



# TEPC BIANNUAL REPORT

TEPC BIANNUAL REPORT 2023

JULY 2023–DECEMBER 2023

# TUCSON EDUCATIONAL POLICY COMMITTEE

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## Overview:

The purview of the Tucson Educational Policy Committee (TEPC) will work with the Dean, Deputy Dean and COM Administration to provide governance and oversight of the undergraduate medical curriculum, to advance educational goals, and to make sure the College meets its accreditation standards. The committee will develop policies for student performance and advancement, and criteria to receive an M.D. degree.

# A MESSAGE FROM OUR CHAIRS & CURRICULAR AFFAIRS

We are grateful for the opportunity to share the successes from the shared governance between the Office of Curricular Affairs and the Tucson Education Policy Committee (TEPC), dedicated to delivering a quality MD program. Over the past six months, our concerted efforts have been on enforcing action plans and refining our curriculum to enhance compliance with LCME accreditation standards, which has positively impacted our MD students' learning experiences as evidenced by recent satisfaction surveys. We remain committed to sustaining educational excellence and fostering an optimal learning environment in collaboration with TEPC. We look forward to continuing to build upon our successes, and embracing new opportunities for improvement and innovation to meet the evolving needs of our students and the medical community.

# TUCSON EDUCATIONAL POLICY COMMITTEE MEMBERS



**Cori Daines, MD**

Vice Chair ((6/22-6/25)



**Dale Woolridge, MD, PhD,  
FAAEM, FAAP, FACEP**

Chair



**Raquel Hernandez  
Givens, PhD**

Associate Dean  
Curricular Affairs

# TEPC VOTING MEMBERS

## FACULTY

- DALE WOOLRIDGE, MD, PHD, FACEP – EMERGENCY MEDICINE (6/22-6/25) – **CHAIR**
- CORI DAINES, MD – PEDIATRICS (6/22-6/25) – **VICE CHAIR**
- BARBARA ECKSTEIN, MD – FAMILY & COMMUNITY MEDICINE (6/22-6/25)
- DALIA MIKHAEL, MD, MBA – MEDICINE (6/22-6/24)
- JOHN BLOOM, MD – PHARMACOLOGY (6/22-6/25)
- NAFEES AHMAD, PHD – IMMUNOBIOLOGY (6/22-6/24)
- PATRICK RONALDSON, PHD – PHARMACOLOGY (6/22-6/24)

## STUDENT REPRESENTATIVES

- ANTHONY MCCOY (2023) – STUDENT
- COLIN FIELDS (2024) – STUDENT
- KATIE PULLING (2024) – STUDENT ALTERNATE
- ISABELLYANA DOMINGUEZ (2025) – STUDENT
- JASMINE LOCK (2025) – STUDENT ALTERNATE
- SARA YOUSSEF (2026) – STUDENT
- ASHLEY UNGOR (2026) – STUDENT ALTERNATE

## FACULTY MEMBER CHANGES:

### INDUCTED/NEW TERM

- RYAN C. WONG, MD – SURGERY (6/23-6/26) – *INDUCTED MEMBER*
- DAVID BEAR, PHD – CELLULAR & MOLECULAR MEDICINE (6/23-6/26)
- PHILIP ROSEN, MD, FACS – SURGERY (6/23-6/24)
- MICHAEL DITILLO, DO, FACS – SURGERY (6/23-6/26)

### CONCLUDED TERM

- ALAN BEDRICK, MD – PEDIATRICS (6/22-6/23)
- MARIE-PIERRE HASNE, PHARMD, PHD – CHEMISTRY & BIOCHEMISTRY (6/22-6/23)
- RACHEL MUNN, DO – EMERGENCY MEDICINE (6/22-6/23)

### **OTHER:**

- SAMAN NEMATOLLAHI, MD – MEDICINE (6/22-6/26) – *TERM EXTENDED*

### FACILITATOR

- ABRIL CASTRO GALAVIZ  
*(NOT A VOTING MEMBER)*

**SUBCOMMITTEE RECOMMENDATIONS TO TEPC- VOTING ITEMS\***

**July 12:**

- Block change form (Dr. Elaine Situ-LaCasse)
- TEVS Guideline (Conn)
- PRS Guidelines (Conn)
- Discipline Audit Presentations: Behavioral Sciences (Hu)

**July 26:**

- Electives Subcommittee approved members (Garner)
- ERS Proposed Policy (Conn)
- New Elective Proposal: Surgical Critical Care (Castanon)
- Annual Basic Science Curriculum Review: Histology (Lybarger)

**NOT VOTING PRESENTATIONS / DISCUSSIONS**

**July 12:**

- Resident Questionnaire (RQ) and Resident Readiness Survey (RSS) Data (Habecker/Collins)
- Level 1 report TEPC focus (Schickling)

**July 26:**

- Curriculum Chat (Schickling)

*\*All items voting items were approved by the committee via vote after quorum was reached.*

## AUGUST 2023

### SUBCOMMITTEE RECOMMENDATIONS TO TEPC- VOTING ITEMS\*

#### August 09:

- Incomplete Grade Policy (Acuna)
- Life Cycle Block Change Form (Parikh)
- Pre-clerkship Level 1 Report TEPC questions review (Schickling)
- Foundations Block change Form (Smith)

#### August 23:

- DMH Level 1 Pre-Clerkship 2026 (Woolridge)
- MSS Block Change Form (Stanescu)
- PHM life cycles BLOCK CHANGE FORM (Eckstein)
- PHM Foundations Longitudinal BLOCK CHANGE FORM AY 2023-2024 (Eckstein)

### NOT VOTING PRESENTATIONS / DISCUSSIONS

#### August 09:

- NYTimes: With End of Affirmative Action, a Push for a New Tool: Adversity Scores (Parikh)
- Curriculum Chat (Schickling)

#### August 23:

- Step 1 analysis preliminary data (Habecker/Collins)
- Medical Student Wellness Program (Southard)

**SUBCOMMITTEE RECOMMENDATIONS TO TEPC- VOTING ITEMS\***

**September 13:**

- CRC Block Change Form (Hughes)
- Annual Basic Science Curriculum Review: Pharmacology (Ronaldson)
- Annual Basic Science Curriculum RReview: Radiology (Yaddanapudi)

**September 27:**

- NS Block Change Form (O'Brien)
- I&I Block Change Form (Ahmad)
- Annual Basic Science Curriculum Review: Microbiology & Immunology (Ahmad)
- D&P Block Change Form (Cagno) Attachment 4
- New Innovations: Evaluations (Site)\_Proposed Changes re-vote (Givens)

**NOT VOTING PRESENTATIONS / DISCUSSIONS**

**September 13:**

- AI Curriculum Workgroup (Parikh/Adhikari)
- Step 1 Analysis Preliminary Data (Habecker/Collins)

**September 27:**

- follow-up Discussion: Step 1 analysis preliminary Data (Habecker/Collins)
- Update Process for Discipline Integration (Discipline Director /Block Director) (Givens)
- Clerkship clinical site facility issues (Givens)
- • Mock Site Visit and Road to Accreditation Update (Givens)



**OCTOBER 2023**

**OCTOBER 11, 2024 MEETING CANCELLED**

**OCTOBER 25**

**Subcommittee Recommendations to TEPC– voting items\*:**

- Climate Change, Environment and Health Elective (Drummond/Jernberg)
- NEURO ICU Elective (Warneke)
- Annual Basic Science Curriculum Review: Biochemistry/Nutrition (Hasne)

**Not voting Presentations / Discussions:**

- LCME Mock Visit Update (Givens/Vidigal)

**SUBCOMMITTEE RECOMMENDATIONS TO TEPC- VOTING ITEMS\***

**November 08:**

- Advance Topic Block Change Form (Woolridge)
- Student Workload Policy (Givens)
- Academic Calendar 2024/2025 (Davila/Garner)
- Level 1 Reports Clerkship Summary (Givens)

**November 29:**

- AI Elective (Hamilton)
- Clerkship Site Visit Policy (Acuna)
- Clerkship Grade Report (Acuna)
- Personal Day Policy (Garner)
- Level 2 Report (Conn/Givens)
- Table 6.2-1 Required Clinical Experiences (Acuna)

**SUBCOMMITTEE RECOMMENDATIONS TO TEPC- VOTING ITEMS\***

**December 13:**

- Meeting Minutes Nov 29th, 2023 (Daines)
- Surgery Courses for Sub-I Consideration (Warneke)
  - SURG 848I – Surgical Critical Care
  - SURG 850E – Burn and Complex Wound
- Annual Electives Reports Review. (Warneke)
- CRC Block change form (Hughes)
- Student Appeals Committee Procedures (Givens)
- Student Progress Committee Procedures (Givens)
- CPR Block Change Form (Bloom)
- PHM CPR Block Change Form (Eckstein)
- Student Workload Policy Revisions (Givens)



THE UNIVERSITY OF ARIZONA

College of Medicine

Tucson

# Tucson Education Policy Committee (TEPC) Curriculum Retreat – Shaping Our Future

Welcome to a day of collaboration and innovation

**TEPC CURRICULUM FALL RETREAT-2023**  
DEC 1ST 2023 9-4:15 PM | HSIB ROOM 306

**8:45-9 AM CHECK IN & WELCOME REMARKS**

**9:10 AM-12:20PM MORNING SESSION**

- Small group Discussions/Round Tables, followed by group at large debrief:
  - What attributes (attitudes, behaviors, and skills) do we want to foster in our graduates for Arizona?
  - Are we following a clear roadmap to achieving our Top 10 list? Is there congruence between the Top 10 list & Competencies/Education Program Objectives? (What are we doing well right now? Where are the gaps/opportunities to improve? How can we improve?)
  - What shared values underpin the attributes we want our graduates to have?

**12:20PM LUNCH BREAK**

**1 PM AFTERNOON SESSION**

- Transitions Between Phases
- PHM
- Spiral Curriculum
- Student Participation
- Step 1 prep table
- Building Resiliency / Student Wellness
- Guiding Success: Student Research, Distinction Tracks .

**3:30 KINDNESS IS GOOD MEDICINE**  
Jeannette Maré

**4:00 PM CLOSING REMARKS**

# agenda & meeting packet

# Morning Agenda: Setting the Stage

- 9:00 AM: **Welcome Remarks**
- 9:10 AM: **Small Group Brainstorming**
  - Defining the desired attributes for our graduates.
- 10:40 AM: **Large Group Debrief**
  - Consolidate our brainstorming results and highlight the top attributes.

# Activity #1. Brainstorming the Graduate Attributes

- Consider what skills, behaviors, and attitudes we want our graduates to embody. Discuss and list the attributes you believe are most crucial.

# Activity #2. Alignment with Competencies/ EPO

- How do our Top 10 attributes align with current Competencies/EPOs?
- Identify opportunities for improvement and innovation in our curriculum.



# Activity #3. Core Values Shaping Our Graduates' Future

- What shared values underpin the attributes we want our graduates to have?

# Afternoon Agenda: Deep Dives & Reflections

- **1:00 PM: Rotation Topics**
  - Engage with various themes in focused discussions led by our faculty experts.
- **2:20 PM: Group Presentations**
  - Share insights and learnings from the day's group sessions.
- **4:00 PM: Closing Remarks**
  - Reflect on our achievements and outline the next steps

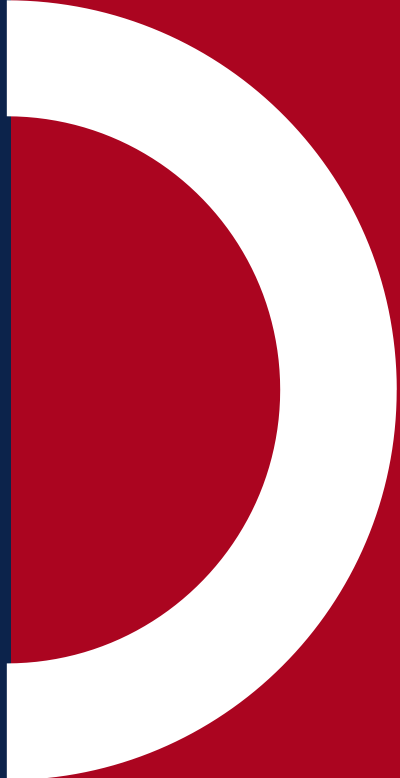
# Facilitator's Compass

## Guidance:

- Keep discussions on track with time checks.
- Encourage participation from all members.
- Note significant points for the large group debrief.



# Navigating the Table Talks (Topics)



A table with topics, corresponding times, and facilitator names to guide attendees through the afternoon's rotations.

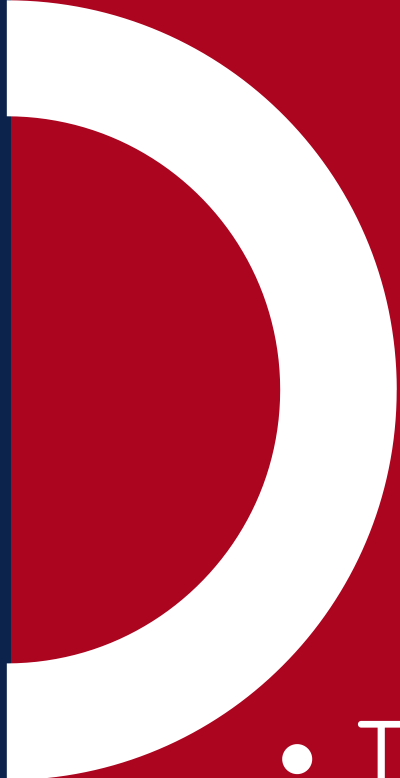
# Showcasing Our Work

## Instructions:

- Each group will have 10 minutes to present their findings.
- Be ready to contribute thoughtful responses/ insightful questions.



# Wrapping Up with Gratitude

- 
- Thanks for contributions and engagement!
  - Key outcomes of the day.
  - Follow-up actions and the timeline for implementation

# In appreciation

## Curricular Affairs Professional Staff:

1. Josie Acuña, MD, Assistant Dean, Clinical Competency
2. Melinda Dávila, Assistant Director, Preclerkship Education
3. Travis Garner, Program Manager, Clinical Education
4. Jennifer Yelich, Program Manager, Preclerkship
5. Angelica Gomez, Dr. & Pt. Course Coordinator
6. Christina Renteria, M.Ed. Program Coordinator
7. Justin Darling, Block Coordinator
8. Kat Schuman, Block Coordinator
9. Lindsey Epperson, Block Coordinator
10. Michelle Schickling, MA, Curriculum Specialist
11. Vicky Soto, Dr. & Pt. Course Coordinator

## Planning Committee:

1. Dale Woolridge, MD, PhD, TEPC Chair
2. Cori Daines, MD, TEPC Vice Chair
3. Julie Jernberg, MD, TCCS Chair
4. Lonnie Lybarger, PhD, TCMS Chair
5. Barbara Eckstein, MD, TCMS Member/PHM Dir.
6. Davin Vidigal Rosenberg, PhD, Assistant Director, Accreditation
7. Haley O'Brien, PhD, TCMS Member/Blk. Dir.
8. James Proffit, PhD, TCMS Member, Disc. Dir.
9. Josie Acuña, MD, Assistant Dean, Clinical Competency
10. Julie Armin, PhD, TCMS Member, Health Equity Dir.
11. Marie-Pierre Hasne, PhD, TCMS Member/Disc. Dir.
12. Melinda Dávila, Assistant Director, Preclerkship Education
13. Michelle Schickling, MA, Curriculum Specialist
14. Travis Garner, Program Manager, Clinical Education

# TEPC Fall Retreat Dec 1, 2023

## Activity 1-3 Word Count Results









# TEPC BIANNUAL REPORT

MEETING MINUTES JULY – DECEMBER 2023

## Meeting Minutes & Attendance, Wednesday, July 12<sup>th</sup>, 2023

MEETING ATTENDEES			
Voting Members		Resource Members	
Barbara Eckstein, MD – Family & Community Medicine (6/22-6/25) – Faculty		Alex Lopez – IT	X
Cori Daines, MD – Pediatrics (6/22-6/25) – Faculty, Vice Chair	X	Alisa Petersen - Scholarly Projects coordinator	X
Dale Woolridge, MD, PhD, FACEP – Emergency Medicine (6/22-6/25) – Faculty, Chair	X	Anna Landau, MD, MPH – Curricular Affairs	
Dalia Mikhael, MD, MBA – Medicine (6/22-6/24) – Faculty		Annah Conn, PhD – Curricular Affairs	X
John Bloom, MD – Pharmacology (6/22-6/25) – Faculty	X	Colette Scott, Med – Director – iCAPS, SPP	
Nafees Ahmad, PhD – Immunobiology (6/22-6/24) – Faculty	X	Davin Vidigal Rosenberg – COM Education	X
Patrick Ronaldson, PhD – Pharmacology (6/22-6/24) – Faculty		Holly Bullock, MD, MPH, Director – OB/GYN Clerkship	
Saman Nematollahi, MD – Medicine (6/22-6/26) – Faculty	X	Jennifer Yelich – Curricular Affairs	X
Ryan C. Wong, MD - Surgery (6/23-6/26)- Faculty		Josie Acuna, MD – Curricular Affairs	X
David Bear, PhD- Cellular & Molecular Medicine (6/23-6/26)-Faculty	X	Julie Armin, PhD – Director – Health Disparities, Family & Community Medicine	X
Philip Rosen, MD, FACS - Surgery (6/23-6/24)- Faculty		Keith Joiner, MD, MPH – Scholarly Projects	
Michael Ditillo, DO, FACS - Surgery (6/23-6/26)- Faculty		Kevin Moynahan, MD – COM Education	
		Kris Slaney – Student Affairs	
		Melinda Davila – Curricular Affairs	
<b>Student Body Voting Members</b>			
Anthony McCoy (Class of 2023) – student		Michelle Schickling – Curricular Affairs	X
Colin Fields (2024) – student	X	Mike Ditillo, MD – Surgery	
<i>Katie Pulling (2024) – student alternate</i>		Raquel Givens, MEd – COM Education	X
Isabellyana Dominguez (2025) – student		Rich Amini – Student Affairs	
<i>Jasmine Lock (2025) – student alternate</i>		Selma Ajanovic - Director, Student Records / Registrar	X
Sara Youssef (2026) – student	X	Sonia B. de Leon- Director of Student Affairs	X
<i>Ashley Ungor (2026) – student alternate</i>	x	Tejal Parikh – Admissions	
		Travis Garner – Curricular Affairs	
		Julie Jernberg, MD, MBA -	X
<b>Facilitator:</b> Abril Castro Galaviz	X	<b>Guests:</b> Amy Hu, Elaine Situ-LaCasse	

Proposal was presented to extend Chair and vice chair term for one year. .

1. **Resident Questionnaire (RQ) and Resident Readiness Survey (RSS) data (Habecker/Collins):**

Raquel Givens welcomed Heather Habecker and Desiree M Collins from the Accreditation and Analytics Office. Raquel highlighted their expertise in statistics and data analysis, underscoring their importance in enabling the College to conduct more sophisticated analyses, predictive modeling, and informed decision-making based on data-driven insights. Heather and Desiree commenced their presentation, providing a detailed analysis of the results obtained from two essential surveys administered by the Accreditation and Analytics Office. The first survey focused on the College's recent graduates in their first year or internship year of Residency. This survey aimed to gauge how prepared these residents felt for their Residency program. The second survey, known as the Resident Readiness Survey, replaced the internal resident director survey and was piloted by the AAMC. The key objective was to compare and contrast the feedback received from the residents and the resident directors. Heather and Desiree shared several key takeaways from their analysis:

- a. **Successful Question Matching:** The team was able to effectively match questions across the surveys, previous questionnaires, RRS ensuring the correct alignment for accurate analysis across the surveys.
- b. **Self-Rating and Director Ratings:** An interesting observation was the discrepancy in self-rating by the residents and the ratings given by their respective resident directors. It was noted that residents tended to rate themselves as less prepared compared to the high ratings given to them by their resident directors. This pointed towards potential hesitancy among residents to rate themselves highly.
- c. The team made sure that the survey questions were well-aligned with the educational program objectives and competencies.
  - i. Desiree further elaborated on some of the qualitative feedback received from residents, which highlighted their satisfaction with the clinical education they received and their belief in being well-prepared for their professional roles. This positive feedback could be leveraged to communicate the College's strengths and commitment to providing a high-quality education. The Patient Care category encompassed a range of questions that evaluated how well the residents felt prepared in providing quality care to patients, including their clinical skills and abilities. As the data was presented, it became evident that the residents tended to exhibit a modest level of self-assessment in their preparedness for patient care. They, on average, rated themselves lower than what their respective resident directors rated them. However, it was notable that despite their own reservations, the resident directors consistently gave high ratings to the residents in this category. Overall, the results proved satisfactory across the different EPO fields.
- d. Raquel initiated a discussion on the best way to share the survey results with the wider student and faculty community. She emphasized that while the data would be integrated into the Level 3 report, which is conducted every four years, presenting the data annually would allow the College to track progress and identify areas for improvement more effectively. Raquel encouraged input from all attendees on potential strategies for sharing the data more widely. The aim was to create a more open and transparent environment within the College and to provide assurance to students about the excellence of the

education they receive.

