

**Tucson Educational Policy Committee**  
**Semi-Annual Report to the Faculty AY 2018-2019 January 2019-June 2019**  
**Chair: Patricia Lebensohn, MD (Family and Community Medicine)**

Activities of the Tucson EPC (TEPC) during the period January – June 2019 are described below, arranged in general categories.

### 1. Membership

The members of the TEPC (January – June 2019) are listed below.

Member name	Department	End of Term
Art Sanders, MD	Emergency Medicine	2019
Bryan Little (secondary)	Medical Student, Class of 2022	2022
Colleen Cagno	Family & Community Medicine	2022
Dawn K. Coletta, PhD	Medicine	2022
Efreim Joseph Morales	Medical Student, Class of 2022	2022
Elle Campbell	Medical Student, Class of 2019	2019
Indu Partha	Medical Imaging	2019
Jim Warneke, MD	Surgery	2019
Jordana Smith, MD	Ophthalmology	2021
Josh Yell	Medical Student, Class of 2021	2021
Kathy Smith, MD	Psychiatry	2020
Lawrence M. Moher, MD	Family & Community Medicine	2022
Lindsey Lepoidevin	Medical Student, Class of 2020	2020
Maddy Banergee (secondary)	Medical Student, Class of 2021	2021
Maria Czuzak, PhD	Cellular & Molecular Medicine	2020
Patricia Lebensohn, MD (Current Chair)	Family & Community Medicine	2021
Stephen Wright, PhD	Physiology	2019
Zoe Cohen, PhD	Physiology	2022

### Resources & Support

Ah Ra Cho, PhD (Director, Program Evaluation)  
 Alex Lopez (Specialist, Quality Assurance)  
 Athena Ganchorre, PhD, (Executive Director of Curriculum and Integrated Learning)  
 Carlos Gonzales, MD, FAAFP (Assistant Dean for Curricular Affairs)  
 Emily Leyva, (Assistant Director, Clinical Curriculum)  
 George Fantry, MD (Associate Dean for Student Affairs and Admissions)  
 JD Thomas, PhD (Manager, Assessment and Evaluation)  
 Jennifer Yelich (Program Coordinator, Sr., Curricular Affairs)  
 Jerie Schulz (Administrative Associate, Curricular Affairs)  
 Kadian McIntosh, PhD (Director, Research and Analytics)  
 Karen Spear Ellinwood, PhD (Director, Faculty Instructional Development)  
 Kevin Moynahan, MD (Deputy Dean for Education)  
 Kris Slaney (Director, Student Records)  
 Kristie Bowen (Director, Student Affairs)  
 Raquel Givens, MEd (Director, LCME Accreditation)  
 Sean Elliott, MD (Interim Associate Dean for Curricular Affairs)  
 Sonia de Leon, MEd (Assistant Director, Pre-Clinical Curriculum)  
 Tanisha Price-Johnson, PhD (Executive Director, Admissions)  
 Winifred Blumenkron (Director, Applications and Project Management)

