

TUCSON EDUCATIONAL POLICY COMMITTEE

Agenda

Wednesday October 17, 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 (Givens)

Voting Items:

1. Minutes from October 3, 2018 Meeting (Chair- Attachment #1)
2. Personalized Active Learning (PAL) (Amini) (Attachment #2)
3. I & I Block Change Form (Ahmad) (Attachment #3)
4. DMH Quick Feedback (Tischler) (Attachment #4)
5. Guiding Principles (Givens) (Attachment #5)
6. Academic Calendar (Advanced Topics) (Elliott)

FUTURE AGENDA ITEMS

	Items(s)	Assigned to
1.	Transition to Residency Curriculum	Elliott
2.	Proposal for Post-Clerkship curriculum: Back to Basic Science and Boot Camp	Elliott
3.	Updates to Grading & Progression Policy	de Leon
4.	Faculty Assessment of Student Performance form – Electives	
5.	2019-2020 and 2020-2021 Academic Calendar/Course Title Updates – Nov. 7, 2018 Meeting	Elliott
6.		
7.		

TUCSON EDUCATIONAL POLICY COMMITTEE

Meeting Attendance

Wed., October 3, 2018

4:30-6:00pm, Rm 3230

MEETING ATTENDEES			
Voting Members		Resource Members	
Art Sanders		Emily Leyva	X
Dawn Coletta	X	Gail Pritchard	
Elle Campbell (2019)	X	George Fantry	X
Gloria Guzman		Jerie Schulz	
Jim Warneke	X	Kadian Mcintosh	X
Joe Morales (2022)	X	Karen Spear Ellinwood	X
Jordana Smith		Kevin Moynahan	
Josh Yell (2021)	X	Kris Slaney	
Kathy Smith	X	Kristie Bowen	
Larry Moher	X	Mary Vega	
Lindsey Lepoidevin (2020)		Holly McNulty	
Maria Czuzak		Raquel Givens	X
Patricia Lebensohn	X	Sean Elliott	
Stephen Wright	X	Sonia de Leon	X
Sydney Rice		Tanisha Price-Johnson	
Veronica Arteaga		Winifred Blumenkron	
Zoe Cohen	X	Travis Garner	X
		Athena Ganchorre	X
		Jennifer Yelich	
		Todd Vanderah	X

Meeting Minutes

Announcements:

1. **New Student Member**

First year medical student Joe Morales, recently elected to the committee, was introduced to TEPC members.

2. **LCME Limited Visit Updates (Review Modified Curriculum Highlights)**

Raquel Givens provided TEPC members with a PowerPoint presentation regarding the upcoming limited LCME visit in October. The three LCME members will talk to both Faculty and Students. The briefing book presented to LCME, focused on the required LCME follow-up and includes the structure of the educational program for the classes of 2017 and 2018, and the materials to be used to disseminate the structure and requirements to current and prospective students. The curricular redesign is based on the increasing national competition for residency admissions, the need to allow students to complete clerkships and take electives before selecting a specialty, and the greater importance placed on board exam scores. The Class of 2021 is the first to be affected by the modified curriculum. Besides giving students' earlier exposure to the seven core medical specialties and prepare for residency candidacy, the modifications will also ensure student success on Step 1, and improve social and behavioral sciences content. Calendar schematics were presented and compared the Legacy and Modified Curriculum. Some of these included:

- 21 months in the Preclerkship Phase, including optional experiences
- Revised sequencing and delivery of Pathways in Health and Medicine Longitudinal Curriculum and

intentional extension of content in Phase 2 Clerkships

- Shortening CRC to one, two-hour session per week
- Revising retake exam policies for Step 1, increasing USMLE-style questions, having tighter alignment with USMLE Step 1 content through spiraling curriculum, and converting independent study time for Step 1 into a course
- Begin clerkship rotations four months earlier, with elective rotations in the Final Phase four months earlier
- Offering a required Back to Basics Science course
- Offering an optional Preparation to Residency Boot Camp course
- Opportunity for standardizing clinical experiences across all clerkships

Discussion: Advanced Topics will not change at this time, but will be revisited at a future TEPC meeting. There are timing changes that need to be made to the Power Point presentation, including updating the number of curriculum weeks and number of electives. The calendar is still in the proposal stages and its current format is what has been presented to the LCME. It will need future approval by TEPC. After the survey visit, COM will need to provide status updates to LCME. It was proposed to have quarterly updates over the next four years on LCME monitoring.

