TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO
Paul L. Foster School of Medicine

CEPC MEETING AGENDA
5:00 PM - 6:30 PM
3/31/2025

CHAIR:

Dr. Maureen Francis, MD, MACP, MS-HPEd

VOTING MEMBERS:

Dale Quest, PhD; Biff Palmer, MD; Fatima Gutierrez, MD; Patricia Ortiz, MD; Jessica Chacon, PhD; Khanjani Narges, MD, PhD; Munmun Chattopadhyay, PhD; Marwaha Komal, MD, PhD; Natalia Sidhu, MD; Alexandria Melendez-Zaidi, MD

EX-OFFICIO:

Lisa Beinhoff, PhD; Martin Charmaine, MD; Tanis Hogg, PhD; Jose Lopez; Neha Sehgal, DO

STUDENT REPRESENATIVES:

Sami Daye MS1 (Voting); MS1 Neha Bhupathiraju (Ex Officio); Kristina Ingles MS2 (Voting); Samuel Aldous MS2 (Ex Officio); Katherine Asmis MS3 (Voting); Joshua Salisbury MS3 (Ex Officio); Rowan Sankar MS4 (Voting); Nikolas Malize MS4 (Ex Officio)

INVITED/GUESTS:

Thwe Htay, MD, Priya Harindranathan, PhD; Namrata Singh MD

REVIEW AND APPROVAL OF MINUTES

Minutes Attached

ANNOUNCEMENTS - SPM course level objectives

Presenter(s): Dr. Francis

ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I DCI Table 1.1 CEPC vs LCME Advisory group – Follow-up

Presenter(s): Dr. Francis

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ITEM II Pre-Clerkship Phase Review – SCI I & II and SCI III & IV- Course Directors

Presenter(s): Dr. Rosenthal and Dr. Khanjani

ITEM III Pre-Clerkship Phase Review - REVIEW TEAM IV (SCI III & IV)

Presenter(s): Dr. Quest, Singh and Aldous Samuel

ITEM IV Common Clerkship Policies – Update

Presenter(s): Dr. Sehgal

Adjourned

CEPC Monthly Meeting Minutes
5:00 PM - 6:30 PM
03/31/2025

MEMBERS IN ATTENDANCE:

Charmaine Martin; Dale Quest; Fatima Gutierrez; Jessica Chacon; Jose Lopez; Joshua Salisbury, Komal Marwaha; Katherine Asmis; Lisa Beinhoff; Maureen Francis; Narges Khanjani; Neha Sehgal; Tanis Hogg; Samuel Aldous; Neha Bhupathiraju; Sami Daye; Patricia Ortiz; Alexandria Melendez-Zaidi, MD

MEMBERS NOT IN ATTENDANCE:

Nikolas Malize; Rowan Sankar; Munmun Chattopadhyay

PRESENTERS/GUESTS IN ATTENDANCE:

Priya Harindranathan;

INVITED/GUESTS NOT IN ATTENDANCE:

Thwe Htay; Namrata Singh

REVIEW AND APPROVAL OF MINUTES

Dr. Francis	Having met quorum, the meeting minutes from the March 10, 2025 meeting were voted on and approved as presented.

	Dr. Chacon moves the motion for approval. Dr. Melendez-Zaidi seconds the motion. No objections: Motion was approved.
ANNOUNCEMENTS - SPM course level objectives	
Dr. Francis noted that all courses must have course-level objectives, not just PGOs. SPM is currently developing theirs, and once finalized, they will be sent out for asynchronous approval.	
ITEMS FROM STUDENT REPRESENTATIVES	
MS1/MS2/MS3/MS4	MS1: Students asked about the timeframe for the CEYE exam score release and requested a breakdown of question content by organ system, unit, course, and discipline. Dr. Hogg responded that he will provide all of this information to the students. MS2, MS3 & MS4: No issues reported.
ITEM I DCI Table 1.1 CEPC vs LCME Advisory group – Follow-up	
Presenter(s): Dr. Francis	*Please see attached report Dr. Francis explained that this table was approved at previous CEPC meetings, held on September 9, 2024. However, after reviewing the curriculum, the DCI, and student satisfaction data, it became clear that several items, originally on a three-year review cycle, needed more frequent oversight. Following a discussion with the LCME Leadership Advisory Group earlier today, there was agreement to move many of those items to annual review. Dr. Francis explained that the only changes to the table are those shown in red, which indicate the shift from a longer review cycle to an annual one. Items in black remain unchanged. Dr. Francis added that most of the monitoring for this year was done as part of the DCI review process, so we have a good sense of where we currently stand. However, she emphasized the need to maintain regular oversight moving forward to stay on top of these areas.

Dr. Khanjani moves the motion for approval.
Dr. Quest seconds the motion.
No objections: Motion was approved

ITEM II Pre-Clerkship Phase Review – SCI I & II and SCI III & IV- Course Directors

Presenter(s): Dr. Rosenthal and Dr. Khanjani

*Please see attached report

Dr. Rosenthal pointed out, that students have shared several specific concerns about the SCI courses, including a need for more practice questions, clearer connections between course content and real-world medical practice, and dissatisfaction with assessment methods. They also mentioned feeling overwhelmed by the amount of material and the timing of exams. In response, the team has been actively working to address these issue. Some changes, like adding 15 minutes of more lecture time before the DPL starts in SCI III, and reviewing the distribution of materials, have already been implemented. Others, such as integrating research activities and adjusting exam timing, are still in progress or under review.

Looking ahead, the Quality Improvement Plan for SCI I–IV reflects a strong commitment to making meaningful changes based on student feedback. Updates include expanding Health Systems Sciences content, creating more interactive and learner-centered sessions, and providing stronger formative feedback throughout the semester. There's also a focus on aligning assignments and assessments with clinical applications and enhancing reflective practice. Dr. Rosenthal emphasized the importance of continuing to strengthen the connection between coursework and patient-centered care, and the faculty is committed to keeping this momentum going with thoughtful revisions and long-term improvements (see slides 22 and 23 for details (please see slides 22 and 23 for detailed information).

Dr. Quest moves the motion for approval.
Dr. Chacon Ingles seconds the motion.

No objections: Motion was approved.

ITEM III Pre-Clerkship Phase Review - REVIEW TEAM IV (SCI III & IV)

Presenter(s): Dr. Quest, Singh and Aldous Samuel

*Please see attached report

Dr. Quest presented the summary of strengths, weaknesses, and challenges related to the Medical Spanish component of SCI courses III and IV. He highlighted that the Medical Spanish program remains a well-integrated and highly valued part of the curriculum, receiving consistent praise from students for its instructional quality and relevance. The content is appropriately leveled for students at different proficiency stages, and there is growing support for developing it into a credit-bearing course with expanded opportunities for students to practice medicine in Spanish across diverse cultural settings. In the Spanish component, students expressed a desire for more conversational practice, a slower classroom pace, and official credit for the course.

The team noted that an ongoing challenge is the continued need for additional faculty support across the entire SCI course, as shared by the course directors.

Dr. Quest and Samuel also addressed broader organizational issues within SCI. Students reported dissatisfaction with how SCI is structured and implemented, especially with exam timing conflicts, excessive assignments, and general course organization. Feedback also suggested refining the Biostatistics portion by narrowing the scope and favoring traditional teaching methods over flipped instruction. These insights underscore the need for both structural improvements and pedagogical adjustments to enhance the student experience.

Samuel presented student concerns related to grading fairness and the structure of community-based learning experiences. One major issue raised was that 30% of the semester grade comes from team projects, with no clear way to track individual contributions. Students felt this system can be unfair, as some group members may

carry more of the workload or be more motivated to achieve a higher grade, making outcomes heavily dependent on team composition.

Samuel also shared feedback about the CHE visits, which students felt varied widely in quality and educational value. These visits often take place during prime study hours and can involve long travel for minimal learning gain, such as simply counting medication. With class sizes expected to grow, students recommended reworking the CHE structure to include fewer but more meaningful visits, and to improve scheduling, which they noted can be chaotic and disorganized.

The CEPC members agreed that specific recommendations will be addressed after the SCI I & II and Immersion teams have presented.

Dr. Chacon moves the motion for approval.
Sami Daye seconds the motion.
No objections: Motion was approved.

ITEM IV Common Clerkship Policies – Update

Presenter(s): Dr. Dr. Sehgal

*Please see attached report

Dr. Sehgal shared that while no major structural changes are being made to the common clerkship policy, several important updates were presented for approval. The first is an expanded statement from the Office of Accessibility and Student Services, which has grown from a brief paragraph to a required four-paragraph section.

Another approved change involves raising the Psychiatry clerkship grading thresholds—increasing the passing score from 73 to 75 and the honors threshold from 87 to 88. This adjustment aligns with national performance norms and

addresses the unusually high rate of honors (54%) in Psychiatry compared to other clerkships.

Additionally, the longitudinal ultrasound experience in year 4 has now been formally added to the policy, following its approval in the previous meeting. Lastly, Dr. Sehgal proposed adding an appendix outlining educational and clinical professionalism expectations. Though already present in individual block syllabi, this appendix will centralize the standards for both Year 3 and Year 4 students.

Dr. Quest moves the motion for approval.
Dr. Komal seconds the motion.
No objections: Motion was approved.

Adjourned at 7:05pm

Table 1-CEPC focus:

LCME Element		Review Cycle	
1.1	Strategic planning and CQI	Annual	both
1.4	Affiliation Agreements	Annual report	
3.1	Resident Participation in Medical Student Education	3 year cycle – Clerkship phase review	
3.2	Community of Scholars/Research Opportunities	Annual – SARP Vice President for Research/ Associate Dean for Research Associate Dean for Faculty Development/Assistant Dean for Basic Science Instruction	Both
3.5	Learning Environment/ Professionalism	Annual report	Both
3.6	Student Mistreatment	Annual report	Both
5.5	Resources For Clinical Instruction	Annual during syllabus review and planning for academic year	
5.6	Clinical Instructional Facilities/Information Resources	Annual CEPC Sub-committee Reports	
5.10	Resources Used By Transfer/Visiting Students	Annual included in Annual Report	
6.1	Program and Learning Objectives	Annual with pre-clerkship and clerkship and with Curriculum as a Whole review	
6.2	Required Clinical Experiences	Annual with syllabus review	
6.3	Self-Directed and Life-Long Learning	Annual with all phase reviews	

Table 1- CEPC focus:

LCME Element		Review Cycle	
7.0	Curricular Content REMOVE	Annually with syllabus reviews & annual reports	
6.4	Inpatient / Outpatient Experiences	Annual with syllabus reviews and 3 year cycle with clerkship phase review	
6.5	Elective opportunities	Annual presentation of new electives/ 3 year cycle for overall review	
6.8	Educational program duration	3 year cycle	
7.1	Biomedical, Behavioral, Social Sciences	Annual with pre-clerkship phase review	
7.2	Organ Systems/Life Cycle/Prevention/ Symptoms/ Signs/Differential Diagnosis/ Treatment Planning	Annual with Curriculum as a Whole Review/ also reviewed with syllabus updates annually	
7.3	Scientific Method/Clinical/ Translational Research	Annual– syllabus review and pre-clerkship phase review	
7.4	Critical Judgment/Problem- Solving Skills	Annual and with Curriculum as a Whole Review	
7.5	Societal Problems	Annual with phase reviews/ also reviewed with syllabus updates annually	
7.6	Cultural Competence and Health Care Disparities	Annual and with Curriculum as a Whole Review	
7.7	Medical Ethics	Annual and with Curriculum as a Whole Review	
7.8	Communication Skills	Annual with Curriculum as a Whole Review	

Table 1- CEPC focus:

LCME Element		Review Cycle	
7.9	Interprofessional Collaborative Skills	Annual and with Curriculum as a Whole Review	
8.1	Curricular Management	Annual (3 year cycle for policy reviews)	
8.2	Use of Medical Educational Program Objectives	All phase reviews	
8.3	Curricular Design, Review, Revision/Content Monitoring	Annually - all phase reviews & syllabus revisions	
8.4	Evaluation of Educational Program Outcomes	Annual reports and annual sub-committee reports	
8.5	Medical Student Feedback	Annual reports and Subcommittee reports	
8.6	Monitoring of Completion of Required Clinical Experiences	Comparability report and Clerkship Annual report	
8.7	Comparability of Education/ Assessment	Comparability report and Clerkship Annual report	
8.8	Monitoring Student Time	Annual reports	
9.1	Preparation of Resident and Non- Faculty Instructors	Annual clerkship phase sub-committee report	
9.3	Clinical Supervision of Medical Students	3 Year Cycle with clerkship phase review	
9.4	Assessment System	Annual reports and Subcommittee reports	
9.5	Narrative Assessment	Annual Pre-clerkship and Clerkship Phase Reviews	

Table 1- CEPC focus:

LCME Element		Review cycle	
9.6	Setting Standards of Achievement	Annual -All phase reviews and annual syllabus reviews	
9.7	Formative Assessment and Feedback	Annual reports	
9.8	Fair and Timely Summative Assessment	Annual reports	
9.9	Student Advancement and Appeal Process	3 year cycle with policy reviews	
10.1	Premedical Education/Required Coursework	Annual by Admissions Committee/ Presentation to CEPC on a 3 year cycle	
10.3	Policies Regarding Student Selection/Progress and their Dissemination	Admission Committee review annually; GPAS policy reviewed every 3 years	Both
10.5	Technical Standards	Technical Standards policy reviewed every 3 years	
10.9	Student Assignments	3 year cycle - Clerkship phase subcommittee report	
11.2	Career Advising	Annual reports	
11.3	Oversight of Extramural Electives	Annual (3 year policy review)	

***Compliance with all other standards will be reviewed and discussed at LCME Leadership Advisory Group meetings and referred back to assigned individual/groups for action and follow-up.

Table 1- Leadership Advisory Group focus:

LCME Element		Review Cycle	CEPC
1.2	Conflict of Interest Policies	Research compliance – every other year Institutional compliance plan - annually	
1.3	Mechanisms for faculty participation	3 year cycle	
1.5	Bylaws	Faculty Council – 3 year review cycle	
1.6	Eligibility Requirements	3 year cycle – Curriculum as a Whole Review	
2.1	Administrative Officer & Faculty Appointments	3 year cycle	
2.2	Dean's Qualifications	TTUS Chancellor - annual	
2.3	Access and Authority of the Dean	President/PLFSOM Faculty Council/VP Faculty success - annual	
2.4	Sufficiency of Administrative Staff	Dean/Associate Dean for Faculty Affairs- ongoing/annual	
3.2	Community of Scholars/Research Opportunities	Vice President for Research/ Associate Dean for Research Associate Dean for Faculty Development/Assistant Dean for Basic Science Instruction – Annual	Both
3.3	Diversity/Pipeline Programs & Partnerships	Associate Dean for Admissions - annual	
3.4	Anti-Discrimination Policy	Texas Tech University System (TTUS) Office of Equal Opportunity (OEO)/TTUHSC El Paso Title IX Coordinator – 2 year cycle	

Table 1- Leadership Advisory Group focus:

LCME Element		Review Cycle	
4.1	Sufficiency of Faculty	Associate Dean for Faculty Affairs/ Vice President for Faculty Success - annual	
4.2	Faculty Appointment Policies	Associate Dean for Faculty Affairs/ Vice President for Faculty Success – 3 year cycle	
4.3	Scholarly Productivity	Department chairs - annual	
4.4	Feedback to Faculty	Department chairs/VP for Faculty Success - annual	
4.5	Faculty Professional Development	Interim Associate Dean for Faculty Development – annual	
4.6	Responsibility for Medical School Policies	Faculty Council/Associate Dean for Medical education - annual	both
5.1	Adequacy of Financial Resources	Associate Dean for Finance and Administration - annual	
5.2	Dean's Authority/Resources	Associate Dean for Finance and Administration – 3 year cycle	
5.3	Pressures For Self- Financing	Associate Dean for Finance and Administration - annual	
5.4	Sufficiency of Buildings and Equipment	Vice President for Academic Affairs - annual	
5.7	Security, Student Safety, and Disaster Preparedness	Senior Director, Safety Services – annual	
5.8	Library Resources / Staff	Managing Director, Library – 3 year cycle	

Table 1- Leadership Advisory Group focus:

LCME Element		Review Cycle	
5.9	Information Technology (IT) Resources/Staff	Vice President for Information Technology – 3 year cycle	
5.11	Study Lounge/Storage Space/ Call Rooms	Associate Deans for Student Affairs & Medical Education/Assistant Vice President for Student Services & Student Engagement – semi-annual	
5.12	Required Notifications to the LCME	Associate Dean for Medical Education	Both
6.6	Service- Learning/Community Service	VP for Outreach and Community Engagement – annual	
6.7	Academic Environments	IPE Council – annual	Both
9.2	Faculty Appointments	Assistant Dean for Clinical Instruction - annual	Both
10.1	Premedical Education/Required Coursework	Annual by Admissions Committee/ Presentation to Leadership Advisory Group on a 3 year cycle	
10.2	Final Authority of the Admissions Committee	Associate Dean for Admissions- annual	
10.3	Policies Regarding Student Selection/Progress and their Dissemination	Associate Dean for Admissions/ Associate Dean for Medical Education -annual	Both
10.4	Characteristics of Accepted Applicants	Associate Dean for Admissions - annual	

Table 1- Leadership Advisory Group focus:

