MEMBERS IN ATTENDANCE:

Lisa Ayoub-Rodriguez, M.D., Assistant Professor, Pediatrics, President
Daniel Bustamante, M.D., Assistant Professor, Pathology, Immediate Past-President
Jose Castro Garcia, M.D., Assistant Professor, Surgery
Jorge Cervantes Gonzalez, M.D., Ph.D., Assistant Professor, Medical Education
Abhizith Deoker, M.D., Assistant Professor, Internal Medicine
Jose Gavito-Higuera, M.D., Assistant Professor, Radiology
Richard McCallum, M.D., Professor, EPCMS Community Representative, Non-Voting

Wayde Miller, M.D., Assistant Professor, Anesthesiology
Stormy Monks, Ph.D., M.P.H., Associate Professor, Emergency Medicine
Ricardo Salazar, M.D., Associate Professor, Psychiatry
Gerardo Vazquez, M.D., Assistant Professor, Family and Community Medicine
Anantha Vellipuram, M.D., Assistant Professor, Neurology, President-Elect
KoKo Aung, M.D., M.P.H., Vice President for Faculty Success, TTUHSC El Paso, Associate Dean for Faculty Affairs, PLFSOM, Ex-Officio, Non-Voting

MEMBERS NOT IN ATTENDANCE:

Adam Adler, M.D., Assistant Professor, Orthopaedic Surgery and Rehabilitation
Mary Josephine Amaro Esparza, D.O., Assistant Professor, Family Medicine – Transmountain
Alok Dwivedi, Ph.D., Associate Professor, Molecular and Translational Medicine

Mahesh Gajendran, M.D., M.P.H., Assistant Professor, Internal Medicine - Transmountain
Naima Khamsi, M.D., Assistant Professor, OB/GYN
Richard Lange, M.D., M.B.A., President, TTUHSC El Paso, Dean, PLFSOM, Ex-Officio, Non-Voting

GUESTS:

Diego De La Mora, M.D., Assistant Professor, Internal Medicine
Anna Eiring, Ph.D., Assistant Professor, Molecular and Translational Medicine (Substitute)
Lynn Hernan, M.D., Associate Professor, Pediatrics
Jose Gustavo Rodriguez, M.D., Professor, Neurology
Aimee Hechanova, M.D., Assistant Professor, Internal Medicine
Jarett Howe, M.D., Assistant Professor, Surgery
George Iskander, M.D., Assistant Professor, Obstetrics and Gynecology
Jonathan Lavezo, M.D., Assistant Professor, Pathology
Angelica Lehker, M.D., Assistant Professor, Internal Medicine
Sitratullah Maiyegun, M.D., Associate Professor, Pediatrics
Niti Manglik, M.D., Assistant Professor, Medical Education
Zuber Mulla, Ph.D., M.S.P.H., Professor, Obstetrics and Gynecology
Kazue Okajima, M.D., Assistant Professor, Internal Medicine

Michael Parsa, M.D., Chair, Committee on Student Grading and Promotion
Indu Pathak, M.D., Associate Professor, Pediatrics
Dale Quest, Ph.D., Professor, Medical Education
Lee Rosenthal, Ph.D., M.P.H., Assistant Professor, Medical Education
Jerzy Sarosiek, M.D., Ph.D., Professor, Internal Medicine
Irene Sarosiek, M.D., Professor, Internal Medicine
Silvina Tonarelli, M.D., Associate Professor, Psychiatry
Sarah Walker, M.D., Assistant Professor, Surgery
Miranda Alvarez, M.A., Associate Director, Faculty Affairs
Kristina Levitt, Executive Administrative Associate, Faculty Affairs
Michelle Brown, Analyst II, Faculty Affairs
I. CALL TO ORDER
Lisa Ayoub-Rodriguez, M.D.
Faculty Council President
Lisa Ayoub-Rodriguez, M.D., President of the Faculty Council, welcomed attendees and called the meeting to order at 12:01 P.M. This meeting was held virtually via WebEx due to TTUHSC El Paso’s Phase II Limited Operations status during the COVID-19 pandemic.

II. REVIEW AND APPROVAL OF MINUTES
Lisa Ayoub-Rodriguez, M.D.
Faculty Council President
Having met quorum, the Faculty Council members unanimously approved the October 19, 2020 meeting minutes.

III. EL PASO COUNTY MEDICAL SOCIETY UPDATE
Richard McCallum, M.D.
EPCMS Representative
Dr. McCallum provided an update from the El Paso County Medical Society:

- **Upcoming 87th Texas Legislative Session:**
  - A special Zoom meeting was held with the incoming president of the Texas Medical Association (TMA), Dr. Diane Fite, to discuss the upcoming 87th Texas legislative session. Dr. Fite reminded attendees that the TMA was founded in 1853 and now has over 53,000 members. It is the largest medical society in the country. El Paso’s is one out of 110 county medical societies in the state. Dr. Fite is the 155th TMA president and the sixth female president.
  - The Texas legislative session will begin on January 12, 2021. The bill filing deadline is March 20, 2021. The TMA executive board and the legislative committee follow 2,000 bills. The budget is $250 billion; $66 million of that is allocated for Medicaid. The shortfall is currently projected as $4.6 billion, and there is $8 billion in a “rainy day fund.” The first Tuesdays of March, April, and May are still being held tentative for physicians to conduct virtual meetings at the capital with their representatives.

- **Broad Goals:**
  - **Expand Medicaid to Post-Partum Mothers:** Expanding Medicaid to post-partum mothers for up to one (1) year might help reduce the substantial peri-partum and post-partum mortality rate in this county, and specifically in Texas. The state of Texas is one of only 14 states which were denied federal funding by not expanding Medicaid in the past. Texas is also the state with the largest uninsured population in the country, approximately 5 million people. About 20% of all uninsured children in the U.S. are in Texas. Since the beginning of the COVID-19 pandemic, 1.6 million Texans have lost their jobs, making the coverage for children even more urgent. Up to $100 Billion can be gained by expanding Medicaid.
  - **GME funding:** GME funding goals have been achieved. This year, there is a 1:1 ratio between resident slots and medical students graduating medical school in Texas. The hope is that doctors who are finishing their residency training in Texas will be more likely to stay and practice in
EPCMS Update Continued...

Texas. This would help justify the financial commitment the state made to these students to complete their education and medical schooling in Texas.

