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

CEPC MEETING AGENDA
5:00 PM - 6:30 PM
5/12/2025

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, Priya Harindranathan; Lee Rosenthal, Vulisha Abhinav

REVIEW AND APPROVAL OF MINUTES

Minutes Attached

ANNOUNCEMENTS - LCME Leadership Advisory Group – Status

Presenter(s): Dr. Francis

ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I GPAS Policy – Update

Presenter(s): Dr. Francis

ITEM II Follow-up on the Kern National Network Constructive Dialogue

Presenter(s): Dr. Francis

ITEM III Pre-Matriculation Modules

Presenter(s): Dr. Francis

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ITEM IV Pre-Clerkship Phase Review - REVIEW TEAM VI (MSC III & IV)
Presenter(s): Drs. Khanjani and Melendez-Zaidi
ITEM V Pre-Clerkship Phase Review – REVIEW TEAM VII (Colloquium III & IV)
Presenter(s): Sami Daye and Drs. Marwaha and Vulisha
ITEM VI Pre-Clerkship Phase Review – Course directors (Immersion)
Presenter(s): Dr. Rosenthal
Item VII Clerkship Updates
Presenter(s): Dr. Francis
Adjourned

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CEPC Monthly Meeting Minutes
5:00 PM - 6:30 PM
5/12/2025

MEMBERS IN ATTENDANCE:

Charmaine Martin; Dale Quest; Fatima Gutierrez; Jessica Chacon; Jose Lopez; Komal Marwaha; Katherine Asmis; Lisa Beinhoff; Maureen Francis; Munmun Chattopadhyay; Narges Khanjani; Tanis Hogg; Neha Bhupathiraju; Sami Daye; Patricia Ortiz; Biff Palmer; Alexandria Melendez-Zaidi

MEMBERS NOT IN ATTENDANCE:

Nikolas Malize; Rowan Sankar; Joshua Salsbury; Samuel Aldous; Kristina Ingles; Neha Sehgal, Natalia Sidhu

PRESENTERS/GUESTS IN ATTENDANCE:

Thwe Htay; Priya Harindranathan; Lee Rosenthal; Vulisha Abhinav

INVITED/GUESTS NOT IN ATTENDANCE:

REVIEW AND APPROVAL OF MINUTES

Dr. Francis

Having met quorum, the meeting minutes from the April 14, 2025 and April 21, 2025 meetings were voted on and approved as presented.

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

ANNOUNCEMENTS - LCME Leadership Advisory Group – Status

Dr. Francis

Dr. Francis stated that the policy governing the LCME Leadership Advisory Group, as a subcommittee of the CEPC, will be presented in the coming months.

ITEMS FROM STUDENT REPRESENTATIVES

MS1/MS2/MS3/MS4

Sami Daye (MS1) shared that some students had questions about how Spanish is currently integrated into the SCI course. They also expressed interest in the possibility of separating it into a standalone course in the future.
Dr. Hogg responded that there is still an intention to separate the Spanish component, but discussions are ongoing regarding how to calculate the credit hours to ensure the change does not affect the total credit hours for the pre-clerkship phase or the overall educational program. This change is anticipated to be implemented in the 2026–2027 academic year.
MS2, MS3 & MS4: No issues reported

ITEM I GPAS Policy – Update

Presenter(s): Dr. Francis

*Please see attached report

Dr. Francis proposed revisions to the GPAS policy to reduce stress on both students and the committee. For students who fail two SPM units on the first attempt, she recommended reverting to the original language, allowing referral to the GPC at the discretion of the SPM course director, the assistant dean for pre-clerkship, and/or the associate dean for medical education, with the option for individual remediation or repeating the year, if eligible.
For students already on academic warning after failing one SPM unit in the fall and another in the spring, she proposed restoring the original language with the same discretionary referral to the GPC.
For students who fail the CEYE on the second attempt, she recommended adding the option of individual remediation, allowing them to work with a mentor to address knowledge gaps.

Sami Daye proposed that the motion be approved and put into effect immediately.
Dr. Melendez-Zaidi seconds the motion.
No objections: Motion was approved.

ITEM II: Follow-up on the Kern National Network Constructive Dialogue

Presenter(s): Dr. Francis

Last year, PLFSOM joined a project to integrate Constructive Dialogue Institute training into the third-year curriculum. Dr. Francis reported positive results, with students showing improvements in areas like intellectual humility and sense of belonging. It is now proposed to expand the training to the first-year curriculum next

year. Further updates will follow.

ITEM III: Pre-Matriculation Modules

Presenter(s): Dr. Francis

Dr. Francis explained that the JAMP program at FSOM supports students from disadvantaged backgrounds through their undergraduate education and the medical school application process. To better prepare them for medical school, new pre-matriculation modules—selected by Dr. Chacon and Dr. Hogg—will provide foundational knowledge before the first year begins.
The proposed program involves about 8 hours of work per week over 4 weeks, starting with "learning how to learn" in week 1, followed by basic science content in weeks 2–4. Similar pre-matriculation modules are now part of the JAMP program in Texas. Pre-matriculation modules developed inhouse were offered in the past on an optional basis. Dr. Francis is proposing to make these modules required for all incoming students as a pilot, with plans to launch this year.

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

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

Presenter(s): Drs. Khanjani and Melendez-Zaidi

*Please see attached report

The Medical Skills III–IV course demonstrates several strengths, including a high level of student satisfaction, a wide range of teaching and assessment methods, and well-organized course objectives tied to institutional goals. The syllabus outlines learning modalities such as simulations, team-based learning, and clinical experiences, and includes clear expectations for student professionalism and performance. Assessment methods are detailed, and all grades were reported on time. Course objectives are mapped to program goals, and there is evidence of thoughtful instructional design. Remediation rates are low, with all students successfully passing upon remediation.

However, the review identified several areas for improvement. The syllabus lacks key details such as a general course calendar, assignment submission instructions, and specific guidance on feedback processes. Redundancies, missing links (e.g., student mistreatment policy), and outdated personnel information reduce clarity. Students expressed concerns about inconsistent instruction, insufficient feedback,

and issues with SP professionalism. Some quizzes were perceived as misaligned with course content, and preparation materials were described as disorganized. The review suggests enhancing coherence between learning materials, faculty, and assessments, and expanding feedback on clinical performance and note-writing. Additionally, improvements are needed in communication and interpersonal skills training to better prepare students for the clerkship phase.

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

ITEM V Pre-Clerkship Phase Review- REVIEW TEAM VII (Colloquium III & IV)

Presenter(s): Sami Daye and Drs. Marwaha and Vulisha

*Please see attached report

The Colloquium III and IV courses demonstrated several strengths, including an exceptional Step 1 pass rate above the national average, no required student remediation, and high levels of student satisfaction. Over 90% of students agreed the courses were well-organized, had clear learning objectives, and that the workload was manageable. Students appreciated engaging discussions, meaningful feedback, and alignment between assessments and course content. The syllabi were generally well-structured, with clear professionalism expectations and assessment rubrics. The program's assessment approach and feedback mechanisms were viewed favorably by students, especially as they progressed from Colloquium III to IV.

However, key areas for improvement were noted. These include the absence of course- and session-level objectives, limited instructional variety (relying mostly on facilitated discussions), and inconsistent details in grading rubrics. Students requested clearer guidelines for presentations, fewer essays, and better scheduling around exam weeks. Additionally, feedback indicated a need to address learning environment concerns, with reports of unprofessional behavior and inappropriate comments persisting across survey years. Final recommendations include expanding instructional methods beyond discussion-based formats, ensuring clarity and consistency in grading expectations, incorporating structured support for student-led sessions, reducing redundancy in content, and actively addressing and monitoring the student learning environment.

Dr. Melendez asked about the specific learning objectives for the essays. Dr. Quest responded that the purpose of the essays is to give students an opportunity to reflect on themselves, their study methods, and their strategies for managing stress. Sami Daye suggested that class discussions might be a more effective method for reflection. Dr. Francis added that this will be a discussion point when considering future syllabus changes.

Dr. Quest moves the motion for approval.
Dr. Melendez-Zaidi seconds the motion.
No objections: Motion was approved.

ITEM VI Pre-Clerkship Phase Review- Course Directors (Immersion)

Presenter(s): Dr. Rosenthal

*Please see attached report

The Immersion course within SCI I shows strong alignment with learning objectives and integrates a wide range of public and community health topics, including health disparities, epidemiology, and cultural competence. Instructional methods support integration with clinical sciences through community-based projects, team-based assignments, and patient-centered interviews. Self-directed learning is effectively incorporated through structured activities like the Community Assessment and Health Promotion Projects. Assessment includes a mix of summative, formative, and narrative components, and student evaluations show an overall positive trend in engagement and learning outcomes.

However, the review also identified areas needing improvement. Some learning objectives in presentations were not reflected in Elentra, and keyword mapping requires updates, especially for themes like occupational health. Certain concepts, such as EBM and health policy, appear over mapped in SCI I and underrepresented in later semesters. Course evaluations highlighted challenges with session coordination and platform transitions following the introduction of Elentra and the new MSB2 building. The quality improvement plan focuses on refining objectives, enhancing theme consistency across SCI I–IV, and emphasizing non-medical drivers of health. Moving forward, the course aims to improve integration, clarity in mapping, and alignment with program goals.

A question was raised regarding the focus of IPE efforts on the dental school rather than including nursing or graduate programs. Dr. Rosenthal explained that the dental school's schedule aligns most closely with the medical school, making

	coordination more feasible. A follow-up question asked how SCI compares to national benchmarks. Dr. Rosenthal noted that comparisons are difficult due to the unique nature of the SCI curriculum. Dr. Quest moves the motion for approval. Dr. Sami Daye seconds the motion. No objections: Motion was approved.
ITEM VII Clerkship Updates	
Presenter(s): Dr. Francis	*Please see attached report Dr. Francis shared a nomination from Dr. Wright, interim chair of Family Medicine, to appoint Dr. Luna as the new clerkship director. Dr. Genrich is stepping down due to a new role within the department, and Dr. Luna currently serves as the assistant clerkship director. Dr. Chacon moves the motion for approval. Dr. Quest seconds the motion. No objections: Motion was approved.
Adjourned at 6:45pm	

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Medical Education Program Policy

Policy Name:	**Grading, Promotion, and Academic Standing (GPAS)**				
Policy Domain:	Medical Student Grading, Promotion, and Academic Standing		**Refers to LCME Element(s):**	9.9	
Approval Authority:	Curriculum and Educational Policy Committee (CEPC)	**Adopted:**	March 2019	**Date Last Reviewed:**	October 2022
Responsible Executive:	Associate Dean for Medical Education	**Date Last Revised:**	October 2022 (Updated July 2023)		
Responsible Office:	Office of Medical Education	**Contact:**	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu		

1. **Policy Statement:** This document defines the school's expectations and practices related to the determination of student grades, promotion, and academic standing.

2. **Reason for Policy:** The purpose of this policy is to guide the faculty and its relevant committees in their administration of student grades, promotion, and academic standing.

3. **Who Should Read this Policy:** All PLFSOM educational program leaders, including the dean, the vice president for academic affairs,all academic officers of the Office of Medical Education and Office of Student Affairs, all course/clerkship directors and assistant directors, and all members of the following standing faculty committees: the Committee on Curriculum and Educational Policy (CEPC), the Committee on Student Grading and Promotion (GPC), the Sub-Committee on Evaluation of Educational Programs, and the Committee on Student Affairs. This policy is included in the student handbook and should be read by all students.

4. **Resources:** This policy is administratively maintained by the PLFSOM Office of Medical Education, and further supported by the Office of Student Affairs. As described below, the Committee on Student Grading and Promotion has especially extensive responsibility for adherence to and application of this policy.