LCME Element		Review Cycle	
10.1	Premedical Education/Required Coursework	Annual by Admissions Committee/ Presentation to Leadership Advisory Group on a 3 year cycle	
10.2	Final Authority of the Admissions Committee	Associate Dean for Admissions- annual	
10.3	Policies Regarding Student Selection/Progress and their Dissemination	Associate Dean for Admissions/ Associate Dean for Medical Education -annual	Both
10.4	Characteristics of Accepted Applicants	Associate Dean for Admissions - annual	
10.6	Content of informational material	Associate Dean for Admissions - annual	
10.7	Transfer students	Associate Dean for Admissions - annual	
10.8	Visiting students	Associate Dean for Student Affairs/Associate Dean for Medical Education - annual	
11.1	Academic Advising	Associate Dean for Student Affairs Assistant vice president for student services & student engagement- annual	
11.4	Provision of MSPE	Associate Dean for Student Affairs - annual	both
11.5	Confidentiality of Student Educational Records	Assistant Vice President for Student Services & Student Engagement- 3 year cycle	
11.6	Student Access to Educational Records	Office of the Registrar, Associate Deans for Medical Education & Student Affairs -3 year cycle	

Table 1- Leadership Advisory Group focus:

LCME Element		Review Cycle	
12.1	Financial Aid / Debt Management Counseling/ Student Educational Debt	Assistant Vice President for Student Services & Student Engagement- annual	
12.2	Tuition Refund Policy	Assistant Vice President for Student Services & Student Engagement – 3 year cycle	
12.3	Personal Counseling / Well-Being Programs	Assistant Vice President for Student Services and Student Engagement - annual	
12.4	Student Access To Health Care Services	Assistant Vice President for Student Services & Student Engagement - annual	
12.5	Non-Involvement of Providers of Student Health Services In Student Assessment/Location of Student Health Records	3 year cycle Associate Dean for Student Affairs & Assistant Vice President for Student Services & Student Engagement	Both
12.6	Student Health and Disability Insurance	Associate Dean for Student Affairs & Assistant Vice President for Student Services & Student Engagement – Annual	
12.7	Immunization Guidelines	Occupational Health & Associate Dean for Student Affairs – 3 year cycle	
12.8	Student Exposure Policies/Procedures	Occupational Health & Associate Dean for Student Affairs – 3 year cycle	


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Pre-Clerkship Phase Review
AY 2023-24

SCI Course
Dr. Rosenthal and Dr. Khanjani

Presentation Overview

I. Course instructional methods, objectives & mapping
II. Examples of integration with clinical sciences
III. Examples of self-directed learning
IV. Portfolio of assessments
    Including summative, formative, narrative, and timeliness of final assessments
V. Course evaluations
VI. Specific challenges
VII. Quality Improvement Plan – include changes for the upcoming year and major changes anticipated in the syllabus

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I. Course instructional methods

Course Instructional Methods :

- **SCI integrated active learning and spaced learning into all 4 semesters.**
- **Classes are a blend of mini-lecture format with intervals when students break into pairs or small groups to work on a problem. Interactive formative testing polls and games are used to reinforce learning.**
- **See MedBiquitous terms below across the 4 semesters:**

MS 1 & 2	SCI I	SCI II	SCI III	SCI IV	ALL SEMESTERS
CLASSROOM	Games Simulations (ACOs)	TBLs Games	TBLs	See ALL >	**-Discussion Large & Small Group**
CHEs: Community Health Experiences (#14)	Patient Presentation/ Patients (MS1 Chronic Disease Patient Panel) Assessment: Survey/ Reflection	Conference (MS1 SLS Symposium)	Workshop (MS2 Interpreter Training) Panel (Conference) (Women's Repro Health Panel)	Assessment Survey/ Reflection	**Preceptorship** **Clinical Experience/ Ambulatory**

I. and Objectives & Mapping

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Objectives

In AY 23-24 in SCI I and II, 80% and 72% of Students Strongly Agreed and Agreed that the Course met identified learning Objectives. For the same year in SCI III and IV, 74% and 71% indicated the same about Objectives. This is generally trending upward.

SCI has over 500 Objectives across our 4 semesters and we work in all domains of the Medical Schools eight (8) Program Goals and Objectives

Objective Issues – a review of these issues is underway to improve quality and to align with the times

- Sessions' number of Objectives vary (scan # 3-10)
- Some topics may appear too often or not align with the times
- Some topics are not captured in Objectives: *an important topic we found missing for **Patient Communication** was: "Teach back" – linked to best practice with Health Literacy*

Objectives offer an inroad to exploring ways to address course and curriculum quality improvements and help identify collaboration opportunities

EXAMPLE PGO 4.0 on Interpersonal and Communication Skills

- We have related Objectives in all 4 semesters with the most being found in SCI I. We may want to build on some key Communication Objectives and better coordinate our work in our Preclerkship Courses, in this case esp. with Med Skills. Areas that offer promise are

THIS IS AN OPPORTUNITY FOR COLLABORATION TO STRENGTHEN STUDENT COMPETENCE - OBJECTIVES LINKED TO PGO 4 – SAMPLE FROM SCI I

- Identify strategies to create health literacy
- Understand how cultural and linguistic differences could lead to patient/provider communication conflicts
- Understand how health behavior theories could serve as tools in patient counseling
- Apply the principles and tools of motivational interviewing in role-play case scenarios
- Develop and provide quality constructive feedback to fellow students.

Keywords

Lots of Hot Topics and important Med Ed topics in SCI are represented in the Keywords tagging

Overall SCI I, III, and IV have more extensive mapping than SCI II

Examples of Good Mapping

- **Public and Community Health Topics; Behavioral Health; Prevention and Health Maintenance; Cultural Competence** are represented across the 4 semesters with the main semester being SCI
- **Health Care Systems/Systems -Based Practice** strong in SCI I
- Health Care Quality Improvement also in SCI I
- Biostats and Epidemiology is centered in SCI II and more so SCI III.
- Evidence -Based Medicine is found in SCI III

Examples of Mapping Needing Updates

- **EBM** appears to be over mapped in SCI I
- **Health Policy** is a theme in SCI I but it may be over mapped and then be underrepresented SCI IV
- **Occupational Health** is an important part of SCI IV but keywords do not show it; they place it in SCI I

II. Examples of integration with clinical sciences

Examples of integration with clinical sciences in SCI I and SCI II

In SCI I: Students learn about Social Foundations of Medicine and Health System Sciences; Some sessions that address clinical integration are:

- **Modifying Patient Behavior**
- **Adherence to Treatment Plans**
- **Patient Referrals**
- **Motivational Interviewing**
- **Providing Culturally-Competent Care**
- **The Role of Primary Care Providers**
- **Crossing the Quality Chasm**

In SCI II: Students participate in 3 sessions of Team STEPPS taught in SCI plus a Med Skills-led Team STEWPPS Simulation.

Students learn about the most common research methodologies used in clinical research and learn to appraise the research methods and look for biases that may have affected the results.

Examples of integration with clinical sciences in SCI III and SCI IV

In SCI III:

- **Students learn biostatistics and clinical decision making and by the end of semester 3, they critically appraise the medical literature using the CASP (Critical Appraisal Skills Program) sheets and then based on the study results make decisions for hypothetical patients.**

In SCI IV:

- **Students also do a Aquifer async session on Tele Medicine.**
- **Students learn about interpersonal violence and screening.**
- **Students participate on an Occupational Medicine session, which includes learning to interview for occupationally related diseases, request the appropriate tests, and make a diagnosis followed by recommendations for their patient.**
- **Students consider levels of prevention and prevention services for varied populations**
- **In the SCI IV Problem set, students read a clinical scenario, and are required to follow the steps of EBM (Evidence Based Medicine), search for up to date clinical evidence and write a treatment plan for their patient and cite a reference for every decision they make.**

II. Clinical Integration continued

SCI Community Health Experiences

MS1 SCI I CHE Setting Learning Goals Start-up Survey	MS1 SCI II
Clinic Visit: CHC or Military (during Immersion)	Primary Preceptor
Primary Preceptor	Service Learning SYMPOSIUM (2 hours) (To be coordinate with the Dental School for 1st time)
Living with Chronic Disease Patient PANEL	Public Health Department Visit
Pharmacy OR	Internal Medicine (OR and the reverse)

In SCI I-IV:

SCI Community Health Experiences (CHE):

- As a part of SCI in all 4 semesters, students have 14 Community Health Experiences (CHEs); this @ 1 per month.
- Half of these 14 visits are clinical preceptor visits.
- Other CHE topics with Clinical integration include:
- In SCI I, students attend a Living with Chronic Disease Patient Panel- links to Colloquium.
- In SCI III: Students attend a Panel on Women's Reproductive Health Highlighting Legal Issues
- In SCI IV: Students attend a panel on Mental Health issues (NAMI Panel).

MS 2 SCI III	MS2 SCI IV CHE Final Reflection Post Survey
Ophthalmology Visit	Dental Visit (piloted 23-24; now on-campus)
Primary Preceptor	NAMI "In Our Own Voices" PANEL and CEO -w/ SCI policy session
Women's Health PANEL	• Wrap–up missed CHE visits
Working with Interpreters Training	

III. Examples of self-directed learning

- SCI Problem Sets which are team-based have elements of self-directed learning
- There are currently five Problem Sets with one in Immersion and one each semester

SCI I-II

- The Immersion Problem Set is a Community Assessment IPE Team Assignment (Immersion to be discussed at CEPC April 21, 2025)
- SCI I Fall's Problem Set is carried out in a Medical Student team that works together to map a Patient's and her families use of the health system to treat acute and chronic conditions from the perspective of residents base in one of 12 Immersion communities.
- In SCI II, students learn to search the medical literature
- SCI III-IV
- In SCI III, students learn to critically appraising the medical literature.
- In SCI IV, in the Problem set, students read a clinical scenario, and have to identify their knowledge gaps, find the best treatment plan for their patient on their own.

IV. Portfolio of assessments
Summative Assessments

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MSI	MS2
SCI I - REQUIRED class **Immersion and Fall** • Immersion Community Assessment Problem Set 20% • Health System Literacy Problem Set 20 % • Comm. Health Experience - Self-Assessment of Goals & Learning 10% • Final Exam 50%	**SCI III** - REQUIRED class **Biostatistics** • TBL (iRAT, tRAT) 20% (10 sessions x 2%) – for excused absence they can do an online iRAT worth 2% • Critical Appraisal Problem Set 30% • Final 50%
SCI II- REQUIRED class **Team STEPPS (Jan-Feb)** **Population Health/ Epidemiology** • Research Methods Problem Set 30% • In class activity 20% (10 sessions x 2%) - for excused absence they can do an online iRat worth @ 2% • Final Exam 50%	**SCI IV** - REQUIRED class • CHE Reflection on Learning 20% • Evidence Based Medicine Decision Making Problem Set 30% • Final 50%

IV. Portfolio of assessments continued

Formative Assessments

- **Mini Formative assessments (2-3 questions each) are done throughout SCI I-IV, by providing a mix MCQs or open-ended questions (SCI I and IV) or MCQs only (SCI II-III) before each session.**
- **Formative assessments are also carried out in the SCI I-IV small group sessions with faculty providing feedback on answers to practice-based application questions.**

Narrative Assessments

- **Narrative feedback is provided on all 5 team-based Problem Sets in SCI I-IV.**

Timeliness of final assessments

- **SCI gets narrative feedback to students within 2-4 weeks as per policy**

In AY 23-24 in SCI I and SCI II, 64% and 62% of students said they Strongly Agreed or Agreed that they were satisfied with the way the course assessed their performance.
In SCI III and IV 68% felt the same.
Overall this was trending upwards although in SCI II there was a dip from an unusual high of 78% in AY 22-23.

- In this area Exam timing in the same week as end of Unit Exams has been identified as a problem.
- Issues with Elentra in SCI II-III may be contributing factors (IRAT-TRAT & Quiz issues)
- Some team-based Problem Sets have been less well received than others.

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V. Course evaluations

SCI from the ISA

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NOTE: The MS4/Class of 2025 was the first cohort after COVID; this was our first year with the dental school; about 1 month in we started requiring class

The Society, Community, and the Individual (SCI) course is/was valuable to my medical education and future career as a physician.

Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Disagree Responses		Number and % of Agree Responses	
	N	%	N	%	N	%	N	%
M1	109	81%	15	14%	19	17%	75	69%
M2	110	87%	5	5%	31	28%	74	67%
M3	90	88%	3	3%	38	42%	49	54%
M4	83	75%	0	0%	44	53%	39	47%
Total	392	83%	23	6%	132	34%	237	60%

Trend is up

I have access to service-learning/community service opportunities.

Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Disagree Responses		Number and % of Agree Responses	
	N	%	N	%	N	%	N	%
M1	114	84%	8	7%	2	2%	104	91%
M2	116	91%	3	3%	1	1%	112	97%
M3	96	94%	1	1%	2	2%	93	97%
M4	89	81%	0	0%	9	10%	80	90%
Total	415	88%	12	3%	14	3%	389	94%

Though numbers are good, we will consult the MS1 Service Chair and the MS1 Curriculum Committee on why this may be a challenge for 10 %

SCI I

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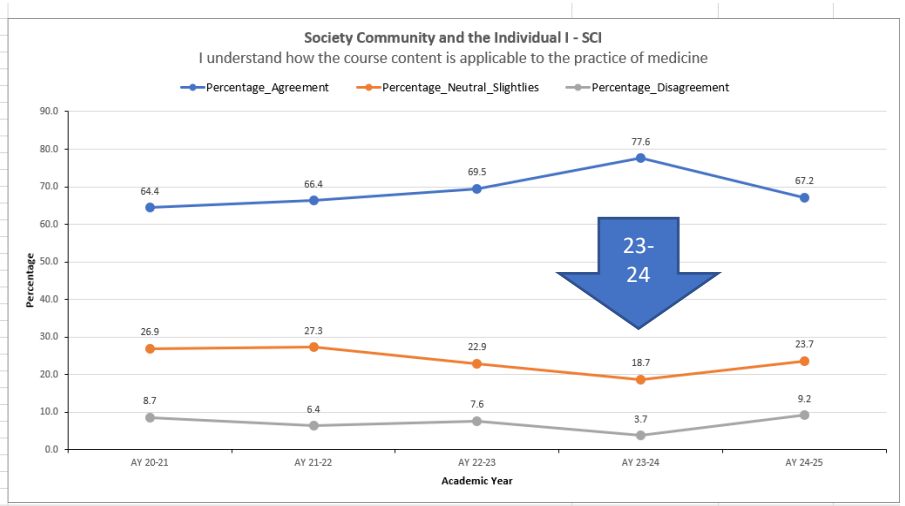
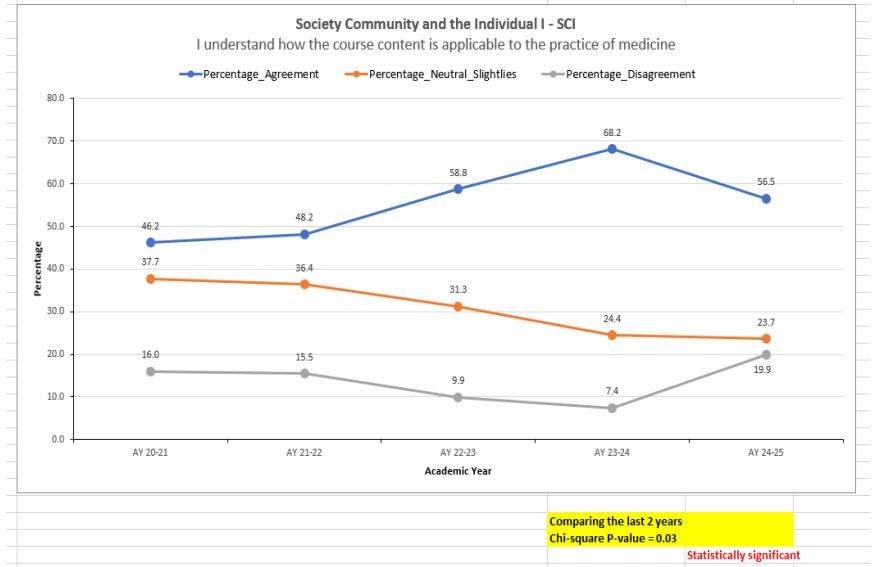
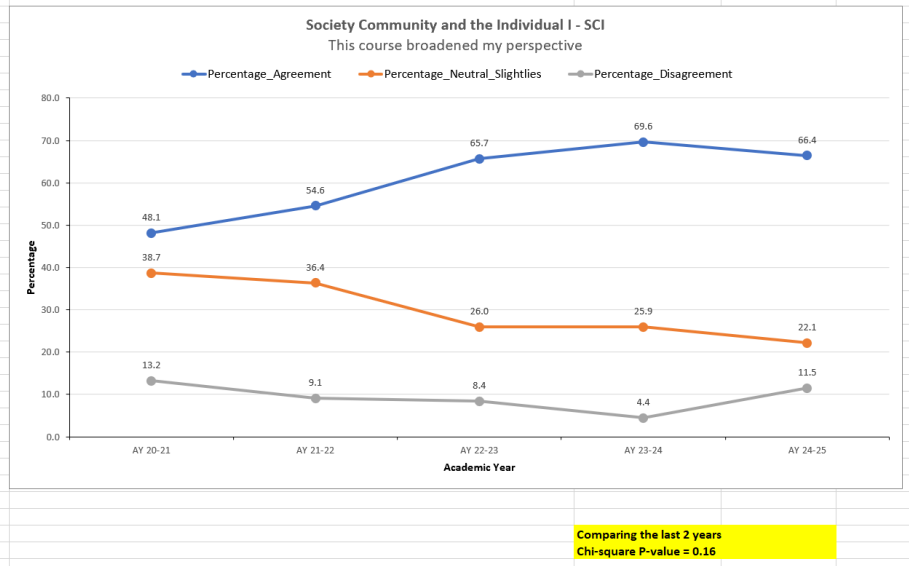
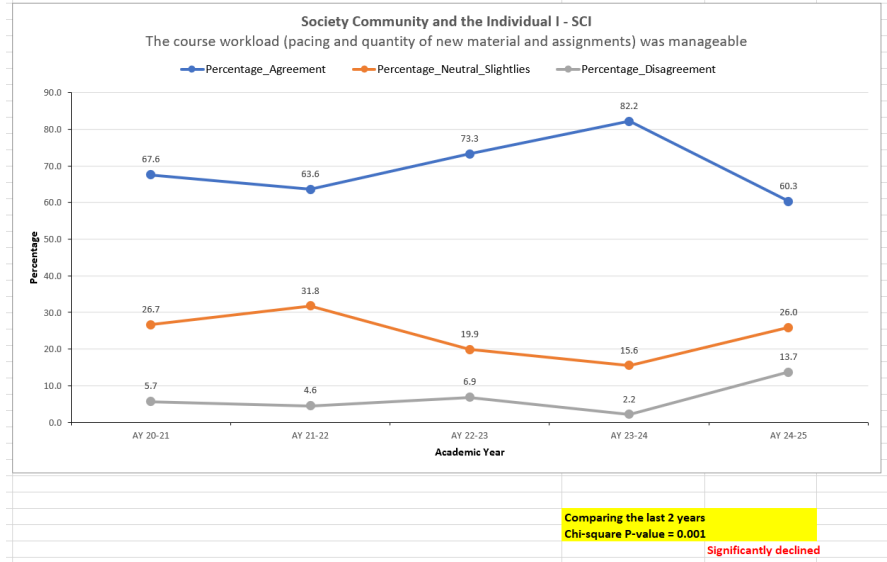


