CEPC Monthly Meeting

09.09.2019 05:00 PM - 06:30 PM

Meeting Minutes

Purpose	
Presenters	Brower, Richard, Francis, Maureen, Hogg, Tanis
Note Taker	Kasten, Andrew
Attendees	Beinhoff, Lisa, Cotera, Maria, Dankovich, Robin, Francis, Maureen, Gajendran, Mahesh, Hogg, Tanis, Janssen, Herb, Kassar, Darine, Kasten, Andrew, Nino, Diego, Ogden, Paul, Padilla, Osvaldo, Wojciechowska, Joanna
Absences	brittany.harper@ttuhsc.edu, Brower, Richard, Castro, Michelle, Cervantes, Jorge, De-Lara, Veronica, jose.b.diaz@ttuhsc.edu, kristoffer.gonzalez@ttuhsc.edu, Lopez, Josev, maggie.scribner@ttuhsc.edu, Maldonado, Frankj, Martin, Charmaine, Perry, Cynthia
Guests	brad.fuhrman@ttuhsc.edu, karishma.palvadi@ttuhsc.edu, kevin.w.woods@ttuhsc.edu, roberto.l.garcia@ttuhsc.edu, runail.ratnani@ttuhsc.edu, shivani.mehta@ttuhsc.edu
Location	MEB 1140

TTUHSC EP Paul L. Foster School of Medicine
5001 El Paso Drive
El Paso, TX, 79905
USA

1. WELCOME AND REVIEW OF MINUTES FROM 08/12/19

Presenter(s): Brower, Richard

CEPC Sign in sheet 9.9.19.pdf Meeting min CEPC 8.12.19.pdf

Decision

Minutes for August are approved.

Discussion

Dr. Francis and Dr. Hogg will lead this meeting due to Dr. Browers absence.

2. SCEC REP REPORTS

Discussion

Nothing to report from MS2, 3 or 4.
No MS1's are present.
Loyd Christensen is filling in for Brittany Harper.

3. YEAR 4 BOOT CAMP AND YEAR 3 INTERSESSION SYLLABUS UPDATES

Presenter(s): Francis, Maureen

BC2020_Syllabus_NS MF CB draft.docx Intersession Syllabus 2019-2020 draft.docx

Discussion

Dr. Francis asks committee if there are any questions or comments to which no one replies. Dr. Francis approves minutes with no objection.

4. PLFSOM V2.0 10-POINT PLAN. HTTPS://ELPASO.TTUHSC.EDU/SOM/OME/_DOCUMENTS/SECURE/TEN_POINT_PLAN_BINDER.PDF. LCME ELEMENT 8.1 & 8.3

Ten_Point_Plan_Binder.pdf

4.1. RETENTION OF THE PRE-CLERKSHIP CLINICAL PRESENTATION-BASED MODEL

Presenter(s): Brower, Richard, Hogg, Tanis

4.2. CONVERSION OF WCE TO TBL

Presenter(s): Brower, Richard, Hogg, Tanis

Discussion

Note: Dr. Hogg was sole presenter due to Dr. Browers absence from the meeting.

Proposed to change to team based learning format (TBL).

Students will work in small groups for learning projects, but individually for quizzes and exams. This creates less faculty work load and also creates consistency.

MS4 asks if this will impact the current grading method to which Dr. Francis replies "yes,slightly".
Dr. Ogden explains Individual Readiness Test and Improved Readiness Test get averaged to produce a grade for the student
MS4 follows up by asking where that grade would go. Dr. Hogg replies they will be going over that in detail later but it will go either to the summative or semester grade and will be worth approximately 1% of overall grade.

Dr. Hogg mentions a TBL pilot that was done to which students provided positive feedback and had preferred it over the small group format.

PLFSOM Will have Team Based Learning consortium consultants coming to give faculty across the whole curriculum training on how to develop and administer high quality TBL's.

4.3. CONVERSION OF SCHEME PRESENTATIONS TO ASYNCHRONOUS ONLINE LEARNING MODULES

Presenter(s): Brower, Richard, Hogg, Tanis

Discussion

Attendance has been problematic at scheme presentations due to students opting to watch the scheme presentation video rather than going to attend in person.