5. **The Policy (Introduction):**
    a. **Grading**: Every student has a right to a course grade that represents the faculty's good faith judgment of the student's academic performance. A student's grade in every course is based upon performance, professional behavior, and/or participation in any activities as may be applicable to that course as described in its syllabus. Responsibility for student assessment and grading rests with the course faculty. Faculty members have an obligation to the students, the school, and the public to award passing grades only to those students who have demonstrated the knowledge, skills, attitudes, and conduct defined by the MD degree program's educational goals and objectives, the PLFSOM technical standards for admission, retention, and graduation ('Technical Standards') and by other school and institutional policies related to attendance, participation, assessment, and conduct.
    b. **Promotion/Student Advancement (referring to LCME accreditation element 9.9)**: Every student achieving all of the academic, technical non-academic, and professional standards of the courses and curricular phase in which they are enrolled is entitled to be promoted according to the MD degree plan as outlined in the school's academic catalog. Responsibility for monitoring and recommending students for promotion and graduation based on their academic and professional progress rests with the Committee on Student Grading and Promotion (GPC).

The GPC has an obligation to the students, the school, and the public to allow a student to be promoted, and to graduate, only when they have demonstrated the knowledge, skills, attitudes, and conduct defined by the MD-degree-program's educational goals and objectives, the PLFSOM standards for curricular completion ('Technical Standards') and by other school and institutional policies related to attendance, participation, assessment, and conduct. This obligation specifically includes preventing the promotion and graduation of students who demonstrate unacceptable behavior or conduct in the care of patients, in relationships with faculty, residents, staff, and peers, and/or in their public life. A student may be dismissed if the GPC determines that the student's academic and/or professional performance is unsatisfactory or that the student is otherwise unfit to continue the study of medicine with information from the physician and student well-being committee along with the Paul L Foster School of Medicine technical standards for admission, retention, and graduation.

c. **Good academic standing**: Students on academic probation as defined below in Sections 9 (pre-clerkship phase) and 11 (clerkship phase) are not in good academic standing. Students on academic warning as defined in Sections 9 (pre-clerkship) and 11 (Clerkship) are still considered to be in good academic standing unless otherwise specified by the GPC.
    - **i.** Students on probation are not permitted to enroll in any additional or supplemental elective courses or programs, or to serve as an officer for a school-sponsored student committee or organization. Students on probation are required to withdraw from any additional or supplemental elective courses or programs, and to resign from any ongoing service as an officer for any school-sponsored student committees, organizations or leadership roles.
    - **ii.** Students on academic warning are required to critically review and reduce their extracurricular activities (leadership roles, supplemental curricula, and/or volunteerism), and required to seek approval of their plans in this regard from the associate dean for student affairs or their designee. This review is to be documented and retained by the associate dean of student affairs or their designee. Non-adherence to an approved plan may result in referral of the student to the GPC for a review of their academic status based on a professionalism concern.

d. **Leave of Absence:** Students on leave of absence with interruption of enrollment are required to resign from any ongoing service as an officer for any school-sponsored student committees, organizations or leadership roles. Participation in volunteer activities must be approved by the associate dean for student affairs or their designee. For more information regarding Leave of Absence (LOA) with and without interruption of enrollment, please refer to the Student Leave of Absence and Suspensions Policy HSCEO OP 77.05 Policy.

6. Responsibilities for the operational/day-to-day monitoring of student progress

The associate dean for student affairs in conjunction with the college mentors, the associate dean for medical education, the assistant dean for the pre-clerkship phase, and the assistant dean for the clerkship phase are responsible for the operational/day-to-day monitoring of the medical students and will refer students to appropriate academic or personal counseling services when indicated.

7. Responsibilities of the Committee on Student Grading and Promotion (GPC)

The GPC is a standing committee of the PLFSOM Faculty Council, defined and governed by the PLFSOM Faculty Bylaws, and with fundamental responsibilities as outlined in Section 5 above. The GPC is not a policy making body, but it applies policies related to grading and promotion as approved by the Committee on Curriculum and Educational Policy (another standing committee of the PLFSOM Faculty Council). The Office of Student Affairs provides administrative support to the GPC and maintains the committee's meeting minutes and other records. Students are notified from the Office of Student Affairs in writing if they are expected to meet with the GPC to discuss their performance in relation to the school's academic, non-academic (technical), and professional standards. Students are required to meet with the associate dean of student affairs and/or the assistant dean of student affairs to prepare for the GPC meeting. The chair of the GPC composes the committee's recommendation(s) letter that individuallynotifies affected students of any decisions by the

committee related to their academic status, and the student's college mentors, the director of academic support, the associate dean for student affairs, the assistant dean for students affairs, the associate dean for medical education, the respective assistant deans for pre-clerkship or clerkship phase, and the dean (or their designee) receive a copy. In addition, a copy of this document shall be retained in the student's permanent record. The proceedings of the GPC are confidential, in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA).

a. **Guidelines for GPC deliberations and determinations regarding a student's academic status**
   - **i.** Five members of the committee constitute a quorum at a regular or called meeting.
   - **ii.** All committee decisions requiring a vote are determined by a simple majority vote with the chair included as a voting member.
   - **iii.** In conducting individual student reviews, the committee is expected to review the relevant academic outcomes, including professionalism concerns, to consider a student's responses to the specific outcomes and concerns, and act on the committee's findings according to the rules outlined in this policy whenever applicable. In circumstances for which a rule is not specified, the GPC is empowered to make determinations regarding a student's academic status within the institution's general academic policies.

8. Responsibilities of the Dean

Initial recommendations and associated actions for each student are delegated to the GPC. The dean or their designee acting as the chief academic officer is responsible for administering the appeals process and rendering final decisions.

9. Review of pre-clerkship phase coursework

The GPC reviews pre-clerkship student progress at the end of the fall semester and at the end of each academic year. Completed courses in the pre-clerkship phase of the curriculum use a Pass/Fail grade mode according to HSCEP OP 59.05 (Grading Procedures and Academic Regulations).

Other transcript notations may apply to courses not completed (per HSCEP OP 59.05). Students passing all courses with no professionalism concerns or exceptional circumstances adversely affecting their academic progress are promoted as a cohort according to the MD degree plan (per PLFSOM academic catalog). All other students are designated as either on academic warning or academic probation (see also paragraph 5.c above):

- **Academic Warning**: Students designated as on academic warning have specifically identified academic and/or professional challenges that are potentially remediable within the current academic year or prior to progression to the next academic phase. Unless specifically modified by the GPC, this status persists until all associated academic and/or professional performance deficiencies are satisfactorily resolved, at which point the student is no longer designated as on academic warning.
- **Academic Probation**: Academic probation is a formal designation and is recorded on the Medical Student Performance Evaluation (MSPE) at the discretion of the Grading and Promotions Committee. Students on academic probation have specifically identified academic and/or professional deficits that are not remediable within the current academic year or prior to progression to the next academic phase. In most instances of academic probation students will be required to repeat a year or complete a revised curriculum plan that is less than one year in duration. This needs to be considered in conjunction with the Leaves of Absence and Suspensions Policy HSCEP OP: 77.05. Unless specifically modified by the GPC, the designation of academic probation persists until satisfactory completion of the repeat year, at which point the student is on academic warning until satisfactory completion of the pre-clerkship phase of the curriculum. At the discretion of the GPC, a student placed on academic probation for professionalism concerns may be permitted to progress without repeating the year. The designation of probation will remain until the GPC determines that the professionalism issue has been satisfactorily addressed and remediated.

All students referred to the GPC are subject to individualized GPC reviews that incorporate the student's current and accumulated academic performance since matriculation, any professionalism notations/concerns, compliance with educational program expectations (per program policies and as may be individually specified by the GPC), and any exceptional circumstances affecting the student's academic performance. In most cases a student's academic warning or probation status is automatically determined by their circumstances as outlined below. However, students initially designated as on academic warning shall be re-designated as on

academic probation if the GPC determines that repeat of the year or a revised curriculum plan is necessary.

Note regarding pre-clerkship phase deferred/temporary grade resolution and course remediation plans: Standard plans for the resolution of deferred/temporary course grades are specified by course syllabi. When individualized course (or course component) remediation is a consideration, the course director shall propose a plan for GPC review and approval.

a. Fall Semester Review

Table 9.a Pre-Clerkship Phase Fall Semester Review Rules	
The GPC will consider all pre-clerkship phase students after the end of the fall semester. Students will be placed on academic warning or academic probation and reviewed by the GPC according to the following rules:	
If:	Then:
i. Deferred/temporary grade in one course:	
SPM	
• One SPM unit failed on the first attempt	**Academic warning**, referral to the GPC at the discretion of the SPM course director, the assistant dean for the pre-clerkship phase, and/or the associate dean for medical education (for consideration of individual remediation or repeat of the year)
• Two SPM units failed on the first attempt	**Academic warning** ~~with required referral to the GPC for individualized review, including academic performance issues that may not be adequately identified or addressed at the course level (see sections 5.b and 9 above)~~ referral to the GPC at the discretion of the SPM course director, the assistant dean for the pre-clerkship phase, and/or the associate dean for medical education (for consideration of individual remediation or repeat of the year, if eligible, or dismissal)
SCI or Medical Skills or Colloquium	**Academic warning**, referral to the GPC at the discretion of the course director and/or associate dean for medical education (for consideration of individual remediation or repeat of the year)
ii. Deferred/temporary grade in two courses:	
One SPM unit and one of the following: SCI, Medical Skills, or Colloquium	**Academic warning** and referral to the GPC at the discretion of the relevant course directors, the assistant dean for the pre-clerkship phase and/or the associate dean for medical education (for consideration of individual remediation, repeat of the year, or dismissal)
Two SPM units and one of the following: SCI, Medical Skills, or Colloquium	**Academic probation** and referral to the GPC for consideration of repeat of the year or dismissal
Any two of the following: SCI, Medical Skills, or Colloquium	Referral to the GPC for determination of at-risk status (**academic warning or academic probation**) and for consideration of individual remediation, repeat of the year, or dismissal
iii. Deferred/temporary grade in three or more courses:	

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Any combination of three or four of the following: SPM, SCI, Medical Skills, or Colloquium	**Academic probation** and referral to the GPC for consideration of repeat of the year or dismissal
iv. Failure of one course:	

SPM, SCI, Medical Skills, or Colloquium	**Academic probation** and referral to the GPC for consideration of individual remediation, repeat of the year or dismissal
v. Failure of multiple courses:	
Any combination of two or more courses (SPM, SCI,Medical Skills, and/or Colloquium)	**Academic probation** and referral to the GPC for consideration of repeat of the year or dismissal
vi. Professionalism concerns	A student referred to the GPC based on a professionalism concern may be placed on **academic warning** or **probation** based on the GPC's review of the specific concern(s) and the student's overall academic record. GPC considerations may include individual remediation, repeat of the year, or dismissal, and possible referral to the Physician and Student Well Being Committee (PSWBC). As professionalism is an essential component of the school's academic program (see the PLFSOM medical education program goals and objectives and the PLFSOM technical standards), the GPC may issue directives solely based on professionalism concerns (regardless of the student's performance related to other educational program goals and objectives) Refer to policy HSCEP OP 10.20 for requirements regarding criminal record information/updates available at: https://elpaso.ttuhsc.edu/opp/_documents/10/op1020.pdf

b. Year End Review

Table 9.b Pre-Clerkship Year End Review Rules	
The committee will consider all pre-clerkship phase students after the end of the academic year. Students will be placed on academic warning or academic probation and reviewed by the GPC according to the following rules:	
If:	Then:

i. Not already on academic warning or academic probation based on prior performance	Criteria per Section 9.a (see above) applies
ii. Already on academic warning based on prior performance:	
a. Already on academic warning based on fall semester performance in SCI, MS, or Colloquium plus failure of one SPM unit in the spring semester	Continuation of **academic warning**, referral to the GPC at the discretion of the SPM course director, the assistant dean for the Pre-clerkship phase, and/or associate dean for medical education
b. Already on academic warning based on one SPM unit failure in the fall semester plus failure of one SPM unit in the spring semester	Continuation of **academic warning** with ~~required referral to the GPC for individualized review, including academic performance issues that may not be adequately identified or addressed at the course level (seesections 5.b and 9 above)~~ referral to the GPC at the discretion of the course directors, the assistant dean for the pre-clerkship phase, and/or the associate dean for medical education (for consideration of individual remediation or repeat of the year, if eligible, or dismissal)
c. Already on academic warning based on one SPM unit failure in the fall semester plus: • Failure of two SPM units in the spring semester or • Failure of one SPM unit in the spring semester **and** a deferred/temporary grade in one spring semester course including Medical Skills, SCI or Colloquium	**Academic probation**, and referral to the GPC for consideration of repeat of the year or dismissal
d. Already on academic warning based on performance in the fall semester of either SCI, MS, or Colloquium plus a deferred/temporary grade in one spring semester course of either SCI, MS, Colloquium	**Continuation of academic warning**, referral to the GPC for consideration of individual remediation, repeat of the year, or dismissal
e. Failure of any spring semester course	**Academic probation**, and referral to the GPC for consideration of repeat of the year or dismissal
f. Failure to resolve any deferred/temporary grades from the fall semester	**Academic probation**, and referral to the GPC for consideration of repeat of the year or dismissal
g. Professionalism concerns	Rules as per Section 9.a.vi apply (see above)
iii. Timelines for the resolution of deferred/temporary course grades and/or course remediation:	