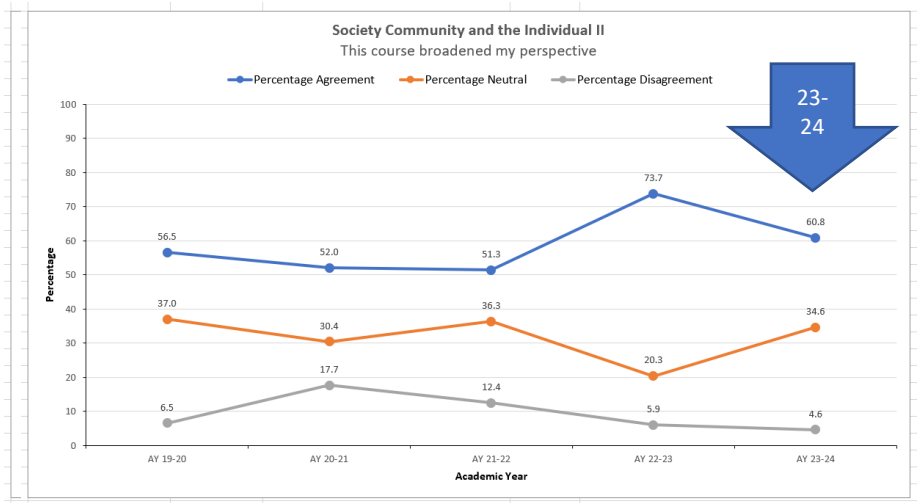


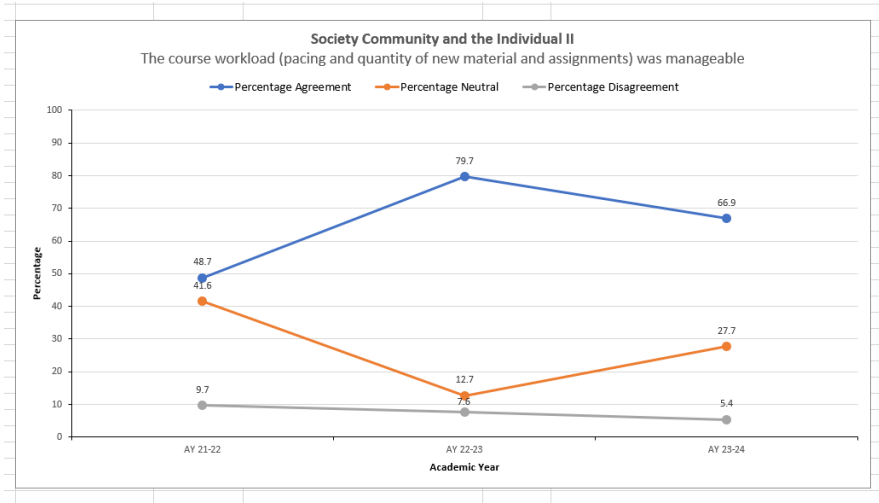




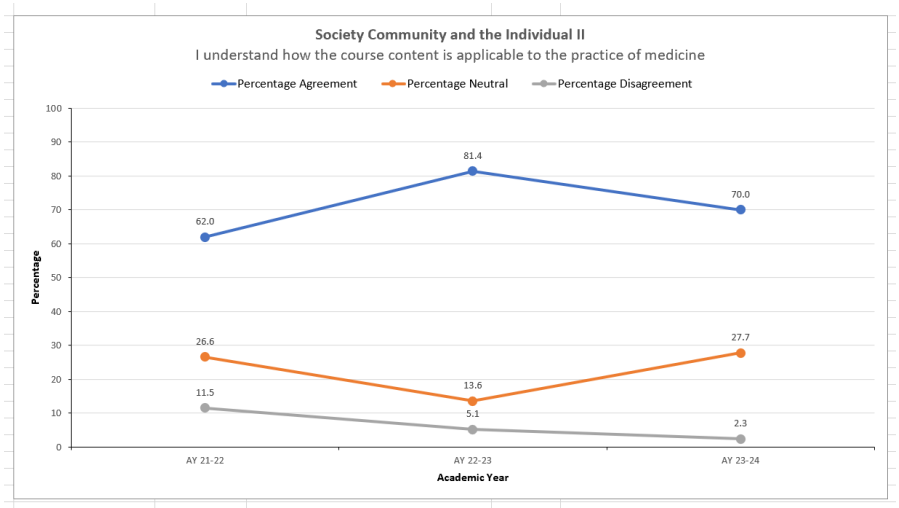
In 24-25, the SCI I Fall Problem Set was complex and had two components including a video on Motivational Interviewing and a Health Systems Navigation Q and A worksheet. Overall these topics sought to reinforce classroom content but it seems they were to time consuming and perceived as repetitive vs reinforcing learning.

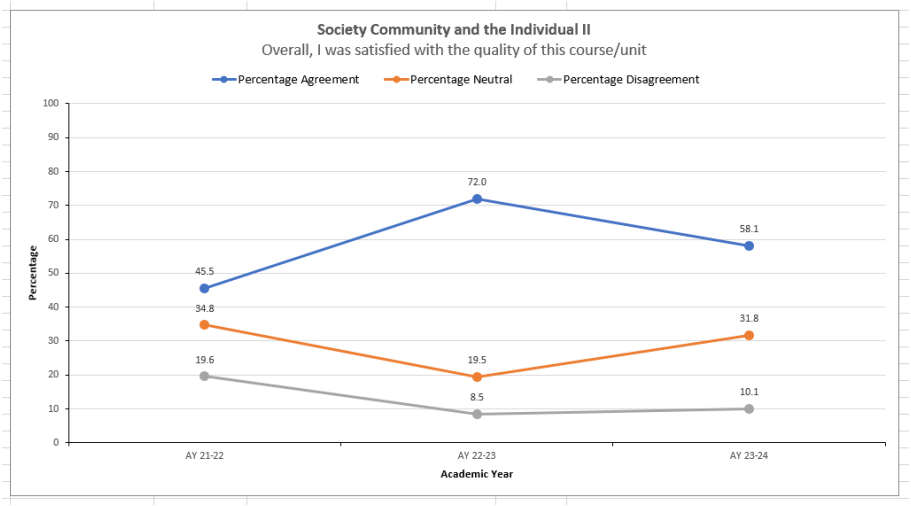
SCI II





In 23-24 SCI faced issues in Elentra with students trying to submit one component of their 2 part Problem Set. This problem did not get resolved despite informing the Elentra support team. Students complained to the course directors many times. They also faced some issues in IRAT –TRAT activity submissions in Elentra.





All had significant drop, p-value =0.01 to 0.10.

SCI III

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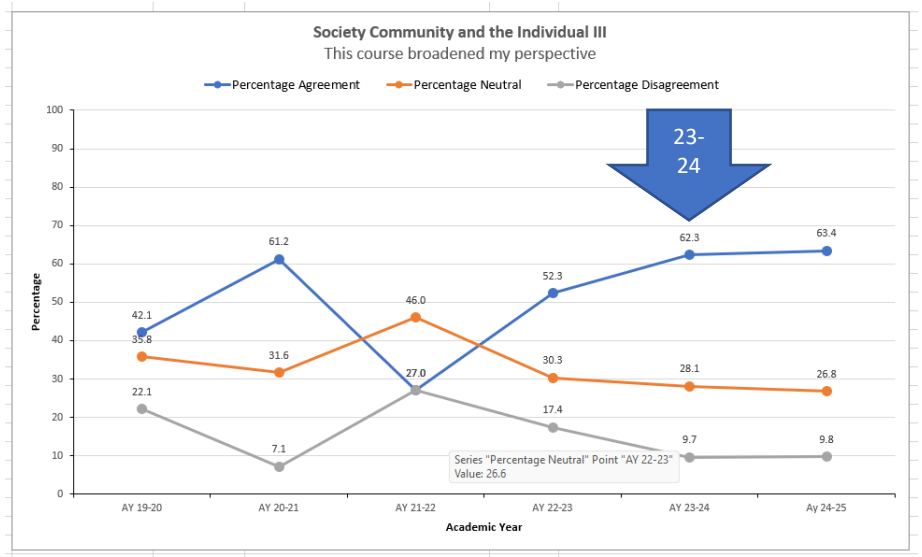

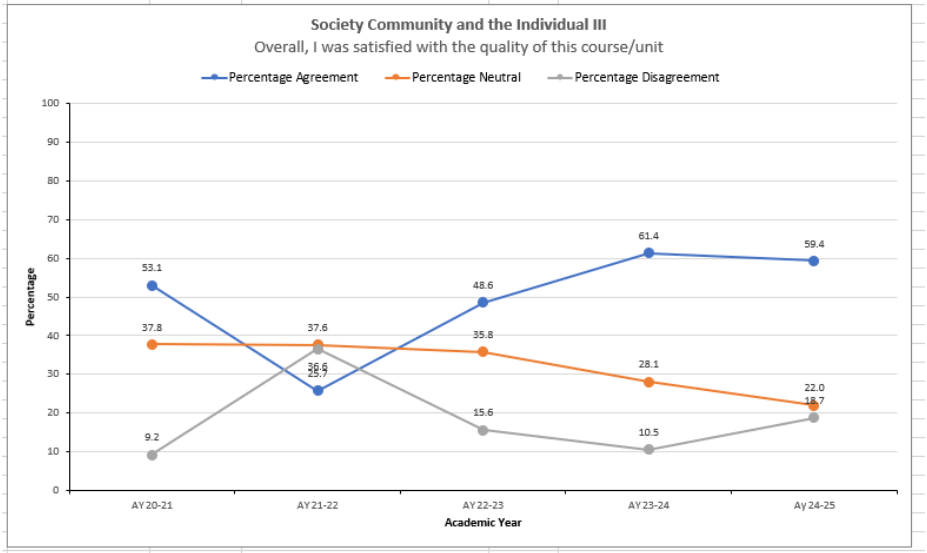

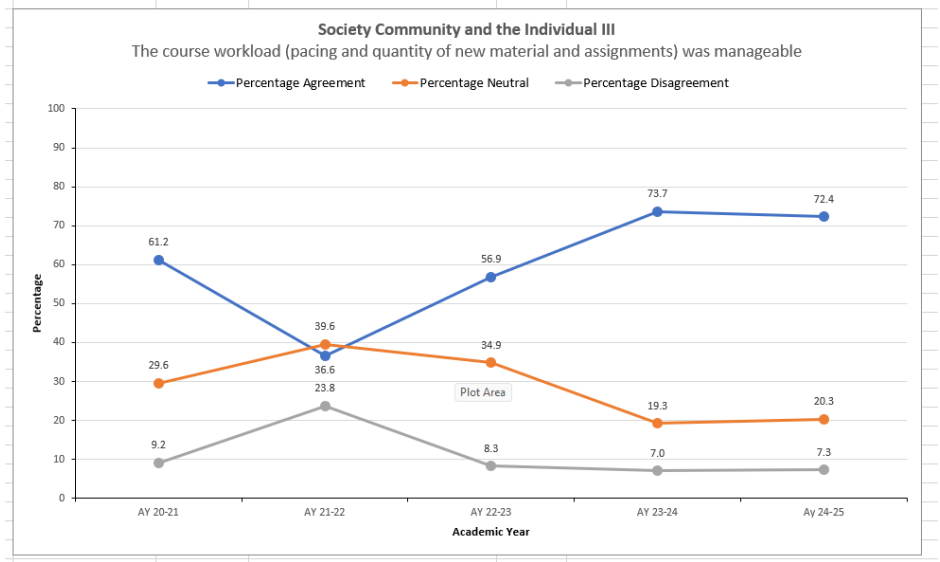

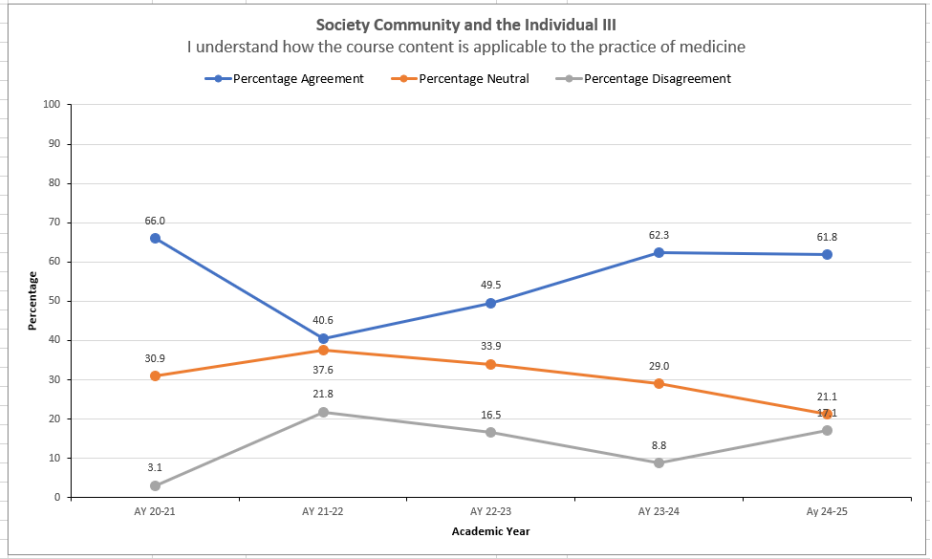

As can be seen, the overall trend of satisfaction in all items has been increasing.

