSCE/SP component to promote DDx skills across organ systems
 - Brainstorming phase regarding potential end-of-semester OSCE that could incorporate cases with multi-organ involvement

Society, Community and the Individual

Strengths

- Recognized importance of topics outside of Step 1 focus (e.g., health insurance, community health, access to care)
- Panel discussions (e.g. National Alliance on Mental Illness (NAMI))
- Biostatistics

SCI

Recommendations (and →actions):

- Reduce repetition/redundancy of topics (not just within SCI, but between SCI, Immersion and College Colloquium)
 - Planned: conduct comprehensive review of SCI and Colloquium topics to reduce overall redundancy and create opportunities for new topics. Review overall coverage to ensure institutional social justice curriculum objectives are met (in collaboration with clerkship directors)

SCI

Recommendations (and →actions):

- Improve overall organizational aspects of the course (clarity of objectives, assessments, schedules, deadlines, e-mail communication)
 - Assistant dean and course director are meeting regularly to discuss and tackle these issues.
- Increase student engagement in SCI sessions by transitioning from didactic lectures to active, problem-based activities
 - TBL faculty training planned. Course co-director has completed TBL training and plans to implement for biostats/epi

SCI

Recommendations (and →actions):

- Enhance community clinic experiences (including overall level of student engagement)
 - Pre-clerkship student placement with community preceptors is an ongoing challenge.
 - Brainstorming alternative value-added roles for medical students in clinical workplace environments (e.g., students as patient navigators; household-centered service-learning; EMT)

SCI

Recommendations (and →actions):

- Enhance context/relevance of SCI topics for clinical practice. Use real life scenarios when possible.
 - Planned: transition in-class activities to active-learning scenarios and team/case-based learning
 - Proposed: augment WCEs and/or integration cases to incorporate elements of health-systems science

Traditional MedEd Topics	
Mechanism of shortness of breath	
Chest X-ray interpretation skills	
Use of diuretics; managing medication side effects	
Pathophysiology of CHF exacerbations (e.g., sodium diet)	
Signs and management of ethanol withdrawal	
Medication ordering and prescriptions	
Management of acute CHF	

Clinical Vignette

A 71-year-old male presented to the emergency room with shortness of breath. He is found to be tachypneic and hypoxic (O2 saturation of 92%). A chest X-ray suggests bilateral pulmonary edema. The patient is diagnosed with new-onset congestive heart failure and acute kidney injury and admitted to the internal medicine service.

During the hospitalization the patient is treated with intravenous diuretics, oxygen supplementation, low sodium diet, and physical therapy. A cardiology consultation is ordered, and the cardiology team believes the acute onset heart failure is potentially secondary to ethanol cardiomyopathy. A transthoracic echocardiogram is performed, which shows global wall motion abnormalities and an ejection fraction of 30%. Over the next 5 days, the patient is monitored for ethanol withdrawal and weaned from oxygen supplementation. The intern prepares the discharge instructions and summary, which includes six new medications and close follow up. He orders a visiting home nurse to go to the house and provide guidance, help administer and monitor medication adherence, check home safety and measure blood pressure and weight. The patient is discharged to home.

Four days later, the patient deteriorates at home and calls 911. An ambulance takes him back to the hospital's emergency room, and he is readmitted to the hospital with acute congestive heart failure.

Health Systems Science Topics (current “blind spots”)	
Health care resource utilization by ED services	
Coordination and transitions of care between units	
Interprofessional collaboration for health care delivery	
Cost-conscious care using evidence based decisions	
Use of EHR; health information exchange within and between settings	
Care coordination and community resources	
Social determinants of health	
Payment reform and bundled payments	

College Colloquium

Strengths

- Dedicated college mentors
- High overall regard for the course content, esp. medical ethics
- Course helped broaden student perspectives
- Essays improved writing skills
- Ability to openly discuss important topics as a learning community, especially during sense of isolation associated with the pandemic

College Colloquium

Recommendations (and →actions):

- Address college mentor attrition
 - 4 retirements in one year span; recent addition of 3 mentors; recruitment continues
- Improve consistency across colleges
 - No formal action as yet. Assistant dean will meet with course directors and mentors to improve consistency of content coverage and overall expectations

College Colloquium

Recommendations (and →actions):

- Reduce overlap between SCI and Colloquium
 - Planned: conduct comprehensive review of SCI and Colloquium topics to reduce overall redundancy and create opportunities for new topics. Review overall coverage to ensure institutional social justice curriculum objectives are met (in collaboration with clerkship directors)

College Colloquium

Recommendations (and →actions):

