TUCSON EDUCATIONAL POLICY COMMITTEE (TEPC)
MINUTES

July 7, 2010

Present: Diana Darnell (Acting Chair), Mindy Fain, Kristi Grall, Ron Heimark, Randy Horwitz, Carol Howe, Ted Price, Cindy Rankin

Apologized: Paul St. John (Chair), Sean Elliott, Bill Grana, Anna Landau, Adam Luber, Sydney Rice, Wyatt Unger

Resources: Jack Dexter, Raquel Givens, Lee Jones, Nancy Koff, Amy Waer

Guests: Nafees Ahmad, Ron Pust

Minutes: The minutes of May 5, 2010 were approved.

Announcements:

Grading Policy Passed
The TEPC members voted online to pass the latest changes to the grading policy for the Tucson campus. The change removed the retake eligibility formula for students who fail a final exam. With this change, all students who fail a final exam are eligible to sit for a retake exam.

Change in OMSE Leadership
Dr. Nancy Koff announced that as of July 1, she has stepped down as the Senior Associate Dean for Medical Student Education. She will remain with the College of Medicine half-time to support OMSE. Dr. Koff has accepted a part-time position as Field Secretary for the Liaison Committee for Medical Education (LCME) and will be overseeing accreditation reviews of medical schools across the US and Canada. She is one of two field secretaries employed by the LCME.

Dr. Amy Waer has been appointed Interim Assistant Dean for Medical Student Education. She announced that this new position has required her to step down as a Society Mentor, but she will remain the Block Director for Advanced Topics for the present. Dr. Waer will also maintain her practice within the Department of Surgery.

White Coat Ceremony
Dr. Jones announced that the White Coat Ceremony for the incoming class is August 6, 5-7 PM at Centennial Hall. He urged committee members to attend, and also to urge their colleagues to attend. Faculty response has been very light this year, and he hopes to increase participation by the date of the ceremony.

Voting Items:
Global Health Distinction Track
Drs. Pust and Koff presented the proposal for a Global Health Distinction Track (GHD). Currently, the College offers two other distinction tracks (Research Distinction, and Community Service Distinction). A distinction track acknowledges the extra effort, commitment and leadership students devote to particular areas of professional development. Each of the distinction tracks reflects a very different focus:
The Research Track acknowledges students who engage personal interests in research beyond that already available in the curriculum, and may involve completing a research project, authoring and presenting papers. The Research Track does not have a set curriculum, but rather designates courses and electives as qualifying for credit toward the distinction.

The Community Service Distinction Track involves students in activities of leadership in the CUP program and community health projects. Participation in second-year CUP results in credit toward the distinction award.

The proposed GHD is different from the other tracks because its award is based on student completion of a specific series of summer externships and electives in addition to participation and leadership in Global Health activities. Foundation for the GHD extends to some twenty years of College of Medicine coursework on international health subjects, proving its fit into the educational program and schedule. Opportunities for students to serve out of the country are offered during summer breaks, and there are grants available to fund students for these experiences.

The GHD track is seen as an enhancement to the College of Medicine curriculum. Dr. Pust reported there is evidence that medical schools offering equivalent programs attract higher caliber students, who are typically those enrolling in these experiences. The track is considered to be of high academic rigor, and students who have traditionally been involved in these activities in the past have demonstrated superior academic performance in general.

The committee members discussed the number of credits proposed for the capstone paper culminating the track. The paper requires students to synthesize their experiences in a publishable, fully referenced style. The topic must be approved by the GHD director, and students orally defend their work prior to graduation. It was agreed that the four credits proposed were appropriate to the level and amount of work expected. Between 24 and 28 elective units are required for the track. Following this discussion the motion was made to approve the Global Health Distinction Track, and was carried unanimously. The approved description of the GHD is attached hereto.

Following the vote, Dr. Koff urged TEPC to place the review of electives policies on a future agenda. There are many inconsistencies in the offering of electives, for example how many times a student can repeat an elective.

Nervous System Annual Block Report
The committee members reviewed the final report for the Nervous System Annual Block Review. A motion was made to accept the report and was approved. The final report will be sent to Dr. Nolte, the block director. In a brief discussion of the annual review process, it was suggested that a way to document members’ contributions would help keep the process moving. The “Dropbox” method, whereby members can each contribute to the same document, seemed to work well except that it was difficult to know when the comments were ready for consolidation and drafted into a final form. Members were urged to take part in the process, and to identify their contributions. Dr. Darnell suggested a roll could also be placed in the Dropbox where members could note their participation for each review.

Immunity and Infection (I & I) Annual Block Report – Director’s Feedback
Dr. Nafees Ahmad was welcomed to the meeting to discuss his perceptions of the recent Immunity and Infection Annual Block Review process. Dr. Ahmad stated that receiving the
report at this time was a bit late, and that much of the block has already been prepared for the next cycle. Dr. Ahmad stated that for the I & I block, receiving the report by March would have been better for incorporating changes.

