TUCSON EDUCATIONAL POLICY COMMITTEE

Agenda
Wednesday September 5, 2018
4:30-6:00pm
Rm 3230

AGENDA ITEMS

Announcements:
1. Educational Leadership Committee (Lebensohn)
2. Subcommittee updates: TCMS, TCCS, Exam review, Evaluation, Electives
3. LCME Visit Updates (Lebensohn)

Voting Items:
1. Minutes from August 1, 2018 and August 15, 2018 TEPC Meeting (Chair- Attachments 1-2)
2. Guiding Principles (Elliott) (Attachments 3-4)
3. Clerkship Directors and Site Directors Meeting & Site Visits policy (Givens) (Attachments 5-6)
4. Intersessions Outline (Sanders) (Attachment 7)
5. Student Affairs: Well-being Program (Siwik)

FUTURE AGENDA ITEMS

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<th>Items(s)</th>
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Announcements:

1. LCME Update
   Dr. Lebensohn provided an update on the recent LCME visit, including the three non-compliance citations received in 2014: 1) Turnover in Student Affairs leadership (resolved); 2) Some clerkships not observing students doing their history and physicals; 3) Not having enough feedback from graduate student questionnaires

   LCME is coming earlier because of the concerns over the effect of curriculum changes, including the overlap, having enough clerkships, changes in length, and structure of clerkship.

2. Clerkship Overlap Updates – NOTE: Tabled until next meeting
**Voting Items:**

1. **Minutes from July 11, 2018 meeting.**
   The minutes were unanimously approved without revision.

2. **New Course Proposal**
   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.

3. **Formative Feedback for Bedside Sessions**
   Dr. Gordon informed TEPC a combined form was created for mentors to fill out to give students feedback on their bedside work, patient exam, and overall presentation. It is tagged with competencies and will allow creation of an actual report. The most significant differences between this and the previous system are:
   1. Only one form is used instead of three,
   2. It is formative feedback, not summative (not graded), and
   3. It uses the eight core competencies AAMC is developing.

4. **Doctor and Patient Semester Assessment Exam**
   Dr. Gordon notified TEPC that Doctor and Patient is no longer a three-semester course, rather it is three, one-semester courses. Being this, a summative evaluation is needed for each semester. For semesters 1 & 2, two new multiple-choice type question exams have been created that will be used in the two semesters, along with reflection over students’ bedside work. For the third semester, the OSCE will be used.

   Discussion identified that while students can fail Doctor and Patient, it is not anticipated as the written exams are mostly based on clinical thinking cases, and the course directors will look over student performance. The new assessment will start with the class of 2022. The grading rubric is 70% pass. Exam Soft will be used for tests to allow for instant test results, and immediate remediation intervention if needed.

5. **Proposed changes to Longitudinal Curriculum**
   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.

6. CRC Block Change Form
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.

7. **CRC Assessment Tool**

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.

8. **New Course Proposal(s)**

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
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, debriding 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.

9. Non-Agenda Items
Dr. Moher raised the question about a change in policy approved by TEPC in February 2018. The policy is in regards to the timeline outlined in the Grading and Progression Policy requiring students to sit for the USMLE Step 1 Exam within three years of their original date of matriculation. The old policy counts Medical Leaves of Absence (MLOA) towards the three years, however, the change in policy approved in February now excludes MLOA’s. It is unclear when the policy change was to start but Dr. Fantry stated that the policy as written, presented and approved by TEPC reads "Approved February 20, 2018; Effective Academic Year 2018/2019." Clarification is wanted on where the effective date originated. It was discussed that typically policies apply to the following academic year.
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MEETING ATTENDEES