3. Clerkship Overlap Update

Dr. Lebensohn discussed preparation for the Clerkship Overlap (March to June 2019), where there will be two full classes doing clerkships. Some of this preparation includes:

- Drs. Moynahan and Elliott meeting individually with Clerkship Directors, Coordinators, and Department Chairs to ensure training sites and student experiences are comparable
- Dr. Ellinwood has prepared instructional videos for new faculty and sites
- Ongoing assessment of clerkship experience will begin once the new Director of Program Evaluation & Student Assessment (Ah Ra Cho, PhD) starts on Nov. 19, and will use ongoing assessment of clinical clerkships for experiences at all sites using student-based surveys, New Innovations, Clerkship Director outreach to preceptors, and biannual Clinical Training Sites assessments using SWOT analysis
- A Central Tracking Form will be used by Curricular Affairs, to identify change and cover the overlap
- Adriana Romero has been hired for the Clinical Preceptor Recruiting position, starting in Oct. The position has only been funded for one year
- Communication with the classes of 2020 and 2021 took place during Intersessions during the Dean's Hours to inform students of steps taken in preparation for the overlap

Discussion: For the Quick Feedback Reviews there will be a post-clerkship advisory group to get responses from students to identify any problems. The advisory group is comprised of new members who are voted in every year by their classmates. The first meeting is Monday, Oct. 8. The meetings are quarterly. Feedback needs to be shared so students know they are heard and feedback is acted on. Additionally, students are asking to obtain their clerkship schedules in advance for planning purposes.

4. Retake and Remediation Schedule

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.

5. Student Elections Update

Mrs. de Leon announced that MS1 (Class of 2022) elected their student representatives for 13 committees.

Voting Items:**1. Minutes from September 19**

A vote was taken and the minutes were unanimously approved.

2. Nervous System Block Changes Form

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.

3. New Radiology Elective Proposal

Dr. Warneke presented a new IR 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-patient 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.

Future Agenda Items			
	Topics	Date	Assigned To
1.	Clerkship Advisory Group		Elliott
2.	Proposal for Post-Clerkship Curriculum: Back to Basic Science and Boot Camp	Nov.	Bear & Partha
3.	Personalized Active Learning Proposal (PAL)		
4.	Faculty Assessment of Student Performance Form – Elective		
5.	2019-2020 and 2020-2021 Academic Calendar/Course Title Updates		Elliott
6.	Transition to Residency Curriculum		Elliott
7.	Update to Grading and Progression Policy		de Leon
8.	Guiding Principles	Nov.	Elliott
9.	Findings from Quick Feedback Reviews		Cho
10.	Clean-up of Policies	Spring '19	
11.	Monitoring Student Workload & Instructional Guidelines	Nov.	

	Topics	Date	Assigned To
1.	Clerkship Advisory Group		Elliott
2.	Proposal for Post-Clerkship Curriculum: Back to Basic Science and Boot Camp	Nov.	Bear & Partha
3.	Personalized Active Learning Proposal (PAL)		
4.	Faculty Assessment of Student Performance Form – Elective		
5.	2019-2020 and 2020-2021 Academic Calendar/Course Title Updates		Elliott
6.	Transition to Residency Curriculum		Elliott
7.	Update to Grading and Progression Policy		de Leon
8.	Guiding Principles	Nov.	Elliott
9.	Findings from Quick Feedback Reviews		Cho
10.	Clean-up of Policies	Spring '19	
11.	Monitoring Student Workload & Instructional Guidelines	Nov.	

Enrichment Electives Proposal Summer 2019

Course Title: Personalized Active Learning (PAL)

Dates: Begin- June 2019 End- August 2019 Annually

Format:

This elective is designed for the purpose of assisting UACOM-T students in coordinating a Personalized Active Learning (PAL) plan during the summer between their first and second year of medical school. Students will have a variety of pre-approved summer options that will satisfy this graduation requirement. The culmination of each student PAL plan will be a one-page manuscript and can be written in a variety of formats including personal reflection essays where students will reflect on their summer experiences, to scientific write-ups such as a case report, letter to the editor, or original research. All manuscripts will be written in scientific form and will include an Abstract (Introduction/Background, Methods, Results, Conclusion). This experience is meant to encourage students to learn from their writing assignment and to have an opportunity to publish their manuscript in a scientific journal (national or local).

Total Time Commitment:

A minimum of four weeks

This Enrichment elective is mandatory for all students who have successfully completed the first year of UACOM-T curriculum.

N/A__ Minimum number of students

150__ Maximum number of students per semester

Enrollment open to students in semester(s)

Every summer beginning with the class of 2022

Knowledge and/or skills necessary to participate effectively in this Enrichment Elective:

Be able to answer the following questions for pre-approval of their PAL elective.

1. *Which of the following pre-approved plans will you be participating in during your MS1/MS2 summer?*
 - a. *Global Health Distinction Track Summer Immersion*
 - b. *Rural Health Distinction Track Summer Immersion*
 - c. *Medical Student Research Program (MSRP)*
 - d. *Basic Science Review/Study Course*

d. Other: (e.g. ongoing research, ongoing volunteer experience, medical mission trip/volunteer experience not through UACOM-T)

(All “other” plans require a letter of support from a research or volunteer mentor and a specific plan with estimated time of involvement. All plans must also be reviewed by your House Dean and Approved by the PAL director.)

2. What is your 4 week PAL elective plan?
 - a. Who are you working with? Who is your point of contact?
 - b. Provide us a brief summary of your project/program? (3 sentences minimum)
 - c. What exactly is your role in this project/program?

