

CEPC MEETING MINUTES

5:00 PM - 6:30 PM

07/13/2026

CHAIR:

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

VOTING MEMBERS

Present: Maureen Francis; Munmun Chattopadhyay; Sami Daye; Carmelle Ghislaine Mayer; Narges Khanjani; Dale Quest; Saul Ramirez; Stephanie Nemir;; Biff Palmer, MD; Sarah Ahmed (representing M2); Samuel Aldous (representing MS4)

Not present: Alexandria Melendez-Zaidi, MD; Natalia Sidhu, MD

EX-OFFICIO (Present) :

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

STUDENT REPRESENTATIVES:

Present: Sarah Ahmed MS2 (Ex Officio); Sami Daye MS32 (Voting); Michelle Tiji MS32 (Ex Officio); Samuel Aldous MS4(Ex Officio);

Not present: Asiah Himawan MS1 (Voting); Kristina Ingles MS4 (Voting);

INVITED/GUESTS:

Thwe Htay, MD; Priya Harindranathan, PhD; Jessica Chacon, PhD

REVIEW AND APPROVAL OF MINUTES

Dr. Francis Having met quorum, the meeting minutes from the June 8/June 22 meetings were reviewed with no corrections or revisions proposed.

Dr. Quest moves the motion of the June 8 meeting minutes.

Dr. Ramirez seconds the motion.

No Objections: Motion was approved.

Dr. Ramirez moves the motion of the June 22 meeting minutes.

Dr. Nemir seconds the motion.

No Objections: Motion was approved.

Announcements

Dr. Francis

Announcements:

Surgery Course Leadership

- Members were informed that Dr. Hill has officially joined the institution and will assume the role of Surgery Course Director.
- Dr. Tyroch will continue to mentor Dr. Hill through the current block before transitioning leadership responsibilities.

September CEPC Meeting

- Due to the scheduled LCME site visit activities on September 14–15, the September CEPC meeting will be rescheduled.
- A scheduling poll will be distributed to identify an alternate meeting date later in September.

ITEMS FROM STUDENT REPRESENTATIVES

MS1/MS2/MS3/MS4

MS2 Representatives

- No updates were reported.
- Students will return from summer break in approximately two weeks.

MS3 Representatives

San Angelo Clinical Rotations

- Students requested an update regarding San Angelo rotations.
- Dr. Francis reported:
 - Faculty recruitment efforts have been successful.
 - Rotation implementation has been delayed pending faculty appointments and onboarding.
 - Rotations are expected to begin later in the current block.

Alpine Family Medicine Rotation

- Students requested clarification regarding the status of Alpine rotations.
- Dr. Francis noted:
 - Family Medicine rotations are limited
 - Scheduling constraints may occur because only one student can rotate with the current preceptor at a time. The summer is popular for 4th year rotations.
 - OB/GYN rotations are on hold pending recruitment of a new OB?GYN faculty. Dr Ruiz moved.

Student Engagement

- Additional virtual student leadership check-in meetings are being planned for July and August.
- A virtual Town Hall with students has also been scheduled to facilitate ongoing communication.

ITEM I Syllabus Update-Colloquium

Presenter(s): Dr. Quest, Dr. Shoemake *Please see attached report

Dr. Quest proposed the following to increase self-directed learning opportunities in response to LCME expectations.

- Introduce additional Self-Directed Learning (SDL) activities within the Society, Community, and Individual (SCI) course.
- Continue utilizing the current formative SDL rubric aligned with LCME standards.
- Students will complete community health-based self-directed learning experiences followed by faculty feedback on four steps that LCME has described as subjective learning.

Discussion

- The proposal will increase the number of documented SDL experiences across the curriculum.
- The committee agreed this strengthens LCME compliance

Dr. Mayer moves the motion for approval.

Sami Daye seconds the motion.

No objections: Motion was approved.

ITEM II MS4 Elective Course Revisions

Presenter(s): Dr.
Chacon

*Please see attached report

Dr. Chacon presented proposed revisions to two fourth-year basic science electives following the collection of student feedback and the completion of medical education research, which subsequently resulted in publication.

