TUCSON EDUCATIONAL POLICY COMMITTEE (TEPC)  
MINUTES  
July 21, 2010

Present:  Paul St. John (Chair), Kristi Grall, Ron Heimark, Carol Howe, Ted Price, Sydney Rice

Apologized:  Diana Darnell, Sean Elliott, Mindy Fain, Bill Grana, Randy Horwitz, Anna Landau,  
Adam Luber, Cindy Rankin, Wyatt Unger

Resources:  Nicole Capdarest, Jack Dexter, Raquel Givens, Nancy Koff, Gail Koshland, Kevin  
Moynahan, Jack Nolte, Amy Waer

Minutes:  The minutes of July 7, 2010 were approved.

Announcements:

New Members  
Dr. St. John welcomed committee members to the second meeting of the new academic year and announced the following updates to membership:

Diana Darnell has been elected to a full term, to terminate in 2015;  
William Grana has been elected to a full term, to terminate in 2015.

Dates of EPC/TEPC Meetings for AY 2010-2011  
The dates for EPC and TEPC meetings for AY 2010-2011 were announced (see attached “EPC and T-EPC Meeting Schedule”).

Vice Chair Position  
Dr. St. John stated that the Vice Chair position for T-EPC has been vacant for the last year. This position is a one-year position that does not automatically promote to Chair. For this year, one member, Diana Darnell, has indicated that she would be willing to serve in this position. A call for additional nominations will be emailed to members in the next few days. If there are further nominations, an election for the position will be held, otherwise Dr. Darnell will be appointed to the position.

Goals for 2010-2011  
Dr. St. John outlined some goals and issues that he would like to see the committee address in the upcoming academic year. These include:

- Clinical Curriculum: Administrative leadership at the Phoenix and Tucson campuses have agreed to work toward planning for two full four-year tracks at each campus, meaning that both Tucson and Phoenix will be able to develop and implement separate third and fourth year clinical curricula. The anticipated implementation date for this change will be AY 2011-2012. As a consequence, the Clinical Curriculum Subcommittee (CCS), which is now a bi-campus committee of the EPC, would split into a Phoenix-CCS and a Tucson-CCS, each reporting to the PEPC or the TEPC, as appropriate. Such a change would therefore bring more focus on the clinical curriculum to the TEPC.
• Active Membership: It is anticipated that this will be another active year for TEPC. Active participation will be needed from all members in order to ensure that committee work is completed in a timely manner.

• System for Annual Review of Blocks: This process, which has recently been implemented, will continue and will also likely require further refinement (e.g., feedback will need to happen faster and earlier so that Block Directors receive feedback early enough to address any needed changes in the next iteration of the block). Feedback from Block Directors will continue to be solicited in order to help refine the process. Additionally, work will expand to reviews of the clerkships.

• Developmental Curriculum: A high priority for the committee will be working on goals and strategies for implementation and operationalization of the developmental curriculum. Outlines for work in this area have already been initiated by the Office of Medical Student Education and the Office of Student Development.

• Integration: The committee has noted a need for improved integration among blocks. This issue will need to continually be communicated to Block Directors and strategies for improvement of integration will need to continue to be developed.

• Exams: Strategies for improvement of exam questions in the blocks will need to be addressed.

• Threads: Strategies for improved integration of Thread Content and development of a Thread Curriculum are currently being developed and will be brought to the committee.

• Measuring Outcomes: Dr. Koshland is working on developing reports showing outcome measures and the differing relationships between and among various outcome measures (e.g., MCAT scores, MK scores, Step 1 scores, etc.). Dr. Koshland will continue to update the committee as work in this area progresses.

Dr. St. John encouraged committee members to send him any other goals or issues that they would like to see TEPC address in the upcoming year.

