College of Medicine – Tucson General Faculty Meeting
February 4, 2019, Kiewit Auditorium 4:30 pm
Meeting Minutes

Call to Order - Dr. Kron called the meeting to order at 4:30pm.

Welcome and Announcements - Irving Kron, MD, Interim Dean, COM-T

Dr. Kron encouraged everyone to participate in these upcoming events:
- 2/13 – Research Day in the HSIB. Already ~500 RSVPs received
- 4/13 – Clinical Trials Development Workshop
- 4/26 – COM-T New Faculty Orientation

COM-T Dean Search Update

There are three finalists for the Dean’s search who will be brought to campus in the next couple of months. Dr. Dake and his office are leading this process.

Discussions/Presentations

Banner Update – Chad Whelan, MD, Chief Executive Officer

Dr. Whelan told the faculty that they are taking on a Tucson Marketing Approach and integrated model rather than viewing the system as a group of hospitals. He thinks this will have a positive influence on the faculty practice. Additionally, Dr. Whelan said their mantra is “We are One.” This means that Banner’s success and the University’s success are tied together. In the long-run, an integrated delivery model is the most exciting thing. They are developing a new building that will take the first patient in April. He discussed ambulatory space. The second mantra is that we need to differentiate and be the dominant player in this market. This involves improvement in access.

Fast Pass – Scott Hofferber, Chief Operations Officer and Todd Blake, Senior Administrator

Mr. Blake explained the Fast Pass initiative. On January 7th, they began offering Fast Pass, starting small with Banner employees with the Aetna insurance policy. The principle behind this was that the medical center will see the employee or a member of their family within three days. A patient calls into a scheduling center and identifies themselves as a Fast pass holder. They check demographics to confirm this, and then schedule an appointment within three days. They cannot always accommodate requests to see a specific physician. If there is no appointment available, they trigger escalation policies that send it up the administration chain. So far, this has been working well without many escalations. He showed a graphic of the results. As of February 1st, they have scheduled 133 appointments, with about 54% being for primary care services. This reporting is sent out to departments each week. So far, there have been no failures. Next steps are to offer Fast Pass to all Banner and University employees and their family members by the end of the quarter.
Space Update: Clinical Parking & Faculty Lounge Move – Angie Souza, Sr. Director, Planning & Facilities, UAHS

She began by discussing the cafeteria relocation and faculty lounge. The tower is supposed to be completed very soon, and the pavilion will be done in April. The new cafeteria will be in the pavilion. They are renumbering the Banner facilities, and the new tower will be Tower One, Diamond Children’s will be called Tower Two, NEP will be Tower Three, and the original hospital will be Tower Four. The cafeteria will be on the first floor of the pavilion. There will be outdoor space as well. They will not be shutting down the current cafeteria, but it will be scaled down. There will be two new faculty lounges that are more robust. One will be located near surgery. The other will be just north of where it is now in February 2020. She moved on to discuss Parking Garage A. It is used for both faculty and employee parking. It will be used in its current way until the end of July. It will be converted to a University garage by August. Banner is trying to get employees access to renew their parking in the garage when other University employees are able to. The goal is to keep parking free for Banner employees, and they are looking into different options for this.

New Faculty Welcome (August 2018 – January 2019) – Dr. Irving Kron and Department Chairs

New faculty members were announced by department.

Adjournment and Networking – Dr. Kron adjourned the meeting

Committee Reports attached:

- Dean’s Council on Faculty Affairs
- Faculty Diversity Advisory Committee
- Tucson Educational Policy Committee Bi-annual Report
College of Medicine – Tucson General Faculty Meeting
Monday, February 4, 2019 Kiewit @ 4:30 p.m.

AGENDA

Call to Order

1. Welcome and Announcements with beverages and hors d’oeuvres
   - Dr. Irving Kron, Interim Dean
     i. Dean’s Search Update
     ii. Save the Dates:
         1. 2/13 Research Day
         2. 4/13 Clinical Trials Development Workshop
         3. 4/26 COM-T New Faculty Orientation

2. Presentations:
   - Banner-University Medical
     i. Banner Update: Chad Whelan, MD, Chief Executive Officer
     ii. Fast Pass: Scott Hofferber, Chief Operations Officer
   - Space Update – Clinical Faculty Parking & Faculty Lounge Move
     i. Angie Souza: Senior Director, Planning and Facilities, UAHS

3. New Faculty Welcome (August 2018 – January 2019)
   - Dr. Kron, Interim Dean and Department Chairs

4. Adjournment and Networking

SAVE THE DATE for 2019 COM-T General Faculty Meetings: May 8, August 7, & November 6

Committee Reports
1. Dean’s Council on Faculty Affairs
2. Faculty Diversity Advisory Committee
3. Tucson Educational Policy Committee Bi Annual Report

Note: Committee reports are posted on the COM-T website using the link or QR code: https://medicine.arizona.edu/event/2019/com-tucson-general-faculty-meeting-1
Fast Pass Initiative Overview

Program Overview:

• Starting on January 7, 2019 we began offering “Fast Pass” access to Banner employees and their families with Banner Aetna Insurance for provider services. This is defined as 3-day availability to see someone in the specialty and location of their choice. (Not necessarily a specific provider.)

• The goal is ZERO service failures. A service failure occurs when a Banner employee or family member calling the patient scheduling center is unable to be offered an appointment within 3 days... unless the patient is willing to wait longer to match their request for a specific provider.

• To prevent service failures from occurring, departmental escalation plans have been developed to ensure all patients are offered an appointment within 3 days.
Proposed Escalation Workflow

1. Fast Pass Patient Calls in to schedule an appointment
2. PSC Captures Patient Name, MRN, Specialty and requested Location
3. If there is no appointment available, PSC will use Department Escalation Protocol
4. If there is still no appointment available after following first escalation, clinic will use Department Leadership defined escalation process
Past Pass Launch

- Project Team Planning began in December 2018
  - Representatives from Departments, Physician Leadership, Administration, PSC, and Banner Corporate Team members
- Department fast pass appointments identified and added into scheduling protocols
- Department escalation plans determined and added into scheduling protocols
- Simulation of calls and mock escalations
- Communication including, email, intranet advertising, hard copy letter and FAQ’s developed and mailed to homes of the Banner Aetna colleagues in Tucson detailing the benefits of the program
- Go-Live January 7, 2019
# Fast Pass Results to Date

<table>
<thead>
<tr>
<th>Department/Division</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>TOTAL Since GO-LIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Primary Care</td>
<td>8</td>
<td>5</td>
<td>11</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>Anesthesiology Pain Management</td>
<td>1</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Cardiology</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Dermatology</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Family &amp; Community Medicine</td>
<td>3</td>
<td>3</td>
<td>9</td>
<td>7</td>
<td>22</td>
</tr>
<tr>
<td>General Internal Medicine</td>
<td>9</td>
<td>10</td>
<td>3</td>
<td>-</td>
<td>22</td>
</tr>
<tr>
<td>Genetics</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>GI</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>HemOnc</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hepatology</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nephrology</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Neurology</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>OBGYN</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>1</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>-</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Surgery (includes Urology)</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>31</td>
<td>31</td>
<td>43</td>
<td>28</td>
<td>133</td>
</tr>
</tbody>
</table>

- Total of 133 FAST PASS Appointments (1/7 – 2/1)
- 54% of all requests for Adult Primary Care, Family Medicine, General Internal Medicine
- ZERO Service Failures
- Detailed call information provided to department leadership each week

**THANK YOU!!**
Next Steps:

• Project Team in place to advance this initiative
  – Led by Mark Branham, Director of the Patient Scheduling Center
• Continue to Refine the Process and track the data around number of calls, and demand for service at the specialty level
• Hard Wire Appointment Types into the Cerner Scheduling System
• Expansion to offer FAST PASS to all Banner employees and U of A employees no later than end of Q1
Banner Hospital Tower 1 Completion