The idea is to convert schemes into professionally produced modules so students will watch asynchronously. This will also save clinical hours as well as improve student satisfaction.

Dr. Hogg adds that they will strive to have more consistency from scheme to scheme due to student feedback labeling that as a major issue.

4.4. INTEGRATION OF THE FIRECRACKER PLATFORM TO PROMOTE STEP 1 SUCCESS

Presenter(s): Brower, Richard, Hogg, Tanis

CEPC meeting - 8-12-19- for minutes.pptx

Discussion

Note: Dr. Hogg was sole presenter due to Dr. Browers absence from the meeting.

MS1's and 2's have already began utilizing the Firecracker platform.

The Firecracker platform is currently mapped to USMLE step 1 with plans to map it to step 2 in the future, this should help with test performance.

Firecracker helps by preventing knowledge loss by combating the "forgetting curve", Firecracker will serve content to students on periodic bases to help them retain long term knowledge. Data shows that this style of learning works and is more effective than long study hours.

Students using Firecracker for CNS have since seen an increase performance so far.

Possibility of continuing into clerkship phase

4.5. TRANSITION OF THE SPM ASSESSMENT PLAN TO SCORED COURSEWORK, FREQUENT MID-TERM EXAMS, AND CUMULATIVE END-OF-TERM FINALS

Presenter(s): Hogg, Tanis

Discussion

Students get single high stakes exam at the end of organ based units, and must achieve 65 or greater in order to pass. They may have 2 unit remediation's per academic year. The time between starting the unit, taking the exam, and identifying struggling students is too long with the current method. The high stakes exams also create great amounts of anxiety with students which affects overall performance. Students are also dissatisfied with the content of exams due to the focus being majorly on one area that is barely covered in the exam. They also tend to prioritize higher yield disciplines.

Some advantages of a continuous summative assessment program are

- I.D. at risk learners sooner
- Reduce anxiety
- Promote student self confidence
- Student engagement and motivation to study
- Increase group dynamic and teamwork
- Better performance on final exams

Dr. Ogden also brings up the fact that it will be a big advantage to students who are failing the first 2 tests.

An example would be replacing end of unit exams with a continual sequence of scheme presentations with spaced summative quizzes every 2 - 3 weeks and the possibility of a midterm halfway through as well as an OSCE and customized NBME exam. This would also include a finals week with an OSCE , a customized NBME, and a CBSE progress test.

An example of grading could be as follows

- 40% for 6 summative quizzes
- 20% for weekly IRAT quizzes
- 15% for Midterm
- 25% for Final
- CBSE benchmark grade.

A standard non exam week for an MS1 would start with an independent or clinic study day on Monday which would provide opportunity for them to jump into the learning modules , this would help with upcoming

application modules later in the week. They would have 3 application studies lasting 2 hours that are dedicated to SPM and 2 clinical problem solving studies as well as having an integration or SCI session where concepts like L system science would be brought in.
Thursday would have 4 iterations of Medical Skills from 8 am - 5:30 pm. Students could also do clinic if engaged in the Spanish element of medical skills on Thursday morning or afternoon. Friday would have a work case in TBL format as well as colloquium and independent study time.

Example for Exam week would see exam happening on Monday giving students time to study over the weekend. Exam would be around 50 items and would have exam review to provide students with instant feedback.

MS4 asks if they are considering switching G.I. and I.M.N. to which Dr. Hogg says yes due to the massive influx of information on students. MS4 replies he liked where I.M.N. was at due to the Thanksgiving and December breaks which gave more time to study for the exam. Dr. Hogg agree's, but says they are hoping to bring more uniformity and consistency in learning with this new plan/schedule .

MS4 then asks about exam reviews and raises concerns over the students arguing with whoever is giving the exam review about the outcome of certain questions. Dr. Hogg says they can get the student reps together and go about finding a better way to hold the review either online or in a large auditorium . MS3 (Kevin Woods) asks about the possibility of reteaching high yield information to help students retain the knowledge. Dr. Hogg makes note of question so they may review and find a way to implement it.

4.6. AUGMENTED ACADEMIC PERFORMANCE PROGRAMS TO PROMOTE ON-TIME PROGRESSION, AND TO FACILITATE THE SUCCESS OF STUDENTS REQUIRING ADDITIONAL TIME TO COMPLETE THE PRE-CLERKSHIP PHASE

Presenter(s): Hogg, Tanis

Discussion

No Discussion on item.