- **Prior Authorization**: About 48 percent of practices have one person whose only job is dealing with prior authorization issues. This needs to be addressed.
- **Telemedicine**: The TMA is seeking to get telemedicine reimbursement to equal that of office visits.
- **Scope of Practice**: New challenges have arisen in relation to scope of practice. Nurse practitioners in Florida were recently approved to become practicing physicians. Pharmacists also want to be more involved with vaccinations and giving injections in pharmacy offices.
- **Electronic Prescribing of Controlled Substances**: The TMA wants to see a pushback of one year on the deadline, which is coming up in January 2021.
- **Concerns regarding emergency room (ER) payment coverage**: A review is being conducted regarding what is actually being covered in ER visits to make sure patients are being informed of services rendered and receiving correct billing statements.

**Other News:**

- El Paso Representative and Speaker *pro tempore* of the Texas House of Representatives, Joe Moody, is very active in supporting the legalization of marijuana in small quantities for people over 21 years of age. Possession of a personal-use amount of marijuana would result in a ticket or small fine instead of having a lasting consequence as a criminal record. Revenue from sales would go to support teacher retirement and teacher salaries in public schools.

- Faculty Council is seeking two (2) faculty members for representation at the El Paso County Medical Society (EPCMS). Their membership fees would be paid for one year. Dr. McCullum himself is the incoming president of the EPCMS, and will have a continuing role with Faculty Council in this capacity.

**New Business:**

- The Executive Council of the EPCMS sent a letter to the mayor’s office supporting the shutdown proposal that has since been, at least temporarily, overridden.

- Dr. Alison Days, current EPCMS President, and EPCMS Executive Director, Patsy Slaughter, continue to do yeomen’s duty by helping with personal protective equipment (PPE) sources and being available and responsive to all ongoing needs by our members, the Practicing Physicians of El Paso.

- There was discussion by the Executive Council members that COVID-19 testing needs to be initiated for U.S. residents crossing the border from Juarez to El Paso. Residents would have to quarantine until their results are available and, only if negative, be permitted to leave their house to go work or function in the community. Their names would be recorded when crossing. Follow-up contact would be made with a penalty of fines, or worse, if they did not obtain a COVID-19 test and quarantine until the test results return. The situation in El Paso is
appropriately receiving worldwide news. The Border may be the “leak” and source of ongoing infection and the “reservoir effect” from Juarez. The current catastrophic situation justifies these aggressive and more drastic recommendations.

IV. DEPARTMENT OF RADIOLOGY REPORT

Jose Gavito-Higuera, M.D.
Representative, Department of Radiology

Dr. Gavito-Higuera reported on the Department of Radiology:

*Please see attached report

**Q&A**

Q: Are there any concrete things that have led to the improvement in the department?
A: Previously, there faculty did not have enough protected academic time, but now we are able to get protected academic time, once per week. Also, the department was scattered across the hospital, and was not in one central location. With the move into the basement of the Clinical Science Building, the department will now have one central location. The team is very happy with all of these improvements.

Q: Will all the radiologists be working from the new location in the basement, or will some remain at the hospital?
A: For the specific areas that need a radiologist to be present, such as fluoroscopy, there will be space at the hospital. Those who don’t need to be physically in the hospital will be in the Clinical Science Building basement.

Q: What about Nuclear Medicine, where will Dr. Diaz be located?
A: Dr. Diaz will be in the hospital, close to nuclear medicine.

V. STANDING COMMITTEE REPORT

Michael Parsa, M.D.
Chair, Committee on Student Grading and Promotion

A. Committee on Student Grading and Promotion

- Dr. Parsa reported the following:
Standing Committee Report Continued...

Q&A
Q: Is the Committee on Student Grading and Promotion in touch with the Committee on Medical School Admissions? Is there any time you review dismissed or remediated cases to gather recommendations on student selection?
A: The Committee on Medical School Admissions could look into this information to develop recommendations. The best approach would be to not accept students if they have a high risk of needing a lot of extra help to graduate. The Committee on Medical School Admissions could also try to coordinate with the Committee on Medical Education to look into these factors.

Q: What are the main reasons you see for dismissal?
A: Failure to pass the USMLE exam on the second attempt, and issues involving professionalism have been reasons for dismissal.

Q: Are there early warning and prevention systems in place?
A: Student Affairs works to identify these students early and get them help.

Comments:
Dr. Salazar commented that we are living in very challenging times during the midst of the pandemic and, as we approach recruitment season, we need to be very careful and look into the resiliency of the students coming on board. It is our job and responsibility to make sure that our students are successful. Formulating evidence-based tools that we can use during admission time might help. It is important to have a very robust wellness program for the medical students.

Dr. Parsa agreed with Dr. Salazar that many of the academic issues result from this lack of resilience. Students experience these challenging situations causes them to struggle academically.
**VI. OLD BUSINESS**

Lisa Ayoub-Rodriguez, M.D.
Faculty Council President

Dr. Ayoub-Rodriguez reported on the following:

**A. E-Vote for Two (2) Sponsored Seats for El Paso County Medical Society**

- The Faculty Council solicited for nominations to fill two sponsored seats for the El Paso County Medical Society. An e-vote will be conducted. Please submit your response as soon as possible. The following faculty have been nominated:
  - Alexander Philipovskiy, M.D., Assistant Professor, Internal Medicine
  - Tariq Siddiqui, M.D., Associate Professor, Internal Medicine
  - Sarah Walker, M.D., Assistant Professor, Surgery

**B. TTUHSC El Paso Faculty Senate E-Vote Results**

- An e-vote was sent out by the Faculty Council to elect a candidate for the TTUHSC El Paso Faculty Senate. Dr. Karinn Chambers, Assistant Professor in the Department of Surgery, has been elected as a PLFSOM Senator on the TTUHSC El Paso Faculty Senate. Dr. Chambers will serve a three (3) year term.

**VII. NEW BUSINESS**

Lisa Ayoub-Rodriguez, M.D.
Faculty Council President

Dr. Ayoub-Rodriguez reported on the following:

**A. PLFSOM Strategic Plan Workgroup**

- Led by Dr. Tanis Hogg and Dr. Richard Brower, the PLFSOM Strategic Planning Committee is working to develop the next five (5) year strategic plan. They have asked the PLFSOM Faculty Council to put together a workgroup to review our current mission and vision statements, and to propose improvements. Dr. Vellipuram will be leading this workgroup. Anyone interested in serving on this workgroup can respond to the email that will be sent out to Faculty Council representatives following this meeting. The workgroup will be limited to about five (5) reviewers. The deadline is set for the end of January 2021.