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a. Year 1 students	• To advance to Year 2, all Year 1 academic expectations, including passing of the Comprehensive End-of-Year Exam (CEYE), **must be fulfilled a minimum of 2 weeks before the start of orientation for Year 1 of the next academic cycle** • Unsuccessful, incomplete, or unattempted resolutions of deferred/temporary grades two weeks before orientation of the 2nd year (timeline as above) will result in a grade of FA (failure) for the associated course or requirement, with no opportunities for remediation other than repeat of the year, if eligible, or dismissal
b. Year 2 students	See Section iv.b below

iv. Review based on cumulative end-of-year requirements (Students are also subject to review based on cumulative end-of-year requirements)	
a. Year 1 students:	
Failure of first attempt of the CEYE	**Academic warning**, referral to the GPC at the discretion of the assistant dean for the pre-clerkship phase, the associate dean for medical education or their designee
Failure of a second attempt of the CEYE	**Academic probation** and referral to the GPC for consideration of individualized remediation, repeat of the year, if eligible, or dismissal
b. Year 2 students:	• Students will be eligible to take Step 1 when the following criteria are met: student has completed all year 2 coursework with no unresolved temporary/deferred grades **AND they have achieved a minimum score of 63 on the end of year or most recent CBSE** • For on-time promotion to the clerkship phase according to the standard degree plan, students completing Year 2 **must take** the USMLE Step 1 exam prior to the first day of orientation for the next Year 3
Student passes (routinely or through remediation) all pre-clerkship phase courses and is not designated as on academic warning or probation	If student achieves a score of 63 or greater on the CBSE, then Student is designated as eligible to take the USMLE Step 1 examination If student does not achieve a minimum score of 63 on the end of year or most recent CBSE taken before the end of April, then they would be placed on academic warning, be ineligible to take Step 1, ineligible to enroll in Year 3, referred to GPC for review of their progression plan
Student passes (routinely or through remediation) all pre-clerkship phase courses and is designated as on academic warning or probation	Student's eligibility to take the USMLE Step 1 examination is subject to GPC review and approval (with GPC discretion to require advancement under academic warning and an individual remediation plan, repeat of the year, or dismissal). Same requirements for CBSE as noted above
Student completes Year 2 but does not take USMLE Step 1 prior to the first day of orientation for the next Year 3	**Academic warning**, ineligible to enroll in Year 3, referral to GPC to explain rationale for delaying USMLE Step 1 and progression into the clerkship phase, GPC discretion to direct student to engage with academic counseling/support resources, and the student is required to take the CBSE and achieve a score of 63 or greater, then take and pass USMLE Step 1 before re-enrolling in the curriculum. Upon passing USMLE Step 1, the student will enter the clerkship phase either with block 2 of the same academic year, or with block 1 of the next academic

	year (as determined by the GPC in consultation with the associate dean for medical education or their designee and based on educational program considerations such as block capacity and the comparability of student cohorts and experiences). If a student in this situation does not pass Step 1 prior to block 2 of the same academic year, then their final opportunity to enter Year 3 shall be with block 1 of the next academic year
Failure of first attempt of USMLE Step 1	**Academic warning**: **If failing grade is received PRIOR to the start of clerkship block 1**: student is ineligible to enroll in Year 3 • **Mentors** notified, student required to meet with the associate dean for student affairs (or their designee), student may be referred to the GPC at the discretion of the associate dean for student affairs to review their progress plan, and the student **is required to take the CBSE and achieve a score of 63 or greater, then take and pass USMLE Step 1 before re-enrolling in the curriculum**. Upon passing USMLE Step 1, the student will enter the clerkship phase either with block 2 of the same academic year, or with block 1 of the next academic year (as determined by the associate dean for medical education or their designee and based on educational program considerations such as block capacity and the comparability of student cohorts and experiences). If a student in this situation does not pass Step 1 prior to block 2 of the same academic year, then their final opportunity to enter Year 3 shall be with block 1 of the next academic year **If failing grade is received AFTER the start of clerkship block 1**: student continues in clerkship block 1 but is ineligible to enroll in block 2 • **Mentors** notified, student required to meet with the associate dean for student affairs (or their designee), student may be referred to the GPC to review their progress plan at the discretion of the associate dean for student affairs, and the student **is required to take the CBSE and achieve a score of 63 or greater, then take and pass USMLE Step 1 before re-enrolling in the curriculum**. Upon passing USMLE Step 1, the student will enter the clerkship phase with block 1 of the next academic year. If a student in this situation does not pass Step 1 prior to block 1 of the next academic year, then their final opportunity to enter Year 3 shall be with block 2 of the next academic year

Failure of second attempt of USMLE Step 1	**Academic probation**, student to meet with associate dean for student affairs (or their designee) to review circumstances, options (as discussed in section above), and recommendations. Student will be referred to the GPC to review their progress plan and make further recommendations
Failure of third attempt of USMLE Step 1	**Referral to the GPC for consideration of dismissal**

10. Additional expectations related to repeat years

Table 10 Additional Rules Related to Repeat of a Pre-Clerkship Year (see also Section 12.b below)		
Students on academic probation and repeating a pre-clerkship year will be subject to the following rules that apply to both fall semester and end-of-year reviews and must go to tutoring as a condition from the GPC. The students may avail themselves of the TTUHSC EP tutors or they may seek out outside tutors and demonstrate that they are working with them on a regular basis.		
If:		Then:
i.	Deferred/temporary grade in any semester course	Referral to GPC for discussion of progression plan or consideration of dismissal*
ii.	Failure of any semester course (includes SPM, SCI, MS or Colloquium)	Referral to the GPC for consideration of dismissal*
iii.	Professionalism concerns	Rules as per Sections 9.a.vi apply (see above)*
*Repeat of the year is not a possibility in these circumstances because it would violate the 6-year rule as outlined in Section 13.		

11. Review of clerkship phase coursework

The GPC reviews Year 3/core clerkship block student progress at the end of each block and at the end of the academic year. The GPC reviews Year 4 student progress on a rolling basis as indicated based on input from the associate dean for medical education, assistant dean for clinical instruction and/or the associate dean for student affairs. Except for the intersessions, emergency medicine and family medicine longitudinal clerkships and the boot camp (which apply the Pass/Fail grading mode), all completed courses of the clerkship phase apply the Honors/Pass/Fail grading mode. Other transcript notations may apply to courses/clerkships not completed (per HSCEP OP 59.05 Grading Procedures and Academic Regulations). Students passing all courses/clerkships with no professionalism concerns or exceptional circumstances adversely affecting their academic progress are promoted as a cohort according to the MD degree plan (per PLFSOM academic catalog). All other students are designated as either on academic/professional warning or academic/professional probation (see also paragraph 5.c above):

- **Academic warning**: Students on academic warning have specifically identified academic and/or professionalism challenges that are potentially remediable within the current academic year or prior to graduation. Unless specifically modified by the GPC, this status persists until all associated academic performance deficiencies are satisfactorily resolved, at which point the student is no longer on academic warning
- **Academic probation**: Academic probation is a formal designation and is recorded on the Medical Student Performance Evaluation (MSPE) at the discretion of the Grading and Promotions Committee. Students on academic probation have specifically identified academic deficits that require repeat of ayear or a revised curriculum plan that is less than one year in duration. This needs to be considered in conjunction with the Leaves of Absence and Suspensions Policy HSCEP OP: 77.05. Unless specifically modified by the GPC, this status persists until satisfactory completion of the repeat year or revised curriculum plan, at which point the student is placed on academic warning until the student's satisfactory completion of the clerkship phase of the curriculum, at which point the student is no longer on academic warning. At the discretion of the GPC, a student placed on academic probation for professionalism concerns may be permitted to progress without repeating the year. The designation of probation will remain until the GPC determines that the professionalism issue has been satisfactorily addressed and remediated.

All students are subject to individualized GPC reviews that incorporate the student's current and accumulated academic performance since matriculation, any professionalism notations/concerns, compliance with educational program expectations (per program policies and as may be individually specified by the GPC), and any exceptional circumstances adversely affecting the student's academic performance.

Note regarding clerkship phase remediation plans: Standard remediation plans may be specified by course/clerkship/block syllabi. When individualized course/clerkship/block (or component) remediation is a consideration, the relevant course/clerkship/block director(s) shall propose a plan for GPC review and approval.

a. Year 3 end-of-clerkship block review rules

Table 11.a Year 3 End-of-Clerkship Block and End of Year Review Rules	
The committee will consider all Year 3 students after the end of each 3rd. year clerkship block. Students will be placed on academic warning or probation and reviewed by the GPC according to the following rules:	
If:	Then:
i. Failure of one or two clerkships:	Referral to GPC for consideration of: one-month remediation* in Year 4 for each failure (student placed on **academic warning**), repeat of the associated clerkship block(s), repeat of Year 3 (student placed on **probation**), or dismissal based on the student's prior academic and professional performance
ii. Failure of three clerkships	**Academic probation** and referral to GPC for consideration of: repeat of the relevant block (if the three failures are contained in one block), repeat of repeat of Year 3 or dismissal
iii. Rating of needs improvement in 3 or more competencies cumulative across all clerkship final assessments	Referral to GPC for consideration of: individualized remediation* (student placed on **academic warning**), repeat of the relevant block or repeat of Year 3 (student placed on **academic probation**), or dismissal based on the student's prior academic and professional performance
iv. Failure of 1st attempt of NBME in 3 or more different clerkships	Referral to GPC for consideration of: repeat of the relevant clerkship block(s) or repeat of Year 3 (student placed on **academic probation**), or dismissal based on the student's prior academic and professional performance
v. Professionalism concern	• A student referred to the GPC based on a professionalism concern may be placed on **academic warning** or academic **probation** based on the GPC's review of the specific concern(s) and the student's overall academic record. As professionalism is an essential component of the school's academic program (see the PLFSOM medical education policy on program goals and objectives), the GPC may issue directives solely based on professionalism concerns (regardless of the student's performance related to other educational program goals and objectives) • GPC recommendations may include individual remediation*, delayed progression to Year 4, repeat of Year 3, delay of graduation, or dismissal • GPC may recommend a formal notation in the

	professionalism sections on the MSPE • Refer to policy HSCEP OP 10.20 for requirements regarding criminal record information/updates available at: https://elpaso.ttuhsc.edu/opp/_documents/10/op1020.pdf.
*Students cannot earn clerkship phase elective credit for GPC-required remediation(s)	