- Construction completion Tower 1 early February 2019
- Construction completion Pavilion early April 2019
- Public Opening: April 22, 2019
New Faculty Members
August 2018-January 2019

**Anesthesiology**
Michelle Dacosta, MD: Clinical Assistant Professor
Galen Garcia, MD: Clinical Assistant Professor
Elizabeth McIntyre, MD: Clinical Assistant Professor
Allison L. Thoeny, MD: Clinical Assistant Professor
John Zaugg, MD: Clinical Assistant Professor

**Family and Community Medicine**
Sanjay Dronavalli, MD: Clinical Assistant Professor
Evelinda Gonzales, MD: Assistant Professor
Jacob Hyde, PsyD: Assistant Professor
Ashley Krauser, DO: Clinical Assistant Professor
Jeff Maudlin, MD: Clinical Assistant Professor
Ana Mendez, MD: Assistant Professor
Wendy Parent-Johnson, PhD: Professor
Nicole Person-Rennell, MD: Assistant Professor
Jenny Saint-Aubyn, MD: Assistant Professor
Jared Schultz, PhD: Professor
Shana E. Semmens, MD: Assistant Professor
Marcos Teran, MD: Clinical Assistant Professor

**Medical Imaging**
Suzette Bryan, MD: Assistant Professor
Wendy McCurdy, MD: Assistant Professor
Mikin Patel, MD, MBA: Assistant Professor
Kavitha Yaddanapudi, MBBS: Associate Professor
Hongyiun “June” Zhu, MD: Associate Professor

**Medicine**

*Division of Cardiology*
Tushar Acharya, MD: Clinical Assistant Professor
Olivia Y. Hung, MD, PhD: Clinical Assistant Professor
Nader Makki, MD: Clinical Assistant Professor

*Division of Endocrinology*
Jennifer H. Stern, PhD: Assistant Professor
Rocio Zapata Bustos, PhD: Research Assistant Professor

*Division of Infectious Disease*
Steven L. Oscherwitz, MD: Clinical Assistant Professor
Jamilah Shubeilat, MD: Clinical Assistant Professor
Mark Schomogyi, MD: Clinical Assistant Professor

*Division of Geriatrics, General & Palliative Medicine*
Shaun Chatelain, DO: Clinical Assistant Professor
Clara Connell, DO: Clinical Assistant Professor

*Division of Nephrology*
Angelo De Mattos, MD: Clinical Professor
Pablo Loarte-Campos, MD: Clinical Assistant Professor
Ramin Tolouian, MD: Clinical Professor

*Division of Inpatient Medicine*
Alvaro Altamirano Ufion, MD: Clinical Assistant Professor
Roshanak Habibi, MD: Clinical Assistant Professor
Robert C. Koch, MD: Clinical Assistant Professor
Nanda Pullela, MD: Clinical Assistant Professor
Sorabh Sharma, MD: Clinical Assistant Professor
Annie Shergill, MD: Clinical Assistant Professor
Kamaldeep Singh, MD: Clinical Assistant Professor

*Division of Pulmonary*
Elaine Cristan, MD: Clinical Assistant Professor
Tammer Y El-Aini, MD: Clinical Assistant Professor
Imran Patel, PhD: Clinical Assistant Professor
Salma Imran Patel: Assistant Professor
Francesca Polverino, MD, PhD: Assistant Professor

*Division of Oncology*
Krisstina Gowin, DO: Assistant Professor
Sao Jiralerspong, MD, PhD: Associate Professor

*Division of Translational Regenerative Medicine*
Haiyang L. Tang, PhD: Research Assistant Professor

**Neurology**
Satinder Sandhu, MD: Clinical Assistant Professor
Mohammad El-Ghanem, MD: Assistant Professor
Obstetrics and Gynecology
Andrea Aguirre, MD: Assistant Professor
Holly Bullock, MD: Assistant Professor
Crystal Pacanowski, MD: Assistant Professor

Ophthalmology
Rita M. Bhakta, OD: Clinical Assistant Professor
Diego Calonje, MD: Clinical Assistant Professor

Orthopaedic Surgery
Michel A. Taylor, MD: Assistant Professor

Otolaryngology
Kwang Chul Kim, PhD: Research Professor

Pathology
Laura D. Stephens, MD: Assistant Professor
Belinda Sun, MD, PhD: Clinical Assistant Professor

Pediatrics
Division of General Pediatrics
Anna-Marie Cosentino, MD: Clinical Assistant Professor
Judith Hunt, MD: Clinical Assistant Professor
Maria M. Khan, MD: Clinical Assistant Professor
Madeline Lemoiné, MD: Clinical Assistant Professor

Division of Cardiology
Jamie N. Colombo, DO: Assistant Professor

Division of Critical Care
Helayne R. Feferman, MD: Assistant Professor
Katie Ann Kowalek, MD: Assistant Professor

Division of Hematology & Oncology
Holly Pariury, DO: Assistant Professor

Pharmacology
Jennifer P. Schneider, MD: Associate Professor
Aubin Moutal, PhD: Research Assistant Professor

Physiology
Paul Pires, PhD: Assistant Professor
Juliana Lessa Sacomano, PhD: Senior Lecturer

Psychiatry
Karen Atencio, MD: Clinical Assistant Professor
Martha Burkholder, MD: Clinical Assistant Professor
Matthew Byerly, MD: Clinical Professor
Irfan Fauq, MD: Clinical Assistant Professor
Shawn Platt, DO: Clinical Assistant Professor
Kyle Suhr, PhD: Clinical Assistant Professor
Alan H. Wolfson, MD: Clinical Assistant Professor

Surgery
Division of General Surgery
Nabajit Choudhury, MBBS: Clinical Assistant Professor
Jennifer Erdrich, MD: Assistant Professor
Nova Foster, DPM: Clinical Assistant Professor
Dhriti Mukhopadhyay, MD: Clinical Assistant Professor
Steven Sawyer, MD: Clinical Associate Professor
James Wiseman, MD: Clinical Assistant Professor
Xihua Yang, MD: Clinical Assistant Professor

Division of Neurosurgery
Richard Chua, MD: Clinical Professor

Division of Trauma Surgery
Donald Green, MD: Clinical Associate Professor

Division of Vascular Surgery
Andrew Rice, DPM: Clinical Associate Professor

Division of Urology
Maximiliano Sorbellini, MD: Clinical Assistant Professor
David T. Tzou, MD: Clinical Assistant Professor
Mission
The Dean’s Council on Faculty Affairs is a Standing Committee of the College of Medicine which: 1) develops and implements programs that will enhance faculty life (related to, for example, career development, mentoring, leadership, and the like); 2) develops policies pertinent to the faculty at the College of Medicine; and 3) advises the Dean on Faculty Affairs on matters at the College of Medicine related to the promotion and tenure, recruitment, retention, professional development and ongoing support of faculty. The work of the Council is supported and disseminated by the College of Medicine Office of Faculty Affairs. This year, the Council decided to emphasize faculty wellbeing and professional development while continuing its contributions to faculty development.

Ongoing DCFA Contributions
- Learning to Lead (2009-ongoing)
- Lunch with Leadership (2015-ongoing)
- Mentoring Societies (2015-ongoing)
- Mentoring Awards (2015-ongoing)
- Annual Faculty Event (2013-ongoing)
- Holiday Cookies (2016-ongoing)
- Myth busting re opportunities for flex-time faculty employment (2012)
- Improved mechanism for faculty suggestions (2013)
- Faculty engagement survey (2013/2014)
- Faculty Wellness Suggestions Survey (pending)
- Series on Professionalism & Professional Development (2019 pending; planning for implementation in 2019-20)

Activities and Programs
In recent years, the Council has addressed a variety of issues focusing on enhancing faculty life, professional development and wellness. Some projects have become continuing programs implemented through the efforts and dedication of Council members and the Office of Faculty Affairs. Specifically, the Council
has reviewed and initiated discussions and projects that aim to respond to faculty concerns or suggestions for enhancing faculty life identified in the Faculty Forward survey, including mentoring; publicizing activities or events that support professional development; promoting open and transparent communication with College of Medicine leaders; enhancing and promoting mentoring societies; and hosting a social reception for faculty.