2. Level 1 report TEPC focus (Schickling): Michelle introduces the new level one report, which has undergone a few adjustments and now includes a section for TEPC to ask questions. This aims to move towards being proactive rather than reactive. She encouraged everyone to provide ideas and questions for the Teaching and Education Planning Committee (TEPC) to focus on in the upcoming school year. Michelle emphasizes the need to include targeted questions in the report to demonstrate that the program is proactive and forward-thinking. She suggests focusing on self-directed learning and other processes within the program.
  - a. Colin proposed conducting a correlative analysis to assess how well student performance in different blocks correlates with their success on Step 2 exams. He mentioned that Heather and the citation team, along with Dr. Anna Khan and her team, are already working on this analysis.
  - b. Raquel supports Colin's idea and mentions that they are already working on similar analyses. She suggested incorporating the results as benchmarks and possibly operationalizing the data per block or level.
  - c. Michelle appreciated Colin's suggestion and encouraged everyone to share their ideas through emails. She wants to have a few suggestions ready for voting in a future meeting so they can be included in the level one report for the current school year.
  - d. Dale P Woolridge acknowledge that he will likely have some feedback and suggestions after reviewing his level one report and will work on the action items and provide further input.
  - e. Raquel assured everyone that they will continue to brainstorm questions and provide suggestions for further exploration by the block directors.

Due to lack of quorum and pressing pending items needing a vote a motioned to complete an combination of count from present votes and evote this was motioned by Nafees Ahmad and second by Dr John Bloom

3. **Meeting Minutes:** *Item was approved by the committee after quorum reached through passing vote & evote.*
4. Block change form Intersessions (Elaine Situ-LaCasse): Elaine Situ-LaCasse shared her screen to show the grid of the upcoming Intersessions schedule and provided an overview of the upcoming Intersessions I, which is scheduled from August 20-25<sup>th</sup>. She highlighted the significant change from last year, which is moving the BLS/ACLS course from Intersessions II block to Intersessions I and explained the reason for this move was to provide dedicated time for students to get recertification for BLS and get certified for ACLS. This certification would help them comply students for their clerkships and enhance certification on their residency applications. The move also allows students to build their knowledge base to manage a code arrest in the hospital during their clerkships. In addition, the associated lectures surrounding the physician's role in cardiac arrest were also moved into intersessions I. Elaine mentioned that certain elements were retained in the schedule, such as the Transition Residency schedule, student affairs information for applying to away rotations, professionalism, Dean's hours, and root cause analysis. Elaine highlighted that there was a discussion about including more interactive sessions, potentially during intersessions II. In addition, she indicated that Friday's have been reserved for Mentor Society's mentors to give feedback and meet with their group was mentioned. Elaine discussed a written reflection project she's working on with Julie Armin. Students will write about a socio-

cultural aspect that affected patient care short essay to be discussed with their group and mentors during the Friday sessions. Elaine offered to answer any questions the group might have regarding the inter sessions schedule.

- a. *Nafees Ahmad made the motion to vote and second by Colin Fields. Item was approved by the committee after quorum reached through passing vote & evote.*

5. TEVS Guideline (Annah Conn): Dr Annah Conn began the meeting by thanking everyone for allowing her to present the committee's work and revival efforts. With the revival from TEVS, the committee has successfully updated the guidelines. Changes include updating membership, removing, and adding positions to the committee. New positions added: Director of Assessment and Evaluation (serving as the chair), Assistant Director of Accreditation, Clinical Education Program Manager, Pre-Clinical Education Program Manager, Curriculum Specialist/Program Coordinator, Scholarly Projects Representative, and Doctor and Patient-Directed and support members as needed. In addition, Dr Conn highlighted that e-voting is now allowed to ensure decisions can be made even when there is no quorum present. To maintain consistent monthly meetings, the committee now consists of a chair and a co-chair. The co-chair will take charge of meetings if the chair is unavailable. "Dean of Foundational Sciences" is a new position that will focus on complementing Dr. Josie's work at the clinical level, particularly in terms of assessment. The committee will no longer review Level 1 reports, as they happen in real-time after each block. Focus will be on Level 2 and Level 3 reports instead. Student members will be considered ad hoc members as needed and will have a term of service aligned with their tenure on the committee. The committee's work will be rolled out through monthly meetings, with the initial kick-off held in June and recurring monthly meetings starting in July. The Level 2 clerkship report is expected to be presented on the TEPCs' agenda in September or later after reviewing the data.

- a. Raquel reiterated the changes requested for approval was the composition of the membership and the focus here on level 2 and level 3 and no longer looking at level 1 reports.
- b. *Colin Fields made the motion to vote and second by Dr Cori Daines. Item was approved by the committee after quorum reached through passing vote & evote*

6. PRS Guidelines (Annah Conn) : Dr Conn presented the updates made for PRS Subcommittee. She explained that the PRS committee had been in existence but had been inconsistent and staggered in its meeting schedule. To address this, she had taken on the chair role and implemented recurring monthly meetings for policy updates, revisions, and new policies. Some of the changes include membership Updates: Director of Assessment and Evaluation changed to Dean of Assistant Dean of Analytics, Evaluation, and Assessment. Assistant Director of Accreditation added. Assistant Dean of Clinical Competency added. Program Manager for Clinical Education and Pre-Clinical Education added. Director of Education, Technologies, and Innovations (Sheila) included as a title, and added TEPC representatives. TEVS Subcommittee is also adding on a co-chair, and the reason for that is again to assure that we continue to keep the meetings consistent be consistent in moving motions of policies that have an expiration date, or new policies that come forward.

- a. Dale Woolridge sought clarification on how the PRS committee functioned in relation to TEPC. He asked whether the committee was a standalone entity responsible for revising policies or if the proposed policy changes needed approval from TEPC.
- b. Annah Conn explained that policy changes could come from either student affairs or curricular affairs. The proposed changes would first go through the PRS committee, where



they would be reviewed, discussed, and make any necessary recommendations or make necessary questions before making the final approval decision from TEPC. Once approved by PRS, the proposed changes would then be presented to TEPC for their oversight. TEPC would have the authority to approve the policies, reject them, or approve with recommendations.

- i. Motioned by Dr Bloom made the motion to vote and second by Colin Fields. Item was approved by the committee after quorum reached through passing vote & evote*

7. Discipline Audit Presentations: Behavioral Sciences (Amy Hu): Dr Amy Hu initiated her presentation with an overview of the Behavioral Sciences discipline, indicating that it would encompass findings from the LCME accreditation report, GQ data on student perceptions of teaching, and step one performance data. Amy emphasized that these data points would provide valuable insights into the effectiveness of the current behavioral sciences teaching methods. Amy presented the findings from the LCME accreditation report, highlighting graduating students' opinions on the teaching of behavioral sciences. She displayed the data on a presentation slide, revealing that most students responded with positive feedback, although the rate was below the national average. Dr Hu proceeded to explain that this data might not accurately reflect improvements due to a significant change occurred in 2020. She elaborated on this change, wherein Dr. Terry Platto took over teaching the psychiatry content within the neuro block, positively impacting the content and relevance of the lectures. The presentation continued with data on step 1 performance, indicating that COMT students performed below the national average. Amy acknowledged that similar challenges were observed in other disciplines and emphasized the need for more targeted and specific feedback to address these issues effectively. She explained she obtained feedback from students at the end of their psychiatry clerkship for the classes of 22 and 23. Amy highlighted that many students expressed a desire for more exposure and practice with the mental status exam (MSE) and psychopharmacology application. Amy also shared feedback from clerk directors, who expressed that students might have theoretical knowledge but struggle with its practical application in clinical scenarios. She reinforced this with her own experiences observing students in an outpatient psychiatry clinic, noting that as they progressed in their medical training, some seemed to lose the ability to communicate with patients in a relatable manner. Furthermore, Amy provided an overview of the behavioral sciences content within the curriculum, highlighting the areas covered in MS1, MS2, and MS3 years. She emphasized the importance of collaboration with the pathways team to maximize behavioral sciences teaching. Additionally, she introduced the USMLE Step 1 content outline for behavioral and social sciences, showcasing its comprehensive breakdown. Dr Hu outlined various changes that had been made to the behavioral sciences curriculum to address the identified challenges and improve the students' learning experience along with further recommendations.
  - a. Psychiatry for Residency Lecture: In 2022, a new "Psychiatry for Residency" lecture was introduced as part of the Advanced Sciences Lecture Series in the MS 4. This addition aimed to provide a refresher on behavioral sciences content for students who were already somewhat removed from their earlier teachings. By revisiting key concepts before graduation, students could solidify their understanding and better prepare for their future roles as physicians.
  - b. Trauma-Informed Care Lecture and Small Group Interviewing Practice: Collaborating with the PHM. team, a new lecture on "Trauma-Informed Care" was introduced. The lecture included small group interviewing practice sessions where students could apply trauma-informed principles in clinical scenarios. This addition aimed to enhance their ability to

## Meeting Minutes & Attendance, Wednesday, July 12<sup>th</sup>, 2023

MEETING ATTENDEES			
		Resource Members	
Barbara Eckstein, MD – Family & Community Medicine (6/22-6/25) – Faculty		Alex Lopez – IT	X
Cori Daines, MD – Pediatrics (6/22-6/25) – Faculty, Vice Chair	X	Alisa Petersen - Scholarly Projects coordinator	X
Dale Woolridge, MD, PhD, FACEP – Emergency Medicine (6/22-6/25) – Faculty, Chair	X	Anna Landau, MD, MPH – Curricular Affairs	
Dalia Mikhael, MD, MBA – Medicine (6/22-6/24) – Faculty		Annah Conn, PhD – Curricular Affairs	X
John Bloom, MD – Pharmacology (6/22-6/25) – Faculty	X	Colette Scott, Med – Director – iCAPS, SPP	
Nafees Ahmad, PhD – Immunobiology (6/22-6/24) – Faculty	X	Davin Vidigal Rosenberg – COM Education	X
Patrick Ronaldson, PhD – Pharmacology (6/22-6/24) – Faculty		Holly Bullock, MD, MPH, Director – OB/GYN Clerkship	
Saman Nematollahi, MD – Medicine (6/22-6/26) – Faculty	X	Jennifer Yelich – Curricular Affairs	X
Ryan C. Wong, MD - Surgery (6/23-6/26)- Faculty		Josie Acuna, MD – Curricular Affairs	X
David Bear, PhD- Cellular & Molecular Medicine (6/23-6/26)-Faculty	X	Julie Armin, PhD – Director – Health Disparities, Family & Community Medicine	X
Philip Rosen, MD, FACS - Surgery (6/23-6/24)- Faculty		Keith Joiner, MD, MPH – Scholarly Projects	
Michael Ditillo, DO, FACS - Surgery (6/23-6/26)- Faculty		Kevin Moynahan, MD – COM Education	
		Kris Slaney – Student Affairs	
		Melinda Davila – Curricular Affairs	
<b>Student Body Voting Members</b>			
Anthony McCoy (Class of 2023) – student		Michelle Schickling – Curricular Affairs	X
Colin Fields (2024) – student	X	Mike Ditillo, MD – Surgery	
<i>Katie Pulling (2024) – student alternate</i>		Raquel Givens, MEd – COM Education	X
Isabellyana Dominguez (2025) – student		Rich Amini – Student Affairs	
<i>Jasmine Lock (2025) – student alternate</i>		Selma Ajanovic - Director, Student Records / Registrar	X
Sara Youssef (2026) – student	X	Sonia B. de Leon- Director of Student Affairs	X
<i>Ashley Ungor (2026) – student alternate</i>	x	Tejal Parikh – Admissions	
		Travis Garner – Curricular Affairs	
		Julie Jernberg, MD, MBA -	X
<b>Facilitator:</b> Abril Castro Galaviz	X	<b>Guests:</b> Amy Hu, Elaine Situ-LaCasse	

1. **Meeting Minutes:** *Item was approved by the committee after quorum reached through passing vote & evote.*

2. **Electives Subcommittee approved members (Garner)** : Travis Garner presented the approval request for the Elective Subcommittee's membership for the upcoming academic year. Proposed Updates to Committee Guidelines Travis detailed the recommended modifications to the committee guidelines:

- The current title of "Assistant Dean for assessment evaluation analytics" will be revised to "Director of assessment evaluation" to accurately reflect the role's responsibilities.
- The position previously referred to as "Assistant Director for clinical education" will be officially known as "Assistant Dean for clinical competency" to better align with its duties.
- A correction will be made to remove the listing of "Assistant Dean for assessment evaluation" from both voting and resource member categories, streamlining its role as a voting member.
- Membership approval procedures will remain consistent, requiring endorsement by TEPC annually typically done during the June meeting.

Travis Garner presented the slate of candidates for voting positions within the Elective Subcommittee while highlighting that voting members we have to have at least one at large basic science, a faculty member and one at large clinical faculty members:

- Dr. John Bloom, for Basic Science.
  - Dr. Ryan Wong, for Clinical Faculty Member.
  - Dr. Joy Bulger Beck director for Transitional Residencies.
  - Dr. David Bear director for Application of Basic Science.
  - Dr. James Warneke, who also serves as the Electives Director, was put forward as the Chair of the Elective Subcommittee.
  - Dr. Lourdes Castanon was proposed for the role of Electives Departmental Director.
  - Student Member Election Confirmation for Katie Pulling and Julia Kyoto, who were elected by their peers to join the Elective Subcommittee.
    - i. Dale P Woolridge confirmed with Travis Garner that while the two student members were indeed new for the academic year, the concept of having two student members was not a new facet of the committee structure itself. The clarification emphasized continuity in this regard.
- I. Item motioned for approval by Colin Fields and Second by Marie-Pierre Hasne

3. (4:40-4:55) **ERS Proposed Policy (Conn)**: Annah Conn shared the Exam Review Subcommittee Proposed policy, she share the revised version of the ongoing policy that has been in motion by several constituents that included block directors as well as discipline directors. She expanded that what was created was an exam review subcommittee work group that worked specifically on

really ironing out parameters in terms of what constitutes a flag question versus a drop question, and then recommendations on the Pre-Clerkship high stakes exam which includes the 8 block starting with Foundations and ending with DMH. She explained that the exams would consist of 1-2 exams and in some instances even 4 exams. The policy, emphasizing its importance in addressing concerns raised during the previous academic year's exams. Annah discussed the formation of the Exam Review Subcommittee work group, consisting of block directors and discipline directors. The purpose of the work group was to establish parameters for flag and drop questions and provide recommendations for the Pre-Clerkship High Stakes Exam. The policy will be added as a subcategory to the gradient and progression policy after approval. Annah outlined three categories within the policy: flagged questions, handling of questions indicating drop, and making recommendations. Annah explained the criteria for flagging a question, including item difficulty, point biserial, and statistical information. She discussed the role of the block director in providing context for flagged questions and the meeting held to address them. Annah elaborated on the handling of questions indicating drop, depending on their correlation with learning objectives. Recommendations made by the Exam Review Subcommittee based on various factors were highlighted, including image quality, grammatical errors, and adherence to NBME guidelines. The policy's purpose in addressing student questions and ensuring consistency was emphasized.

a. *Item was approved by the committee after quorum reached through passing vote & evote.*

4. (4:55-5:10) **New Elective Proposal: Surgical Critical Care (Castanon):** Dr. Lourdes Castanon initiated the presentation by providing an overview of the proposed surgical critical care elective. She emphasized the need for such an elective, addressing a gap in the curriculum. Dr. Castanon elaborated on the comprehensive nature of the curriculum, which would encompass a wide range of skills and patient care responsibilities within the surgical ICU. The proposed elective, spanning a duration of 4 weeks, would encompass diverse tasks, including patient management, placement of various lines, utilization of ultrasound technology, fluid resuscitation techniques, and care provision for burn patients.
- a. Selma Ajanovic sought clarification on whether the proposed elective would fulfill clinical elective requirements or fit into a different subcategory. Dr. Castanon clarified that, at present, the proposal was designed as a stand-alone elective. However, based on demand, there was a possibility of expanding it into a separate subcategory.
  - b. Selma Ajanovic inquired about the duration of the elective. Dr. Castanon confirmed that the elective would have a fixed duration of 4 weeks. Additionally, she highlighted the availability of an independent study option that could be tailored to last for 2 to 4 weeks.
  - c. Rich Amini voiced his support for the elective proposal, referencing feedback from students that indicated significant interest in such an opportunity.
  - d. Mike Ditillo highlighted the potential benefits of the elective for students with diverse career aspirations, particularly those interested in medical fields and surgical sub-specialties.
    - i. *Item was motioned by Colin Fields and seconded by John Bloom for approval.*
    - ii. *Item was approved by the committee after quorum reached through passing vote & evote.*
5. **Annual Basic Science Curriculum Review: Histology (Lybarger):** Lonnie Lybarger delivered an in-depth presentation on the comprehensive review of the histology and cell biology curriculum. He discussed various aspects of the curriculum, including student perceptions, performance data, challenges, ongoing efforts, and potential improvements. Lonnie presented data indicating that student perceptions of histology had remained steady over the years based on the graduate

questionnaire. He shared performance data from Step 1 exams, showing a positive trend in student performance on subjects related to histology. Insights from an independent student analysis were discussed, highlighting strengths and areas for improvement. Lonnie detailed the alignment of learning objectives with the discipline, with specific focus on curriculum coverage. Challenges such as engaging students with foundational content and integrating histology with clinical relevance were explored. Ongoing initiatives included improving lab sessions, utilizing external competencies, and learning objectives, integrating case-related information, and employing gamification techniques. Some highlighted discussion items covered during the presentation:

- a. Lonnie presented student perception data from the graduate questionnaire on microanatomy and histology. The school's rating was generally good or excellent, consistently above the national average. However, there was a slight dip in the ratings for the 2022 graduates, which could be attributed to the impact of the Covid pandemic on education. Lonnie continued by sharing the Step One exam results for histology and cell biology. The data showed that students performed reasonably well, falling in the middle range among various subject areas. He also highlighted a positive trend in student performance over the past three years. In addition, he briefly mentioned the independent student analysis, which had limited comments on histology. However, one comment suggested more interactive histology sessions would be helpful. Lonnie also conducted an audit of the curriculum, focusing on learning objectives tagged with histology and cell biology. The survey revealed good coverage in most blocks, but there were fewer tags in Neuro I and Neuro II, where major teaching components of histology were lacking.
- b. Curriculum Audit - Clerkship Phase: The audit for the clerkship phase showed no learning objectives tagged with histology and cell biology. The clerkship directors viewed histology as foundational knowledge rather than directly applicable to their daily work. They emphasized the need for more signposting during the pre-clerkship phase and exposure to using lab values.
- c. Histology Content in Pre-Clerkship: Lonnie explained the typical histology content delivery in the pre-clerkship phase. The lectures are presented as independent learning sessions with accompanying worksheets, followed by interactive lab sessions. Lonnie expressed satisfaction in finding other sessions with learning objectives tagged with histology, indicating the involvement of other instructors in teaching relevant content.

Attendees engaged in a lively discussion on various topics, including collaboration between faculty members from different disciplines. Dr Ditillo and Castanon highlighted interest from the department of Surgery which would love to collaborate and support the efforts. It was agreed that collaboration would give potential for combining clinical and basic science content and leveraging integrative sessions to enhance student learning experiences. Lonnie expressed interest in working with faculty members to develop more integrative sessions that bridge histology and pathology and was open to collaboration.

- i. *Item will need to be voted on next meeting.*

## Meeting Minutes & Attendance, Wednesday, August 9<sup>th</sup>, 2023

MEETING ATTENDEES			
Voting Members		Resource Members	
Barbara Eckstein, MD – Family & Community Medicine (6/22-6/25) – Faculty		Alex Lopez – IT	
Cori Daines, MD – Pediatrics (6/22-6/25) – Faculty, Vice Chair	X	Alisa Petersen - Scholarly Projects coordinator	X
Dale Woolridge, MD, PhD, FACEP – Emergency Medicine (6/22-6/25) – Faculty, Chair	X	Anna Landau, MD, MPH – Curricular Affairs	X
Dalia Mikhael, MD, MBA – Medicine (6/22-6/24) – Faculty		Annah Conn, PhD – Curricular Affairs	
John Bloom, MD – Pharmacology (6/22-6/25) – Faculty	X	Colette Scott, Med – Director – iCAPS, SPP	
Nafees Ahmad, PhD – Immunobiology (6/22-6/24) – Faculty	X	Davin Vidigal Rosenberg – COM Education	X
Patrick Ronaldson, PhD – Pharmacology (6/22-6/24) – Faculty		Holly Bullock, MD, MPH, Director – OB/GYN Clerkship	
Saman Nematollahi, MD – Medicine (6/22-6/26) – Faculty	X	Jennifer Yelich – Curricular Affairs	X
Ryan C. Wong, MD - Surgery (6/23-6/26)- Faculty		Josie Acuna, MD – Curricular Affairs	
David Bear, PhD- Cellular & Molecular Medicine (6/23-6/26)-Faculty	X	Julie Armin, PhD – Director – Health Disparities, Family & Community Medicine	
Philip Rosen, MD, FACS - Surgery (6/23-6/24)- Faculty	X	Keith Joiner, MD, MPH – Scholarly Projects	
Michael Ditillo, DO, FACS - Surgery (6/23-6/26)- Faculty		Kevin Moynahan, MD – COM Education	
<b>Student Body Voting Members</b>		Kris Slaney – Student Affairs	
Colin Fields (2024) – student	X	Loran Drake	
<i>Katie Pulling (2024) – student alternate</i>		Martha Burkle, PhD – Curricular Affairs	
Isabellyana Dominguez (2025) – student		Melinda Davila – Curricular Affairs	X
<i>Jasmine Lock (2025) – student alternate</i>		Michelle Schickling – Curricular Affairs	x
Sara Youssef (2026) – student	X	Mike Ditillo, MD – Surgery	
<i>Ashley Ungor (2026) – student alternate</i>	X	Raquel Givens, MEd – COM Education	X
Pending -2027		Rich Amini – Student Affairs	X
Pending -2027		Selma Ajanovic - Director, Student Records / Registrar	
<b>Facilitator:</b>		Sonia B. de Leon- Director of Student Affairs	X
Abril Castro Galaviz	X	Travis Garner – Curricular Affairs	X
<b>Guest:</b>		Julie Jernberg, MD	
Tejal Parikh	X	Rachel Munn	X
Jordana Smith	X	Marie Pierre-Hasne	X

Y

1. **Meeting Minutes: 7/26/23** meeting minutes motioned to a vote by Colin Fields and second by Dr Nafees Ahmad.
  - i. Item was approved after reaching quorum.
  - b. 7/26/23 presentation: Annual Basic Science Curriculum Review for Histology, motioned by Colin Fields moved to accept the review, seconded by Nafees Ahmad.
    - i. Item was approved after reaching quorum.