b. Year 4 review rules

Table 11.b Year 4 Review Rules	
The committee will consider all Year 4 students on a rolling basis following each 4th year block. Students will be placed on academic warning or probation and reviewed by the GPC according to the following rules:	
If:	Then:
i. Failure of one or two required or elective courses/clerkships in the fourth year	Referral to GPC for consideration of: individualized remediation* (student placed on **academic warning**), delay in graduation, repeat of Year 4 (student placed on academic **probation**), or dismissal based on the student's prior academic and professional performance
ii. Failure of three or more required or elective courses/clerkships in the fourth year	**Academic probation** and referral to GPC for consideration of individualized remediation and delay in graduation, or repeat of Year 4, or dismissal based on the student's prior academic and professional performance
iii. Rating of Needs Improvement in 2 or more competencies cumulative across all final assessments (regardless of final grade) in required clerkships and/or elective courses.	Referral to GPC for consideration of: individualized remediation*and delay in graduation (student placed on **academic warning**), or, repeat of Year 4 (student placed on academic **probation**), or dismissal based on the student's prior academic and professional performance
iv. Scholarly Activity and Research Program (SARP) requirements:	
• **Failure to submit final report by the fall deadline for Year 4 (SARP II)** • **Failure to complete all SARP requirements by May 1st of Year 4**	**Academic warning** and referral to GPC by a SARP course director **Academic probation** and referral to the GPC for consideration of delay in graduation, repeat of Year 4, or dismissal
v. Professionalism concern	• A student referred to the GPC based on a professionalism concern may be placed on **academic warning** or academic **probation** based on the GPC's review of the specific concern(s) and the student's overall academic record. As professionalism is an essential component of the school's academic program (see the PLFSOM medical education policy on program goals and objectives), the GPC may issue directives solely based on professionalism concerns (regardless of the student's performance related to other educational program goals and objectives). • GPC recommendations may include individual

	remediation*, repeat of Year 4, delay of graduation, or dismissal • GPC may recommend a formal notation in the professionalism sections on the MSPE • If the MSPE has already been uploaded, an addendum regarding the professionalism concern may be added • If this occurs after Match Day, then the student's residency program director may be contacted
vi. Failure to take Step 2 CK prior to October 31st of 4th year	**Student will be removed from rotations and placed on academic warning, required to meet with the associate dean for student affairs (or their designee), student's college mentors notified, GPC review not required unless graduation timeline is affected. Student can return to the curriculum once the Step 2 CK exam has been taken**
vi. Failure of Step 2 CK on the first attempt	**Academic warning**, student required to meet with the associate dean for student affairs (or their designee), student's college mentors notified, GPC review not required but student must submit a passing score for Step 2 CK by May 1st in order to graduate in May of the same academic year (non-fulfillment of this requirement may result in delay of graduation)
vii. Failure of Step 2 CK on the second attempt	**Academic probation and referral to the GPC for discussion of their progression plan and consideration for delay in graduation.** Student required to meet with the associate dean for student affairs (or their designee), student's college mentors notified. Student must submit a passing score for Step 2 CK by May 1st in order to graduate in May of the same academic year (non-fulfillment of this requirement may result in delay of graduation)
viii. Failure of Step 2 CK on the third attempt	**Referral to the GPC for consideration of dismissal**
*Students cannot earn clerkship phase elective credit for GPC-required remediation(s)	

12. Failure to remediate

a. If a student fails to successfully complete a GPC-approved remediation plan (as per the framework outlined above), then the student shall be automatically referred back to the GPC for consideration of repeat of the year, if eligible, or dismissal.
b. If a student on academic probation, fails one or more courses/clerkships during a repeat year, then the student shall be automatically referred back to the GPC for consideration of dismissal (see also table 10 above).

13. Promotion and graduation timeline

a. Students are expected to complete the MD degree program and graduate within 4 years of initial matriculation.
b. A student's timeline for completion of the MD degree may be extended due to:
    i. A school-approved leave of absence (Refer to the Student Leaves of Absence and Suspensions Policy HSCEP OP 77.05);
    ii. Academic difficulty requiring repetition of an academic year as per this policy;
c. Non-completion of Years 1 and 2 of the MD degree program within 3 years will result in

dismissal,regardless of cause.

d. Non-completion of the MD degree program within 6 years will result in dismissal, regardless of cause. Exceptions to this policy can only be made after consideration of exceptional circumstances with a unique and compelling justification. Extension of the MD degree program beyond 6-years is subject to approval by the dean and the TTUHSCEP chief academic officer.
e. Extension of the timeline for students in dual degree programs will be considered on a case-by-case basis. As noted in 13.d, a unique and compelling justification will be required, and the decision will be subject to approval by the dean and the TTUHSCEP Chief Academic Officer.

14. Appeals

a. A student may appeal the decision of the GPC. This appeal must be made to the dean or their designee of the school of medicine within five business days, in writing, and must cite grounds for the appeal. An appeal may only be based on a claim that due process of GPC policies and procedures was not followed.
b. The dean or their designee may issue the decision alone or may appoint an Appeals Committee comprised of three members of the faculty representing both the clerkship and pre-clerkship phases of the curriculum to determine whether a basis for appeal exists.
c. If an Appeals Committee is appointed:
    - **i.** The associate dean for student affairs (or their designee) and the chair of the GPC (ortheir designee from among the regular members of the GPC) shall serve as ex officio members of the Appeals Committee.
    - **ii.** The Appeals Committee will be convened by the chief academic officer within five business days after appointment to consider the student's appeal.
    - **iii.** The student shall notify the associate dean for student affairs in advance, if he/she is to be accompanied by an attorney or other representative. An attorney or representative may appear only in an advisory capacity and may not address the Appeals Committee. Should the student be accompanied by an attorney or representative, the School of Medicine shall be represented by the Office of General Counsel. If necessary, the appeal hearing may be delayed up to five business days of the scheduled date if needed to allow personnel from the Office of General Counsel to attend.
    - **iv.** The student may present a statement to the Appeals Committee regarding their appeal.Both the Appeals Committee and the student may call witnesses and present evidence relevant to resolution of the appeal. At the conclusion of the hearing, the Appeals Committee shall forward its recommendation to the dean or their designee. If the recommendation is not unanimous, a minority view shall be appended.
    - **v.** Unless suspended for justifiable cause, the student may continue to participate in the curriculum as enrolled until the appeal is resolved.
    - **vi.** After review of the Appeals Committee recommendation, the dean or their designee will make a final decision.
d. The decision of the dean or their designee is final. The student and the chair of the GPC will be notified in writing by the dean or their designee.

15. Notifications related to repeat of a year or dismissal

a. Following a final decision to require a student to repeat a year, or to dismiss a student from the Paul L. Foster School of Medicine, the Office of Student Affairs shall notify in writing accounting services, financial aid, the registrar, and other pertinent offices and entities.

16. Review and revision of grading and promotions policies

a. Consistent with Section 7 above, grading and promotion policies are developed, reviewed, and approved by the Committee on Curriculum and Educational Policy, which is a standing committee of the PLFSOM Faculty Council as defined in the PLFSOM Faculty Bylaws.


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Pre-Clerkship Phase Review
AY 2023-24

Medical Skills III-IV Course Review

Alexandria Melendez-Zaidi, Narges Khanjani

Review of Syllabus

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Strengths

- **Contact Information**: Lists course directors and coordinators with emails and phone numbers.
- **Course Description**: The learning modalities are all listed and include pre-session reading (asynchronous), readiness quizzes (individual and group), SP interactions and group debriefing, demonstration and guided practice, TBL, field trips, "other modalities" (patient encounter logs, hospital H&P, ACLS course).
- **Course Goals & Objectives**: Program goals have been mentioned as a list showing their connection to the institution's PGOs. (Syllabus page 8)
- **Assessment**: Types of assessments, gradings, passing scores, posting of grades and remediation examinations are listed. (Syllabus page 9-12)
- **Student Performance**: Expectations for performance are provided.

Review of Syllabus

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Strengths

- **Professionalism**:
- This is comprehensive including behaviors, conduct, attire, confidentiality of discussions, attendance and opportunities for make up. Should they add something about professionalism of staff?
- The definition of unprofessional behavior was not provided on page 14, but there is a list of unacceptable behaviors on page 18-20; a link to this section would help.

- **Layout**: Formatting is readable and relatively organized.

Review of Syllabus

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Areas for Improvement

- **Contact Information:** The course directors and coordinators are listed twice. There are no office hours or emergency contact-specific information. The personnel information needs updating.
- **Student mistreatment policy link**: Missing from the syllabus.
- **Session Objectives**: Objective codes, ID, descriptions and PGO tags are present in the Keywords-mapping-report excel sheet, but their related session is not mentioned in the file or in the syllabus.
- **Grading Rubrics**: Rubrics for assignments are not in the syllabus. Summarizing the breakdowns in a table might make it easier for students to understand.
- **Formative Feedback**: The types of formative feedback and the timing of formative feedback have been mentioned in Table 9.7-2(DCI), but not the syllabus.
- **Narrative Feedback**: We did not see this explained in the syllabus.
- **Tracking Feedback**: It is not explained how students access or track feedback.

Review of Syllabus

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Areas for Improvement

- **Calendar of Events**: Although there is some information on page 17, but a general course calendar is missing.
- **Course Locations**: Locations have to get added. They can get added to the general course calendar.
- **Submission Instructions**: The syllabus mentions assignments, but we can't find submission instructions.
- **Assessment:** The assessments are listed though not comprehensive. The outline could be better. It is uncertain whether students will be given the grading criteria or not.
  - Do the specific activities (e.g., newborn nursery visits) take the place of the session that week or are they extra?
  - Are students given additional information on the H&P somewhere else in the syllabus?
  - "Times are announced and posted with instruction prior" but does not state how soon in advance.
- **Layout:** Formatting and design could be more "reader friendly" by incorporating graphics (such as the distribution of grading) or bullet points.

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Formative Feedback in DCI table 9.7-2

Table 9.7-2 | Pre-clerkship Formative Feedback

Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) used to provide formative feedback during each course in the pre-clerkship phase of the curriculum.

Course Name	Length of Course (in Weeks)	Type(s) of Formative Feedback Provided	Timing of Formative Feedback
Medical Skills III (Fall, Year 2)	20	Standardized patient checklist criteria and verbal feedback for SP learning encounter	Weekly
		Standardized patient encounter faculty debriefing	Weekly
		Midpoint formative review with narrative feedback	Midpoint of each organ system unit
		History and physical workshop – clinical documentation review and narrative feedback	Beginning of third organ system unit
		Weekly learning encounter SOAP note; comparison with faculty note; self-assessment	Weekly
		Procedure skill building activities with verbal feedback	Weekly
		Simulation activities with verbal feedback	Once in first and twice in second organ system units
		Standardized patient encounter peer checklist and verbal feedback	Weekly
Medical Skills IV (Spring, Year 2)	12	Standardized patient checklist criteria and verbal feedback for SP learning encounter	Weekly
		Standardized patient encounter faculty debriefing	Weekly
		Midpoint formative review with narrative feedback	Midpoint of each organ system unit
		Weekly learning encounter SOAP note; comparison with faculty note; self-assessment	Weekly
		Procedure skill building activities with verbal feedback	Weekly
		Standardized patient encounter peer checklist and verbal feedback	Weekly

In the ISA tables, the data about formative feedback is categorized in M1 to M4 cohorts, and we could not find anything specific to MS 3-4.

Hospital and Clinic Patient Interviews and Write-ups: Students will interview and examine one patient with the purpose of writing a complete history and physical in the standard format. Students will transmit their completed documents to the course faculty for individualized review and feedback. Students may be asked to complete a second patient interview if the first write-up is not satisfactory.

Formative Assessment and Feedback

Formative feedback is provided to the students on a weekly basis through the following mechanisms: Standardized Patient checklist and feedback, peer observer feedback, group debriefing and note writing. One-on-one feedback is also provided to each student by faculty supervising the skill practice stations and oral presentation module. In addition, an Open Lab is designed to provide formative feedback.

Pre-clerkship Course Mapping

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- Course and session level objectives are mapped to Program Goals and Objectives. But we did not see the objectives categorized by session.

- Recommendations:
  - Stating the course and session level objectives and their mapping to the PGOs separately and mentioning them in the syllabus.
    - ✓ PC-1.5 addresses urgent/emergency evaluation but this not specifically indicated in syllabus, not pertinent to bullet 4.
    - ✓ PC-1.7 not pertinent to record patients' history in medical record.
    - ✓ Third to last bullet point, PC-1.2 not pertinent.
    - ✓ 2nd to last bullet point is overmapped (none of these seems appropriate)
    - ✓ ACLS exam for PC-1.1, 2, 3? ICS-4.1, KP-1.2 and 2.2 not mapped in main page.
    - ✓ PPD-8.1 not mapped in main page.