Be able to draft a PAL manuscript using the following as a guide.

1. Choose a manuscript form for your PAL manuscript assignment.
 - a. Letter to the Editor (must have Abstract)
 - b. Case Report or Case Series
 - c. Original Research (for RDT or MSRP summer programs)
 - d. Reflective Writing In Lieu of Manuscript (must have Abstract)

Names of other faculty who will be involved in the course, if any: N/A

Is this an adaptation of a current course? No. If so, please explain: N/A.

Faculty Name: Dr. Richard Amini

Department: Associate Professor, Dept. of Emergency Medicine

Mailing Address: PO Box 245057

Phone(s): (520) 626-9604

FAX: (520) 626-2480

E-mail: ramini@aemrc.arizona.edu

Contact: Richard Amini, MD and Travis Garner

Course Description:

The PAL elective is designed to encourage students to seek learning opportunities during the summer between their first and second year of medical school. This elective requires all first-year medical students to meet with their House Dean to discuss their summer plans with the goal of using their summer experience to enhance their medical knowledge in an area of particular interest. Students who participate in various pre-existing programs or Distinction Track activities during the summer will fulfill the PAL project 4-week requirement; however, all students are required to complete a manuscript (reflective writing assignment or equivalent medical publication). This course will be available during the entire ten-week summer.

Please note: Final Approval of PAL elective plans are determined by the PAL director.

**University of Arizona College of Medicine
Course Change Request Form
Academic Year 2018/2019**

This form is part of the “Policy Regarding Changes to Individual Courses in Years 1 and 2” and is due at the latest **two months prior** to the start of the block for each academic year. **Block/Course directors must present their Block/Change Request Form to TCMS and TEPC.** Please submit the form electronically to the Assistant Director, Preclinical Education for appropriate approval and routing. Please include planning calendars for past and present academic years when submitting this form.

Class of 2022 Deadline for Form Submission	Class of 2021 Deadline for Form Submission
Clinical Reasoning Course 1: May 30, 2018	Clinical Reasoning Course 2: October 31, 2018
Foundations: May 30, 2018	Clinical Reasoning Course 2: October 31, 2018
Foundations: May 30, 2018	Clinical Reasoning Course 2: October 31, 2018
MSS: July 31, 2018	Life Cycle: June 1, 2018
Nervous System: August 17, 2018	Immunity and Infection: May 31, 2018
CPR: October 31, 2018	Immunity and Infection: May 31, 2018
DMH: February 2, 2018	Advanced Topics: September 21, 2018
Pathways in Health & Medicine: May 30, 2018 (Fall)	Pathways in Health & Medicine: October 31, 2018 (Spring)

Course: Immunity and Infection

Course Director: Nafees Ahmad, Ph.D.

Date Submitted: August 16, 2018

I do not anticipate any major changes to my course.
(Please check here and do not complete remainder of form)

1. Please describe any anticipated personnel changes in your course (i.e. lecturers leaving or starting, lecture eliminated, lecturer change only, CRC facilitator leaving or starting, change in key faculty etc.).

Several new faculty will either replace existing faculty or faculty who have left the university or reduce their teaching load. Several of these faculty members are teaching for the first time in the block or pre-clerkship years.

1. Dr. Tara Carr, Department of Medicine (Allergy/Immunology section) will teach the 2 basic and clinical topics on of Allergy and Hypersensitivity and 1 team learning on clinical cases on this topic. These topics were taught previously by Dr. David Harris, Department of Immunobiology.

2. Dr. Randy Horwitz, Department of Medicine will teach 2 hours on Clinical Correlations of Clinical and Congenital Immuno-deficiencies and Immune Defects. This topic was previously taught by Dr. David Harris. Dr. Horwitz also teaches Nutrition and Immunity.

3. Dr. Kareem Shehab, Department of Pediatrics will teach 3 additional clinical correlation topics, including skin and soft tissue, respiratory and eye infections, in addition to his previous topics of CNS and congenital infections. These topics were taught by Drs. Anca Georgescu and John Po who have left or not available.

4. Dr. Justin Wilson, Department of Immunobiology will teach Innate immunity and complements. These topics were taught by Dr. Megan Smithey who left the university.

5. Dr. Michael Johnson, Department of Immunobiology and Dr. Gayatri Vednatam, School of Animal and Comparative Biomedical Sciences will teach 5 and 2 topics, respectively on basic and pathogenic bacteriology lectures to ease the burden on Dr. Kenneth Ryan who teaches the complete bacteriology section. The infectious disease clinicians were not comfortable in teaching the pathogenic mechanisms of bacterial infection. They will prefer to teach the clinical correlations of infectious disease, which they have been doing every year.

6. We just learned that one of the infectious disease faculty who agreed to teach helminths parasitology, in addition to clinical correlations on infectious disease, is leaving the university. Thankfully, Dr. Steve Klotz came to our rescue to take back these topics.