**B. New and Re-Elected Faculty Council Representatives**

- The following faculty members were elected or re-elected to serve as a representative on the Faculty Council:
  - Mary Josephine Amaro Esparza, D.O., Assistant Professor, Family Medicine – Transmountain (new)
  - Ricardo Salazar, M.D., Associate Professor, Psychiatry (re-elected)
VIII. FACULTY COUNCIL PRESIDENT'S REPORT

Lisa Ayoub-Rodriguez, M.D.
Faculty Council President

Dr. Ayoub-Rodriguez reported on the following:

A. December Faculty Council Meeting Rescheduled
   - The December Faculty Council Meeting will be rescheduled for Monday, December 14, 2020 due to the holiday season.

B. Text Message Alerts for Faculty Council Representatives
   - The Faculty Council officers would like to gauge interest from the Faculty Council representatives for council text-message alerts. It would be used solely for the purpose of keeping representatives up-to-date on items such as: meeting reminders, calls for nominations, e-vote notices, etc. A survey will be sent out this week to gauge interest. Please look out for an email from Faculty Affairs.

IX. ROUND TABLE DISCUSSION

Lisa Ayoub-Rodriguez, M.D.
Faculty Council President

Dr. Ayoub-Rodriguez began the round table discussion:

Comment & Response

C: Dr. Ayoub-Rodriguez informed the council that Dr. Lange is leading several Town Hall meetings, open to all faculty and staff, to discuss COVID-19. Please sign up and attend these sessions for latest information.

C: Dr. McCallum expressed his concern over video/pictures taken outside the medical examiner’s office showing chained prisoners carrying deceased persons into a refrigerator van without protective garb. Dr. McCallum felt it was inappropriate for these videos and pictures to be taken. It is unknown whether the prisoners gave consent. Dr. McCallum recommended that the council send letters to Dr. Lange and the CEO of the hospital expressing this concern and requesting reassurance that all proper documentation was obtained. The coroner’s office is not a TTUHSC El Paso department, but it is tied to the hospital and we need to be aware of the image that this presents.

R: Dr. Ayoub-Rodriguez agreed that there is concern regarding this issue. She asked Dr. Bustamante, Assistant Professor of the Department of Pathology, if he had any information from the department. Dr. Bustamante suggested that Dr. Mario Rascon, the Chief Medical Examiner, might be able to address this comment. The Department of Pathology does not have any direct oversight over the facility. Dr. Aung clarified that the medical examiner’s office is not part of TTUHSC El Paso. The medical examiner does have a non-salaried appointment with the university, but is an independent contractor. The medical examiner’s office is not part of the university, and is not located on campus property.
C: Faculty do not qualify for paid time off if they test positive for COVID-19. Staff can receive up to 80 hours of paid time off (PTO) if they become sick. New faculty without an accumulation of sick days could potentially be forced to take time off without pay. Is the group aware of these policies, and are there recommendations for new faculty?

R: The 80 hours of PTO is a result of federal law, and specifically excludes healthcare workers. This was discussed during the October 2020 Faculty Council Meeting. This law is not applicable to the majority of the TTUHSC El Paso faculty. If a faculty member becomes sick, they need to contact Human Resources Benefits for specifics regarding their situation, as it is hard to generalize for everyone. Dr. Aung can help address any questions remaining after the discussion with Human Resources.

C: The length of time to get COVID-19 test results back is not efficient and is delaying faculty in returning to work.

R: Dr. Lange was not available during this meeting to answer these question, it was suggested that they address their COVID-19 concerns during the series of town hall meetings with Dr. Lange, which are specific to COVID-19.

There being no further business to discuss, Dr. Ayoub-Rodriguez adjourned the meeting at 12:53 P.M. She reminded the Faculty Council that the next meeting will take place Monday, December 14, 2020 from 12:00 – 1:00 PM via WebEx.
COVID-19 Update
November 5, 2020

Testing Sites and Info
Testing is now open to everyone, with or without symptoms. The City of El Paso has opened 2 new drive-thru locations. The testing is free and will be available Monday through Saturday from 8 a.m. to 3 p.m. Residents will need to schedule an appointment by calling (915) 212-0783 or go online (EPStrong.org) and click on the “Schedule Testing” button. Residents will be able to select one of the City’s four testing sites, which include:
• Central Site (Memorial Park); 1701 N. Copia St.
• Far East Site (Eastwood/Album Park); 3110 Parkwood St.
• Eastside Site; 301 George Perry Blvd.
• Westside Site; 7400 High Ridge Dr.
For more information about all testing locations or other COVID-19 information visit http://epstrong.org/testing.php.

Free Flu vaccines by City
Starting October 5, the City of El Paso’s Department of Public Health will be offering free flu vaccinations for everyone 6 months and older at no cost. No appointments are needed. Before getting your flu shot, fill out and print your patient questionnaire. click here for necessary form

Additional Funding Released
Starting Oct. 5, you can apply to receive funds based on assessed revenue losses and expenses due to COVID-19. The opportunity to receive up to 2% of annual revenue from patient care remains active. click here for more information

The Lone Star Caucus Resolutions Committee is now accepting submissions for TEXMED 2021 IF YOU WISH FOR THE LONE STAR CAUCUS RESOLUTIONS COMMITTEE TO CONSIDER YOUR RESOLUTION OR RESOLUTION IDEA, THE DEADLINE IS NOV. 15, 2020. Send your submissions to lonestarcaucus@gmail.com with heading of “Resolution Committee”

Please encourage your patients and/or family members to:
• answer calls for the Department of Health and to be honest about where and with whom they have been. Honest contact tracing is a way to get a hold of this virus and transmissions!!!
• Self-report positive tests if they don’t get a call from Dept. of Health. Go to “testing” section at epstrong.org to report
• Stay home if they do not need to go out!

COVID-19: By the Numbers
58,429 TOTAL POSITIVE CASES
1920 NEW CASES
639 (+22) DEATHS
1003 (-38) HOSPITALIZED
292 (-19) PATIENTS IN ICU
183 (+8) PATIENTS ON VENTILATORS
480,797 TOTAL TESTS
23.92% ROLLING 7-DAY AVERAGE POSITIVITY RATE
12.15% CUMULATIVE POSITIVITY RATE

Community Scorecard:
STAGE 1

For more information on data, visit the El Paso Strong website.

Quotations of the week:
"Take the high road. No matter how much strife, consternation, frustration and anger you might be confronted with - don't go to that level." - Tim Gunn

"You've done it before and you can do it now. See the positive possibilities. Redirect the substantial energy of your frustration and turn it into positive, effective, unstoppable determination." - Ralph Marston
PPE REMINDERS
Looking for PPE? A list of PPE sources can be found in the Business Resource Center at EPCovid19.org. Also, remember to submit your PPE needs through the TMA PPE Portal. This enables TMA to quantify and share with state authorities your PPE gaps. There is still lots of PPE available!
You can also now order masks from the Texas Medical Association. TMA has received N95 masks, KN95 masks, and surgical masks from the Texas Division of Emergency Management to distribute to Texas physicians in need. The only cost to your practice is the shipping and handling fees.