2. **Incomplete Grade Policy (Garner):** Travis introduced the proposed incomplete grade policy. Mentioned that the policy was reviewed by a subcommittee of TCCS. Clarified that the policy applied to the clerkship and transition of residency phases. Travis explained key points of the policy, including when an incomplete grade can be awarded and the criteria for a minor portion of coursework.

- a. Colin asked what constitutes a minor portion.
  - i. Travis provided examples and clarified that it's up to the course director's discretion.

A form for handling incomplete grades was presented, outlining the process and signatures required. Travis emphasized that most incomplete grades were due to shelf exam failures and explained that if the incomplete grade is being issued other than needing a retake exam then the work that needs to be completed would be outlined on the form along with the date work would need to be completed by. A copy would remain on file with Curricular Affairs.

- b. Cori Daines called for a motion to approve the incomplete grade policy and the associated form. Colin Fields motioned to approve, seconded by Rachel Munn.
  - i. Item was approved after reaching quorum.

3. **Life Cycle Block Change form (Parikh):** Dr. Parikh began her presentation and discussed the life cycle block, a 7-week block that reviews normal and abnormal human development. She explained that a new session on social genomics and its impact on genetics and cancer was introduced in which Doctors Armin and Bear will teach this session. Dr. Parikh outlined the breakdown of independent learning and self-directed learning in the block. Dr. Esteban Symonds, a clinical geneticist at Banner, will teach Human Cytogenetics I & II sessions he will be replacing Dr. Lai who is leaving the block. The new session would analyze the social genomics approach to understanding breast cancer as a model. Cross-curriculum sharing, and overlap were highlighted, including collaboration with the CRC case. Dr Parikh confirmed that there were no changes were made to the grading of the block.
  - a. Cori Daines called for a motion to approve the block change form. Nafees Ahmad made the motion, seconded by Colin Fields.
    - i. Item was approved after reaching quorum.

**4. Pre-clerkship Level 1 report TEPC questions review approval (Schickling/Hernandez Givens):**

Michelle Schickling presented 3 questions to which she would be calling to implement those approved by the committee to our Level 1 report. Michelle explained the purpose of adding questions to the Level 1 report to support TEPC being a proactive committee and address specific topics each year. She explained that the committee could choose one, two, or all three of the proposed questions. Michelle's three potential questions proposed to the committee.

- a. Where do you help students learn SDL process in each session, block and within the phase?
- b. How do you teach, role model, and assess professionalism in your block?
- c. How preclinical courses are prompting the bridging course critical reasoning to the clinical application?

- i. Raquel H Givens kicked off the discussion, expressing her support for question number 1 which pertains to self-directed learning (SDL). She emphasized the importance of clarifying SDL objectives and making it transparent to students. She also discussed question number two related to professionalism, highlighting the need to go beyond attendance and participation and ensuring clear objectives and assessment for professionalism.
- ii. Michelle Schickling clarified that the questions were open to prioritization and the order in the list didn't matter.
- iii. Nafees Ahmad shared his opinion, supporting question number 1 due to its relevance in addressing SDL variations across different blocks. He also emphasized the importance of professionalism, agreeing with Raquel Givens on expanding the curriculum beyond attendance.
- iv. Dale Woolridge sought clarification on whether the committee was deciding on a recommendation or a policy and discussed the flexibility of applying one or two questions based on different circumstances.
- v. Michelle Schickling clarified that there was no policy but rather a choice for the committee to decide on which question(s) to address in the Level One report.
- vi. Marie-Pierre Hasne shared her preference for question number two about professionalism and its alignment with competencies.
- vii. Cori Daines suggested focusing the vote on whether to include one or two questions in the report.
- viii. Poll was created and conducted by Abril to the committee who asked the voting members to vote in favor of including one or two questions in the report.
  - a. The committee voted in favor in including with two questions in the Level 1 report favoring question 1 and 2.
- ix. Michelle Schickling then requested a vote to include question number one and question number two in the Level 1 report.
  - a. Colin Fields made a motion to include both questions, which was seconded by Nafees Ahmad.
    - a. Items were approved by the committee after reaching quorum.



5. **Foundations Block Change Form (Smith):** Dr. Jordana M Smith began by presented the changes made to the Foundations Block Form including adjustments to grading, additional team learning sessions, and updates to case-based learning. Week-by-week changes were outlined, with specific additions highlighted, such as integrating bio statistics into case-based learning and expanding micro biology hours based on student feedback. Dr Smith gave an overview/breakdown of the weekly schedule.
- a. Week 1 Whole Body Macro to Micro, students get a lot of histology intro to radiology, intro to anatomy, and intro to physio. And they get that all brought together with case-based learning on trauma cases such as trauma to the thorax, trauma to the abdomen, and explained that they bring all together with radiology, anatomy, as well as integrating a little bit of immunology.
  - b. Week 2 Cardiovascular students are introduced to the anemias, content on hemoglobin blood pressure thrombosis, embolism with lab and case-based learning as well as some of the cardiovascular physiology and human genome. For the anemia portion it is really focused on hemoglobin red blood cell biochemistry as well as genetic inherited anemias.
  - c. Week 3 Pulmonary an hour was added to Micro bio in response to a request by a discipline director. Dr. Primo was added to the case-based learning on pneumonia. Dr Smith explained that students will have had 2 weekly quizzes that they do that on their own over the weekend, and then we have review sessions. But then after week 3, we have our midterm exam. So that's about 33% to their medical knowledge grade.
  - d. Week 4 Oncology, we focus on genetics and oncology specifically in inherited cancer syndromes. She explained that this new team learning session was in response to student feedback from last year with the extra team learning session and the way it was switched it was to take out some of the retinoblastoma case presentations and the inherited cancer disorders and split those up so that students will be reading about retinoblastoma while reinforcing the tumor suppressor genetic concept in this team learning. As a result, students will have again more cases, more interactive learning on this. Dr Smith indicated that during this week students also review neoplasia from the pathology perspectives.
  - e. Week 5 Immunity, inflammation, and diabetes which was added in response to some of the student feedback from last year, in which is they note they would have liked some more in person learning.
  - f. Week 6 includes review sessions, a final team learning. and final exam. In addition, she explained that this final week students engage in self-directed learning and undertake a final project following the midterm. The purpose of the project is to encourage students to independently explore a topic of interest and conduct research, focusing on two disciplines within their chosen topic. For instance, students have explored subjects like uterine cancer, uterine fibroids, anatomy, histology, pathology, and pharmacology related to these topics. The final project not only involves in-depth research but also prompts students to reflect on their learning experiences during the block. They assess how their learning approaches have evolved and how their previous education has transformed since the start of medical school. This reflection centers around their growth in self-

directed learning throughout the course. The week's schedule involves informative sessions about scholarly projects on Thursdays, with some alterations to the pathway content. Fridays are reserved for students retaking exams, while other students enjoy a long weekend due to the upcoming Labor Day holiday.

- i. Nafees Ahmad asked whether the final exam was cumulative, and Dr. Smith confirmed that it was.
- ii. Nafees Ahmad also inquired about the grading of the final foundation project. Dr. Smith explained that the project was graded and elaborated on the rubric and its components.
- iii. Marie-Pierre Hasne appreciated the idea of incorporating self-reflection in the final project and asked how the self-reflection piece was assessed.
- iv. Dr. Smith explained that the self-reflection piece was evaluated based on whether students recognized changes in their study habits and their approach to learning.
- v. Colin Fields suggested the possibility of tracking student responses on self-reflection and correlating them with subsequent performance in other blocks.
- vi. Dr. Smith noted the potential for future projects to explore correlations between self-reflection and academic performance.
  - a. Raquel Givens mentioned an upcoming presentation on Step 1 analysis, which would include self-reported data from students and correlations with block performance. Raquel Givens also mentioned a potential pilot for an AI chatbot to assist with self-regulation and reflection.
- vii. Cori Daines called for a motion to approve Dr Ahmad motioned to approve, seconded by Colin Fields.
  - a. Item was approved after reaching quorum.

6. **NYTimes: With End of Affirmative Action, a Push for a New Tool: Adversity Scores (Parikh):** Dr. Tejal Parikh took the floor to present information on the admissions process at the College of Medicine to addressing the recent Supreme Court decision regarding affirmative action and its potential implications for the College. She highlighted that due to state legislation, the College had been practicing race-neutral admissions since 2010. Dr. Parikh explained the court's ruling on race-based admissions practices and the College's alignment with the decision. Dr. Parikh then shared key statistics on the demographic composition of the medical school's classes, emphasizing the diversity and unique attributes of the student body. She introduced the 5 pathways at COMT which include the Traditional MD Program, MD/PhD Dual Degree Program, Pre-Medical Admissions Pathway (P-MAP), Honors Early Assurance Program (HEAP), and Accelerated Pathway to Medical Education (APME) Program. Dr. Parikh underlined that the College used a holistic approach to evaluate applicants, focusing on personal experiences, leadership, service, and other qualities beyond academic metrics. The admissions process was described in detail, beginning with the AMCAS application in which a student will complete a personal Statement allows the students to share about their lived experiences in their application. This is the one thing that Supreme Court justice said that it's fine for students to share about their personal distance travel, such as how did they end up here, how they overcame obstacles which allows you to see a sense of the student's resiliency, here is where students can spotlight their personal growth.

Students have 15 experiences and activities which they can share with us, based on leadership, their diversity of experiences such as coming from a rural area, highlighting clubs that they were passionate about, EAM. Once student has filled out their AMCAS application if they have at least a minimum score of 498 in their MCAT of 498 , and a 3.0 science or overall GPA will receive the secondary application. The secondary application, has 4 questions that are evaluated by a rubric, assessing alignment with the College's values. Applicants who met specific academic criteria and are selected by the Secondary application reviewers will be invited for a multiple mini-interview (MMI) process. The MMI consisted of six short interviews, each lasting about seven minutes, with 6 different evaluators, ensuring a comprehensive and unbiased assessment. Post MMI process those applications (in its full context along with mini interview results) from those the committee will make the final selections selected will be then presented to the committee (which consist of 16 committee members) will make the final selection of the accepted participants. participating in evaluating applicants based on the entire application package and interview results. Dr. Parikh also discussed the notification and acceptance process, emphasizing the importance of holistic review in selecting applicants. Dr. Parikh provided insights into the College's various pathways for admission, including Pmap, Md. Ph.D., Honors Early Assurance, and Accelerated Medical Education programs. She detailed the admission criteria, academic standards, and unique features of each pathway. Dr. Parikh also highlighted the number students that are accepted under each program.

- a. A question was raised by Dr Daines about whether the race and ethnicity questions would remain on the AMCAS application. Dr. Parikh explained that the questions would remain for reporting purposes, as the College is required to submit demographic data to accrediting bodies at the LCME. But explained that, this information would not be used in the beginning of the admissions process and would only be available until the end.
- b. Michelle inquired about the statistics related to reapplication and how students who didn't get into specific pathways approached reapplying. Dr. Parikh mentioned that there was variability based on pathways but not specifics, but overall, students who did not get accepted in one of the nontraditional pathways will often reapply to the traditional Md pathway, and some were successful.
  - i. Presentation adjourned.



## Meeting Minutes & Attendance, Wednesday, August 23<sup>rd</sup>, 2023

MEETING ATTENDEES			
Voting Members		Resource Members	
Barbara Eckstein, MD – Family & Community Medicine (6/22-6/25) – Faculty	X	Alex Lopez – IT	X
Cori Daines, MD – Pediatrics (6/22-6/25) – Faculty, Vice Chair	X	Alisa Petersen - Scholarly Projects coordinator	X
Dale Woolridge, MD, PhD, FACEP – Emergency Medicine (6/22-6/25) – Faculty, Chair	X	Anna Landau, MD, MPH – Curricular Affairs	
Dalia Mikhael, MD, MBA – Medicine (6/22-6/24) – Faculty		Annah Conn, PhD – Curricular Affairs	X
John Bloom, MD – Pharmacology (6/22-6/25) – Faculty	X	Colette Scott, Med – Director – iCAPS, SPP	
Nafees Ahmad, PhD – Immunobiology (6/22-6/24) – Faculty	X	Davin Vidigal Rosenberg – COM Education	X
Patrick Ronaldson, PhD – Pharmacology (6/22-6/24) – Faculty		Holly Bullock, MD, MPH, Director – OB/GYN Clerkship	
Saman Nematollahi, MD – Medicine (6/22-6/26) – Faculty	x	Jennifer Yelich – Curricular Affairs	x
Ryan C. Wong, MD - Surgery (6/23-6/26)- Faculty	X	Josie Acuna, MD – Curricular Affairs	
David Bear, PhD- Cellular & Molecular Medicine (6/23-6/26)-Faculty	X	Julie Armin, PhD – Director – Health Disparities, Family & Community Medicine	
Philip Rosen, MD, FACS - Surgery (6/23-6/24)- Faculty		Keith Joiner, MD, MPH – Scholarly Projects	
Michael Ditillo, DO, FACS - Surgery (6/23-6/26)- Faculty	X	Kevin Moynahan, MD – COM Education	
		Kris Slaney – Student Affairs	
		Melinda Davila – Curricular Affairs	X
		Michelle Schickling – Curricular Affairs	X
		Raquel Givens, MEd – COM Education	X
<b>Student Body Voting Members</b>			
Colin Fields (2024) – student	X	Rich Amini – Student Affairs	X
<i>Katie Pulling (2024) – student alternate</i>		Selma Ajanovic - Director, Student Records / Registrar	
Isabellyana Dominguez (2025) – student		Sonia B. de Leon- Director of Student Affairs	X
<i>Jasmine Lock (2025) – student alternate</i>		Tejal Parikh – Admissions	
Sara Youssef (2026) – student		Travis Garner – Curricular Affairs	x
<i>Ashley Ungor (2026) – student alternate</i>		Julie Jernberg, MD, MBA -	
Pending -2027		Marie-Pierre Hasne PharmD, PhD- Chem/Bio	X
Pending -2027		Bryson Southard	x
<b>Facilitator:</b> Abril Castro Galaviz	x	<b>Guests:</b> Claudia Stanescu	X

1. **Meeting Minutes:** 8/9/23 meeting minutes motioned to a vote by Colin Fields and second by Dr Nafees Ahmad.
  - I. Item was approved after reaching quorum.
  
2. **DMH Level 1 Pre-Clerkship2026 (Woolridge):** Review of Previous Presentation Dr/ Dale Woolridge gave an overview of his Level 1 DMH report. He reviewed goals from the previous year and discussed their successful achievement. He highlighted the transition from lectures to more independent learning followed by case discussions, as well as moving weekly quizzes to Mondays. In addition, he outlined the future goals, which included addressing issues with self-directed learning and self-assessments based on student feedback. He also discussed plans to reorganize the high-stakes exams to streamline content and improve alignment. Dr. Woolridge mentioned plans to improve the structuring of team learning sessions and explore peer-to-peer reviews to enhance participation. He discussed the need for more clinical material and clinical correlates in the curriculum. Additionally, he presented student outcome data for the academic years 21-22 and 22-23, highlighting a 100% pass rate after successful remediations. Dr. Woolridge discussed the improvements in performance evaluations and pointed out areas where adjustments were needed due to inaccurate mapping. He highlighted specific comments and feedback received from students, addressing issues related to the depth of content, the use of crystal structures, scheduling conflicts, and more. During his presentation Dr Woolridge invited Dr. Hasne to talk about her approach.
  - a. Dr. Hasne explained her teaching philosophy, emphasizing her meticulous tailoring of the content to meet the requirements of Step 1 in medical education. This Step 1 exam is a critical milestone for medical students, and the content covered must align with its objectives. She highlighted her commitment to teaching biochemistry and other subjects that might not typically be included in a medical curriculum but are essential for Step 1. Dr. Hasne explained her teaching philosophy, emphasizing her meticulous tailoring of the content to meet the requirements of Step 1 in medical education. This Step 1 exam is a critical milestone for medical students, and the content covered must align with its objectives. She highlighted her commitment to teaching biochemistry and other subjects that might not typically be included in a medical curriculum but are essential for Step 1.
    - I. Colin Fields supported the inclusion of crystal structures in the curriculum, emphasizing the importance of exposing medical students to current scientific practices. Dr. Marie-Pierre Hasne agreed to maintain the crystal structures while adding more context.

Dale mentioned a scheduling conflict issue that arose in the past, resulting in a drop in the evaluation scores. This issue was related to the timing of high-stakes exams and doctor-patient events happening in proximity. Dale noted that it was a one-time occurrence and expressed confidence that the department had learned from it. It's likely that he reassured the attendees that such conflicts would be avoided in the future through better coordination. Dale emphasized his commitment to incorporating more clinical material into the curriculum. He acknowledged the students' interest in clinical correlates and management-related topics. While the curriculum primarily focused on Step 1 material, which is foundational, he indicated a desire to deepen the clinical aspect of the curriculum to better engage and excite the students. This reflects a proactive approach to enhancing the educational experience. During the meeting, Dale addressed several critical aspects of the curriculum and learning environment. He acknowledged students' concerns about the alignment of team learning materials with lectures, proposing the introduction of an independent learning model before team learning sessions and the potential use of peer-to-peer

feedback to promote active participation. He highlighted ongoing efforts to align learning objectives with course objectives and Essential Program Objectives (EPOs) to enhance curriculum clarity and focus on students' educational goals. Dale also expressed surprise at certain student feedback regarding faculty teaching methods, particularly mentioning Dr. Jones, a long-standing lecturer, and emphasized the importance of monitoring and addressing such concerns in the future. Furthermore, he discussed challenges related to transforming Pathology and Histology labs into independent learning experiences due to the COVID-19 pandemic, acknowledging student feedback regarding remote learning effectiveness and recognizing efforts to seamlessly integrate these labs for an improved learning experience.

- i. Item was approved after reaching quorum.

5. **MSS Block Change Form (Stanescu):** Dr. Claudia Stanescu commenced her presentation by outlining the changes proposed in the Musculoskeletal Block Change Form. These changes were informed by a combination of student feedback and the continuous efforts of faculty members to refine and improve the curriculum. Dr. Stanescu emphasized that these revisions were aimed at enhancing the overall learning experience for students in the musculoskeletal block. Claudia Stanescu provided an overview of the key changes in the Musculoskeletal block by summarizing such changes. Claudia Stanescu clarified that the assessments remained unchanged, providing a breakdown of the assessment percentages.

a. Changes in the Musculoskeletal Block:

- Deleted bones of the upper extremity content and moved it to another session in week one.
- Eliminated an arthritis flipped session and integrated cases into individual lectures.
- Reduced the 60-minute time allocated for Arthritis Medications TL content based on student feedback.
- Added an additional 30 minutes to the Histology of Muscle session to include pathology examples.
- Converted 2 Arthritis sessions from IL to lectures for more effective delivery.
- Dr. Claudia Stanescu mentioned the faculty changes, with one faculty member for skin pathology laboratory session leaving, Dr. Margaret Wat and Dr Fuchs the Discipline director from Pathology taking over.

b. Objectives and Modifications:

- Modified objectives for clarity based on feedback and faculty input.
- Adjusted course objective number 7 to accommodate content adjustments related to pathways in health and medicine.
- Added objectives for the ultrasound lab.
- Modified objectives for limb development, including changing the session title to Development of the Skin and the Musculoskeletal system.

- i. Item was approved after reaching quorum.

6. **PHM Foundations Longitudinal BLOCK CHANGE FORM AY 2023-2024 (Eckstein):** Dr. Barbara Eckstein began the meeting by stating her intention to go summarize the changes made. .Dr. Barbara Eckstein be highlighted one significant change which involved the introduction of a new session focusing on PHM and People-Centered Medicine. This addition was prompted by the decision to incorporate a 30-minute introductory session to PHM from the orientation program into Foundations, extending its duration. Furthermore, Dr. Eckstein emphasized the importance of integrating content from a previous talk on chronic and acute care, particularly regarding shared decision-making and person-centered medicine. This modification aimed to align the curriculum more closely with the principles of treating individuals holistically, taking into account social and behavioral sciences. Dr. Eckstein introduced Case-Based Learning (CBL) with EBM Concepts: This is a new session not officially under Foundations but tracked for reference, it incorporates EBM concepts into case-based learning and in addition, it includes a pneumonia case. Dr. Eckstein reviewed the Exam and Makeup Schedule: Foundations exam on Wednesday with makeup on Friday. Thursday's schedule includes a full day of content, which students may find challenging after an exam. An 8 AM mandatory scholarly project session is scheduled. Dr. Eckstein in addition highlighted changes in Content Delivery. While learning objectives remain the same, the delivery method of certain sessions has changed. "Food and Health" and "Intro to Advocacy" have been converted into Independent Learning Modules (ILMs). "Food and Health" includes content from last year and Stanford food videos. "Intro to Advocacy" features interviews with students involved in advocacy work. Preparation for Advocacy remains, allowing students to complete their advocacy projects. After no questions from the group item was moved into a vote.
  - a. Items were approved by the committee after reaching quorum.
  