All these new faculty members who are making debut in I&I or pre-clerkship years, both from clinical and basic science departments, are being mentored on notes and power point preparations as well as on lecture and TL presentations.

2. Please describe any content changes to the course (i.e. lectures added or deleted, changes in learning objectives to the block, CRC cases (new, modified, or deleted), Team-Based Learning, Lab, or small group activity changes, modifications, or deletions).

1. We have converted the 4 Flipped Class (FC) sessions to Clinical Correlation sessions that would utilize the basic science content into clinical applications.
2. Few basic science lectures were dropped and/or merged with related topics to save time due to loss of 1 week from the I&I block.
3. Clinical correlation topics have been scattered throughout the block to bring additional clinical relevance following the basic science/concept topics.
4. We have converted the 2 virtual microbiology labs and 1 pathology of infectious disease labs to ILMs. These ILMs were developed with the assistance of Karen Spear-Ellinwood. We have also converted a Microbiome and Fecal Transplant lecture into an ILM due to lack of time.
5. We have added a new topic on "Pathology of vasculitis" based on the suggestion of Class of 2020. This topic will allow a review of vasculitis which is relevant to immune mediated processes.
4. We have worked with the post-block advisory group and student representatives to develop the class schedule, including scheduled and unscheduled time given for study time. We have further reduced lecture time and provided additional time for study. In addition, the inclusion of 3 short exams and a comprehensive final exam were planned based on the post-block advisory group and the Class of 2021 recommendations.

3. Please describe any structural changes to the course (i.e. any changes to the overall allocation of time dedicated to the various teaching strategies in the course). Please provide a justification for these changes.

Already described in #2.

4. Please describe any changes in the course's method of student performance assessment (i.e. additional examinations or fewer examinations). Please include the rationale for such changes.

1. Based on consultation with the post-block advisory student group and class of 2021 (survey done by post-block advisory group with more than 80% approval), there will be 3 section exams (60 questions, 90 minutes), including Immunology/Immunopathology, Virology/Antivirals, Bacteriology/Antibiotics and a Final Cumulative Exam (immunology, virology, bacteriology, mycology, parasitology, clinical correlation topics in immunological disorders and infectious diseases).
2. We will continue with weekly USMLE quizzes. These quizzes are done outside the class and graded followed by a review session.

5. Any other anticipated changes or comments regarding your course?

We have planned a small session during the introduction to block session to discuss and/or inform the students about some of the inconsistencies and errors found in some of the popular review books, including Sketchy Micro. These inconsistencies created some problems last year. We have discussed this issue with the post-block advisory group.

For administrative use only:

Disposition of request:

Approved by Kevin Moynahan, MD, Deputy Dean, Education

Date: _____

AND/OR

Approved by Sean Elliott, MD, Interim Associate Dean Curricular Affairs,

Date: 8/24/18



- Sonia de Leon notified
- Forward to TEPC
- Forward to Lynda Lehtinen (Tagging)
- Forward to Raquel Givens (LCME)
- Forward to Karen Spear-Ellinwood (FID)
- Forward to Athena Ganchorre (Curriculum)
- Forward to Assistant Director, Clerkship Education (TCCS)

DMH Summary Report*

June 7, 2018

Block: DMH

Year: Class of 2021-MS 1s

Background: Data and analysis for this Summary Report are based on the following sources:

- **Surveys** – Data from the following surveys were utilized: Student Feedback on Instruction: Individual Blocks DMH 2017-18, Student Feedback on Instruction: Individual Instructors 2017-18.
- **Exam scores**
- **Post-Block Meeting** – The above data were analyzed and discussed at a Post-Block Meeting on June 6, 2018. The participants at that meeting were Dr. Marc Tischler, Dr. Dale Woolridge, Dr. Tejal Parikh and Dr. Paul Weissburg.
- **Data on Performance of Examinees Taking USMLE Step 1 for the First Time in 2016 and 2017** – Although these data are for earlier cohorts, it was used to evaluate Student outcomes.

Following completion of the Post-Block Meeting, this report was written by Dr. Paul Weissburg and then was sent to Dr. Marc Tischler and Dr. Dale Woolridge, who were asked to provide any additional comments and to list planned changes to the block based on the analysis of the above data. The report was then sent to the other Post-Block Meeting participants to ensure that the content of the report accurately represents all perspectives articulated at that meeting.

Preliminary note: This was the fifth block in a new, shortened curriculum. The block had been 11 weeks long but in the new curriculum is 9 weeks in length.

***Note:** The following is not a “Quick Feedback” Report inasmuch as there was no student focus group and there is far less longitudinal data than in a “Quick Feedback” evaluation. This is a modified version of the “Quick Feedback” Report, due to scheduling constraints. It may be useful, however, for baseline comparison for next year’s DMH block and for providing a broad overview of the feedback received on the DMH block for 2018.