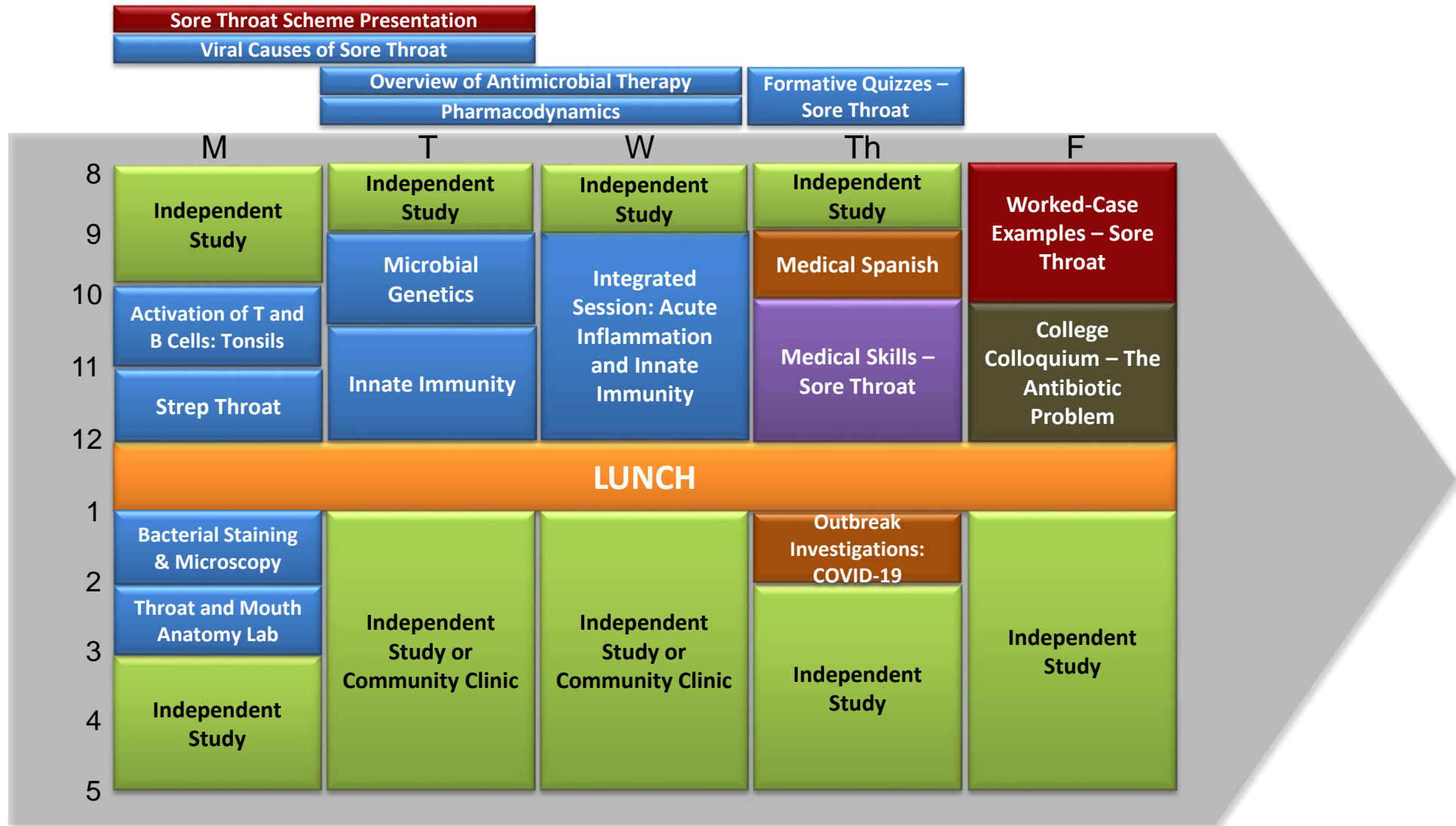
- Enhance coverage of racism in health care and border health disparities
 - Core set of institutional social justice goals & objectives have been developed and approved by the academic council.
Currently in the process of mapping these goals & objectives to existing curriculum. Gaps and deficiencies will be addressed by AY 2023-24 (in collaboration with clerkship directors)



Proposal to Establish Independent Medical Spanish Course

Currently, Medical Spanish is one of five components in the SCI course:

1. Health Systems Science
2. Evidence-Based Medicine, Introduction to Clinical Research
3. Community Health Experience
4. Medical Spanish
5. Service Learning



Proposal to Establish Independent Medical Spanish Course

- While Spanish is a unique and highly praised component of the PLFSOM core curriculum, it is not formally recorded on our students' transcripts
- By decoupling Medical Spanish from SCI and establishing an independent course, our future graduates will have this unique recognition on their transcripts
- While no major changes to established course content are planned, enhanced integration and collaborative teaching opportunities between Medical Spanish and Medical Skills are anticipated
- This plan is supported by the pre-clerkship curriculum committee (discussed and approved on 11/15/22)