## Semi-Annual Report of the Tucson Educational Policy Committee (TEPC)

### 2. Curriculum Governance Activities

Date	Topic	Individual	Activity	Discussion
January 16, 2019	Enrichment Elective Proposal <b>(APPROVED BY VOTE)</b>	Ellen Melamed	<p>A new Enrichment Elective was proposed based on student interest in having more humanities in the medical curriculum.</p> <p>Titled <i>Diverse Topics in Medical Humanities</i>, the proposal consists of monthly meetings to discuss various medical humanities topics. It will be offered to first and second year students during the fall semester, and require students to attend four of the five sessions, for a total of 15 hours.</p>	This elective will not interfere with the healing arts. The proposal was also presented and approved by the Elective Subcommittee.
April 3, 2019	Advanced Topics Block (AT) Proposal <b>(APPROVED BY VOTE)</b>	Dr. Sean Elliott	<p>For AY 2019-2020 (Class 2022): The AT Block will be 4 weeks, &amp; the traditional curriculum will be taught for the first 3 weeks, &amp; will include Pathways to Health and Medicine &amp; Year II OSCE. The Kaplan Course week #1 will occupy the 4th week of AT, and the Kaplan Course week #2 will occupy the 1<sup>st</sup> week of the Capstone (Step I Self-study) Block in Jan 2020. That Capstone block is 7 weeks long that year, so the students will still have 6 protected weeks of self-study. Also, Kaplan Course week #3 will be the online streaming week so that students can participate from off-site.</p> <p>For the next academic year (2020-21): The AT Block will be 4 weeks, with material will be distributed throughout other preclerkship blocks, including 70% placed in the Immunity &amp; Infection (I&amp;I) Block, &amp; the remaining content integrated into the Foundations, Digestion, Metabolism &amp; Hormones (DMH) Block, and Cardio, Pulmonary &amp; Renal (CPR) Block. Week #1 will be given to the I&amp;I Block to accommodate for the increased content. Week #2 will be exam week, &amp; will include the I&amp;I exam, Year II OSCE, and practice NBME exam. Weeks #3-4 will be dedicated to the Kaplan Course Review.</p>	<p>Dr. Ganchorre suggested it would be ideal to have the NBME be placed after the Kaplan Prep Course. She, Dr. Cho and Dr. McIntosh will investigate how the Kaplan Course affects NBME exam scores. She also advised having the Year 2 OSCE exam occur before the I&amp;I Block exam, and moving Kaplan up a couple of days. Dr. Fantry warned that having the I&amp;I final exam on Monday would be difficult for the students, and suggested that it be an exam review day. Mrs. de Leon reminded TEPC that time for retake exams need to be included.</p> <p>A vote was taken, and the proposal for the following were approved:</p> <ul style="list-style-type: none"> <li>• Change the timing of the two Classes, for when content will occur, and</li> <li>• Specific distribution of topics to identify that content only being move, not dropped, and there are ideal application reasons for instituting these changes.</li> </ul>
April 17, 2019	Medical Education Distinction Track Capstone Course Proposal <b>(APPROVED BY VOTE)</b>	Dr. Athena Ganchorre	Dr. Ganchorre introduced a syllabus for the proposed Medical Education Distinction Track Capstone Course. This proposal will formally make it a 2 unit, credit-bearing course for students. It will also provide faculty, who are working with the students, teaching credit. Working with their mentors, students will develop a Capstone project and present their work to the first year's class. The mentors and advisory group will provide students feedback and evaluation. The course grading will be a pass or fail.	Dr. McIntosh stated that as with any evaluation and research, it needs to go through the proper IRB channels.

May 1, 2019	Chronic Pain Management Elective (APPROVED BY VOTE)	Dr. Mohab Ibrahim	Dr. Ibrahim presented the syllabus for a proposed new 4th year, 4-week elective called Comprehensive Chronic Pain Management. The elective will expose students to chronic pain management in the department of Anesthesiology, chronic pain division. Students will learn different types of medical and nonmedical managements for musculoskeletal, neuropathic, and cancer pain using both non-opioids options and a large array of interventional procedures to control pain. The course will be 45 hours per week, including Conference (4 hours), Outpatient (22 hours), Procedure room (14 hours), and final presentation prep time (5 hours). Grades of Honors, High Pass, Pass, and Fail will be used. The elective will start with one student, and increase from there if it flows well.	Dr. Moynahan asked if Behavioral Management interventions would be included to which Dr. Ibrahim stated they will work with a psychiatrist for the elective. The elective will be a comprehensive pain management program which will explore all modalities. Most of the teaching will be conducted by the Attendings.
June 5, 2019	Applicant Cycle Secondary Screener and Evaluator Proposal (APPROVED BY VOTE)	Dr. Tanisha Price-Johnson	Dr. Price-Johnson introduced a proposal for a new elective where 3rd and 4th year students will earn one credit for participating in the secondary application screening and interview processes for the COM. Student screeners will be engaged in reviewing applicant personal and disadvantaged statements, demographic information, and experiences and additional questions, as well as taking part in interviews. The timeframe for the process is July thru January.	