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<tr>
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<tr>
<td>Elle Campbell</td>
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<td>Sonia De Leon</td>
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<td>Maria Czuzak</td>
<td>X</td>
<td>George Fantry</td>
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<td>Zoe Cohen</td>
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<td>Holly McNulty</td>
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<td>Dawn Coletta</td>
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<td>Raquel Givens</td>
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<td>Patricia Lebensohn</td>
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<td>Kevin Moynahan</td>
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<td>Lindsey Lepoidevin</td>
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<td>Gail Pritchard</td>
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<td>Larry Moher</td>
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<td>Karen Spear Ellinwood</td>
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<td>Art Sanders</td>
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<td>Sean Elliott</td>
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<td>Jordana Smith</td>
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<td>Kristie Bowen</td>
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<td>Kathy Smith</td>
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<td>Kadian McIntosh</td>
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<td>Jim Warneke</td>
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<td>Travis Garner</td>
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<td>Stephen Wright</td>
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<td>Josh Yell</td>
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<td>Tanisha Price</td>
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<td>Athena Ganchorre</td>
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AGENDA ITEMS

**Announcements:**

1. Educational Leadership Committee (Lebensohn)
   The Educational Leadership Committee met and discussed how to approach student progress issues going forward. There are no specific outcomes at this point but discussions are ongoing. In the future, it may be a big focus for TEPC to look at Student Progress Committee (SPC) policies and the appeals process.
The committee also discussed those students who have delayed taking USMLE Step 1. Dr. Lebensohn noted that only those students who are on MLOA have not taken USMLE Step 1 at this point. There are currently three failure from the Class of 2020.

2. Curriculum Renewal Committee (Lebensohn)
   No updates.


4. LCME Visit Updates (Lebensohn)
   The LCME visit updates will center around the Level 3 Report, which is on the agenda for discussion later in the meeting. Raquel Givens let the committee know the college has received the names of the three-member survey team who will be visiting in October.

5. Revisit New Policy Template (de Leon – Attachment #1)
   Sonia de Leon reintroduced the “New Policy Template” that has been around for some time. This template is meant to be used when new policies are being introduced. The template is extremely helpful because it outlines what department the new policy is coming from, what committees and individuals have reviewed the policy, old language versus new language, effective date etc. The ask is for everyone to use it when introducing new policy. Curricular Affairs can provide the template.

   Dr. Spear-Ellinwood suggested the checkbox asking if “the proposed policy been reviewed by multiple individuals” be revised to ask for names of those who have reviewed the policy because it would be helpful for the committee to have a track record of individuals and committees who have reviewed the policy when being presented for approval. Dr. Spear-Ellinwood also suggested the box titled “originator” be changed to say, “Please identify the authors, editors or contributors to this policy” as the word “shepherding” currently in that box is also confusing.

   There was continued discussion about the effective date and it was noted the template currently states “Policies governing all students should be effective immediately.” Dr. Moynahan proposed this be changed because we do not want every policy to be effective immediately. He continued that the effective date needs to have the most specificity possible. Ultimately, an effective date is decided by TEPC and the date on the template is simply a proposed date.

   Curricular Affairs will look in to making some of the proposed changes and an edited template will be presented at an upcoming meeting for a vote.

**Voting Items:**

1. Minutes from August 1, 2018 TEPC Meeting (Chair- Attachment #2)
   Minutes from the August 1, 2018 meeting were not approved because there was no mention of a point Dr. Moher brought during that meeting regarding when new policies go in to effect. The minutes from August 1, 2018 will be edited to include this discussion and will be voted on at the September 5, 2018
for approval. There was also a call to update the meeting attendance included in the minutes by removing previous members no longer serving on the committee.

2. Retake and Remediation Schedule (de Leon – Attachment #3)
   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.

   There was also some discussion on how whether TEPC needs to be more involved in overseeing what exactly is going on in remediation in each block. Dr. Elliott stated that Block Directors present their plans for remediation to TCMS and that a formalized plan does exist for remediation. The suggestion was made to start bringing remediation plans to TEPC for review. Remediation plans are largely
individualized so there does need to be flexibility in remediation plans. Dr. Lebensohn did warn the committee to be careful about micromanaging remediation plans.

3. Standardized Curriculum Language (de Leon – Attachment #4)
Sonia de Leon proposed new Standardized Curriculum Language. Years 1 and 2 will now be referred to as the Preclerkship phase, Year 3 will be referred to as the Clerkship phase and Year 4 will be referred to as the Transition to Residency phase. This proposed new language has already been vetted by TCMS and TCCS.