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Spanish Language Program

DEC. 8, 2022



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Facts

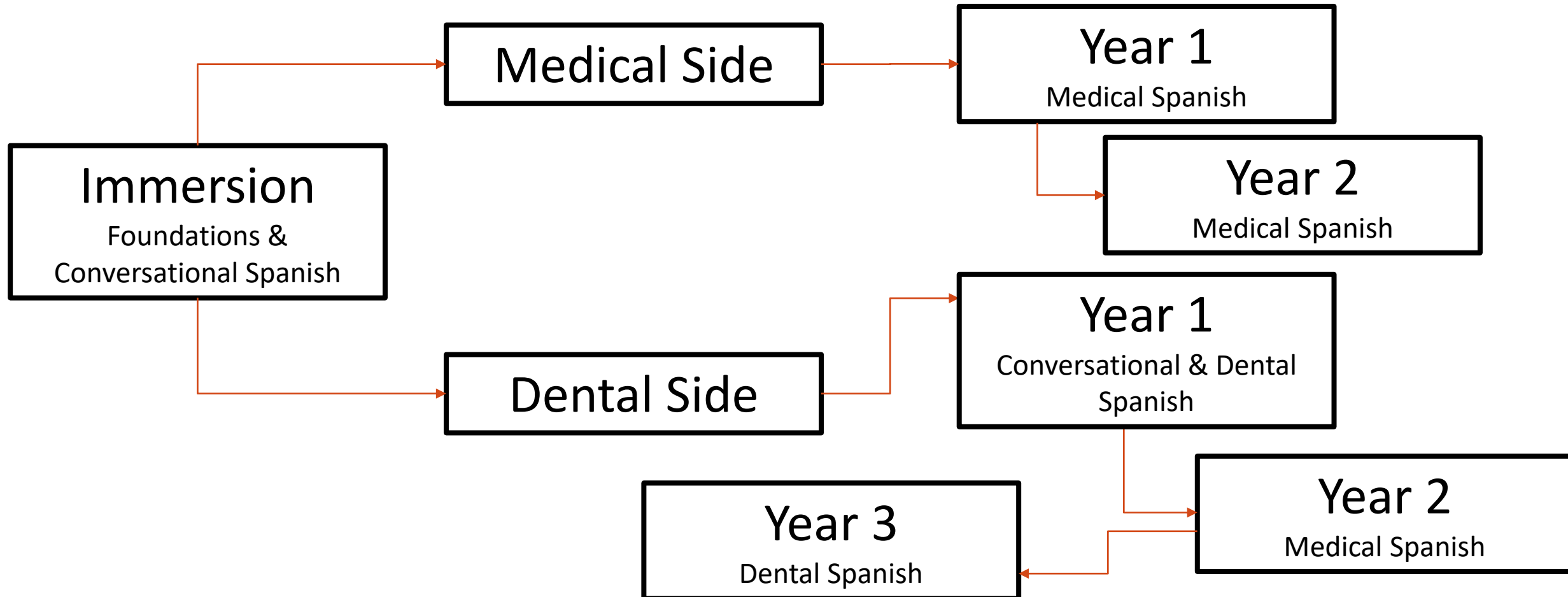
- Program began with a collaboration with UTEP in 2013
- Program evolved to in-house centralization in 2021
- Teaching focus: Spanish Foundations, Conversational Spanish and Medical/Dental Spanish
- 3 full-time Spanish Lead/Senior teachers
- 36 hours of combined face to face instruction
- Spanish Levels: Beginner, Intermediate and Advanced



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Spanish Program Structure





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Spanish Language Program

Proposal:

Medical Spanish as an Independent Course

■ *MSPA

Term	Face to face	Online	Total hours of instruction	20 hours = 1 credit	Credits
Fall + Immersion (1 st year)	15+22	0	37	$37/20 = 1.85$	2 credits
Spring (1 st year)	15	12	27	$27/20 = 1.35$	1 credit
Fall (2 nd year)	15	12	27	$27/20 = 1.35$	1 credit
Spring (2 nd year)	5	12	17	$17/20 = 0.85$	1 credit

Reasoning

- TTUHSCEP recognizes itself as a National model for addressing the healthcare needs of a diverse border population for:
 - Receiving recognition as a Hispanic Serving Institution
 - Providing Cultural Competent Care and instruction
 - Targets language gap between the serving population and providers
- TTUHSCEP takes pride in having the only mandatory and unique program for Spanish in comparison to medical schools across the country.

Supporting Evidence and Benefits

- Medical Spanish is an important target/element for recruitment process
- No evidence of Spanish completion for students once they complete clerkship years (i.e. transcript)
- An independent course would provide a path to create learning opportunities (i.e. study abroad, electives for 3rd/4th year students, certifications/honors recognition, and Nationally-recognized student organizations, etc.)
- Ground-breaking independent curriculum that can be profitable (monetary and scholarship)