7. **PHM MSS BLOCK CHANGE FORM (Eckstein):** Dr. Barbara Eckstein provided an overview the changes to the PHM MSS Block Change form and what remained unchanged.
  - a. Health Advocacy Presentations: Students presenting their work from Foundations; no changes made.
  - b. Arizona Population Health: A modified talk, previously titled "Public Health and Arizona Population Health". Split into two talks for greater specificity: "Arizona Population Health" focuses on the state context, and "Public Health" introduces concepts during DMH, synchronized with the diabetes curriculum.
  - c. Care of the Athlete: Dropped from the curriculum as it didn't align with PHM objectives and was considered too specific.
  - d. Experience of a Chronic Care Patient: Unchanged.
  - e. Rethinking Wellness (formerly Exercise Recommendations):
    - I. Modified to encompass a broader view of wellness.
    - II. Now includes CDC recommendations for exercise, considerations for children, and a holistic perspective on wellness.
  - f. Caring for Patients with Intellectual and Developmental Disabilities: Replaces "Care of the Athlete". Panel discussion format with experts and individuals with developmental disabilities.
  - g. Limb Loss and Amputee Patient Care: Mostly unchanged, with the addition of addressing ableism. Includes presentations by a physical therapist, prosthetist, and patient testimonials.
  - h. EBDM (Evidence-Based Medicine): Unchanged.
  - i. After no questions from the group item was moved into a vote.
    - I. Items were approved by the committee after reaching quorum.

8. **PHM Life Cycles BLOCK CHANGE FORM (Eckstein):** Dr. Barbara Eckstein presented the proposed changes to the PHM Life Cycles Block curriculum, providing insights into what aspects remained unchanged and what had been modified.
- a. Public Health: Change in speaker due to maternity leave.
  - b. Child Abuse and Neglect: Unchanged.
  - c. ILM on Adverse Childhood Events: An ILM created by Kiera, shortened to 30 minutes to accommodate t in-person session. Content remains the same but focuses on providers' awareness of adverse childhood events.
  - d. Partner Violence: Changed from an in-person session to a recorded session. Learning objectives remain unchanged.
  - e. Trauma-Informed Care: Extended to 90 minutes from the previous 1-hour session. Focuses on sensitive topics of trauma history and care, with additional cases for practice.
  - f. Perspectives on LGBTQ Healthcare: A panel discussion with a focus on trans issues and LGBTQ healthcare. Acknowledges the distinction between LGBTQ and trans experiences. Features panelists including individuals from the transgender community and healthcare providers specializing in gender-affirming care.
  - g. Weight Inclusivity vs. Weight Normativity: Replaced the previous talk on "Weight Gain and Vulnerable Periods of Life". Addresses the importance of discussing weight inclusivity and challenges weight normativity in healthcare. Considers the impact of BMI on patient-provider conversations.
  - h. Cultural Aspects at the End of Life: Unchanged.
  - i. End of Life Ethics: Unchanged.
  - j. Adult Abuse and Neglect: Unchanged.

Dr. Eckstein invited questions from the group regarding the proposed changes to the PHM Life Cycles Block curriculum. No questions were raised during this time.

- I. Items were approved by the committee after reaching quorum.
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## Meeting Minutes & Attendance, Wednesday, September 13<sup>th</sup>, 2023

MEETING ATTENDEES			
Voting Members		Resource Members	
Barbara Eckstein, MD – Family & Community Medicine (6/22-6/25) – Faculty	X	Alex Lopez – IT	X
Cori Daines, MD – Pediatrics (6/22-6/25) – Faculty, Vice Chair	X	Alisa Petersen - Scholarly Projects coordinator	X
Dale Woolridge, MD, PhD, FACEP – Emergency Medicine (6/22-6/25) – Faculty, Chair	X	Anna Landau, MD, MPH – Curricular Affairs	
Dalia Mikhael, MD, MBA – Medicine (6/22-6/24) – Faculty		Annah Conn, PhD – Curricular Affairs	X
John Bloom, MD – Pharmacology (6/22-6/25) – Faculty	X	Bryson Southard	X
Nafees Ahmad, PhD – Immunobiology (6/22-6/24) – Faculty	X	Colette Scott, Med – Director – iCAPS, SPP	
Patrick Ronaldson, PhD – Pharmacology (6/22-6/24) – Faculty	X	Davin Vidigal Rosenberg – COM Education	X
Saman Nematollahi, MD – Medicine (6/22-6/26) – Faculty	X	Holly Bullock, MD, MPH, Director – OB/GYN Clerkship	
Ryan C. Wong, MD - Surgery (6/23-6/26)- Faculty	X	Jennifer Yelich – Curricular Affairs	X
David Bear, PhD- Cellular & Molecular Medicine (6/23-6/26)-Faculty	X	Josie Acuna, MD – Curricular Affairs	
Philip Rosen, MD, FACS - Surgery (6/23-6/24)- Faculty		Julie Armin, PhD – Director – Health Disparities, Family & Community Medicine	X
Michael Ditillo, DO, FACS - Surgery (6/23-6/26)- Faculty	X	Julie Jernberg, MD, MBA -	
<b>Student Body Voting Members</b>		Keith Joiner, MD, MPH – Scholarly Projects	
Colin Fields (2024) – student	X	Kevin Moynahan, MD – COM Education	
<i>Katie Pulling (2024) – student alternate</i>		Kris Slaney – Student Affairs	
Isabellyana Dominguez (2025) – student		Marie-Pierre Hasne PharmD, PhD- Chem/Bio	X
<i>Jasmine Lock (2025) – student alternate</i>		Melinda Davila – Curricular Affairs	X
Sara Youssef (2026) – student	X	Michelle Schickling – Curricular Affairs	X
<i>Ashley Ungor (2026) – student alternate</i>	X	Raquel Givens, MEd – COM Education	X
Pending Reps -2027		Rich Amini – Student Affairs	
<b>Guests</b>		Selma Ajanovic - Director, Student Records / Registrar	
<b>Guests:</b> Kate Hughes	X	Sonia B. de Leon- Director of Student Affairs	X
Heather Habecker	X	Tejal Parikh – Admissions	
Desiree Collins	X	Travis Garner – Curricular Affairs	X
Skikar Adhikari	X		
Kavitha Yaddanapudi	X	<b>Facilitator:</b> Abril Castro Galaviz	X

1. **Meeting Minutes: 7/26/23 meeting minutes** motioned to a vote by Colin Fields and second by Dr Nafees Ahmad.
  - i. Item was approved after reaching quorum.
  
2. **CRC Block Change Form (Hughes):** Dr. Hughes began her presentation by expressing that she would focus on the implemented changes to made. She explained that there were faculty changes, with two departures Dr. Min and Khan and confirmed the newly hired replacements as Dr. Talal Moukabary and Dr. Salma Patel. Dr. Hughes highlighted that the curriculum mapping process had been implemented for the first time, with every case being mapped. In addition, she mentioned that changes were made to the grading rubric for the third-semester students, emphasizing professionalism and requiring students to accurately identify three of the most likely diagnoses. Dr. Hughes elaborated on the changes made to the grading rubric, particularly regarding the requirement for students to identify their top differentials.
  - a. Dale Woolridge thanked Dr. Hughes for her presentation and expressed his enthusiasm for the CRC block and invited questions and comments from committee members. Upon no questions or concerns were raised from the group Dr. Woolridge requested a motion to approve the CRC Block Change Form as presented by Dr. Kate Hughes.
    - i. *Item was approved after reaching quorum.*
  
3. **Annual Basic Science Curriculum Review: Pharmacology (Ronaldson):** Dr. Ronaldson began his presentation by providing an overview of the progress made in pharmacology over the past five years. He mentioned that pharmacology was previously one of the lower-ranked basic science disciplines but has improved significantly in recent years, largely due to collaborative efforts. In addition, he highlighted that many students now feel they receive adequate training in pharmacology as they transition from pre-clerkship to clerkship years. Dr. Ronaldson highlighted four main areas for improvement in the pharmacology curriculum:
  - a. **Increased Clinical Examples and Vignettes:** During the presentation he highlighted the use of clinical vignettes as a teaching strategy. These vignettes involve presenting students with real-world patient scenarios and demonstrating how pharmacological principles are applied in clinical practice. He explained how incorporating these clinical examples and vignettes during basic science training would help students understand real-world applications of medications and encourages them to generate hypotheses and research questions. In addition, he highlighted that by using such examples early in the curriculum, students are encouraged to think critically about the use of drugs in patient care. This approach not only reinforces pharmacological concepts but also fosters problem-solving skills and a deeper understanding of their clinical relevance.
  - b. **Review of Drug Lists and Content:** It was essential to ensure that drug lists and content remain current and relevant. The field of pharmacology is dynamic, with new drugs constantly emerging and older ones becoming less relevant. Dr. Ronaldson stressed the importance of keeping the drug lists within the curriculum current. To ensure that students are well-prepared for clinical practice, the curriculum focuses on the most

commonly prescribed drugs across various disease states. Outdated or rarely used drugs are replaced with those that students are likely to encounter in their future careers. This keeps students informed about current drug therapies and safety considerations.

- c. **Messaging:** The presentation addressed a shift in messaging regarding pharmacology education. Traditionally, students might have approached pharmacology as a subject to study solely for exams, with the primary goal being to pass assessments. However, the curriculum now emphasizes the clinical relevance of pharmacology knowledge. Students are encouraged to understand that their education in pharmacology is not just about exam preparation but about acquiring the skills and knowledge needed to be successful, safe, and effective clinicians throughout their careers. This shift aims to instill a sense of lifelong learning and commitment to patient care. He emphasized the need to convey that the curriculum is designed to prepare students to be outstanding physicians, not just for exams.
- d. **Pediatric and Geriatric Populations:** Dr. Ronaldson indicated that the curriculum should include concepts related to pharmacotherapy in pediatric and geriatric populations. He discussed the importance of early exposure to dosing and treating pediatric and geriatric populations including teaching students about the physiological differences that exist between these age groups and how these differences impact drug therapy. He added that by introducing these concepts earlier in the curriculum, students are better prepared to provide appropriate care to patients across the lifespan. Additionally, students should be familiarized with the differences in dosing and treatment for these patient groups early in their education setting a strong foundation in pharmacology care.
- e. **Examples and Workshop Integration:** Dr. Ronaldson encouraged collaboration and feedback from other faculty members. This collaborative approach involves sharing information about relevant drugs and pharmacological concepts. Dr. Ronaldson provided examples from his own materials and highlighted a workshop developed by the foundations team. He demonstrated how these examples and workshops help students understand concepts, such as pediatric dosing and pharmacokinetics. He explained the value of workshops in incorporating clinical scenarios into the curriculum.
  - i. Dr. Raquel Givens asked about variations in dose values and reference ranges across sessions.
  - ii. Dr. Ronaldson acknowledged this issue and emphasized the importance of understanding concepts rather than relying solely on specific numbers.
  - iii. Nafees Ahmad praised Dr. Ronaldson for his contributions to pharmacology and his collaboration with other faculty members.
    - Future Plans: Dr. Ronaldson mentioned his plans to collaborate with the Life Cycle block to further enhance the pharmacology curriculum. He expressed his intention to reach out to Teja to discuss this collaboration in more detail.
    - After no further questions from the group item was motion to a vote by Dr. Nafees Ahmad for approval and seconded by Colin Fields.
      - i. *Item was approved after reaching quorum.*

4. **Annual Basic Science Curriculum Review: Radiology (Yaddanapudi):** Began her presentation with a self introduction identifying herself as the discipline director for Radiology. Dr. Yaddanapudi explained that radiology is currently taught in various pre-clerkship blocks, including foundations, CPR (Clinical Practice and Reasoning), musculoskeletal, nervous system, life cycle, and societies. The curriculum covers topics such as chest radiography, lung tumors, pneumoconiosis, pulmonary infections, and more. Dr. Yaddanapudi continued her topic discussion by delving into the challenges faced by the radiology discipline in the context of the medical school curriculum. Some of these challenges include, GQ not having anything pertaining to Radiology or Imaging. This absence extended even to the USMLE Step 1, where radiology did not qualify as a distinct subject matter.
- a. **Student Feedback:** Dr. Yaddanapudi highlighted feedback collected from medical students in different blocks. Students expressed a desire for more radiology content and interactive learning experiences. Many students requested in-person lectures and case-based learning. There were concerns about the timing of radiology lectures and a lack of radiology exposure for some students.
  - b. **Challenges in Radiology Education:** Dr. Yaddanapudi discussed common challenges faced in radiology education, such as a shortage of radiologists and the need for early introduction to radiology in the curriculum.
  - c. **Implemented Changes and Future Plans:** She explained that the curriculum has already seen some changes, including longitudinal integration of radiology, introduction of radiology in the foundation block, and more resident-led teaching. Proposed future changes included introducing an in-person introduction to radiology, gathering input from block directors to enhance integration, and using radiological anatomical laboratories with CT and MRI. Dr. Yaddanapudi mentioned ongoing work on creating a simulation ASTEC Lab for contrast reactions and doing logical anatomical laboratories CT/MRI using the anatoinage table.
    - i. **Radiology Interest Group and Website:** Dr. Yaddanapudi proposed establishing a Radiology Interest Group to provide students with more exposure to radiology. She also suggested revamping the radiology medical student website suggesting the introduction of webinars and additional resources to enhance the radiology interest group's participation among medical students. She highlighted successful, informal webinars across the country that focus on case-based learning, lasting for one to two hours. These webinars appear to be well-received by participants. She proposes incorporating such webinars and lectures into the radiology medical students' website, which currently only showcases pre-clerkship and elective opportunities. This revamp aims to provide more exposure to radiology, clarify levels of pre-clerkship involvement, and offer research opportunities for those interested in pursuing radiology further. Overall, the goal is to make the website a valuable resource for medical students interested in radiology.
      - a. Dr. Nafees Ahmad and Dr. Raquel Givens commended Dr. Yaddanapudi on her presentation and offered insights into improving the introduction to radiology for students. Dr. Givens also suggested adding evaluation items to clerkship evaluations to gather feedback from students about their preparedness in basic science disciplines. After no further question from the group item was motioned to a vote.
        - i. *Item was approved after reaching quorum.*

5. **AI Curriculum (Parikh/Adhikari):** Dr. Srikar Adhikari briefly introduced himself as a faculty member in the Emergency Medicine Department and expressed the need to create a working group to create an AI thread in the curriculum. The need of an AI thread comes due to the rapid development of technology and big data in healthcare. He emphasized that students should be equipped to use technology appropriately, interpret results, and understand the limitations and biases of AI tools in clinical practice and be able to actually communicate those results effectively to other healthcare providers and patients as well.
- a. The proposed scope of the AI thread would be to have the curriculum be more clinically focused rather than mathematically oriented, focusing on data literacy and information literacy, along with core concepts of AI and data science. Objectives of the curriculum include providing an overview of the implications of big data on healthcare, clinical relevance of AI concepts, benefits, limitations, and ethical and legal issues. These objectives collectively aim to prepare medical students for the changing landscape of healthcare, where AI technologies play an increasingly vital role, healthcare professionals who harness the potential of AI while being mindful of its limitations and ethical considerations.
  - b. Teaching strategies mentioned include integrating AI into existing blocks, modules, and workshops, using experiential learning, round table discussions, and customized learning modules. An example would be using existing educational opportunities and platforms, which so this, which is what we do with outstand, as of now we go integrate, all assigned to several blocks. Student assessment strategies include pre-assessment, hands-on sessions, and feedback loops with AI. The need for constant evaluation and updates of the curriculum was emphasized due to the rapidly evolving nature of AI technology.
  - c. Dr. Adhikari highlighted the importance of an interdisciplinary group, which includes clinicians, AI experts, educators, data scientists, and ethics experts, and even medical to collaborate on the development of the AI curriculum.
    - i. Dr. Kavitha Yaddanapudi expressed support for the AI curriculum and mentioned the relevance of AI in the field of radiology.
    - ii. Dr. Parikh shared an idea that has been discussed with some of the students in primary care is having the patients who are bringing in their wearables watches and downloading their data to analyze how AI and data mining can be used in interpretation of the data.
    - iii. Dr Adhikari added that other stakeholders such as hospitals and others in the healthcare industry, and that includes patients as well. He feels that if we do not take the lead in AI in education, we will be dictated of what the expectation is.
    - iv. Dr. Eckstein shared an example of AI being used in healthcare, where it acts as a scribe, automatically generating clinical notes leaving the physician to do review of scribe and minimal edits. doing minimal edits.
    - v. Raquel Givens emphasized the importance of education, awareness, and critical thinking regarding AI in healthcare.
    - vi. Marie-Pierre Hasne echoed the importance of critical thinking and incorporating AI into the curriculum.

- vii. Dr. Saman Nematollahi raised the question of how the AI curriculum would be implemented without overcrowding the current curriculum.
  - a. Dr. Adhikari discussed the potential integration of AI into existing blocks, using AI tools in clinical practice, and creating longitudinal experiences for students.
- viii. After no further questions from the group, the establishment of a work group to explore and develop the AI curriculum was proposed and motion for a vote, with the expectation of returning with a formal proposal in the future.
  - a. *Item was approved after reaching quorum.*

6. **Step 1 Analysis Preliminary Data (Habecker/Collins):** Heather Habecker began the presentation by discussing the preliminary results of the analysis completed by the Accreditation & Analytics team. She explained that they used data from secondary data sets from the class of 2024 and 2025 and an internal survey conducted by the Office of Accreditation and Analytics. Additionally, she added that the main objective of their analysis was to identify markers for students at risk of failing the step one exam on their first attempt or delaying it. Their aim was to propose potential interventions for students with varying needs and backgrounds. Heather introduced the concept of the "Solution Pathway Survey" as a placeholder for identifying markers for risk and potential interventions. This survey would help categorize students based on their needs.

She also explained that the data sets they used included 89 students for the internal survey and 234 students for the secondary data set. The students were organized by their cohort when they entered the program. Heather discussed some of the markers for risk they identified during their preliminary analysis, which included overall MK (Mark) average, specific course averages, and how prepared students felt in various disciplines. Also, she mentioned that the MK average could be used both as a continuous monitoring tool throughout the Pre-clerkship phase and as a final marker. It could trigger different interventions based on the student's performance. Heather explored specific course averages in foundations and digestion, metabolism, and hormones marking them as potential markers for risk. She discussed the differences they found in students' performance based on various thresholds for MK average, such as 75%, 80%, and 85%. Heather presented a table showing the differences in student outcomes when considering these thresholds and how they related to pass, fail, delay, or on-time completion of the step one exam. She also presented graphs and data for specific courses like foundations and digestion, metabolism, and hormones, demonstrating statistically significant differences in performance. She emphasized that these findings were statistically significant and suggested that specific thresholds could be used as markers for risk and potential intervention triggers.

Desiree Collins continued the presentation by explaining that one of the survey questions focused on how prepared students felt for each discipline and whether it was easier or more difficult than expected. Desiree presented data to the group showing that most students found disciplines like behavioral science, immunology, gross anatomy, microbiology, neuroscience, and physiology to be easier than expected. Conversely, disciplines such as genetics, biochemistry, biology of disease, micro anatomy, pathology, and biostatistics were perceived as more difficult than expected. She noted that when looking at students with lower Mk averages or those who did not pass, there were differences in how they perceived certain disciplines. Immunology and gross anatomy were found to be harder than expected by these students, suggesting they might be markers of risk. Desiree discussed the idea of tailoring a solution pathway for different students, as not all students require the same assistance. She suggested using certain MK average thresholds, such as

80-85% in specific courses, to trigger the solution pathway survey, allowing students to choose different intervention methods based on their needs. Desiree mentioned the possibility of creating a short survey to offer one-credit-hour online step 1 preparation courses, which could be opted into by students who feel they need it, regardless of their MK average. She discussed the idea of offering basic science and medical foundation study courses and additional study classes for students struggling in specific disciplines. Desiree emphasized that these were exploratory ideas, open for discussion, to address the challenges of students delaying or failing the step 1 exam. Desiree shared that many students found the transition to NPME-style questions difficult, especially those with lower MK averages. She also mentioned that students struggled with the transition from a structured to an unstructured study environment. Desiree discussed the survey results regarding students' preferences for mandatory or optional step 1 courses. Most students disagreed with having a mandatory course, but for students with lower MK averages, there was a shift towards agreeing with the idea of an optional course.