  - Areas that may be overmapped and need attention have been highlighted in yellow in the Excel files and will be submitted with the report.

Pre-clerkship Course Mapping

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	A	B	C	D	E	
1	Course Name	Objective Code	objective_id	objective_name	Objective Description	Tag
46	Medical Skills III	40658	7401		Correctly perform an examination to evaluate coordination and cerebellar function including tests for proprioception, rapid alternating movements, finger-nose-finger and heal to shin tests.	ICS-4.2 C
55		48685	7413		Demonstrate effective communication between members of the healthcare team.	ICS-4.2 C
56	Medical Skills IV	49972	9657		Apply the principles of ACLS based on evidence-based principles from the 2010 AHA guidelines.	ICS-4.2 C
68		49973	9658		Recognize and initiate early management of periarrest conditions that may result in arrest.	ICS-4.2 C
80		49974	9659		Demonstrate proficiency in providing BLS care.	ICS-4.2 C
92		49975	9660		Recognize and manage respiratory arrest.	ICS-4.2 C

	Evaluate the signs and symptoms of stroke.	history taking, physical examination, a
	Perform a fundoscopic examination of the retina using the direct and panoptic ophthalmoscopes	PC-1.1 Gather essential information a history taking, physical examination, a
	Recognize the signs and symptoms of hypercortisolism.	PC-1.1 Gather essential information a history taking, physical examination, a
	Perform a focused history and physical examination in a patient with suspected hypercortisolism.	PC-1.1 Gather essential information a history taking, physical examination, a
	Write a prescription for a common medication in both the paper and electronic format.	PC-1.1 Gather essential information a history taking, physical examination, a
	Ask appropriate questions to distinguish an at risk pregnancy	PC-1.1 Gather essential information a

Pre-clerkship Course Instructional Methods

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- A variety of instructional methods are utilized based on the specific learning goals, subject matter, student needs and classroom context. These methods have been mentioned on page 6-7 of the syllabus.

- Recommendation:
  - If possible, the location (physical or educational platform) of the activity be mentioned.

	Number of Formal Instructional Hours Per Course						
Course	Lecture	Lab	Small Group	Patient Contact*	Large Group Discussion	Other	Total
Year 2							
Scientific Principles of Medicine III	81	4	50	0	0	0	135
Medical Skills III	1	2	0	26	0	0	29
Society, Community and the Individual III	0	0	24	10	3	0	37
College Colloquium III	0	0	0	0	29	0	29
Scientific Principles of Medicine IV	26	0	32	0	0	0	58
Medical Skills IV	6	0	0	16	0	0	22

Pre-clerkship Course Program of Assessment

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A variety of assessment methods are utilized in the course based on the specific learning goals and subject matter and the assessment outcomes are linked to the PGOs.

The assessment methods in clinical skills M3-4 for the PGOs have been listed on page 9-12 of the syllabus and in table 6.1-1.Competencies Program Objectives and Outcome Measures.

According to the AY23-24 preclerkship timely grade release report, all grades were released on time.

Review of Student Evaluations of Course

TTUHSC EL PASO
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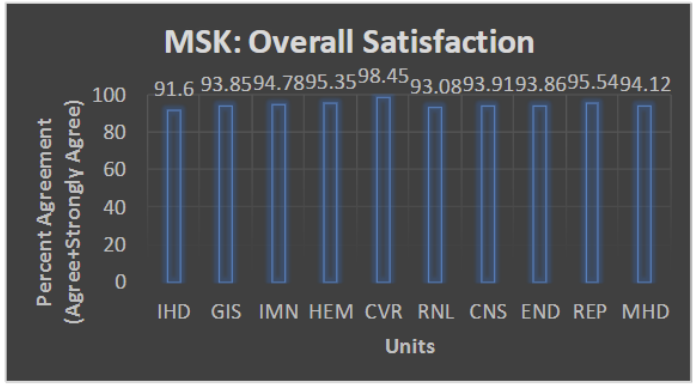
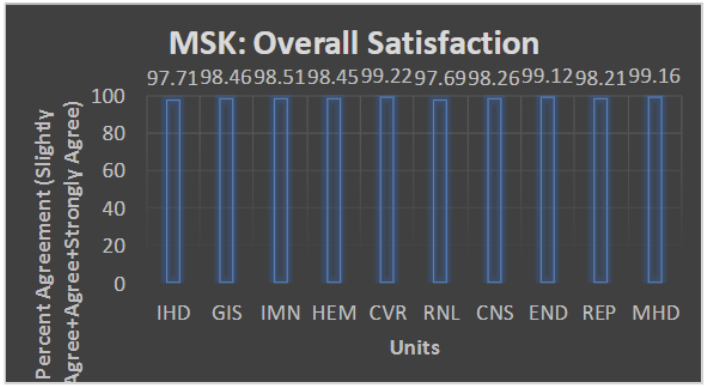
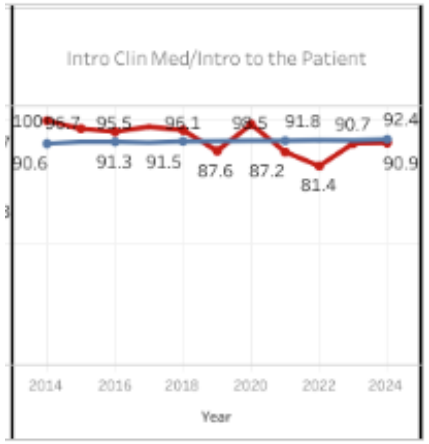
Evaluations: MedSkills





Early testing opportunities, more standardized expectations for skill evaluation, REP unit quizzes not aligned to MSK material, more time for SP feedback, faculty debrief, skill practice, feedback on note writing



- In the AY 23-24 annual pre-clerkship report, the data is systems based.
- The only separate data about medical Skills is the tables on the left, which is for all four semesters, not semester 3-4 separately.
- In the AY 23-24 annual pre-clerkship report, in the Pre-clerkship Discipline Satisfaction, Intro to Med/Intro to Patient on slide 40 of the report is below.

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	MSK III			MSK IV
Questions	**CSS**	**END**	**REP**	**MHD**
	Yes/No	Yes/No	Yes/No	Yes/No
I experienced exemplary professionalism	96.59%/3.41%	92.5%/7.5%	92.77%/1.22%	94.87%/5.13%
I experienced offensive or negative behaviors	3.45%/96.55%	1.28%/98.72%	1.22%/98.78%	1.3%/98.7%

Although, quantitative feedback was above 90%, but there were several issues reported in qualitative feedback.

The offensive or negative behaviors were never zero.
Students complained that the instructors were not professional enough in giving feedback, were rude, scolded students in front of the SP and humiliated them.

Dr. XXXXX could be more professional in giving constructive feedback

: don't scold your students in-front of your SP's in the future.

Some staff members had been rude.

them the time of day to understand the depth of their pain. Also, some of the faculty giving feedback on skills were quite rude during their delivery. Saying that "I barely passed on something so easy" and that they "don't think I would have passed if I was presented with a different skill to perform" is not effective feedback. I would encourage faculty to review fair, personable, and polite communication skills and consider where the curriculum clashes with itself.

Students complained of the SPs being unprepared, tired, fed up, and taking their stress on the students.

Some of the new SPs appeared unsure and nervous during the patient encounter. They changed the story as they remembered correct details about the case. I felt as if I was guiding them through the process. Having the SPs practice the encounter at least once with a medical skills instructor could improve this.
1. wish had more opportunites to get feedback on our soap notes

completely finish a note, and think critically about a differential. I feel like all I'm learning is how to not finish while sacrificing accuracy for speed. 2) There were some instructors and SP's who create an uneasy learning environment. It's obvious they are fed up, tired, and they took their stress out on me. I understand because teaching the ignorant is innately frustrating. However, if "you" don't want to be there, then don't. Being taught by kindness and patience is more effective for me anyway.

Students are asking for more time for their notes and more feedback, and thinking this is not enough preparation for year 3.

We honestly need more time to do notes in this unit. It was not fair to have us do an entire medication encounter visit and physical exam in 15 min and then expect a comprehensive note in 10- min. This is not representative of how third year clerkship or life as a physician will be.

Students complained about instructions and the sayings of faculty members being inconsistent.

Medical skills faculty need to get on the same page when it comes to the skills evaluation. The instructions that we read prior to the session as well as what each faculty member says is often contradictory and leaves me confused on whether I am performing something correctly or not.

Students complained about the quizzes not being at their level, not related to the material or not applicable to what they were learning.

There was a lot of OB fellowship level questions and specifics that was brought up and discussed. I think most of us get confused when that happens

The quizzes this unit need to be revamped. They were not related to the materials from MSK
the quizzes for this unit were a little difficult and seemed less applicable to what we were learning

Students also complained about the preparation material being very unorganized, confusing, hard to follow, and having spelling mistakes .

The preparation materials for this unit were very unorganized. They were hard to follow, and it was hard to tell what the professors wanted from us based on the materials. No exam room guides makes it hard to follow when the screenings are all divided. Also, the screenings had typos and didn't make sense at time.

Would have preferred more guidance earlier as to what the skills portion exactly was about. People were definitely confused initially until it was clarified.

Specifically for MHD, I felt that the skills were kinda of sprung on us without a lot of instructions or guidance on how to succeed. Additionally, I wish we would have had more time to review the mental status exam. I'm still confused about it even after the osce.

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Pre-Clerkship Review of Student Learning Environment

A description and link to the student mistreatment policy and contact information should be included in syllabus.

We didn't find any specific information about "Student Learning Environment" for MS 3-4. General information has been provided in slides 24-26 of the AY 23-24 annual preclerkship report.

Pre-Clerkship Review of Course Outcomes

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Academic Year	Cohort	Unit	Total # of sstudents	# of Students that failed 1st Attempt	Percent Pass Rate on 1st Attempt	Percent Remediating	Percent Pass Rate on Remediation
AY 2023-2024 (Class of 2027 & 2026)	MS1	IHD	135	4	97%	3%	100%
	MS1	GIS	135	3	98%	2%	100%
	MS1	IMN	136	2	98.5%	1.5%	100%
	MS1	HEM	134	4	97%	3%	100%
	MS1	CVR	131	1	99%	1%	100%
	MS1	RNL	131	0	100%	0%	
	MS2	CSS	120	0	100%	0%	
	MS2	END	120	1	99%	1%	100%
	MS2	REP	120	2	98%	2%	100%
	MS2	MHD	120	5	96%	4%	100%
AY 2022-2023 (Class of 2026 & 2025)	MS1	IHD	137	7	95%	5%	100%
	MS1	GIS	136	3	98%	2%	100%
	MS1	IMN	133	3	98%	2%	100%
	MS1	HEM	129	1	99%	1%	100%
	MS1	CVR	126	7	94%	6%	100%
	MS1	RNL	121	0	100%	0%	
	MS2	CSS	110	2	98%	2%	100%
	MS2	END	110	0	100%	0%	
	MS2	REP	110	3	97%	3%	100%
	MS2	MHD	111	3	97%	3%	100%
AY 2021-2022 (Class of 2025 & 2024)	MS1	IHD	125	0	100%	0%	
	MS1	GIS	125	1	99%	1%	100%
	MS1	IMN	125	0	100%	0%	
	MS1	HEM	123	1	99%	1%	100%
	MS1	CVR	121	0	100%	0%	
	MS1	RNL	118	0	100%	0%	
	MS2	CSS	106	0	100%	0%	
	MS2	END	106	1	99%	1%	100%
	MS2	REP	105	2	98%	2%	100%
	MS2	MHD	103	0	100%	0%	
AY 2020-2021 (Class of 2024 & 2023)	MS1	IHD	115	0	100%	0%	
	MS1	GIS	115	0	100%	0%	
	MS1	IMN	115	1	99%	1%	100%
	MS1	HEM	112	0	100%	0%	
	MS1	CVR	109	0	100%	0%	
	MS1	RNL	107	2	98%	2%	
	MS2	CSS	107	1	99%	1%	100%
	MS2	END	107	0	100%	0%	
	MS2	REP	108	10	91%	9%	100%
	MS2	MHD	107	0	100%	0%	
AY 2019-2020 (Class of 2023 & 2022)	MS1	IHD	115	0	100%	0%	
	MS1	GIS	115	0	100%	0%	
	MS1	IMN	115	0	100%	0%	
	MS1	HEM	112	0	100%	0%	
	MS1	CVR	111	0	100%	0%	
	MS1	RNL	111	0	100%	0%	
	MS2	CSS	98	0	100%	0%	
	MS2	END	98	3	97%	3%	100%
	MS2	REP	98	2	98%	2%	100%
	MS2	MHD	98	1	99%	1%	100%

Academic Year		Precentage Remediating	
2023-2024	MS1	0-3 %	All passed on remediation
	MS2	0-4 %	
2022-2023	MS1	0-5 %	
	MS2	0-3 %	
2021-2022	MS1	0-1 %	
	MS2	0-2 %	
2020-2021	MS1	0-2 %	
	MS2	0-9 %	
2019-2020	MS1	0 %	
	MS2	0-3 %	

Remediation was max 9% and all students passed on remediation.

