CEPC MEETING AGENDA
01:00 PM - 02:30 PM
05/12/2022

CHAIR:
Dr. Irene Alexandraki, MD, MPH, FACP

VOTING MEMBERS:
Colby Genrich, MD; Fatima Gutierrez, MD; Brad Fuhrman MD; Houriya Ayoubieh, MD; Jessica Chacon, PhD; Munmun Chattopadhyay, PhD; Niti Manglik, MD; Osvaldo Padilla, MD; Patricia Ortiz, MD

EX-OFFICIO:
Lisa Beinhoff PhD; Blake Busey, MS; Linda S. Ellis, MD; Maureen Francis, MD; Tanis Hogg, PhD; Julio Batiz

STUDENT REPRESENTATIVES:
Rowan Sankar MS1 (Voting); Nick Malize MS1 (Ex Officio); Whitney Shaffer MS2 (Voting); Rohan Rereddy MS2 (Ex Officio); Miraal Dharamsi MS3 (Voting); Daniel Tran MS3 (Ex Officio); Karishma Palvadi MS4 (Voting); Runail Ratnani MS4 (Ex Officio)

INVITED/GUESTS:
Richard Brower, MD, FAAN; Christiane Herber-Valdez, PhD; Martin Charmaine, MD; Diana Pettit, PhD; Dale W. Quest, PhD; Thwe Htay, MD; Narges Khanjani, MD; Ricardo Belmares, PhD; Kitch Rachel; Kedzie Arrington; Athulya Johnson; Nicholas Martinez; Allen Wang; Curt Pfarr, PhD; E. Lee Rosenthal, PhD

APPROVAL OF MINUTES
Minutes will be attached.

ITEMS FROM STUDENT REPRESENTATIVES
Presenter(s): Students

ITEM I PRE-CLERKSHIP PHASE REVIEW – MAS I&II TEAM
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OPEN FORUM

ADJOURN
MEMBERS IN ATTENDANCE:
Irene Alexandraki, Brad Fuhrman, Colby Genrich, Fatima Gutierrez, Houriya Ayoubieh, Maureen Francis, Munmun Chattopadhyay, Niti Manglik, Nick Malize, Lisa Beinhoff, Osvaldo Padilla, Patricia Ortiz

MEMBERS NOT IN ATTENDANCE:
Blake Busey, Linda S. Ellis Julio, Jessica Chacon, Palvadi Karishma, Runail Ratnani, Rowan Sankar, Miraal Dharamsi, Tanis Hogg, Tran Daniel, Whitney Shaffer

PRESENTERS/GUESTS IN ATTENDANCE:
Richard Brower, MD, FAAN; Diana Pettit, PhD; Dale Quest, PhD; Thwe Htay, MD; Narges Khanjani, MD; Ricardo Belmares, PhD; Rachel Kitch MS3; Athulya Johnson; E. Lee Rosenthal, PhD; Maria Coter; Priya Harindranathan

INVITED/GUESTS NOT IN ATTENDANCE:
Charmaine Martin, Kedzie Arrington, Allen Wang

REVIEW AND APPROVAL OF MINUTES
Dr. Alexandraki CEPC Chair

- Having met quorum, the meeting minutes from April 14, 2022 meeting were voted on and approved as presented.

Decision: Dr. Manglik moves the motion for approval.
Dr. Ayoubieh seconds the motion.
No objections: Motion was approved.

ITEMS FROM STUDENT REPRESENTATIVES
Presenter(s): Students
No issues to report.

ITEM I PRE-CLERKSHIP PHASE REVIEW – MAS I&III TEAM

Presenter(s): Dr. Diana Pettit

College Colloquium (MAS I&III) review team: Dr. Pettit; Dr. Manglik; Dr. Quest; Students: Kedzie Arrington and Rachel Kitch *Please see attached report.

Dr. Pettit emphasized overall high regard for the course. Students appreciated the College Mentors’ efforts to make this a good experience during the pandemic.

The review team identified challenges and made the following recommendations for course improvement:

- Need for additional faculty to serve as College Mentors.
- Need for a more diverse group of faculty serving as College Mentors.
- Need to provide students with more opportunities for self-directed learning.
- Need for more consistency across Colleges.
- There is significant overlap with the Society, Community and the Individual (SCI) course; the course directors to work with SCI course directors for better integration.

In addition, the review team suggested that SCI and MAS curricula should be reconciled, core competencies organized, and narrative-based grading should be included. Dr. Pettit pointed out that a larger cohort of college mentors is needed and could be comprised of early, mid, and later career members of faculty.

The team suggested that relationships between session-level objectives and outcome-based course-level goals and objectives should be more explicit. Also, assessments should be put in place to track measurable progress of students.

The review team concluded that College Colloquium (MAS) and Society, Community and the Individual (SCI) course directors should appropriately map and sequence courses to educational program objectives to avoid redundancy and make repetition intentional where necessary.
Discussion held regarding the MAS I & III review:

Student, Rachel Kitch, pointed out that there are no Latino/Hispanic College Mentors, and that the school should be more intentional about diversity in the College Colloquium mentorship. Dr. Alexandraki acknowledged that diversity was a good point.