In 2018-19, the Council extended its 2017-18 focus on faculty mentoring and retention to include faculty wellbeing. The peer-to-peer interdepartmental Mentoring Societies program, which began in August 2015, continues. The Dean's Office of Faculty Affairs continues to offer sessions about key aspects of professional development, such as Promotion & Tenure workshops, and continues the Mentoring Societies program, which began its third term in the Fall of 2018. A more structured curriculum of mentorship is being developed to support senior faculty in serving as effective mentors.

To continue to address issues regarding faculty retention, the Council continues its facilitation of communication between the leadership of the College of Medicine and faculty members through its Lunch with Leadership series. Various leaders have been invited to participate in these lunches with an invitation sent to all faculty. There is a Lunch with Leadership event scheduled for February and the Council will hold two more in the coming months.

The Council continues to use Workplace for communication within the Council as well as with the general faculty. We hope to continue to lead the adoption of this platform for more effective communication among COM faculty. We will be promoting the Council’s activities online at the Faculty Affairs website and continue to disseminate memos through the UAHS memo generator to notify faculty of opportunities for professional development and DCFA events.

To support and promote faculty morale and communication about activities of the Council and Faculty Affairs, the Council has hosted an annual Holiday Cookie
Dean’s Council On Faculty Affairs – Annual Report (2018)

Social in December. These have been both fun and successful. The most recent event occurred in December 2018. The Holiday Cookie Social lasts 4 hours and is held in the faculty lounge. Council members donate home baked cookies and other delicious desserts. Several Council members take turns chatting with faculty, familiarizing them with the work of the Council and asking about their concerns or ideas for faculty support.

This year, the Chairs of the Council, the Committee of Ten, and the DFCA discussed the respective missions and efforts to ensure activities would be complementary and supportive, while avoiding duplication. The support staff for all three groups provide updates as needed so we can continue to identify ideas for collaboration.

The Council aims to further enhance communication with faculty by creating an online “Suggestion Box”. The QR code will reside on the cover of the suggestion box in the faculty lounge, and will be linked to survey asking for suggestions to improve faculty wellness and professional development ideas at the College. The survey is short (2 items plus an open ended response) to make it quick and easy for faculty to provide input.

**Upcoming Events/Activities**

The Council is planning its Annual Faculty Social, which will be held in April 2019. We are exploring the use of two outdoor venues, each having a unique history and connections with UA programs and activities. This year’s event will build on our emphasis of faculty wellness by inviting faculty and their families to participate in a variety of family fun activities in a peaceful, garden setting.

In addition, planning is underway with the Council in assisting the Office of Faculty Affairs to create a faculty development series that will focus on issues of professionalism, to include communication skills, strategies and support for becoming an effective manager, mentor, leader and peer educator within the profession and interprofessional collaboration.
DCFA Committee Members (2018-19):

Amber Rice, MD - Emergency Medicine
Andrew Tang, MD – Surgery
Elaine S itu-LaCasse, MD – Emergency Medicine
Elaine S itu-LaCasse, MD – Emergency Medicine
Karen C. Spear-Ellinwood, PhD – Obstetrics and Gynecology (Chair, 2018-19)
Kimberly Gerhart, MD – Pediatrics
Maria A. Proytcheva, MD – Pathology
Marlon Guerrero, MD – Surgery
Nafees Ahmad, PhD – Immunobiology
Patrick Ronaldson, PhD – Pharmacology (2nd term)
Samantha Harris, PhD – Cellular & Molecular Medicine
Sara Desoky, MD – Medical Imaging
Tally M. Largent-Milnes, PhD – Pharmacology

Non-voting Participants

DCFA enjoys the participation of supportive and dedicated non-voting participants:
Alice Min, MD, Assistant Dean, Faculty Affairs (Emergency Medicine)
Ilanna Addis, MD, Obstetrics & Gynecology (served 2 terms, past Chair)

Support Staff

The Council would like to acknowledge and thank the staff for providing excellent support for our efforts:

Eva Sanchez, Program Coordinator, Senior - Faculty Affairs
Patricia Markel, Executive Director, Faculty Affairs
Faculty Diversity Advisory Committee (FDAC) – 2018 Annual Report

Co-Chairs: Valentine Nfonsam, Bradley Dreifuss

This was the second year of FDAC being a standing committee of the College of Medicine – Tucson. During the course of last year, we set certain goals and had some achievements:

We welcomed four new enthusiastic members into the committee.

FDAC held working meetings to identify gaps and priorities for the COM-T, which informed our three new priorities (detailed below).

We continued our collaboration with the Student Diversity Advisory Committee (SDAC) to learn how to best support student success in COM-T.

The committee met with Dr. Kron to discuss his vision for the COM-T and plans to hire a permanent Dean for the COM-T. FDAC also submitted a letter to the Dean’s search committee underscoring the importance of identifying candidates with a proven record of working on diversity and inclusion initiatives.

We officially welcomed Dr. Victoria Murrain, who was appointed Deputy Dean for Diversity and Inclusion of COM-T.

FDAC participated in multiple diversity and inclusion related events within the college and across campus, in particular the New Student Welcome Mixer in July 2018.

Several members of FDAC participated in a series of diversity trainings offered by the Office of Diversity and Inclusion, which consisted of three sessions: Unconscious Bias; Having Critical Conversations; and Allyship.

Moving forward, the committee identified three specific priorities guiding its work. The committee divided into sub-committees and each is working on a priority. The three priorities are:

Departmental Scorecard:
Implement a Chair Report (e.g., score card for annual report to the Dean)
The subcommittee is working to increase accountability within departments on their diversity and inclusion related efforts. The end-product will be a departmental report with metrics gauging intentional diversity and inclusion work in terms of faculty recruitment and development, resident recruitment and development, and overall programmatic efforts to improve the climate.
Faculty Spotlight:
*Share and highlight achievements of faculty, residents, and students (e.g., Tell Your Story Proposal)*

“What’s Up, Doc?” will highlight the amazing students, residents and faculty who comprise the COM-T. We have a diverse faculty, residency and student body, with rich experiences that have paved their paths to success. These stories are not only informative, but inspirational to anyone viewing our website – including undergraduate students, medical students, residents/fellows and faculty, as well as the public. Undergraduate students interested in health careers will interview faculty/students/residents and write-up the text to feature on the website. These students will benefit from meeting others who have achieved their goals. Learning about their experiences and identifying with them provides a positive experience for them.

Faculty Recruitment:
*Develop recruitment guidelines for standard departmental use (e.g., diversity champion training on search committees, hiring toolkit, etc.)*

The subcommittee is working to increase diversity of our faculty by ensuring a diverse applicant pool by developing guidelines and resources for departments. Steps involved include:
1) Gathering data from College of Medicine-Tucson departments regarding current practices related to faculty recruitment and applicant pool diversity, as well as retention of faculty once recruited.
2) Reviewing hiring toolkits from other medical colleges.
3) Reviewing AAMC faculty demographic data.
4) Identifying gaps and areas to focus resources.
5) Producing deliverable “toolkit” (June-August 2019).
6) Disseminating the “toolkit” at the Department Chairs Meeting and to department Diversity Champions.

