# CEPC Monthly Meeting

02.17.2020 05:00 PM - 06:30 PM

<table>
<thead>
<tr>
<th>Presenters</th>
<th>Hogg, Tanis</th>
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<td>Note Taker</td>
<td>Kasten, Andrew</td>
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<td>Location</td>
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TTUHSC EP Paul L. Foster School of Medicine
5001 El Paso Drive
El Paso, TX, 79905
USA
1. REVIEW OF MINUTES

Decision
January meeting minutes approved.

2. STUDENT REPORTS

Discussion
MS 1 raises no concerns

MS 2 raises no concerns

MS 3 raises concerns over waiting for meeting with Dr. Francis and Lourdes. also asks if it is possible to allow students to vote during CEPC meetings. Dr. Ogden asks when they finished the block meeting, MS3 responds with December - January. Dr. Hogg answers they will get the meeting Dr. Francis when she returns.

3. ANNOUNCEMENTS

Discussion

- NBME will be changing step 1 to a 3 digit scoring method in January 2022 (The discussion that lead up to this decision will be on the link within this agenda.)
- Dr. Ogden met with Dr. Lang regarding this scoring change and how it might affect the students.
- Will be reducing allowable number of STEP attempts from 6 down to 4.
- Will require all students to pass STEP 1 as a prerequisite for registering for or taking STEP 2 clinical skills.

4. CURRICULUM AS-A-WHOLE REVIEW

Presenter(s): Hogg, Tanis

Discussion

Annual program evaluation report has been completed, and has shown issues that need to be addressed within the year 1,2 and 3,4 committee levels. We will need to conduct a critical review of our Educational Program Goals and Objectives, as well as our linkages between courses, assessments and PGOs.

4.1. CRITICAL REVIEW OF PLFSOM PGOS

Discussion

AAMC came up with a competency list called the Physician Competency Reference Set or PCRS, to define the desired out comes of Medical Education and to evaluate competency across ones entire training career. It is organized into 8 domains, our PGOs are equivalent to the PCRS. PLFSOM is currently working towards a student performance dashboard that gathers data and would give overall performance feedback. Students would be able to see real time performance and how the data is being used to populate the performance in each of the competency domains. It is important to develop a durable set of PGOs that are mapped down to the learning objective level.
Before initiating a curriculum as a whole mapping audit, the committee will need to consider if we are happy with our current PGOs or if we need to add things like USMLE outline and blooms taxonomy. Will require detailed mapping to provide relevant data.

4.1.1. PATIENT CARE

Discussion

- PGO 1.1 same as PCRS 1.2
- PGO 1.2 same as PCRS 1.5
- PGO 1.3 is unique to PLFSOM. It is not mapped to PCRS. Dr. Kassar recommends deleting most of 1.3 and adding the last sentence to 1.2. Dr. Nino mentions it is the same as 1.2 and should be deleted unless mapped directly to 1.3. Dr. Ogden agrees that it should be combined with 1.2.
- PGO 1.4 same as PCRS 1.3
- PGO 1.5 is more the same as 1.2 in a broad sense. Dr. Brower mentions he remembers this being an issue in the past and recommends waiting for Dr. Francis before deciding.
- PGO 1.6 again overlaps with 1.2, committee approves removing it
- PGO 1.7 overlaps with 1.1 and 4.4, Committee approves removing it.
- PGO 1.8 same as PCRS
- PGO 1.9 has slight wording variation from PCRS, committee votes to keep as is.
- PGO 1.10 similar to PCRS 1.1.
- PCRS 1.4 is redundant with 1.1 and will be left out.
- PCRS 1.8 will be left out.
- PCRS 1.10 will be left out.
- PCRS 1.11 is a GME and will be left out.

4.1.2. KNOWLEDGE FOR PRACTICE

Discussion

- PGO 2.1 is completely unique to PLFSOM and is the most commonly mapped PGO in the Pre-Clerkship curriculum. MS 3 recommends leaving it as is due to it being mapped already, committee agrees.
- PGO 2.2 has slight wording variation, committee decides to keep it as is.
- PGO 2.3 has slight wording variation, committee decides to keep it as is.
- PGO 2.4 is identical.
4.1.3. PRACTICE-BASED LEARNING AND IMPROVEMENT

Discussion

- PGO 3.1 Same wording
- PGO 3.2 Unique to PLFSOM.
- PGO 3.3 Slight wording variation.
- PGO 3.4 Same as PCRS
- PGO 3.5 Slight wording Variation
- PCRS 3.1 Dr. Hogg mentions it is along the same lines as PGO 3.1, Dr. Ogden disagrees and replies one is about coming up with learning activities to address your gaps and the other is about finding out what your gaps are. Dr. Brower replies they both identify gaps and it may have been an effort to roll the two together. A concern is raised over how we would map and measure gaps in your learning, Dr. Ogden replies we could take performance over year 1 and 2 and break it down to strengths and weaknesses. Dr. Brower recommends combining the two, Dr. Hogg agrees and will come up with a draft to present at the next meeting.
- PCRS 3.2 Will be left out due to redundancy.
- PCRS 3.4 Cant be done with the current system and will be left out.
- PCRS 3.7 Is covered under PGO 3.4.
- PCRS 3.8 Committee votes to add to the PLFSOM PGO
- PCRS 3.10 is covered over multiple areas in PLFSOM PGOs

4.1.4. INTERPERSONAL AND COMMUNICATION SKILLS

Discussion

- PGO 4.1 Slight wording variation, Committee votes to leave as is.
- PGO 4.2 Slight wording variation, Committee votes to leave as is.
- PGO 4.3 Wording variation, Committee votes to leave as is.
- PGO 4.4 Wording variation, Committee votes to leave as is.
PCRS 4.3 Covered in PGO 7.3.

PCRS 4.4 Is not a student expectation. Will not be added to PGO.

PCRS 4.7 Is not measurable. Will not be added to PGO.

## Discussion

Meeting adjourned at 6:16PM