Discussion Items:

Curriculum Town Hall
The committee discussed the idea of hosting a Town Hall meeting to discuss the curriculum. It was generally agreed that such a meeting should be developed in conjunction with the Dean’s office and the Office of Medical Student Education and that a general format and list of potential issues for discussion should also be developed. Dr. Heimark agreed to begin work in this area and Drs. Koff, Moynahan, Waer, Price, Rice and Grall agreed join him in a workgroup to plan the Town Hall. Members were encouraged to send Dr. Heimark ideas for potential Town Hall discussion topics.

Nervous System Final Block Report – Feedback from Block Director
Dr. St. John stated that, as the block review process is still quite new, TEPC is continuing to seek feedback from Block Directors on how the new review process could potentially be refined from their points of view. Dr. Nolte, as Block Director for the Nervous System block, has received the final report from TEPC (see attachment), which was approved by TEPC at its July 7, 2010 meeting, and was invited to discuss his feedback on the block review process.

Dr. Nolte stated that in general the report was well done, but had the following comments concerning some aspects of the report:
• Dr. Nolte stated that some aspects of the report were confusing to him in that the evaluation criteria used were mostly unknown to him. The committee generally agreed that criteria should be better defined and clarified. Additionally, it was thought that specific criteria for content integration and coordination would be helpful to Block Directors and to help guide the evaluation process.

• Dr. Nolte also stated that he had some misgivings about the usefulness of the Case Review Team’s review of cases because, again, he did not know the criteria that the Case Review Team used to evaluate the cases. Dr. St. John stated that, as Block Director of the MSS block, he did find the Case Review Team’s comments useful, but perhaps the case reviews could be even more useful to Block Directors if they were informed of the Case Review Team’s guidelines for review of cases.

• Dr. Nolte agreed with a comment made at a prior meeting by Dr. Ahmad (Block Director of the Immunity and Infection block, which has also just gone through the new block review process) that it would have been helpful if the Tucson Evaluation Subcommittee (TEVS) would have communicated more with the Block Director while conducting its review of the block. He noted, for example, that the TEPC report stated that “all cases should be reviewed by the Case Review Team and by block faculty for suggestions . . . .” Dr. Nolte, however, thought that this could have been phrased more accurately, as cases in the Nervous System block are already reviewed by block faculty.

• Dr. Nolte’s comment to TEPC in the report that “[t]he use of peer evaluation in TLs should be reconsidered if they are to become more meaningful assessments of student performance” was also briefly discussed. It was noted that an update on the peer evaluation system at a future date might be helpful to the committee in order to better consider this issue.

The meeting was adjourned at 5:55 PM.

Next meeting: August 4, 2010 (TEPC).

Minutes submitted by Nicole Capdarest,
Office of Medical Education
EPC and T-EPC Meeting Schedule
AY 2010-2011

All meetings are from 4:30 – 6:00 PM in COM 3230.

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Introduction

The Tucson Curriculum Management Subcommittee (TCMS) and the Tucson Evaluation Subcommittee (TEVS) each reviewed the Nervous System (NS) Block of 2009. The two subcommittees based their reviews on different guidelines and sets of questions, which addressed overlapping but somewhat different aspects of the block. The guidelines the subcommittees used and the reports they produced represent a "pilot" trial of the general plan for an evaluation process that TEPC approved on Feb. 3, 2010.

The report from the TCMS and the report from the TEVS comment on the overall quality of the NS Block in 2009 based on documents that were available for them to review. They identify several strengths and points on which to commend the Block Director.

TEPC has reviewed these reports and prepared the final report on this block. This report addresses the strengths and recommendations for the NS Block based on recommendations from TCMS and TEVS and any additional comments or recommendations from its own members.