4.7. SHORTENING OF THE PRE-CLERKSHIP PHASE TO THREE TERMS (COUPLED WITH SHIFT IN THE CLERKSHIP AND USMLE STEP EXAM TIMELINES)

Presenter(s): Hogg, Tanis

Discussion

Recommending changes to curriculum that improve connections between formal knowledge and clinical practice such as providing earlier clinical immersion courses. Data shows majority of schools are shortening the pre clerkship phase and starting the clerkship phase at accelerated rates, beginning at 12 months to 18 months.

AAMC data shows that schools with a shortened pre clerkship phase (less than 2 years) have jumped from 45 to 57 in 2016, and 68 additional schools were undergoing efforts to shorten their pre clerkship curriculum in 2017/2018. Also would like to relocate USMLE step 1 exam to after the clerkship phase due to 50 - 60% of USMLE step 1 being related to the application of foundational science for clinical problem solving and remaining 30 - 40% being patient care.This should help to better prepare students for the step 1 and recent studies show that moving the USMLE step 1 does not negatively impact scores or first time pass rate.

Benefit of moving to a more consistent summative assessment program is the ability to clean out white space that was dedicated to testing weeks after each organ system based unit. Moving to a shortened pre clerkshp

would require minor extension of time in the spring semester in the first year, but it would also allow students more time to study.

MS3 asks if that would affect students who want to do SARP at an institution because of summer being shortened to 4 weeks and some students like to apply for outside programs. Dr. Hogg says it will be a 6 month block and asks Dr. Francis if she will be going over this topic later to which she replies "yes, but SARP wont be in the summer". Dr. Hogg says it will be reduced to 4 weeks but that's not to say students can't start their projects earlier, however there will be a dedicated place for study in the 3rd block.

Dr. Frances brings up concerns about time for Students who will have to do remediation. Dr. Hogg says they do have 3 weeks of time at the end of the spring semester for students to do dedicated remediation.

MS4 asks if they would maintain the allotted 2 remediation's per year to which Dr. Hogg says they still need to hatch out the details about that, but some faculty are wanting to get rid of remediation and to require a repeat of entire phase.

Dr. Beinhoff Asks where would USMLE step 1 move to, Dr. Ogden replies after the 2nd clinical block.

4.8. AN EARLIER AND EXPANDED 18-MONTH CLERKSHIP PHASE (CONCLUDING WITH A FLEXIBLE 24-WEEK TESTING, REMEDIATION, EARLY ELECTIVE, AND SCHOLARSHIP BLOCK)

Presenter(s): Francis, Maureen

curriculum revision plans CEPC 9-19-19.pptx

Discussion

USMLE Step 1 is currently required in the 2nd semester of year 2. The proposed plan is to move this to the 2nd semester of year 3 after completion of the clinical blocks. Proposed deadline by March 15th of the third year. There is some flexibility if it needs to be delayed.

MS4 asks if shelf exams would be maintained to which Dr. Francis replies yes there would be shelf exams throughout.
Step 2 could be taken in the flexible block if the student felt prepared with proposed deadline of October of the MS4 year. Step exams would move
closer in proximity to each other.

Flexible time could be used for:

- Extra time for SARP or extra research if already completed SARP.
- Electives

MS4 asks if you can take elective before Step one to which Dr. Francis replies no you could not.

MS4 asks if you have to pass CBSE or NBME before taking Step one. To which Dr. Francis replies yes. MS4 then asks if you can take step 1 and step 2 in the same month due to worries of people failing step 1 and not knowing before they take step 2, Dr. Frances says yes but see's the issue with people failing the second if they failed the 1st.

145 Medical schools in 2016/17 and the large majority of them still require step one during phase 2 although more are delaying it.

Moving step one could entice the students to research what they are seeing more and potentially increase integration with basic sciences.

Worry about students not being prepared for Clerkships and potential lower scores on NBME subject tests are brought up. Many schools who implemented this have noticed a drop in shelf scores, possibly due to students not being
prepped for the longer testing.

Planning to get vouchers for practice tests to allow students practice and reduce the possibility of shelf test scores dropping.