Committee Members
Josie G. Acuna, MD – Emergency Medicine
Samuel Campos, PhD – Immunobiology
*Brad Dreifuss, MD – Emergency Medicine
Patricia Harrison-Monroe, PhD – Psychiatry
Randa Kutob, MD – FCM
Patricia Lebensohn, MD – FCM
Jessica Moreno, MD – OB/Gyn
*Valentine Nfonsam, MD – Surgery
Lucinda Rankin, PhD – Physiology
Raymond Runyan, PhD – Cellular & Molecular Medicine

++Allie Min, MD – Asst. Dean, Faculty Dev.
++Victoria Murrian, DO –Deputy Dean, ODI, COM-T
++Francisco Moreno, MD – Assoc. VP, ODI
***Lydia Kennedy, MEd
***Kadian McIntosh, PhD
***Michelle Ortiz, PhD
***Christina Renteria
* Co-Chairs ++ Ex-Officio ***Staff/Advisor
Activities of the Tucson EPC (TEPC) during the period July – December 2018 are described below, arranged in general categories.

1. Membership

The members of the TEPC (July – December 2018) are listed below.

<table>
<thead>
<tr>
<th>Member name</th>
<th>Department</th>
<th>End of Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Lebensohn, MD (Current Chair)</td>
<td>Family &amp; Community Medicine</td>
<td>2021</td>
</tr>
<tr>
<td>Maria Czuzak, PhD</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>2020</td>
</tr>
<tr>
<td>Art Sanders, MD</td>
<td>Emergency Medicine</td>
<td>2019</td>
</tr>
<tr>
<td>Gloria Guzman, MD</td>
<td>Medical Imaging</td>
<td>2021</td>
</tr>
<tr>
<td>Jordana Smith, MD</td>
<td>Ophthalmology</td>
<td>2021</td>
</tr>
<tr>
<td>Kathy Smith, MD</td>
<td>Psychiatry</td>
<td>2020</td>
</tr>
<tr>
<td>Jim Warneke, MD</td>
<td>Surgery</td>
<td>2019</td>
</tr>
<tr>
<td>Stephen Wright, PhD</td>
<td>Physiology</td>
<td>2019</td>
</tr>
<tr>
<td>Veronica Arteaga, MD</td>
<td>Medical Imaging</td>
<td>2021</td>
</tr>
<tr>
<td>Zoe Cohen, PhD</td>
<td>Physiology</td>
<td>2022</td>
</tr>
<tr>
<td>Dawn K. Coletta, PhD</td>
<td>Medicine</td>
<td>2022</td>
</tr>
<tr>
<td>Lawrence M. Moher, MD</td>
<td>Family &amp; Community Medicine</td>
<td>2022</td>
</tr>
<tr>
<td>Elle Campbell</td>
<td>Medical Student, Class of 2019</td>
<td>2019</td>
</tr>
<tr>
<td>Lindsey Lepoidevin</td>
<td>Medical Student, Class of 2020</td>
<td>2020</td>
</tr>
<tr>
<td>Josh Yell</td>
<td>Medical Student, Class of 2021</td>
<td>2021</td>
</tr>
<tr>
<td>Efreim Joseph Morales</td>
<td>Medical Student, Class of 2022</td>
<td>2022</td>
</tr>
</tbody>
</table>

Resources & Support

Kevin Moynahan, MD (Deputy Dean for Education)
Sean Elliott, MD (Interim Associate Dean for Curricular Affairs)
George Fanty, MD (Associate Dean for Student Affairs and Admissions)
Violet Siwik, MD (Senior Assistant Dean for Student Affairs and Admissions)
Raquel Givens, MEd (Director, LCME Accreditation)
Emily Leyva (Assistant Director, Clinical Curriculum)
Sonia De Leon, BS (Assistant Director, Pre-Clinical Curriculum)
Karen Spear Ellinwood, PhD (Director, Faculty Instructional Development)
Ah Ra Cho, PhD (Director, Program Evaluation and Assessment)
Jerie Schulz (Administrative Associate, Curricular Affairs)
Carlos Gonzales, MD, FAAFP (Assistant Dean for Curricular Affairs)
Travis Garner (Program Coordinator, Senior, Curricular Affairs)
Semi-Annual Report of the Tucson Educational Policy Committee (TEPC)

2. Curriculum Governance Activities

Basic Science Capstone Course – July 11, 2018
Dr. Lebensohn revisited the new course proposal Dr. Ganchorre introduced to TEPC at the June 6, 2018 meeting for a new mandatory Capstone course. The discussion was tabled at the previous meeting to allow for student input. Students Elle Campbell and Josh Yell both expressed positive feedback for the course, stating that it will benefit all students by giving them a guided, structured study plan.

Discussion focused on Dr. Sanders stating his concern of the purpose and efficacy of the course. While Dr. Smith cited the benefits were high and in the best interest of the students, and the risk was minimal.

A vote was taken and the course approved. It will be a required course beginning with the Class of 2021.

New Course Proposal – August 1, 2018
Dr. Gordon introduced a new 4th year elective course proposal (FCM 896K – Planning and Assisting in Teaching). It will meet one of the required selective for the 4th Medical Education Distinction Track, having students help teach undergraduate students in FCM 401. These TAs will assist in the design and modification of lectures, lead small group discussions, assist in writing objectives for four classroom sessions, help create a scoring rubric, and score med-term and final exams. The course will be:
- A longitudinal, spring semester course (January – April) in 2019
- It can be 45-90 hours; 1-2 weeks of credit
- Limited to 3 students (who have already expressed interest)
- Also open to 4th year students not in the Medical Education Distinction Track

Discussion identified that Dr. Gordon has already set up the course in D2L, and that students will register/enroll through UAccess.

A vote was taken and the course unanimously approved.

New Course Proposal(s) – August 1, 2018
1) Dr. Lebensohn revisited the Peer Support Program for 2022. TEPC recently approved three mandatory sessions during the first semester blocks during the first year. Dr. Lebensohn is proposing an Enrichment Elective to coincide with these mandatory sessions. The proposal is:
Eligibility for the proposed Enrichment Elective includes students in their 3rd semester of medical school. The proposal is for an enrichment elective, where students will get training, then provide facilitation for a student support group, including walk-in hours in the evening. It will create a culture of wellness for students, and a safe space for them to talk to their peers.

Discussion included notifying that the three required sessions are at: 1) Lunchtime (12-1) (first session only, the time is up to the group), 2) Before societies, and 3) Evening sessions in the Cup Clinic. There are 25-26 students interested. Concern was brought up about students not being properly trained on handling crisis management issues. Dr. Lebensohn assured TEPC that students will receive training that will include making immediate referrals to faculty using the Question Persuade Refer (QPR) method. There is a backup system with faculty who are on-call for the Peer Supporters.

A vote was taken and the Enrichment Elective unanimously approved.

2) Dr. Lebensohn is also proposing a 4th year elective similar to the requirements for the Enrichment Elective. The course would offer one credit and account for at least 45 hours of facilitating group sessions, debriefing sessions and providing walk-in hours and would be offered in the Fall. Dr. Lebensohn also proposed a Peer Support Elective for the Spring semester that would require providing at least 45 hours of walk-in support and require the Fall course as a pre-requisite.

A vote was taken and both courses unanimously approved.

Pediatric Integrative Medicine Elective – September 19, 2018

Dr. Lebensohn introduced a four-week, 4th-year online elective course for Pediatric Integrative Medicine (IM), which uses weekly live Webinars, interactive dialogue sessions, other experiential and interactive activities, and an exam. It will be offered twice a year, once in the spring and once in the fall. The online program will increase the reach to residents and 4th year medical students, especially those offsite.

Discussion: If a student fails an exam, a retake is available. The elective will be 90 hours and will count as two credits. The live didactic webinars will be scheduled on Mondays at mid-day. More information will need to be provided to students and Student Affairs. Students will need to complete more than 80% of content, and pass a 50 question final by ≥70 (not ≥80 as stated on paperwork).

