

# TUCSON EDUCATIONAL POLICY COMMITTEE

## Agenda

Wednesday January 16, 2019

4:30-6:00pm

Rm 3230

### AGENDA ITEMS

#### Announcements:

1. Educational Leadership Committee (Lebensohn)
2. Subcommittee updates: TCMS, TCCS, Exam review, Evaluation, Electives
3. Call to Audience (Lebensohn)
4. Clerkship Overlap Update (Elliott)
5. LCME Visit Update (Givens)

#### Voting Items:

1. Minutes from November 28, 2018 Meeting (Lebensohn) (Attachment #1)

#### Presentation/Discussion:

1. New Faculty Members and Alternate Student Members (Lebensohn)
2. Back to Basic Science (Bear)
3. Course Remediation Policy (Lebensohn) (Attachment #2)
4. Transition to Residency Bootcamp (Partha)

#### FUTURE AGENDA ITEMS

	Items(s)/Timeframe	Assigned to
1.	Transition to Residency Curriculum	Elliott
2.	Changes to Advanced Topics	Elliott
3.	Updates to Grading & Progression Policy	de Leon
4.	Faculty Assessment of Student Performance form – Electives	
5.	Foundations and MSS Quick Feedback Reports – Feb. 2019	McIntosh/Cho
6.	Revision to TEPC Policies – Remove COM – PHX/Legacy Curriculum Language – Spring 2019	
7.	OB-GYN Clerkship Review	
8.	Evaluation Process Overview – Feb. 2019	Cho
9.	SPC Grade Appeals Process	Elliott/Fantry

## TUCSON EDUCATIONAL POLICY COMMITTEE

**Meeting Attendance**  
**Wed., Nov. 28, 2018**  
**4:30-6:00pm, Rm 3230**

MEETING ATTENDEES			
Voting Members		Resource Members	
Art Sanders	X	Ah Ra Cho	X
Dawn Coletta	X	Athena Ganchorre	
Elle Campbell (2019)		Carlos Gonzales	
Gloria Guzman		Emily Leyva	
Jim Warneke	X	George Fantry	X
Joe Morales (2022)	X	Jennifer Yelich	
Jordana Smith	X	Jerie Schulz	X
Josh Yell (2021)		Kadian Mcintosh	X
Kathy Smith	X	Karen Spear Ellinwood	X
Larry Moher		Kevin Moynahan	X
Lindsey Lepoidevin (2020)	X	Kris Slaney	X
Maria Czuzak	X	Kristie Bowen	
Patricia Lebensohn	X	Marc Tischler	
Stephen Wright		Nafees Ahmad	
Veronica Arteaga		Raquel Givens	X
Zoe Cohen	X	Rich Amini	
		Sean Elliott	X
		Sonia de Leon	X
		Tanisha Price-Johnson	
		Winifred Blumenkron	
		Travis Garner	X

### Meeting Minutes

#### **Announcements:**

1. Educational Leadership Committee – SPC policies and procedures for grade appeals will be addressed by ELC in 2019, and will then be brought to TEPC. A meeting took place to discuss this issue, and there is not at this time a clear path for grade appeals, especially for failures. Currently, regular grade appeals go to Dr. Elliott, but in the case of failure, the student has appealed to SPC. Dr. Moynahan stated, however, it is not SPC's job to question a clerkship grade. A small committee will be created to look at the policy and create a cleaner structure that is more clear to students, and then bring it to TEPC for discussion and approval. The committee will be made up of Drs. Elliott, Fantry, Moynahan, a student representative, and the SPC chair, as well as others.
2. TCMS – Two proposals came up in TCMS that need to be addressed:
  - a. **Podcasts:** Some members of AMES (Academy of Medical Education Scholars) propose that if Podcasts are eliminated, student attendance at lectures will increase. A task force will look at different methods that can be used to create a better learning environment for students, including using Podcasts from past lectures. Then, more interactive sessions can be created where students look at the Podcasts of that lecture and then go to class

and apply it to cases, panels and other active learning sessions. This is also linked to the second phase of the curriculum change in teaching methodologies. Dr. Fantry indicated that he has met with some students who are doing well and have not Podcast or gone to a single lecture this year; using Note-sets and Zanki, or other methods to study. Some courses have very low attendance numbers, which is especially concerning for those who are doing well on their exams. The issue at question is how these students will do on Step 1, whether they will be able to apply their knowledge as a physician, and will they have developed the necessary teamwork skills needed to be on a medical team. Dr. Moynahan commented that the COM needs to carefully move away from lengthy lectures and develop other innovative ways to teach COM students and engage the faculty.