### 3. Instruction and Performance Assessment

### 4. Curriculum Maintenance and Evaluation

Date	Topic	Individual	Activity	Discussion
February 20, 2019	DMH Block Change Form (APPROVED BY VOTE)	Dr. Dale Woolridge	Dr. Woolridge presented the DMH Block Change Form, which included lecturer changes due to retirement and replacements, as well as content moving to other areas & new lecture content added. Changes to Student Performance Assessment were made with NBME exams not being given for any block specific courses.	Dr. Woolridge was asked to clarify the location of where all lecture changes were moved to or integrated into other courses.
May 1, 2019	Back to Basic Science Course Name Change (APPROVED BY VOTE)	Dr. David Bear	The current title, "Back to Basic Science", does not capture the intent and outcomes of the course. It is proposed to change the title to "Application of the Basic Sciences to Clinical Medicine."	
May 1, 2019	Foundations Block Change Form (APPROVED BY ELECTRONIC VOTE; no quorum at May 15 mtg)	Dr. Athena Ganchorre	Dr. Ganchorre presented an update on anticipated changes to the Foundations Block, which will introduce basic science principles using 4 major health issues represented among Arizona patient populations. Working hard on application and integration of content & spiraling.	

			<p>Suggested changes include: Curricular redesign shortened the length of block from 8 to 6 weeks.</p> <p>The number of exams to two (Mid-Term and Final). Pathways in Health &amp; Medicine has requested time on Friday from 8am-12pm. Societies/ Doctor &amp; Patient has requested time on Friday from 12pm to 5pm. Friday afternoon has been requested from 1-3pm for 2 1-hour lecture sessions. This scheduled time will reduce the number of afternoons off for student protected time to one afternoon off within Week 1. All other weeks during the Foundations Block, students will have the two afternoons off.</p> <p>Each week will have a clinical case that relates to the focus.</p> <p>The week's foci include:  Week 1 Introduction to Disciplines  Week 2 Cardio Vascular Disease  Week 3 Diabetes  Week 4 Hematology/Oncology  Week 5 Asthma, Virology &amp; Therapeutics  Week 6 Public Health &amp; Biostatistics</p>	
May 15, 2019	CRC Block Change Form (APPROVED BY ELECTRONIC VOTE; no quorum at May 15 mtg)	Dr. Kathy Smith	<p>Dr. Smith presented the CRC Block Change Form. Changes include:</p> <p>10 physician faculty members will be considered the core faculty for the CRC course. Groups will be larger, going from 9 students per group to 12. The amount of cases will increased back to the normal load based on current blocks' schedules.</p> <p>Grade weights to be implemented include:  1<sup>st</sup> Semester – Attendance (75%), Small Group (10%), Homework (10%), Formative Feedback (5%); 2<sup>nd</sup> Semester – Attendance (60%), Small Group (10%), Homework (10%), Formative Feedback (5%), Case-Based Final Exam (15%); 3<sup>rd</sup> Semester - Attendance (60%), Small Group (10%), Homework (10%), Formative Feedback (5%), Case-Based Final Exam (15%)</p> <p>Attendance is required at all sessions. No more than a total of two absences of any kind, including excused and personal passes, are allowed per semester course.</p>	Mrs. Givens requested that the applicable competencies will need to be identified. Dr. Smith said the competencies are already tagged in the Training Manual.