Strengths of the Nervous System Block

The block is designed to provide a basic science understanding of typical nervous system structure and function (Neuroscience, Neuroanatomy, Neurophysiology). On these foundations, an understanding of pathology, pharmacology, and psychiatric illness is constructed. Specific strengths of the block include:

- A core group of exceptional faculty, who are talented, hard working and committed, and who work cohesively to produce a well-organized and challenging curriculum.
- Multiple and well-designed means for students to assess their understanding of the material. This includes the resources, "Stalking the Wild Asparagyrus" and "Digital Human Brain," and the quizzes, which students may take two times before recording a grade.
- A strong core content
- Strong exams
- Clear commitment by the block director to providing an outstanding learning experience for students, and who is very responsive to student feedback.

Specific recommendations from TEPC

1. **Topic**: Review of cases (CBI, TL).

   **Recommendations**:
   a. All cases should be reviewed by the Case Review Team and by block faculty for suggestions, as these are missed opportunities for feedback to the block. There appears some discontinuity of instructional intent between Foundations’ CBIs and NS’ CBIs, which directly follow. A review by the case committee may help provide more continuity between the two.
b. Few opportunities appear in CBIs and TLs where students may engage content that was not already presented in the block. We urge the Block Director to identify content students can be expected to research on their own and include it in the objectives for the cases.

c. Review CBI cases to determine if increasing the time of the first case meeting may be advantageous for students.

d. Continue to respond to feedback regarding TLs, and work to improve readings and clarify expectations.

2. **Topic:** CBI format and promoting self-directed learning

   **Recommendations:**
   The Nervous System Block should review how it addresses the curricular objective to provide instruction and practice in self-directed learning. Specific needs are to:

   a. Support students’ practice of independent academic research. Include more opportunities for students to explore topics not covered in lecture.

   b. Critically analyze how the use of a large group didactic sessions following small group discussions engages students to depend on themselves as independent learners. Make sure the large-group CBI case wrap up does not undermine independent learning by students, but rather, reinforces it.

3. **Topic:** Role of the Nervous System Block in a developmental curriculum.

   **Recommendation:**
   a. Consider how the design of sessions in the Nervous System Block is consistent with the concept of a developmental curriculum. Confer with block directors of the blocks preceding and following the Nervous System block to determine the level of challenge expected of students for a given learning format in this block (e.g., Interactive lectures, CBIs, TLs). Expectations should be for always-increasing levels of self-responsibility for learning.

   b. As the second block students encounter, and their first organ-system block, the NS Block is in a critical position to establish expectations for student performance. For future iterations, show how the block communicates to students (explicitly and in practice) their roles as developing, self-directed learners for this, and subsequent, blocks.
4. **Topic:** Content Integration (ED-37).

**Recommendation:**
- a. Thread content integration is not obvious from the report and needs to be more transparent. Consider meetings between block director and thread directors to incorporate appropriate thread material; e.g. incorporate NS-related EBDM sessions to reinforce Foundations material.
- b. Consider if other content areas, for example, medical and molecular genetics, and nutrition could be addressed in the block.
- c. Integration is already strong, but we urge the Block Director to continue working on block integration within and between blocks (e.g. working with Life Cycle to coordinate child development.)

5. **Topic:** Assessment methods

**Recommendations:**
- a. A few learning objectives and test items could be improved as suggested by the Exam Review Team. Some learning objectives (especially in anatomy) need to be upgraded from simple identification to more functionally integrated objectives.
- b. Continue to work on midterm quizzes to ensure they assess broad concepts.
- c. Continue to work towards exam questions that draw from multiple learning objectives, disciplines or concepts to assess and support conceptual integration.
General Curricular Recommendations to TEPC

a. TEPC should revisit curricular goals for student-centered learning and establish best-practice guidelines for consistent support of these goals.

b. TEPC should develop developmental curriculum objectives by which block participation in this aspect of medical education can be assessed (include development of independent learning skills).

c. TEPC must develop guidelines by which levels of content integration can be determined within and among blocks.

d. The use of peer evaluation in TLs should be reconsidered if they are to become more meaningful assessments of student performance.

e. TEPC should view the team approach of the NS block towards review and re-writing of test items as a model for developing test items and learning objectives that integrate multiple sessions within a block and across blocks.