1) Data for the DMH Block

Mean MK for the Class of 2021: 84.05

MK range: 66.0 – 97.4

Four students received an MK below 70 for the DMH block. Of those four, only one was eligible for a retake exam. That student passed the retake exam and so passed the block. Of the other three, two must retake the year because they have failed other blocks as well and one is scheduled to remediate the DMH block.

12 students received an MK score below 75.

	Amount of unscheduled time	Overall organization of the block was:	Overall teaching of this block was:	Lectures	Exams
Class of 2021	3.97	4.14	3.97	3.98	3.70

2) Student Feedback/Post-Block Discussion

The following feedback is based on the DMH block survey feedback and the Post-Block meeting

Scheduling/Structure of the Block

Most students indicated that they appreciated the relatively low number of required sessions in the DMH block. Additionally, students indicated that lectures flowed well; ideas and topics built on each other as the block progressed. The one critique was that the second half of the block, following the midterm exam, seemed more dense in terms of content that needed to be learned.

Pathology Labs/Lectures

There were several complaints about the pathology lectures, particularly by Dr. Bhattacharyya and Dr. Jain. The following comments reflect the degree of frustration expressed by some students:

I was really disappointed by the GI Pathology lectures. While Dr. Bhattacharyya seems like a really nice man, he's very disorganized and his lectures were really hard to follow. I had to use numerous outside resources. Dr. Jain did not have enough time for her lectures, and she honestly doesn't even seem interested in teaching! I would encourage these professors to attend the lectures of Dr. Rance, because not only is she excited about the material- she conducts lectures that are informative, understandable and interesting. This was the first semester where I was really bothered by the pathology lectures, which are usually excellent. I think some changes to approach are really necessary.

Almost every single pathology and histology lecture and lab was unsatisfactory, except for the lectures and labs during the last week of the block. (Drs Klein and Rance) I do not understand how the medical school is spending hundreds of thousands of dollars on learning specialists, kaplan programs, and external reviews but they can't find decent professors to effectively teach the material. It seems like the school will take just about anyone from the department of pathology and throw them in front of the class to teach these lectures.

Path was not well taught except for Dr. Klein and Dr Rance

The midterm was fair, Dr. Tischler's lectures are clear. Some of the pathology lectures are TERRIBLE.

The individual instructor survey feedback for Dr. Jain also indicates some possible problems. For the question on the organization (clarity, pace, etc.) of presentation by the instructor, Dr. Jain received a 2.97 and for the degree to which the instructor promotes active participation and encouraged questions she received a 3.38. For overall quality, she received a 3.26.

There does not appear to have been an individual instructor survey for Dr. Bhattacharyya in the past few years, however the overall block feedback from the previous year does raise similar concerns, such as the following:

Overall, I am displeased with the pathology team we had for this block. I feel like they have been subpar with their teaching skills compared to prior blocks. Dr. Bhattacharyya rarely teaches to the learning objectives, he focuses on less important stuff, and often skips over many many slides saying "you can just look at it later or find it in Robbins" rather than teaching it himself.

Dr. Bhattacharyya- I feel like he needs to take his sessions more seriously. He did not do a good job explaining his slides and was not prepared for his lectures. When he said " words are words, you can read the slide" I felt like he was being very disrespectful to our time and was not doing his job as an educator. I felt like I did not learn much from his sessions

Dr. Tischler = A+, Pathology team = D, everyone else = B+

Appreciation for the Block Director

This year marks Dr. Tischler's final year as the Block Director of DMH and, once again, students were effusive in their praise for him. For the question asking about the degree to which the Block Director was accessible, Dr. Tischler was rated 4.67 out of 5 and representative comments included the following:

Dr. Tischler did a great job. Congrats on his retirement/stepping down as block director. 12 years and 4000+ medical students...wow!

Dr. Tischler has put in a lot of work helping us through this mountain of information, and I am very grateful to him.

Dr. Tischler is a students director. I appreciate him.

Dr. Tischler is tough, but love him or hate him, he's a great teacher. Thats a fact

He was always available, I met with him every week. It was helpful to have a professor who helped one-one-one with the concepts of the block. I also thought his lectures were the best because they were concise and straight forward.

Anatomy Labs

As with previous blocks, the issue of Anatomy Labs was raised during the Post-Block meeting for DMH. There is a widespread concern articulated by students and by some faculty that students are spending a large amount of time dissecting and removing skin and that time could be better spent learning content in the blocks or else using prosections to learn the anatomy.

This issue has been raised in almost every block this past year.

3) **Block Director's Response** – *The following section is provided to the Block Director to address any of the issues raised in this report, in the student feedback surveys, the focus groups, etc. It is also a space to discuss future planned changes to the block and goals for next year's block.*

There are planned changes for 2019 with regard to what sessions are to be moved, to Foundations Block, deleted or modified, our recommendation how the longitudinal sessions should be offered, and changes in lecturers that will allow us to drop some who present just a single session. The following suggestions also encompass concerns raised above.