Medicine on the Border: Community Outreach and Challenges

Proposed Revisions

- Why Update the Learning Objectives?
 - Shift from Knowledge-based objectives toward application, reflection, and professional growth.
 - Better reflect the course's emphasis on community engagement, service-learning, medical Spanish, Artificial Intelligence, and professional identity formation.
 - Expected outcome: Students will not only understand community engagement principles but also demonstrate the professional behaviors and competencies expected of socially accountable physicians.
- Update learning objectives to emphasize:
 - Higher-order Bloom's taxonomy
 - Community engagement
 - Professional identity formation
 - Reflection
 - Service learning
 - Medical Spanish
- Maintain community-based research and outreach activities while increasing emphasis on application and professional growth.

The Basics and Implementation of Cancer Immunotherapy

Proposed Revisions

- Update learning objectives to remove five but add seven:
 - Incorporate Artificial Intelligence applications in oncology.
 - Add recently approved cancer therapies.
 - Emphasize critical evaluation and responsible use of AI in patient-centered clinical decision making.
 - Increase higher-order learning objectives.

Discussion

- Committee member recommended clearly communicating AI-related content to enrolled students since the printed course catalog had already been finalized.
- Dr. Chacon agreed to include updated learning objectives and expectations in the course welcome communication via email.
- Dr. Francis stated that if a student said that they didn't expect to use AI, because it was not advertised that you would be able to revert back to the old objectives if they had an issue with it. The group noted that any participant concerns regarding the revised learning objectives would need to be addressed individually, as the changes were not explicitly communicated during enrollment. It was acknowledged that responsibility for managing such concerns would rest with the program. However, Sami Daye said students are expected to be comfortable with and receptive to AI-related content, so the likelihood of objections is considered low.
- Future Course Planning will be needed by the fall: Any changes or new electives should be presented to CEPC by October/November. The group discussed planning ahead to ensure these updates are clearly communicated in advance.

Dr. Quest moves the motion for approval to both electives.

Sami Daye Motion seconds the motion.

No Objections: Motion was approved.

Presenter(s): Dr. Francis

*Please see attached report

Dr. Francis proposed changes to the curriculum monitoring process following LCME findings related to Element 8.3 (Curricular Design, Review, Revision, and Content Monitoring) which also impacts Element 1.1 (Strategic Planning and CQI).

Background

LCME identified deficiencies in:

- Phase-level curriculum review for pre-clerkship and clerkship.
- Review of Medical Education Program Objectives (MEPOs/PGOs) achievement by phase.
- Monitoring of horizontal and vertical integration. .
- Dr. Francis shared ongoing concerns related to the pre-clerkship curriculum. It was noted that the LCME has previously identified these concerns, including student dissatisfaction with the curriculum and specific courses, as documented in LCME Element 7.1. Unlike time-limited or isolated issues, these concerns represent ongoing trends that continue to require monitoring and improvement efforts.

Proposed Monitoring Framework

Annual Reviews

The committee reviewed a proposal to transition from a three-year review cycle to **annual reviews** of:

- Curriculum as a whole (MEPO/PGOs)
- Pre-clerkship phase
- Clerkship phase
- Individual course and clerkship reviews

Separation of Reviews

To improve efficiency:

- Phase reviews will focus on:
 - Progressive achievement of Medical Education Program Goals Objectives (PGOs/MEPOs)

- Vertical and horizontal integration
- Appropriate content coverage
- Appropriate use of instructional methods
- Assessment
- Student outcomes
- Course and clerkship reviews will occur independently using abbreviated reporting templates.

Continuous Quality Improvement

Each course and clerkship will establish:

- Three annual CQI goals.
- Annual reporting of:
 - Action plans
 - Outcomes
 - New CQI goals.

Proposed Meeting Structure

The committee discussed:

- Three extended annual review meetings. (Pre-clerkship phase in Sept., Clerkship phase in Nov., and Curriculum as a whole in March.)
- Reduced preparation outside committee meetings.
- Administrative preparation of review materials
- Potential use of breakout groups during review sessions.