Program of assessment

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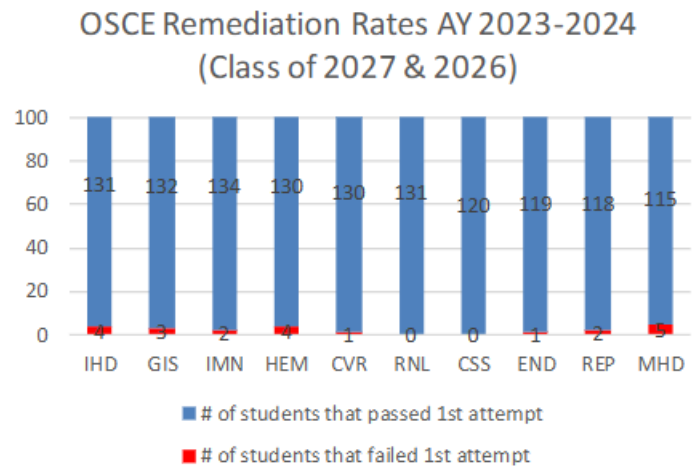
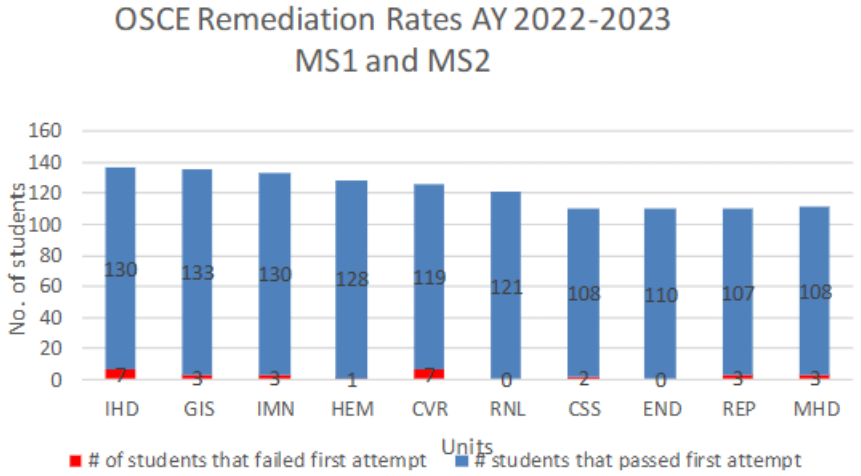
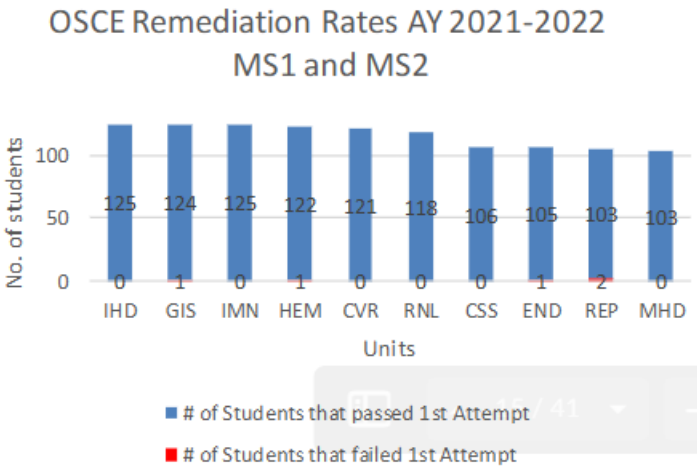
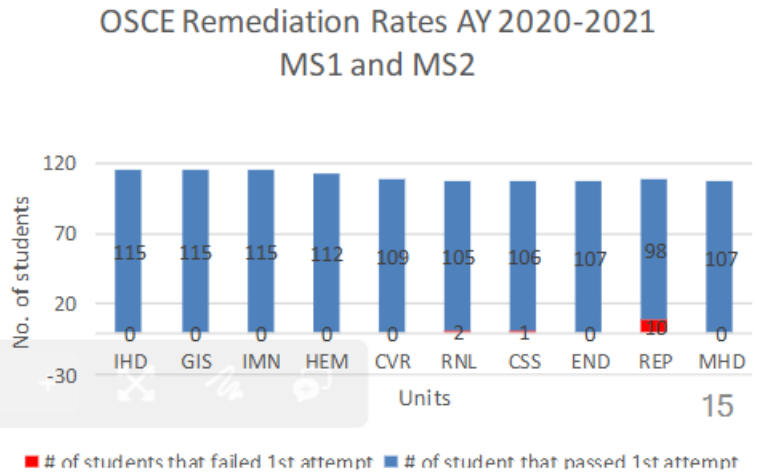
Remediation Rates: OSCE









From the AY23-24 annual report

Summary of the review
Strengths, weaknesses and challenges

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- **Strengths:** Overall high student satisfaction; variety of teaching and assessment methods
- **Weaknesses:** More coherence between learning material, faculty, staff, SPs, and quiz material. Missing items in syllabus including calendar of events and event locations. More feedback needed on student clinical notes. needed in syllabus.
- **Comment on student preparation to progress to year 2 of to the clerkship phase:**
  - Among the Physician task categories, communication and interpersonal skills has the weakest situation (slide 10 of AY23-24 annual pre-clerkship report) and ways for improving this should be sought.
  - Improve the time for medical encounter visits, physical exam and comprehensive notes to more realistic.
  - Provide more feedback on their medical encounters, physical exams and notes.


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Pre-Clerkship Phase Review AY2023-24

Review Team

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Our review team: Dr. Komal Marwaha, Dr. Abhinav Vulisha, Sami Daye (MS1)

Reviewed the following materials and met with the Course Directors

- Syllabi
- Course PGO and keyword mapping report
- Program of assessment, including alignment with PGOs and course objectives
- Relevant tables from the DCI
- Pre-clerkship annual report
- Course evaluations
- Learning environment surveys
- Outcome data, including progression data to the clerkship phase
- Conclusions
  - *Strengths include no student required remediation, a strong Step 1 pass rate that is above the national average. Weaknesses and challenges include limited methods of instructional*
  - *Comment on student preparation to progress to the clerkship phase- Based on the high Step 1 pass rate, it appears the curriculum is adequately preparing students to progress to clerkship, but many students performed lower on communication and interpersonal skills than the national average*

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

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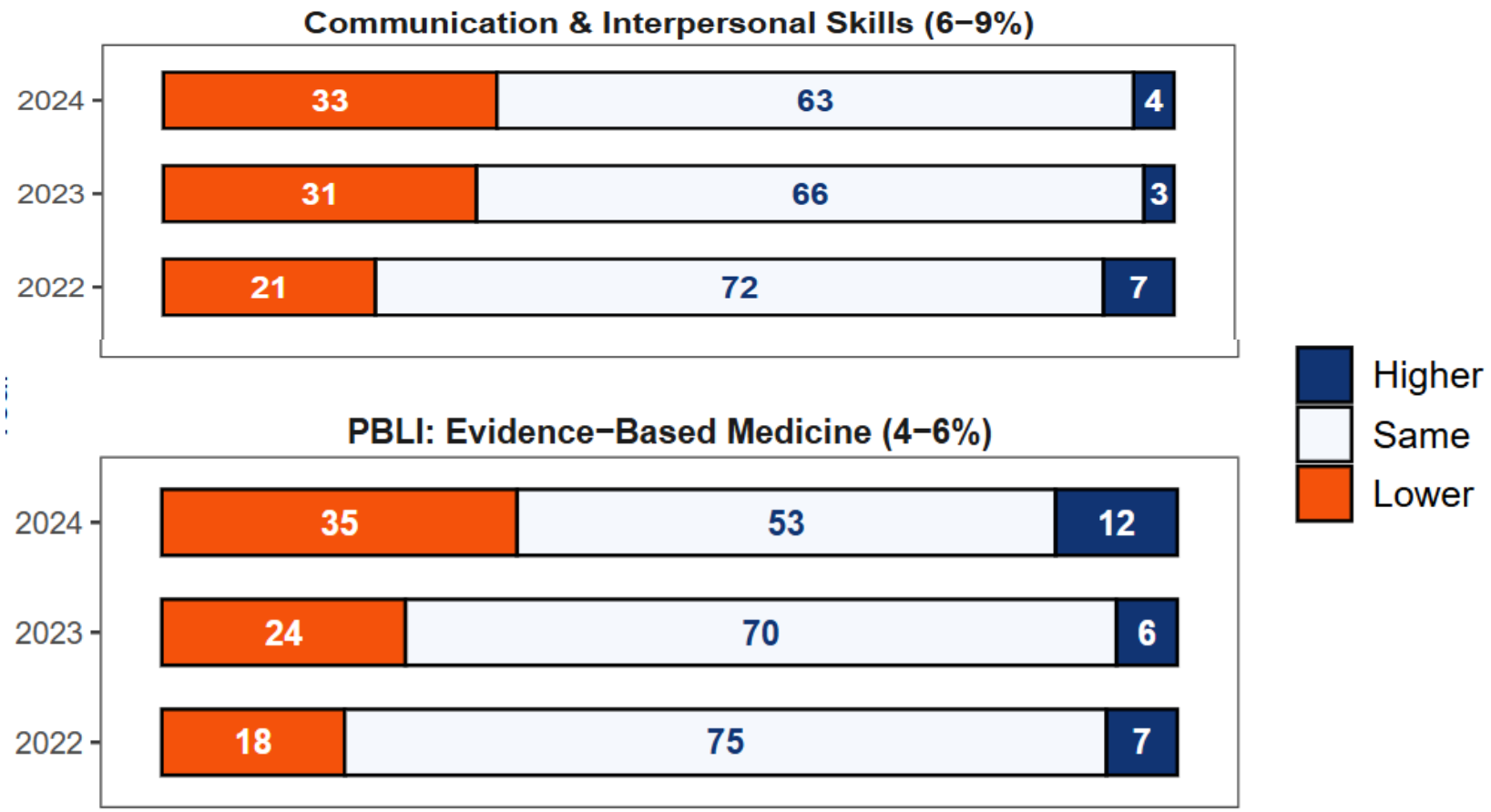
Performance on Physician Task Categories Relative to National Average



Review of Syllabus

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Course Information: Colloquium III, IV

- **Contacts:** Acceptable
  - Identifies course director/s and coordinator. Provides phone numbers and email addresses.
  - **Comment:** Does not provide emergency contact information.

- **Course description:** Exceptional
  - Course content, instructional methods, and behavioral expectations are clearly stated.

- **Course Goals & Objectives:** Unacceptable
  - Objectives are PGOs, not course-level objectives.