- b. Summer Remediation:** A vote was taken at TCMS to move forward a proposal to TEPC in January 2019 regarding Summer Remediation. Currently, if a student fails remediation, it is not counted as a second failure as it is not the same course. If a course is failed twice, it can be grounds for student dismissal. The TCMS proposal that is in development is to consider the remediation a full and same course, and if a student fails, it will be counted as their second failure, thereby making them at risk of being dismissed from the program. Much discussion was generated and concerns were voiced. Dr. Moynahan emphasized that there is a need to look at remediation and understand how it is put together, so we have a better understanding of the principles of all of the remediation courses. We also need to have better ways to motivate students to take remediation seriously. This is one of the problems, as students perceive there are no consequences if they fail the remediation. However, in doing so, they might have to retake the whole year, it will be costly to them, and it will appear on their transcript. It was agreed that Dr. Elliott would direct the TCMS group that voted for this proposal, to develop a thorough outline that includes answers to the following questions:

- *Identify the issues.*
- *Investigate how remediation (taking the class, withdrawing, pass, fail) are listed on student transcripts at the COM.*
- *Ascertain if remediation is the same or different course.*
- *Establish the robustness of the current remediation curriculum.*
- *Determine what are best and/or standard practices of managing remediation at other medical schools.*
- *Address how remediation grades (pass and/or fail) are reflected on student transcripts at other medical schools.*
- *Weigh risks and benefits to all stakeholders (i.e. students, faculty, COM, etc...) if failing remediation results in second failure and automatic dismissal.*

3. Introduction of Dr. Ah Ra Cho – Dr. Ah Ra Cho was introduced as the new Director of Program Evaluation and Student Assessment for the Curricular Affairs office.
4. Call to Audience – none
5. TEPC Attendance and Vacancies – Dr. Lebensohn stated there are new members to TEPC who have only attended one meeting. As the chair, she can propose to the committee that if new members cannot commit to attend at least 50% of the meetings in the next semester (per the Bylaws), they will have to resign from the committee. Then the chair can appoint or bring to the group new members who will cover the vacated positions until the next election. Having members not in attendance negatively affects being able to have a quorum in TEPC. She will bring suggested names to the January 2019 meeting for a vote. If any TEPC members have names they would like to put forth, please notify Dr. Lebensohn.

#### Voting Items:

1. **Minutes from November 28, 2018**  
A vote was taken and the minutes were approved.
2. **2019-2020 Academic Calendar Updates**  
Dr. Elliott presented the proposed academic calendar for 2019-2020. There are four changes:
  - First week of orientation is now called “Intro to the Profession.” A non-credit-bearing course, required for graduation. It is necessary to reduce length of first semester.
  - In the third semester in Advanced Topics, there will be four weeks of Advanced Topics, and they will be unable to

insert Kaplan preparation in that time frame.

- The newly created course M816 is called Basic Sciences Capstone and is seven weeks long. It is protected study time for students for USMLE Step 1.
- To not have overlap between second and third years, Intersessions will be a split format over the spring break. ACLS training is a possibility for the first week of the four weeks. Next is a one-week chunk starting off the first part of the third year, second semester clerkships. Then the last two weeks will occur at the end of the clerkships.

Discussion: Due to this split Intersession, there is no break for the students until the Winter.

A vote was taken and the calendar changes were approved.

### 3. Social Justice Enrichment Elective

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

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

Discussion: It was asked if there were any prohibitions, based on us being a state school, of discussing topics such as abortion. There are none, and it is taught in the curriculum. The course will not be political in nature, rather more about policies, laws, and regulations.