Dr. Ayoubieh stated that institutional support is needed to resolve understaffing issues. She also stated that faculty are in the process of reviewing the objectives and topics with the goal to unify objectives better.

Dr. Alexandraki asked Dr. Ayoubieh and Dr. Rosenthal to align the two courses better to avoid redundancies.

Decision about the MAS I&III Review.
Dr. Padilla moves the motion for approval.
Dr. Chattopadhyay seconds the motion.
No objections: Motion was approved.

ITEM II PRE-CLERKSHIP PHASE REVIEW – SCI I&III TEAM

Presenter(s): Dr. Ayoubieh

Society, Community and the Individual (SCI I&III) review team: Dr. Ayoubieh; Dr. Francis; Dr. Belmares; Students: Nick Martinez and Allen Wang *Please see attached report.

The review team identified the following positive aspects:

- Course addressed important topics extending beyond the USMLE STEP 1 focus.
- Students enjoyed and valued the panel discussions, guest speakers, group activities as well as the self-paced learning.
- Students valued the biostatistics component because it was relevant to STEP 1.

The team suggested the following:
o Evaluate biostatistics to focus more on STEP 1 related content.
o Reorganize sessions so that the mandatory ones are not during SPM heavy weeks.
o Decrease repetition especially from Immersion and combine sessions or offer asynchronous learning for activities covered more than once.
o Add clinical content and encounters to the Spanish component of the course.
o Have course directors review the exam content and inform students about the value of non-STEP 1 related content to their professional development.
o At end of year consider using NBME Health Systems Sciences Exam or NBME Statistics Custom Exam so that students feel there is more alignment of the content with national standards.
o Community clinic experience was not viewed as valuable by all students. Consider discussing the clinical experience with the preceptors to enhance the overall student experience and engagement

Discussion held regarding SCI I&III review.

Dr. Belmares commented that significant number of students stated that the content repetition was excessive and that should be addressed. Dr. Rosenthal said that she will collaborate with College Mentors to address the redundancy in the curriculum. Dr. Ortiz commented on the value of redundancy in the curriculum based on her experience as a student at PLFSOM. She explained that it is helpful to hear things more than once but maybe consider finding ways to be intentional about it. Dr. Alexandraki agreed that content had to be intentional, integrated and spaced apart to reinforce the learning.

Decision about the SCI I&III Review.
Dr. Manglik moves the motion for approval.
Dr. Padilla seconds the motion.
No objections: Motion was approved.
ITEM III PRE-CLERKSHIP PHASE REVIEW – SCI II&IV TEAM

Presenter(s): Dr. Khanjani

Society, Community and the Individual (SCI II&IV) review team: Dr. Htay; Dr. Khanjani; Students: Whitney Shaffer and Athulya Johnson *Please see attached report.

The review team identified the following course strengths:
- Well-designed course and aligned with SPM curriculum.
- The interdisciplinary style of teaching.
- Student collaboration with other health professionals.
- Statistics content was clear and well delivered.
- SCI helped students to realize how public health and medicine are interwoven.
- Course connects students with members of the community.
- Having biostatistics before submitting SARP proposals was helpful.

Team outlined recommendations for improvement based on students’ evaluation:
- Course organization - avoid duplication and repetition of course material in SCI; Colloquium and Immersion should be decreased; course objectives should be more clear; deadlines should be more consistent; unified platform (Elentra) should be used primarily for communication and dissemination of materials to students.
- Mandatory sessions to be decreased.
- Spanish course to focus more on conversational Spanish.
- Adding a refresher course on biostats/epi before the STEP 1 exam would be helpful.
- Exam and Assignments – consider less workload and more concise assignments; timely feedback; implementing a better way of evaluating understanding of the non-biostatistics portion of the course; the public health questions should accurately reflect the content in lectures; the SCI exam should not intersect with SPM; more practice questions and USMLE style questions.
- Preceptors need a more clear and organized schedule.

Discussion held regarding SCI II&IV review.
Student, Nick Malize stated that the testing recommendations would be a good option. Dr. Rosenthal stated that they are looking for some alternatives in testing and assessment piece of the SCI. She mentioned that there might be a merit in testing out of some content of Spanish as well as in Biostats and epi. She explained that this might provide an uplift for students but she was not sure. She also stated that logistics from Elentra may give some opportunities for a bulletin board, and that communication in an online platform might be good.

Decision about the SCI II&IV Review.
Dr. Dr. Ayoubieh moves the motion for approval.
Dr. Dr. Genrich seconds the motion.
No objections: Motion was approved.

**ITEM IV 4rd YEAR CLERKSHIP SYLLABI UPDATE**

**Presenter(s): Dr. Francis**  *Report is attached.*

Dr. Francis provided a summary of the changes in the following units:
- Surgical Intensive Care Unit (SICU)
- Pediatric Intensive Care Unit (PICU)
- Neurosurgical Intensive Care Unit (NSICU)
- Sub-Internships
- Emergency Medicine & Neurology & Boot camp
- Elective Course Change – It was proposed that Library course goes fully virtual (currently hybrid).

Dr. Fuhrman queried if there were enough opportunities for students to participate in hands-on airway management in PICU. Dr. Francis explained that there are electives available in pediatric anesthesia that provide these hands-on experiences.