SCI IV

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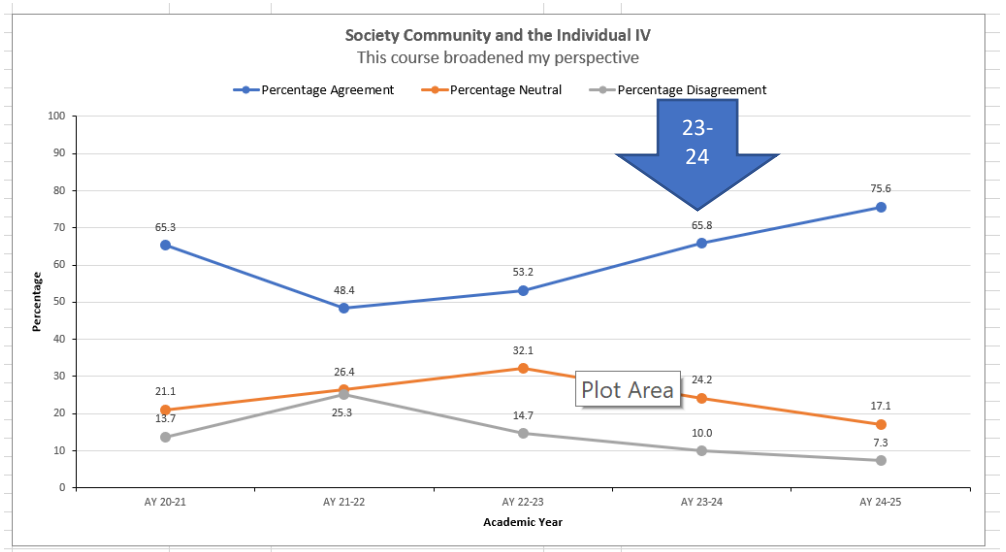
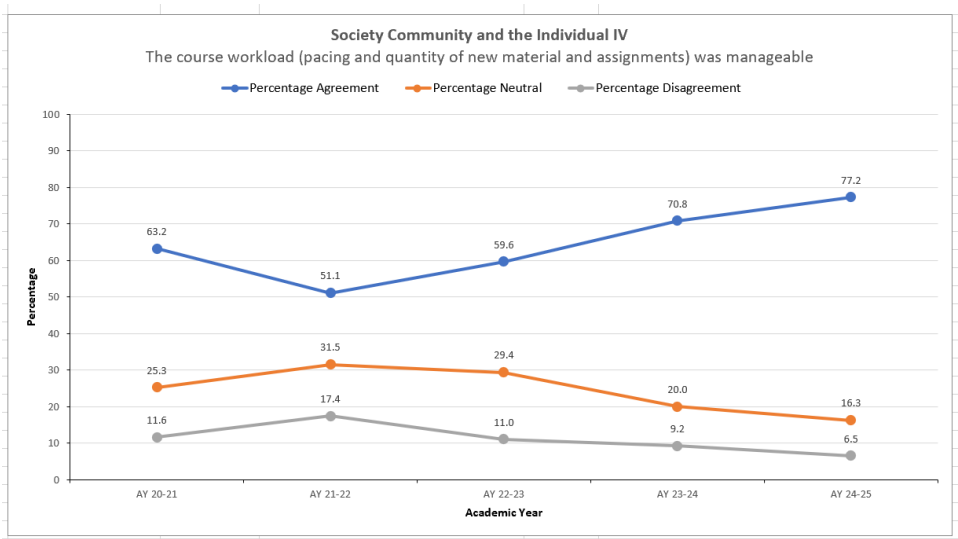
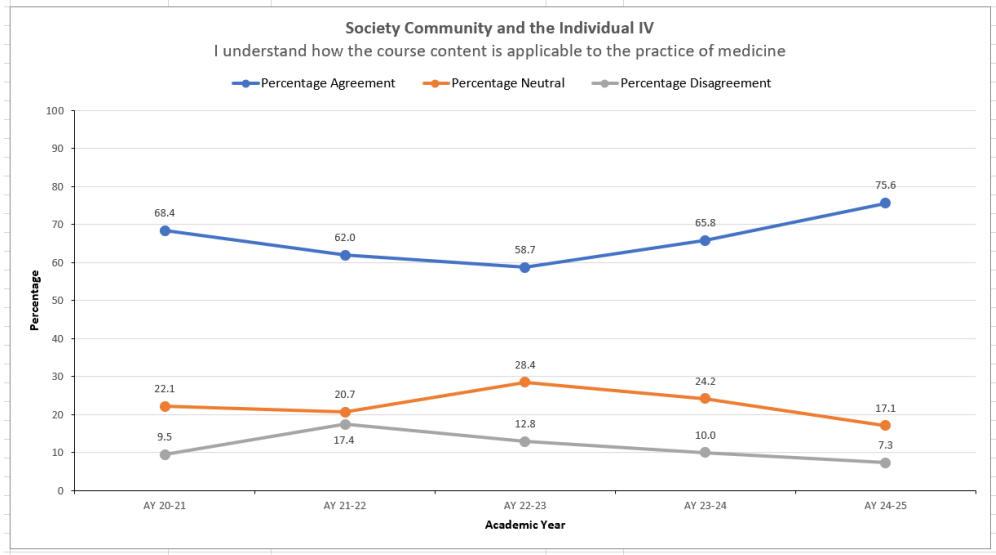
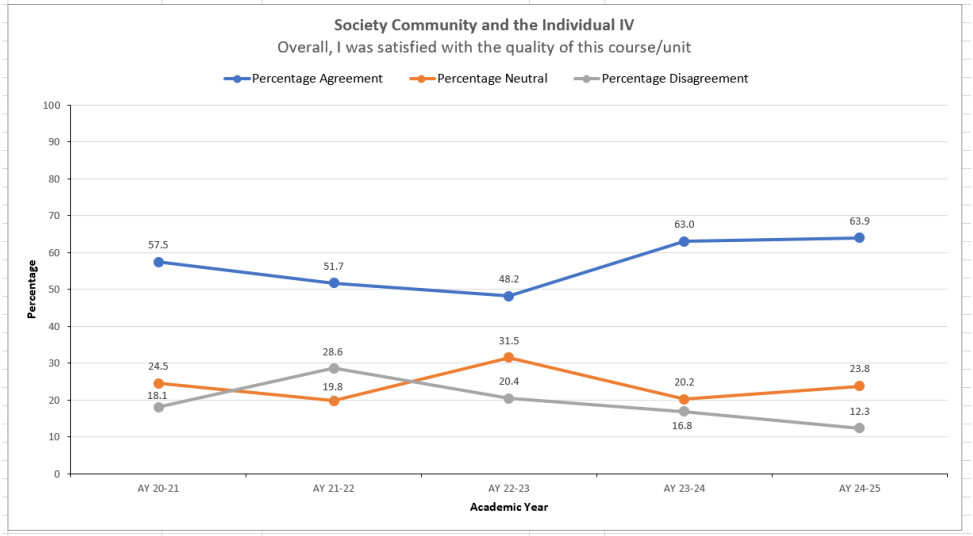








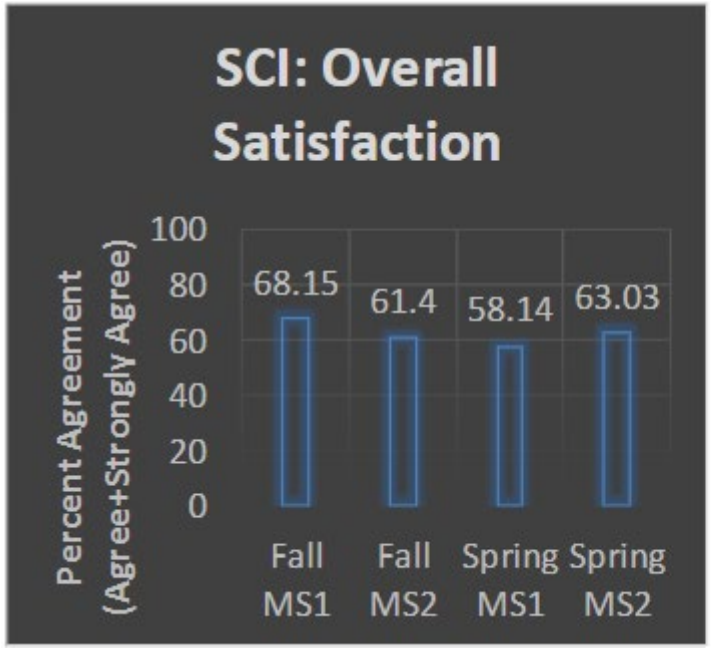
In all items, the recent year has had the highest score.

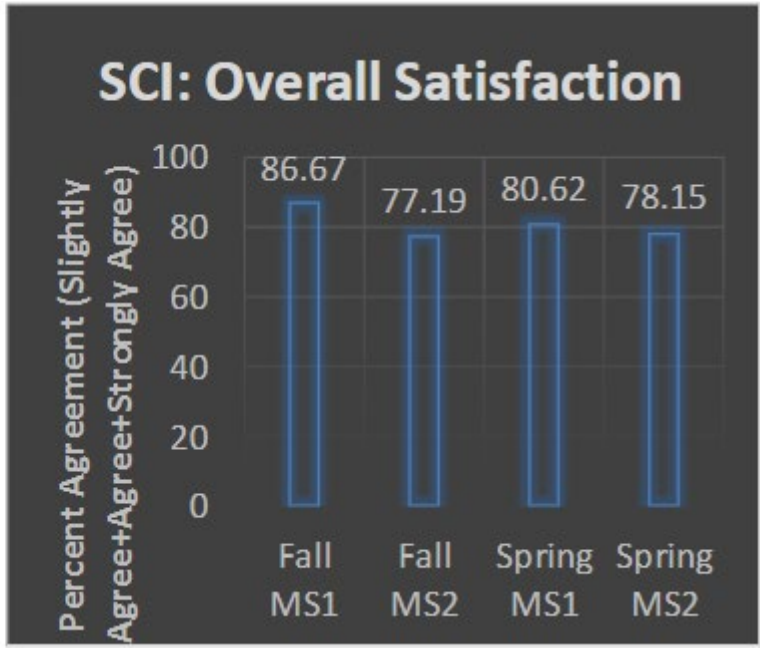
SCI I-IV overview

2023-2024 Annual Report: Pre-clerkship

SCI

- Timing of exams coincide with other exams, busy work in assignments, better organization
- Biostats: narrow the scope, classroom teaching in place of flipped style

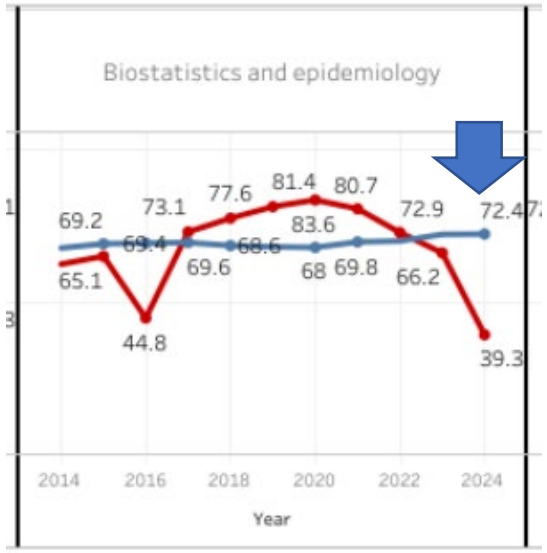


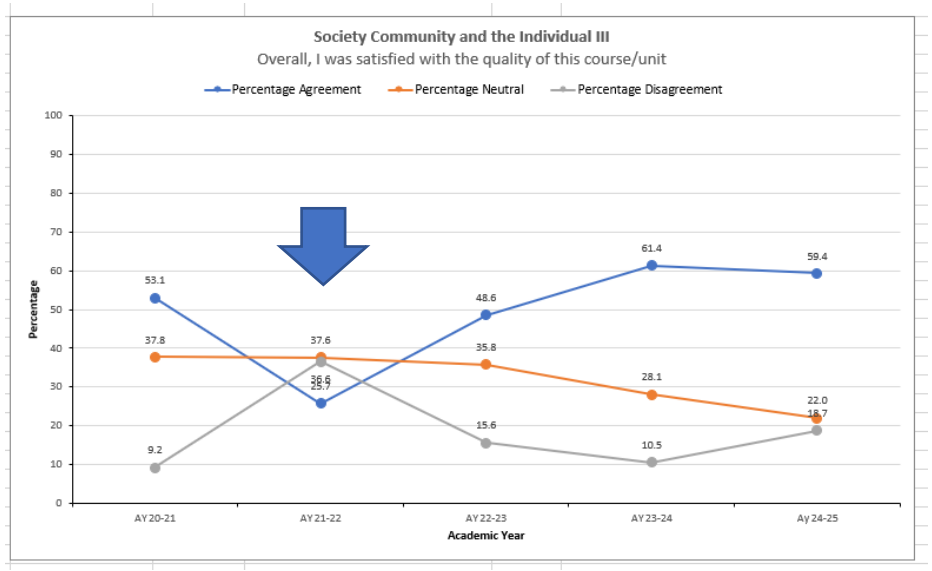


Includes All Agreement Categories

GQ: Pre-clerkship Discipline Satisfaction

Q.9 How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?





The deep dip in the GQ data for the Class of 2024 corresponds to a pre-clerkship post-pandemic period when epidemiology and biostatistics were taught by several different people. Once a full time SCI faculty member returned to teach biostatistics, the satisfaction improved as displayed in the course evaluation table.

NBME

Behavioral Science Subject Exam - Content Outline

Systems

General Principles of Foundational Science (1%–5%)

Behavioral Health (40%–45%)

- Normal processes
- Adaptive and maladaptive behavioral responses to stress and illness
- Patient adherence
- Psychotic disorders
- Anxiety disorders
- Mood disorders
- Somatic symptoms and related disorders
- Factitious disorders
- Eating disorders and impulse control disorders
- Disorders originating in infancy/childhood
- Personality disorders
- Psychosocial disorders/behaviors
- Substance use disorders
- Adverse effects of drugs

Nervous System & Special Senses (15%–20%)

- Normal processes Infectious, immunologic, and inflammatory disorders
- Degenerative disorders/amnestic syndromes
- Global cerebral dysfunction
- Movement disorders
- Paroxysmal disorders
- Sleep disorders

SCI's role in Behavioral Sciences: ★

NBME Behavioral Sciences Continued:

- Adverse effects of drugs on the nervous system

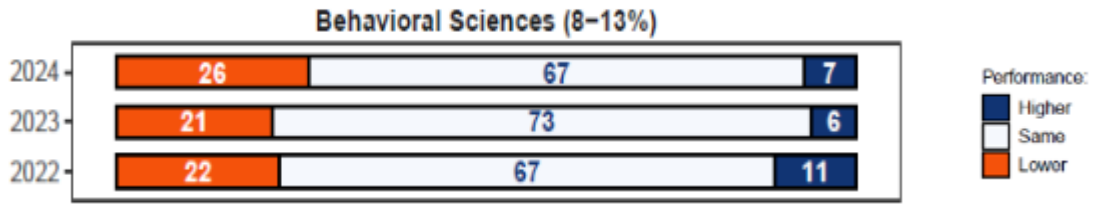
Multisystem Processes & Disorders (1%–5%)

- Nutrition
- Abuse

Biostatistics, Epidemiology/Population Health, & Interpretation of the Medical Lit. (1%–5%)

Social Sciences, Including Communication and Medical Ethics & Jurisprudence (25%–30%) ★

Step 1: Performance on Discipline Categories



USMLE United States Medical Licensing Examination Step Exams What to Know Scores & Transcripts Reso

Home - Exam Resources - Step 1 Materials

Step 1 Content Outline and Specifications

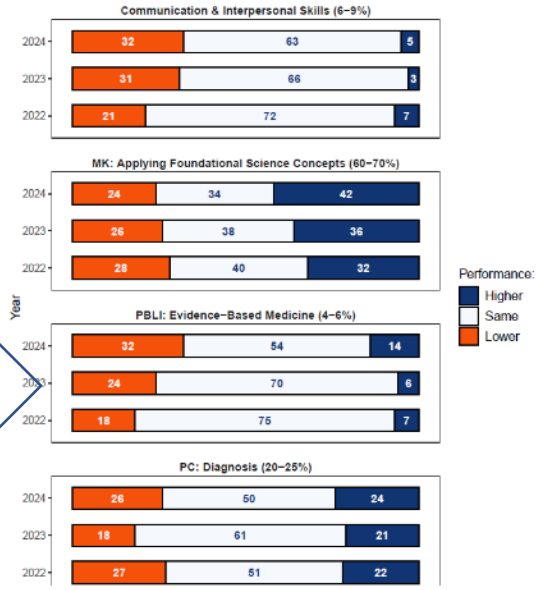
STEP 1: Performance on Physician Task Categories Relative to National Average

Table 2: Step 1 Physician Tasks/Competencies Specifications*

Competency	Range, %*
Medical Knowledge: Applying Foundational Science Concepts	60–70
Patient Care: Diagnosis	20–25
History/Physical Examination	
Diagnosis	
Communication and Interpersonal Skills	6–9
Practice–based Learning & Improvement	4–6

* Percentages are subject to change at any time.

The higher performing students have increased.



CHE experiences evaluations

The overall satisfaction in recent years is at 70 -85%.