Dr. Francis provided an example:

Course/clerkship reviews

- For this to work, we need to review goals
 - Some are clearly set now
 - Example
 - On-time grade submission – 100%
 - Students observed taking a history – 100%
 - Others may require discussion
 - Negative learning environment and mistreatment reports
 - All should be 0
 - Will anything above 0 be reported?
- Can bring to the CEPC in August to be ready for the first unit reviews in AY 2026-27

Members discussed possible scheduling options, including:

- Three-hour meetings.
- Splitting reviews across two meetings.
- Alternative meeting times.

A scheduling poll will be distributed for committee input at a later date.

Dr. Quest moves the motion to approve.

Dr. Ramirez/Sami Daye seconds the motion.

No objections: Motion was approved.

ITEM IV Policy Update- Curriculum Review Cycle Policy

Presenter: Dr. Francis * Please see attached report

The committee reviewed revisions to the Curriculum Monitoring Policy that has been around since 2016.

Major Revisions

- Replace the previous **three-year review cycle** with **annual reviews**.
- Separate phase reviews from course and clerkship reviews.
- Clarify student participation in curriculum review activities in the CEPC.

- Update policy ownership and responsible office will be Maureen Francis, MD with email Maureen.Francis@ttep.edu.

Dr. Quest moves the motion for approval.
Sami Daye/Dr. Quest seconds the motion.
No Objections: Motion was approved.

ITEM V Grade Appeal and Complaint Policy Revision

Presenter: Dr. Francis * Please see attached report

The committee reviewed an administrative revision to the Grade Appeal Policy.

Revision

- Due to the retirement of Dr. Woodall, the final level of appeal will now be directed to the **Dean of the Foster School of Medicine (Dr. Rohren)** rather than the Assistant Vice President for Academic Affairs.

Dr. Ramirez moves the motion for approval.
Dr. Mayer seconds the motion.
No Objections: Motion was approved.

ITEM VI Additional Updates

Presenter: Dr. Francis

Additional Updates

Dr. Quest inquired about Medical Spanish Course

- The Registrar has updated transcripts so that Medical Spanish will appear as a separate course beginning with the applicable MS1/MS2s.
- The change will **not** be retroactive for prior academic years.

Curriculum Website

- Website updates have been delayed due to institutional website redesign.

- Faculty were encouraged to report curriculum-related webpages that remain outdated so they can be addressed to Dr. Francis.

SCI Course

- An asynchronous review or brief virtual meeting may be scheduled before the next CEPC meeting (end of July) to finalize SCI syllabus revisions for the upcoming academic year.

Adjourned at 6:00pm

MS4 elective: PEDI-8022- Medicine on the Border: Community Outreach and Challenges

Course Duration & Format

Length: 2 weeks

Format: Online with asynchronous coursework and synchronous presentations

Platform: CANVAS

This two-week elective explores principles of community-based research, community engagement, and outreach within border communities. Students will examine social determinants of health, interprofessional collaboration, Medical Spanish, and the role of artificial intelligence in community-based initiatives.

Course Faculty

- Course Director: Dr. Jessica Chacon
- Faculty: Dr. Nathan Holland, Dr. Gilberto Garcia

Why Update the Learning Objectives?

- Shift from knowledge-based objectives toward application, reflection, and professional growth.
- Better reflect the course's emphasis on community engagement, service-learning, Medical Spanish, Artificial Intelligence, and professional identity formation.
- Expected Outcome: Students will not only understand community engagement principles but also demonstrate the professional behaviors and competencies expected of socially accountable physicians.

AY 25-26 learning objectives

Course Objective	PGO
1. Define Community-Based Research	PBLI-3.1, SBP-6.1
2. Describe benefits and challenges of establishing community health programs	SBP-6.1, PBLI-3.4
3. Identify stakeholders involved in community health programs	IPC-7.1, SBP-6.1
4. Explain importance of health science student involvement in community outreach	PRO-5.1, PPD-8.1
5. Distinguish between Community Engagement and Community Outreach	SBP-6.2, KP-2.5
6. Describe how success is measured in community outreach programs	PBLI-3.3, PBLI-3.5
7. Address socioeconomic determinants of health in outreach programs	PC-1.7, SBP-6.3
8. Describe the role of Community Health Workers / Promotoras	IPC-7.2, PC-1.6
9. Propose a novel community-based program and integrate Artificial Intelligence	PBLI-3.4, SBP-6.1
10. Evaluate the role of Medical Spanish in community engagement and outreach	ICS-4.1, PC-1.6
11. Describe the role of Artificial Intelligence in community service and engagement	SBP-6.1, KP-2.3

