

## TUCSON EDUCATIONAL POLICY COMMITTEE

### Meeting Minutes January 18, 2017 4:30pm, 3230

MEETING ATTENDEES			
Voting Members	*	Resource Members	*
Kristopher Abbate		Susan Ellis	X
Elle Campbell	X	Sonia De Leon	X
Maria Czuzak	X	George Fantry	X
Herman Gordon	X	Carlos Gonzales	X
Sarah Harris		Raquel Givens	X
Wendi Kulin		Kevin Moynahan	X
Patricia Lebensohn	X	Diane Poskus	X
Lindsey Lepoidevin	X	Karen Spear Ellinwood	X
Bill Marshall	X	Amy Waer	X
Art Sanders	X	Paul Weissburg	X
Sydney Rice		Violet Siwik	
Jordana Smith	X		
Kathy Smith	X		
Jim Warneke	X		
Stephen Wright	X		
Chad Viscusi	X		

\*X = present

Guests:

Department of Anesthesiology

Kelly Arwari; Phil Malan

Department of Emergency  
Medicine

Sam Keim, Department Head; Kathy Hiller

Department of Pediatrics

Sean Elliott

Department of Surgery

Taylor Riall, Department Head; William Adamas- Rappaport; Iman Ghaderi; Robert Harland; Terrence O'Keeffe; Debby Sherrow; Rebecca Viscusi; Wei Zhou

#### MEETING NOTES

**1. Voting Items:**

**a. Minutes from January 4, 2017 meeting**

Approved with revision

**2. Transition to Residency- Required Time**

Minutes submitted by Susan Ellis, MA, EdS  
OMSE

- a. **Surgery Subspecialty proposal (Riall):** The focus of this meeting was the Transition to Residency portion of the revised curriculum. As changes to this portion of the curriculum will be effect for the the incoming Class of 2021, decisions regarding additional requirements need to be made in a timely manner.

Dr Taylor Riall, Interim Head of the Department of Surgery, presented a proposal to retain the surgery subspecialty graduation requirement. Speaking on behalf of the departments offering courses that apply toward the surgery subspecialty requirement (Anesthesiology, Ophthalmology, Otolaryngology and Obstetrics and Gynecology) Dr Riall stated that eliminating the surgical subspecialty requirement would reduce student's exposure to these disciplines and reduce preparedness. She provided examples of clinical correlates between areas of surgery subspecialty and medicine subspecialty (e.g., nephrology and transplant surgery). In addition, Dr Riall noted that no student input was available regarding how student's elective choices would be influenced if the subspecialty requirement were eliminated. Dr Riall emphasized that Surgery was committed to customizing surgery subspeciality rotations to meet the needs of individual students. In speaking with the heads of the various surgical subspecialties, it was emphasized that the sections were willing to have high-quality learning objectives, more robust student assessment systems and course evaluations in order to support the customized student experience.

In the discussion following Dr Riall's presentation, Dr Sean Elliott, chair of the Foundations of Healthcare Delivery committee, which was responsible for revisions to the clerkship curricular period, noted that the group did not intend for the surgical subspecialty to be eliminated with the curricular revision. The Foundations of Healthcare Delivery committee proposed eight weeks of core, general surgery during the clerskhip period, with an additional four weeks of surgical subspecialty to occur during Phase 3 of the curriculum (the Transition to Residency period). This would result in a total of twelve weeks of surgical training for students, in line with national trends. In addition, this would bring Surgery on par with the twelve weeks of curricular time allotted to Medicine.

There was significant discussion among TEPC members and guests following Dr Riall's presentation. Dr Carlos Gonzales noted that the state of Arizona is experience a shortage of rural surgeons and advocated for the definition of subspecialty be expanded to include rural surgical practice.

The proposal to retain a surgical subspecialty rotation as a graduation requirement was approved. Beginning with the Class of 2021, students will meet the surgical subspecialty graduation requirement by taking a designated four-week rotation during the Transition to Residency phase of the curriculum.

**Emergency Medicine/Critical Care proposal (Hiller)** – Dr Kathy Hiller, on behalf of the Department of Emergency Medicine, presented a proposal to make the hybrid emergency medicine/critical care (EM/CC) rotation a requirement for all students, effective with the Class of 2021. Approving this course as a requirement would not add additional required units to Year 4. Rather, the Emergency Medicine/Critical Care course, MED 845, would be required for all students; this would supplant the current requirement, which allows students to choose a 4-week rotation from among a series of designated courses in emergency medicine or critical care.

- b. The hybrid EM/CC course has been offered for several years. Dr Hiller presented student feedback data, indicating that students felt the course to be a valuable experience. In addition, Dr Hiller provided national data, demonstrating that over half of the colleges of medicine in the United States have an emergency medicine required rotation. UA CoM-Tucson match data show that approximately 15-20% of students go into emergency medicine residencies. The department has the exisiting capacity to accommodate all UA students in that it currently accepts over 100 students into the course annually with the inclusion of visiting students.

Dr Waer indicated that there would be no guaranteed additional funding to the Department of Emergency Medicine if this course were to be required. However, Dr Waer stipulated that the Dean would be willing to work with the Department to address issues of funding.

The proposal to make the hybrid Emergency Medicine/Critical Care course a graduation requirement for all students was approved (effective with the Class of 2021).

**Meeting adjourned. The next meeting is February 1, 2017.**

ACTION ITEMS			
	Items(s)	Assigned to	Target Date
1.			