Decision about the 4th year clerkship syllabi update.
Dr. Ayoubieh moves the motion for approval.
Dr. Manglik seconds the motion.
No objections: Motion was approved.
ITEM V CLERKSHIP DIRECTORS UPDATE

Presenter(s): Dr. Francis  * Please see attached report.

- Dr. Grace Ng will temporarily replace Dr. Susan McLean, SICU director.
- Dr. Wajeeha Saeed will replace Dr. Charishma Boppana as the Bootcamp Co-director
  *Curriculum Vitae is attached.
- Dr. Lynn Hernana (Fuhrman) is retiring – replacement is pending.

Decision about proposed updates:
Dr. Ayoubieh moves the motion for approval.
Dr. Manglik seconds the motion.
No objections: Motion was approved.

ADJOURN

Meeting adjourned at 2:30pm.
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Pre-Clerkship Phase Review Team 5 Report

College Colloquium I (Year 1, PMAS 5101)
&
College Colloquium III (Year 2, PMAS 6111)

Academic Year 2020 – 2021: Fall Semester

Course Directors:
  Houriya Ayoubieh, M.D.
  Curt Pfarr, PhD.

Unit Associate Director: Denise Delgado

Team 5 members:
  Kedzie Arrington
  Rachel Kitch
  Diana Pettit
  Niti Manglik
  Dale Quest
College Colloquium I and College Colloquium III are the two Fall semester courses in a series of four courses (College Colloquium I - IV) that span the pre-clinical years.

Weekly two-hour sessions address ethics, controversies in medicine, evidence-based medicine, critical thinking, safety and quality improvement, communication, humanism, empathy, wellness, life-long learning, bias, leadership, and professionalism.

Short didactic presentations introduce a session topic, followed by facilitated discussion.
Student Evaluations:
MS1 Colloquium Fall Report AY 2020-2021
MS2 Colloquium Fall Report AY 2020-2021

1. MS1 and MS2 course evaluations similarly reflect students’ very high overall regard for the course itself, and appreciation and respect for their College Mentors.
2. Those endorsements are especially remarkable during an academic year of CoVid-19 mandated transition to web-based delivery of a course in which mentor-facilitated dialogue and debate among student participants figures so prominently.
3. MS1 student, “just hope to be in person for it next year! ”
4. For some, the social experience was relief from isolation, others a prompt to engage with their College-mates amidst mounting apathy for the distanced medical school experience.
Team 5 Student Member Input:

Challenges:
- faculty
- lack of self-directed learning
- lack of consistency across Colleges
- significant overlap with Society, Community and the Individual course

Suggestions:
- reconcile CC & SCI curricula
- consider organizing core competencies
- consider including narrative-based grading
Course Directors’ Report:

1. A series of ‘College Mentor’ retirements has clustered due in part to lapsed succession planning and unforeseen challenges in recruiting suitably qualified replacements.
2. Need to replete dedicated qualified ‘College Mentors’ in sufficient number and with protected time to plan, implement and refine the course.
3. Meanwhile, contingencies include facilitation of College Colloquium sessions by one rather than paired College Mentors, and adaptive scheduling of sessions.
4. Appointments to ‘College Mentor’ positions have tended to be filled by senior faculty, but College Colloquium could be facilitated by people with less seniority and experience because the faculty mentors can work collaboratively in support of each other’s efficacy as College Mentors. It follows that a larger cohort of College Mentors might more aptly be comprised of early-, mid-, and late- career members of faculty.
LCME standards and elements 9.5 and 9.7: In every required course, the medical school’s curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship.

1. more can be done to provide students with tangible actionable feedback and assessments of their progress and achievement of purpose, aims and the learning intents of the College Colloquium.

2. review of all of the College Colloquium course objectives, generate a set of session level statements that define:
   • What learners should already have learned in preparation for each session
   • What learners should learn and take away from each session

3. Make relationship of session-level objectives to outcome-based College Colloquium course-level goals and objectives explicit, and put assessments in place to track measurable progress moving toward what accreditation standards promulgate as, “expectations for progressive student development in explicit alignment with the medical school program goals and objectives”
This medical school has two series of courses in the pre-clerkship phase “College Colloquium” and “Society, Community and the Individual” that have unplanned overlaps and indistinct perspectives on broad topic areas.

Those two courses have common themes that align intuitively with the eight overarching educational program objectives. Need to reconcile the extent that the two courses overlap.

**Suggestion:** Faculty involved in planning and implementing the “College Colloquium” and “Society, Community and the Individual” courses could inventory what topics and perspectives are unique or complimentary, and appropriately map and sequence topics to the eight overarching educational program objectives (patient care, knowledge for practice, practice-based learning & improvement, interpersonal & communication skills, professionalism, systems-based practice, interprofessional collaboration, and personal & professional development).
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Pre-Clerkship Phase Review Report AY 2020/21

Society Community and the Individual (SCI I & III– Fall 2020 Semester)

Course Directors:
E. Lee Rosenthal, Ph.D., M.S., M.P.H
Jorge L. Cervantes. M.D., Ph.D.