A motion made and the new language was approved.

Discussion:

1. Level 3 Report (Lebensohn)
Dr. Lebensohn reviewed the Level 3 Report. Currently there are approximately 40 pages and Dr. Lebensohn is reviewing a draft of part of the Level 3 Report that will be sent to LCME by September 10.

The Level 3 Report is the evaluation of the 4-year curriculum and is usually done every 3-4 years but is currently a little overdue. Dr. Sean Elliott, Raquel Givens, Dr. Athena Ganchorre and Kadian McIntosh worked on putting the report together. Before diving in to the report, Dr. Lebensohn let the committee know that one compounding factor is COM-T and COM-P graduate data is combined and that all the results from the MMT (Missions Management Tool) report are Tucson and Phoenix combined. Dr. Lebensohn also let the committee know the goals for the Medical Education Program and that the data presented in the part of the report the committee is reviewing responds to these four goals:

1. Prepare graduates for successful completion of residency training
2. Graduate/workforce that will help address the needs to Arizona and the nation
3. Diversity physician workforce
4. Filling the needs of the community

Raquel Givens added that most of the data looks good but there are three issues the committee may want to focus on that came up in the last LCME visit. Those three issues are:

1. Clerkship experience and students being observed doing History and Physical during each clerkship rotation
2. Overall satisfaction with the program
3. Quality of clerkship experience

There has been marked improvement since the last LCME visit with students being observed doing H & P and the overall satisfaction with the medical school program. Dr. Lebensohn stated the report should say we have made improvements recently and the goal during the overlap is to maintain our current levels. Dr. Sanders also asked what the response rate was for the surveys used for data in the report. Dr. Lebensohn stated that adding the response rate to the report would be helpful.
Referring specifically to the point about students being observed doing H & P’s doing clerkships, MS3 Lindsey Lepoidevin stated that based on experience some students may be unaware that an attendee or resident is observing them when doing an H & P. Dr. Smith noted we can address this with GME and ask them to ensure residents are making sure students know when they are observing an H & P. Another strategy is for students to have a faculty sign-off (i.e. on passports). Dr. Elliott added the College of Medicine already has methods in place to verify students are being observed doing H & P’s but for the purpose of this report we are required to use GQ data alone.

The college was above the national average with those students satisfied with the quality of their medical education so no further discussion was warranted.

Concerning the quality of clerkship experience, Dr. Moynahan stated some things are improving. He continued the main ones on his radar are OBGYN, which is improving, and Neurology, which was improving but had a recent dip. He believes with Neurology expanding to 4 weeks in the new curriculum that the overall quality of the clerkship will improve. He also stated that he along with Drs. Fantry and Elliott meet with OBGYN every 6-months to discuss and brainstorm ways to improve the rotation.

There was mention that the only data available in the report currently for the quality of the clerkship experience has Tucson and Phoenix combined, but Kadian McIntosh has a report that separates Tucson out from Phoenix so she will get that data and work with Dr. Elliott to get it add to the report.

The Preparation of Clinical Skills for Residency portion of the report was reviewed with the main issue being that only 48% of our graduates agree or strongly agree that they were prepared to apply evidence-based information to clinical decision-making. This figure was also consistent with where program directors ranked our students.

As a way to improve this figure, the college has reviewed CRC and now has clinical thinking and societies align with CRC. We are also looking at adding a mandatory Transition to Residency block in Transition to Residency phase, which can be used as an opportunity to address this issue. It was noted it is worth pointing out that the response from Program Directors is quite low.

Section 2 of the report dealt with our graduates as a workforce. In summary, the last 10+ years of data suggest our ability to retain U of A graduates in the state has remained the same and above the 20% benchmark. Similarly, we have been able to retain residents in the primary care field as defined by LCME. The goal of a diverse physician workforce is going well and our results track with the Arizona state population as a whole. The committee did not see any areas of opportunity in this data.