A vote was taken and the elective was approved.

### 4. Student Use of Electronic Medical Record Policy

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

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

## Presentation:

### 1. Faculty Instructional Development

Dr. Spear-Ellinwood shared resources with TEPC about what type of instructional development support is available during the overlap, both direct teaching support and material and curricula development support across the Clerkships. Taking advantage of these resources will help ensure comparability across all sites at the College of Medicine. These resources can be developed for all students to use, regardless of where they are physically located. It will first be tied to faculty instructional and development standards at the LCME level, providing professional development opportunities at the faculty level, as well anyone teaching students (residents, fellows, etc.). We will also have to include our FIDC policy, which requires residents to engage in yearly updated training for teaching assessment and feedback.

- Dr. Alice Min will offers periodic sessions on teaching and instructional methods
- Dr. Spear-Ellinwood offers an Instructional Development website - <https://fid.medicine.arizona.edu/> The site provides information on a variety of planning and teaching tools, apps, videos, workshops, tutorials, etc... to assist with teaching and assessment. She offers a multi-touch book on giving feedback, examples, review questions, 3-minute video guides, and more. She will also help Clerkship and Block directors develop their own videos to help with flipping or didactic teaching sessions, as well as provide faculty coaching. Her services are free, as is the University-

provided web tool PlayPosit, which allows instructors to create courses by using created videos that are more engaging and interactive. Videos can be dropped in, questions can be created, and directors are enabled to document. She can also create curriculum Books for different disciplines as a resource.

Meeting ended at 6:00pm.

## Remediation Course Failure Issue

### A. Identify the issues that have led to this recommendation.

Currently, students who are permitted by policy, who choose to enroll in a summer preclinical remediation course and who then fail the comprehensive exam offered at the end of the course have that course administratively withdrawn from University of Arizona records; that is no record of the failure appears on UAccess. The only place the failure is recorded has been on ArizonaMed (now MedLearn). Because this failure is never recorded in UAccess, the failure does not appear on the student's transcript. This action is contrary to what is expected under AAMC Transcript Guidelines. The appropriate excerpted section follows.

#### Transcript Guidelines:

1. Medical schools are encouraged to follow the recommendations of the American Association of Collegiate Registrars and Admissions Officers (AACRAO) as published in its 2016 Academic Record and Transcript Guide. When the medical school is part of a university system, consultation between the medical school and the University Registrar is encouraged to ensure that the medical school transcript is in compliance with university, local, state and federal requirements.
2. The academic transcript should reflect the total, unabridged academic history of the student at the institution. All courses should be recorded on the academic transcript whether attempted and/or completed. The courses should be listed in the academic period(s) in which they were attempted and/or completed. For example:

*A grade of "Unsatisfactory," "Marginal Pass," "Fail" or an equivalent grade should be recorded for a course in which a student has not demonstrated mastery of the course requirements outlined in the course syllabus. Grades of "Unsatisfactory," "Marginal Pass," "Fail," etc., are permanent grades; these grades should not be removed or replaced on the transcript after the course has been remediated or repeated, even if the passing grade is accompanied by a special notation. The practice of removing or replacing grades of "Unsatisfactory," "Marginal Pass," "Fail," etc. on the academic is inconsistent with the representation of an unabridged record.*

### B. Investigate how remediation (taking the class, withdrawing, pass, fail) are listed on student transcripts at the COM.

In UAccess when a student successfully passes a remediation course it appears as a pass during the spring portion of the academic year as seen in the following example extracted for a student who passed the DMH (MED806R) course in spring 2018.