Team 5 members:
Houriya Ayoubieh
Maureen Francis
Ricardo Belmares
Nick Martinez
Allen Wang
SCI I and SCI III are the two Fall semester courses in a series of four courses that span the pre-clinical years.

Multiple components: Immersion, Spanish, community health experiences, biostatistics that take on various formats
Student Evaluations- positive aspects:
  MS1 SCI I Fall Report AY 2020-2021
  MS2 SCI II Fall Report AY 2020-2021

1. This course addresses important issues outside of the STEP focus; e.g. health insurance, community and health, access to care.
2. The students value some of the panel discussions and guest speakers, the small group activities, and the self-paced learning.
3. They value the Biostatistics components
Student Evaluations suggested improvements:

MS1 SCI I Fall Report AY 2020-2021
MS2 SCI II Fall Report AY 2020-2021

- Evaluate Biostatistics to focus on STEP1 content.
- Reorganize the sessions so that mandatory sessions are not during SPM heavy weeks. Consider alternatives to mandatory sessions such as essay about the topic.
- In person Spanish. Having modules and in-person Spanish closely aligned with clinical topics is an excellent model and is encouraged, as canopy is not aligned with the curriculum.
- Consider alternative assessment strategies so that students are not cramming for the test during SPM exam weeks. Consider reorganizing SCI assignments to weeks that are less SPM heavy.
- Decrease repetition especially from Immersion, and combine sessions or offer asynchronous learning.
Course Directors’ Report:

1. Difficulty with the virtual transition was noted, innovative alternatives were offered and were well received.
2. The schedule needed to be reorganized because of the limited number of teaching faculty.
Recommendations

- Review session flow (statistics separately from health system sciences) and consider summarizing take-home objectives for the sessions.
- Review sessions eliminating unnecessary redundancy and keep purposeful repetition where deemed necessary for content that is covered in Immersion and the rest of the year.
- Review the number of problem sets and consider adjustments if there is redundancy.
- Review exam and assignment schedules to avoid SPM heavy weeks/exams where possible.
- In-person Spanish was very helpful prior to the pandemic and was brought back as the primary method of teaching medical Spanish. Include clinical content in Spanish sessions where possible.
- Review team recommends that the course directors review exam content and inform students about the importance and value of non STEP1 related content to their professional development.
- Consider using the NBME Health Systems Sciences Exam at the end of the year and NBME statistics custom exam.
- Community clinic experience was not viewed as valuable by all students. Consider discussing the clinical experience with the preceptors to enhance student experience and engagement.
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Pre-Clerkship Phase Review Report AY 2020/21-Society Community and the Individual Review Team
SCI II&IV–Spring Semester

Thwe Htay, Narges Khanjani (Faculty)
Whitney Shaffer, Athulya Johnson (Students)
Strengths

• The course is well-designed and aligns with the SPM curriculum.
• Material is digestible and not overwhelming.
• The objectives were clearly identified and well met.
• Students liked the variety of guest speakers, talks about insurance networks (Medicare and Medicaid, that students felt were very applicable), the research methods, biostatistics and IRB classes (that helped them with their SARP project), and short panel discussions (because it brought insight into areas that students did not hear about before). The inter-disciplinary style of teaching was helpful.
• Students like the fact that they could collaborate with other health professions.
• The Digital Health lecture which covered EMRs and Meaningful Use and other quality of care measures are of supreme relevance to other topics covered.
• Students liked the online classes. Students also liked the self-paced module and had less stress since they could do the module at a time and pace that best suited them.
• Students liked the fact that not all sessions were mandatory. Students thought having some non-mandatory sessions is beneficial. If all sessions were mandatory, it would become overwhelming.
Strengths

• The review session was extremely helpful.
• Statistics information was delivered well and clearly.
• MS2 liked the online Spanish classes more than MS1s, and said Canopy is good at tracking progress and they could go at their own pace.
• Students also enjoyed the talks about social workers and electronic health records and felt they had learned useful information regarding those topics.
• Lectures that discuss mental health, racism in health care, and other important topics are a benefit of this course.
• Students enjoyed hearing patients speak during the NAMI presentation. They loved the TedTalks at the end of the unit and all of the panels. They thought they were very informative.
• Students thought SCI has helped them realize how public health and medicine are interwoven and that health reaches beyond the clinic and into a person's environment.
• This course attempts to connect students with members of the community.
Recommendations for improvement

The course is not well organized.

- Decrease repetition and duplicate material, some things are being repeated several times, in SCI, colloquium and immersion.
- Students want more organized format, more clear objectives, more examples on how they will use this knowledge in practice.
- Students need more time and a less busy schedule at the end of the semester. Apparently, multiple mandatory panels were scheduled at the end of the semester coming up on final exams.
- Students want more consistent deadlines, and want to know about the schedule in advance. They stated the deadlines for assignments were not clear, and they were shifted back. Solid deadlines should be used. It should be laid out in advance and stay clear. Students with late submission get advantage. There should be a policy for late submissions.
- Students requested that lecturers stick to the deadlines for uploading educational material before the classes.
- Students have to get informed about the material that will be tested, sooner; just a few weeks before is not enough.
- Do not run over time. Students need time for a break and getting ready for the next session. The students even thought finishing a few minutes earlier would help.
- The platform for communication with students should be clear and unified. For example, everything posted in Elentra. Sending too many lengthy emails is confusing. Confusion is also happening because of the various sources of information.
Mandatory sessions decrease or Mandatory sessions determined based on student feedback.