Dr. Ahmad noted that some of the observations noted by the Evaluation Subcommittee might have been improved by discussion with the block director. He mentioned that he felt some of the most valuable feedback he had received was delivered by the student advisory group, which provides its own report following the delivery of each block. Many of the recommendations in the TEPC report were already underway prior to receiving the report.

Dr. Ahmad was asked if the review process was effective, and if the recommendations were supportive. He recognized that this was a pilot test for the evaluation plan, but thought that had the subcommittees sought a bit more clarification, perhaps through email, that the report would better reflect the block’s current status. Dr. Darnell explained that the intended design for the review was to have groups both internal and external to the block directors to review it.

Dr. Darnell noted that part of the problem is not having frameworks by which to identify the data needed (and which will be required of us by a future LCME review). She noted that the lack of information can be seen as a positive outcome, because it shows us where we need to improve our data. Where evaluation frameworks are known, but information is insufficient, then a note to the block director should help. For this first round of evaluations, the reviews will be more extensive than subsequent reviews, which will then deal mostly with changes to the blocks, whether in response to recommendations or by decision by the director and block faculty. It is planned that in the future, blocks will not need extensive reviews each year.

Dr. Ahmad noted that all the block cases have been submitted to the Case Review Team and that the block faculty are reviewing the objectives for all sessions. In the process, the exams are being improved to meet those objectives and increase the number of higher-order items. He noted that students reported that they would still appreciate receiving some sort of summary of learning objectives. He recognized the blocks latter position in the Years I and II curriculum, but thought that there should be a way to provide them some sort of summary without diminishing the intent of the developmental curriculum.

In closing, Dr. Darnell reminded the members that the pace of these reviews needs to be increased. She urged them to contribute to the process in a timely manner.

Minutes submitted by Jack Dexter, Ph.D.
Office of Medical Education
Global Health Distinction Track  
Approved by the Tucson Educational Policy Committee  
July 7, 2010  
Proposal submitted by Ronald E. Pust, M.D.

We propose a new distinction track in Global Health. Based on our interdisciplinary curricular development with the Office of Medical Student Education, this longitudinal distinction sequence will mobilize several existing College resources.

In North American medical schools, Global [or International] Health curricula expose students to high-quality, evidence-based, interdisciplinary clinical and public health care under the resource constraints typically found in developing nations. Students have opportunities to apply their medical knowledge to health care situations around the world and to learn from colleagues and experts abroad in the fields of tropical medicine, nutrition and public health. These equal partnerships are aimed at promoting health equity here and abroad through the shared development of best practices. Students involved in this curriculum return better prepared to provide care to patients and communities in Arizona and the Southwest border region, elsewhere in the US, or internationally. [see references in Appendix, including reference 42]

Rationale:

Several reasons for the formalization of this elective sequence are salient here:
1. Global Health expertise and educational experiences are increasingly vital for physicians in the 21st century;
2. University of Arizona has interdisciplinary faculty expertise proven over years of educational programs in Global Health [see faculty list in Appendix B]
3. Medical student interest and leadership in Global Health is high at the University of Arizona—and throughout the USA; this distinction track will promote the recruitment of superior students with a commitment to scholarship and service in Arizona and beyond.

Longitudinal Format:

To earn the Global Health Distinction designation at graduation, medical students would complete 5 Educational Elements [each is detailed in Appendix A]

1. Preclinical Years I & II: Global Health Externship INDR 891C [2-4 weeks. 2 credits on transcript only; no graduation credit]
2. **Participation in activities and/or leadership of the Global Health Forum** [over 4 years, mainly Year II; required, but no specific credit awarded]

3. Year III [April] or Year IV: **Global Health: Clinical & Community Care** [FCM 896a] [INDR 896a]. [3 weeks. 4 credits]
   This is the CoM clinical core-content course in global health. In addition to Appendix A, further details are in the College of Medicine elective catalog and at www.globalhealth.arizona.edu

4. Year IV: **Senior Global Health Clinical Preceptorship** [FCM 891Fi] [INDR 891Fi]. Duration/Credits: 6 weeks/6 credits. Additional details are also at http://electives.medicine.arizona.edu

5. Year IV **Capstone Global Health Project Paper** [4 credits]

**Curricular Context of this longitudinal elective track at College of Medicine:**

This distinction track will integrate our long-established College of Medicine [CoM] elective curricular strengths in Global Health with several newer elements into this longitudinal sequence leading to selected CoM students being designated at graduation as having achieved “Distinction in Global Health.” In this regard, the designation will parallel the CoM Research Distinction Track. In withholding final/graduation elective credit for its Preclinical elements [Externship and Global Health Forum], it will parallel the policy of the Community Service [CUP] track.