In SCI II Spring of 24, SCI ran out of preceptors for the first time and some students opted to carry over their CHE preceptor visits to the MS2 Fall semester; this option was the result of input from the M1 Curriculum Committee who were concerned that some visits had been scheduled during the CEYE study period. In terms of the CHE evaluations, this is the only semester in which the satisfaction trend went down.*

	SCI I (Fall '23)		SCI II (Spring '24)					
Questions	Strongly Agree + Agree	Avg.	Strongly Agree + Agree			Avg.		
The Community clinic was a valuable experience to me	85.19%	5.3	*72.31%			5.0		
			AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21
			83.05%	70.80%	-	5.2	4.8	-
	81.48%	5.2	76.15%			5.0		

	SCI III (Fall '23)						SCI IV (Spring '24)					
Questions	Strongly Agree + Agree			Avg.			Strongly Agree + Agree			Avg		
The Community clinic was a valuable experience to me	79.82%			5.1			74.17%			4.9		
	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21
	62.39%	56.44%	58.76%	4.6	4.3	4.4	59.63%	64.13%	60.00%	4.5	4.5	4.4
The community preceptor ensured that the learning objectives were met	76.32%			5.0			75%			4.9		
	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21
	63.30%	57.43%	56.12%	4.6	4.3	4.4	63.30%	69.57%	60.00%	4.6	4.7	4.3

VI. Specific challenges

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		Course Evaluation – Selected Comments/ISSUES (Ratings, All Sources)	Action	Status
MS1 Fall 2023	1	It would have been nice if we had more practice questions to prepare us for it.	We are providing formative questions. These are in Elentra as posts and quizzes.	Expanding Pool; reviewing platform options
	2	Although many of the activities we participated in were very creative and interactive, it sometimes felt as though there was not enough time in our one-hour session to thoroughly develop an understanding of the instructions and our respective roles.	We are spreading complex sessions over 2 or more weeks; will drop referral activity and ACO simulation due to time constraints of 50 minute session –content to be integrated in other ways	In Process
	3	This course would lend itself well to a more project-focused curriculum to assess learning rather than a multiple-choice exam and long lectures.	We will consider alternate assessment approaches, such as more percentage points in problem sets and even dropping exams.	Long Term Consideration, esp. for SCI I.
MS1-Spring 2024	4	The methods used to deliver information was not optimal. Assigning lectures and being quizzed in class with no other explanation or development is not optimal to learning new content. SCI II is at the level of a Masters degree in public health, which require semester long education and classes to achieve what is being proposed.	We are adding 15 minutes of lecture to the front-end of class. *	CHANGE IMPLEMENTED
	5	The Wi-Fi issues during the tRAT and iRATs were a little bit stressful	We have contacted Elentra support and IT several times.	Will continue outreach to Elentra
MS2 Fall 2024	6	Students not satisfied with the methods used to evaluate performance	The grade is composed of 3 cumulative elements, which makes evaluations more fair; working on timing of Exams in SCI I-IV	Implementing changes in Exam timing; looking at options
	7	Students don't understand how the course content is applicable to the practice of medicine.	For each session we will integrate an article linked to Unit. More general effort to address context of SCI	Consulting Med Ed peers, students in process
	8	Would be nice for SCI final to be scheduled several days in advance of REP final.	Shifting the final to before the Thanksgiving period has been proposed.	Again, rescheduling in process
	9	If there was less material, a slower pace, and more group activities, it would be more beneficial.	Right now, more than 50% of the class time is dedicated to group activity. Consider providing less material in class may be unfair to the students who want more content	Reviewing options
	10	We were told to memorize a 12-page formula sheet for the final, and there were fewer math questions than a lot of us expected.	The 12 pages is not all formulas, it includes explanations in between and there are equations they do not have to know for the exam. They just have to be able to use them.	May Drop or distribute earlier in semester
MS2 Spring 2024	11	I wish there were more activities that were community focused or provided students with opportunity to participate outside of the classroom.	Service Learning Symposium is in this semester; we will encourage participation for partner agencies to attend; interact with students. NAMI panel also brings in community perspective.	Longer term will explore options to expand community opportunities
	12	The survey: what is the point in asking questions about whether the course was good or not.	Survey question will get updated, reflecting the points made.	
	13	We should have our SCI exams not before our summative, please.	We will try to move the time of the exam.	In process
	14	Exam timing and length	We integrated short answer questions on Social Fnds of Medicine and Health System Sciences. Timing –exploring weekly SCI IV quizzes	Newly reviewing (weekly assessment for SCI IV vs Final)
ALL	15	STUDENTS DO NOT UNDERSTAND THE CONTEXT OF THEIR SCI COURSE IN THE FIELD OF MEDICINE AS EVIDENCED BY CLASS RATINGS IN THE STUDENT COURSE EVALUATIONS AND THE ISA REPORT.	Deep analysis of curriculum Semester 1, refining Health System Sciences - integrating Immersion Semester 2 EBM sessions enhanced Semester 3 Hybrid flipped classroom (*as above) Semester 4 Assignment is a clinical application	Analysis still in process SOME IMPROVEMENTS IMPLEMENTED

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VII. SCI I-II and II-IV Quality Improvement Plan – includes changes for the upcoming year and major changes anticipated in the syllabus

SCI I-II MAJOR CHANGES

SCI I

- **Deepen Health Systems Sciences (HSS) content: Expand presentation of Health Systems to 2 sessions**
- **Create Related HHS Linked Content: Shift focus from Referrals to Navigation; creating 3-4 related sessions on HSS navigation (to include New Navigator Panel with Nurses, Soc Workers, CHWs)**
- **Diminish Workload: DROP FALL Problem Set (now 20% of Assessment).**
  This could mean Immersion PS goes to 30% (vs 20%) and adding 10% to CHE Kick-off survey by adding a Navigating Health Systems observation exercise.
- **Optimize Exam Timing: Final Exam may be moved to early December- *right after Thanksgiving (*due to rooms)***

SCI II

- **Create Learner-Centered Interactive Sessions: SCI II continue enhancing teaching first 15 minutes of class prior to I/TRAT**
- **Reinforcing Research Skills: EBM and lit. searching in updated class now with Librarians – Linking this to an updated SCI final session with an in-class activity on Designing Research (pre SARP summer)**
- ***Enhance Formative Feedback: Review iRAT scores at the mid-point, and send feedback to students with low grades.**
- **Optimize Exam Timing: Final Exam may be moved to mid-April; final 2 sessions have in-class products and link to summer research - may not need to test)**

SCI III-IV MAJOR CHANGES

SCI III

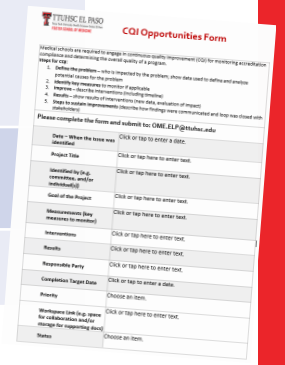
- **Create Learner–Centered Interactive Sessions: Continue enhancing teaching in the first 15 minutes of class prior to I/TRAT; build formative opportunities in class with Application questions**
- ***Enhance Formative Feedback: Review iRAT scores at the mid-point, and send feedback to students with low grades.**
- **Optimize Exam Timing: Final Exam will be moved to before Thanksgiving -Last 2 sessions of SCI III will be tested** in SCI IV*

SCI IV

- **Enhance Reflections: CHE Exit survey refined to foster reflection; life long/ long term learning**
- **Create Links to Clinical Applications: Problem Set updated to a Clinical Application integrative assignment**
- **Foster Critical Thinking in Assessments: Open-ended questions on Exams expanded**
- **Optimize Exam Timing: Considering options for end of semester Exam -weekly quizzes?**

***CHE Visits: MS1 - Will expand Pharmacy options by adding short training; looking to add a longitudinal CHW/promotor(a) shadowing in Project Vida clinic. MS1-2s: More specialists –also need training. Training to be integrated into Immersion**

Keep working on making linkages to medical practice; patient-centered care; quality improvement


CQI Opportunities Form

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Questions?


health
is
here.

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Pre-Clerkship Phase Review
AY 2023-24
TEAMIV --SCI III &IV

Student: Samuel Aldous
Faculty: Namrata Singh and Dale Quest

CEPC MEETING
March 31ST , 2025

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Review of Syllabus

Contact information –

- Identifies course directors and coordinator.
- Provides phone numbers and email addresses.
- Indicates office location, but not office hours or emergency contacts for main SCI courses.
- The Part 2 Spanish includes office hours.

Currently, one omnibus syllabus for SCI courses I...IV, including Immersion, and Spanish (as Part 2)[Pp.40 plus two appendices].

Students might find the syllabus more fathomable and usable if Part 1 was organized to separately cover MS-1 SCI courses I & II, and MS-2 SCI courses III & IV.

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Course description

The Society, Community, and the Individual (SCI) course is comprised of several essential components:

1) Health System Sciences/Social Foundations of Medicine

2) Evidence-Based Medicine/Introduction to Clinical Research

3) Community Health and Clinical Experiences

4) Support for optional Service Learning activities, and

5) Conversational and Medical/Clinical Spanish.

Note: The Spanish Language components appears as a Syllabus (part 2).

Pre-clerkship Course Mapping

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All of the learning objectives are mapped to PLFSoM educational program goals & objectives

SCI III AND - IV
Pre-clerkship Course Instructional Methods

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SCI III and IV

Community Health Experiences written/oral assessments, written reflections on life-long learning

Literature analysis

Health System Sciences/Social Foundations of Medicine component has graded midterm and final exams

The SCI evidence-based medicine/introduction to clinical research component is a credit-bearing team-based learning approach with team-based problem sets

Spanish instruction

The primary educational method is an active task-based communicative approach. Task-based instruction uses realistic situations in which students are challenged to negotiate. There was a recommended textbook and other resources posted on Elentra and access to a 3rd-party resource [Canopy – online].

Instructional Methods (cont'd)

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	Number of Formal Instructional Hours Per Course				
Course	Lecture	Lab	Small Group	Patient Contact*	Other
Society, Community and the Individual I	15	0	62	6	Large group discussion – 25.25 Demonstration – 2.25 Conference – 3.25 Concept mapping – 0.75 Service learning – 5 Independent learning 1.5 Patient presentation – 0.25 Role play – 1

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SCI Courses III & IV Program of Assessment

SCI III – Fall

Problem Set Literature Analysis	30%
Midterm Exam	30 %
Final Exam	40 %
• 4 Community Health Experiences	Pass/Fail

Note: As in SCI II, for the Class of 2027, in class Team-Based Learning activity worth 20% will replace the midterm exam and other graded elements will be similar to SCI II.

SCI IV – Spring

Problem Set:	
• USMLE Exam-Style Question Prep	30%
Year 1-2 CHE Reflection on Lifelong Learning	20%
Final Exam	50%
• 2 Community Health Experiences	Pass/Fail

Review of Student Evaluations of SCI Courses III & IV

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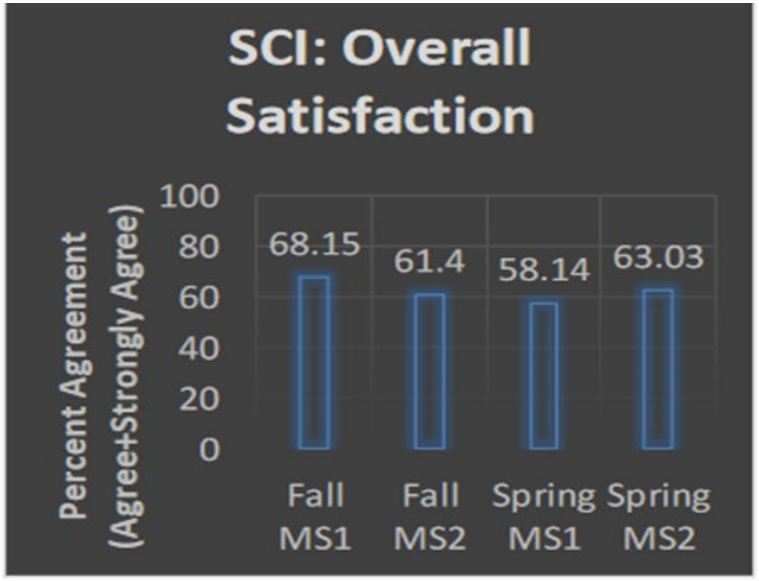

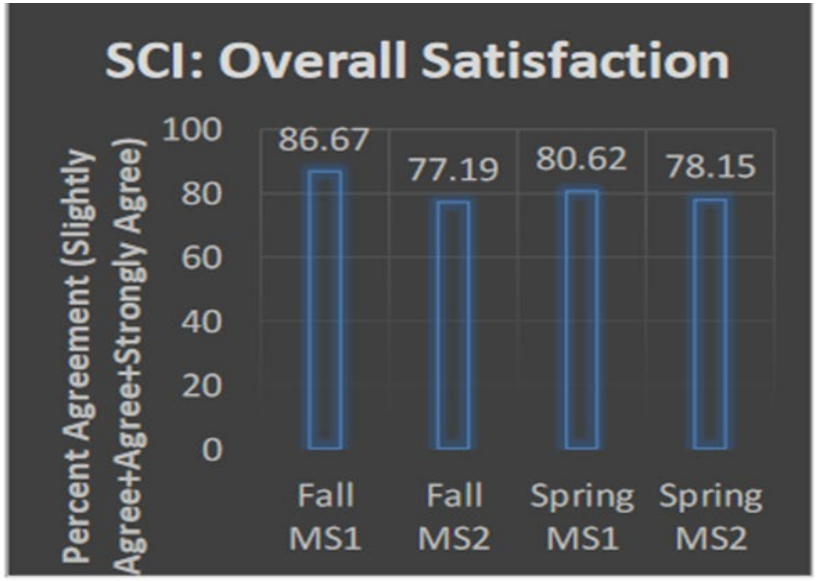

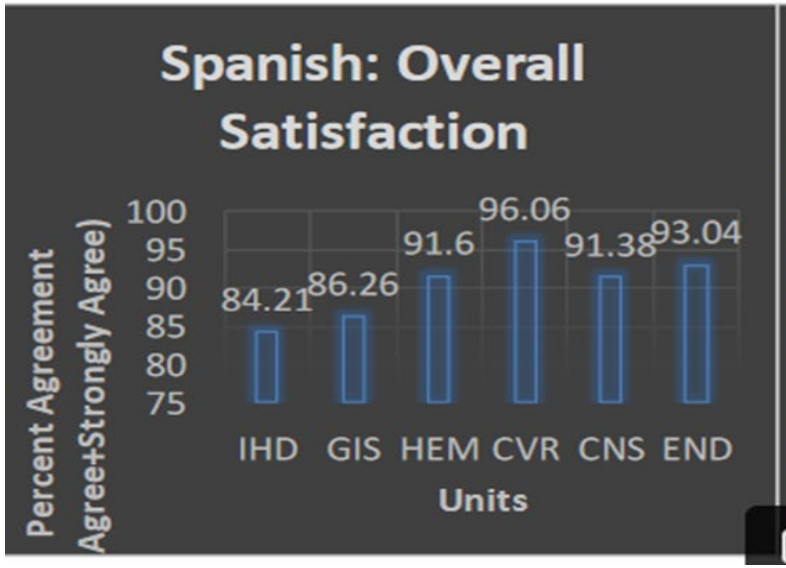

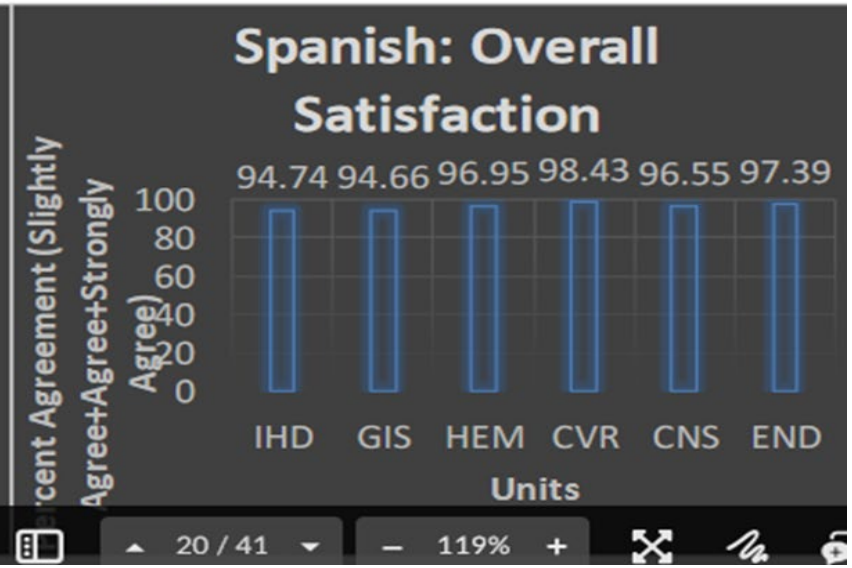

ISA RESULTS

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The Society, Community, and the Individual (SCI) course is/was valuable to my medical education and future career as a physician.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Disagree Responses		Number and % of Agree Responses	
	N	%	N	%	N	%	N	%
M1	109	81%	15	14%	19	17%	75	69%
M2	110	87%	5	5%	31	28%	74	67%
M3	90	88%	3	3%	38	42%	49	54%
M4	83	75%	0	0%	44	53%	39	47%
Total	392	83%	23	6%	132	34%	237	60%

28% of the MS2 class (SCI III & IV) said they did not feel that SCI was valuable to their medical education and future career as a physician.

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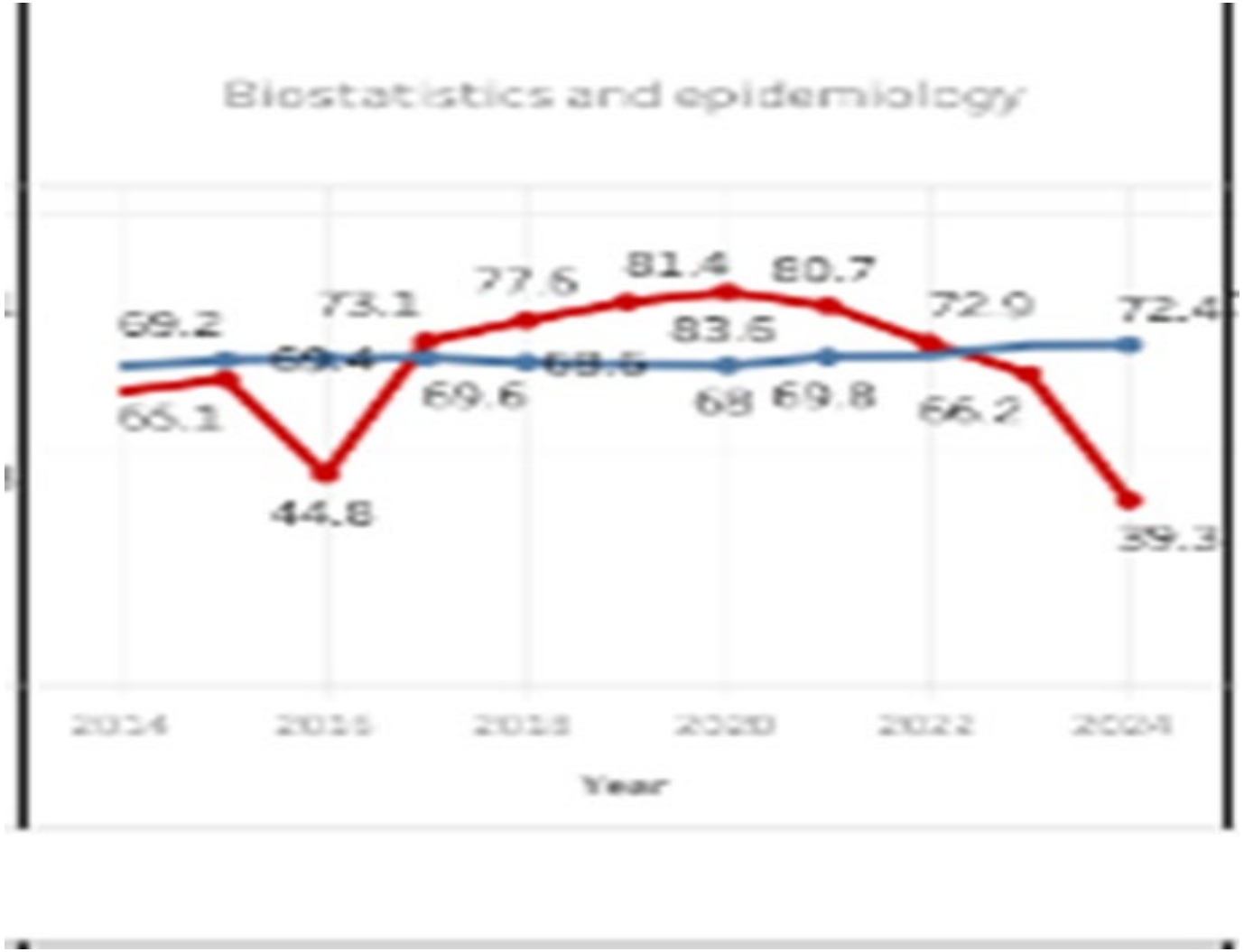
GQ
How did the medical education prepare you for clerkship?