EDUCATION OPPORTUNITIES
Thursday & Friday, November 5-6th Pediatric Brain Health Summit. Pediatric Brain Health Summit is part of the pediatric brain health initiative, a multi-sector, multi-agency collaboration focused on the prenatal to three-year-old developmental window. for the agenda, click here, to register, click here

Friday, November 6th, 12:00pm-1:00pm MT / 1:00pm-2:00pm CT. This session, “Assessment, Outcome, and Treatment of Bipolar Disorder in Youth,” will be presented by Dr. Melissa P. DelBello, Professor and Chair of the Department of Psychiatry at The University of Cincinnati College of Medicine to register, click here

Monday, November 9, 2020, at 11 am (MT). Join Congresswoman Veronica Escobar (TX-16) and local health care partners to learn about open enrollment for Medicare and the Affordable Care Act (Obamacare), flu shot services, and other important updates. to register, click here. To submit a question, click here

**Wednesday, November 11, 5:30-6:30pm (MT), STRENGTHENING MEDICINE IN THE 87TH TEXAS LEGISLATURE. Earn 1 AMA PRA Category 1 Credit With Ethics. Zoom Meeting Link on Zoom: click here to join Meeting ID: 950 7696 1428. Passcode: 071148. Dial In: (346) 248-7799

Thursday, November 12, 11am-noon (MT) - Pharmacy Trends 2021: What to Watch Out for After the Year That Was Click here to register This is part of an ongoing series on Health Law and Innovation. Future sessions include:
• November 19 - Health Law 2021: A Legislative Outlook

Friday, November 20th, 7-8am (MT). Trauma Series: Venous Thrombembolism (VTE) Prophylaxis in the Trauma Patient. Contact christina.loweree@tenethealth.com to register

Wednesday, December 2, 11am-12pm (MT). They’re Here! Get Ready for the New 2021 Outpatient E/M Coding Updates! to register, click here At registration prompt, enter event code 26402

Invesigator and Clinical Research Certification (CRC) Program (40 hours). Sponsor: Astra Zeneca. Researcher looking for 15-20 community-based El Paso, Las Cruces, and Juarez clinics with a passion for research matching the target specialties (Oncology, Cardiology, Renal & Metabolism, Respiratory & Immunology, Endocrinology, Gastroenterology, Primary Care, Internal Medicine) to sign up for FREE clinical research training, study support (consulting, studies, etc.) paid for by Astra Zeneca. Start Date: 12-1-2020. Contact Patsy at epmedsoc@aol.com if interested.

RESOURCES
CHILDCARE INFO
• https://frontlinechildcare.texas.gov/

TELEMEDICINE INFO
Codes and info on payors for telephone-only visits:
General telemedicine info:

SMALL BUSINESS INFO
For loan comparison and disbursement information:
• https://www.hhs.gov/provider-relief/index.html
• www.liftfund.com

GENERAL COVID-19 INFO
• https://www.texmed.org/Coronavirus/
Guidance for Large or Extended Families Living in the Same Household

Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from coronavirus disease 2019 (COVID-19). If your household includes people in these groups, then all family members should act as if they, themselves, are at higher risk. This can be difficult if space is limited for large or extended families living together. The following information may help you protect those who are most vulnerable in your household.

This document explains how to:

• Protect the household when you leave for errands
• Protect household members at high risk for severe illness
• Protect children and others from getting sick
• Care for a household member who is sick
• Isolate a household member who is sick
• Eat meals together and feed a sick household member

How to protect the household when you must leave the house

Don’t leave the household unless absolutely necessary!

For example, only leave if you must go to work, the grocery store, pharmacy, or medical appointments that cannot be delayed (such as for infants or for people with serious health conditions). Choose one or two family members who are not at higher risk for severe illness from COVID-19 to do the needed errands. If you must leave the household, follow these nine tips:

1. Avoid crowds, including social gatherings of any size.
2. Keep at least 6 feet away from other people.
3. Wash your hands often.
4. Don’t touch frequently touched surfaces in public areas, such as elevator buttons and handrails.
5. Don’t use public transportation, such as the train or bus, if possible. If you must use public transportation,
   » Maintain 6 feet of distance from other passengers as much as possible.
   » Avoid touching frequently touched surfaces such as handrails.
   » Wash your hands or use hand sanitizer as soon as possible after leaving public transportation.
6. Don’t ride in a car with members of different households.
7. Wear a mask to help slow the spread of COVID-19.
8. Wash your hands immediately when you return home.

9. Maintain a physical distance between you and those at higher risk in your household. For example, avoid hugging, kissing, or sharing food or drinks.


How to protect members of the household who are at higher risk for severe illness

Adults 65 or older and people who have serious underlying medical conditions are at highest risk of severe illness from COVID-19. **If your household includes people in these groups, then all family members should act as if they, themselves, are at higher risk.**

Here are seven ways to protect your household members.

1. **Stay home as much as possible.**

2. **Wash your hands often,** especially after you have been in a public place or after blowing your nose, coughing, or sneezing. Information on when and how to wash hands can be found here: [www.cdc.gov/handwashing/when-how-handwashing.html](http://www.cdc.gov/handwashing/when-how-handwashing.html).

3. **Use an alcohol-based hand sanitizer that contains at least 60% alcohol if you can’t wash with soap and water.**
   » Place a dime-sized amount in your palm and rub your hands together, covering all parts of your hand, fingers, and nails until they feel dry.

4. **Don’t touch your eyes, nose, and mouth with unwashed hands.**

5. **Cover your coughs and sneezes.**
   » If you cough or sneeze, cover your mouth and nose with a tissue or use the inside of your elbow.
   » Throw used tissues in the trash.
   » Immediately wash your hands.

6. **Clean and then disinfect your home.**
   » Wear disposable gloves, if available.
   » Clean frequently touched surfaces daily with soap and water or other detergents. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
   » Then, use an EPA-registered disinfectant that is appropriate for the surface. Follow the instructions on the label for safe and effective use of the cleaning product. Disinfectants are chemicals that kill germs on surfaces.

   EPA-registered disinfectants are listed here: [www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](http://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).


7. **Don’t have visitors unless they need to be in your home.**

How to protect children and others from getting sick

Adults 65 years and older and people who have serious medical conditions should avoid caring for the children in their household, if possible. If people at higher risk must care for the children in their household, the children in their care should not have contact with individuals outside the household.

Follow these five tips to help protect children and others from getting sick.