## 5. Policies

Date	Topic	Individual	Activity	Discussion
January 16, 2019	Course Remediation Policy (VOTE TAKEN; NO CHANGES TO POLICY)		The topic of changing the Course Remediation Policy was brought back to TEPC following a previous discussion in November 28, 2018, and request to TCMS for additional information. Current remediation policy states if a student fails a course, they can remediate the course over the summer. If they fail remediation, nothing appears on their transcript because the course was already failed and remediation is not a separate course. If they pass remediation, it appears on their transcript as a failure of the course and a pass in remediation.	Concerns for this topic focused on 1) if the course is or is not two separate courses, 2) how the pass or failure of remediation is listed on a student's transcript, and 3) if remediation is extra work for the block director, should they get compensated.  A vote was taken and TEPC agreed not to support any changes to the Course Remediation Policy, and views that remediation is just remediation of a course; not a course in itself.
February 6, 2019	Removing "Automatic" from All Automatic Dismissal Language in Policies (APPROVED BY VOTE)	Dr. Patricia Lebensohn	Dr. Lebensohn brought a proposal to TEPC to remove the word "automatic" from the language found throughout all policies when referencing "Dismissal." This topic has been discussed in the leadership meeting, as well as with the legal counsel. It has been recommended to change the language to be more consistent with the current practice, easier to follow, and kinder to the students.	Mrs. de Leon stated that legal counsel advised that the change be made effective immediately, and the preferred wording say "eligible for dismissal." Dr. Fantry suggested using the phrase "subject to dismissal," instead.
March 20, 2019	EPC Policy Revisions Taskforce – Medical Leave Policy / 6 year update (APPROVED BY VOTE)	Dr. Patricia Lebensohn	Dr. Lebensohn provided a recap on the proposed policy change to exclude medical leave from the six-year timeframe requirement for graduating. Following discussion at the TEPC Policy Revisions Taskforce meeting, Dr. Cho presented an overview of: 1) The format of all policy reviews and changes is in the process of being standardized to be clearer. A template of a Flow Chart that was developed showed how policy revisions will get submitted to TEPC, then sent to the Taskforce for review and revisions, before being sent back to TEPC for final review and voting. 2) For the 6 year timeframe requirement, Dr. Cho stated it is part of the overall Medical Leave of Absence Policy and requires changes in wording in other areas, as well. The terminology change up for approval by TEPC reads: "exclusive of medical leaves of absence and inclusive of other leaves of absence"	Dr. Lebensohn stated the wording needed to be corrected to say "all" students, the effective date needs to be added, & the number of months clarified, to which Dr. Moher concurred. Dr. Cho said the policy still needs work by the Taskforce, and/or a new policy may need to be written to clarify. Dr. Spear-Ellinwood added that it is crucial to carefully review all the language in the policy to make sure changing one part does not affect other areas. Dr. Fantry spoke of the negative impact this policy would have on Student Affairs, as currently students on medical leave do not follow-up with Student Affairs, have no communication with them, or discussion about future plans. The change in policy will not only continue this problem, but will increase it as more students use the policy. Dr. Lebensohn expressed that she did not feel this policy affected Student Affairs, & suggested that a new separate policy, on guidelines/ requirements students must adhere to while using medical leaves of absence, needs to be created. Dr. Ganchorre asked for evidence of how many students this policy actually

				<p>affects, &amp; voiced her concerns there are already too many policies, &amp; the ones we have are too restrictive. Dr. Spear-Ellinwood recommended involving The U of Arizona Campus Health to provide direction so that we are in compliance with both University policy and ADA law. Dr. Smith stated types of leave need to be addressed &amp; defined. Dr. Moynahan stressed that COM-T will not dismiss a student with legitimate medical leaves of absence.</p> <p>It was agreed at this time, a vote of just the language change would be taken. The issues of when the policy will go in to effect &amp; the development of a separate policy for Student Affairs will require immediate review &amp; discussion at this meeting, When the policy takes place and the development of a separate policy for Student Affairs will require immediate future review and discussion by the TEPC Policy Revisions Taskforce.</p>
April 3	Approval Flow/Process for TEPC Policy Revisions <b>(APPROVED BY VOTE)</b>	Dr. Ah Ra Cho	<p>Dr. Cho introduced a new approval flow process for future TEPC policy revisions that requires approval by TEPC. The flow process, which will streamline policy revisions, consist of the following steps:</p> <p>New Request for Policy Revision – An individual submits a request for policy revision, and the Chair of the TEPC Policy Review Subcommittee is notified of the request.</p> <ul style="list-style-type: none"> <li>•TEPC-Initial Discussion – Individual presents their proposal at a TEPC meeting, where members discuss the proposed changes, and approve or deny the request. If approved, charge is given to the Policy Task Force for further follow-up.</li> <li>•TEPC Policy Task Force – The Chair gathers the current policy and the proposed changes, and sends them out to the members who will review, edit and prepare a revised policy, before forwarding it to General Counsel.</li> <li>•General Counsel Review – General Counsel is part of the Subcommittee, and will review the final revised policy before approving to move forward to TEPC or send back to the TEPC Policy Taskforce for further revisions.</li> <li>•TEPC – Final Discussion and Vote – The approved policy revision will be added to a future TEPC meeting agenda. The TEPC Policy Task Force Chair will present the revisions, and TEPC members will vote to</li> </ul>	