Voting: An E-vote was taken, and the Pediatric Integrative Medicine Elective unanimously approved.
New Radiology Elective Proposal – October 3, 2018
Dr. Warneke presented a new Interventional Radiology elective based on student feedback wanting IR experience. It will be a four week elective for 1-2 students who are placed on IR service. The service will serve both in-and out-patients and students will evaluate them and assess how Radiology benefits their care. Students will get to work up some of the patients, and at the end of the rotation, put together a PowerPoint presentation to give to the group. Attendings and Fellows will do clinical Evaluations. If approved it will start being offered in Fall 2019.

Discussion: None

Vote: A vote was taken and unanimously approved.

Personalized Active Learning (PAL) – October 17, 2018
Dr. Amini introduced a proposal for Personalized Active Learning (PAL), a four-week, non-credit bearing graduation requirement initially being offered in the summer of 2019, beginning with the class of 2022. This mandatory elective will assist students in coordinating a PAL plan during the summer between their first and second year of medical school, and will give them an increased boost in student residency competitiveness. It requires student to meet with their House Dean, discuss summer plans for seeking learning opportunities, and then submit a one-page, abstract-format summary on what they experienced in the summer. Students participating in various pre-existing programs or Distinction Track related activities during the summer will fulfill the PAL project requirement, but are still required to complete the manuscript assignment.

Discussion: Academically challenged students who have to remediate a block will still be required to complete a one page reflection report. Dr. Lebensohn requested inclusion for students with academic difficulties in the course description, but it was decided to leave the wording generic. The PAL director will collaborate with House Dean and Student Development to allow students to remediate and complete the PAL requirement at the same time. Dr. Gonzales pointed out that students are not participating in Distinction Track that summer; they are participating in RHPP and that will be updated in the course description. Dr. Amini will review the abstracts, along with possible help from students in the MedEd Distinction track. Students will also have the opportunity to present their abstract at the yearly Research Symposium. It was decided the wording will be changed to: “Other, not inclusive” and all existing examples under “other” in the course description will be removed.

Vote: A vote was taken and the proposal approved.

Social Justice Enrichment Elective – November 28, 2018
Dr. Lebensohn introduced a new non-credit bearing, student-run elective that came from a group of students who are passionate about social justice. It would be based on issues that place stress on students who listen to the news. It would consist of five-sessions to
discuss and bring awareness to the social issues that affect the health of the patient population that we are taking care of in southern Arizona. It would also help start the conversation of how to advocate for social justice for patients at federal, state and local levels. The general topics are:

- Reproductive Health Rights for Women – history, contraction, abortion rights, etc...
- Private Prisons and affect in community
- Asylum Seekers and Immigration
- Topic of choice students will present

Discussion: It was asked if there were any prohibitions, based on us being a state school, of discussing topics such as abortion. It is not, and is taught in the curriculum. The course will not be political in nature, rather more about policies, laws, and regulations.

A vote was taken and the elective was approved.

3. Instruction and Performance Assessment

CRC Assessment Tool – August 1, 2018

Dr. Smith discussed they are still using the same assessment tool with formative feedback and summative assessments based on the nine benchmarks. It has benchmarks for each semester, increasing in sophistication as the course progresses. There is a remediation plan for students who are struggling. The long term goal is to develop a different summative evaluation with final exam cases being standardized by experts, so students can solve them and a rubric can be assigned to be a final exam.

Discussion included students supporting the change to move from ThinkShare to cold cases. It is a graded course each semester with students having to meet the 9 benchmarks. They are trying to make everything purposefully taught in a written assignment. Students have to be engaged in sessions, so they held facilitator orientation, covering student engagement tips and techniques. Students agreed that facilitator skills and technique is crucial. One idea was to rotate the student leader in each group. It is competency based, and for students to pass, they have to meet the majority of semester one milestones. A novice is 6 out of 9. 5 out of 9 or lower is not passing, and students will need to remediate.

A vote was taken and the CRC assessment tool unanimously approved.

Retake and Remediation Schedule – August 15, 2018

Sonia de Leon presented the Retake and Remediation Schedule for AY 18/19. Ms. de Leon let the committee know all retakes are scheduled for the Monday after the block ends and that the remediation scheduled is based on the Grading and Progression Policy. Due to
the winter break, however, Nervous System is proposing their retake for the Friday after
the block ends. Joshua Paree, MS2, stated he thought it would be in student’s best
interest to schedule the retake the Friday before winter break as is being proposed.

There was some concern that the proposed remediation period for Life Cycle, I&I and
Advanced Topics is scheduled during the dedicated USMLE Step 1 study period. Having it
scheduled during this time would mostly likely mean students needing to remediate
would be forced to delay taking USMLE Step 1 and starting their clerkships. Since
remediation plans are highly individualized, there was a general feeling amongst the
committee there should be some flexibility built in as to when students can take their
remediation exam. Ultimately, the option needs to be made available for students to
remediate early, study, sit for USMLE Step 1, and start their clerkships on time.

Dr. Fantry proposed giving students two different remediation test dates, one earlier in
the remediation period and one at the end. The earlier date would be carved out to
specifically allow certain students to progress immediately. Further discussion proposed
students be able to take the exam at any point within the remediation period if agreed
upon by the student, course director and Student Affairs.

Ms. de Leon did state there needed to be a formalized remediation period and strongly
suggested a single test date for all students because it does become difficult at times for
block directors and coordinators to track all students doing remediation, especially if
students are scheduled to test on different days. She also stated that if a second date
were proposed she would need to run it by Block Directors first. Dr. Elliott stated he
thought it was reasonable to identify two dates but there are resources to consider if
students are given the ability to take the exam at any point during the remediation period.

Ultimately the proposal was made to add an asterisk to the remediation exam date
column on the proposed Retake and Remediation schedule to add the wording “the
remediation exam may be taken at an earlier date if agreed upon by the student, course
director and students affairs.” This proposal would apply to both classes.

The proposal was approved.

**Retake and Remediation Schedule – October 3, 2018**

Following up from a previous TEPC meeting, Mrs. de Leon said TEPC voted to allow
students to take retake exams at any point during the remediation period, but the retake
policy clearly states that all students must take the retake exam on the same date and
same time. An alternative is to offer a new schedule that reflects two opportunities for
students to have retakes, one in the middle of the remediation period and one at the end.
It was agreed this was a good compromise and the proposed Retake and Remediation
Schedule was approved.
**Advanced Topics Grading – October 17, 2018**

Dr. Ganchorre stated that due to the academic calendar change for Advanced Topics, the grading system needs to change to have students graded on different elements. The proposal includes:

- Students will complete weekly Hem/Onc Q-bank (UWorld/Kaplan) questions for 20% of grade. This will support students’ block success and prep for Step 1. Students will not be graded on accuracy, just completion.
- The questions broken down into four disciplines:
  - 1. Pathology – 100 questions
  - 2. Biochemistry – 32 questions
  - 3. Pharmacology – 32 questions
  - 4. Pathophysiology – 19 questions
- NBME practice exam for 15% of grade, (for completion only; not passing) and administered on Dec. 18th.
- Final exam for 65% of grade, and administered at the end of the first three weeks of the block.

Discussion: Undecided which question bank will be used (UWorld or Kaplan). The Kaplan Q-bank is purchased for first year students. Student rep Josh Yell questioned essentially “giving” students 35% of grade, and asked if there are other ways to test their knowledge and give them credit. Dr. Ganchorre assured the committee this would help with overall preparedness for Step 1.

Vote: A vote was taken and the new grading breakdown for Advanced Topics approved.