- a. Collin Fields inquired about the response rate for these survey questions.
  - b. Desiree mentioned that the overall response rate was based on 89 students from M3 and M4, with variations in response rates for specific questions.
  - c. Heather Habecker mentioned that not all students answered every question in the survey, potentially affecting the responses. Heather explained that she was trying to calculate the overall response rate for the survey, which was approximately 40%. There were 89 respondents from two medical school classes.
  - d. Mike Ditillo pointed out that 89 respondents represented a small fraction of the medical school class.
  - e. Heather acknowledged this and mentioned that they combined data from both classes to increase the sample size.
  - f. Collin Field inquired whether the 40% represented both classes or just the 89 respondents.
  - g. Heather clarified that the 40% represented 40% of the secondary data set, consisting of students from both the 2024 and 2025 classes. She explained that they categorized students based on the cohort they entered. Heather emphasized that combining data from both classes allowed for more statistical power when analyzing the results.
  - h. Desiree Collins explained that the survey was designed to avoid overwhelming students and collect their opinions about their experiences with Step One. It was voluntary, and they focused on gathering opinions from willing participants.
  - i. For purposes of time, item was proposed to be brought for further discussion at the next meeting.
    - ii. Meeting adjourned.
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## Meeting Minutes & Attendance, Wednesday, September 27<sup>th</sup>, 2023

MEETING ATTENDEES			
Voting Members		Resource Members	
Barbara Eckstein, MD – Family & Community Medicine (6/22-6/25) – Faculty	X	Alex Lopez – IT	X
Cori Daines, MD – Pediatrics (6/22-6/25) – Faculty, Vice Chair	X	Alisa Petersen - Scholarly Projects coordinator	X
Dale Woolridge, MD, PhD, FACEP – Emergency Medicine (6/22-6/25) – Faculty, Chair	X	Anna Landau, MD, MPH – Curricular Affairs	
Dalia Mikhael, MD, MBA – Medicine (6/22-6/24) – Faculty		Annah Conn, PhD – Curricular Affairs	X
John Bloom, MD – Pharmacology (6/22-6/25) – Faculty	X	Bryson Southard	X
Nafees Ahmad, PhD – Immunobiology (6/22-6/24) – Faculty	X	Colette Scott, Med – Director – iCAPS, SPP	
Patrick Ronaldson, PhD – Pharmacology (6/22-6/24) – Faculty	X	Davin Vidigal Rosenberg – COM Education	X
Saman Nematollahi, MD – Medicine (6/22-6/26) – Faculty	X	Holly Bullock, MD, MPH, Director – OB/GYN Clerkship	
Ryan C. Wong, MD - Surgery (6/23-6/26)- Faculty	X	Jennifer Yelich – Curricular Affairs	X
David Bear, PhD- Cellular & Molecular Medicine (6/23-6/26)-Faculty	X	Josie Acuna, MD – Curricular Affairs	
Philip Rosen, MD, FACS - Surgery (6/23-6/24)- Faculty		Julie Armin, PhD – Director – Health Disparities, Family & Community Medicine	X
Michael Ditillo, DO, FACS - Surgery (6/23-6/26)- Faculty	X	Julie Jernberg, MD, MBA -	
<b>Student Body Voting Members</b>		Keith Joiner, MD, MPH – Scholarly Projects	
Colin Fields (2024) – student	X	Kevin Moynahan, MD – COM Education	
<i>Katie Pulling (2024) – student alternate</i>		Kris Slaney – Student Affairs	
Isabelliana Dominguez (2025) – student		Marie-Pierre Hasne PharmD, PhD- Chem/Bio	X
<i>Jasmine Lock (2025) – student alternate</i>		Melinda Davila – Curricular Affairs	X
Sara Youssef (2026) – student	X	Michelle Schickling – Curricular Affairs	X
<i>Ashley Ungor (2026) – student alternate</i>	X	Raquel Givens, MEd – COM Education	X
Pending Reps -2027		Rich Amini – Student Affairs	
<b>Guests</b>		Selma Ajanovic - Director, Student Records / Registrar	
<b>Guests:</b>		Sonia B. de Leon- Director of Student Affairs	X
Heather Habecker	X	Tejal Parikh – Admissions	
Desiree Collins	X	Travis Garner – Curricular Affairs	X
		<b>Facilitator:</b> Abril Castro Galaviz	X



1. **Meeting Minutes:** 9/27/23 meeting minutes motioned to a vote by Katie Pulling and second by Dr. John Bloom.

- i. *Item was approved via vote after reaching quorum.*

2. **Nervous System Block Change Form (O'Brien):** Dr. Haley O'Brien, provided an overview of the changes made to the block change form, explaining that they targeted two high-yield topics due to time constraints. The first proposed change involved removing a session called "The Clinical Utility of Electrodiagnostic Testing." This session had been designed by the previous block director, Dr. Kahn, to highlight his specialty and showcase the breadth of neurology but upon his departure it made to remove the session and give more self-directed learning time to the students increasing the time by 30 minutes. The second change was the updates of learning objectives, specifically regarding the Seizure and Epilepsy sessions, which needed to be updated to align with the International League against epilepsy classifications along with updates to the classifications made by the USMLE. Dr. O'Brien highlighted that the changes included knowing how to categorize the different seizure types, using specifically the ILAE Classification. Dr. O'Brien invited questions from the group.

- a. Dr. Woolridge shared his personal struggle with block scheduling and indicated that he saw some of the numbers were off when it comes to the independent learning and the self-directed, learning and asked Dr. O'Brien what did she find was her biggest battle going forward in that regard?
    - i. Dr. O'Brien indicated that moving forward they would like to balance the weeks so that they each revolve around a clinical theme, the hope is that this would allow students to have some of the basic sciences loaded up front with some good independent learning in the middle of the week, and then finish with very targeted clinical knowledge content.
  - b. Dr. Nafees Ahmad inquired if the same amount of independent learning and self-directed learning time was maintained.
    - i. Dr. O'Brien noted that the change of the removal of Dr. Khans specialty did result of the additional half-hour of self-directed learning time, and this is not being returned to independent learning at this time.
  - c. Upon no further questions from the group a motion to vote was made by Katie Pulling and Dr. Ahmad and seconded by Dr. Bloom.
    - i. *Item was approved via vote after reaching quorum.*

3. **I & I Block Change Form (Ahmad):** Dr. Nafees Ahmad began his I&I block change form presentation explaining that the block consisted of nine weeks of block content, with the final week dedicated to exams. He explained that the block was designed to include disciplines and Immunology and the sub disciplines of Microbiology, such as immunology, microbiology (including virology, bacteriology, mycology, and parasitology), antimicrobial topics, vaccines, pathology, and immune cancers. He went on to provide a breakdown of the weekly content, starting with the first week, which covers the overview of the immune system and essential immunology concepts for students to prepare for Step 1 exams and clerkships. In the second week, the focus shifts to applying basic immunology to immunological diseases, including

hypersensitivity, autoimmunity, myeloid and lymphoid cancers, aspects of transplantation, and the immune response to cancer and allergies. The third week involves studying viral diseases, including clinical relevance, treatments, prevention, and vaccines. Dr. Ahmad mentioned that weekly quizzes and step-like questions are included throughout the block to assess students. The fourth week delves into bacterial infectious diseases, focusing on antibiotics and clinical correlations to prepare students for real-world clinical scenarios. Week five continues the discussion of bacterial and viral infectious diseases, along with clinical correlations. Dr. Ahmad pointed out that a spiral curriculum is followed, ensuring a comprehensive understanding of the material. Week six covers immunocompromised patients and includes a special presentation by an HIV patient regarding the success of antiretroviral therapy. Additionally, antibiotic usage during pregnancy is introduced. Dr. Ahmad also mentioned that team learning sessions on various topics are included to enhance student readiness for clinical rotations. The seventh week shifts the focus to fungal and parasitic infectious diseases, along with in-depth clinical correlations. The curriculum also includes discussions on vaccine contraindications and recommendations in specific scenarios. The eighth week is devoted to clinical correlations and reviews, with a multi-organ disease flip class to integrate various blocks. Week 9 is more clinical correlation, as with some of the reviews, this week includes a Multi-Organ Disease Flipped Class, which is not only talking about infectious disease, immunologic disease, but also integrating various blocks, such as CP, Nervous System and DMH. Final week, week 10 concludes with exams.

- a. Dr. Ahmad summarized the changes made to the block the addition of a patient presentation on the success of antiretroviral therapy in the Immunocompromised Host session. Adding Antibiotics, usage, and recommendations during pregnancy. rationale behind increasing the number of questions in the exams from 60 to 70. Dr. Ahmad explained that this change was made based on student feedback and aimed to provide students with more exposure to step-1 like questions and prepare them better for future assessments.

- i. Item was motion to a vote by Katie Pulling and second by Dr. John Bloom.
    - a. *Item was approved via vote after reaching quorum.*

4. **Annual Basic Science Curriculum Review: Microbiology & Immunology (Ahmad):** Dr. Nafees Ahmad provided a brief overview of the changes in microbiology and immunology, highlighting differences in representation on the GQ and the Step 1 exam. Dr. Ahmad presented a chart comparing national averages to the College of Medicine's performance in immunology, noting significant improvements in recent years. He moved his presentation to microbiology, highlighting that it consistently scored above the national average, although not as high as immunology. Dr. Ahmad expressed contentment with the performance, especially considering that immunology used to be the dominant discipline. During his presentation he addressed changes in the way USMLE scores are represented and the challenges in interpreting the data. Dr. Ahmad discussed the process of aligning the curriculum with USMLE guidelines and the challenges posed by the diverse nature of infectious diseases across organ systems. He emphasized the importance of providing a comprehensive understanding of the immune system and microbiology to students, especially in multi-organ diseases.

Dr. Ahmad mentioned the use of the First Aid curriculum and collaboration with other medical schools to ensure comprehensive coverage of microbiology and immunology. He outlined how

microbiology and immunology are integrated into various blocks, providing a snapshot of their presence in different areas of the curriculum. Dr. Ahmad explained how the curriculum prepares students for the pre-clerkship phase, emphasizing that immunology is well represented in the foundation level, while there's room for expansion in microbiology. He outlined the presence of microbiology and immunology topics in different blocks and commended the efforts to integrate these subjects into the curriculum.

Dr. Nafees Ahmad discussed the challenges faced, including overloading information, and the need for innovative ways to help students remember the material. He mentioned the need for more clinical relevance and signposting in the curriculum, along with efforts to ensure students attend classes. Dr. Nafees Ahmad noted that the students' positive perception of immunology as "easier than expected" is a positive sign but expressed concerns about students who find it challenging. He recommended that students requiring additional support should be encouraged or required to attend classes to improve their understanding.

- a. Dr. Woolridge asked as we moved forward towards incorporating work into the clerkships, what did he think our biggest challenge is?
  - i. Dr. Ahmad shared his perspective indicating his personal challenges one being the need to increase microbiology content in the foundation phase and second is finding time to place content in and signposting for students to know content will be reviewed in clerkships.
  - ii. After no further questions from the group, item was motioned to a vote by Katie Pulling and second by Dr. John Bloom
    - I. *Item was approved via vote after reaching quorum.*

5. **D & P Block Change Form (Cagno):** Dr. Colleen Cagno provided an overview of the changes made in the Doctor and Patient course for the upcoming fall semester. She discussed the modifications in both Med. 8, 15A and Med. 8, 15C, which cater to first-year and second-year students, respectively. Dr. Cagno informed the attendees about recent faculty changes in the Doctor and Patient course. Dr. Al-Khashman stepped down from his role as a society mentor, and Dr. Sarah Tariq joined the team. Additionally, Dr. Patricia Lebensohn, one of the founding society mentors, who retired has been replaced by Dr. Keith Primeau. Dr. Cagno delved into changes within the first-year curriculum. She detailed the reorganization of sessions in Aztec, emphasizing that students would now receive an orientation during their first visit. The abstinence reflection activity was replaced with a new general reflective exercise based on student feedback. She described changes made for second-year students in the Med. 8, 15C course. These changes included introducing more content on trauma-informed care in the Breast/Pelvic/Male GU lab and incorporating RHTA's as chaperones during standardized patient exams. The pediatric lab was enhanced to include a station about child life specialists, which received positive feedback. Dr. Cagno explained the expansion of mentor-student interactions beyond the Doctor and Patient course. Mentors would now be required to have individual meetings with their students twice during the clerkship phase. This change aimed to provide additional support and guidance.

- a. Dr. Woolridge thanked Colleen Cagno for her presentation and appreciated the

introduction of ASTEC at an earlier stage in the curriculum.

- i. Dr. Cagno expressed her gratitude for the collaboration between ASTEC and the ICAPS team. She discussed the potential for creating hybrid cases that combine standardized patients and ASTEC scenarios to continue to enhance the learning experience further.
- b. Dr. Woolridge opened the floor for questions or comments from the committee or attendees.
  - i. After no questions from the group item was motioned to a vote by Dr. Nafees Ahmad and second by Katie Pulling.
    - a. *Item was approved after reaching quorum.*

6. **New Innovations Evaluations (Site) Proposed Changes *re-vote* (Givens):** The meeting commenced with Dr. Woolridge introducing the topic of discussion and provided some context by reminding the group at large that the item was previously reviewed at an earlier TEPC meeting this year. He reminded the group that the item was related to the student work environment. He mentioned that Raquel would summarize the proposed edits related to evaluating the student work environment. Dr. Raquel Givens then took the floor and explained that the New Innovation Evaluation was designed to address an LCME (Liaison Committee on Medical Education) accreditation finding related to the clinical sites, specifically focusing on student workspace and orientation to those spaces. She highlighted that the evaluation standards required schools to ensure that certain amenities were available to students, and they were supposed to provide student satisfaction data to corroborate the availability of these amenities. Raquel mentioned that based on an accreditation visit in 2022, a significant number of students were dissatisfied with the available amenities, approximately 30 to 35 percent. To address this issue, several changes were implemented in collaboration with Banner. Dr. Givens reminded the group that the item had been presented to the group in February, of this year. The presentation included the proposal for incorporating two evaluation items into the site evaluation form and that these evaluation items aimed to monitor the students' experience. During our reviews from previous meeting minutes in the subcommittee TCCS from February indicated that the proposal would be taken to TEPC for approval. Additionally, TEPC meeting minutes from February recorded the presentation however, there was some uncertainty about whether TEPC had approved the item. Raquel asked the group to revote on the item previously presented and the changes proposed, to codify TEPC's approval of such in our meeting minutes, and explained that the proposed changes were already in effect.

- a. Raquel provided details of the two additional evaluation items: one asking about the adequacy of space, lounge areas, personal lockers, and secure storage facilities, and the other about student orientation to these resources. She mentioned that while these questions were combined for the sake of brevity, the possibility of revisiting them separately in the future was open. Raquel also clarified that the New Innovation feedback was confidential but not anonymous, which allowed for individual follow-ups if necessary.
- b. Dr. Woolridge emphasized that the committee could propose edits and adjustments to the evaluation form in the future through parliamentary processes.

- c. The floor was opened for discussion, and Dr. Eckstein raised a concern about the combined nature of the questions and suggested the possibility of adding a "please specify" option for further clarification.
- d. Raquel acknowledged this suggestion and mentioned that a general comment box was already present but adding a "please specify" option could be considered in the future.
- e. Dale reiterated that the parliamentary process allowed for future edits to the text, and proposed adjustments could be brought to the agenda should any member request and propose any. He then asked for any recommended edits, feedback, or comments from the committee regarding the current edits. With no further comments or edits proposed, Dale sought a motion to approve the proposed edits and incorporate them into the New Innovation Survey for medical students during their clerkships.
  - i. Item was motioned to a vote by Dr. Marie-Pierre Hasne, and it was seconded by Katie Pulling.
    - a. *Item was approved after reaching quorum.*

7. **Step 1 Analysis Preliminary Data Debrief (Habecker/Collins):** Dale introduced and opened the debriefing session highlighting that this item was a continued discussion from the previous Step 1 analysis preliminary data presentation. He explained that the previous meeting had run out of time and, but we had decided to bring back for continued discussion as the need to address certain elements in more detail was there. Heather Habecker provided a recap of the previous discussion, emphasizing the importance of reframing the approach to avoid problematizing students. She suggested looking into additional layers in the curriculum to cater to the outliers. Dale discussed the perspective of block directors, noting that individual blocks might not be the sole factor leading to student performance issues on Step 1. He talked about the need for insights into which students require additional assistance. Desiree and Heather continued to discuss the importance of understanding students' diverse needs and distinguishing between skill-based and knowledge-based problems and opened the floor to participants.
- a. Barbara raised concerns about the methodology used for the analysis. She pointed out the potential issues of spurious correlations and ecological fallacy and worried that resources might be spent on addressing issues that are not the primary causes of students' struggles. She mentioned that life circumstances and anxiety could be significant factors contributing to students' performance.
    - i. Heather acknowledged Barbara's points and expressed the need for further exploration to understand the correlations and whether they are truly causative.
  - b. Katie Pulling brought up the topic of students' perception of test difficulty and the differences between the classes of 2024 and 2025. She mentioned the importance of considering the impact of weekly quizzes on students' performance.
    - i. Raquel Givens responded, explaining that the weekly quizzes were not yet counted for grades, and the students approached them with varying levels of seriousness. She suggested that their impact might be clearer when they are officially counted as part of the grading.
  - c. Dale acknowledged that during to time constrains we would need to continue the conversation in the next meeting.
    - i. The debrief ended with an agreement to revisit the topic in the next session.

8. **Curricular Updates (Givens):** Raquel Givens provided updates on facility issues, mentioning improvements in the clinical environment, like the creation of a student lounge and better access to workstations. She also noted that curriculum discipline integration was successful with the help of Discipline Directors, and they were looking into addressing clerkship concerns.
  
  9. **New Members (Woolridge):** Nicole Perry, and John Hortareas as new class 2027 class representatives were welcomed as voting members.
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## Meeting Minutes & Attendance, Wednesday, October 25<sup>th</sup>, 2023

### TEPC MEETING ATTENDEES

Voting Members		Resource Members	
Barbara Eckstein, MD – Family & Community Medicine (6/22-6/25) – Faculty	x	Alex Lopez – IT	x
Cori Daines, MD – Pediatrics (6/22-6/25) – Faculty, Vice Chair	x	Alisa Petersen - Scholarly Projects coordinator	x
Dale Woolridge, MD, PhD, FACEP – Emergency Medicine (6/22-6/25) – Faculty, Chair	x	Anna Landau, MD, MPH – Curricular Affairs	
Dalia Mikhael, MD, MBA – Medicine (6/22-6/24) – Faculty		Annah Conn, PhD – Curricular Affairs	x
John Bloom, MD – Pharmacology (6/22-6/25) – Faculty	x	Colette Scott, Med – Director – iCAPS, SPP	
Nafees Ahmad, PhD – Immunobiology (6/22-6/24) – Faculty	x	Davin Vidigal Rosenberg – COM Education	x
Patrick Ronaldson, PhD – Pharmacology (6/22-6/24) – Faculty		Holly Bullock, MD, MPH, Director – OB/GYN Clerkship	
Saman Nematollahi, MD – Medicine (6/22-6/26) – Faculty	x	Jennifer Yelich – Curricular Affairs	x
Ryan C. Wong, MD - Surgery (6/23-6/26)- Faculty	x	Josie Acuna, MD – Curricular Affairs	
David Bear, PhD- Cellular & Molecular Medicine (6/23-6/26)-Faculty	x	Julie Armin, PhD – Director – Health Disparities, Family & Community Medicine	x
Philip Rosen, MD, FACS - Surgery (6/23-6/24)- Faculty		Keith Joiner, MD, MPH – Scholarly Projects	
Michael Ditillo, DO, FACS - Surgery (6/23-6/26)- Faculty		Kevin Moynahan, MD – COM Education	
<b>Guest:</b>		Kris Slaney – Student Affairs	
James Warneke	x	Melinda Davila – Curricular Affairs	x
Brian Drummond	x	Michelle Schickling – Curricular Affairs	x
<b>Student Body Voting Members</b>		Raquel Givens, MEd – COM Education	x
Colin Fields (2024) – student		Rich Amini – Student Affairs	x
<i>Katie Pulling (2024) – student alternate</i>	x	Selma Ajanovic - Director, Student Records / Registrar	
Isabellyana Dominguez (2025) – student		Sonia B. de Leon- Director of Student Affairs	
<i>Jasmine Lock (2025) – student alternate</i>		Tejal Parikh – Admissions	
Sara Youssef (2026) – student		Travis Garner – Curricular Affairs	x
<i>Ashley Ungor (2026) – student alternate</i>	x	Julie Jernberg, MD, MBA -	x
Perry, Nicole -2027	x	Marie-Pierre Hasne PharmD, PhD- Chem/Bio	x
Hortareas, John -2027		Bryson Southard	
<b>Facilitator:</b> Abril Castro Galaviz	x	Heather Habecker	x
		Desiree Collins	x

1. **Meeting Minutes:** 10/25/23 meeting minutes motioned to a vote by Katie Pulling and second by Dr. Nafees Ahmad.
  - i. *Item was approved via vote after reaching quorum.*
  
2. **Climate Change, Environment and Health Elective (Drummond/Jernberg):** Presentation was kicked off with self-introduction from the presenters: Dr. Drummond Emergency physician, State Chapter Lead for Arizona Health Professionals for climate action and Dr. Julie Jernberg, Amb Med Clerkship Director and PI & Lead on the AZ Climate Health Group mostly student group that is interdisciplinary with Vet Students, and Public Health. Dr. Drummond explained that the course stemmed from his involvement with climate health initiatives and the growing interest among medical students in climate health and sustainable healthcare practices. The course is a 2-week elective for 3<sup>rd</sup> or 4<sup>th</sup> year students and will focusing on how climate change affects patient healthcare. The course would cover various aspects related to climate change and health and encourage students to engage with climate health topics, including independent study, lectures, discussion sections, and a capstone project. The Capstone project will be a group project where students are taking a synthesis of all the material covered during the 2 week period and coming up with a presentation, video, letters, representatives, social media outlet, or some kind of advocacy for a way that they can show a mastery of knowledge they have obtained such as what are heat related illnesses and How are vector borne diseases influencing. In addition, he explained that the course will be a hybrid structure and will include in person and virtual content which could include outside lectures and discussions that would enhance students' understanding of climate health-related issues along with other virtual independent study material.
  - a. **Dr. Hasne** expressed her enthusiasm for the elective and inquired regarding Basic Science since the material being published is relative recent if there was any concern from either Drs. Drummond or Jernberg as to if they would have enough solid material to support and venture into Basic Science.
    - i. **Dr. Drummond** explained that they will use the textbook "Enviromedics" focusing on climate health and their plan is to incorporate and review articles and recent publications for discussions and analysis. The topics include examining the health impacts of factors such as population and fracking in specific regions. They will encourage students to rely on primary literature and bridge the gap between basic science and clinical situations. An example provided of such by Dr. Drummond was that of heat-related illness pathways, with recent insights into Coagulopathy and complement pathways, and highlighting the evolving nature of this field.
    - ii. **Dr. Jernberg** that in her clerkship she asked the student to use primary literature for presentations and linking basic science to clinical scenarios and explained that she plans to apply a similar approach to this elective.
  - b. **Dr. Ahmad** also express his support for the elective and that they have included the vector, bone infectious disease as part of their content and he too covers this during his block. He shared the importance of including such topics because of the climate change and glaciers melting we have seen a increase in Dengue cases, including some never seen before in places such as India, Pakistan and even the United States
    - i. **Dr. Jernberg** advised Dr. Ahmad that they just produced and individual case vet human case, a vet case, and a public health case that all weave together for the Arizona Climate and Health Group and invited him to participate if he was interested.
  - c. **Dr. Woolridge** inquired the number of students that would be allowed under the elective and when it would be offered.