AY 26-27 learning objectives

Course Objective	PGO
1. Define Community-Based Research and explain how participation in community-based research contributes to the development of one's professional identity as a health sciences student and community partner.	PBLI-3.1, SBP-6.1
2. Describe the benefits and challenges of establishing community health programs and reflect on the professional responsibilities and personal values that influence engagement with communities.	SBP-6.1, PBLI-3.4
3. Identify stakeholders involved in community health programs and discuss the importance of professional collaboration, respect, and cultural humility when working with diverse community partners.	IPC-7.1, SBP-6.1
4. Explain the importance of health science student involvement in community outreach and evaluate how service experiences contribute to personal growth, professional identity formation, and civic responsibility.	PRO-5.1, PPD-8.1
5. Distinguish between Community Engagement and Community Outreach and examine how each approach aligns with professional commitments to service, partnership, and social accountability.	SBP-6.2, KP-2.5
6. Describe how success is measured in community outreach programs and reflect on how program evaluation supports continuous personal and professional development.	PBLI-3.3, PBLI-3.5
7. Address socioeconomic determinants of health in outreach programs and examine the role of personal awareness, professional advocacy, and ethical responsibility in promoting health equity.	PC-1.7, SBP-6.3
8. Describe the role of Community Health Workers/Promotoras and appreciate how community expertise, cultural humility, and interprofessional collaboration strengthen professional practice.	IPC-7.2, PC-1.6
9. Propose a novel community-based program that demonstrates leadership, innovation, ethical decision-making, and commitment to community needs.	PBLI-3.4, SBP-6.1
10. Evaluate the role of Medical Spanish in community engagement and outreach and reflect on how language proficiency enhances professional identity, cultural responsiveness, and patient-centered communication.	ICS-4.1, PC-1.6
11. Describe the role of Artificial Intelligence in community service and engagement and assess its ethical implications for professional practice, community trust, and equitable access to care.	SBP-6.1, KP-2.3
12. Reflect on the development of one's professional identity as a health sciences student through community engagement, service-learning, cultural humility, and responsible use of emerging technologies.	PRO-5.1, PRO-5.2, PPD-8.1, PPD-8.2

PEDI 8023-The Basics and Implementation of Cancer Immunotherapy

Course Duration & Format

Length: 2 weeks

Format: Online with asynchronous coursework and synchronous presentations

Platform: CANVAS

Course Overview

This two-week, fully online elective introduces students to the immunologic principles underlying cancer immunotherapy, current therapeutic strategies, associated adverse events, and emerging innovations, *including artificial intelligence*.

- Course Director: Dr. Jessica Chacon
- Course Faculty: Dr. Ghislaine Mayer (TTUHSC EP)
- Guest Faculty: Dr. Grier (University of South Carolina Greenville, School of Medicine)

Why update learning objectives:

AI is increasingly integrated into oncology and cancer immunotherapy; therefore, graduates should be prepared to critically evaluate, ethically apply, and appropriately use AI tools to support evidence-based, patient-centered clinical decision-making.

Topic	Objectives	PGO
1. Tumor Microenvironment and Immunotherapy Rationale	a) Outline mechanisms leading to T-cell exhaustion. a) Describe tumor microenvironment effects including angiogenesis and extracellular matrix changes. b) Evaluate how AI-based approaches are being used to characterize the tumor microenvironment and predict immunotherapy response.	KP-2.1, KP-2.3, KP-2.5
2. Mechanisms of Immunotherapy	a) Identify the role of PD-1, PD-L1, CTLA-4 inhibitors, TIL and CAR T cells in cancer therapy. b) Analyze how AI and machine learning tools are used to identify immunotherapy targets and support treatment selection.	KP-2.2, KP-2.3
3. Combination Immunotherapy Strategies	a) Describe current evidence-based combination immunotherapy strategies used in the treatment of melanoma, lung cancer, and other malignancies. b) Analyze emerging clinical trial data and novel combination approaches to assess their potential to improve patient outcomes and overcome treatment resistance.	KP-2.3, PC-1.2 PBLI-3.1, PBLI-3.4
4. Immunotherapy-Related Adverse Events	a) Identify common immunotherapy-related adverse events. b) Describe current terminology used to classify adverse events. c) Discuss the role of AI in predicting, monitoring, and detecting immune-related adverse events.	PC-1.3, PC-1.4 KP-2.3, PC-1.1