1. **Teach children the same things everyone should do to stay healthy.** Children and other people can spread the virus even if they don’t show symptoms. Learn more at [www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html](http://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html).

2. **Don’t let children have in-person playdates with children from other households.**

3. **Teach children who are playing outside to stay 6 feet away from anyone who is not in their own household.**

4. **Help children stay connected to their friends through video chats and phone calls.**

5. **Teach children to wash their hands.** Explain that hand washing can keep them healthy and stop the virus from spreading to others.
   - **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
   - **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
   - **Scrub** your hands for at least 20 seconds.
   - **Rinse** your hands well under clean, running water.
   - **Dry** your hands using a clean towel or air dry them.


How to care for a household member who is sick

Most people who get sick with COVID-19 will have only mild illness and should stay at home to recover. Care at home can help stop the spread of COVID-19 and help protect people who are at risk for getting seriously ill from COVID-19.

If you are caring for someone who is sick at home, follow these six tips:

1. **Have the person stay in one room, away from other people, including yourself, as much as possible.**

2. **Have them use a separate bathroom, if possible.**

3. **Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:**
   - Trouble breathing
   - Persistent pain or pressure in the chest
   - New confusion
   - Inability to wake or stay awake
   - Bluish lips or face

* This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.
4. **Make sure the person with COVID-19 does the following:**
   » Drinks a lot of fluids to stay hydrated
   » Rests at home
   » Uses over-the-counter medicines to help with symptoms (after talking to their doctor)
   For most people, symptoms last a few days and they get better after a week.

5. **Have their doctor’s phone number on hand, and call their doctor if the person with COVID-19 gets sicker.**

   If English is your second language, a household member should know how to ask for an interpreter.

6. **Call 911 for medical emergencies.** Tell the 911 operator that the patient has or is suspected to have COVID-19.

   If English is your second language, a household member should know how to ask for an interpreter.

   You can find more information about caring for someone who is sick at www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html.

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**How to isolate a sick household member when household space is limited**

If you cannot provide a separate room and bathroom for a person who is sick with COVID-19, try to separate them from other household members. Try to create adequate separation within your household to protect everyone, especially those people at higher risk (those over 65 years and those who have medical conditions).

**Follow these ten tips when isolating a household member who is sick:**

1. **Keep 6 feet between the person who is sick and other household members.**

2. **Cover coughs and sneezes; wash hands often; and don’t touch your eyes, nose, and mouth.**

3. **Have the sick household member wear a mask when they are around other people at home and out (including before they enter a doctor’s office).**
   But it should not be placed on children under age 2, anyone who has trouble breathing, or anyone who is not able to remove the covering without help. You can find more about masks at www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html.

4. **Keep people at higher risk separated from anyone who is sick.**

5. **Have only one person in the household take care of the person who is sick.**
   This caregiver should be someone who is not at higher risk for severe illness.
   » The caregiver should clean where the sick person has been, as well as their bedding and laundry.
   » The caregiver should minimize contact with other people in the household, especially those who are at higher risk for severe illness.
   » Have a caregiver for the person who is sick and a different caregiver for other members of the household who require help with cleaning, bathing, or other daily tasks.

6. **Clean and disinfect surfaces, doorknobs, and other commonly touched surfaces** with EPA-registered disinfectants daily. Find a list here: www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.
7. Limit visitors to those with an essential need to be in the home.

8. Don’t share personal items like phones, dishes, bedding, or toys.

9. Try to do the following if you need to share a bedroom with someone who is sick:
   » Make sure the room has good air flow. Open a window and turn on a fan to bring in fresh air.
   » Place beds at least 6 feet apart, if possible.
   » Sleep head to toe.
   » Put a curtain around or place another physical divider to separate the bed of the person who is sick from other beds. For example, you might use a shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread.

10. Have the person who is sick clean and disinfect frequently touched surfaces in a shared bathroom.

   If this is not possible, others who share the bathroom should wait as long as possible after the sick person uses the bathroom before entering it to clean and disinfect or to use the bathroom. Make sure the room has good air flow. Open a window and turn on a fan (if possible) to bring in and circulate fresh air.

How to eat meals together and feed a household member who is sick

If possible, make a plate for the sick household member to eat in the separate area they are staying in. If they cannot eat in the separate area they are staying in, they should stay at least 6 feet away from other members of the household during meals. Or, they should eat at a different time than others in the household.

Also, follow these seven tips:

1. Don’t help prepare food if you are sick.

2. Wash your hands for at least 20 seconds with soap and water before eating. This includes everyone in the household!

3. Use clean utensils when placing food on every household member’s plate.

4. Don’t eat from the same dishes or use the same utensils as someone else in the household.

5. Wear gloves to handle dishes, drinking glasses, and utensils (food service items), if possible. Also, wash these non-disposable items with hot water and soap or in a dishwasher after you use them.

6. Have only one person bring food to the sick person and clean-up the sick person’s food service items. This should be someone who is not at higher risk for severe illness.

7. Wash your hands after handling used food service items.
COVID-19 is a viral infection that may cause symptoms like the common cold. Most parents and children have mild symptoms and recover on their own, but it is important to be aware of severe complications, and to monitor your child closely for worsening symptoms.

**Multisystem Inflammatory Syndrome in Children (MIS-C)** is a delayed reaction to COVID-19 infection that is seen in children. It appears 2 to 6 weeks after the child has been exposed to COVID-19. MIS-C occurs as the child’s immune system peaks, leading to high fever and inflammation. This fever may cause vomiting and diarrhea alone, or with a rash. The worst outcome, which is rare, is heart inflammation – which can lead to shock.

### MILD: Cold or flu-like symptoms without a fever

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runny or stuffy nose</td>
<td>Take frequent temperature checks.</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Monitor child closely for any changes in condition.</td>
</tr>
<tr>
<td>Cough</td>
<td>Encourage the child to rest and drink lots of fluids.</td>
</tr>
<tr>
<td>Change in sense of smell</td>
<td>Ask your child’s physician about over-the-counter fever reducers to have on hand in case a fever develops.</td>
</tr>
<tr>
<td>Muscle pain</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>Ask your child’s physician if you should make an appointment to have your child tested for COVID-19.</td>
</tr>
<tr>
<td>Fatigue or Malaise</td>
<td></td>
</tr>
</tbody>
</table>

### MODERATE: Cold or flu-like symptoms with a fever that can be reduced with over-the-counter fever reducers like ibuprofen and acetaminophen (no aspirin) that are safe for use in children