Class	Description	Units	Grade
MED 806R	Digest/Metabol/Hormones Remed (Ind Study)	14.00	P
MED 808	Life Cycle (Lecture)	9.00	P
MED 809	Advanced Topics (Lecture)	8.00	P

In contrast the UAccess record for a student who did not pass the remediation course in spring 2018 appears as follows showing only the failure in MED806 but no record of their having taken MED806R

Class	Description	Units	Grade
MED 805	Cardio,Pulmnr,Renal Syst (Lecture)	11.00	P
MED 806	Digestion, Metabolism, Hormone (Lecture)	9.00	F
MED 810B	Clinical Reasoning II (Seminar)	2.00	P

**C. Ascertain if remediation is the same or different course.**

The remediation comprehensive exam offered at the end of the remediation course tests on the same material that appears on the written exams in the original course. One thing lacking in the remediation course is a gross lab practical because of the logistics in offering such an exam. With regard to team learning quizzes, whether or not they are tested depends on the decision of each block director. In DMH, the TL materials relate directly to lecture materials. Therefore indirectly TL material is tested on the comprehensive exam. It is noteworthy that the remediation comprehensive exam is comparable to the retake exams offered to those students qualified to take them. Passing the retake exam is accepted as sufficient for passing the block. If a student fails the retake, they then have an option of enrolling in the remediation course, if so permitted, or repeating the block in the following academic year.

**D. Establish the robustness of the current remediation curriculum.**

The student taking the remediation course makes use of the same materials (i.e., lecture notes, lecture slides, podcasts and reading materials) as when they enrolled in the original course. Students are expected to meet with available instructors to get assistance with material during the remediation. However such meetings are not required just as attending lecture or labs is not required during the blocks. During the blocks, most students learn the material on their own using podcasts, notes and slides. When those students are struggling, one-on-one assistance is offered but it is the student’s choice whether or not to take advantage of this opportunity. The same is true during the remediation course. In the two examples provided above for DMHR in spring 2018, the student who passed never sought assistance, whereas the student who failed sought some assistance. Significantly more was recommended and offered to the student but sessions were canceled by the student.

**E. Determine what are best and/or standard practices of managing remediation at other medical schools.**

**F. How are remediation grades (pass and/or fail) reflected on student transcripts at other medical schools?**

Following information is *excerpted* information from 11 medical schools pertaining to items E and/or F as well as information related to dismissal after remediation. Listed alphabetically these schools are:

Boston University School of Medicine
Louisiana State University School of Medicine
Texas Tech University School of Medicine
University at Buffalo School of Medicine
University of Alabama-Birmingham School of Medicine
University of Arizona College of Medicine – Phoenix
University of Maryland School of Medicine
University of New Mexico School of Medicine
University of North Carolina School of Medicine
University of Texas, San Antonio School of Medicine
University of Vermont College of Medicine

***Boston University School of Medicine***

“A student will be **subject to dismissal** from BUSM for:

**After re-examination, any Fail grade within one academic year**

Remediation of Course Grades by Reexaminations: A single round of re-examinations will be administered before the start of the second or third curricular years at a time selected and coordinated by the Academic Affairs office and the Course Directors. A student with two or more Fail grades must petition the SEPC for permission to remediate the courses.”

### **Louisiana State University School of Medicine**

“**Academic Dismissal** from the School of Medicine:

3. Students who **fail a reexamination** or a repeated course ... **will be considered for dismissal.**”

### **Texas Tech University School of Medicine**

“Credit (CR) may be assigned [to] ... Students who successfully remediate a grade of fail in a block in Years 1 and 2 or who complete an Independent Study course approved by the Student Promotions and Professional Conduct Committee.

Remediation: Students who fail a single block in Years 1 and 2 may be allowed by the SPPCC to remediate that block in order to progress to the next academic year. The Block Director of the failed block will determine the remediation activities. If a student successfully remediates a grade of FA in Years 1 and 2, the student will be registered for an Independent Study version of the course in the semester following completion of remediation and will be assigned a grade of CR. Failure to successfully remediate a block in Years 1 and 2 according to course standards before the start of the next academic year may result in repetition of the entire year in which the failure occurred.”