- **Session Objectives:** Unacceptable
  - Objectives are PGOs, not session objectives

Review of Syllabus

TTUHSC EL PASO
Texas Tech University Health Sciences Center El Paso

Course Information: **Colloquium III, IV**

- **Assessment: Acceptable**
  - Students can clearly tell what tests and other assignments are used for assessment. Grading criteria are present.
  - Comment: Each assignment has an associated rubric and minimum point requirement in order to pass the assignment. **It is not explicitly clear how students' overall pass/fail grade is determined**.
  - Ex.) "Each written assignment must be of sufficient quality to receive a score of at least 3 out of 4 possible points." Does failing one assignment cause course failure?

- **Student Performance Objectives: Exceptional**
  - Students can readily identify what constitutes success. Grading rubrics are attached to the syllabus.

- **Formative feedback and Narrative feedback: Acceptable**
  - Clearly states that there is a formative and narrative feedback mechanism. Indicates that narrative feedback will be available in ePortfolio, but does not provide a location for formative feedback.

- **Calendar of Course Events: Unacceptable**
  - A calendar is not included, but the syllabus states that a schedule will be sent to students by email and available on the course webpage.

Review of Syllabus

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Course Information: Colloquium III, IV

- ❑ **Course Location(s): Exceptional**
  - ❑ Clearly identifies all locations.

- ❑ **Professionalism expectations: Exceptional**
  - ❑ Identifies specific professionalism expectations with examples, per the dedicated professionalism rubric, and explains the importance of professionalism.

- ❑ **Layout: Exceptional**
  - ❑ The syllabus is attractive, with elements organized such that it is easy to find specific information. Is a useful tool and appears that the instructors expect the student to use it.

Pre-clerkship Course Mapping

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❑ PGO mapping:

Acceptable (session-level objectives are mapped to Program Goals).

Unacceptable

- No course-level objectives
- There is no list of specific learning objectives for certain sessions
- *Physician's Response to Guns and Violence*, which asks students to create their learning objectives.
- No learning objectives for sessions related to *Health Disparity* (Economics of healthcare, global health inequality)
- Environmental health

❑ Keyword mapping:

Acceptable (Most session-level objectives are linked appropriately to keywords).

Comments: Some instances of overmapping.

Pre-clerkship Course Mapping

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Course Name	Objective Code	objective_id	objective_name	Objective Description	Tag
College Colloquium III	50242	6955		Discuss and evaluate a topic while applying interpersonal skills and demonstrating respect for peers in an informal setting	ICS-4.2 Communicate effectively with colleagues and other health care professionals.
					PRO-5.1 Demonstrate sensitivity, compassion and respect for all people.
	50272	6312		As a team, develop and deliver a presentation on the assigned topic with learning objectives	IPC-7.3 Participate in different team roles to establish, develop, and continuously enhance
					IPC-7.4 Recognize and respond appropriately to circumstances involving conflict with peer
					KP-2.6 Demonstrate an understanding of and engagement in the creation, dissemination
					PRO-5.7 Meet professional and academic commitments and obligations.
	50273	6313		Relate knowledge of the topic that reflects research and depth in thinking	PBL-3.1 Identify gaps in one's knowledge, skills, and/or attitudes, and perform learning ac
	50274	6314		Produce a presentation that is well organized, easy to follow and maximizes group discussion	ICS-4.2 Communicate effectively with colleagues and other health care professionals.
	54896	10553		Discuss ethical issues related to the use of artificial intelligence in medicine	PRO-5.5 Demonstrate and apply knowledge of ethical principles pertaining to health care
	55005	11018		Discuss how accountability and integrity intersect with ethical decision making and behavior.	PC-1.4 Organize and prioritize responsibilities in order to provide care that is safe, efficient
					PPD-8.1 Recognize when to take responsibility and when to seek assistance.
					PRO-5.1 Demonstrate sensitivity, compassion and respect for all people.
	55006	11019		Discuss the importance of competency, compassion, empathy, and leadership for the medical professional.	PC-1.4 Organize and prioritize responsibilities in order to provide care that is safe, efficient
					PPD-8.1 Recognize when to take responsibility and when to seek assistance.
					PRO-5.1 Demonstrate sensitivity, compassion and respect for all people.
	55007	11020		Write and Submit an in-class reflection to develop reflective skills and utilize self-reflections to support life-long learning, self-care, and professionalism.	PBL-3.1 Identify gaps in one's knowledge, skills, and/or attitudes, and perform learning ac
					PPD-8.3 Demonstrate flexibility in adjusting to change and difficult situations.
					PPD-8.4 Utilize appropriate resources and coping mechanisms when confronted with unc
College Colloquium IV	11937	10520		List and describe the new skills that each medical student will need to develop in order to achieve exemplary performance and optimal learning during the third year clerkships.	ICS-4.2 Communicate effectively with colleagues and other health care professionals.
					IPC-7.1 Describe the roles and responsibilities of health care professionals.
					PPD-8.1 Recognize when to take responsibility and when to seek assistance.
					PPD-8.4 Utilize appropriate resources and coping mechanisms when confronted with unc
	50272	6312		As a team, develop and deliver a presentation on the assigned topic with learning objectives	IPC-7.3 Participate in different team roles to establish, develop, and continuously enhance
					IPC-7.4 Recognize and respond appropriately to circumstances involving conflict with peer
					KP-2.6 Demonstrate an understanding of and engagement in the creation, dissemination
					PRO-5.7 Meet professional and academic commitments and obligations.
	50273	6313		Relate knowledge of the topic that reflects research and depth in thinking	PBL-3.1 Identify gaps in one's knowledge, skills, and/or attitudes, and perform learning ac
	50274	6314		Produce a presentation that is well organized, easy to follow and maximizes group discussion	ICS-4.2 Communicate effectively with colleagues and other health care professionals.
	50574	10540		Discuss and describe principles of ethics in pediatrics	KP-2.5 Apply principles of social-behavioral sciences to patient care including assessmer
					PRO-5.1 Demonstrate sensitivity, compassion and respect for all people.
					PRO-5.2 Demonstrate knowledge of and appropriately apply ethical principles pertaining t
	50575	10541		Summarize the human factors that contribute to medical errors	PPD-8.1 Recognize when to take responsibility and when to seek assistance.
					PPD-8.2 Demonstrate healthy coping mechanisms in response to stress and professiona
					PPD-8.4 Utilize appropriate resources and coping mechanisms when confronted with unc
					PRO-5.1 Demonstrate sensitivity, compassion and respect for all people.
	50576	10542		Discuss the basic concepts of patient safety	PC-1.4 Organize and prioritize responsibilities in order to provide care that is safe, efficient

Pre-clerkship Course Instructional Methods

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- Instructional methods :

Unacceptable (only facilitated discussions were used ; led by faculty in Colloquium III and led by students in Colloquium IV)

Comments: DCI ISA tables for review, Table 6.3-1
85- 91% agree that the curriculum provides sufficient practice in the skills of self-directed learning, and 81-89% agree that the workload is manageable

Table 6.3-1 | The Curriculum Provides Sufficient Practice in the Skills of Self-Directed Learning as Defined by the LCME.

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%	10	9%	7	6%	94	85%
M2	109	86%	3	3%	7	6%	99	91%

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%

Pre-clerkship Course Instructional Methods

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Colloquium III			Colloquium IV	
Questions	Strongly Agree + Agree	Avg.	Strongly Agree + Agree	Avg.
The course workload (pacing and quantity of new material and assignments) was manageable	91.30%	5.5	92.50%	5.6
The course met the identified learning objectives	92.39%	5.6	96.67%	5.7
I am satisfied with the methods used to evaluate my performance	91.30%	5.5	95%	5.6
I understand how the course content is applicable to the practice of medicine	91.30%	5.6	95%	5.6
Overall, I was satisfied with this course/unit	92.39%	5.6	94.96%	5.6
This course broadened my perspective	89.13%	5.5	95.83%	5.6
College colloquium helps me understand what is expected of me as a doctor	88.04%	5.4	95.83%	5.6
Feedback I received from my college mentor helped improve my performance	90.22%	5.5	95.80%	5.6

- Comments: Over 90% of students either agreed or strongly agreed with the questions related to the Colloquium III and IV courses. Notably, the responses improved as students progressed from Colloquium III to Colloquium IV.
- Upon reviewing the comments, it's clear that the instructional methods are well received by students.
- For the student-driven sessions, it would be beneficial to provide a structured outline for presentations—particularly outlining the goals and objectives that need to be addressed. Additionally, allocating time based on the topics covered would help ensure more effective and organized presentations

Pre-clerkship Course Program of Assessment

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❑ Assessment methods:

Acceptable

❑ narrative assessment -rubric used for ethical analysis assay
❑ Student presentation assessment rubric
❑ professionalism assessment rubric
❑ participation in facilitated discussion

Unacceptable

Contradictory statements regarding the grading rubric for the reflective writing/ ethical analysis assignment
page 10- Rubrics will be provided 10 days before the assignment
page 12 – rubrics are included in Appendix Pages 15-16

Comments:

- Some of the objectives were assessed by only participation in facilitated discussion.

Review of Student Evaluations of Course

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- **Satisfaction with Course activities: Exceptional**
  - Most students agree that the course is organized with clear learning objectives that are met and that the amount of the material is reasonable
    - 92.4 % (Colloquium III) and 96.7 % (Colloquium IV) agreed that the learning objectives are met.
    - 91.3 % (Colloquium III) and 92.5 % (Colloquium IV) agreed that workload was manageable.

- **Student satisfaction with oral and written feedback: Exceptional**
  - Most students agree that they received sufficient feedback, which helped them to improve their performance.
    - 90.2 % (Colloquium III) and 95.8 % (Colloquium IV) of students reported receiving helpful feedback.

- **Student satisfaction with the program of assessment: Exceptional**
  - Most students agree that the assessment system for the course is in line with content taught and they are generally satisfied with the methods used to measure their performance.
    - 91.3 % (Colloquium III) and 95.0 % (Colloquium IV) of students were satisfied with evaluation methods.

Review of Student Evaluations of Course

TTUHSC EL PASO
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- **Course workload: Exceptional**
  - Most students agree that the workload is manageable
    - 91.3 % (Colloquium III) and 92.5 % (Colloquium IV) of students agreed the workload was manageable.

- **Overall satisfaction with quality of the course: Exceptional**
  - Most students agree that they learned useful knowledge and skills during the course.
    - 92.4 % (Colloquium III) and 95.0 % (Colloquium IV) of students were satisfied overall.

Review of Student Evaluations of Course

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Summary of Student Feedback:

- ❑ Students feel the discussions are engaging
- ❑ Students appreciated individual college mentors
- ❑ **Session length:** two-hour meetings feel long—students suggest shorter (1 hour) sessions.
- ❑ **Presentation outline:** students requested an outline or more clear instructions for student presentations.
- ❑ **Topic overlap:** topics sometimes feel repetitive; requested wider range of topics or for students to provide ideas for topics.
- ❑ **Essays:** too many and seen as “busy work” and contributing to learning; would like fewer.
- ❑ **Exam-week timing:** avoid scheduling Colloquium or essay deadlines during exam weeks.

Pre-clerkship Review of Student Learning Environment

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Unable to obtain learning environment data specific to College Colloquium course

Learning environment report based on internal surveys and AAMC surveys: Unacceptable

Pattern of learning environment issues reported or report of serious offenses such as reports of lower evaluations, sexual advances/favors, threat of physical harm/physical harm.

Comments: Over the course of both ’23 and ’24 higher than acceptable # of students indicate being subjected to humiliation, sexist remarks, remarks on physical characteristics.