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fever:</strong> Oral temperature (under the tongue) of 100.4°F (38°C) is considered a fever in children; 99.5°F (37.5°C) is considered a fever in infants. If you do not have a thermometer available, you can distinguish some signs of fever. Signs include: Fussiness, increased thirst, decreased hunger, lower activity levels, less talkative, and the child or infant may feel warm to the touch.</td>
<td>Contact your child’s physician, describe your child’s symptoms. The physician may direct you to bring the child in for a visit or may recommend taking the child to the emergency room or urgent care.</td>
</tr>
</tbody>
</table>

### SEVERE: Severe cold or flu-like symptoms with a fever or signs of MIS-C

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral changes (irritability or mood changes)</td>
<td>If your child is experiencing symptoms that fall into this category, they will likely require medical attention. Your child should be taken to a pediatric emergency room or the closest hospital emergency room. If your child is experiencing any of the following symptoms, it is recommended you call 911:</td>
</tr>
<tr>
<td>Rash</td>
<td>• Trouble breathing</td>
</tr>
<tr>
<td>Bloodshot eyes</td>
<td>• Acting strange/disoriented/less alert/unconscious</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>• Unable to speak or respond to questions</td>
</tr>
<tr>
<td>Vomiting</td>
<td>• Skin or lips that are blue, gray, or purple in appearance</td>
</tr>
<tr>
<td>Severe stomach pain</td>
<td>• A suddenly spreading purple or red rash</td>
</tr>
<tr>
<td>Chest pain or pressure</td>
<td>• Seizure (rhythmic jerking of the legs and a loss of consciousness)</td>
</tr>
<tr>
<td>Blue or white face, fingers, or toes</td>
<td>• Chest pain or pressure</td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td></td>
</tr>
<tr>
<td>Inability to stay awake</td>
<td></td>
</tr>
<tr>
<td>Slurred speech</td>
<td></td>
</tr>
<tr>
<td>Seizures (new onset or seizures that won’t stop)</td>
<td></td>
</tr>
</tbody>
</table>
COVID-19 Pediatric Symptom Severity Chart and Parental Guide

For more information regarding children with COVID-19 visit:


https://healthychildren.org/English/health-issues/conditions/COVID-19/Pages/2019-Novel-Coronavirus.aspx


Resources used to create this chart:


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COVID-19 es una infección viral que puede causar síntomas muy parecidos a la gripe común. La mayoría de los padres y niños tienen síntomas leves y se recuperan sin intervención médica. **Pero es importante estar consciente de las complicaciones graves y observar de cerca a su hijo/a por si sus síntomas empeoran.**

El síndrome inflamatorio multi-sistémico (MIS-C), es una reacción tardía en niños que puede ocurrir de 2-6 semanas después de que el niño/a estuvo expuesto al virus del COVID-19. El MIS-C ocurre cuando el sistema inmunológico se sobre-satura produciendo como consecuencia fiebres altas e inflamación. Esta fiebre puede causar vómito, diarrea, o erupción/ronchas en la piel. **En el peor de los casos, puede causar inflamación del corazón que podría progresar a choque, lo cual es raro.**

### SÍNTOMAS LEVES de resfriado sin fiebre

<table>
<thead>
<tr>
<th>SÍNTOMAS</th>
<th>TRATAMIENTO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secreción o escurrimiento nasal</td>
<td>Cheque la temperatura frecuentemente.</td>
</tr>
<tr>
<td>Dolor de garganta</td>
<td>Observe a su niño/a y reporte cambios en su condición.</td>
</tr>
<tr>
<td>Tos</td>
<td>Anime a su hijo/a que descanse y tome bastantes líquidos.</td>
</tr>
<tr>
<td>Cambios en el sentido del olfato</td>
<td>Pregúntele a su doctor acerca de medicamentos para controlar la fiebre sin receta para tener al mano en so de que a su niño/a le de fiebre.</td>
</tr>
<tr>
<td>Dolores musculares</td>
<td></td>
</tr>
<tr>
<td>Dolores de cabeza</td>
<td>Pregúntele a su doctor si necesita hacer cita para que le hagan examen de COVID-19 a su hijo/a.</td>
</tr>
<tr>
<td>Cansancio y sensación de malestar general</td>
<td></td>
</tr>
</tbody>
</table>

### SÍNTOMAS MODERADOS de resfriado con fiebre que pueden ser tratados con medicamentos sin receta como ibuprofeno o paracetamol (aspirina no se debe utilizar)

<table>
<thead>
<tr>
<th>SÍNTOMAS</th>
<th>TRATAMIENTO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiebre: Temperatura Oral (debajo de la lengua) de 100.4°F o 38°C es considerado fiebre en niños. Aunque 99.5°F o 37.5°C en bebés es considerado fiebre. Si no tiene termómetro disponible, algunos signos de fiebre son: inconsolable, sed, falta de apetito, baja energía, el niño/a puede estar más serio o se puede sentir caliente al tacto.</td>
<td>Hable a su doctor y describa los síntomas que su niño/a presenta.</td>
</tr>
</tbody>
</table>

El doctor puede recomendar que lo vean en la oficina o bien que lo lleven a emergencias.

### SÍNTOMAS SEVEROS de resfriados con fiebre o señales de MIS-C

<table>
<thead>
<tr>
<th>SÍNTOMAS</th>
<th>TRATAMIENTO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambios de conducta del niño/a (irritabilidad y bebés o cambio en el estado de ánimo de los niños mas grandes)</td>
<td>Si su hijo tiene síntomas que entran en esta categoría, es muy probable que necesite atención médica. <strong>Estos niños deben de ir a la sala de emergencias pediátricas lo más pronto posible.</strong> Si su niño/a tiene alguno de estos síntomas se recomienda que llame a 911:</td>
</tr>
<tr>
<td>Erupción o ronchas en la piel</td>
<td>• Dificultad para respirar</td>
</tr>
<tr>
<td>Ojos muy rojos</td>
<td>• Que este confundido, o actuando raro</td>
</tr>
<tr>
<td>Diarrea</td>
<td>• No puede hablar o contestar preguntas de manera normal</td>
</tr>
<tr>
<td>Vomito</td>
<td>• Piel o labios que estén de color azul, morado o gris</td>
</tr>
<tr>
<td>Dolor de estómago severo</td>
<td>• Erupción/ronchas moradas o rojas en la piel que aparecen y se espacien de manera rápida</td>
</tr>
<tr>
<td>Dolor o sensación de presión en el pecho</td>
<td>• Convulsiones – ataques que sacuden de todo el cuerpo, con pérdida de la consciencia</td>
</tr>
<tr>
<td>Palidez o color azul de cara o dedos de las manos o pies</td>
<td>• Dolor o presión del pecho</td>
</tr>
<tr>
<td>Dificultad para respirar</td>
<td></td>
</tr>
<tr>
<td>Inhability de mantenerse despierto</td>
<td></td>
</tr>
<tr>
<td>Dificultad para hablar</td>
<td></td>
</tr>
<tr>
<td>Convulsiones</td>
<td></td>
</tr>
</tbody>
</table>
Para más información al respecto de Niños con COVID-19
visite estas páginas web:

https://riseandshine.childrensnational.org/coronavirus/?ga=2.240209869.1369509836.1594923301-620827878.1594923301
https://healthychildren.org/English/health-issues/conditions/COVID-19/Pages/2019-Novel-Coronavirus.aspx