Overall, there are areas to work on in some clerkships and it would be helpful to have some data separated from Phoenix. Dr. Warneke noted a main issue is evidenced based medicine being integrated in to clinical skills and the college should work to monitor clinical thinking and evidence based medicine in the revised curriculum. Dr. Moynahan did point out that as a supplement to the clinical thinking part, our Doctor and Patient course is highly rated and this should be worked in to the report.
The report will continue to be edited and brought back to a future TEPC meeting for approval before being sent to the LCME.

2. Clerkship Overlap (Elliott)
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## A. General Principles

The MD curriculum in Tucson is designed through educational principles that are distinctive to the program. The faculty adopt these principles to ensure medical students will be well prepared for advanced study in any clinical discipline. The principles are:

<table>
<thead>
<tr>
<th>Principle</th>
<th>LCME Standard</th>
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<tbody>
<tr>
<td>a. The curriculum is designed by means of faculty-approved sets of <em>Educational Competencies</em>, which are expressed through <em>Educational Program Objectives</em>, the attainment of which are confirmed through <em>Measurable Outcomes.</em></td>
<td>ED-1, 1A</td>
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<td>b. Students will participate in patient care and other clinical experiences beginning with the first year of the curriculum</td>
<td>ED-35</td>
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<tr>
<td>c. The curriculum expresses an organ-systems organization in a logical and reinforcing sequence</td>
<td>ED-5, 7, 11, 33</td>
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<tr>
<td>d. Deliver the most current understandings of medical knowledge</td>
<td>ED-5, 7, 11, 33</td>
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<tr>
<td>e. Deliver that content required for successful preparation for licensing examinations and beginning graduate medical education</td>
<td>ED-5, 7, 11</td>
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<tr>
<td>f. Minimize content redundancies and the delivery of unessential minutiae</td>
<td>ED-6, 17A, 37</td>
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<tr>
<td>g. Locate longitudinal content and themes within and across blocks, and across years;</td>
<td>ED-8</td>
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<td>h. Integrate clinical and basic science disciplines, the social and behavioral sciences, and the humanities;</td>
<td>ED-10, 11</td>
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<tr>
<td>i. Ensure that multiple disciplines are foundational to the content for each instructional block; and</td>
<td>ED-29</td>
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<tr>
<td>j. Meet all specific content areas identified in LCME accreditation standards.</td>
<td>ED-13, 19-23</td>
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## B. Learning Objectives

The *Educational Program Objectives* (EPO) frame the organization and delivery of program content and instructional experiences. “Educational Program Competencies” are used as surrogate references to the EPOs, and these are explicitly linked within:

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<th>LCME Standard</th>
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<td>a. The educational objectives for each instructional block or course</td>
<td>ED-01-01A, 3</td>
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<tr>
<td>b. The learning objectives established for each instructional session</td>
<td>ED-29</td>
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<tr>
<td>c. Instructional methods</td>
<td>ED-28, 29</td>
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<tr>
<td>d. The methods and tools required to assess student learning</td>
<td>ED-30, 32</td>
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<tr>
<td>e. The design and content of examination items and other measurements of performance (e.g., surveys)</td>
<td>ED-28, 30</td>
</tr>
</tbody>
</table>

## C. Instruction and Learning

Instruction is progressive, attending to students’ advancing knowledge, cognitive and critical-thinking skills, and professional attributes. Instructional experiences are designed to express a continuum of lesser-to-greater sophistication and challenge as students progress across years. The continuum takes into account: Element 9.4, 9.6, 46
a. Students’ cumulative acquisition of medical and patient-care knowledge
b. The development of student abilities to solve complex problems
   ED-6
c. Cooperative learning and active participation of students
   ED-5A, 19
d. The development of independent learning skills
   ED-5A
e. Student responsibility and accountability toward meeting learning goals
   ED-5A
f. Student skills in the acquisition of knowledge, including the use of information technology
   ED-5A, 33
g. Opportunities for students to participate in interprofessional teams
   Element 7.8
h. Regular opportunities to learn and practice the oral, written and presentational skills required of clinicians
   Element 8.8
i. The use of multiple methods of instruction, adapted from the MedBiquitous Curriculum Inventory Working Group Curriculum Inventory Standards, and the distribution of each method within and among blocks/courses.
   Element 8.8
j. Two afternoons per week will be protected for students’ self-directed learning
   Element 8.8 & 6.3
k. ??? hours per week will be protected for students’ independent learning (i.e. independent study; homework)
   Element 6.3 & 8.8
l. Maximum total hours of learning events per week:

<table>
<thead>
<tr>
<th>Curriculum Component</th>
<th>Learning Events/Week Maximum Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blocks/courses</td>
<td>20</td>
</tr>
<tr>
<td>Doctor &amp; Patient/Societies</td>
<td>4</td>
</tr>
<tr>
<td>Pathways in Health &amp; Medicine (aka: longitudinal curriculum)</td>
<td>2 *See below</td>
</tr>
<tr>
<td>Clinical Reasoning Course</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Pathways in Health &amp; Medicine</th>
<th>Maximum Total Hours/Block 2017-2018</th>
<th>Maximum Total Hours/Block 2018-2019</th>
<th>Maximum Total Hours/Block **Hybrid AY?????</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations</td>
<td>18</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Musculoskeletal System</td>
<td>10</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Nervous System</td>
<td>14.5</td>
<td>8</td>
<td>11.5</td>
</tr>
<tr>
<td>Cardio, Pulm, Renal</td>
<td>14</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Digestion, Metabolism, Hormones</td>
<td>13</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Life Cycle</td>
<td>13.5</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Advanced Topics</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Immunity &amp; Infection</td>
<td>6</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>91</strong></td>
<td><strong>62</strong></td>
<td><strong>73.5</strong></td>
</tr>
</tbody>
</table>

**Original Pathways in Health & Medicine allowed 2 hours/week of block. New Hybrid schedule will allow flexibility in scheduling learning events in a way that maximizes integration of content with block content.
m. Learning events will begin at 8:00 am
n. Maximum of one day off prior to high stakes exam
o. No more than 50% of learning events shall be lectures
p. Mid-term exams will be administered on Mondays
q. Content spiraling will be dedicated to every Monday from 10 am – 12 pm
r. Flipped classroom instructional methods require student attendance
s. No team-based learning events will be scheduled during quiz/exam week
t. The Clinical Reasoning Course will be dedicated to Friday mornings: 8am – 10am = 1st & 2nd semester students, 10am – 12pm = 3rd semester students
u. Block and course draft planning schedules (including CRC and Pathways to Health & Medicine) are due four months in advance before start of course
v. Block and course directors will present block schedules (Block Change Form) during TCMS and TCCS meetings each year
w. Course directors and thread directors will set standing logistical meetings to work through the planning details of the blocks

<table>
<thead>
<tr>
<th>D. Assessment of Student Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A plan for the assessment of student performance that supports the principles for learning and instruction as expressed above.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Learning Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The learning environment manifests the highest standards of personal, social and professional integrity and support for students.</td>
</tr>
</tbody>
</table>
2-224 Academic Credit

A. Definition of a Unit of Credit

An hour of work is the equivalent of 50 minutes of classtime (often called a "contact hour") or 60 minutes of independent study work. A minimum of 45 hours of work by each student is required for each unit of credit. Ordinarily, a course must cover a 1-week period for every unit of credit given. During summer sessions, however, 6 units of credit may be given over a 5-week period.

1. At least 15 contact hours of recitation, lecture, discussion, testing or evaluation, seminar, or colloquium, as well as a minimum of 30 hours of student homework is required for each unit of credit;

2. Workshops must involve a minimum of 45 hours for each unit of credit, including a minimum of 15 contact hours, with the balance of the requirement in homework;

3. Studios must involve at least 30 contact hours and at least 15 hours of homework for each unit of credit;

4. Laboratory courses require a minimum of 45 contact hours per unit of credit;

5. Field trips will be counted hour-for-hour as laboratory meetings;

6. Each unit of internship or practicum must require a minimum of 45 clock hours of work; and

7. Music instruction and specialized types of music performance offerings must conform to the requirement for accreditation of the National Association of Schools of Music.

8. Off-campus courses, regardless of mode of delivery, may be assigned credit based on competencies or learning outcomes that are acquired through coursework and are equivalent to those of students in a traditional classroom setting. An equivalent of 45 hours of work by each student is required for each unit of credit.