**Student Use of Electronic Medical Record Policy – November 28, 2018**

Language was proposed to be added to an existing policy that students will receive an incomplete for not completing their notes in Cerner. Based on weekly reports, Emily Leyva emails students whose notes are incomplete. Some TEPC members brought up that the Cerner program has problems. Dr. Spear-Ellinwood suggested edits to identify who will be instructing the students. “For students participating or contributing notes in an EMR, the clerkship director or clinical sites will provide the instruction.”

A vote was taken and the updated policy, with edits, was approved.

**4. Curriculum Maintenance and Evaluation**

**Foundations Block Change Form – July 11, 2018**

Ms. de Leon introduced the completed Course Change Request Form for the proposed changes to Foundations. Such changes include:

- Personnel changes – Drs. Elliott and Vanderah new Bock Directors; weekly core faculty meetings
• Content sessions added, such as Step 1 prep, spiraling, Gross Lab, and TL’s

• Structural changes – shortened from 8 to 6 weeks, with skin and connective tissue moved to MSS

• Changes to student performance assessment – NBME exams will not be given for any block specific course, two quizzes vs. one midterm exam will be administered.

• Other changes – reduction in faculty, emphasizing “core faculty,” holding weekly core faculty meetings for course content and organization, and development of exam questions.

A vote was taken and the Block Change Form for Foundations was approved.

**NOTE - After meeting correction/clarification:
  1. The Gross Lab was not deleted from the course; it was a block change form error.
  2. There will only be one TL for students.

Life Cycle Block Change Form – July 11, 2018
Ms. de Leon presented the completed Course Change Request Form for the proposed changes to Life Cycle. Such changes include:

• Personnel changes – Dr. David Elliott (retiring); Dr. Rush and Dr. Klein splitting lecture/lab sessions; Dr. Doyle covering Biology of Aging; Dr. Tabsh teaching Physiology of Pregnancy.

• Content movement – new sessions added: PCOS, Tree Blessing (moved to Life Cycle from DMH), Willed Body Memorial (move to Life Cycle from DMH). Health Care Systems was already provided in the Longitudinal Curriculum. Health Care Systems deleted as it’s already in the Longitudinal Curriculum

• Structural changes – CRC session courses (previously in Life Cycle) will now be incorporated into the CRC Course. First year to implement curriculum reorganization, this course was shortened from 9 (for AY17-18) to 7 weeks.

• Changes to student performance assessment – NBME exams will not be given for any block specific courses.

A vote was taken and the Block Change Form for Life Cycle was approved.

**NOTE – After meeting clarification:
The CRC sessions moved. As CRC is now its own course, cases moved to the new course as part of the curriculum renewal process.
Proposed changes to Longitudinal Curriculum – August 1, 2018

Dr. Cagno presented changes to the Longitudinal Curriculum that will help support the overall mission to be in compliance with LCME Standard 7. During the past academic year, they met with the Class of 2021 Block Advisory Group whose student survey produced mixed student feedback. Changes were made to the Spring of 2018 semester based on the feedback, starting with CPR, including having content fall every other week, moving away from mandatory attendance to optional attendance, looking closer to when exams were given, and noting what content material was linked. Looking at revamping the curriculum for the Class of 2022, a decision was made to replace the 10am-12noon time on Monday and move it from Longitudinal Curriculum, and then dedicate that time to spiraling. They also looked at devoting the first full day of the new block to Longitudinal Curriculum. Other announcements included: Jennifer Yelich as the new block program coordinator, changes to the fall 2022, and how dedicated study time for students on Fridays bumped Medical Humanities, so time will need to be integrated into other areas to cover it.

Due to the new curriculum revisions to the Longitudinal Curriculum, they are faced with challenges, including:

- Communication of the value of the Longitudinal Curriculum
- Revamping curriculum while continuing plans for MS2
- Negotiating for more time in other parts of curriculum—as they have experienced a 33% reduction in hours, going from 92.5 to 67 hours.

To overcome the above challenges, Dr. Cagno is looking for TEPC to help in the following ways:

- Communicate the value of material
- Allow flexibility in how they schedule Longitudinal sessions
- Consider ways to spiral back
- Increase society mentor involvement

Dr. Cagno displayed a Power Point presentation listing her proposed Hybrid Model, which she is asking for TEPC’s approval. In it, they have time dedicated on the first day of the block, which supports student feedback. She also seeking approval to rename the Longitudinal Curriculum.

Discussion identified that the need to teach Social and Behavior Science should be addressed during Stage 2 of the curricular reform. Student Josh Yell stated that the changes that were implemented in the spring from student feedback improved the curriculum.
A vote was taken to approve the variation Hybrid Model and was unanimously accepted.

A vote was taken to change the name to “Pathways in Health and Medicine” and was unanimously approved.

**CRC Block Change Form – August 1, 2018**

Dr. Smith introduced the CRC Block Change Form with proposed changes, including:

- Dr. Smith and Dr. Stoneking are the new block directors for CRC
- ThinkShare will not be used in the CRC course, based on student feedback and other assessments
- Cold Cases will now be used, tying content from each week to the cases, and there will be more cases used with greater emphasis on how they are run and critical thinking.
- The Learning Objectives have been rewritten and while they are not substantially different, they are more purposeful, flushing out clinical reasoning skills and self-directed learning, and are tied to EPOs
- A change in Foundations, where time will be used to teach Foundational Skills, and organizational thinking
- Lifecycle cases now back in CRC
- MS1 sessions moved to Friday mornings
- Students will still have a written assignment that reinforces skills, and will be due over the weekend to get feedback

A vote was taken to approve the Block Change form and was unanimously approved.

**Clerkship Directors and Site Directors Meeting & Site Visits Policy – September 5, 2018**

Mrs. Givens provided a summary of the revision of a current policy called Clerkship Directors and Site Directions Meeting and Site Visits. This policy ensures students’ comparability of experiences across sites, regardless where students are assigned during their clerkship rotation. Suggested procedural changes, which would take place immediately for all classes, include:

- Inserting a glossary of words and reformatting information
- Having semi-annual (twice a year) meetings
- A formal assessment of sites twice a year; may be in-person or Skype.
- Remove mention of COM-Phoenix from the policy
• Add LCME Accreditation Elements
• Add the Associate Dean and Assistant Director for Clinical Education, from the Curricular Affairs Office, to the recipient of the meeting report forms for review
• Add the Evaluation Subcommittee of TEPC
• Add Quick Feedback reviews as an additional method for monitoring the modification to blocks, courses and clerkships approved by TEPC

Discussion: Dr. Elliott stated this information can be tracked, and will ask clerkship directors to create a swat analysis for each of their sites, which is reported to CA twice a year. Rural sites are visited by Dr. Gonzales once a year, and the other can be conducted in person, or by phone or Skype. Reports are written and given to CA.

A vote was taken and unanimously approved.

Clerkship Change Forms – September 19, 2018
Dr. Elliott presented the annual Clerkship Change Forms for the seven Clerkships, including anticipated changes and plans during the upcoming overlap.