Summary of the review

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Comment on student preparation to progress to the clerkship phase

Table 7.1-2 | Basic Science Education

Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who rated preparation for clinical clerkships and electives as *excellent or good* (aggregated) in the following basic medical sciences.

	AAMC GQ 2023		AAMC GQ 2024		AAMC GQ 2025	
	School %	National %	School %	National %	School %	National %
Biochemistry	64.9	71.4	52.3	73.1		
Biostatistics and Epidemiology	66.2	72.3	39.3	72.4		

Student Evaluations of SCI Courses III & IV (cont'd)

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	SCI III (Fall '23)						SCI IV (Spring '24)					
Questions	Strongly Agree + Agree			Avg.			Strongly Agree + Agree			Avg		
The course workload (pacing and quantity of new material and assignments) was manageable	73.68%			4.9			70.83%			4.8		
	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21
	56.88%	36.62%	61.22%	4.5	3.8	4.4	59.63%	51.09%	63.16%	4.5	4.2	4.4
The course met the identified learning objectives	76.32%			5.0			73.33%			4.9		
	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21
	58.72%	4059%	62.24%	5.6	3.8	4.6	65.14%	55.43%	70.53%	4.6	4.2	4.6
I am satisfied with the methods used to evaluate my performance	68.42%			4.7			68.33%			4.7		
	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21
	59.63%	31.68%	60.20%	4.5	3.4	4.4	57.80%	54.35%	54.74%	4.4	4.2	4.2
I understand how the course content is applicable to the practice of medicine	62.28%			4.7			65.83%			4.6		
	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21
	49.54%	40.59%	65.98%	4.2	3.4	4.7	58.72%	61.96%	68.42%	4.5	4.4	4.6
Overall, I was satisfied with this course/unit	61.40%			4.6			63.03%			4.5		
	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21
	48.62%	25.74%	53.06%	4.2	3.2	4.4	48.15%	51.65%	57.45%	4.1	4.0	4.2
The course broadened my perspective	62.28%			4.6			65.83%			4.7		
	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21
	52.29%	27.00%	61.22%	4.2	3.4	4.6	53.21%	48.35%	65.26%	4.3	4.0	4.5
The Community clinic was a valuable experience to me	79.82%			5.1			74.17%			4.9		
	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21
	62.39%	56.44%	58.76%	4.6	4.3	4.4	59.63%	64.13%	60.00%	4.5	4.5	4.4
The community preceptor ensured that the learning objectives were met	76.32%			5.0			75%			4.9		
	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21	AY 22-23	AY 21-22	AY 20-21
	63.30%	57.43%	56.12%	4.6	4.3	4.4	63.30%	69.57%	60.00%	4.6	4.7	4.3

SCI III

students speaking in class
none
My ophthalmology preceptor, [redacted]h, arrived 1 hour late. A classmate and I were asked to stay in the waiting room until her arrival. After she arrived, she assigned us to shadow the medical assistants for 30 minutes. I saw a total of 1 patient with her. The front desk staff mentioned she usually arrives late to give time for patients to be roomed. While this is understandable, I would've appreciated them communicating this in advance. There was no educational benefit to sitting in the waiting room for an hour.
None
none
Students were publicly humiliated during biostats for getting questions wrong.
The faculty who considered my team's case for our late assignment certainly followed their rules strictly, but in the context it did not seem terribly reasonable to our teammates. On the bright side, we all bonded by supporting one another and pushing through a remediation assignment. On the downside, it was clear to all that it was an honest mistake and that all team members except for one hadn't any hand in turning it in late.
The professor had instances where she would come off as condescending or patronizing when a significant portion of the class got a question wrong.
None.
None
None

SCI IV

Dr. [redacted] was such a excellent preceptorship hosts. Was very patient , isnightful . Gave me excellent strategies to improve adherance to health promoting reccomendations. Also gave great advice on how to leverage insurance to imrpvoe access to care
none
There were a few classes that ran over time. I do not appreciate having to sacrifice my personal time.
None
The final exam was so difficult to read and comprehend due to the number of grammatical errors.
no
None
none.

Table 8.8-2a | Student Workload in the Pre-clerkship Phase is Manageable.

Provide data from the ISA by curriculum year on the number and percentage of respondents who selected *N/A* (No opportunity to assess/Have not experienced this), *disagree*, and *agree*.

Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Disagree Responses		Number and % of Agree Responses	
	N	%	N	%	N	%	N	%
M1	111	82%	12	11%	9	8%	90	81%
M2	110	87%	1	1%	11	10%	98	89%
M3	90	88%	3	3%	6	7%	81	90%
M4	83	75%	0	0%	11	13%	72	87%
Total	394	83%	16	4%	37	9%	341	87%

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SCI Course III and IV

Student Learning Environment

	SCI III Fall '23	SCI IV Spring '24
Questions	Yes/No	Yes / No
I experienced exemplary professionalism	85.37%/14.63%	86.08%/13.92%
I experienced offensive or negative behaviors	3.7%/96.3%	0%/100%

Summary of Strengths, weaknesses and challenges of the Medical Spanish component of SCI courses III & IV:

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Summary of *Strengths, weaknesses and challenges of* the Medical Spanish component of SCI courses III & IV:

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Medical Spanish remained a component of the Society Community & the Individual courses I...IV during the AY2023-2024 period of this review.

There is reason to anticipate that the Spanish program will be even better as a distinct course that awards additional credits. It will also help in expanding resources and opportunities for students to enhance their proficiency to learn and practice medicine in Spanish and across cultures nationally and internationally.

MS-2 student evaluations of SCI Spanish return consistently high praise for quality of Spanish language instruction, and for the Spanish course instructors.

The Spanish language components are aligned with the Medical Skills and Scientific Principles of Medicine units, so the Spanish that students are learning follows the organ systems-based curriculum and related standardized patient encounters.

instruction is **level appropriate** for students who have basic, intermediate or advanced Spanish language proficiency.

This course needs more Faculty as is reflected in the Course Directors' review.

Organization challenge

Students are dissatisfied chiefly in terms of the way SCI is organized and implemented.

Summary of Strengths, weaknesses and challenges of the Medical Spanish component of SCI courses III & IV:

SCI

- Timing of exams coincide with other exams, busy work in assignments, better organization
- Biostats: narrow the scope, classroom teaching in place of flipped style

Spanish

- Longer in-class practice, slower pace
- Credit for the course
- More conversational Spanish

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Student concerns

- **30% of the semester grade** comes from team projects with no way to show who is doing the work for those projects, some individuals may be doing a disproportionate amount of the work or may be more invested in getting a higher grade on the project, so it is the luck of the draw as far as who is on your team.

- -The **CHE** visits need to be reworked. Students have 1-2 visits in a healthcare setting each semester, but the value of these experiences is wildly variable. They are typically scheduled on a weekday when there is no class, so they are during prime study hours. We need to be sure that they provide a good enough learning experience to justify the time commitment. Some students are driving 45+ min to a visit to count 90 pills and then go home. This will need special reformulation especially as the class size is set to increase, already the scheduling of these visits is sometimes chaotic/disorganized. Recommend fewer visits, of higher quality going forward.

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO
Paul L. Foster School *of* Medicine

Common Clerkship Policies

Office of Medical Education

~~AY 2024-2025~~AY 2025-2026

Approved by the CEPC pending

Table of Contents

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Office of Medical Education Contacts (MS3 and MS4)

Name	Title	Phone	Email
Maureen Francis, MD, MS-HPEd, MACP	Associate Dean for Medical Education	(915) 215-4333	Maureen.francis@ttuhsc.edu
Neha Sehgal, DO	Assistant Dean for Medical Education	(915) 215- 4600	Neha.sehgal@ttuhsc.edu
Lourdes Janssen	Unit Manager, Years 3 & 4	(915) 215-4396	Lourdes.Davis@ttuhsc.edu
Christy Graham	Course Coordinator, Year 3 & 4	(915) 215-4624	Christy.graham@ttuhsc.edu
Rebecca Aranda	Unit Supervisor, Hospital Clerkships	(915) 215-5034 (915) 577-7593	Rebecca.aranda@ttuhsc.edu
Gabriela Kutz	Course Coordinator, Year 3 & 4	(915) 215-5729	gabriela.kutz@ttuhsc.edu

Office of Accessibility Services

TTUHSC EP is committed to providing access to learning opportunities for all students with documented learning disabilities. To ensure access to this course and your program, please contact the Office of Accessibility Services (OAS) by calling 915-215-4398 to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively, so students are encouraged to register with OAS as soon as possible. More information can be found on the OAS website: https://elpaso.ttuhsc.edu/studentservices/accessibility/default.aspx

Counseling Assistance

TTUHSC EP is committed to the well-being of our students. Students may experience a range of academic, social, and personal stressors, which can be overwhelming. If you or someone you know needs comprehensive or crisis mental health support assistance, on-campus mental health services are available Monday- Friday, 9 a.m. – 4 p.m., without an appointment. Appointments may be scheduled by calling **915-215-TALK (8255)** or emailing support.elp@ttuhsc.edu. The offices are located in MSBII, Suite 2C201. Related information can be found at https://elpaso.ttuhsc.edu/studentservices/student-support-center/get-connected/ Additionally, the National Suicide Prevention Lifeline can be reached by calling or texting **988**.

Reporting Student Conduct Issues:

Campus community members who observe or become aware of potential student misconduct can use the Student Incident Report Form to file a report with the Office of Student Services and Student Engagement. Student behaviors that may violate the student code of conduct, student handbook, or other TTUHSCEP policies, regulations, or rules are considered to be student misconduct. This includes, but is not limited to, plagiarism, academic dishonesty, harassment, drug use, or theft.

TTUHSC El Paso Campus CARE Team:

The university CARE Team is here to support students who may be feeling overwhelmed, experiencing significant stress, or facing challenges that could impact their well-being or safety. If your professor notices any signs that you or someone else might need help, they may check in with you personally and will often connect you with the CARE Team. This is not about being "in trouble"—it's about ensuring you have access to trained professionals who can offer support and connect you to helpful resources. Additionally, if you have any concerns about your own well-being or that of a fellow student, please don't hesitate to reach out to let your professor know. You can also make a referral to the CARE Team using CARE Report Form. Your health, safety, and success are our top priorities, and we're here to help.

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~~Accessibility Services Office~~

~~TTUHSC El Paso is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to the educational opportunities in the clinical setting, please contact the **Accessibility Services Office (ASO)** to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively so students are encouraged to register with **ASO** **30 days prior to the start of academic year** **or** as soon as possible. For more information, please contact the ASO at disabilitysupport.elp@ttuhsc.edu.~~

Commented [MC3]: …register with the ASO 30 days prior to the start of the clerkship. See the Technical Standards Policy

Attendance Policy

Attendance at clinical duties and didactics is mandatory. Attendance demonstrates accountability and professionalism. **Unexcused absences will not be tolerated and may result in disciplinary action, potentially including referral to the Office of Student Affairs and the Grading and Promotions Committee.**

Students have allotted institutional holidays as stated on each academic calendar. Academic calendars are posted on the Office of Medical Education website and can be found at: https://elpaso.ttuhsc.edu/som/dme/academic-calendars.aspx.

Students assigned to WBAMC will be excused from duty on institutional holidays. Students will be expected to work on Military Training Days that do not coincide with institutional holidays. If the WBAMC clinic to which the student is assigned is closed, the student will be assigned duties on another campus for the day.

Students are required to attend both the first and last days of the rotation. The only excused absences will be for interviews, illnesses (with doctor's note), or documented family emergency. Students will not be excused in order to depart for an away or international rotation.

Absences are only excused at the discretion of the Clerkship/Course Director in conjunction with the Associate Dean for Medical Education or their designee. The absence request must be sent through the designated system in Elentra to be considered. Direct requests to the Clerkship/Course Director will not be considered. Absences include urgent/emergent situations without advance notice and planned absences.

Commonly excused urgent/emergent situations include:

- Illness/urgent or emergent health care appointment
- Family Emergency
- Death in the Family

Commonly excused planned absences include:

- Religious Holidays (please see the Religious Holy Days Policy)
- Presenting at a National Conference (limited to attendance for the presentation)
- Special family events, such as "once in a lifetime events." For example, the wedding of first degree relatives (limited to the attendance for the wedding).
- Cultural holidays (refer to policy)
- Interviews for Residency (MS4 only)
- Planned appointment with a health care provider

All excused absences, including special requests (if approved) will be counted toward the cap of excused absences and may require make-up time at the discretion of the Clerkship Director/Administration even if < 6 days per semester. All absences totaling 6 days or more per semester must be reviewed with the Associate Dean for Student Affairs.

Planned Absences

All planned absences must be reported through Elentra as early as possible when the student first discovers the need for the absence but no later than 2 weeks in advance unless there are extenuating circumstances. For example, it is not acceptable for a student to wait to see if their unscheduled time during ambulatory week coincides with their doctor's appointment and then request the time off after the schedules are released. If a student is requesting unscheduled time for a planned absence for a doctor's appointment, a note must be submitted from the provider stating that they were evaluated with proof of time and date. The note should **not** contain any private health information.

Please note that if make-up time ~~missed~~ for excused planned absences is required, it ~~that are excused~~ must be made up during unscheduled time and cannot violate duty hours. Typically , for 3rd year, this is done in a block of time after the conclusion of 3rd year and before entering 4th year. The schedule for the make-up time is at the discretion of the Clerkship Director/s and school administration. Students should not contact faculty on their own to schedule make-up time and if they do, it will be considered a ~~professionslaims~~professionalism concern.

Commented [FM4]: Maybe this can be removed? It looks a repeat of language in next section

Attendance on the days prior to and immediately after a holiday is mandatory and absences for illness will require a note from their physician.

Absences in the Third Year

During the third year, a student is expected to attend all clinical and didactic activities. If a student will be absent for any activity, they must obtain approval through the Elentra system. **If the Clerkship Director/s or administration determines that a student's absence(s) compromises the student's ability to attain the necessary competencies, they may require the student to make up days or complete alternate assignments even if the time missed does not exceed 6 days per block or 12 days during 3rd year.** If a student is required to make up time, this must be completed during unscheduled time and the hours worked must be in compliance with the duty hour policy. Typically, this is done in a block after the completion of other 3rd year requirements and before 4th year begins.

If a student is absent more than **6 days per block or 12 days during third year (including excused absences),** it will be reviewed by the Associate Dean for Student Affairs. Excessive absences could be a violation of the Student Code of Conduct and may be forwarded to the Grading and Promotions Committee.

In the event of an emergency that results in an absence from clerkship duties, the student must notify the Clerkship Coordinator AND Elentra as noted above as soon as possible.

If a student begins a third year clerkship block and then takes a prolonged leave (≥ 2weeks), then the student will be required to:

- Make up any clinical time missed in the next open clerkship block (this would be Block 1 of the next academic year for students who are "on cycle" and Block 2 of the next academic year for students who are "off cycle")
- In addition to completion of the pending clinical work, the student must schedule all pending NBME exam/s and OSCEs .
    - The NBME exams must be completed within 10 business days of the student's completion of pending clinical work or within 10 days of return to duty if no significant clinical work was pending. The student is responsible to contact the Clerkship Office to schedule the exam/s.
    - All pending OSCE exams must be completed at the next available testing date which will be scheduled in collaboration with the TECHS center. The student is expected to contact the Clerkship Office to schedule the exam and must be on campus for the OSCE.
- Didactic material that is missed can be viewed through Elentra where videos, slides and readings are posted.
    - Students can meet with faculty to discuss any questions they have about didactic material
- There may be additional make-up assignments at the discretion of the clerkship directors.
- Make-up for the clinical time missed, coursework and testing will need to be completed before beginning year 4 clerkships. Students cannot be registered for 4th year until all 3rd year requirements are met.