Rev. 9/2016
B. Credit for Courses Developed Under Contract

Universities may contract with outside agencies for the development and/or delivery of training programs to agency employees. The normal contract provides reimbursement to the university for the cost incurred in the development and/or delivery of these courses to the employees of these contracting agencies. While many of the courses may be specifically tailored to the needs of the agency and delivered in a format different from that appropriate for credit course offerings, there may be circumstances under which courses developed in this way will be of such quality that students who successfully complete them may be awarded academic credit by a university. The following are guidelines for the awarding of credit in courses developed under contract to outside agencies.

1. The decision to award academic credit for a course developed under contract and the securing of approvals to award such credit must follow the same procedures as those for any other course developed in the university. The same approvals by curriculum and other committees in the university and from the Arizona Board of Regents are required as those for any other course.

2. A university cannot teach a course developed under contract with an outside agency using the title and number of a course which already exists in the university catalog.

3. A course developed under contract may not be offered for credit under "house numbers," in more than 2 semesters. Afterward, the course must be subjected to university curriculum procedures applicable to new courses.

4. When a course is to be delivered under contract to an outside agency, the negotiations by the university for the delivery price should include the consideration of whether employees of the agency may receive credit for the course. If the university and the agency agree that agency employees may receive credit for the course, the cost of record keeping for these students, and any other costs specifically identified with the awarding of academic credit, must be included in the contract. Students who would not be charged for a university course because they are employees of

Rev. 9/2016
an agency under contract with the university for delivery of the course cannot be charged extra for the course if they wish to receive credit for it.

5. The awarding of credit and assignment of grades for courses developed and/or offered under contract will be conducted in precisely the same way as for any other course offered by the university. The integrity of the academic processes shall not be compromised by the contractual origin or the nature of the course delivery mechanism.

C. Credit for Former or Current Military Members

Pursuant to A.R.S. § 15-1897, universities shall award academic credit that may be used toward the pursuit of a baccalaureate degree to a person who is currently serving or who has served in the United States Air Force, Army, Navy, Marine Corps or Coast Guard, National Guard or a reserve unit of any of these branches of the United States Military, unless the person was dishonorably discharged. The number of academic credits awarded is determined by each university, but shall be based on both of the following criteria:

1. The person’s length of time of active duty service in the United States military.

2. Skills, knowledge and competencies the person acquired during service in the United States military.
<table>
<thead>
<tr>
<th>Pre-Submission Checklist:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review existing policies to avoid redundancy</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Is this an edit to an existing policy?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Is this a new policy?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Does this policy propose major changes</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Has the proposed policy language been reviewed by multiple individuals?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Review bylaws and ABOR Code of Conduct to ensure compliance</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Review LCME accreditation standards to ensure compliance</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>
| Subject: | Clerkship Directors  
Please indicate the subject of the policy. Review existing policies in this area to determine appropriate subject. Please indicate the target group for this policy (e.g., students, faculty) |
|----------------|------------------------------------------------|
| Policy Title:  | Clerkship Directors and Site Directors  
Please provide a draft title for the policy. |
| Justification: | Meetings and Site Visits  
Policy revision to  
Remove mention of COM-P  
Add LCME Accreditation Elements  
Add Associate Dean for Curricular Affairs to the recipient of the meeting report forms for review, in addition to the Assistant Director for Clinical Education in the Curricular Affairs Office (Ms. Emily Leyva)  
Update policy to reflect new Evaluation Subcommittee of TEPC  
Update policy to reflect “Quick Feedback” reviews, which is an additional method for monitoring the modification to blocks, courses and clerkships approved by TEPC. |
| Plain Language Intent: | Ensuring Adequacy and Comparability of Clinical Instructional Sites.  
Describe the intent of the policy in plain language statement. |
| Originator: |  
Please identify the individual writing and or shepherding this policy |
| Responsible Office: | Curricular Affairs  
If approved, identify the office or unit with primary responsibility for implementing this policy. |
<table>
<thead>
<tr>
<th>Approval Committee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please identify the committee who will review this policy (e.g., EPC, TEPC, PEPC, or Student Affairs)</td>
</tr>
<tr>
<td>TCCS, TEPC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approval Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If/when approved by the appropriate committee, please indicate the approval date.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effective Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please indicate your proposed effective date. Policies governing all students should be effective immediately. Policies governing portions of the curriculum should consider current students.</td>
</tr>
<tr>
<td>Effective Immediately for all classes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The review data should be two-years post the original effective date</td>
</tr>
</tbody>
</table>
Clerkship Directors and Site Directors
Meetings and Site Visits