- i. **Dr. Drummond** specified that it would be about 25 slots and first offering be around March 11-20<sup>th</sup>.
  - d. **Dr. Woolridge** inquired if prioritization of student applications has been specified for the 25 slots.
    - i. **Dr. Drummond** indicated that none was set but welcomed ideas regarding it.
    - ii. **Dr. Woolridge** elaborated that although no specific policies were in place for periodization first come first serve seemed to be preferred for these.
  - e. *Item was approved via vote after reaching quorum.*
  
- 3. **ICU Elective (Warneke):** **Dr. James Warneke** provided an overview of the new the Neuro ICU elective, a 2 or 4-week course designed for students interested in neurocritical care and centered around the assessment of and management of patients requiring acute, critical illness management of neurologic origin. Students would spend their time in the neuro ICU, working closely with the ICU team such as residents, Neurology Fellows, Stroke Fellows, Critical Care Fellows, neuro ICU attendings nursing and other support staff. Duties would include writing daily progress notes, patient evaluations, taking weekend calls, and writing up a complete H&P as part of the rotation. The focus of the elective is to teach students how to evaluate and manage critical care neuro patients, including monitoring ICP and addressing other issues in the ICU. **Dr. Warneke** emphasized that the elective's objectives and expected learning outcomes were focusing on students' ability to provide comprehensive care for patients in the ICU and make decisions regarding admission and transfer. The students will learn how to evaluate the critical care. The evaluation for this elective will be based on observing students' presentations on rounds and their H&P write-up and include some Socratic methods to assess the student knowledge base.
  - a. **Dr. Woolridge** raised regarding the enrollment cap and how often or when would elective be available.
    - i. **Dr. Warneke** clarified that that the elective is typically offered year-round.
    - ii. **Travis Garner** added for clarification that Neuro typically only does one student per elective rotation.
    - iii. **Dr. Givens** expressed that elective proposal document would be modified to include this information for future items
  - b. **Dr. Nematollahi** asked for clarification as to whether this elective was a replacement for a subinternship or an additional option
    - i. **Dr. Warneke** clarified that this elective is an additional option, not a replacement for other courses or ICU rotations.
  - c. *Item was motioned to vote by Katie Pulling, seconded by Nafees Ahmad. Item was approved via vote after reaching quorum.*
  
- 4. **Annual Basic Science Curriculum Review: Biochemistry/Nutrition (Hasne):** **Dr. Hasne** took over to present the findings and challenges for her Annual Basic Science Curriculum Review in the Biochemistry and Nutrition Discipline. She discussed the accreditation report, showing how student perceptions of preparedness had fluctuated over the years. She noted the recent improvement and a slight upward trend after a previous decrease in 2019. **Dr. Hasne** also presented data on student performance in biochemistry and nutrition on Step 1. While there was a dip in 2021 due to the pandemic, overall, the performance hovered around 55% for biochemistry and approximately 70% for nutrition. **Dr. Hasne** compared overall student performance on Step 1 with national scores, highlighting that the curriculum was slightly below the national average. She expressed concern about the results in the endocrine system area and the need to improve performance in this domain. In addition she discussed the distribution of

biochemistry and nutrition content throughout the curriculum, showing that certain areas had more content in these disciplines than others. Dr. Hasne outlined the internal and external challenges faced, including balancing short-term Step 1 success with long-term physician training. She also noted the need to address topics not currently covered in the curriculum, such as various diets and concepts present in public discussions. She shared the actions taken to address the challenges, including introducing more nutritional content and signposting connections to clerkships and discussed plans to capture introduced content in learning objectives and the importance of revisiting topics from different angles. Dr. Hasne also emphasized the need to streamline content, provide more step-exam format practice questions, and raise the bar for nutrition content. Prior to concluding the presentation Dr. Hasne set a long-term goal of reaching a 70% performance on Step 1 within the next five years.\

- a. Nafees Ahmad commended Dr. Hasne for the presentation and discussed the challenge of students confusing transcription and replication. He also raised concerns about the effectiveness of the spiral curriculum.
- b. Dr. Hasne highlighted the importance of incorporating basic science concepts repeatedly throughout the curriculum, rather than just reviewing the content with the students. She believes this approach could be beneficial but was unsure about how to implement it effectively. She highlighted who this was one of the main challenges as we needed to find a concrete strategy to achieve this goal.

#### **Presentations/Discussions:**

1. LCME Mock Visit Update (Givens/Vidigal): Dr. Givens provided an overview and update of the recent survey mock visit for our LCME visit in January that took place 10/11-12. The purpose of this exercise was to assess their preparedness for the upcoming survey visit on January 22, 2024. As part of the LCME visit she highlighted the importance of the briefing book, which is the narrative report that will be the primary source of evaluation during the survey visit. Raquel explained that they had identified areas where they could improve, and there would be more mock sessions to further prepare the participants. The goal was to achieve a successful survey visit, resulting in a positive outcome and an official date for the next full survey visit. She mentioned the importance of effectively telling their story, using continuous quality improvement principles, and providing data as evidence in their responses. Raquel also discussed the areas that were reviewed in the limited survey visit and highlighted the significance of not mentioning elements that were not part of the findings. She mentioned that we had received valuable feedback from the mock survey visit, particularly about clarity in their responses, and how they might revise their responses to better explain their actions. Davin Rosenberg Vidigal Rosenberg took over to provide more specific information about various elements they had reviewed during the mock visit. He discussed the feedback received, areas of improvement, and the need to ensure the briefing book contained all necessary information. Davin also highlighted the importance of showcasing their continuous improvement efforts and focusing on outcomes and evidence in their responses. Specific elements such as required clinical experiences, comparability of education and assessments, and basic science preparation were discussed in detail. Davin pointed out the need for clearer explanations, more robust descriptions of changes, and focusing on student feedback closure in the briefing book. The importance of showing that their data is continually improving and adapting to changes was emphasized. Davin suggested the need to downplay data that may not fully reflect recent improvements and to bring additional data related to student satisfaction. In addition, he emphasized the importance of providing survey team members with all necessary information and ensuring they are well-informed. Davin Vidigal Rosenberg shared his insights into

the potential outcomes and explained that they had been working on improving areas of concern. He mentioned that providing status reports and continuing to work on improvements was a common practice.

- a. Barbara asked if losing accreditation was a possibility, and Raquel clarified that losing accreditation was not among the options.
  - i. Raquel explained that at this time she did not have concern regarding the accreditation based on the Mock Survey Visit results and that the best outcome would be for the accreditation to continue, and the next full survey visit would be scheduled for 2030. The worst-case scenario would involve a warning or probation, which would require action plans and increased scrutiny. However, Raquel emphasized that she did not see this as a likely scenario. The committee could also receive an indeterminate interim status, meaning they would continue working on areas of improvement.
- b. Key Element feedback findings provided by Mock Visitors:
  - i. Element 5.4 (Sufficiency of Buildings and Equipment):
    - Consultants provided positive feedback and suggested highlighting improvements made since the last site visit.
    - Emphasized the use of data to support positive changes.
    - Mentioned high student satisfaction levels, with a 98.2% satisfaction rate for M2 students.
    - Highlighted the need to improve the briefing book to facilitate answering questions during the session.
  - ii. Element 5.4 (Sufficiency of Buildings and Equipment):
    - Consultants provided positive feedback and suggested highlighting improvements made since the last site visit.
    - Emphasized the use of data to support positive changes.
    - Mentioned high student satisfaction levels, with a 98.2% satisfaction rate for M2 students.
    - Highlighted the need to improve the briefing book to facilitate answering questions during the session.
  - iii. Element 8.8 (Monitoring Student Time):
    - Highlighted the need to clarify the school's intentions regarding citations for self-directed and lifelong learning (6.3) and 8.8.
    - Possible changes to the focus of 8.8 during the site visit, with more emphasis on workload.
    - Suggested a review of terminology, possibly renaming the "block change request form" for clarity.
  - iv. LCME's Definition of Self-Directed Learning: Stressed adherence to LCME's definition during the site visit.
  - v. Review Cycle and Timing of Reports: Emphasized the need for a clear timeline of curriculum reviews and reports in the briefing book. Highlighted the importance of providing all Level 1 reports to the survey team for easy access. Stressed the need for data and documentation to support claims in the briefing book. Mock Visitors also discussed the need for a clear timeline of curriculum reviews and reports to be included in the briefing book.

## Meeting Minutes & Attendance, Wednesday, November 8<sup>th</sup>, 2023

TEPC MEETING ATTENDEES			
Voting Members		Resource Members	
Barbara Eckstein, MD – Family & Community Medicine (6/22-6/25) – Faculty	X	Alex Lopez – IT	X
Cori Daines, MD – Pediatrics (6/22-6/25) – Faculty, Vice Chair		Alisa Petersen - Scholarly Projects coordinator	
Dale Woolridge, MD, PhD, FACEP – Emergency Medicine (6/22-6/25) – Faculty, Chair	X	Anna Landau, MD, MPH – Curricular Affairs	
Dalia Mikhael, MD, MBA – Medicine (6/22-6/24) – Faculty		Annah Conn, PhD – Curricular Affairs	X
John Bloom, MD – Pharmacology (6/22-6/25) – Faculty	X	Bryson Southard	
Nafees Ahmad, PhD – Immunobiology (6/22-6/24) – Faculty		Colette Scott, Med – Director – iCAPS, SPP	X
Patrick Ronaldson, PhD – Pharmacology (6/22-6/24) – Faculty	X	Davin Vidigal Rosenberg – COM Education	X
Saman Nematollahi, MD – Medicine (6/22-6/26) – Faculty	X	Desiree Collins	X
Ryan C. Wong, MD - Medicine (6/23-6/26)- Faculty	X	Heather Habecker	
David Bear, PhD- Cellular & Molecular Medicine (6/23-6/26)-Faculty	X	Holly Bullock, MD, MPH, Director – OB/GYN Clerkship	
Philip Rosen, MD, FACS - Surgery (6/23-6/24)- Faculty		Jennifer Yelich – Curricular Affairs	X
Michael Ditillo, DO, FACS - Surgery (6/23-6/26)- Faculty		Josie Acuna, MD – Curricular Affairs	x
<b>Guest:</b>		Julie Armin, PhD – Director – Health Disparities, Family & Community Medicine	
		Julie Jernberg, MD, MBA -	
		Keith Joiner, MD, MPH – Scholarly Projects	
<b>Student Body Voting Members</b>		Kevin Moynahan, MD – COM Education	
Colin Fields (2024) – student	X	Kris Slaney – Student Affairs	
<i>Katie Pulling (2024) – student alternate</i>		Marie-Pierre Hasne PharmD, PhD- Chem/Bio	X
Isabellyana Dominguez (2025) – student		Melinda Davila – Curricular Affairs	X
<i>Jasmine Lock (2025) – student alternate</i>		Michelle Schickling – Curricular Affairs	X
Sara Youssef (2026) – student		Raquel Givens, MEd – COM Education	X
<i>Ashley Ungor (2026) – student alternate</i>	X	Rich Amini – Student Affairs	X
Perry, Nicole -2027	X	Selma Ajanovic - Director, Student Records / Registrar	X
Hortareas, John -2027	X	Sonia B. de Leon- Director of Student Affairs	X
<b>Facilitator:</b> Abril Castro Galaviz	X	Tejal Parikh – Admissions	
		Travis Garner – Curricular Affairs	X

1. **Meeting Minutes:** 11/8/23 meeting minutes motioned to a vote by John Hortareas and second by Dr. Hasne.
  - i. *Item submitted for approval via e-vote after due to no quorum at the beginning of the meeting.*
  - ii. *Quorum reached via combined evote/vote (attachment 6)*

### **Subcommittee Recommendations to TEPC**

1. **Advance Topic Block Change Form (Woolridge):** Before beginning his presentation Dr. Dale Woolridge Chair of TEP checked with the audience if anyone wants to wait hold his presentation and voting his item until Dr. Corey Daines vice chair of TEPC could be present and call the item to a motion of voting, or if the group was ok with him to proceed with his presentation of his block change form with no objections from the group, he moved to the presentation of the Advance Topics Block Change Form. Dr. Woolridge provided an overview of his block a two-week block after I & I, extending to winter break. He highlighted that the content directed towards Step 1 preparation and clerkship transition. Morning sessions include discipline/organ system reviews with pre/post question sets and attendance for these events will be changed to a hybrid format. Afternoons focus on advanced topics concepts clinically. Dr. Woolridge highlighted changes and additions made, such as introduction of Genetics as a new discipline. Additionally, radiology sessions have been added based on student feedback. Neurosciences day removed due to scheduling conflicts; and is to be revisited later. NeuroPharm case discussion replaced with a second GI-Radiology Case session. Genetics-Genomics Case Discussion has also been added. In addition, Epidemiology Statistical Analysis Review module will be changed from ILM module to a live in-person review session based on student feedback.
  - a. **New faculty added:** Dr. Yaddanapudi for GI Radiology and Cardiac Radiology both large group sessions; Dr. Smith, Dr. Bear, and Dr. Goyal for Genetics-Genomics Review and Genetics-Genomics Case Discussion
  - b. **Faculty leaving:** Dr. Awais Khan, Dr. Micah Etter, Dr. Kevin Riley, Dr. Lisa Chan, and Dr. Chris Edwards
  - c. Overall faculty composition adjusted to accommodate changes.
  - d. **Learning Objectives:** Added learning objectives for genetics, genomics, and radiology. No major changes to the overall course objectives.
  - e. *This item was motioned to approval via evote as quorum had not been reached during this presentation*
    - i. *Quorum reached via combined evote/vote (attachment 6)*
  
2. **Student Workload Policy (Givens):** Dr. Givens began her presentation of the Student Workload Policy with an overview of the proposal, emphasizing its focus on revising the pre-clerkship phase of the curriculum to effectively manage student workload and unscheduled time. The policy aligns with LCME standards, particularly 8.8 Monitoring Student Time and 6.3 Self-Directed and Life-Long Learning. Element 8.8 ensures the development and implementation of policies and procedures regarding medical students' time in required activities, including total hours spent in clinical and educational activities throughout the curriculum. Element 6.3 ensures the inclusion of self-directed learning experiences in the medical curriculum to foster lifelong learning skills. The proposal suggests consolidating self-directed learning time and independent learning time into independent study time outside of class. This addresses LCME requirements while also promoting a clear workload policy for the academic quality and well-being of students. By mitigating the impact on mental and physical well-being, the policy aims to prevent overload, which could adversely affect retention and understanding of the material. The Preclerkship Student Workload Policy establishes guidelines for allocating time in both scheduled in-class and required out-of-class activities. It emphasizes

preserving dedicated time for independent study, self-directed learning, and student development. The policy also underscores the medical school's responsibility to monitor overall student academic workload to support the general health and wellness of its students. The Student Workload is structured around a standard 40-hour work week, Monday to Friday from 8 a.m. to 5 p.m., with a protected 1-hour lunch. Instruction will not begin before 8 a.m. or extend past 5 p.m. on weekdays. A Contact Hour is defined as 50 minutes of class time or 60 minutes of Independent Learning Modules (ILM). Total Student Workload hours are calculated based on Instruction time + Homework + FAA + ST and should not exceed 60 hours per week in the pre-clerkship curriculum. This includes Contact Hours, Faculty Assigned Activities, and Student Study Hours. Students exceeding the recommended 60 hours per week are encouraged to seek guidance and support from the Office of Student Success. Block Directors, with staff assistance, are responsible for tracking weekly contact hours and total weekly workload within their courses, ensuring they stay within the designated limits. The Block Advisory Group will monitor student perceptions of workload for each course and include evaluation questions at the end of each block. Raquel emphasized the importance of students gaining substantial experience and a solid foundation for their future roles as physicians. She highlights the uniqueness of their doctor and patient course, which offers a valuable opportunity for students to learn and prepares them for their profession. The proposal suggests a shift from arbitrarily tracking self-directed and independent learning as separate entities to integrating self-directed lifelong learning within the context of the doctor and patient course. This approach aims to address the Lcm (likely a reference to a specific program or curriculum) and redefines the time spent outside.

**a. Terms and definitions under the proposed policy:**

- i. Contact Hours (CT): are formal teaching sessions where faculty directly engage with the students. Contact hours are scheduled, and synchronous active learning sessions including lectures, small and large group discussions, laboratories, Problem-Based Learning (PBL), Case-based Learning (CBL) and Team-Based Learning (TL).
- ii. Faculty Assigned Activities (FAA): Faculty-assigned activities are scheduled activities and Dr & PT and CRC which are longitudinal programs run in concurrence with the blocks and count as part of the total weekly workload but are not added to the homework expectation calculation.
- iii. Study Time (ST): Defines the student workload within a standard 40-hour week, Mon-Fri 8am-5pm where student is expected to utilize active learning strategies and the SDL process to review, reflect and internalize learning of comprehension and retention of material.
- iv. Unscheduled Time (UT): 20 hours outside of the Mon-Fri schedule where students are expected to utilize active learning sessions to review, reflect and internalize learning of comprehension and retention of material.
- v. Personal Time (PT) time outside school commitment for students to engage in personal interests, relaxation, self-care, and appointments, time that is essential for the emotional and wellbeing of the students.

**b. Updated Terms:**

- i. Removal of Independent Learning (IL), Independent Studying and Self-Directed learning (SDL) (from the calendar)
  - ii. Adding terms, Independent Learning Module (ILM) which have topics and learning objectives correlated to them and sound less open ended than IL and is based on the LCME definition. Study Time (ST): This is schedule time built into the calendar when students engage in studying.
- c. Discussion:** Dr. John Bloom raised a question regarding the inclusion of CRC (Clinical Reasoning Course) time in contact hours.

- i. Michelle Schickling clarifies that CRC time is part of faculty assigned activities, not added to the regular homework calculation.
  - d. Dr. Woolridge, inquired about the potential impact of a proposed changes to the existing block calendars.
    - i. Michelle Schickling, explained that she analyzed weeks 3 and 4 of each block, considering holidays and exams. She emphasizes a balance within consecutive weeks and a simple calculation for adjustments. Some weeks may be under or over, but the average difference is minimal, with the largest being around 26 hours.
    - ii. Dr. Givens mentioned the importance of averaging over a light week.
  - e. Dr. Woolridge expressed his support for the proposed change, seeing it as fulfilling a requirement and not anticipating a significant impact. He acknowledged the potential of individual block exceptions, citing one in DMH with a heavy longitudinal curriculum. He suggested that such exceptions can be addressed through the existing process.
  - f. Dr. Bloom asked for clarification on the timeline to implement this policy.
    - i. Dr. Givens confirmed that the proposed change is intended for the next academic year, as implementing it for the current year is deemed too late due to prior submissions and planning of the blocks.
  - g. Participants were encouraged to review the proposed policy and provide any additional feedback policy and reminded that policy would continue to undergo further monitoring and evaluation, with regular reviews scheduled to ensure its effectiveness.
  - h. *Attendance was recalled prior to presentation where it was identified that an additional member Dr. Patrick Ronaldson had joined changing the meeting status to quorum reached.*
    - i. *Item motioned to a vote by John Hortareas and second by Dr. Hasne and approved via vote after reaching quorum.*

3. **Academic Calendar 2024/2025 (Davila/Garner):** Melinda Dávila began the presentation by highlighting the change made in the pre-clerkship phase. Changes in Pre-Clerkship Phase include Orientation schedule changed to be credit-bearing due to HSIB associated fees and prioritization, by making this change we avoid the assessing fees for non-credit-bearing orientations and results of the added week to the pre-clerkship semester for first years. Second-year advanced topics extended from 2 to 3 weeks. Modification in retake and remediation schedule, specifying when retake exams will occur. Melinda elaborated on the retake policy, detailing the specific days for retake exams based on the day of the week the final exam is administered. Sonia De Leon Director for Student Affairs, posted on the chat that in addition the change to have the orientation is going to be credit bearing would support the dual degree program requirement purposes such as our PCAMP program. Travis Garner continued with the presentation by highlighting the made in the clerkship phase, such as the addition of a one-week break after intercessions in the fall semester. He explained the break aligns with the overall calendar structure and avoids potential issues with block lengths. Proposed a three-week winter recess for the Class of 2025, emphasizing the need for alignment with elective block lengths. He also explained that the consideration for this class aims to optimize the overall learning experience. Dr. Givens discussed the rationale behind the proposed changes, highlighting the impact of holidays on scheduling extra time for student decompression. She emphasized the importance of considering student well-being and feedback, indicating a need for breaks to process and decompress. Dr. Givens expressed a desire to make these decompression times permanent,

explored potential structural changes to the curriculum, and mentioned plans to work with faculty to find ways to include more permanent breaks between sessions.