Advantage to delay in Step 1 would be no off cycle students due to students feeling unprepared for the test (which is th emost common reason).
Also more time for research and the possibility of improved test scores for those with lower MCATs and lower first time fail rate.

Dr. Beinhoff asks if it will affect student interviews. Dr. Francis replies no interviews begin in October and this block ends in June.

4.9. TRANSITION TO A LONGITUDINAL INTEGRATED CLERKSHIP (LIC) MODEL

Presenter(s): Francis, Maureen

Discussion

The issues with traditional clerkships are that the sequencing is frequently random and there is no planned progression to learning. Students are frequently with different supervisors and there is little continuity.

MS4 brings up the fact that some faculty in the clerkship's don't care about what other things the student might have going on and some don't care either way if the student is there or not. Dr. Francis replies that they held a faculty retreat and a lot of clerkship directors expressed that they wish to see an increase in the value placed on a student on the clinical teams.

Continuity is one of the main focuses of the LIC model.

- Continuity of care in getting patient and student matched up as much as possible and ideally having the student see the patient at the beginning and following them through the episode of illness from the time of diagnosis.
    - Continuity of supervision between faculty, resident, and student.

Longitudinal integrative Clerkships are on the rise in schools, the last count in 2016 noted almost 45 schools utilizing
it.

Studies with LIC have shown that students are
More satisfied with the experience
Are more patient centered
Have more substantive relationships with faculty and residents
Greater responsibility
More independent in rolls as physician

Performed as well or better on clinical skills test and exam performance

PLFSOM would attempt to maintain current strengths and integrate continuity at any achievable level and develop a blended LIC that would give a mixture of inpatient blocks and ambulatory longitudinal experiences. Inpatient blocks and ambulatory experiences would be separate to reduce tension between inpatient and outpatient responsibilities, an issue that has been addressed at the residency level in the past.

- Retain but modify the current longitudinal experiences, for example, the mother baby experience – make it longer so the birth will be seen and the baby will be seen in follow up.

Neurology and Emergency medicine would be brought into the third year.

LIC 1 would consist of Internal medicine, Family medicine, Neurology, Emergency medicine, and Psychiatry. Family medicine would be 1 day a week during the ambulatory blocks.

Each LIC would begin with 1 week orientation/practical experience. EACH LIC would end with integrated OSCE as well as related NBME's. The EOY 3 OSCE would be included at the end of LIC 2.

Dr. Hogg asks how much time the students have for testing to which Dr. Francis replies the testing time for Shelf exams and OSCE is 2 weeks.

Dr. Hogg then asks about how to create priority for students and gives example of the mother baby experience and if a mother is giving birth will the student be permitted to leave the current activities to attend. Dr. Francis replies the clerkships plan to develop a priority list, as other schools have done, who have implemented a longitudinal clerkship model.

4.10. RETENTION OF A HIGHLY MODULAR AND FLEXIBLE FOURTH YEAR FOCUSED ON SUCCESS IN THE TRANSITION TO RESIDENCY

Presenter(s): Francis, Maureen

Discussion

Emergency medicine and Neurology have moved to 3 year and will not be required in 4th year. 4th year will have 26 weeks of required coursework which is down from the current 34 weeks. Sub internship required at 4 weeks, Critical care 4 weeks, Boot Camp 2 weeks, and Elective 16 weeks.

Dr. Fuhrman raises concerns over the possibility of achieving this with current clerkship director numbers to which Dr. Francis replies that between the clerkship directors and coordinators it should not be an issue.
Dr. Beinhoff mentions that it seems like a lot of moving parts and if it should be done in steps, Dr. Francis agrees it is a lot of moving parts, but one reason for looking at it now is the timing of the full accreditation cycle, if it gets closer to the LCME accreditation people will not want to change anything.
MS4 raises concerns over lack of immersion in LIC and overall time spent in each clerkship, Dr. Francis replies immersion should be deeper due to not being pulled from a block as much.

5. DISCUSSION OF AN APPROVAL PROCESS FOR THE PLAN AS OUTLINED ABOVE

Presenter(s): Brower, Richard

No Discussion.

6. ROUNDTABLE

7. ADJOURN

CEPC Recording.

Discussion

Meeting adjourned at 6:38 PM.