Date of Approved Revisions: XXXX
Effective Date: XXXX

Purpose: Ensuring Adequacy and Comparability of Clinical Instructional Sites.

Article I. Definitions
a. Assistant Director, Clinical Education – The staff administrator in the Curricular Affairs Office
   responsible for assisting the Associate Dean for Curricular Affairs in providing oversight and
   management of the clinical clerkships

b. Associate Dean for Curricular Affairs – The senior administrator responsible for the oversight and
   administration of the undergraduate medical education program in partnership with the Tucson
   Education Policy Committee shared governance

c. Biennial – Every other year

d. Clerkship coordinator – Staff member charged to provide administrative support to the Clerkship
   Director in directing and overseeing and managing the program delivering in the clerkship

e. Clerkship Director – Faculty member charged with directing and overseeing the program delivery in
   the required clerkship for the sponsoring clinical department

f. Semi-Annual – Two times a year, usually once in the fall semester and once in the spring semester

g. Tucson Education Policy Committee (TEPC) – The COM-T permanent standing committee represents
   the general faculty in accordance with the General Faculty Bylaws and is charged with authority to
   oversee, revise, manage and evaluate the four-year medical education program leading to the MD
   degree.

h. Tucson Clinical Curriculum Subcommittee (TCCS) - The subcommittee of the TEPC is charged with the
   management and oversight of institutional features and processes involving the Clerkship and
   Transition to Residency years.

Article II. Scope, notification and implementation of policy
All clerkship directors who direct required clerkships in the undergraduate medical education program will
implement semi-annual meetings and annual site visits to ensure comparable educational experiences and
similar methods of assessment across all sites to ensure that all medical students achieve the same medical education program objectives.

Article III. Required Semi-Annual Meetings
Clerkship Directors, all site directors/preceptors for each site to which students are assigned for the
clerkship, and clerkship coordinators will meet semi-annually.

Section 3.01 Implementation
a. It is recommended that the meetings are held in November/December and again in May/June to
   inform/discuss changes needed during the current academic year and to prepare for the following
   year.
b. If the number of sites used precludes a single meeting with all clerkship leaders, clerkship directors and coordinators may instead meet with their site directors separately.
c. Meetings may be in-person, teleconferenced or video-conferenced, or a combination of these modalities.

Section 3.02 Data Review at Semi-Annual Meetings and Action Plan
a. Participants should be prepared to review and discuss data related to student performance, patient logs and clerkship management as well as student feedback on the clerkship, faculty and residents.
b. Any inconsistencies identified among sites impacting the quality of the learning experience of the current clerkship program will be addressed in a timely manner by the clerkship directors.
c. Directors may also collaborate with the Tucson Clinical Curriculum Subcommittees (TCCS) to find appropriate solutions to any issues involving coordination and consistency among sites.
d. Those changes impacting clerkship program structure, content and assessment methods will be proposed in the Clerkship Change Request form to the Tucson Education Policy Committee (TEPC) for approval.

Section 3.03 Meeting Documentation
a. These meetings will be documented via Clerkship Semi-Annual Meeting Report Form.
b. Clerkship Directors will submit the completed meeting forms to the Associate Dean for Curricular Affairs for the College of Medicine-Tucson and the Assistant Director, Clinical Education.

Article IV. Annual Clerkship Site Visits
Clerkship directors or designees will physically visit each clerkship site at least once a year. This will allow the directors or designees to assess directly the quality of the clerkship at all sites.

Section 4.01 Definition of Clerkship Site Visit Report Form
Clerkship Site Visit Report Form is a checklist confirming that the site and site faculty/preceptors have the facilities, resources and information required to deliver comparable learning experiences.