• Students stated that they are able to understand and engage with material better when they are given the option to study the material at their own pace and in their own timing. They also stated that they do not need to attend a given session in order to understand a topic. They want to only attend the lectures that they need. Students stated that if lecturers give them the material they need to learn, they could learn it on their own.

• They also commented that if they are going to have live sessions they should be either problems sessions where students are engaging with the material and being challenged, or they should be open ended office hour type sessions where students can come with questions they have prepared themselves so as to better understand the material they are struggling with.

• Students stated that mandatory attendance only makes sense in a scenario where a student can only gain the skills or insight by participating together in that particular activity. Lectures on biostatistics or research methods do not fall into this category. Students should be empowered to direct their own education in every area where it is feasible.

• Students requested that “more advanced students should be able to test out of lower levels without going through every single module.”
Recommendations for improvement

Spanish Courses

• MS1s didn’t like 100% online Spanish, and thought a hybrid system was better, because they didn’t have interaction. Students wanted to learn more speaking and listening.

• MS1s thought Canopy was disorganized and does not teach Spanish properly. Students are more interested in conversational Spanish, and think it is more important than grammar. But, Canopy focuses on grammar more than conversation.

• Students though most of the assignments in Spanish were useless. Secondly, those students in a lower level of Spanish had 10x more work than the upper levels. Students felt that they were getting punished for not knowing Spanish.
Recommendations for improvement

**Biostatistics Courses**

- There is a big variation in biostatistics knowledge in the class. Although some students commented that biostatistics was challenging and beyond the scope of what they needed to know, and the curriculum has to change and become easier; on the other hand, some students commented that they wanted the class to be more advanced, and to do even basic statistics programming.
- Students were not happy with biostatistics in 3 weeks, and needed more time.
- The online biostatistics modules were long and difficult to navigate through the module and they couldn’t go to the exact location that they needed and had to see the whole module from the very beginning, and they had to do all of the questions again. It needs to be more user friendly. Students also wanted to have the option to speed up the audios.
- Students think the biostatistics lectures were very hard to follow without adequate practice problems.
- Students thought having biostatistics lectures before submitting their SARP proposal is beneficial.
- A refresher course on biostats/epid before the STEP exam would help.
Recommendations for improvement

Exams & Assignments

• The load of work/assignments/lectures for this class sometimes is more overwhelming and time-consuming than other classes combined. Assignments should become less or more concise.

• Students need timely feedback. The problem set was due after the exam and students could not use the feedback from the problem set for their final exam.

• Students wanted a better way of evaluating their understanding of the non-biostatistics portion of the course. Exam questions regarding these portions often do not require any critical thinking, just memorization.

• Some of the exam questions seem subjective in nature with most of the answer choices being defensible, if it was in an essay format.

• The public health questions do not accurately reflected the content in the lectures.

• Last minute assignments were annoying.

• The lectures on the exam was provided less than 2 weeks prior to the final. There were more lectures to review than normal with less time available. Please give the list of lectures at least 1 month in advance from final/sci exam date.

• Students think it would be a good idea if they had an exam after immersion (instead of mid-term), when the information is still fresh in their mind. With the exam, students will take immersion more serious. Also, teachers can use immersion to find out about the weaknesses of students.

• Students wanted the SCI exam to be at a different time, as a separate exam, so that they can focus on SCI, and SCI is not neglected. Now most of their time is used for reading SPM. Students want SPM exam first and then the SCI exam, so that they can put time separately for SCI.
Recommendations for improvement