- i. *After no question from the group item motioned to a vote by John Hortareas and second by Dr. Patrick Ronaldson.*

#### 4. Level 1 Reports Clerkship Summary (Givens):

- SURG 2024
- OBGYN 2024
- FCM 2024
- PEDS 2024
- MEDI 2024
- NEURO 20
- PSY 2024

Dr. Givens presented a summary of the Level 1 clerkship reports. She discussed the annual review process, data compilation, and the role of the Tucson Clinical Curriculum Subcommittee. She noted that, unlike blocks where students go through as a cohort, clerkships run year-round with students rotating through them. The clerkship directors deliver their Level 1 reports, compiled with data prepared by Dr. Annah Conn and her team in April, the meetings with each clerkship director and block director are scheduled followed with the Tucson Clinical Curriculum Subcommittee (TCCS) presentation and review and summary presentation of the individual report findings for TEPC's ultimate approval and review, who addresses and plans recommendations and actions needed for the future based on the data.

- a. **Site Comparability:** Dr. Givens discussed Site comparability findings and trends related to clerkship reports. She indicated that for our clerkships reports we are looking at the comparability of student experience in both their education and their assessment at all their instructional sites within each Clerkship. The Clerkships aim for a narrow spread in student experience ratings and ratings above 4.0. In addition she highlighted that positive trends observed in family community medicine, medicine, and neurology which reflect an upward trend in terms of ratings and the narrow, spread over time and shifting to the right. Pediatrics shows variability, indicating a need for further investigation. OBGYN and Psychiatry have wider spreads but show improvement and will also require further investigation for continued improvement. She added the need for Clinical supervision, duty hours, teacher-learner compact attestation, and timeliness of grade submission were also mentioned, with all clerkships being in compliance. She explained that the college policy says that each clerkship should be awarding no more than 30% honors and no more than 30% high pass and we have 4 who comply with the policy, and 3 that were out of compliance with the class of 2024. However, she mentioned that for the current class all clerkships have recommitted to following the policy. Dr. Givens added that continuous monitoring and further investigation for ongoing improvement is recommended.
- b. **Clinical Supervision:** Dr. Givens indicated that all Clerkships are in compliance with the policy and practice regarding Clinical Supervision. She highlighted the importance of ensuring that all clients adhere to policies and practices related to faculty and resident awareness of supervision requirements based on clinical skill sensitivity. She added that faculty are aware to carefully monitor and collect feedback during midpoint meetings



between students, clerkship directors, and site directors to ensure that students receive appropriate supervision, and additional evaluation and feedback collected at the end of clerkships.

- c. **Duty Hours:** Dr. Givens explained that duty hours for students involved in night float or on-call duties is collected and emphasizing that only a few students fall into this category. The Summary reflects that duty hours are minimal, and all students are reported to be in compliance with the current policy, which stipulates an average of 80 hours over two consecutive weeks
- d. **Teacher Learner Attestation:** All clerkships, including faculty and residents at the primary clinical facility and other instructional sites, are in compliance with the Teacher-Learn Compact Attestations. This involves ensuring that everyone is aware of and attests to upholding the program's professionalism standards, code of conduct, and attributes.
- e. **Timeliness of Grades:** All clerkships are in compliance with the timeliness of grade submission, following a standard set by the LCME. Grades are required to be posted no later than 6 weeks from the clerkship's completion, and all clerkships are meeting this deadline, with some even submitting grades earlier than the specified timeframe.
- f. **Recap of Previous Action Items:** Dr. Givens provided a quick summary of the previous action items, emphasizing the importance of continuous improvement. Progress reports were requested from each department regarding their action plans.
  - i. Pediatrics:
    - Previous Action Items:
      - Recruit more outpatient sites.
      - Improved mid-clerkship feedback.
      - Added genetics lecture with positive student feedback.
    - Current Action Plan:
      - Continued ongoing site recruitment with central administration support.
      - Teaching Compensation plan for pediatrics, including hourly rates.
      - Address clinic workflow issues and innovation challenges.
  - ii. Surgery:
    - Previous Action Items:
      - Improve faculty participation in student education.
      - Improve faculty participation in student evaluation.
    - Current Action plan:
      - Continue to work with department head on incentive plans (Recently received department head support for incentive plans resulting in improvement).
      - Continue to work on addressing clinic workflow issues and innovation challenges.
  - iii. Family and Community Medicine (FCM):
    - Previous Action Items:
      - Aimed for ratings between 4 and 5 on the Likert scale of 1-5 for questions 1-16.
      - Dismiss sites not meeting satisfaction goals.
    - Current Action Plan:
      - Seek support from Curricular Affairs office for data comparability across sites.

- Complete comprehensive review with a consultant and individual meetings with directors.
  - Continue to search for local preceptors and sites for FCM
- iv. Medicine:
- Previous Action Items:
    - Streamlining didactics for shelf-targeted, case-based presentations.
    - Focus on interpersonal communication skills.
    - Ongoing faculty development for maintaining teaching quality at the VA.
  - Current Action Items:
    - Continue to focus on clinical reasoning and use of shared vocabulary.
    - Advocate for preserving and growing Primary Care slots in GME to allow appropriate clerkship experience.
- v. Neurology:
- Previous Action Items:
    - Improved student satisfaction and consistent grading policy.
  - Current Action Plan:
    - Improve student mistreatment values.
    - Enhance comparability across sites.
- vi. Psychiatry:
- Previous Action Items: Standardized midpoint feedback and streamlined didactics.
    - Address space issues
      - They have successfully worked with help from VA. and Banner regarding space issues, they have provided dedicated space and mobile stations, and providing tours of the space for new oncoming students.
  - Current Action Plan:
    - Revise didactics to reflect changes in clinical practice.
    - Improve NDMI shelf exam scores and student interest in psychiatry.
- vii. Next Steps:
- Departments to continue working on their current action plans.
  - Regular follow-up meetings to monitor progress.
- viii. Open Discussion:
- A. Dr. Bloom inquired if OBGYN had an action plan as he did not see one reflected in the presentation.
- a. Dr. Givens indicated that OBGYN had just acquired two new Block Directors and were in the process of orientation on their block and have not completed an Current/Future action plan. However, the codirectors were aware of the previous action items and the data reflected for their block and the scope of work needed and have set up a model for them to be able to address the action items and work needed. The co-directors have split responsibilities effectively, focusing on electives, labor and delivery, and clerkship overall.
- B. Dr. Bloom inquired about faculty problem and whether it's related to our affiliate Banner devaluing teaching.

- a. Raquel highlighted the ongoing issue with the compensation plan. She mentioned the challenge of starting the clinical compensation plan work group for TEPC but due to difficulty in scheduling and changes in leadership not as much progress as we wished has been made. She recognized that the current structure undermined the education mission and discouraged faculty participation and indicated that it has been proposed to investigate if departments are withholding funds, and how to incentivize participation.
- b. Dr. Nematollahi provided context regarding this issue via chat, indicating that Banner has a de-incentivization program, highlighting that in some cases the pay would be lower for teaching in medical school.
  - i. *Item motioned to a vote by John Hortareas and second by Dr. John Bloom and approved via vote after reaching quorum.*

QUORUM EVOTE / MEETING RESULTS			
Completion time	Name	Advance Topics Block Change	Meeting Minutes: 10
11/22/2023	Colin Fields	Yes, approve to endorse changes	Yes
11/8/23 & 11/22/2023	Dale Woolridge	Yes, approve to endorse changes	Yes
11/22/2023	Patrick Ronaldson	Yes, approve to endorse changes	Yes
11/22/2023	Kathryn Pulling	Yes, approve to endorse changes	Yes
11/22/2023	Ryan Christopher Wong	Yes, approve to endorse changes	Yes
11/22/2023	Cori Daines	Yes, approve to endorse changes	Yes
11/8/2023	Ashley Ungor	Meeting vote	Meeting vote
11/8/2023	John bloom	Meeting vote	Meeting vote
11/8/2023	Saman Nematollahi	Meeting vote	Meeting vote
11/8/2023	David bear	Meeting vote	Meeting vote
11/8/2023	John Hortareas	Meeting vote	Meeting vote

# Presentation Attachments

## Meeting Minutes & Attendance, Wednesday, November 29<sup>th</sup>, 2023

\*For meeting minute edits please reach out to Abril at [Abrilcgalaviz@arizona.edu](mailto:Abrilcgalaviz@arizona.edu)

MEETING ATTENDEES			
Voting Members		Resource Members	
Barbara Eckstein, MD – Family & Community Medicine (6/22-6/25) – Faculty	X	Alex Lopez – IT	X
Cori Daines, MD – Pediatrics (6/22-6/25) – Faculty, Vice Chair	X	Alisa Petersen - Scholarly Projects coordinator	
Dale Woolridge, MD, PhD, FACEP – Emergency Medicine (6/22-6/25) – Faculty, Chair	X	Anna Landau, MD, MPH – Curricular Affairs	
Dalia Mikhael, MD, MBA – Medicine (6/22-6/24) – Faculty		Annah Conn, PhD – Curricular Affairs	X
John Bloom, MD – Pharmacology (6/22-6/25) – Faculty	X	Bryson Southard	
Nafees Ahmad, PhD – Immunobiology (6/22-6/24) – Faculty		Colette Scott, Med – Director – iCAPS, SPP	X
Patrick Ronaldson, PhD – Pharmacology (6/22-6/24) – Faculty	X	Davin Vidigal Rosenberg – COM Education	X
Saman Nematollahi, MD – Medicine (6/22-6/26) – Faculty	X	Desiree Collins	X
Ryan C. Wong, MD - Medicine (6/23-6/26)- Faculty	X	Heather Habecker	X
David Bear, PhD- Cellular & Molecular Medicine (6/23-6/26)-Faculty	X	Holly Bullock, MD, MPH, Director – OB/GYN Clerkship	
Philip Rosen, MD, FACS - Surgery (6/23-6/24)- Faculty		Jennifer Yelich – Curricular Affairs	X
Michael Ditillo, DO, FACS - Surgery (6/23-6/26)- Faculty		Josie Acuna, MD – Curricular Affairs	X
<b>Student Body Voting Members</b>		Julie Armin, PhD – Director – Health Disparities, Family & Community Medicine	
Colin Fields (2024) – student		Julie Jernberg, MD, MBA -	
<i>Katie Pulling (2024) – student alternate</i>	X	Keith Joiner, MD, MPH – Scholarly Projects	
Isabellyana Dominguez (2025) – student		Kevin Moynahan, MD – COM Education	
<i>Jasmine Lock (2025) – student alternate</i>		Kris Slaney – Student Affairs	
Sara Youssef (2026) – student		Marie-Pierre Hasne PharmD, PhD- Chem/Bio	X
<i>Ashley Ungor (2026) – student alternate</i>	X	Melinda Davila – Curricular Affairs	X
Perry, Nicole -2027		Michelle Schickling – Curricular Affairs	X
<i>Hortareas, John (2027)– student alternate</i>		Raquel Givens, MEd – COM Education	X
<b>Guest:</b>		Rich Amini – Student Affairs	X
Allan Hamilton	X	Selma Ajanovic - Director, Student Records / Registrar	
Kyle McLemore	X	Sonia B. de Leon- Director of Student Affairs	X
		Tejal Parikh – Admissions	
<b>Facilitator:</b> Abril Castro Galaviz	X	Travis Garner – Curricular Affairs	X

1. **Meeting Minutes: 11/29/23**

- a. *Item submitted for approval via e-vote after due to no quorum at the beginning of the meeting.*

**Subcommittee Recommendations to TEPC**

1. **AI Elective (Hamilton):** Dr. Allan Hamilton began by providing an overview of the new AI elective and introducing Kyle McLemore who is with the Artificial Intelligence division and will be the TA for this elective.. The course focuses on AI applications in medicine and aims to prepare outgoing seniors for the challenges of incorporating AI into their clinical practices. The course structure is over a month block the elective will review of AI applications in medicine, covering legal, ethical, and practical aspects. Hamilton highlighted that the goal is not to teach the technicalities of AI but to provide a broader understanding of its impact on healthcare both positive and negative, risk assessment, how do you use it as an adjunct to decision making, or how do you use in a hospital. The course spans three weeks of in-depth material, covering topics such as image analysis, database evaluation, predictive analytics, and the ethical considerations of AI in healthcare. The curriculum includes a practicum allowing students to explore coding and simple examples related to medical applications of AI. Dr. Hamilton indicated that the final week would involve cutting-edge topics like virtual reality (VR) and augmented reality (AR), along with a project presentation by the participants and exploration of future prospects in career opportunities in medical AI. Dr.
  - a. Questions were then opened to the attendees: Cori Daines commended the course design, and the floor was opened for any questions or comments.
  - b. Dr. Givens inquired when the elective would be available.
    - i. Hamilton added that the plan was to start offering the elective in April, targeting graduating seniors.
  - c. Dr. Marie-Pierre Hasne inquired if evaluation of the course would be evaluated for efficacy from a student perspective.
    - i. Dr. Hamilton confirmed that there would be evaluations and that student feedback was essential, not just on the faculty but also on the practicums as is fairly new initiative this was essential, and they would collect regular evaluations, both daily and at the end of the course.
  - d. Dr. Givens immersive learning and inquired if this elective was successful if this was something that could be considered for the AI workgroup discussion about longitudinal AI.
    - i. Dr. Hamilton confirmed that this would be a good starting point for the workgroup to explore.
  - e. Dr. Marie-Pierre Hasne inquired about plans for faculty development to bridge the knowledge gap between students and faculty.
    - i. Dr. Hamilton added that he believes there is the potential expansion of the course to the faculty level, addressing the need for faculty to understand AI's impact on medical education and practice. How to foster faculty involvement and see from an academic point of view how this will impact our operations and how it will be implemented and reflect on how AI its changing the landscape of medical professions due to AI. However, the how to involve faculty and close the knowledge gap was still something that needed to be explored.
      - i. *Due to lack of quorum this item has been submitted for an e-vote.*
2. **Clerkship Site Visit Policy (Acuna):** Dr. Josie Galarza Acuña began her presentation on the

Clerkship Site Visit Policy, by presenting the updates made to the policy, specifically in definitions and titles, to enhance clarity and accuracy. The changes included the addition of titles such as Assistant Dean of Clinical Competency and Program Manager to reflect responsibilities more accurately. The wording of certain sections was also adjusted to avoid assumptions about all directors meeting simultaneously, emphasizing that site visits occur separately for each site. Additionally, Dr. Acuña mentioned the upcoming changes to the Site Visit Report Form, which will be presented at a later time. She also highlighted the clarification that the triannual and annual meetings do not necessarily have to happen at the site and explained the reporting structure, with data presented to TCCS and TEPC annually and summarize that the changes reflect that TEPC is the overarching structure that looks at site comparability in the end.

- a. Dr. Daines sought clarification on the location of the annual meeting and if it needed to be at the site.
    - i. Dr. Acuña confirmed that the annual meeting doesn't have to be at the site.
  - b. Dr. Ryan Wong asked whether the sub-internships (subis) are also subject to these policies.
    - i. Dr. Acuña clarified that the policy only applies to clerkships.
  - c. Abril (TEPC Facilitator) confirmed that with the arrival of Dr. Wong, quorum had been reached.
  - d. Cori Daines moved the meeting to a vote for the approval of the Clerkship Site Visit Policy, motioned by Dr. Bloom, seconded by Dr. Hasne.
    - i. Item was approved via vote after reaching quorum.
3. **Clerkship Grade Report (Acuna):** Dr. Acuña presented the Clerkship Grade Report, emphasizing its quarterly nature and its relevance to compliance of Element 9.8 for timeliness and fairness of grades. Dr. Acuña shared an example of a Grade Tracking Report, which excluded student data, the aim is to show that clerkships are remaining on track with grade submissions before the 6 week deadline. The report will indicate the year, start and end date of the clerkship and clerkship details and the grade this will aim to illustrate how clerkships are monitored for compliance. Dr. Acuña explained the significance of the report and how any discrepancies or late submissions are addressed promptly and how the reporting has been positive in showing the compliance of our clerkship directors. Dr. Givens highlighted that all clerkships were currently 100% compliant with grade submissions and with the LCME deadline requirement. She clarified that the ask for today from the committee was the acceptance of this report for TEPC's management of the curriculum and to accept the report as evidence of compliance with LCME requirements.
4. . Additionally, Dr. Givens added that should anyone be out of compliance that would be reflected in the report and background data would be gathered to explain why one of the clerkship programs is out of compliance and give TEPC the opportunity to review, make recommendations and decide on next actions steps. Dr. Acuña assured the committee that this would be an ongoing quarterly report, summarizing compliance without sensitive information.
- a. Dr. Daines sought clarification on the frequency of the reports, and what details would be shared.
  - b. Drs. Givens and Acuña agreed that this would be done quarterly in summary setting reporting the status of the compliance and that since that detailed reports were specifically requested, they could be pulled from the archives. Raquel also highlighted that any clerkship not in compliance details of the reporting would be brought to TEPC for discussion and recommendations.
  - c. Dr. Daines agreed with the proposed format.
    - I. Dr. Bloom made a motion to accept the Clerkship Grade Report and seconded by Katie Pulling.
      - i. Item approved via vote after reaching quorum.

- d. Second request made for this item was to accept ongoing quarterly monitoring of timeliness in grade submissions of the clerkships.
    - I. A motion of approval was made by Dr. Hasne and seconded by Dr. Bloom.
      - i. Item approved via vote after reaching quorum.
5. **Personal Day Policy (Garner):** Travis J Garner opened the discussion by introducing the topic of personal day passes, emphasizing that it is a section of the attendance and absence policy. He shared his screen to display the current attendance and absence policy, highlighting the relevant section related to personal day passes. The current policy allows students up to 2 personal day passes during their entire clerkship phase and expressed that the subcommittee recommendation from TCCS was to increase personal day passes from 2 to 4 and clarified that the proposal includes allowing only one personal day pass per clerkship rotation. Travis added that the proposed changes aim to address student feedback, providing more flexibility for handling life circumstances and appointments and that none of the language of the policy and additional changes would be changing. Raquel Givens provided additional context, stating that the request to double the number of personal days is in response to student feedback about feeling burnt out during the compressed clerkship phases. She highlighted the importance of considering students' needs for work-life balance.
  - a. *Cori Daines asked for confirmation if the item had gone through the subcommittee TCCS.*
    - i. *Dr. Acuña confirmed that it had been presented multiple times, and after discussions, and revisions this was the final proposal that was agreed upon to bring forward to TEPC.*
    - ii. *Raquel Givens expressed the desire to implement the changes as soon as possible to benefit the current class, which the recommendation is based on.*
  - b. *Ryan Wong inquired if this was in addition of some clerkships being scheduled from Monday to Friday.*
    - i. *Raquel Givens acknowledged that this was one of the discussion points around this policy change but emphasized that the proposed changes are a small win for students but was prudent and highlighted that it was 4 days in the entire clerkship phase.*
  - c. *Dr. John Bloom motioned to change the policy on personal day passes, and Katie seconded the motion.*
    - i. *Item was approved via vote after reaching quorum.*
6. **Level 2 Report (Conn/Givens):** Dr. Givens expressed gratitude for the Tucson Evaluation Subcommittee (TEVS), Dr. Annah Conn and its work in compiling the comprehensive level 2 clerkship report, which allows TEPC the opportunity to provide purview over the entire clerkship phase and see the findings for each individual course. Dr. Conn highlighted the urgency of the evaluation in anticipation of an upcoming survey visit. Dr. Conn focused the report's structure, encompassing the executive summary, recommendations, outcomes, process, and discussion and reminded the group at large that the full report findings had been included in the agenda packet. She provided an overview of Level 2, and indicated that the data reflected the clinical experience of the graduating classes of 2022-2024.
  - a. **Strengths :** strengths based on qualitative and quantitative data. The data sources include clerkship evaluations, national testing scores, and graduate questionnaires. The key strengths identified in the assessment portion include adherence to the gradient and progression policy, where most clerkships follow the defined grading criteria. Additionally,

in the overall curriculum, clerkship teaching evaluations show a steady increase in positive feedback over the last three cohorts, particularly in questions 2, 3, 6, 7, and 8. The qualitative comments also reflect positive student sentiments regarding instructional methods and professionalism, with high ratings for instructors demonstrating professional behaviors.

- b. Opportunities of Clinical Curriculum: Dr. Conn addressed the opportunities and challenges in the clinical curriculum. In terms of assessment, she highlighted that while a 65% passing rate is standard for year 3 OSCE, there have been instances where students failed to achieve a passing score in the integrated clinical encounter. The instructional environment, as reflected in graduate questionnaires, showed lower satisfaction compared to the national average, with a higher reported fear of retaliation. To address this, additional questions have been added to the clerkship evaluation form in real time. An area for improvement is identified in capturing data on inter-sessions and transitions to clerkship, proposing a separate form or survey for students experiencing delays, potentially using Qualtrics for data capture.
- c. Recommendations:
  - i. Curriculum Content: to develop Med learn tagging of curriculum, mapping, learning, objectives, course objectives and epos for clerkship.
  - ii. Instructional environment: for the graduate questionnaire Table 47 “Frequency of Behaviors Personally Experienced by Students” revealed that certain behaviors are experienced by students at a higher frequency than the national average. To address this issue in real-time, specific questions related to professionalism have been relocated from the Clerkship Evaluation Feedback Form to the Site Evaluation Form. This adjustment allows for the identification of sites where such behaviors occur, including tagging the rotation the student was on. This proactive approach enables prompt addressing of issues as they arise, rather than addressing them retrospectively.
  - iii. Instructional methods and quality: recommendation is to implement faculty of development programs focused on teaching skills, such as feedback delivery, setting expectations and active learning.
  - iv. Assessment: In the next cycle of the clerkship level 2 report, the plan is to enhance the report by including a comparability analysis of clerkship performance by site. Specifically, this involves examining how students performed on designated clinical rotations, such as shelf exams, and assessing the grading distribution at each site. This approach aims to provide a comprehensive overview of the comparability of performance across different sites, contributing to a more nuanced understanding of clerkship outcomes.
  - v. Clerkship Comparability: Enhanced monitoring and support for PEDS by providing targeted and deeper analysis. Additional recommendation is the continuous evaluation for OBGYN and PSYCH, these clerkships while improving exhibit variability which make evaluation essential.
    - i. Dr. Bloom sought clarification on the specific challenges in the OSCE
      - a. Dr. Conn specified that it was on the integrated clinical encounters.
  - vi. Dr. Bloom asked what that entailed.
    - i. Dr. Colette Scott summarized that it was the physical exam and the patient notes.
    - ii. Dr. Givens emphasized that this was the last 3 classes excluding the current clerkship class and highlighted that at the subcommittee level and the curricular affairs office they were already been attuned to this data



and had made significant strides in addressing a lot of these issues. She added that, it would be in the purview of TEPC to call back in TCCS and curricular affairs to develop a response to these concerns who could provide an explanation on the multiple corrective steps, that have already been taken and that it would be prudent again for us to track in the minutes, but also to provide the assurance that these things are being taken care of.