Section 4.02 Implementation
a. Clerkship directors or designees schedule an on-site visit to each clerkship site annually.
b. The review and completion of the Clerkship Site Visit Report Form provides the structure for the meeting between the clerkship director and site director.
c. If there are any deficits or concerns, those are noted on the form along with action steps to address the deficiencies.

Section 4.03 Annual Clerkship Site Visit Documentation
a. The annual clerkship site visits will be documented via the Clerkship Site Visit Report Form
d. Clerkship directors submit the Clerkship Site Visit Report Form to the Associate Dean for Curricular Affairs and the Assistant Director, Clinical Education.

Article V. Review of Findings
a. The Clerkship Semi-Annual Meeting Report Forms and the Clerkship Site Visit Report Forms will be reviewed by the Associate Dean for Curricular Affairs and the Assistant Director, Clinical Education in the Curricular Affairs Office.
b. The aforementioned forms will be forwarded to the Evaluation Subcommittee of TEPC and included as data in the “Quick Feedback” review as well as the biennial review of each clerkship as part of the program evaluation system to ensure that inconsistencies are addressed in a timely manner.
c. Members of the TCCS will also receive a copy of these reports.
Rationale
The College of Medicine-Tucson must assure compliance with LCME accreditation standards regarding the equivalence of learning experiences available across all sites of the clerkship. This policy/procedure also will help clerkship leadership maintain and improve the quality of clerkships, and will assist the TEPC in fulfilling its responsibility to provide oversight for the medical education program.

Relevant LCME Accreditation Elements

5.5 RESOURCES FOR CLINICAL INSTRUCTION
A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

5.6 CLINICAL INSTRUCTIONAL FACILITIES/INFORMATION RESOURCES
Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

5.7 SECURITY, STUDENT SAFETY, AND DISASTER PREPAREDNESS
A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

5.11 STUDY/LOUNGE/STORAGE SPACE/CALL ROOMS
A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

8.7 COMPARABILITY OF EDUCATION/ASSESSMENT
A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.
Intersessions
TEPC
September 5, 2018

ART SANDERS, MD
ELAINE SITU LACASSE, MD
JENNIFER YELICH, COURSE COORDINATOR

Intersessions Class of 2020 – 2 weeks
Intersessions Class of 2021 – 4 weeks

- Reunite the class during the Clerkship year and present key elements of the curriculum that may not be covered in clerkships
- 2 one-week blocks after 12 weeks and 36 weeks of the clinical year.
- For Class of 2021, it will be 2 two-week blocks at mid year and end of clerkship year.
Intersession 1 - Specific Learning Goals

- Increase confidence in complex procedures and clinical thinking skills
- Improve teamwork and interpersonal communication
- Build on clinical thinking, Hx and PE skills
- Experience newer diagnostics - US, Diagnostic imaging, lab interpretation.
- Incorporate basic science concepts into patient care decisions.

Traumatic Neuro Injury
Intersessions 2

- Acquaint students with the structure and funding of the health care delivery system and the implications of this system for access, scope, and quality of health care.
- Broaden student understanding of how to become a responsible and caring physician and the impact of issues related to harmful behaviors among physicians and members of the healthcare team and patients.
- Increase student awareness of the ethical, regulatory, and legal framework affecting the practice of medicine.

Intersessions Class of 2021
4 week block

- Restructure the course to meet the needs of students and curriculum
- Progressive curriculum in Pathology, Diagnostic Imaging, Hands-on Bedside US, others
- Certifications - BLS, ACLS, PALS Station
- Disparities Cases and Reflections
- Ethics and Professionalism Curriculum
- Medical Errors and Quality of Care; Clinical Decision Making
- Healthcare Economics, Funding and Resource Use
- End-of-Life Hospice Care moved from Societies
- Wellness and Resilience
- Preparation for Residency - Individualized Sessions
Intersessions - Challenges

- Develop the new 4-week course
- Changing schedule for course in the Clerkship Year times
- Adequate Resources
- Faculty time for small group sessions - consider Societies involvement