*[Comment by Dr. Tischler: Remediation at TT seems to be an activity as opposed to a course and hence a student cannot fail. The only consequence of an unsuccessful remediation at Texas Tech is repeating the course. When a student passes, an independent study course is added in the academic semester]*

### **University at Buffalo School of Medicine**

“Students who fail a single course will be counseled by the Senior Associate Dean of Student and Academic Affairs, or his/her designee, and may be eligible for a remedial experience. A remedial experience is defined as a directed prescription of study that has recognizable structure and periodic assessment of student progress. These are available for every required course but by themselves do not satisfy the requirements of the primary course offering. A **testing instrument (examination) will be used to assess competence following remediation.** This examination will be **equivalent to that used originally in the course.** ... **Failure to obtain a satisfactory grade in a remedial experience will result in a recommendation for dismissal** from the JSMBS. The summers following the first and second years are the designated remediation periods. Courses failed in the first year must be remediated in the first summer and those failed in the second year in the second summer. The student must successfully remediate failed courses before starting the next year.

Students failing three courses during Phase 1 will be recommended for dismissal from the (JSMBS). The total number of course failures will be considered regardless of subsequent successful completion or remediation. In addition, a student failing a course for the second time will be recommended for dismissal (this second failure rule applies to students repeating a year). **Also, failure to obtain a Satisfactory grade in a remedial experience will result in a recommendation for dismissal.**”

### **University of Alabama-Birmingham School of Medicine**

*[Comment by Dr. Tischler: They have a complicated module system. Failing one part of the fall module can be remediated during winter break.]*

Regarding failure of the remediation:

“Modules **remediated by examination appear on the academic record as F/P or F/F as appropriate.** Modules that must be **remediated in their entirety appear on the academic record as two separate courses in the same academic year, with one listed as remediation.**”

Also:

“Students receiving more than one grade of F, I, WF, and/or WP in preclinical coursework **may be required to remediate courses, repeat courses, or recycle in an academic year, or may be dismissed from the School of Medicine.**”

***University of Arizona College of Medicine – Phoenix***

“**Remediation\*\*** of a Failed Course: Students eligible for remediation of a failed course must consult the course syllabus for specific remediation processes (e.g., scope of work, dates of remediation, dates of required assessments, etc.).

**Students failing to complete all mandated remediation activities within the time specified shall receive a grade of fail. This constitutes a second failure of the same course and the student will be dismissed from the College of Medicine - Phoenix.”**

***University of Maryland School of Medicine***

“Fail: Requires repeat of the course or an approved equivalent. **Both the original grade of F and the grade received after remediation will be recorded on the transcript.”**

***University of New Mexico School of Medicine (provided by Dr. David Bear)***

**No Credit/Fail:** Re-test examinations may be taken only in the academic phase in which the student received the grade of “No credit” (NC or FAIL). All NC (FAIL) grades must be converted to a grade of “Credit” (CR or PASS) by means of a re-test before promotion to Phase II. **Each academic unit/course must provide one and only one opportunity for a re-test to students receiving a grade of NC (FAIL).** The format of the re-test is at the discretion of the responsible faculty. However, the re-test must be comparable to the original evaluation. Retest examinations for FAIL grades cannot be taken while another block is in session.

**Remediation of a component of the Phase I curriculum: Any student who, at the end of Phase I-1, is unsuccessful in improving his/her grade by passing the re-test and still records a grade of “NC” (FAIL) or “I” (INCOMPLETE), must petition the Committee on Student Promotion and Evaluation (CSPE) for permission to repeat Phase I-1.** Similarly, any student who, at the end of Phase I-2, is unsuccessful in improving his/her grade by passing the re-test and still records a grade of “NC” (FAIL) or “I” must petition CSPE for permission to repeat Phase I-2. CSPE will review each petition and approve or decline the request. If the request is approved and the student repeats a portion of the curriculum, the student’s grades (“NC”/“CR”) from both attempts will appear on the student’s official transcript.

When a student is repeating the Phase I-1 or Phase I-2 year, a grade of “NC” (FAIL) for any block in the repeated year will result in immediate referral to CSPE for dismissal. No re-test is permitted for a failed block during a repeated Phase I-1 or Phase I-2 year. Students who have successfully repeated Phase I-1 year but then fail one Phase I-2 block and its re-test or fail two Phase I-2 blocks are not eligible to repeat Phase I-2 and will be referred to CSPE for dismissal.