			<p>approve, deny, or request further edits. If additional edits are needed, it will go back to the TEPC Policy Task Force for revision. However, if the revised policy is voted and approved, it will be dated with the date of the TEPC meeting when it was approved, and uploaded to the UACOM-T website.</p> <p>Currently, the TEPC workgroup who developed this Flow/Process is a Taskforce. A proposal will be forthcoming to make the Taskforce an official Subcommittee of TEPC.</p>	
April 17, 2019	Transition to Residency Curriculum & Enrollment <b>(APPROVED BY VOTE)</b>	Dr. Sean Elliott	<p>Dr. Elliott stated this proposal looks at the required coursework for graduation as COM-T continues to rebuild and look at the Transition to Residency curriculum. This new 15 ½ month curriculum (currently 12 months) addresses the need to give 4th year students more time to prepare for residency application. As part of this, there are additional required courses (surgical subspecialties, Emergency Medicine Critical Care rotation, and others). With the change, additional units will need to be filled. The proposal will address what constitutes appropriate required rotations and what can be considered electives. There are 28 additional non-required course units students must take, but no more than 12 of those units can be non-clinical experiences. The proposal has already been vetted through the TEPC Policy Task Force.</p>	<p>Dr. Cho cited that the Transition to Residency policy is confusing, as in one place it states Transition to Residency consists of 44 required units, but in another place it states 45, which is the old curriculum. The policy will need to be updated to reflect which policy applies to which student class.</p>
April 17, 2019	Absence Policy Revision <b>(APPROVED BY VOTE)</b>	Mrs. Emily Leyva	<p>Mrs. Leyva brought back to TEPC revisions to the Absence Policy that will add consequences to students who do not show for a regularly-scheduled NBME Shelf Exam. The proposed verbiage will read:</p> <ul style="list-style-type: none"> <li>• If a student does not appear for a regularly scheduled NBME Shelf exam, the absence may be counted as unexcused.</li> <li>• All clerkship experiences are mandatory including NBME Shelf Exams</li> </ul> <p>Under Tracking Absences for maximum number of any absences for clerkships off various lengths and Tracking Absences for electives of various length (including 4th year required courses), the proposed revision also includes:</p> <ul style="list-style-type: none"> <li>• 5 days for a 1-week course</li> <li>• 1 day for a 2-week course</li> </ul>	<p>Dr. Fantry stated that it needs to be clear that if a student misses an exam and it is unexcused, they will be unable to sit for the exam, will not be allowed a re-take, and will receive a “0%” as their exam grade. The consequences need to be defined and communicated to the students. Many TEPC attendees want the consequences listed in the policy. It was agreed that Mrs. Leyva will make these changes.</p> <p>A vote was taken, and approved with the addition of adding “leading to the failure of the clerkship.”</p>



			<ul style="list-style-type: none"> <li>• 1.5 days for a 3-week rotation</li> <li>• 2 days for a 4-week rotation</li> <li>• 3 days for a 6-week rotation</li> <li>• 4 days for a 8-week rotation (to support the Surgery rotation, which is 8 weeks)</li> <li>• 6 days for a 12-week rotation</li> </ul>	
May 1, 2019	Grading and Progression Policy: Medical Leave of Absence <b>(APPROVED BY VOTE)</b>		The wording of “Automatic dismissal” was removed from the policy. The language of first and second year, was changed to Pre-clerkship and Clerkship. A discussion still needs to take place regarding the process of student re-entry following their medical leave of absence towards their degree from the College of Medicine. New policy also states Medical Leave of Absence will not count toward the 6 year limit.	

## 6. Other

Date	Topic	Individual	Activity	Discussion
January 16, 2019	Alternate Student Members <b>(APPROVED BY VOTE)</b>		To ensure student representation, it was proposed to elect a student alternative for each class. All eight students would be permitted to attend meetings, but only one rep from each class may vote. The Bylaws do not need to be changed.	
April 17, 2019	2020/2021 Academic Calendar Changes <b>(APPROVED BY VOTE)</b>	Dr. Sean Elliott	Dr. Elliott presented the changes proposed to the AT Block, with I&I getting two additional weeks for the Kaplan Review Course. These changes will not overlap with the Clinical Curriculum.	