5. Patient Risk Factors for Adverse Events	a) Identify demographic, medical, and cancer-specific risk factors. b) Determine patient candidacy for immunotherapy. a) Compare clinician-based and AI-assisted approaches to patient risk stratification and treatment selection.	PC-1.1, KP-2.4 PC-1.2, SBP-6.2
6. Novel Immunotherapy Development	a) Propose a new therapy based on immunotherapy mechanisms and literature review. b) Differentiate the proposed innovation from current approaches. c) Use AI tools to support literature synthesis, target identification, or hypothesis generation for a novel immunotherapy strategy. d) Critically appraise AI-generated outputs and justify clinical recommendations using primary literature and evidence-based medicine principles.	PBLI-3.4, PBLI-3.5 PBLI-3.1, PBLI-3.4
7. Artificial Intelligence in Cancer Immunotherapy	a) Describe current clinical and research applications of AI in cancer immunotherapy. b) Evaluate the strengths, limitations, ethical considerations, and potential biases of AI-assisted decision-making in cancer immunotherapy. c) Integrate AI into a proposed novel immunotherapy strategy.	SBP-6.1, KP-2.3 SBP-6.1, PBLI-3.5

CEPC Monitoring Update

July 13, 2026

Maureen Francis, MD, MS-HPed, MACP

Curriculum Review Process

- Element 8.3 – Curricular design, review, revision/content monitoring
 - Policy
 - Plan
- Element 1.1 – Strategic Planning and CQI
 - Update monitoring cycle

Element 8.3

ELEMENT: 8.3 Curricular Design, Review, Revision/Content Monitoring
PERFORMANCE: Unsatisfactory
LCME FINDING (from the LCME Accreditation Letter): The blueprint for pre-clerkship and clerkship phase reviews includes data-based reviews of each component course or clerkship but does not include evaluation of whether the design and content of each phase prepares students to advance to the subsequent phase with respect to the expected developmental level of achievement of each MEPO. Data from the 2024 and 2025 AAMC GQs indicate low levels of respondent satisfaction (69% in each of the two years in comparison with 90% and 92% nationally in 2024 and 2025, respectively) with PLFSOM educational program quality. During the survey visit the survey team learned that, through exit interviews with M4 students, the school leadership concluded that this dissatisfaction largely reflects changes to the grading system and disruptions to the learning environment that occurred in that cohort's M1 and M2 years. However, recent internal end-of-clerkship evaluation narrative data obtained from current M3 students identify gaps in pre-clerkship curricular design that might have been identified and addressed not through student evaluations, but through curricular revision if the phase review process were tied to evaluation of progressive achievement of each aspect of each MEPO. In addition, data from the ISA indicate that 22% of M4 respondents disagreed that curriculum content in the pre-clerkship phase is coordinated/integrated within and across courses. Since 10% of M1, 14% of M2, and 12% of M3 ISA respondents disagreed with this statement, the survey team considered the possibility that these data also reflect the major disruptions to the learning environment experienced by the 2024 and 2025 graduating classes. However, a survey of M2 students conducted shortly before the survey visit showed that 21% of the respondents (90% response rate) disagreed that curricular content in the pre-clerkship phase was coordinated/integrated within and across courses. This information suggests ongoing issues with the pre-clerkship curriculum that are not time-limited and/or unique to the M4 ISA cohort.