***University of North Carolina School of Medicine***

“The Student Promotions Committee (SPC) will review the student’s record to determine whether the student will remediate a failing grade by retaking the course in Summer Review or in a decelerated curriculum. If a student has failed only one course, achievement has been strong in other courses and there are no other concerning factors to consider, retaking the course in summer review is probably going to be considered an appropriate venue for retaking the course.

**Summer Review is a second formal registration for a given course,** for which the student ... receives credit as reflected on his/her transcript. It is either a **structured or semi-structured guided independent study of the course material.** The summer review Course Director will set dates for formative and final assessments, may assign homework, may hold formal sessions, and will inform students of resources (including faculty) that are available. No more than one Block may be remediated in Summer Review. Those who do not pass summer review will be reviewed by the SPC to determine if they should appear before the SPC, enter a decelerated curriculum, be recommended for a leave of absence **or be reviewed for dismissal.”** The summer review grade does not replace the grade for the original course.”

*[Comment by Dr. Tischler: They also indicate that based on AAMC guidelines the remediation would need to appear in the Dean’s letter. Hence administratively withdrawing the remediation failure is, in my mind, a falsification of the student’s record.]*

*University of Texas, San Antonio School of Medicine*

“Policy on failure of a remediation exam: i. **if a student fails a remediation exam, he/she must repeat the entire academic year.**”

*University of Vermont College of Medicine*

“Remediation is a compact between the course director and the student in which the course director stipulates 1) the requirements the student must fulfill to achieve the course objectives and 2) the student agrees to allow the stipulated requirements to substitute for a full version of the course. If a student fails a course and wishes to remediate it, it is their responsibility to seek a remediation plan from the course director before appearing before the Advancement Committee. The content and requirements for a successful remediation plan is determined solely by the course director consistent with the objectives of the original course. It is the student’s responsibility to abide by the course director’s determination of what is required for successful remediation. If the student does not agree to this plan, remediation is not an option.

Remediation for first year course failures or unsatisfactorily completed course blocks must take place before the end of the summer vacation period between the first and second years. Students failing courses in the second year of Foundations courses must remediate deficiencies prior to entrance into the Clerkship Year. Students may not remediate two courses simultaneously.

**Any student failing to successfully remediate a Foundations course will be dismissed from the Larner College of Medicine for unsatisfactory performance.”**

**G. Weigh risks and benefits to all stakeholders (i.e. Students, faculty, COM, etc...) if failing remediation results in second failure and automatic dismissal.**

To reduce risk to students, I propose we consider only the following as a consequence for failure of the remediation course. It is a different course number (e.g., MED806 versus MED806R), and therefore could constitute a different course albeit a replacement for the original course. What is most important in this regard is that failure of the remediation course should not be expunged from the student’s UA record as that is in some sense ‘falsification’ of the record. The student is not forced to enroll in the remediation to satisfy the block requirement and may instead repeat the course the next academic year. Furthermore if the student enrolls and if prior to taking the remediation exam the student feels unprepared, s/he can be administratively withdrawn at that point with their record showing a W. If the student opts to enroll and to take the comprehensive exam offered, then a failure of that exam should appear as an F on the academic record/transcript and the student should not be administratively withdrawn as is the current process. This appearance of the failure on the student’s official record prevents the COM and the faculty from potentially being in violation of any policy and avoids the appearance of ‘falsification’.

Should the student fail the remediation, s/he then would have a second failure on their record but would not be subject to auto dismissal unless s/he subsequently failed an additional course or a previously failed course a second time. The benefit to the student is the opportunity to retake the course the following academic year. The risk to the student is that they will have twice demonstrated an inability to successfully comprehend the same material and will lose an academic year while awaiting the block to be reoffered. The student will face financial issues, as they likely will be unable to enroll in courses and receive financial aid for one of the two semesters in the following academic year. The risk to both faculty and COM is investing additional faculty and/or staff time for a student who already is at significant risk of being unsuccessful. Consuming this faculty/staff time reduces their availability to help other students. The benefit to faculty is that their teaching record will reflect the offering of the course regardless of the grade outcome. The benefit to COM is by reporting the failure the college will be adhering to AAMC Transcript Guidelines.