Longitudinal:

As has been discussed distribution of this curriculum throughout the block doesn't work well. This past spring spending 4 hours visiting food stores, making lunches and discussing relevant cases consumed too much time in the shortened curriculum. Our recommendation is to use the morning of the first day to do the Food Insecurities/Deserts panel discussion and the Food as Medicine cases decreasing this total time from 6 h to 4 h. The afternoon of that first day could then be used for Dr. Amini's material recommending that instead of testing on it, to have attendance be required as would the morning sessions. What we feel should be dropped in the interest of time is the journal club team learning, offered in week 7 this past spring. Also drop the Botanical Supplements – Herbal Remedies session offered in week 4 this year or potentially offer it after the final, though this idea is undesirable as it will extend by an additional day the already overly long academic year. It is also noteworthy that Dr. Johnson is retiring though he has suggested he would return to offer the 2 h session. The Advanced Statistics lecture (Nuno – week 5) needs to be reconsidered in terms of the entire curriculum. We will have follow up discussions with Dr. Cagno about these ideas.

Other sessions:

GI Development/Structural Features of the Abdomen-I (week 1 – Wilson) will have its content modified by Dr. Wilson so that the material can be covered in the allotted 50 minutes.

Metabolic Overview (week 2 - Tischler) and *Nucleotide Metabolism* (week 6 – Tischler) have been moved to Foundations (week 2 – Tischler).

Esophageal and Gastric Disorders (week 2 – Jain) and *Intestinal Polyps and Neoplasia* (week 5 – Jain) need to have their content modified because the instructor includes material that is likely not relevant and rushes through the lectures. We will work on these sessions to narrow them to content required for Step 1. Dr. Jain will be expected to adhere to these guidelines because her evaluations were very weak and hopefully by reducing the amount of material she can better organize the presentations.

Clinical Aspects: IBD and IBS (week 4 – Trowers) will be dropped. This was the only session he offered and the content is covered in the pathology lecture on *Intestinal Disorders and IBS* (week 3 – Bhattacharyya).

Pathology of the Endocrine Pancreas (week 4 – Bhattacharyya) was mostly redundant with material presented in several other lectures and with the agreement of the instructor this session will be deleted.

Alcohol (week 5 - Palmer) will be changed as follows. The alcohol metabolism and physiological consequences portion has been moved to Foundations (week 2 – Tischler). The remainder of the lecture content needs to be scaled back to what is deemed relevant for step 1 and dealing with patients having issues with alcohol consumption. This modified presentation, 1 h instead of 2h, will likely be presented by Dr. Woolridge.

Nutritional Disorders and Lab Values (week 6 – Tischler/Rappaport) had included evaluation of complete blood count results. We had included this when DMH was offered in year 2 but with its earlier positioning and further timing distance before step 1, inclusion of this portion of the presentation is no longer deemed necessary. Similarly, we feel the continued inclusion of bariatric surgery related to eating disorders is unnecessary as it is not relevant to Step 1. Removing this portion of the session will allow us to shorten it from 3 h to no more than 2 and will drop Dr. Rappaport's single session involvement.

Catecholamines & Catecholamine Receptors (week 7 – French) will be dropped from its current format. Dr. French is retiring. We decided that much of what was presented was a review of material presented in the Nervous System and CPR blocks. We will determine what material in this lecture is not redundant and add it the *G-Protein Function* lecture (week 7 – Tischler). We estimate this will save at least 45-60 minutes.

Cholesterol and Lipid Transport are two lectures currently given by Dr. Tischler in the cardio portion of CPR. We have proposed to Dr. Bloom to consider having us move those to DMH as they would fit well with a current lecture in week 5 on *Disorders of Lipid Digestion and Transport*. We will have a follow up discussion with Dr. Bloom about this idea.

Team learning:

As noted above TL 6 Journal; Club (week 7 – Amini) will be dropped. Instead we may offer a new TL that will help students understand some of the difficult endocrine material. This would be akin to the new TL introduced in spring 2018 that focused solely on Steroid Hormone Related Disease (week 8). The extensive IRAT/GRAT only session aided the students in preparation for the final and was more valuable than a typical review session.

Instructors:

The following instructors who presented single sessions this past spring will not be utilized in spring 2019 either because of retirement or because of change in the content offering. These instructors will include Drs. French, Nuno, Palmer, Rappaport and Trowers. This will drop the total number of instructors actually giving lectures (and excluding anatomy, histology and pathology lab instructors) from 20 to 15, a reduction of 25%. Dr. Elliott is leaving and we will need to determine who will offer his lectures on histology of endocrine glands. If Dr. Amerongen is comfortable doing so then our total lecturer pool would decline to 14 – a 30% reduction