Recursos utilizados para crear esta gráfica:


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Esta guía fue desarrollada por médicos miembros de la Asociación Médica de Texas y la Sociedad Médica del Condado de Bexar.
Department Report

PRESENTATION TO THE FACULTY COUNCIL BY:
JOSE GAVITO-HIGUERA, M.D.
ASSISTANT PROFESSOR, RADIOLOGY
NOVEMBER 16, 2020

Department Breakdown

Please provide the total number of faculty members in your department and break down this number by rank. Please list new faculty members that have joined your department within the last six months.

2019
- Total Number of Faculty = 12
  - Number of Instructors: 0
  - Number of Assistant Professors: 9
  - Number of Associate Professors: 3
  - Number of Professors: 0
- New Faculties (3): Sajeev Ezhapilli M.D., Vamsi Kunam M.D., & Mohammed Bermo, M.D.

2020
- Total Number of Faculty = 12
  - Number of Instructors: 1
  - Number of Assistant Professors: 6
  - Number of Associate Professors: 4
  - Number of Professors: 1
- New Faculty (1): Ali Baiomy, M.D.
Department Breakdown

- Total Number of Faculty = 12
  - Number of Instructors: 1
  - Number of Assistant Professors: 6

Department Breakdown

- Total Number of Faculty = 12
  - Number of Associate Professors: 4
  - Number of Professors: 1
**Department Breakdown**

**New Faculty (1):** Ali Baiomy, M.D.

---

**Leadership**

- **Chair:** Thomas M. Dykes, MD
- **Vice Chair:** Jose Gavito-Higuera, MD
- **Residency Director:** Jesus R. Díaz, MD
- **Body-Imaging Fellowship Director:** Humera M. Chaudry, MD
- **Women's Imaging Fellowship Director:** Anoop Ayyappan, MD
- **Radiology Clerkship Director:** Shaked Laks, MD
Accomplishments

Please list the accomplishments of faculty members in your department including: awards, honors, regional appointments, national appointments, etc.


Scholarly Activity

Jose Gavito-Higuera, MD – Publications 2019-2020

▶ “Cerebrovascular blunt trauma: Spectrum of imaging findings” R. Bou Said; C. Mullins; J. Gavito-Higuera The ASER 2019 Annual Scientific Meeting and Postgraduate Course in Emergency and Trauma Radiology, September 11 - 14, 2019 at the Hyatt Regency Gainey Ranch in Scottsdale, Arizona. (educational exhibit)


▶ “Neuroanatomical And Connectivity Abnormalities Identified In Cyclic Vomiting Syndrome Based On Brain MRI Analysis” McCutum, R; Sandoval, H; Gavito-Higuera, J; Mullins, C; Ramirez, M; Sarosiek, I; Calhoun, V; Davis; DDW 2019


Scholarly Activity


- Brain Imaging of Cyclic Vomiting Syndrome with and without Marijuana use: Human Brain Mapping (HBM) 2020 Hugo Sandoval, Vince Calhoun, Victor Vergara, Tyler Davis, Jose Gavito, Carola Mullins, Irene Sarosiek, Richard McCallum (cancelled due to COVID)


Scholarly Activity


Scholarly Activity

Jesus R. Diaz, MD – Publications 2019-2020


- Gastric electrical neurostimulation combined with pyloroplasty for refractory diabetic gastroparesis improves subjective and objective outcomes, poster to be presented at the American Diabetes Association 6/12-6/16 2020.


Scholarly Activity

- Late-onset rapid gastric emptying: Identification of a new entity to explain symptoms in patients with normal results on gastric emptying scintigraphy. Richard McCallum, Carola Mullins, Irene Sarosiek, Jesus Diaz. Manuscript accepted for publication in Neurogastroenterology & Motility, under revision.


- Intragastric Meal Distribution Analysis by Gastric Emptying Scintigraphy in Patients With Rumination Syndrome Jesus Diaz, Alejandro Robles, Majd Michael, Richard W. McCallum ACG 2020

Scholarly Activity

Shaked Laks, MD – Publications 2019-2020


Scholarly Activity

- Trevino N, Katchinski L, Sundarakumar D, Smith C, Laks S, Mirel Classification for Pathologic fracture Risk: What the Radiologist Needs to Know. American Reontgen Ray Society meeting, 2020 (Accepted for presentation meeting canceled due to COVID 19)

- Stacy Mathews, Shaked Laks, Carola La Follette, T. Ignacio Montoya and Pedro A. Maldonado, Concomitant Recto vaginal Fistula and Pelvic Organ Prolapse. Accepted for Publication Baylor University Medical Proceeding 06/2020


-- Scholarly Activity

Bermo, MD – Publications 2019-2020

- Mohammed Bermo, MD; Satoshi Minoshima, MD; David H. Lewis, MD, et al. The role of the cerebellum in pain perception: Evidence from brain perfusion SPECT study in burn patients. Scientific paper under revision at Journal of Neuroimaging.

- Tasnim Khesib, MD; Mohammed Bermo, MD; Sanaz Behnia, MD. Physiologic Testicular 18F-FDG Uptake on PET/CT in Patients with Lymphoma: Correlation with Age. Scientific paper submitted to Clinical Nuclear Medicine.

- Saeed Elojeimy, MD; Mohammed Bermo, MD. A Case of Multiple Aggressive Osseous Hemangiomas on Bone Scan. Accepted for publication at Radiology Case Reports.

- Mohammed Bermo, MD; David Lewis; MD: Virtual Reality for burn patients undergoing imaging and treatment: Invited review paper for Topics in Magnetic Resonance Imaging. PMID: 3251197.

- Mohammed Bermo, MD; Meena Kumar, MD; Manuela Matesan, MD. The Peritoneum: What Nuclear Radiologists Need to Know. Invited educational article. Seminars in Nuclear Medicine, in press.
Sherif Osman, MD – Publications 2019-2020


- Progress: Cesarian scar pregnancy: Karlie Snead, Sherif Osman, Mariam Moshiri.