Other Comments

- Students want more interaction and more real like scenarios. Teamwork might be an option.
- Students wanted more practice questions and USMLE style questions to get ready for the STEP exam.
- Long sessions in the panel are tiresome and should be shortened or split up. The medical insurance panel was too long (4 hours), and tiring.
- Students need more user friendly software. It was difficult to access some old material on Champ.
- Students did not like the online virtual environment for the integrated sessions with other professions (Team Steps).
- Material should be more tailored for physicians. More in simple language, not MPH or PhD level. And more tailored for clinical practice.
- It seems like a waste of expertise and resources when professionals come in from the community and then students are we split up into discussions groups and they are expecting the students to say everything or answer questions.
- It is a good idea to introduce students to professionals such as social workers and CHWs but might be worthwhile to discuss the roles of psychologists and other counselors in the context of mental health care, as well.
- Some lectures do not require group activities. “For example, the CHW and Social work lecture .”
- Some SCI lectures started with 10 minutes of introductory remarks and these remarks had already been sent to students in emails.”
- Better follow-up on preceptors is needed. Preceptors need a clear and fixed schedule. “I did not find any of the preceptor visits useful. My preceptor hardly even spoke to me.”
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<td>Stephanie Mishaw</td>
<td>Assistant Clerkship Director</td>
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<tr>
<td>Year 4 Clerkship</td>
<td>Name</td>
<td>FTE</td>
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<tr>
<td>Surgery Sub I</td>
<td>Alonso Andrade</td>
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<tr>
<td>IM Sub I</td>
<td>Fatma Dihown</td>
<td>0.2</td>
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<tr>
<td>FM Sub I</td>
<td>Gerardo Vazquez</td>
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<tr>
<td>Pediatrics Sub I</td>
<td>Ittay Moreno</td>
<td>0.2</td>
<td></td>
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<tr>
<td>OB/GYN Sub I</td>
<td>Mary Ann Son</td>
<td>0.2</td>
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<tr>
<td>MICU</td>
<td>Harold Hughes</td>
<td>0.1</td>
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<tr>
<td>CVICU</td>
<td>Debabrata Mukherjee</td>
<td>0.1</td>
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<tr>
<td>PICU</td>
<td>Avi Kopstick</td>
<td>0.1</td>
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<tr>
<td>NICU</td>
<td>Ajay Singh</td>
<td>0.1</td>
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<tr>
<td>SICU</td>
<td>Grace Ng <em>(replacing Susan McLean temporarily until new physician arrives)</em></td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td>Neuro ICU</td>
<td>Anantha Vellipuram</td>
<td>0.1</td>
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<tr>
<td>Emergency Medicine</td>
<td>Michael Parsa</td>
<td>0.5</td>
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<tr>
<td></td>
<td>Kelley Stanko – Assistant Clerkship Director EM</td>
<td>0.1</td>
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<tr>
<td>Neurology</td>
<td>Sushma Yerram</td>
<td>0.5</td>
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<tr>
<td>Bootcamp Co-director</td>
<td>Neha Sehgal</td>
<td>0.25</td>
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<tr>
<td>Bootcamp Co-director</td>
<td>Wajeeha Saeed <em>(Replacing Dr. Charishma Boppana)</em></td>
<td>0.25</td>
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</tr>
</tbody>
</table>
Curriculum Vitale
Margo N. Carlin

6720 Congress Avenue, #205
drmargocarlin@gmail.com
Boca Raton, FL 33487
T 267-279-4416

EDUCATION

<table>
<thead>
<tr>
<th>Degree</th>
<th>Institution</th>
<th>Major(s)</th>
<th>Date</th>
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<tbody>
<tr>
<td>B.S.</td>
<td>Temple University</td>
<td>Chemistry, Spanish</td>
<td>2004-2010</td>
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<tr>
<td>D.O.</td>
<td>Philadelphia College of Osteopathic Medicine</td>
<td>2010-2014</td>
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<tr>
<td>Internship</td>
<td>Larkin Community Hospital</td>
<td>Anesthesiology</td>
<td>2014-2015</td>
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<tr>
<td>Residency</td>
<td>General Surgery, Larkin Community Hospital</td>
<td>2015-2019</td>
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<tr>
<td>Fellowship</td>
<td>Acute Care Surgery, Emory University</td>
<td>2019-2020</td>
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<tr>
<td>Fellowship</td>
<td>Surgical Critical Care, Kendall Regional Medical Center</td>
<td>2020-2021</td>
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<tr>
<td>Research</td>
<td>Trauma Critical Care Research Fellow, Florida International University</td>
<td>2020-2021</td>
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LICENSURE

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<tr>
<th>License</th>
<th>Issued</th>
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<tbody>
<tr>
<td>Georgia Medical License #82581</td>
<td>03/19/2019</td>
<td>04/30/2022</td>
</tr>
<tr>
<td>Florida Medical License #OS15653</td>
<td>09/27/2018</td>
<td>03/31/2022</td>
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CERTIFICATIONS

<table>
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<th>Certification</th>
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<tbody>
<tr>
<td>American Osteopathic Board of Surgery #3251</td>
<td>12/20/2019</td>
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<tr>
<td>Fundamentals of Laparoscopic Surgery (FLS)</td>
<td>05/2019</td>
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<tr>
<td>Fundamentals of Endoscopic Surgery (FES)</td>
<td>05/2019</td>
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<tr>
<td>Basic Life Support (BLS)</td>
<td>2018-2022</td>
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<tr>
<td>Advanced Cardiovascular Life Support (ACLS)</td>
<td>2018-2022</td>
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<tr>
<td>Pediatric Advanced Life Support (PALS)</td>
<td>2018-2022</td>
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<tr>
<td>Advanced Trauma Life Support (ATLS)</td>
<td>2019-2023</td>
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<tr>
<td>Certificate of Completion, Thoracic Trauma Technology Symposium</td>
<td>2017</td>
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EMPLOYMENT

<table>
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<tr>
<th>Position</th>
<th>Institution</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Teaching Assistant, Gross Anatomy</td>
<td>Philadelphia College of Osteopathic Medicine</td>
<td>2011</td>
</tr>
</tbody>
</table>
Instructor of Applied Anatomy, Cadaver Lab  2015
Miami Anatomical Research Center (M.A.R.C)

Occupational Medical Center, Physician  10/2018-06/2019
Miami, Florida

Medical Services Corporation, Physician  10/2018-07/2019
Miami, Florida

**LEADERSHIP**

Chief Resident, General Surgery, Larkin Community Hospital
Performance Improvement Committee, Larkin Community Hospital