College of Medicine

Tucson

Guiding Principles for Preclerkship Curriculum

Approved by TEPC June 5, 2013

Revised and Approved by TEPC: _____

Guiding Principles	LCME Element(s)
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:	
a. The curriculum is designed by means of faculty-approved sets of <i>Educational Competencies</i> , which are expressed through <i>Educational Program Objectives</i> , the attainment of which are confirmed through <i>Measurable Outcomes</i> .	8.2 Use of Medical Educational Program Objectives 6.1 Program and Learning Objectives (ED-01A, 3)
b. Students will participate in patient care and other clinical experiences beginning with the first year of the curriculum	8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35)
c. The curriculum expresses an organ-systems organization in a logical and reinforcing sequence	7.1 Biomedical, Behavioral, Social Sciences (ED-10, ED-11) 7.2 Organ Systems/ Life Cycle/ Primary Care/ Prevention/Wellness/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (ED-10, ED-13) (ED-10) 8.1 Curricular Management (ED-33)
d. Deliver the most current understandings of medical knowledge	7.1 Biomedical, Behavioral, Social Sciences (ED-10, ED-11) 7.2 Organ Systems/ Life Cycle/ Primary Care/ Prevention/Wellness/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (ED-10, ED-13) 8.1 Curricular Management (ED-33)
e. Deliver that content required for successful preparation for licensing examinations and beginning graduate medical education	7.1 Biomedical, Behavioral, Social Sciences (ED-10, ED-11) 7.2 Organ Systems/ Life Cycle/ Primary Care/ Prevention/Wellness/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (ED-10, ED-13)
f. Minimize content redundancies and the delivery of unessential minutiae	8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35; ED-37) 7.4 Critical Judgment/Problem-Solving Skills (ED-6) 7.3 Scientific Method/Clinical/ Translational Research (ED-17A)
g. Locate longitudinal content and themes within and across blocks, and across years;	7.1 Biomedical, Behavioral, Social Sciences (ED-10, ED-11) 7.5 Societal Problems (ED-20) 7.6 Cultural Competence/Health Care Disparities/Personal Bias (ED-21, ED-22) 7.7 Medical Ethics (ED-23)

Guiding Principles	LCME Element(s)
h. Integrate clinical and basic science disciplines, the social and behavioral sciences, and the humanities;	7.1 Biomedical, Behavioral, Social Sciences (ED-10, ED-11) 7.2 Organ Systems/ Life Cycle/ Primary Care/ Prevention/Wellness/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (ED-10, ED-13)
i. Ensure that multiple disciplines are foundational to the content for each instructional block; and	8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 9.6 Setting Standards of Achievement (ED-29)
j. Meet all specific content areas identified in LCME accreditation standards.	All Elements in Standard 7: Curricular Content
B. Learning Objectives	
The <i>Educational Program Objectives (EPO)</i> 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:	8.2 Use of Medical Educational Program Objectives (ED-01) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 6.1 Program and Learning Objectives (ED-01A, 3) 9.4 Variety of measures of student achievement/Direct observation of core clinical skills (ED-26, ED-27, ED-28)
a. The educational objectives for each instructional block or course	6.1 Program and Learning Objectives (ED-01A, 3) 8.2 Use of Medical Educational Program Objectives (ED-01)
b. The learning objectives established for each instructional session	8.2 Use of Medical Educational Program Objectives (ED-01) 9.6 Setting Standards of Achievement (ED-29)
c. Instructional methods	8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 9.4 Variety of measures of student achievement/Direct observation of core clinical skills (ED-26, ED-27, ED-28) 9.6 Setting Standards of Achievement (ED-29)
d. The methods and tools required to assess student learning	9.4 Variety of measures of student achievement/Direct observation of core clinical skills (ED-26, ED-27, ED-28) 9.5 Narrative Assessment (ED-32) 9.8 Fair and Timely Summative Assessment (ED-30) 8.4 Program Evaluation (ED-46)
e. The design and content of examination items and other measurements of performance (e.g., surveys)	9.4 Variety of measures of student achievement/Direct observation of core clinical skills (ED-26, ED-27, ED-28) 9.5 Narrative Assessment (ED-32) 9.7 Formative Assessment and Feedback (ED-31) 9.8 Fair and Timely Summative Assessment (ED-30)
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:	8.1 Curricular Management (ED-33) 9.4 Variety of Measures of Student Achievement/Direct Observation of core clinical. Skills (ED-26) 9.6 Setting Standards of Achievement (ED-29) 8.4 Program Evaluation (ED-46)