Commented [FM5]: Do you want to remove this since it is covered below?

Commented [FM6]: Is this clear? Or should it be 14 days? I am concerned if we say 14 days that students will think this is 14 business days.

Commented [MC7R6]: It is clear. Students sometimes have a weekend call day, so 14 days call.

Absences in the Fourth Year

In the fourth year, a student may have no more than **three** excused absences in a 4-week block without having to make up that time. **However,** if the Clerkship/Course Director determines that a student's absence(s) compromised the student's ability to attain the necessary competencies, they may require the student to make up days or assignments, regardless of the number of days missed. It is also at the discretion of the Clerkship/Course Director to give the student an alternate assignment to satisfy all or part of the make-up time. If a student is required to make up time, this must be completed during unscheduled time and the hours worked must be in compliance with the duty hour policy.

If a student is **absent more than 6 days in a semester** during fourth year, it will be reviewed by the Associate Dean for Student Affairs. Excessive absences could be a violation of the Student Code of Conduct and may be forwarded to the Grading and Promotions Committee.

Notification of Absence (Third and Fourth Year)

When a student is going to be absent, they are required to notify all the following:

1) the Clerkship Coordinator BEFORE their shift or assigned duties begin. Acceptable forms of notification are: email (preferred), phone call, or text message. ~~Please see individual Clerkship Syllabus for Clerkship-specific contact requirements;~~

2) The Clerkship Office by uploading the absence to Elentra.

3) The clerkship specific contact via email – ~~P~~please see individual Clerkship Syllabus for Clerkship-specific contact information~~requirements;~~

Planned Absences:

A planned absence from a clerkship phase required activity must be reported as soon as the absence is planned AND **a minimum of two weeks in advance** (unless there is documentation that the delay was unavoidable). Non-compliance shall result in the absence being counted as unplanned and unexcused). The same notification rules listed in the previous paragraphs apply.

Absence for an Emergency:

In the event of an emergency that results in an absence from clerkship duties, the student must notify the Clerkship Coordinator AND Elentra as noted above as soon as possible.

Documentation of Absence (Third and Fourth Year)

The following absences require special documentation as they considered graded activities. A health care provider's note on the healthcare provider's letterhead or printed from their electronic health record is required. Failure to obtain a health care provider's note in a timely manner (within 48 hours) may result in a serious professionalism concern, failure of the activity/exam, or failure of the course/clerkship and referral to GPC.

If a student is absent for any of the following, then a health care provider's note is required:

- **Orientation Day** (MS3 and MS4) is a ***Graded Activity***. Attendance is mandatory.

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Commented [FM8]: Should this clerkship specific contact?

Commented [MC9]: Additionally, a healthcare provider's note on the healthcare provider's letterhead or printed from their electronic health record, with a date concordant with the date of the missed graded or required activity.

Commented [MC10]: **Failure to obtain a health care provider's note in a timely manner (within 48 hours) may result in a serious professionalism concern, grade of FAIL for the activity, failure of the course/clerkship,** and referral to the GPC.

- **Additional graded activities include OSCE's, NBME subject exams and all other activities that contribute to a student's final grade (such as presentations).**
- **More than two consecutive days due to illness:** a health care provider's note on the healthcare provider's letterhead or printed from the provider's electronic health record is required.
- **When presenting at a national conference:** a copy of the invitation to present and travel itinerary is required.
- **When interviewing for residency** (MS4 only): a copy of the invitation to interview and travel itinerary is required.
- **Absences due to illness on the day before and after a holiday require a doctor's note.**
- **Planned absence for an appointment with a health care provider.**

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Remediation and/or Make Up of NBME Exams (Third and Fourth Year)

1. Make-up of NBME exam due to an excused absence

Students who miss an NBME exam due to an excused absence **must make arrangements with the Clerkship Office/Office of Medical Education** to make up the exam within 10 business days of the student's return to duties. The student is responsible for contacting the Clerkship Office to make the arrangements before they return or within 72 hours of their return.

Commented [FM11]: Need to clarify this

Commented [MC12R11]: What happens if they do not contact the CD or OME to make up an NBME? Failure on first attempt Please get in touch with the CD or OME within ten days to make up the NBME to avoid a FAIL on the first attempt and a notation on your MSPE.

If a student must make-up more than one NBME from a third year block, they must all be taken promptly upon the student's return to duty within 10 business days of the student's return with spacing similar to that used in the two-week end of block exam period.

Failure to contact the Clerkship Office within 72 hours of return to duty to schedule the pending exams will results in a professionalism concern and failure to take the pending exams within the 10 day limit will result in a failure on the first attempt for the exams.

2. Remediation of an NBME exam

Third Year students who must **remediate** an NBME exam/s due to failure on the first attempt are required to successfully complete the exam before their Fourth Year coursework begins. Students cannot be registered for fourth year until all third requirements have been fulfilled. **It is highly recommended that students who fail any NBME on the first attempt contact the Office of Student Affairs for any assistance needed.**

During fourth year, all **remediation** must be completed in time for certification for graduation.

Once the student decides on a date to remediate, please contact Mrs. Janssen a minimum of one week in advance to make arrangements.

NBME Subject Exam Vouchers:

Each third year student will receive 2 NBME subject exam vouchers for each subject exam each semester (total of 6 per semester). If a student has difficulty redeeming a voucher, they should check with the Clerkship Unit Manager, Lourdes Davis Janssen, on the 3rd floor of the CSB in the Clerkship Coordinator Office or email at Lourdes.Davis@ttuhsc.edu~~Lourdes.davis@ttuhsc.edu~~.

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Please note that assistance with redeeming vouchers is not available after hours or on weekends/holidays. It is the student's responsibility to use the vouchers in advance so that all issues can be resolved prior to a testing date.

Students who purchase vouchers on their own will not be reimbursed.

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AY 20245-20256 NBME Early Testing Policy for Year 3 Clerkships:

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Students have an option to take one or two of the NBME subject exams each semester during an early testing period. Students can also opt to keep the current scheduled dates during the 2-week testing period at the end of each block.

The rules regarding optional early testing are outlined below:

1. Each student may choose to take **one** or two NBME Subject exams during the early testing period.
2. Tests will be offered on Mondays. The dates will be listed on the community page for each block. There will be multiple dates offered to allow each student an opportunity to take one or two exams early during their ambulatory rotations.
    a. Note: ***Students must choose a date during their ambulatory weeks***. For example, testing during IM wards or general surgery will not be allowed.
    b. Clinical schedules will not be altered due to early testing. Students are required to attend all scheduled clinical shifts.
3. Students may choose any one or two of the 3 NBMEs that they would normally take at the end of the block.
    a. Medicine and the Mind Block: Subject exams are required in Internal Medicine, Psychiatry and Family Medicine. *Choose up to two.*
    b. OBSEF Block: Subject exams are required in OB/GYN, Surgery and Pediatrics. *Choose up to two.*
4. If a student "opts in" for early testing, **this will count as the 1st attempt for the NBME.** The score will not be erased or discarded. The score will be officially recorded in the student record.
5. Students who opt to take one of the NBME exams early will be notified of the result once the score report is received. Students can also view their results through the NBME portal.
6. *Once a student sits for an early exam*, they can then choose to spread out their remaining exams during the end of block testing period.
    a. For example, during the regular 2 week testing period for Medicine and the Mind, NBMEs are administered on Friday of week 1 and Tuesday and Friday of week 2.
        i. For example, if a student takes the NBME scheduled for the second Friday, they can ask to spread the other 2 exams out and move the Tuesday exam to Friday of week 2.
    b. For example, during the regular 2 week testing period for OPSEF, NBMEs are administered on Tuesday of week 1 and Tuesday and Friday of week 2.
        i. For example, if a student takes the NBME scheduled for the first Tuesday, they can ask to spread the other 2 exams out and move the Tuesday exam from week 2 to Tuesday of week 1.

7. **The early testing dates are completely optional.** If a student does not choose to take an exam early, the default will be the 3 testing dates during the 2 week exam period at the end of the block.

How to schedule an early testing date:

If you would like to schedule an early testing date, please email Lourdes Janssen at lourdes.davis@ttuhsc.edu with the following information:

Commented [FM13]: Maybe at some point, we can create an online form for them to submit through Elentra?

1. Date chosen for early testing
2. NBME subject exam chosen for early testing

*******Very Important*******

Please Note: **The NBME roster will lock one week prior to the selected testing date**. **Once the roster locks, the exam has been ordered and the student is expected to take the exam and all of the rules related to NBME testing apply.**

   a. For example,
      i. Absence on the early testing date related to illness will require a doctor's note.
      ii. "No Show" on the day of the scheduled exam will count as a failure on the first attempt.
   b. If you change your mind and decide that you do not want to take an exam early after you initially signed up, you must notify Mrs. Janssen one week prior to the scheduled test date – that is the Monday prior by 5 PM.

NBME Testing Rules:

The subject examinations are secure exams subject to all rules set forth by the National Board of Medical Examiners. These rules can be found on the NBME website at: https://www.nbme.org/common-questions/exam-rules-and-conduct.

All students are expected to arrive on time and to be prepared to begin the exam at the scheduled time.

a. Late arrival ≤10 minutes past scheduled start time:
   a. This will result in an event card placed in the student's ePortfolio.
b. Late arrival > 10 minutes past the scheduled start time:
   a. Student will not be permitted to enter the exam room or take the examination.
   b. The student will receive a score of "0" for the exam. It will counted as the first attempt for the subject exam. Remediation of the exam will be required.
c. Students are responsible to check their Elentra schedule for room assignments for the exams. Changes in the room assigned may occur due to other events at the university.

Credentialing of Medical Students

All medical students must maintain compliance with occupational health requirements in order to participate in clinical rotations. This is monitored by the Office of Student Affairs.

In addition, many health care facilities and offices require students to be credentialed to attend procedures and/or care for patients. The Office of Medical Education will work closely with Student Affairs and the individual clerkships to file the paperwork necessary for each facility. It is each student's responsibility to answer emails and comply with required appointments (such as for fingerprinting at WBAMC) and to complete all required paperwork in a timely manner. If students fail to comply with deadlines and are unable to attend a rotation as a consequence, it may be reflected in the student's final assessment as a professionalism issue. Please note that the Office of Medical Education and the appropriate clerkship will notify students if there are facilities that are **not approved** for medical student rotations. The students should not perform clinical duties or procedures at any facility that is not approved even if their community preceptor goes to that facility.

If a student does not complete the required credentialing process, then they may NOT enter that facility and work as a medical student.

Clinical Grading Policy

Student clerkship performance is based on the clerkship director's judgment as to whether the student honors, passes, or needs improvement on each of 8 competencies described by the PLFSOM discipline performance rubric. The final clerkship performance assessment is conducted at the end of the rotation based on the student's level of performance across the block. It is expected that over the course of the block, student performance will have improved in many or all categories, based on constructive feedback and growing familiarity with the clinical discipline and patient care. **In other words, the final assessment is not an average of the student's performance.. Competency grades are based on clinical assessments by faculty and residents, clerkship assignments and activities and professionalism as outlined in the clerkship syllabi. Clinical assessments are carefully reviewed by the clerkship directors and considered in relation to all students in the cohort and their use in the final grade is at the discretion of the clerkship director.**

Possible Final Grades are Honors, Pass, Fail, In Progress (PR) and Deferred (DE) unless otherwise specified. There is no cap or quota on the number of students eligible for Honors designation. The overall grade is based on the 8 competency scores as described below, the NBME score and the OSCE score. No student who "needs improvement" in any competency on the final clerkship evaluation is eligible for honors.

A student who fails Professionalism may receive a Pass or a Fail overall at the discretion of the course/clerkship director, regardless of the scores on all other items.

Third and Fourth Year Required Clerkships

Overall grade is based on the assessment in each of the 8 competencies, NBME score (See Table 1 for clerkship designated thresholds for pass and honors), OSCE performance (if applicable), and professionalism

- **Honors,** if all of the following are true:
  - Passes NBME exam, if applicable, at or above the clerkship designated score for honors on first attempt
  - Passes OSCE, if applicable, on first attempt
  - Minimum of 4 of the 8 individual competencies rated as "Honors" on the final clerkship evaluation
  - No individual competency rated as "needs improvement" on the final assessment.
- **Pass** if all of the following are true:
  - Passes NBME exam, if applicable, at or above the clerkship designated score for pass on the first or second attempt
  - Passes OSCE, if applicable, on first or second attempt
  - Minimum of 6 of the 8 individual competencies rated as pass or better on the final clerkship evaluation
  - No more than 2 individual competencies rated as "needs improvement" on the final clerkship assessment
  - Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the final clerkship evaluation.
- A **failing** clinical assessment is assigned if ***any*** of the following are true.
  - 3 or more individual competencies rated as "needs improvement" on the final clerkship assessment
  - NBME Exam, if applicable, below the designated clerkship score for pass after 2 attempts
  - Failure on final exam (other than NBME), if applicable, after 2 attempts
  - Fail on OSCE, if applicable, after 2 attempts
  - Professionalism concern deemed by the course director significant enough to warrant a Fail on the final evaluation.
- If a student receives a final grade of "needs improvement" in 3 or more competencies in any of the clerkships, they will be referred to the Grading and Promotions Committee (GPC).
- If a student fails 3 NBME's or 2 OSCE's on the first attempt within the third year, they will be referred to the Grading and Promotion Committee and a notation will be made on the MSPE (Medical Student Performance Evaluation)

An **In Progress** grade (PR) will be assigned any student who has not completed required assignments or examinations or who has not fulfilled all clinical experience obligations, pending completion of the required work. This is a temporary grade used when the student's work has been satisfactory in quality and the work in a course extends beyond the semester or term due to factors that are beyond the student's control, for example due to illness or prolonged excused absence.

A Deferred grade (DE) is a temporary grade that is given only when a **student's work is unsatisfactory in a component of the course/clerkship** and the work in a course extends beyond the semester or term based either on course policy or on a remediation plan established for the student by the school's Grading and Promotions Committee. For example, failure of the first attempt on an NBME or OSCE would result in a temporary grade of DE. If the NBME and/or OSCE is successfully remediated, the DE will be changed to PA. If the attempt at remediation of the NBME or OSCE is not successful, then the DE will convert to FA and the student will be referred to the Grading and Promotions Committee as per the GPAS policy.

Table 1: Clerkship Designated Scores for Pass and Honors

Clerkship	**PLFSOM Equated Percent Correct Score required for PASS (≥designated score)**	**PLFSOM Equated Percent Correct Score required for HONORS (≥designated score)**
Family Medicine	65	80
Surgery	61	80
Psychiatry	75~~73~~	88~~87~~
Internal Medicine	60	80
Pediatrics	65	84
OB/GYN	67	83

*

Please note:

1. ~~Third year students in Class of 2025 who complete the requirement for EM and Neurology during their 3rd year will not be required to take these subject exams. Students who are on a prior degree plan and who did not complete these requirements during their 3rd year will need to take EM and Neurology during their 4th year and will be required to take the subject exams.~~
1.
2. Each Fourth Year Elective has its own grading assessment forms based on the eight core competencies and linked to the PLFSOM Program Goals and Objectives. . Final grades possible are Honors, Pass, and Fail. Please refer to the syllabus for each elective for more information on the specific grading policy.
3. Pass/Fail Grading ;
    a. During third year, Intersession, Emergency Medicine, and the Family Medicine Longitudinal (OPSEF Block) are graded as Pass/Fail.
    b. During fourth year, the Bootcamp is graded as Pass/Fail.

Class Ranking Formula

Class rank will be calculated at the completion of third year clerkships and will be included in the student's MSPE prepared by the Office of Student Affairs. The ranking will be based on competency grades, professionalism, NBME scores and OSCE performance. Contribution of each element will be as follows:

- 40% based on competency grades from 8 third year clerkships in Knowledge for Practice, Patient Care, Interpersonal and Communication Skills, Practice Based Learning and Improvement,

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Commented [FM14]: FM: 2021 guidelines recommend 68 as passing; prior guidelines were 61; 68 is the 16th%; 65 is the 9th Note – Dr Genrich said that he would like to keep as is at 65

Commented [FM15]: FM 2021 guidelines recommend 79 to 90 as honors cutoff

Commented [FM16]: Surgery: 61 is the recommended cut-off and range for honors is 78 to 90. Dr Tyroch said he would like to keep as is.

Commented [SN17]: 73 is 4% > rec to increase to 75, which is 7% based on Hofstee range, norm table from Ay 23-24 data; proposed to Year 3-4 committee 1.27.25

Commented [FM18]: Psychiatry: 72 recommended with honors range 86 to 92; note 72 is the 4th %, 73 is 5th % and 74 is the 7th %. Can leave as is or raise to 74? I wouldn't recommend going down to 72 as 6% is recommended for preparation for step 2.

Commented [SN19]: 87 is 62% > rec to increase to 88, which is 69%; class 2025 had 54% honor clerkship; proposed to Year 3-4 committee 1.27.25

Commented [FM20]: Medicine 2023 guidelines suggest 62 as passing with honors range of 77 to 90; 62 is the 11th % and 60 is the 7th %. Can leave as is or raise to 62?

Commented [FM21]: Pediatrics: 2023 guidelines suggest 66 as passing and range of 83 to 93 for honors; 66 is the 10th % and our current cutoff of 65 is the 8th %; Can leave as it is or raise to 66?