Because the majority of “track” credits are to be awarded for existing Year III and IV CoM electives, which have been taken by 6-10 CoM students each year since 1982, there is a proven record of “fit” into the Clinical Electives schedule of students. This will continue despite the recent requirements in Year IV of ArizonaMed, since these requirements are balanced in part by the new Year III elective 4 week period—and the fact that only ~ 33 weeks of the ~ 45 weeks in the students Year IV calendar must earn credit. The Capstone Global Health Project Paper, completed for credits in Year IV, will be based in part on the Global Health track student’s field experience in the 4 prior elements of the track, as described above. Thus the student has considerable discretionary time in Year IV, some of which can be used to earn additional elective credit [in addition to residency interviews, vacation, etc]

**APPENDIX A: Global Health Distinction Program Elements**
All 5 elements must be completed to earn Global Health Distinction designation.

**Element 1:**
**INDR 891C– Global Health Externship**  
[2-4 weeks; prior to Year III]  
**Objectives/Goals:** This clinical and community health externship, preceded by an 8 hour orientation course at the CoM, is a faculty-mentored experience. Emphasis is on identifying local health needs, culturally appropriate approaches, clinical observation, and linkages with community and government resources.

**Element 2:**  
**Participation in activities and/or leadership of the Global Health Forum**  
[Over student’s 4 years, mainly Year II; required but no specific credit awarded]  
**Objectives/Goals:** Leadership and program/content continuity in this CoM student organization. Completion of duties as an elected Year II GHF leader and/or attendance at 6 or more noon seminars on Global Health in Years I & II.

**Element 3:**  
**INDR 896a / FCM 896a: Global Health: Clinical & Community Care**  
[3 weeks. 4 credits]  
**Objectives/Goals:** As the name *Clinical and Community Care* implies, this course integrates the community public health aspects of global health with the clinical practice challenges of developing nations or resource-poor health care settings in USA. The experienced clinicians who teach emphasize the “pearls” and rationale of careful physical examination. We stress partnership with local health professionals. Each topic/session in the extensive syllabus is updated each year by the faculty.

This full-time, three-week interactive class is held in April of Year III or July of Year IV to enable the senior medical student to prepare for and complete the Global Health Preceptorship at any time during Year IV. Because of the intensive 75 class hours, this course carries 4 credits, as determined ~6 years ago by CoM.

**Element 4:**  
**INDR 891Fi / FCM 891Fi - Global Health Clinical Preceptorship**  
[6 weeks. 6 credits]  
**Objectives/Goals:** This senior preceptorship ensures Year IV medical student participation in supervised *clinical* and public health care in CoM-monitored settings. Our preferred sites for physician [and medical student] service and learning, as recommended by the World Health Organization, are district-level hospitals, especially those supervising community health programs.

**Element 5:**  
**Capstone Global Health Project evidence-based synthesis paper**  
[4 credits, to be completed in Year IV]  
**Objectives/Goals:** To ensure rigorous analysis of one clinical disease problem in global health practice, each Distinction student will complete a paper, fully
referenced in publishable style, typically in “meta-analysis” format. The topic, preferably drawn from that student’s field experiences in this track, will be approved by the Distinction program director by Dec 1 of Year IV. The paper will be the subject of an oral examination prior to graduation.

**APPENDIX B: Faculty**

Listed in alphabetical order by last name

Following faculty name are: title, department, global health content expertise and countries of significant field experience.

**Rod Adam, MD**
*Professor of Medicine, Section of Infectious Diseases, Dept of Internal Medicine*
*Parasitic and other “tropical” infections*
*Kenya, Liberia*

**Tom Ball, MD, MPH**
*Associate Professor of Clinical Pediatrics*
*Malnutrition and Childhood Diseases*
*Malawi, Mexico*

**Oscar Beita, MD, MPH**
*Assistant Medical Director, Outreach and Multi-Cultural Affairs, College of Med*
*Cross-cultural competence, bilateral educational programs, medical Spanish*
*Costa Rica, Arizona-Mexico Border*

**Douglas Campos-Outcalt, MD, MPA**
*Clinical Assoc. Professor, FCM, Associate Chair DFCM for Phoenix, Public Health*
*Public health administration for primary care in developing nations*
*Papua New Guinea, Guatemala*

**Tracy Carroll, PT, MPH**
*Clinical Lecturer, Family Community Medicine*
*Physical Therapy, Chronic Disease & Disability, Community Health Education*
*El Salvador, Mexico [Sonora]*

**Lynn Coppola, MD, MPH**
*Assistant Professor of Obstetrics & Gynecology*
*Perinatology, Safe Motherhood [WHO]*
*Nigeria, Ghana, China, Kazakhstan, Kenya, India*