**Intersessions 1 & 2:** Changes:
- Adding a section on Medical Ethics, replacing OSCE practice
- Dr. Situ-Lacasse remains the Associate Director, with Jennifer Yelich as the new Course Coordinator
- Intersessions for the Class 2021 is March 2019, which is near the time of Intersessions 2 for the Class 2010
- Intersessions will have four weeks total (one week at outset, second week mid-year, and two weeks at the end of the clerkship year
- Funding and resources for 2018-19 year has been requested to plan and implement these courses

**Transition to Clerkship:** Changes:
- BLS renewal is no longer scheduled in Transition to Clerkship as most students are already certified/recertified; instead, it should be scheduled to occur during the first intersession block
- ASTEC center not prepared to support ACLS (instead of BLS) at beginning of clerkship phase February 2019
- Structured Transition activities will end either Feb. 20 or Feb. 21st, to preserve students’ designated three half days to complete Transition to Clerkships
independent learning activities and onboarding paperwork

- Monday-Wednesday schedule will likely be extended to end at 6pm to maximize students’ time on campus
- Mid-year MS3 students and final semester MS4 students will lead MS4 Succeeding on Clerkship and Warm Hand-Off with Tours sessions
- Societies Mentors will be asked to have an expanded role in T2C block
- Curricular Affairs given a scheduled block of time in T2C 2019, to assist with students’ hospital credentialing packet
- Based on student feedback from 2018, increased time will be allocated for Cerner training and additional time to talk with clerkship coordinators

Major changes from T2C 2017 to T2C 2018:
- Additional one-half day for Clinical Skills refresher added, including
  - 1-hour Cerner training reviewing new CMS medical student documentation requirements
  - 1-hour airway training with hands-on equipment practice
  - 1-hour review of assigned Independent Learning assignments for block
- Students broken into small groups in the Professionalism Cases session
- NBME Shelf exam session taught by different faculty from Student Development
- Students PE practice time increased from 30 to 45 minutes
- Feedback session removed due to negative evaluations in 2017
- Cross-Cultural Care session shortened
- Hospital Leader Welcome and Banner Strategic Initiative sessions combined
- Hospital Scavenger Hunt replaced with Tours
- Wellness Strategy session now focuses on Sleep / SAFER training
- Universal Precautions session eliminated; already covered in UA Bloodborne Pathogens online certifications
- Radiology and ECG reviews shortened, giving more time for 3rd Clinical Skills half-day
- Mission Statement review session eliminated, based on Class of 2018 feedback
- Block Welcome expanded to include Drs. Moynahan and Elliott
• Occupational Medicine presented a 30 minute overview of respirators
• Students given “Playing Doctor” by resident guest speaker/author, and independent
  learning assignment
• Suicide Prevention lecture cancelled due to faculty illness; will be rescheduled in
  Intersessions
• Curricular Affairs Update lecture pulled New Innovations materials, and made it an
  ILM for the block
• Judge Segal added to the Health & Law Professional Identity Panel
• COM implemented MedLearn, a new electronic learning ecosystem

Major changes to 2018 sessions:
• Transition from ArizonaMed to MedLearn

**Family & Community Medicine:** No changes.

**Medicine:** Changes:
• Medicine Clerkship will be an 8-week inpatient rotation comprised of two, 4-week
  rotations at either BUMCT Main, South, or SAVAHCS
• The ambulatory 4-week medicine block will be a stand-alone rotation, not always
  contiguous with the Medicine Clerkship. It will include at least 5 half-day clinics per week
  with Internal Medicine, subspecialty medicine, clinical reasoning course, simulation, and
  OSCEs
• During the overlap (2/29/19-6/30/19), students will be offered a selective in Infectious
  Disease, Hematology/Oncology, or Cardiology, with an inpatient and outpatient
  ambulatory experience. Required participation in clinical reasoning and OSCEs
• Didactic lectures will be revamped/reduced to 16 small group activities and didactic
  lectures. The didactics will be case-based, targeted towards the NBME shelf
• COM will provide salary support for Medicine Clerkship director during the overlap (0.3
  increased to 0.5) and an additional 0.2 provided to a new ambulatory medicine rotation
  director
• COM will provide salary support for additional ambulatory rotation coordinator
• Uniformed assigned grades and assessments will be:
  o Clinical evaluations – 50%; Clinical reasoning – 20%; OSCE – 20%; Professionalism –
    10%
• Introduction of High Value thought process, elements introduced into the Longitudinal aspect of the preclerkship and clerkship curriculums. Care items through Aquifer will be incorporated in didactic sessions of Medicine Clerkship

OB-GYN: Changes:
• Has a robust use of ambulatory community teaching sites, reflected on by the students
• Has a didactic session, which precedes the clinical experience the first five days of the rotation, that had good student feedback
• Will increase independent learning module as part of teaching

Neurology: Changes:
• Has gone from 3 to 4 weeks, from 4th year into the 3rd year
• Creating additional teaching services for Neurology inpatient recruiting preceptors, including recruiting Muhammed Kahn as assistant director
• New structure: General ward, Stroke ward and Codes, Specialty Outpatient, General Neurology Outpatient
• Has already assigned clinical sites for the overlap
• Using online Aquifer

Pediatrics: Changes:
• Formalize use of OSCE and standardized patient program, and increase sim-based teaching

Psychiatry: Changes:
• Transition leadership from Dr. Morenz to Dr. Herron
• Adding another OSCE and Standardized Patient to their performance assessment measures
• Changes to sites where sims experience will be
• Complying with other directors in use of Shelf Exam and the assignment of percentiles, using the national standards of pass, high pass, and honors

Surgery: Changes:
• Change from six to eight weeks, based on national trends, split into trauma, and other surgical experiences
• Subspecialties elective is in the 4th year; it is four weeks not three
• Funding from overlap budget

Overall Changes:

• All clerkship directors agreed to uniform assigned grades. Each will introduce an OSCE as part of their clinical assessment score. The clerkship directors have a little leeway with the grades, but the Shelf Exam will be 30% across the board, and clinical Assessment will be 50% across the board

• To increase uniformity of the didactic teaching and accessibility to all students offsite, the clerkships are exploring videotaping didactic sessions and releasing them as podcasts. The cost will be supported by the overlap budget

• Most changes for all clerkships are about resource changes, which are funded by the overlap budget. All clerkships get an additional .2 effort for an assistant clerkship director, additional support, and supplemental compensation for coordinators and additional coordinator hires. FTE increase for overlap, from .3 to .5, with each department getting a lump sum for line items

• Most clerkships are using or want to use online curricula, including Standardized Patients, Think Share, Aquifer, and iHuman

Discussion: None

Voting: An E-vote was taken, and the Clerkship Change Forms unanimously approved.

MSS Block Change Form – September 19, 2018

Dr. Stanescu reviewed the six-week MSS Block changes which include:

• Incorporating skin from Foundations

• Gaining an extra week, partly used for skin and opportunities for students to apply information

• Skin content will include: new sessions on bone tumors and bone diseases, more time given to arthritis (from 1 ½ hours to 4 hours), change anatomy by adding bones workshop, removed one hand lab, added structured anatomy review sessions, assigned students to skinning by society groups, and cut back TL sessions, biochemistry and other lectures and incorporated into other areas of the curriculum

Discussion: They are waiting on committee voting for Block Advisory Group

Voting: An E-vote was taken, and the MSS Block Change Form unanimously approved.

Nervous System Block Changes Form – October 3, 2018

Dr. Vanderah discussed the changes made to the Nervous System Block, including:
• Faculty changes: Dr. Gothard is on sabbatical and Dr. Vanderah will cover her lectures (approx. 10); Dr. Kahn’s contract was not renewed; Jennifer Becker will cover his lectures for the medical imaging role

• Not doing NBME questions

• Exams have changed, removing Quiz A and Quiz B, to now having Quiz 1 and Quiz 2 with double the questions. This results in two quizzes and one final

• Clinical Cases with Imaging & Pathology have been put in the course as CRC did not have the room. Movement Disorders & Treatments cases have been added

• NS is now nine weeks long, having gained one extra week that will feature Testable Social Behavioral Sciences

• The final will be on a Wednesday, to allow time for retakes on Friday if needed (December 21st) before the holiday

Discussion: None

Vote: A vote was taken and unanimously approved.

I&I Block Change Form – October 17, 2018

Dr. Ahmad presented the I&I Block Change Form to TEPC. Changes for the 8-week block include:

Personnel Changes – Dr. Carr will teach two basic and clinical topics on Allergy and Hypersensitivity and one TL on clinical cases. Dr. Horwitz will teach Clinical Correlations of Clinical and Congenital Immuno-deficiencies and Immune Defects. Dr. Shehab will teach clinical correlation topics (skin and soft tissue, respiratory, and eye infections). Dr. Wilson will teach Innate immunity and complements. Drs. Johnson and Vednatam will teach five and two topics, respectively, on basic and pathogenic bacteriology lectures. Dr. Klotz will teach helminths parasitology and clinical correlations on infectious disease.