- vii. Dr. Daines raised concerns about the grading discrepancies observed in clerkships, specifically noting the deviation from the assessment distribution. She emphasized the need to address outliers and understand the reasons behind this variation.
  - i. Dr. Givens acknowledged the issue and explained the recent efforts to bring the clerkships back in compliance. She highlighted the turnover in leadership roles as a contributing factor and reassured the committee that corrective measures had been implemented. Dr. Givens additionally outlined the steps taken to ensure compliance with the 25,25 and 50 distributions. She mentioned ongoing efforts to reassess the policy and explore potential revisions. A consultant has been hired to provide guidance, and a comprehensive review of the assessment process is underway. Her ask with the report of TEPC is to accept this report, while keeping in mind that they can also make these friendly amendments just as Dr. Daines did and decide at any time if there can there be further investigation as to the root cause of that particular clerkships not falling the college policy. In addition, she suggested including a request for further investigation into the root cause of the grading outliers in the minutes.
- viii. John Bloom questioned whether the 25-25-50 grading distribution applied to the entire year or each clerkship group.
  - i. Raquel Givens acknowledged the challenge, explaining the tension between cohort-wide application and the need to adapt to individual rotations. The complex issue involves deciding between criteria-based grading and using a curve to address grade inflation. A consultant has been hired, and guidance from the Tucson Clinical Curriculum Subcommittee is sought. The current perspective is to grant honors based on individual merit, but efforts are underway to gather evidence on potential impacts.
- ix. Dr. Daines asked if there was a motion to approve the report with the recommendation of further actions for the report, the additional earmark comments regarding surgery and the revisions that were requested during this discussion underscored the importance of fairness in the grading policy, suggesting a revisit to ensure equity for all students. Participants were encouraged to read the complete report for a more in-depth understanding.
  - i. Dr. Bloom motioned to approve the level 2 report with suggested comments and revisions, Katie Pulling seconded the motion.
    - a.** Item approved via vote after reaching quorum.

7. **Table 6.2-1 Required Clinical Experiences (Acuna):** TEPC Chair, Dr. Woolridge joined meeting and introduced the last presentation item Table 6.2-1 Required Clinical Experiences by Dr. Josie Galarza Acuña, the changes made were streaming of recommendations from our consultant to

condense the form.

- a. Dr. Acuña presented the changes made to Table 6.2 Required Clinical Experiences. She highlighted that the revisions aimed at ensuring the experiences were relevant and necessary for students to pass. The changes were prompted by feedback from LCME consultants during a mock visit. Dr. Acuña emphasized the importance of regularly reviewing the table due to evolving medical practices. She detailed the changes in various specialties, such as Emergency Medicine, Family and Community Medicine, Ambulatory Medicine, Internal Medicine, Ob-Gyn, Pediatrics, Psychiatry, and Surgery. The changes included language adjustments, additions, and removals of certain conditions or procedures. Dr. Acuña clarified that the proposed changes were sent to the clerkship directors and their teams, who reviewed and voted on them. The process involved careful consideration of the practicality of students obtaining all specified experiences.
  - i. Ryan Wong inquired about the documentation of changes in Medlearn and if a periodic evaluations of clerkship lists on a certain basis would be implemented.
    - i. Dr. Acuña affirmed that the changes would be documented in Medlearn, and she expressed the intention to conduct regular evaluations, preferably annually.
    - ii. Dr. Woolridge commended the effort to refine the clinical experiences and proposed a motion to accept and document the changes in the minutes.
      - i. A motion to approve via vote was made by Dr. Bloom and was second by Katie Pulling.
        - a. Item was approved via vote after reaching quorum.

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# TEPC Fall Retreat Meeting Notes

### Spiral Curriculum

- What are the intentions/goals of spiraling sessions?
  - Information retention between blocks
  - Build connections (e.x. cystic fibrosis)
  - Spark research ideas
- What is working/what is not working in our current model?
  - Not working
    - Because students do not get MK points for the quizzes, they don't take them seriously
    - Lack of integration with current block content - disjointed
- Do we need a different model? How can we improve?
  - Identifying a few diseases that could be revisited throughout all of the different blocks (cystic fibrosis, lupus, diabetes, etc)
  - Mix up the order to encourage critical thinking

### PHM

- Making PHM curriculum a standalone block to enable designated time for the sessions
- PHM sessions are not taken seriously, embedding more PHM questions in high stakes exams would be beneficial
- Psychological domain relevant in preclerkship whereas the economic domain would be more relevant for 4<sup>th</sup> years (medicare coverage, patient education, etc)
- Social domain 3.0 relevant in preclerkship phase
- Biological domain, disability education, relevant across all curriculum but most relevant to clinical phase

### Building Resiliency & Wellness

- How do you see this part of your curriculum programming?
  - Societies mentors – advocate, mentor, support students in personal lives, helping navigate purpose
  - Ideas for societies mentors: remind students about tools and resources they have available to them, especially during 1<sup>st</sup> year
  - Identify faculty who want to mentor students, also use residents
- What resources are needed to support student wellbeing?
  - IM: Residents educator track, support wellness
  - Teach residents and students about managing time and energy
  - Helping identify purpose
  - Teach students to integrate wellness throughout daily life
- Risk perception?
  - Set clear expectations with students, especially in clerkships
  - Be present and proactive in students education, recognize signs
  - Point students to campus resources (Campus health, DRC)
- Practice and assess at individual student level in curriculum?
  - Identify mentors outside of societies

- Some specialties have mentors
- Offer students a choice or multiple options for sessions – control in what they have to do
- Add simple activities during sessions (light activities, fun prompts, trivia)

### **Student Participation**

- How do we incentivize participation?
  - Incentivize attendance
  - Building more downtime for students (workload policy)
  - Addressing digital divide
  - Focus on engagement and bring human aspect back – how do we coach instructors to bring interactivity back, avoiding technology and talking to people?
  - Student knowledge – classroom vs bedside
  - Hands on applications
  - Skill retention – how?
  - Interactive sessions, questions/interaction to keep students engaged, SP Aztec Lab
  - Spiraling, reintroducing content to keep students engaged, sequencing
  - Scheduling required vs optional sessions – consider gaps
  - Podcast learners vs in person learners, success rates – if students podcast AND attend lectures, they perform worse (self-regulation)
  - Retention – listening at 2x speed very little impact on retention the way our students are using it (pausing, looking things up, engaging with information when they do not understand)
    - How do we support faculty and coach that learning process?
  - Camera angles for podcasting
  - Track which digital resources students are using and how they are using them
  - Streamline resources to reduce overwhelm?
  - Peer teaching
  - Reviewing previous year podcast and start lecture with questions instead of jumping directly into lecture
- How do we balance independence vs group participation?
  - Teamwork and navigating conflict (app that tracks student participation in real time)
- What support can we provide faculty?

### **Transitions Between Phases**

- Students well prepared for clerkship phase (basic clinical skills, knowledge), societies helpful, students collegial
- How to connect preclinical knowledge and transitioning to applying it clinically
- Students have a big fear of being wrong, teaching students theres not always going to be one answer
- Barriers: time. Transitions block is a limited amount of time. Can't fit everything we'd like.
- Can provide assignments during clerkship phase, but students don't like that
- Make sure students know what it means to be successful in clerkships. Being a successful physician is being a team player, integrating clinical knowledge – not just acing a test.

- Timing of transitions: may not be the best week to have transitions for some, talked about expanding transitions
- Creating a bookend model – breaking up transitions with study time, holiday break, clinical time in between
- Med student tip book – information on how to be successful in the clerkship phase, written by other students. Workgroup of 4<sup>th</sup> year students to revamp and update? Also maybe add intern/resident tips from students who graduated here
- Bringing students to real patients early on – helpful because students know how to help patients early on
- CRC can help bridge the gap of uncertainty / how to treat patients – how to time with burnout?
- Third semester of societies – move OSCE to end of 2<sup>nd</sup> semester, rework 3<sup>rd</sup> semester with newer, different activities

### Scholarly Project

- Often a lower priority for students
- Students focus on step 1 study when they should be focusing on SP
- Most students hit all the benchmarks but some do not – every project is so different, completion reliant on student motivation
- Ambiguity = intimidating, delayed identification of topic
- Want students to be excited about SP. Should be a way to incentivize / foster creativity. How can we get students to prioritize SP?
- Can the importance be reiterated during societies? Can we build in checkpoints / integrated into curriculum?
- How can we get students started on projects earlier?
- Promote the opportunities that come out of SP: networking, conferences
- Promote importance to professional development
- Provide more brainstorming materials for students, have examples for what projects look like (depending on what kind of doctor they want to be)
- Continue developing a research database
- SP sitting outside the curriculum, not embedded – if PHM was a block, integrate it longitudinally
- Every project is different, don't want to be prescriptive about the nature of their progress
- Responsible conduct of research training – specific modules, students say it is too much but the content is good. Library model another resource. Both are relevant to students beyond SP. Maybe this could be part of mentor-directed time? How can we integrate these and other SP content in to standard curriculum/educational process?
- Students attending national / local scientific meetings – they come back with a different understanding of scholarship. SP has discretionary funds that support travel to these meetings. Encourage students to submit abstracts.

### Step 1 Prep

- Pros
  - May be helpful having that experience under their belt
  - Feels less like memorizing because knowledge is already incorporated

- Increase autonomy – take it when you want
- Developing physicians
- Exams more closely aligned with curriculum
- Experience after clinical will make students more resilient and have a more well rounded experience – wouldn't be so focused on the exam, bring other experiences to the exam
- Cons
  - Student nervousness – are we going to be prepared?
  - Some students may not be able to pass the exam and they've already accrued debt – not a great off ramp to another program/profession
- Questions
  - Psychological impact of delaying – for students who currently delay, there is a psychological impact. Would having the test taken at any point in the curriculum have the same impact of delaying/not delaying?
  - Is there a way to see who is at risk of failing either exam / is there a correlation? Do we need step 1 as a benchmark to identify who will likely struggle later?
  - Student feedback from other schools – do we have any student feedback data re: their perception? Do they feel that they need more preparation? What can we learn from other schools who have done this already?
- Things to consider
  - Won't change students study habits or class attendance / modality, but students can focus on the important expectations rather than the test prep itself
  - During dedicated there's a sense of isolation, not the same access to faculty/experts – would want to consider a method of having experts accessible to students when studying
  - Still want to have some NBME style questions incorporated into preclerkship as well as multi-level style questioning
  - Guardrails – need policies regarding test scores for education progression. What are the tracks students can get on? Do we let students take step 1 after preclerkship if they feel ready, or do they have to wait? What are the logistics?
  - Adding dedicated step 1 study during clerkship phase so students could take step 1 early in the clerkship phase if they would like
  - Thinking about this proposal in the context of our bigger curriculum – what is going to set up students for success?
  - Advising/early identification – are there any blocks that have predictive value so we can identify struggling students earlier?
  - Shared responsibility – balance between guiding students and student autonomy.

### Patient Care (PC) ACTIONS of Patient Care

PC-01	<b>Gather</b> essential and accurate <u>information</u> about patients and their conditions through <u>history-taking</u> , <u>physical examination</u> , and the use of <u>laboratory data</u> , <u>imaging</u> , and <u>other tests</u>
PC-02	<b>Perform</b> under supervision appropriate level <u>procedures</u> considered essential for medical school graduates using compassionate person-centered care
PC-03	<b>Organize and prioritize</b> responsibilities to <u>provide care</u> that is safe, effective, and efficient
PC-04	<b>Interpret</b> laboratory <u>data</u> , <u>imaging studies</u> , and other tests required for the area of practice
PC-05	<b>Make</b> informed decisions about <u>diagnostic and therapeutic interventions</u> based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
PC-06	<b>Develop</b> and conduct effective person-centered <u>management plans</u> .
PC-07	<b>Counsel and educate</b> patients and their families using plain language verbal, written, and multi-media resources (visuals, videos) so they can engage in shared decision-making and actively participate in their plan of care
PC-08	<b>Provide</b> appropriate <u>referral</u> of patients including ensuring <u>continuity of care</u> throughout <u>transitions</u> between providers or settings, and following up on patient progress and outcomes
PC-09	Provide <u>preventive and wellness</u> health care services to patients, families, and communities to maximize the quality of life

### Medical Knowledge (MK) **KNOWLEDGE** As applied to Patient Care

MK-01	<b>Demonstrate</b> an <u>investigatory and analytic approach</u> to clinical situations
MK-02	<b>Apply</b> <u>established and emerging basic scientific principles</u> fundamental to health care for individual patients <b>and populations</b>
MK-03	<b>Apply</b> <u>established and emerging principles of clinical sciences</u> to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based healthcare
MK-04	<b>Apply</b> principles of <u>epidemiological sciences</u> to the <u>identification</u> of health problems, risk factors, treatment strategies, resources, health equities, and disease prevention/health promotion efforts for individual patients, diverse patients, and populations.
MK-05	<b>Apply</b> principles of <u>social-behavioral sciences</u> to the provision of patient care, including assessment of the impact of individual <b>behavioral, psychosocial, and structural influences</b> on health, disease, care-seeking, adherence to care, equity, and barriers to and attitudes toward care.

Diversify action verbs?

### Practice-Based Learning and Improvement (PBLI) Next Steps - **ACTIONS TO IMPROVE** physician skills

PBLI-01	<b>Identify</b> <u>strengths, deficiencies,</u> and limits in one's knowledge and skills
PBLI-02	<b>Set</b> learning and improvement <u>goals</u>



PBLI-03	<b>Identify</b> and <b>perform</b> <u>learning activities</u> that address one's gaps in knowledge, skills, behaviors, and attitudes
PBLI-04	Systematically <b>analyze</b> practice using <u>quality improvement methods</u> and <b>implement</b> <u>changes</u> with the goal of practice improvement
PBLI-05	<b>Cultivate</b> a <u>continuous learning mindset, seeking out, providing and incorporating constructive feedback and reflection</u> into daily practice. <u>while being present and accountable, prepared and engaged</u>  Change to: growth mindset Should providing feedback be its own EPO?
PBLI-06	<b>Locate, appraise, and assimilate</b> <u>evidence</u> from scientific studies related to patient's health problems
PBLI-07	<b>Participate</b> in the <u>education</u> of patients, families, students, trainees, peers, and other health professionals
PBLI-08	<b>Obtain and utilize</b> <u>information</u> about individual patients, populations of patients, or communities to improve care

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### Interpersonal and Communication Skills (ICS) **Active Communication**

ICS-01	<b>Communicate effectively</b> showing <u>compassion</u> and <u>active listening skills</u> with patients, families, and the public, across a broad range of socioeconomic and cultural backgrounds
ICS-02	<b>Communicate effectively</b> and <u>respectfully</u> with <u>colleagues and team members</u> within one's profession or specialty, other health professionals, and health-related agencies
ICS-03	<b>Work and communicate effectively with others</b> as a member or leader of an interprofessional healthcare <u>team</u> or another professional group.  <u>Should there be an additional EPO that emphasizes interprofessional work &amp; emphasizes this competency in curriculum?</u> <u>Add a specific competency with doctors understanding the specific clinical roles of other physicians as a way to expand on teamwork? ,</u>
ICS-04	<b>Maintain</b> accurate comprehensive, timely, <u>medical records</u> with attention to privacy and safety while adhering to legal and ethical standards
ICS-05	<b>Demonstrate</b> <u>sensitivity, honesty, and compassion</u> in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics
ICS-06	<b>Demonstrate</b> <u>insight and understanding</u> about emotions and human responses to emotions, including one's own, that allows one to develop and manage interpersonal interactions

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**Professionalism (PRO) Qualities of a Physician (Physicians Identity)**

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PRO-01	<b>Demonstrate</b> the professional values and attributes of a physician including <u>compassion, integrity, and respect</u>
<del>PRO-02</del>	<del><b>Demonstrate</b> responsiveness to patient needs that supersedes self-interest,</del>
PRO-03	<b>Demonstrate</b> respect for patient privacy, safety, and <u>autonomy</u>
PRO-04	<b>Demonstrate</b> <u>accountability</u> to patients, families, society, and the profession <u>How can we expand this while maintaining standardized approach?</u>
PRO-05	<b>Demonstrate</b> <u>sensitivity and prioritize patient autonomy professionalism</u> in all interactions and <u>provide the same quality of care</u> to all regardless of personal beliefs.
PRO-06	<b>Demonstrate</b> a <u>commitment</u> to <u>ethical principles</u> pertaining to the provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations
PRO-07	<b>Commit</b> to <u>acquiring</u> and/or <u>practicing</u> the skills need to be <u>accountable</u> to meet all learning outcomes.
PRO-08	<b>Demonstrate</b> <u>positive wellness behaviors</u> and <u>healthy coping mechanisms</u> to respond to professional, personal, emotional, physical, and system stressors.
PRO-09	<b>Recognize</b> that <u>ambiguity is part of clinical health care</u> and respond by utilizing appropriate resources in dealing with uncertainty

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**Diversify action verbs, Reflect skills like growth mindset, etc to reflect versatility of physician we want to produce.**

**Add collaboration (with patients) as a verb.**

**Joy – professional satisfaction, not burn out, service mindset all related.**

**Professionalism is an outcome, the qualities / skills / behaviors need to be defined.**

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**Systems-Based Practice and Population Health (SBP) ~~Systems within Health Care-Patient Advocacy~~  
within Healthcare Systems (Service Mindset)**

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SBP-01	<b>Work</b> effectively in various <u>healthcare delivery settings and systems</u>
SBP-02	<b>Coordinate</b> patient care <u>within the health care system</u>
SBP-03	<b>Incorporate</b> considerations of <u>cost awareness and risk-benefit analysis</u> in patient and/or population-based care
SBP-04	<b>Advocate</b> for <u>quality patient care</u> and health care policies to optimal patient care outcomes
SBP-05	<b>Participate</b> in <b>identifying</b> <u>system errors</u> and <b>implementing</b> <u>potential systems solutions</u>
SBP-06	<b>Understand</b> basic <u>principles of healthcare delivery</u> , organization, and finance, how costs affect healthcare delivery, and incentives methods for controlling costs
SBP-07	<b>Understand</b> the <u>current and historical</u> factors affecting <u>health equity</u> , including structural <u>inequalities in access</u> to and quality of health care, to improve the health of patients and communities

Understand verb – replace with evaluate or analyze or demonstrate understanding. Need something more active and objective.

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**Values – must be testable and integrated within block curriculum (not just pathways), importance is conveyed through assessments**

- Trust
- Integrity
- Altruism
- Honesty
- Advocacy
- Social Justice
- Respect for/valuing unique traditions – nontraditional students sense of self, unique culture/traditions here at COM (i.e. tree blessing ceremony)
- Creativity, thinking outside the box
- Collaboration / sense of teamwork / partnership with patients
- Lasting relationships
- Border-minded, diversity of culture and unique attributes, touchpoint between multiple cultures, local focus/culture, unique system of healthcare here, focus on social justice issues / our community needs
- Versatility - students have to be versatile in their medical knowledge
- Appreciation and mutual respect – for where students are, the fact that they're being allowed in peoples lives, for their profound responsibility and privilege to care for patients, for the people they're working with, and all of the hard work that goes into providing the education they are receiving

Additional recommendations:

- Explore a motto
- How do we make these values visible and how do we live them?

## Brainstorm

1. Curiosity and allowing students to build new mental models to acquire new knowledge
2. Adaptability – metacognition, resiliency, navigating certainty vs ambiguity in practice
3. Diversity – serving diverse populations, cultural competencies
4. Empathy / Service Orientation / Advocacy
5. Fostering self-care
6. Motivation to achieve – what is your why?
7. Varied / inter-professional educational experiences
8. Authenticity
9. Joy
10. Professionalism - Accountability, Administrative, Culturally Informed, Honest
11. Growth mindset – willingness to try and make mistakes / learn from them, curiosity, artificial intelligence, lifelong learner, scientific mindset / foundation
12. Humility
13. Ability to solicit and take / act on feedback with a positive mindset

**Joy – where does this fit in to EPOs? PRO-08? (is this student wellness i.e. healthy/happy?)**

**Accountability – to ourselves and to others**

- Self-Aware
- Administrative
- Culturally Informed
- Honest
- Impact on others
- Service mindset

**Knowledgeable**

- scientific mindset / foundation
- artificial intelligence

**Adaptable**

- Adaptive learner

**Growth-oriented**

- Willingness to try and make mistakes / learn from them
- Curiosity
- lifelong learner

**Advocacy**

- Patient focused
- Advocacy – patient and self
- Community focused