- Format adjusted in AY 2025-26 during Clerkship Phase Review to expand coverage of MEPOs (PGOs in our system)
 - MEPOs and Course level objectives
 - Instructional methods linked to MEPOs
 - Program of Assessment and MEPOs
 - Achievement of MEPOs and readiness to progress
 - Integration
- Need to develop a process and a plan for monitoring going forward

Issues to address in our planning

- Three year cycle
- Horizontal and vertical integration
- Progressive achievement of each aspect of each MEPO in the pre-clerkship and clerkship phase reviews
- Course/clerkship evaluations done at same time as phase reviews

Proposed changes

- Conduct **annual** reviews of the pre-clerkship, clerkship and curriculum as a whole
- **Re-focus the pre-clerkship and clerkship phase reviews on the phase** with direct and specific discussion of the
 - Progressive achievement of each MEPO
 - Vertical and horizontal integration
 - Appropriate content coverage
 - Appropriate use of instructional methods
 - Appropriate program of assessment
- **Separate the course reviews** from the phase reviews

Policy Update

- Curriculum Phase review Cycle
 - Review policy today
 - Calendar planning
 - Adjust review process to allow time for annual review of all phases and separately address all courses/clerkships

Proposed monitoring cycle

- Possible timeline for phase reviews – one longer meeting with prep materials (possibly 3 hours)
 - Pre-clerkship Phase September
 - Clerkship Phase November
 - Curriculum as a Whole March
- Course/clerkship reviews – shortened template with prep materials
 - After each unit for unit based courses
 - Otherwise at the end of each semester for semester based courses and clerkships
 - Could be presented at our regular meetings – if all parameters meet established targets for a course/clerkship – doesn't need to be discussed in detail

Make the process easier – Example

Pre-clerkship phase review

Orientation to the purpose of the meeting
Review of prior work

Integration – 20 minutes

Horizontal integration – Are MEPOs appropriately taught across courses?

Vertical integration - Do we know, and how do we know, if students are well-prepared for clerkships?
(overlaps with Outcomes)

Process – 60 minutes

Are we using appropriate instructional methods? Any missed opportunities to optimize?

Are there content areas that would benefit from a deeper examination (nutrition? 7.1 areas?)

Are we using appropriate assessments?

Outcomes – 30 minutes

Are there any MEPOs where students as a group are not yet consistently achieving at the intended level?

Do we know, and how do we know, if students are well-prepared for clerkships?

Report back – 10 minutes on each section, total 30 minutes

Discussion, Determination of prioritized recommendations – 45 minutes

Clerkship phase review

Orientation to the purpose of the meeting
Review of prior work

Integration – 30 minutes

Horizontal integration – Are MEPOs appropriately taught across the required clerkships?

Vertical integration - Do we know, and how do we know, if students are well-prepared for Sub-internships and then for residency? (overlaps with Outcomes)

Is there an appropriate incorporation of basic science material into the required clerkships?

Process – 60 minutes

Are we using appropriate instructional methods? Any missed opportunities to optimize?

Are there content areas that would benefit from a deeper examination (nutrition?)

Are we using appropriate assessments?

Outcomes – 30 minutes

Are there any MEPOs where students as a group are not yet consistently achieving at the intended level?

Do we know, and how do we know, if students are well-prepared for clerkships?

Report back – 10 minutes on each section, total 30 minutes

Discussion, Determination of prioritized recommendations – 45 minutes

This process separates out the course/clerkship review and **elevates** the level of the phase review

Course/clerkship reviews

- Key data incorporated into short report
- Course/clerkship directors set 3 CQI goals for the upcoming year
 - Report back on goals set the prior year
 - Action steps
 - Assessment for results
 - Section on curriculum metrics
 - Administrative review
- Report with all information in about 5 pages
 - If all parameters met established goals, then don't need to discuss in detail
 - This limits/removes work outside of committee meeting time

Course/clerkship reviews

- For this to work, we need to review goals
 - Some are clearly set now
 - Example
 - On-time grade submission – 100%
 - Students observed taking a history – 100%
 - Others may require discussion
 - Negative learning environment and mistreatment reports
 - All should be 0
 - Will anything above 0 be reported?
- Can bring to the CEPC in August to be ready for the first unit reviews in AY 2026-27