Anoop Ayyappan, MD – Publications 2019-2020


- Dana C Galván, Anoop P Ayyappan, Brad A Bryan. Correction: Regression of Primary Cardiac Angiosarcoma and Metastatic Nodules Following Propranolol as a Single Agent Treatment. PMID: 31608300

Sajeev R. Ezhapilli, MD – Publications 2019-2020

- Ellen Dudrey 1, Jesse Qiao 2, Sajeev Ezhapilli 3, Syed M Gliani 2. Cerebrospinal fluid cytology with abnormal cells: Diagnostic Considerations. PMID: 31299128

- C. Ofosu, S. Ezhapilli: The European Congress of Radiology 2020. #10932: Intracranial arterial fenestrations: CTA & MRA imaging illustrations w/ review of clinical significance. (EPOS Educational Poster)

- S. Ezhapilli: The European Congress of Radiology 2020. #15333: Spondylodiscitis: Pictorial review of MR imaging findings w/ focus on common mimics. (EPOS Educational Poster)
Scholarly Activity

Current IRB approved projects and Principal Investigator

- E20033  PI: Gavito, Sea Neural Correlates of Smoking and Nicotine Vaping withdrawal among Hispanic young adults
- E201701 PI: Tonarelli, Shrinia B, Biomarkers and Neuropsychological Functioning in a Low Income Youth Sample (collaboration)
- E17105 PI: McCullum, Richard W, Central Nervous System regulation mechanisms of cyclic vomiting syndrome (collaboration)
- E17101 PI: Salazar, Ricardo, Neuroimaging Study in Hispanics with AD. Neuroanatomical correlates of neuropsychiatric symptoms in Hispanics with Alzheimer’s disease (collaboration)
- E19095 PI: Gavito-Higuera, Jose, Retrospective review of Creutzfeldt-Jakob Disease (CJD)
- E20086 PI: Zafar, Abdul M, Optimization of Abdominal Ultrasound Protocol
- E19118 PI: Gavito-Higuera, Jose, The effects of bariatric surgery and weight loss on food addiction, brain anatomy and connectivity
- E15042 PI: McCullum, Richard W, Radionuclide Gastric Emptying Before and After Consensus Recommendations: A Comparative Ongoing Study At Texas Tech University Hsc El Paso (collaboration)
- E19115 PI: Laks, Shaked, Medical Students Interest in Interventional Radiology: What do they know? Would the introduction of High-Fidelity Endovascular Simulation and Ultrasound Guided Phantom Interventions sessions make a difference?
- E18008 PI: Diaz, Jesus Rafael, MD, Emphysema Of Gastric Fundus And Dynamic Antral Scintigraphy In Patients With Suspected Upper GI-Dysmotility Disorder
- E20047 PI: Ayyappan, Anoop P, Radiological findings on ventilated trauma patients receiving Rotational kinetic bed therapy: Impact of high/rotational bed parameters.
- E19135 PI: Ayyappan, Anoop P, Comparison Of Chest CT findings In Cavitary Pulmonary Coccidioidomycosis With Mycobacterial Tuberculosis Cavitary Lung Disease
- E19096 PI: Ayyappan, Anoop P, Add Impact Of Forearm Dxa In Breast Cancer Patients In Determining Eligibility For Bone Modifying-Agent Therapy
- E14031 PI: Diaz, Jesus Rafael, MD Dynamic antral scintigraphy in patients with suspected gastric dysmotility disorders.

Residency Program

Please provide information regarding your department’s residency program, i.e.: recent accreditation, number of residents, and program updates. (if applicable)

- We currently have 12 Residents in our Residency Program
- Graduated residents: 23 (Class 2011 – 2020)
- The residency training program is divided into specialty radiology sections of abdominal imaging, vascular and interventional radiology, breast imaging, ultrasound, emergency radiology, musculoskeletal radiology, neuroradiology, nuclear radiology, pediatric radiology, and thoracic radiology. Technical modalities of CT, MRI, and ultrasound are incorporated into many of the subspecialty sections.
- Rotation Sites: UMC, EPCH, WBAMC, El Paso VA
Fellowship Program

- We currently have 2 open fellow positions:
  - Body Imaging Fellow
  - Women's Imaging Fellow
Issues/Concerns

Please list and explain the issues and/or concerns that are specific to your department.

Clinical
- Recruitment
- Work Space

Residency
- Faculty
- Subspeciality exposure

Questions?
Committee on Student Grading and Promotion

Michael D. Parsa, M.D. FAAEM, FACEP
Associate Professor, Emergency Medicine
Committee Chair, CSGP
November 16, 2020

Committee Composition and Terms of Service

- Nine Faculty Members - Voting Members (5 members needed for quorum)
  - Five Clinical faculty - Serving 3-5 year terms
    - 2 Associate Professor, Clerkship Director
    - 3 Assistant Professors
  - Three Medical Education faculty - Serving 3-5 year terms
    - 2 Associate Professor
    - 1 Instructor
  - One vacancy
- Five Ex-Officio - Non-Voting Members
  - 3 Office of Student Affairs
  - 1 Office of Student Services
  - 1 Office of Medical Education
New faculty GPC Nominees

- Diego Nino, MD, PhD
- Assistant Professor
- Department of Medical Education

- Gilberto Gonzalez, MD
- Assistant Professor
- Department of Orthopedic Surgery

New faculty GPC Nominee

- Christopher Castaneda, MD
- Assistant Professor
- Department of Psychiatry
Committee Charge

- The GPC is a committee of the faculty appointed by the Dean with recommendations by the Faculty Council and is charged with the responsibility to review and evaluate the academic and behavioral progress of each medical student enrolled at the TTUHSC El Paso Paul L. Foster School of Medicine. It is not a policy making body but rather applies the policies that are approved through the Curriculum Education Policy Committee and the Faculty Council.

Actions taken since last report - Confidential

<table>
<thead>
<tr>
<th>Months</th>
<th>Students Referred - Academic</th>
<th>Students Referred - Professionalism</th>
<th>Remediation</th>
<th>Repeat the Year</th>
<th>Referral to PWC</th>
<th>Dismissal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun. 2020</td>
<td>6</td>
<td></td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul. 2020</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Aug. 2020</td>
<td>Did not meet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep. 2020</td>
<td>2 / Returning from LOA</td>
<td>1</td>
<td>2</td>
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Totals

Outcomes:
- Remediation
- Repeat the Year
- Referral to PWC
- Dismissal
17/18 to 20/21 comparison

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<th>Totals</th>
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<th>Repeat the Year</th>
<th>Referral to PWC</th>
<th>Dismissal</th>
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* Totals only for months of June - October 2020

Upcoming actions

► We will continue to meet on a monthly basis or as needed.
Q&A