**HONORS/AWARDS**

Temple University

- Four-year Partial Academic Scholarship  2006-2010
- Dean’s List  2006-2010
- Walt Disney World College Internship  2006
- Distinction in Major  2010
- Sigma Delta Pi Sociedad Nacional Honoraria Hispánica  2010

Philadelphia College of Osteopathic Medicine

- Class of 1985 Scholarship
- Philadelphia College of Osteopathic Medicine Foundation Scholarship
- Class Gift Scholarship
- D.O. Scholarship
- Dr. T.M. Rowland Junior Scholarship
- Robert Wood Johnson Scholarship
- American Trauma Society Medical Student Scholarship
- Board of Trustees Scholarship

1st Place Award - Robert C. Erwin Literary Competition, American College of Osteopathic Surgeons, 2018

4th Place Award - Robert C. Erwin Literary Competition, American College of Osteopathic Surgeons, 2018

Outstanding Resident of the Year in Surgery Award, American Osteopathic Foundation & American College of Osteopathic Surgeons, 2018
4th Place Award - Robert C. Erwin Literary Competition, American College of Osteopathic Surgeons, 2019

Oriens Award, Fellow - Eastern Association for the Surgery of Trauma, 2020

PROFESSIONAL MEMBERSHIPS

<table>
<thead>
<tr>
<th>Year</th>
<th>Membership</th>
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<tbody>
<tr>
<td>2015 -</td>
<td>American College of Osteopathic Surgeons</td>
</tr>
<tr>
<td>2016 -</td>
<td>Resident and Associate Society American College of Surgeons</td>
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<tr>
<td>2016 -</td>
<td>Florida Medical Association</td>
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<tr>
<td>2016 -</td>
<td>Association for Academic Surgery</td>
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<tr>
<td>2016 -</td>
<td>Florida Chapter, American College of Surgeons</td>
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<tr>
<td>2019 -</td>
<td>Eastern Association For The Surgery of Trauma (EAST)</td>
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<tr>
<td>2020 -</td>
<td>American Association For The Surgery Of Trauma (AAST)</td>
</tr>
<tr>
<td>2020 -</td>
<td>American Society For Parenteral And Enteral Nutrition (ASPEN)</td>
</tr>
</tbody>
</table>

PUBLICATIONS


**ABSTRACTS ACCEPTED FOR PRESENTATIONS**


Daneshpajouh A, **Carlin M**, Katz J, Tymchak A, Fokin A, Puente, I. *Reduction of Futile Interventions in Trauma ICU Patients Receiving Palliative Care Consultation.* Podium
Presentation. Florida Committee on Trauma, April 2018, Loews Sapphire Falls Resort, Orlando, Florida.


**RESEARCH SUPPORT**

*Project Title:* Role Of The Ketogenic Diet In Neuroinflammation After Traumatic Brain Injury  
*Principal Investigator:* Ivan Puente MD  
*Co-Principal Investigator:* Margo Carlin DO  
*Study Type:* Prospective Randomized Multicenter Study  
*IRB Approval:* 9/9/2020  
*Extramural Funding Source:* Nutricia North America  
*Date Received:* 12/6/2020  
*Grant Award:* $16,160.40

**ACTIVE PROJECTS**


**ORAL PRESENTATIONS**

*The Traumatically Broken Heart: A Case of Cardiac Tamponade After Blunt Trauma.* 2020
Video Presentation
American College of Surgeons
Clinical Congress
Chicago, Illinois.

*Endpoints of Resuscitation & Fluid Resuscitation After Trauma* 2020
Trauma Grand Rounds
Kendall Regional Medical Center
Miami, FL

*The 11-Item Modified Frailty Index as a Tool to Predict Unplanned Events in Traumatic Brain Injury* 2020
Podium Presentation
Southeastern Surgical Congress, Annual Meeting
New Orleans, Louisiana

*Increase In Neutrophil / Lymphocyte Ratio is Associated With Evolution of Hemorrhage After Traumatic Brain Injury* 2018
Podium Presentation
Annual Clinical Assembly of Osteopathic Surgeons
Atlanta, Georgia
**Biventricular Takotsubo Cardiomyopathy in a Professional Athlete: A Case Report**
Poster Presentation
Annual Clinical Assembly of Osteopathic Surgeons
Atlanta, Georgia

**Pseudoaneurysms In The Trauma Patient**
Podium Presentation
Trauma Education Day
Delray Medical Center, Delray, Florida

**Reduction of Futile Interventions in Trauma ICU Patients Receiving Palliative Care Consultation**
Poster Presentation
American Geriatrics Society Annual Meeting
Orlando Florida

**Increase In Neutrophil / Lymphocyte Ratio is Associated With Evolution of Hemorrhage After Traumatic Brain Injury.**
Quick Shot Presentation
31st EAST Annual Scientific Assembly
Orlando, Florida

**Money Well Spent? A Cost & Utilization Analysis Of Prophylactic Inferior Vena Cava Filter Placement In High-Risk Trauma Patients.**
Quick Shot Presentation
12th Annual Academic Surgical Congress
Las Vegas Nevada