**Burris (“Duke”) Duncan, MD**
*Professor Emeritus, Pediatrics; Professor, Public Health*
*Past Chair, International Health Committee of American Academy of Pediatrics*
*Clinical and Community Child Health and Nutrition*
*Brazil, Honduras, Philippines, Swaziland, China*

**Kacey Ernst, PhD, MPH**
*Assistant Professor, Epidemiology*
Malaria research and other vector-borne diseases
Kenya

Mindy Fain, MD
Co-Director, Arizona Center on Aging
Professor of Medicine
Chief, Section of Geriatrics and Gerontology
Department of Medicine

Carol Galper, Ed.D., CHES
Clinical Assistant Professor, FCM; Coordinator CUP/RHP Programs
Health Education, HIV Prevention

Randa Kutob, MD, MPH
Assistant Professor of FCM
Parasitology, Cultural Competence in Chronic Disease Care
India

Lawrence Moher, MD
Professor of Clinical FCM
Clinical and Career Problem Solving
Saipan, Micronesia and Hopi Reservation

M. Jane Mohler, RN, MPH, PhD
Co-Director, Arizona Geriatric Education Center
Associate Director, Reynolds Program in Applied Geriatrics
Assistant Research Professor
College of Medicine

Myra Muramoto, MD, MPH
Professor of FCM
Smoking Cessation [Global and USA]
Community Health/Nutrition Surveys
Lesotho, India, Indonesia

Wayne Peate, MD, MPH
Associate Professor of Public Health and of Clinical FCM
Environmental/Occupational Health
Somalia

Ronald Pust, MD
Global Health Curriculum Director
Professor, Family & Community Med; Professor of Public Health
Clinical & community care in developing nations, Mycobacterial diseases
Nigeria [CDC], Papua New Guinea [Lutheran Church], Kenya [Moi University]
[short term, other nations: Panama, Mexico, Honduras, Eritrea, Belize, Haiti]

Douglas Taren, PhD
Associate Professor, College of Public Health and Chair, Graduate Education
Nutrition programs in developing nations
Panama, Costa Rica, Nicaragua, Mexico, Venezuela, Honduras, China,
Kenya, Zambia, Nepal

VISITING FACULTY
APPENDIX C: Global Health in North American Medical Schools and at University of Arizona College of Medicine, including selected pertinent Literature References

Prior to the early 1970’s [when the U. of Arizona College of Medicine was founded], “tropical medicine” largely served the needs of merchants, missionaries, and military forces in the colonial era. With US and global movements toward equity in health care for the underserved, the focus and content broadened to embrace “global health.” As a result, in the 1970s the AAMC launched a pilot curriculum, “Perspectives in International Health,” with the U of Az as one pilot school. Based in public health and “community medicine,” it took little root in LCME schools, despite enthusiasm of a small number of faculty and students.

In 1982, building on the support of Year IV students in the new Commitment to Underserved People [CUP] Program here, a new senior elective program was launched. It focused on both “Clinical and Community Care” [FCM 896a and 891Fi]; thus were born these two early elements of this 2010 Global Health Distinction track proposal. From 1982-2009 the FCM 896a “July course” has “graduated” 590 students, the majority from other LCME schools and residencies.
In 1991, capturing a burgeoning US medical faculty and student commitment, we hosted the founding meeting of the Global Health Education Consortium in Tucson, now the largest US group focused exclusively on education for global health. URL: www.globalhealtheducation.org Since then, global health has become more visible at nearly all LCME schools, gaining formal approval of elective pathways or tracks of varying rigor at scores of these schools, including, among many other examples of excellence, the University of Washington and Baylor University.

The leadership of our CoM student Global Health Forum, founded in 2003, catalyzed faculty action toward this University of Arizona proposal. In 2009, this impetus was heightened by the Nehal Shah memorial fund, a tribute to the visionary, if tragic, leader of the 2007 Global Health Forum, who championed a Baylor-like track. In April and May 2010, twelve students in the Class of 2013 completed the orientation phase of their Global Health Externship [INDR 891c], envisioned in this proposal as the first element of a Global Health Distinction track.

References

22. WHO. Pocket Book of Hospital Care for Children. WHO; 2005.
29. JAMA. Physician service opportunities abroad. URL: http://jama.ama-assn.org/cgi/reprint/288/5/559
39. Margolis P, Gadomski A. Does this infant have pneumonia? JAMA 1998;279:308-313 (This article, in JAMA’s ongoing “Rational Clinical Examination” series, documents how best to diagnose childhood pneumonia anywhere in the world. Most research cited in this meta-analysis originated in “less-developed” nations, perhaps showing that sometimes “less is more”)