Course Changes – Four flipped class sessions have been converted to Clinical Correlations using basic science content. Some basic science lectures were dropped or merged with related topics. Clinical correlations topics have been scattered throughout the block. Two virtual microbiology labs and one pathology of infectious disease labs were converted to ILMs, as has a Microbiome and Fecal Transplant lecture. The topic of “Pathology of vasculitis” has been added, based on the Class of 2020 suggestion. Working with the post-block advisory group, student reps, and a class survey, Tuesday and Thursday afternoons were released to provide students with additional study time.

Method of Student Performance Assessment – Based on post-block advisory group and Class of 2021 feedback, there will be three sectional exams (60 questions, 90 minutes) and
one comprehensive final. Weekly, out-of-class USMLE quizzes will continue, followed by a review session.

Other changes – During the Block session introduction, the practice of using different learning resources and their inconsistencies and errors will be discussed with students, such as Sketchy Micro, Anki flashcards, etc.

Discussion: The block is going very well, students are engaged, and excellent student feedback has been received.

Vote: A vote was taken and the block change form approved.

DMH Quick Feedback – October 17, 2018

Dr. Tischler communicated this is the first time DMH was offered at the end of Y1. DMH Block Data showed the medical knowledge (MK) mean the Class of 2021 was 84.05, with a range of 66.0-97.4. Four students received an MK below 70, one was eligible for a retake exam and subsequently passed, two others must retake the year and another failed remediation. Twelve students received an MK score below 75, an improvement over the previous fall Class of 2020.

Student Feedback:
- Scheduling/Structure of Block – Students appreciate low number of required session, indicate that lectures flowed well, and ideas and topics built on each other. The second half of the block seemed more content dense, but students had more time to study for final exam.
- Pathology Labs/Lectures – Many concerns about Dr. Bhattacharyya and Dr. Jain teachings (lack of organization, lectures hard to follow, no interest in teaching, ineffective teaching skills, not teaching to learning objectives). These comments mimic survey results from previous years. Positive remarks received about Drs. Klein, Rance, and Tischler.
- Appreciation for Block Director – Students were complimentary of Dr. Tischler, citing him as being tough, but always available, and consistently provided concise and straightforward lectures.
- Anatomy Labs – There is widespread concern (also raised in previous blocks) by students and faculty that students are spending too much time on dissecting and removing skin.

Block Director’s Response/Planned changes for the Block include:
- Longitudinal – Most, but not all, will take place on the first day of the block. A hybrid model needs to be discussed with Dr. Cagno. Reduce Food Insecurities/Deserts panel discussion and the Food as Medicine cases from six to four hours. Require attendance at Dr. Amini’s session, rather than testing on it. Drop the journal club TL, and Botanical Supplements – Herbal Remedies session. Reconsider the Advanced
Statistics lecture.

- Other sessions – Modify contents of GI Development/Structural Features of the Abdomen to 50 minutes. Metabolic Overview and Nucleotide Metabolism moved to Foundations. Modify contents of Esophageal and Gastric Disorders and Intestinal Polyps and Neoplasia. Drop Clinical Aspects: IBD and IBS as it is covered in pathology. Delete session on Pathology of the Endocrine Pancreas as it is redundant. Move portions of Alcohol to Foundations, and reduce time of remaining DMH course from two to one hours. Remove evaluation of complete blood count and bariatric surgery in Nutritional Disorders and Lab Values course, shortening session from three hours to two. Drop Catecholamine & Catecholamine Receptors, as it’s covered in NS and CPR blocks, and move other material to the G-Protein Function lecture. Move Cholesterol and Lipid Transport to DMH.

- Team Learning – TL 6 Journal Club will be dropped in favor of a new TL on endocrine material.

- Instructors – There will be a 25% reduction in instructors from 20-15 (retirement or content changes).

Discussion: Questions were asked by TEPC members if Dr. Jain understood the issues. Dr. Tischler said she is aware, has received the report, and has been talked to. Dr. Jain’s notes and learning objectives will be rewritten for her, will reflect what is on Step 1, and she will be required to focus and follow those. It was noted that Dr. Woolridge has taken over as Block Director. Dr. Tischler will complete the Block Change Form, and send it back to TEPC for vote and approval.

Guiding Principles – October 17, 2018

Raquel Givens discussed changes to the Guiding Principles, last approved by TEPC in 2013. Proposed changes demonstrate TEPC is involved in overseeing changes, and is always monitoring student workload. Some of these changes include:

- Section C. Instruction and Learning, d. “The development of self-directed and life-long learning skills.”

- Section C, k. “A minimum of 45 hours of work by each student is required for each unit of credit (1 week = 45 hours of work), per ABOR Policy Number 2-224 (Academic Credit), Policy Date 9/2016.”

- Section C, l. “The block weekly schedule will adhere to the Weekly Template (Appendix) of approximately 30-32 hours of scheduled contact hours (i.e. lecture, TL, exam, discussion, lab, etc.).”

- Section C, m. “Based on the 45 hours of work for each unit, approximately 13-15 hours of those contact hours will be protected for students’ independent learning (i.e. independent study; homework).”

- Section C, x. “Course directors, discipline directors, core teaching faculty and thread directors will set standing planning meetings to design an integrated, coordinated
curriculum design of each block.”

- Adding three Guiding Principles focusing on student workload:
  - K. “A minimum of 45 hours of work by each students is required for each unit of credit (1 week=45 house of work), per ABOR Policy Number 2-224 (Academic Credit), Policy Date 9/2016,”
  - L. “The block weekly schedule will adhere to the Weekly Template (Appendix) of approximately 30-32 hours of scheduled contact hours (i.e. lecture, TL, exam, discussion, lab, etc.)”
  - M. “Based on the 45 hours of work for each unit, approximately 13-15 hours of those contact hours will be protected for students’ independent learning (i.e. independent study; homework).”

- Block, Courses and Pathway Sessions = 20-26 hours/week. Doctor, Patient, Societies = 4 hours/week. CRC = 2 hours/week. Total: 26-32 hours/week

Discussion: Weekend writing assignments, such as those in CRC, are not included in contact hours.

Vote: A vote was taken and the Guiding Principles were approved.

5. Other

Academic Calendar – October 17, 2018
Dr. Elliott discussed the schedule for the Class of 2021, for Advanced Topics block. In conversation with Financial Aid and Registrar, students must be registered in a block as part of the formal curriculum. Asking to change AT from three to five weeks, with last two weeks devoted to student preparation.

Vote: A vote was taken and the change approved.

2019-2020 Academic Calendar Updates – November 28, 2018
Dr. Elliott presented proposed academic calendar for 2019-2020. There are four changes:
  - First week of orientation is now called “Intro to the Profession”. A non-credit-bearing course, required for graduation. It is necessary to reduce length of first semester.
  - In the third semester in Advanced Topics, there will be four weeks of Advanced Topics, and they will be unable to insert Kaplan preparation in that time frame.
  - The newly created course M816 is called Basic Sciences Capstone and is seven weeks long. It is protected study time for students for USMLE Step 1.
  - To not have overlap between second and third years, Intersessions will be a split format over the spring break. ACLS training is a possibility for the first week of the four weeks. Next is a one-week chunk starting off the first part of the third year, second semester clerkships. Then the last two week will occur at the end of the
clerkships.

Discussion: Due to this split Intersession, there is no break for the students until the Winter. However, students will not be required to be here.

A vote was taken and the calendar changes were approved.