**Anal Squamous Cell Carcinoma**
Tumor Board
Larkin Community Hospital, Miami, Florida

**Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)**
Podium Presentation
Trauma Education Day
Delray Medical Center, Delray, Florida

**Renal Carcinoma**
Tumor Board
Larkin Community Hospital

**Pediatric Trauma Resuscitation**
Podium Presentation
Trauma Education Day
Delray Medical Center, Delray, Florida

Thyroid Carcinoma
Head & Neck Tumor Board
Baptist Hospital, Miami, Florida

CONFERENCES
Annual Meeting, American College of Surgeons, Virtual 2020
Annual Meeting, American Association for the Surgery of Trauma, Virtual 2020
Annual Meeting, Southeastern Surgical Congress, New Orleans, LA 2020
Annual Clinical Assembly of Osteopathic Surgeons, Colorado Springs, CO 2019
Annual Clinical Assembly of Osteopathic Surgeons, Atlanta GA 2018
American Geriatrics Society Annual Scientific Meeting, Orlando FL 2018
Florida Committee on Trauma Business Meeting, Orlando FL 2018
31st EAST Annual Scientific Assembly, Orlando FL 2017
12th Annual Academic Surgical Congress, Las Vegas NV 2017
Thoracic Trauma Technology Symposium, Palm Beach Gardens FL 2017
Regenerative Medicine, ACell Surgeon Training Course, Miami FL 2016
American Trauma Society Annual Conference, Hershey PA 2013
Temple University Emergency Medicine Symposium, Phila PA 2012
Thomas Jefferson Surgery Symposium, Phila PA 2011

RESEARCH INTERESTS
Traumatic Brain Injury
Neuroinflammation
Nutrition
Traumatic Inflammatory Shock
Trauma Outcomes
Faculty academic appointment:
1/22-present Texas Tech University Health Sciences Center, El Paso, TX
09/20-12/21 Cleveland Clinic, Internal medicine center of Akron, Akron General, Akron, OH

Postdoctoral Training:
07/12-07/15 Internal medicine residency Albert Einstein College of Medicine, Bronx-Lebanon Hospital, Bronx, NY
05/10-06/12 Heart failure research fellow Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY

Education
1998-2003 M.B; B.S University of Karachi, Sindh Medical College, Pakistan
2017- present MPH Johns Hopkins Bloomberg school of public health

Board Certification
2016 American board of Internal Medicine

Medical License
2020 Ohio medical board 35.139722

Awards
2013 Best abstract presentation. ISMICS, Prague.

Funded Project
2011-2012 Galectin-3 levels in diastolic heart failure induced pulmonary arterial hypertension.
BG Medicine award $25,000
PIs: Ronald Zolty, MD, PhD
**Membership in Professional Societies**
2013- American Medical Association
2013- American College of Physician

**Volunteer work**
2002 Polio vaccination campaign in Karachi, Pakistan

**Publications/ Peer reviewed articles**


**Oral Presentations**


Sardar MR, **Saeed W**, Rab Z, Salamon JN, Zolty R. Hypoalbuminemia Is a Predictor of Mortality in Pulmonary Arterial Hypertension: A Retrospective Analysis. ISHLT 2011

Sardar MR, Saeed W, Pieczynski L, Badri M. All at once. Presented in TCT@ACC-i2 Challenging Cases at ACC 2014 meeting at Washington DC.

**Book Chapters**


**Abstracts**


Saeed W, Sardar MR, Zolty R. Prevalence of Internet Use for Congestive Heart Failure Education: A Pilot Study. Poster to be presented at: American College of Cardiology (ACC); San Francisco, CA. (2013, March)


Kelesidis I, Saeed W, Mazurek J, Choudhari R, Zolty R. Effect of Nesiritide on Renal Function in Patients with Decompensated Diastolic Heart Failure: Comparison of Patients with Isolated Right Ventricular Failure with Patients with Normal Right Ventricular Function. JACC. 1017-45,15.


**Industry Sponsored Research Experience**

An Observational Prospective Registry to Identify Demographic and Clinical Characteristics of Patients Hospitalized with Euvolemic and Hypervolemic Hyponatremia and Assess the Comparative Effectiveness of Available Treatments and the Impact on Resource Utilization.(HN Registry). Montefiore Medical Center, Weiler division. NY. 2010-2012.

Registry to PROSPECTively Describe Use of Epoprostenol for Injection ( RTS Epoprostenol ) in Patients with Pulmonary Arterial Hypertension. (PROSPECT). Montefiore Medical Center, Weiler division. NY. 2010-2012.


A double-blind, Randomized, Placebo-controlled, Multicenter study to assess the efficacy and safety of Darbepoetin alfa treatment on mortality and morbidity in heart failure subjects with symptomatic left ventricular systolic dysfunction and anemia (RED-HF). Montefiore Medical Center, Weiler division. NY. 2010-2012

Registry to prospectively evaluate use of Ventavis in patients with pulmonary arterial hypertension (Respire Registry). Montefiore Medical Center, Weiler division. NY. 2010-2012.

A phase II/III, Multi-center, Randomized, Double-blind, Placebo-controlled study to evaluate the efficacy and safety of Relaxin in subjects with acute heart failure (Relax). Montefiore Medical Center, Weiler division. NY. 2010-2012.