Guiding Principles	LCME Element(s)
a. Students' cumulative acquisition of medical and patient-care knowledge	7.1 Biomedical, Behavioral, Social Sciences (ED-10, ED-11) 7.2 Organ Systems/ Life Cycle/ Primary Care/ Prevention/Wellness/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (ED-10, ED-13) 7.5 Societal Problems (ED-20) 7.6 Cultural Competence/Health Care Disparities/Personal Bias (ED-21, ED-22) 7.7 Medical Ethics (ED-23)
b. The development of student abilities to solve complex problems	7.3 Scientific Method/Clinical/ Translational Research (ED 17A) 7.4 Critical Judgment/Problem-Solving Skills (ED-6)
c. Cooperative learning and active participation of students	6.3 Self-Directed and Life-Long Learning (ED-5A) 7.8 Communication Skills (ED-19)
d. The development of independent self-directed and life-long learning skills	6.3 Self-Directed and Life-Long Learning (ED-5A)
e. Student responsibility and accountability toward meeting learning goals	6.3 Self-Directed and Life-Long Learning (ED-5A)
f. Student skills in the acquisition of knowledge, including the use of information technology	6.3 Self-Directed and Life-Long Learning (ED-5A) 8.1 Curricular Management (ED-33)
g. Opportunities for students to participate in interprofessional teams	7.9 Interprofessional Collaborative Skills (ED-19-A) 7.8 Communication Skills (ED-19)
h. Regular opportunities to learn and practice the oral, written and presentational skills required of clinicians	7.2 Organ Systems/ Life Cycle/ Primary Care/ Prevention/Wellness/ Symptoms/ Signs/ Differential Diagnosis, Treatment Planning, Impact of Behavioral/Social Factors (ED-10, ED-13) 7.8 Communication Skills (ED-19)
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.	8.1 Curricular Management (ED-33) 8.8 Monitoring Student Time (ED-38)
j. Two afternoons per week will be protected for students' self-directed learning, for a total of 8 hours per week.	8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
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.	8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
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.).	8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)
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).	8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)

Guiding Principles	LCME Element(s)												
<p>n. Maximum total hours of learning events per week:</p> <table border="1" data-bbox="212 296 954 642"> <thead> <tr> <th data-bbox="212 296 630 411">Curriculum Component</th> <th data-bbox="630 296 954 411">Learning Events/Week Maximum Total Hours</th> </tr> </thead> <tbody> <tr> <td data-bbox="212 411 630 453">Blocks/courses</td> <td data-bbox="630 411 954 453">20</td> </tr> <tr> <td data-bbox="212 453 630 489">Doctor & Patient/Societies</td> <td data-bbox="630 453 954 489">4</td> </tr> <tr> <td data-bbox="212 489 630 562">Pathways in Health & Medicine (aka: longitudinal curriculum)</td> <td data-bbox="630 489 954 562">*See below</td> </tr> <tr> <td data-bbox="212 562 630 600">Clinical Reasoning Course</td> <td data-bbox="630 562 954 600">2</td> </tr> <tr> <td data-bbox="212 600 630 642">Total</td> <td data-bbox="630 600 954 642">28</td> </tr> </tbody> </table> <p data-bbox="298 678 938 810">**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</p>	Curriculum Component	Learning Events/Week Maximum Total Hours	Blocks/courses	20	Doctor & Patient/Societies	4	Pathways in Health & Medicine (aka: longitudinal curriculum)	*See below	Clinical Reasoning Course	2	Total	28	<p>8.1 Curricular Management (ED-33) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)</p>
Curriculum Component	Learning Events/Week Maximum Total Hours												
Blocks/courses	20												
Doctor & Patient/Societies	4												
Pathways in Health & Medicine (aka: longitudinal curriculum)	*See below												
Clinical Reasoning Course	2												
Total	28												
o. Learning events will begin at 8:00 am	<p>8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)</p>												
p. Maximum of one day off prior to high stakes exam	<p>8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)</p>												
q. No more than 50% of learning events shall be lectures	<p>8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)</p>												
r. Mid-term exams will be administered on Mondays	<p>8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)</p>												
s. Content spiraling will be dedicated to every Monday from 10 am – 12 pm	<p>8.1 Curricular Management (ED-33) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35)</p>												
t. Flipped classroom instructional methods require student attendance	<p>8.1 Curricular Management (ED-33) 8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)</p>												
u. The Clinical Reasoning Course will be dedicated to Friday mornings: 8am – 10am = 1 st & 2 nd semester students, 10am – 12pm = 3 rd semester students	<p>8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)</p>												
v. Block and course draft planning schedules (including CRC and Pathways to Health & Medicine) are due four months in advance before start of course	<p>8.1 Curricular Management (ED-33) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35)</p>												
w. Block and course directors will present block schedules (Block Change Form) during TCMS and TCCS meetings each year	<p>8.1 Curricular Management (ED-33) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35)</p>												
x. Course directors, <u>discipline directors, core teaching faculty</u> and thread directors will set standing <u>planning logistical meetings to design an integrated, coordinated curriculum design work through the planning details of the each blocks</u>	<p>8.1 Curricular Management (ED-33) 8.3 Curricular Design, Review, Revision/Content Monitoring (ED-35) 8.8 Monitoring Student Time (ED-38) 6.3 Self-Directed and Life-Long Learning (ED-5A)</p>												
D. Assessment of Student Performance													

Guiding Principles	LCME Element(s)
A plan for the assessment of student performance that supports the principles for learning and instruction as expressed above.	9.4 Variety of measures of student achievement/Direct observation of core clinical skills (ED-26, ED-27, ED-28) 9.6 Setting Standards of Achievement (ED-29)
E. Learning Environment	
The learning environment manifests the highest standards of personal, social and professional integrity and support for students.	3.5 Learning Environment/Professionalism