Commented [FM22]: OB/GYN: 2022 guidelines suggest 67 as passing and honors range of 82 to 94

System-based Practice, Interprofessional Collaboration and Personal and Professional Development. Input from each clerkship will be proportional based on number of credit hours/year.

- 10% based on performance in the end of block OSCEs
- 40% based on NMBE subject exam scores from the 6 third year clerkships. Note that NBME exams are not required in Emergency Medicine and Neurology during third year,
- 10% based on competency grades in Professionalism from all 8 third year clerkships

Referral to Grading and Promotion

It is the responsibility of each student to familiarize themselves with the Grading, Promotion and Academic Standing Policy (GPAS). The GPAS Policy can be found on the UME Program Policies and Forms web page at the following link: https://elpaso.ttuhsc.edu/som/ome/cepc/policies.aspx

Op-Log Policy

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1. Students are required to complete Op-Log entries on **all** patients with whom they have direct, "hands-on" clinical contact—e.g., take all, or significant part of the patient's history, conduct a physical examination, perform or assist in diagnostic or treatment procedure, write orders, participate in treatment decisions, etc. A student will also be expected to complete Op-Log entries on patients seen with an attending or resident where clinical teaching and learning through observation is an explicit goal of the encounter.

2. Students will document each problem/diagnosis addressed by the student at the time of the encounter e.g., if a patient has the following diagnoses listed on his/her record—DM type 2, Hypertension, and Osteoarthritis, but the student only addresses the OA during the encounter, OA is the only problem that would be recorded in Op-Log for that encounter. If the student addresses more than one problem in a given encounter, then they should list the diagnosis primarily addressed at the visit first, and then the others diagnoses in order following this.

3. **Students are expected to record their encounters in OP-Log on at least a weekly basis.** Regardless of where the assessment falls in a week, students must have their Op-Log recordings up-to-date at least 24 hours prior to scheduled mid-block of clerkship formative assessment and by 5:00 pm the Monday of NBME week.

4. For hospitalized patients, a student will complete an entry at the time they assume care of the patient and each day that they have direct "hands on" contact.

5. **Timely, complete, and accurate clinical encounter Op-Log entries will be a component of the clerkship assessment. Students who do not meet expectations in the documentation of their clinical experiences will not be eligible for "Honors" designation.**

6. Students will not document "incidental" patient-encounters. Each clerkship will operationally define "incidental encounters for its purposes.

7. Each clerkship has identified mandatory conditions that students must encounter during the clerkship. If a student does not see a patient with the mandatory condition or procedure at the designated level of involvement, then an alternate assignment must be completed to fulfill the requirement. Please see the Op Log sections in each syllabus.

    a. Note that the required diagnosis must be listed first in the Op Log in order to fulfill the requirement.
    b. Each encounter logged can only be used to satisfy one requirement. For example, if a student sees a patient with chest pain who has DM and HTN, this entry will only satisfy the chest pain requirement. It will not satisfy 3 requirements.
    c. For specific diagnoses (such as colic or child abuse), this can be adjusted at the discretion of the clerkship director.

8. We expect that students will document a minimum number of encounters per clerkship. Please note that these are minimum expectations, and as such a student may not qualify for Honors if they only meet the minimum expectation (Honors designation indicates a student went above and beyond).

9. Deliberate falsification of Op-Log entries is dishonest and will result in a referral to the Grading and Promotions Committee.~~an honor code violation~~.

COMMON REQUIREMENTS

Year 3:

1. **Intersessions**
    a. There will be three intersessions in the third year
        i. One week prior to the start of Block 1
        ii. One week prior to the start of Block 2
        iii. Two weeks at the end of the academic year after the conclusion of Block 2
        iv. The entire class will participate in the activities. Content will integrate the experiences in the clinical rotations during Year 3 with concepts from the Year 1 &2 coursework.
    b. This is a 4-credit course required for graduation.
    c. Attendance and participation in the intersession activities is **mandatory**.
    d. Please refer to the Intersession Syllabus for complete details and to review the objectives, a sample calendar and assessments.

2. End of Block OSCE grading

a. Students at the end of each block are required to take and pass on OSCE exam.
    i. The exam typically consists of 5 to 6 cases. The cases combine clinical skills/reasoning from the block clerkships.
    ii. The OSCE may also include skill demonstration stations (see specific clerkship/block syllabi)
    iii. Grading of the OSCE Standardized Patient cases
        1. The student will receive two sub-scores
            a. Integrated clinical encounter- consisting of:
                i. Standardized Patient Checklist covering key elements of history and physical examination
                ii. SOAP note in the standard format with a focus on the assessment and plan and organization of the note
                iii. Additional elements, such as oral case presentations to assess clinical reasoning
            b. Communication and Interpersonal Skills
                i. Uniform checklist across all cases with focus on fostering the relationship, gathering the information, providing information, helping the patient make decisions, and supporting emotions
        2. Must pass each category (Integrated clinical encounter AND Communication and Interpersonal Skills) averaged across the 5 cases.
        3. Minimum passing score 70% each for CIS and ICE component for each case
    iv. Remediation
        1. If a passing score in either category or both (CIS and ICE) is not achieved, the student will be required to repeat the case/cases that not meet the minimum passing score
        2. If a passing score on either category or both is not achieved on the second attempt, the student will be referred to Grading and Promotions for failure of the clerkship.

3. End of Year 3 OSCE

a. Background
    i. Cases are designed to elicit a process of history taking and physical examination that demonstrates the examinee's ability to list and pursue various plausible diagnoses. Clinical reasoning will be evaluated.
b. The EOY OSCE is scheduled during the May Intersession.
c. Objective
    i. Demonstrate competency in history, physical examination skills, and diagnostic reasoning appropriate to the level of the student

ii. Accurately document a focused history, physical examination, assessment and corresponding clinical reasoning in the record.
iii. Make informed decisions about the initial diagnostic work-up for each scenario and document in the record.
iv. Demonstrate communication skills in providing patient education and counselling when appropriate to the situation.
v. Demonstrate sensitivity, compassion, integrity, and respect for all people.

d. Scoring and Grading
    i. The student will receive two sub-scores
        1. **Integrated clinical encounter**- consisting of:
            a. Standardized Patient Checklist covering key elements of history and physical examination
            b. SOAP note in the standard format with a focus on the assessment and plan and organization of the note
            c. Additional elements, such as oral presentation, may be added to assess clinical reasoning
        2. Communication and Interpersonal Skills
            a. Uniform checklist across all cases with focus on fostering the relationship, gathering the information, providing information, helping the patient make decisions, and supporting emotions.
                i. Note: there will be modifications for pediatric cases and telephone encounters
e. Must pass each category (Integrated clinical encounter AND Communication and Interpersonal Skills) across all 6 cases
    i. Minimum passing score 75%
f. Remediation
    i. If a passing score in either category or both is not achieved, the student will be required to repeat all stations of the examination.
    ii. If a passing score on either category or both is not achieved on the second attempt, the student will be referred to Grading and Promotions.
g. Successful completion of remediation is required to begin Year 4 coursework.

4. Comprehensive Clinical Sciences Examination (CCSE)

a. Each student is **required** to take the CCSE at the end of Year 3 during the May Intersession to determine readiness to take USMLE Step 2 CK.
b. The Associate Dean for Student Affairs or their designee will discuss with the student if the score is of concern and decide on a plan of action.
c. COMPLETION OF YEAR 3 is required before taking USMLE STEP 2 CK.
    i. Please note that missing time to take Step 2 CK during Block 3 will result in an unexcused absence. Please see the attendance policy on page 2.
    ii. Unexcused absences may result in disciplinary action, potentially requiring a student to repeat a clinical block or rotation.

Year 4:

5. **Critical Care Core Curriculum**
    a. This is a series of online interactive modules available through the Society for Critical Care Medicine that address core topics that represent foundational knowledge and apply across critical care settings. Examples of topics addressed include: airway management, and interpretation of arterial blood gases, and common causes of shock. (See specific syllabi)
    b. Completion of assigned modules and quizzes is required.
    c. If modules are not completed by the end of the rotation, the student will receive a grade of In Progress until all modules are completed in a satisfactory manner. Failure to complete these modules by the assigned deadline could result in a "needs improvement" in the professionalism competency on the final assessment.

Year 3 and Year 4:

1. **Documentation in the Electronic Medical Record**
    a. It is a privilege for our medical students to document in the electronic record at Texas Tech Health Sciences Center El Paso and our affiliated hospitals and clinics.
    b. Student notes entered in any electronic health record as part of a clerkship experience or requirement must be completed by the student in a timely fashion and routed to the appropriate resident and faculty.
    c. Delinquent notes in all electronic health records, including EHRs at our affiliated institutions, must be resolved promptly.
        i. Failure to respond to requests by medical records at the clinical site of the rotation may result in a professionalism concern leading to a final grade of "needs improvement" and/or failure of the clerkship.
        ii. The student's diploma will not be released until all delinquent records are cleared,
2. **Reminder of Important Dates**
    a. USMLE Step 1
        i. Students **must** take Step 1 prior to the start of third year orientation and clerkships.

1. If a student receives their score and does not pass, please refer to the GPAS policy available at: https://elpaso.ttuhsc.edu/som/ome/cepc/policies.

ii. Students returning from a Leave of Absence must take and receive a passing score on Step 1 prior to the start of the clerkships. Please see the GPAS Policy and the Student Handbook.

b. USMLE Step 2 CK

i. Students must take their first attempt at Step 2CK **before October 31 of their 4th year**. Students who do not meet the deadline will be suspended from 4th year clerkships/courses until they take the examination.

ii. Obtaining a passing score on Step 2 CK is a graduation requirement. Please refer to the GPAS policy for additional details, available at: https://elpaso.ttuhsc.edu/som/ome/cepc/policies.

Longitudinal Ultrasound Experience in Year 4:

- Weekly online modules that are self-paced and asynchronous to provide students with foundational understanding of ultrasound, including image acquisition techniques, anatomy visualization, and basic ultrasound image interpretation
- Online platform: CoreUltrasound
- Fall semester will have 28 modules and Spring semester will have 20 modules
- All modules must be completed by the last Friday of each semester
- Pass/Fail course
- Please see the course syllabus for more information.

Commented [SN23]: Pending approval by CEPC for a longitudinal asynchronous ultrasound experience for all MS4 students

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CME Requirement

The CME Requirement is a prerequisite to graduation!

Purpose/Goals of Requirement:

- Expose students to the full continuum of medical education including Continuing Medical Education;
- Provide students opportunities to broaden their clinical training by participating in approved Type 1 CME events;
- Reinforce the fact that all physicians are expected to be active, life-long learners and to take responsibility for maintaining and expanding their knowledge base.

Requirement:

- **A minimum of 10 documented Type 1 credits must be completed by March 1 of the MS 4 year**;

- Credits must be earned in at least three (3) different disciplines (e.g., Internal Medicine and IM sub-specialties, Surgery and surgical subspecialties, OB-GYN, Pediatrics and pediatric sub-specialties, Psychiatry, Family Medicine, etc.);
- At least 5 of the credits must involve "live" sessions;
- Clerkship required learning activities that "happen" to carry CME credit (e.g., the Lactation Curriculum in OB-GYN) **will not count** toward meeting the CME requirement **except** for Grand Rounds Sessions that have been approved for Type 1 credit by the CME office that students are required to attend as part of a rotation.

Documentation:

- Student participation in PLFSOM CME approved events will be documented via medical student sign-in sheet;
- Students are required to provide acceptable documentation (e.g., certificates of completion, transcript of credits, and/or photo of sign-in sheet) to Christy Graham in the Office of Medical Education;
- Mrs. Graham will update students quarterly about their individual status in meeting requirement

Duty Hours Policy

Preamble: The School of Medicine has the responsibility to develop and implement work hour policies for medical students, especially those on clinical clerkship rotations, in accordance with LCME Element 8. These policies should promote student health and education.

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1. Students should not be scheduled for on-call time or patient-care activities in excess of 80 hours per week.

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2. Students should not be scheduled for more than 16 continuous hours (except as noted in #8 below).
3. Students should have 10 hours free of duty between scheduled duty periods.
4. Students should have at least one day off each week averaged over a one-month period.
5. Students should not have more than 6 consecutive nights on night float duty.
6. This policy applies to all clerkships/rotations in the third and fourth year at Paul L. Foster School of Medicine.
7. It is anticipated that student attendance at clerkship seminars, conferences, and other didactic sessions will be facilitated by this policy and that provisions in this policy are not the basis for missing these sessions. Requests for excused absences from these sessions should be submitted to the clerkship director or his/her designees on an individual basis.
8. During 4th year **required** clinical rotations, such as the Sub-Internship selectives, the clerkship director may require overnight call to prepare students for internship and residency. In this case, call rooms must be available for the student's use at the facility and duty hours must not exceed 24 hours of continuous scheduled clinical assignments. Up to 4 hours of additional time may be used for activities related to patient safety, such as

transitions of care. The clinical departments will determine the frequency of overnight call, but it should not be more frequent than every 4th night.

9. Duty hours are counted from Sunday to Saturday each week.

10. Variances from this policy must be approved by the Associate Dean for Student Affairs.

Clerkship Requirements for Reporting Duty Hours

Duty hours are tracked through the EZ Check Me system. Students must check in when they arrive on shift, and check out as they are leaving. If something goes wrong with the app, it is the student's responsibility to report this to the clerkship coordinator. ~~Students must report their duty hours in Elentra within 48 hours of the end of each event. Failure to enter duty hours more than 3 times in a Clerkship will result in a concern notation on the student's professionalism evaluation (completed by the Clerkship Coordinator).~~

Commented [FM24]: Will need to update with EZ Check system

Additional Policies

There are a number of policies dictated by the Office of Student Affairs. Students are expected to be familiar with all policies in the Student Affairs Handbook (http://elpaso.ttuhsc.edu/fostersom/studentaffairs/SAHandbook2014Revised.pdf) with special attention paid to the following:

Commented [MC25]: Need newest version to be uploaded by Mari Cotera with link to policies below

- Dress Code
- Needle Stick Policy
- Standards of Behavior in the Learning Environment
- Medical Student Code of Professional and Academic Conduct
- Religious Holy Days
- Missed Graded Activities
- Evaluation Policy
- Off Cycle Policy

Commented [MC26]: Old Compact between Learners and Teachers, do not use anymore?

Students are expected to be familiar with policies regarding the Training and Educational Center for Healthcare Simulation (TECHS) and to abide by these policies when attending sessions in the TECHS Center.

Commented [MC27]: Mandatory Student Health Insurance Requirement
Working with Affiliated Entities- Student Drug Screening
Student Leaves of Absences and Suspensions
Student Mistreatment Policy
Title IX Policy
Needle Stick Policy
Grade Appeal Policy
Observance of Religious Holidays
Technical Standards 2024
The Institutional Handbook
Off-Cycle Student and Changes to Course Policies Related to Assessment and Grading (2017)
Off-cycle Entry Into Year 3 (May 2023)
Faculty and Resident Evaluation and Reporting (February 2023)

Commented [FM28R27]: Some of these are updated and maintained on the OME webpage and we can link to the source – for example the off cycle and evaluation policy.

Appendix 1: Educational & Clinical Professionalism

Commented [SN29]: Added appendix: outlining how we define educational & clinical professionalism

Expected throughout the Year 3 & 4 Clerkships

The student will demonstrate the principles of altruism, accountability, duty, integrity, respect for others, and lifelong learning which are central to medical professionalism.

The student will demonstrate a commitment to meeting professional (clinical and educational) responsibilities and adherence to high ethical standards.

The student will demonstrate behavior, demeanor, speech, and appearance consistent with professional and community standards.

Educational Professionalism – including but not limited to:

The student will:

- Be proactive and accountable for their education showing a growth mindset.
- Attend/complete all required educational (and pre-educational) activities, including credentialing documentation, clinical assignments, didactics, simulations, as well as complete preparation for activities.
- Complete all assignments in a timely manner.
- Demonstrate appropriate cell phone and laptop/tablet use – no texting, emailing, etc. when expected to be attentive to faculty/presenter.
- Update Op-Log on (at minimum) a weekly basis.
- Enter accurate duty hours daily.
- Dress and groom appropriately.
- Be respectful to all those (including other students) involved in your education.
- Manage professional biases in the educational setting.
- Commit to treat faculty, residents, staff, patients, community partners, and fellow students with respect and courtesy.
- Demonstrate flexibility and adaptability in response to changing circumstances. They will understand that schedules may need to change.
- Notify, in a timely manner, the appropriate people (e.g., team attending, team senior resident, clerkship coordinator) if they are going to be late or absent.

Clinical Professionalism - including but not limited to:

The student will:

- Interact professionally with patients, families, and team.
- Respect personal and professional boundaries.
- Be where they are supposed to be when they are supposed to be there, and be ready to learn.
- Appropriately use cell phones and laptops/tablets.
- Dress and groom appropriately.
- Display dedication to the highest ethical standards governing physician-patient relationships, including privacy, confidentiality, and the fiduciary role of the physician and health care systems.
- Manage personal biases and personal situations so as not to interfere with providing the best care to your patients and being the best team member to your team.
- Be willing to step up to the plate and do your part for your team to help with the workload.
- Demonstrate flexibility and adaptability in response to changing circumstances.

- Notify, in a timely manner, the appropriate people (e.g., team attending, team senior resident, clerkship coordinator) if they are going to be late or absent.

Failure to meet standards may result in "Needs improvement" as Professionalism competency grade and may result in being ineligible for Honors as final grade. Repeated or egregious lapses may result in failure of Clerkship.