Questions (end of sem)	Fall ’23 Never/ once or more	Spring ’24 Never/ once or more
Publicly humiliated	91.92% / 8.08%	95.33% / 4.67%
Subjected to offensive sexist remarks/names	98% / 2%	97.20% / 2.80
Subjected to negative or offensive behavior(s) based on your personal beliefs or characteristics other than your gender, race/ethnicity, or sexual orientation	95.92%/ 4.08%	97.20% / 2.80

Pre-clerkship Review of Student Learning Environment

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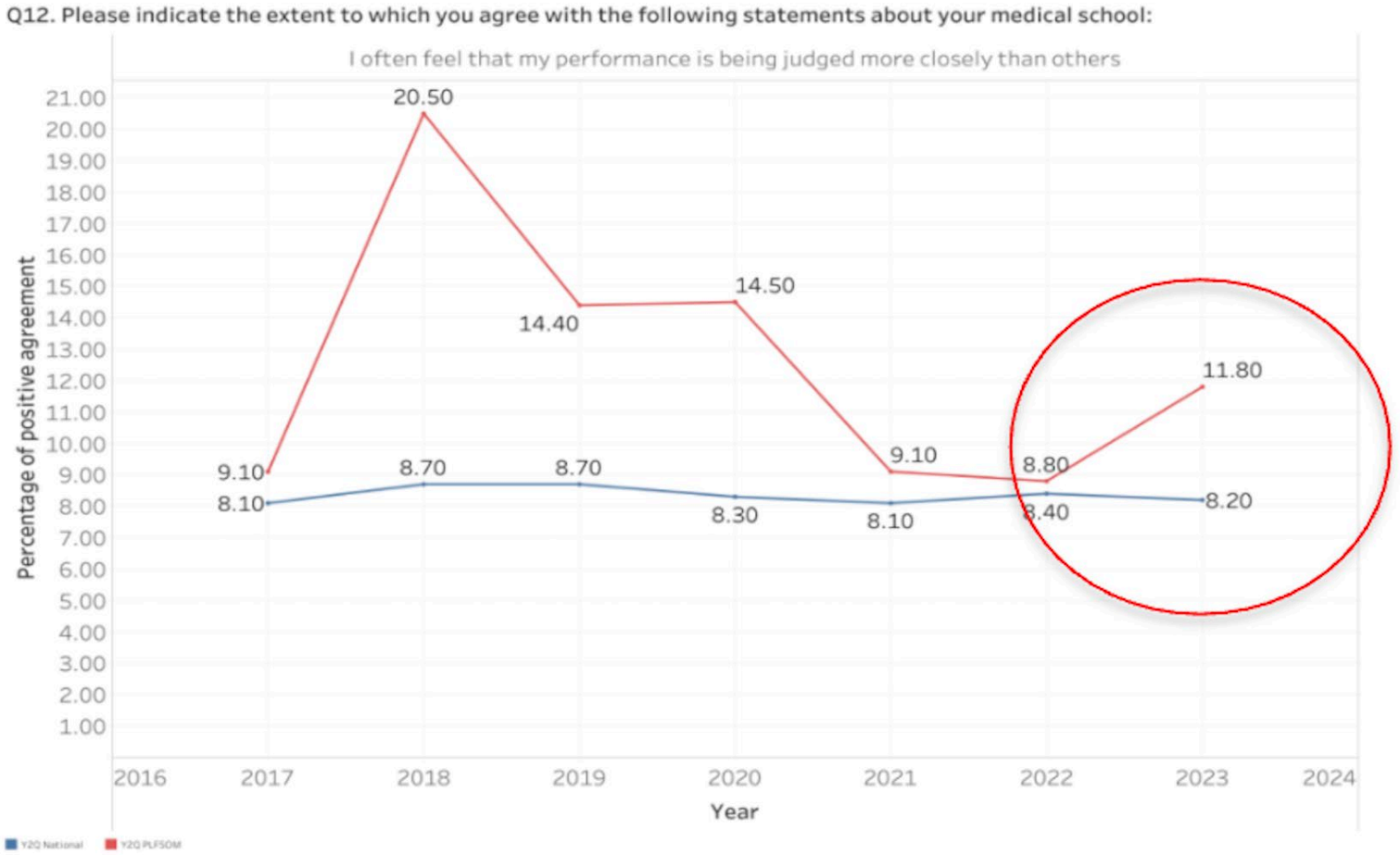
Learning environment report (based on internal surveys and AAMC surveys)



Pre-clerkship Review of Student Learning Environment

TTUHSC EL PASO
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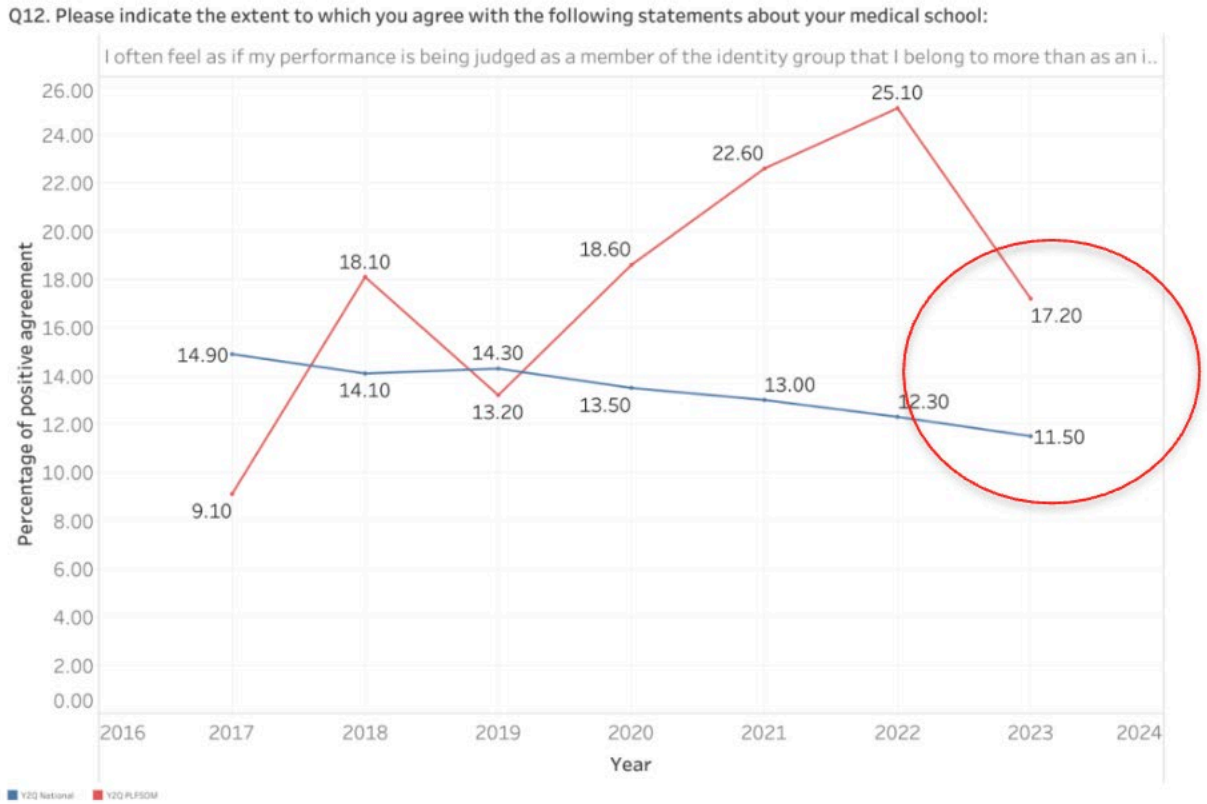
Learning environment report (based on internal surveys and AAMC surveys)



Remediation Rates: Colloquium

- The grading for all four semesters for the College Colloquium (CC) course is pass/fail. Grades are assigned by the College Mentors, based upon satisfactory completion of written assignments, participation, and overall professionalism evaluation in Colloquium. All students have successfully achieved the learning objectives for the course based on the methods used for assessment and a course fail that requires remediation has not occurred.
- There are 2 in-class reflective writing exercises and/or ethical analysis exercises per semester.

Summary of the review
Strengths, weaknesses and challenges

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Strengths include:

- Exceptional pass rate
- Strong Step 1 pass rate that is above the national average

Weaknesses and challenges include:

- Low performance on communication and interpersonal skills compared to the National average
- Negative student perception of learning environment, per review of the evaluations
- Limited variety in instructional methods (only facilitated discussion)

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Summary of the review

Comment on student preparation to progress to the clerkship phase

Based on the high Step 1 pass rate, it appears the curriculum is adequately preparing students to progress to clerkship, but lower performance on physician task activities relative to the national average is concerning.


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Pre-Clerkship Phase Review
AY 2023-24

IMMERSION
Dr. Rosenthal and Dr. Khanjani

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Immersion Review Process

Data Sources:

- Immersion Faculty Debrief
- Foster SCI Faculty 5 Years of Evaluation Trends and Themes Review
- ISA Survey Data and Thematic Review
- OIRE Immersion 10 Years of Evaluation Trends and Themes Review
- Foster Med Ed Working Group on Immersion Design
- CEPC Pre-Clerkship Immersion Review
    - Review Coordinated by Dr. Lee Rosenthal, Dr. Narges Khanjani & Dr. Gilberto Garcia in collaboration with Dr. Salma Elwazeer

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 in Immersion

Course Instructional Methods :

- **SCI integrates active learning throughout Immersion including field-based learning, service learning, interactive tools such as polls and games, and team-based projects integrating knowledge**

- **Session types include:**
- **lecture format with intervals when students break into pairs or small groups to work on a problem**
- **student-led only Team-based**

- **See MedBiquitous terms below across the 3 weeks:**

Immersion MedBiquitous Terms, Instructional Methods	
Week 1	• discussion, large group (greater than 12) • lecture • discussion, small group (less than 12) • demonstration • conference • service learning activity
Week 2	• discussion, large group (greater than 12) • discussion, small group (less than 12) • lecture • demonstration
Week 3	• discussion, large group (greater than 12) • discussion, small group (less than 12) • lecture • conference

I. ...and Objectives & Mapping in Immersion

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Objectives

In Immersion 2023, 93% of Students Strongly Agreed and Agreed that Immersion met identified learning Objectives. This is generally holding steady.

SCI has over 200 Objectives across Immersion and SCI I; we have just over 500 total in SCI overall. Notably, SCI I with Immersion represent approximately 60% of the SCI Course hours overall.

In Immersion:

- **some Objectives have been identified that are in PowerPoints that are not in Elentra**
- **some cross-mapping to PGOs is unclear**

Keywords

Lots of Hot Topics and important Med Ed topics are found in Immersion in the Keyword tagging.

There are over 300 keyword references in Immersion and SCI I overall. Popular Keywords include:
Health Disparities, Health Policy, Population-based Medicine, Epidemiology, and Spanish.

In Immersion: Some sessions need Keywords

Overall SCI I (including Immersion), III, and IV have more extensive mapping than SCI II.

Examples of Good Mapping in SCI I include:

- **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

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 Immersion

In SCI I and IV (including Immersion): Students learn about Social Foundations of Medicine and Health System Sciences;

some Immersion sessions and Assignments that address clinical integration are:

In Week 1

- **Small and Large Group Work on Providing Culturally-Competent Care (some years- team-based projects- but not proposed for Immersion 2025)**
- **Visits to Military and Community Health Centers (CHE)**

In Week 2

- **Team-based (#24 Teams) Community Assessment Project: in 12 Paso del Norte Communities**
  - **Look at Demographic and Epidemiological Extant Data on Health System Access and Health Status**
  - **"Person-on-the Street" Surveys in Spanish and English (Interview Guide: What Helps You to Be Healthy; What Makes it Hard to be Healthy, Where do you Access Care, etc.)**
  - **Key Informant Interviews with Primary Care Providers and other Community Organization Leaders in 12 Paso del Norte Communities**
- **World's Apart Stanford Film Scenarios Followed by Faculty and Staff Facilitated Small Group Discussions (Moving from Week 2 to Week 1, Immersion 2025)**
- **Patient-Centered Interviewing Practice Facilitated by Clinicians**

In Week 3

- **SCI Community Assessment Team-Based Assignment:**
  - **Community Assessment Paper (in Immersion 2025 this will be a 1 page Fact Sheet)**
  - **Intervention Proposals to Improve Community and Individual Health (using Logic Models; Elevator Pitch presentations)**
- **SCI Spanish Team-Based Assignment: Health Education Film and Brochure (various clinical topics- this year will be top regional health issues)**

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 Alternate In Development: Clinical Exposure with a CHWs (Fall or Spring MS1)	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).

NEW VISIT IN DEVELOPMENT:

Non-Clinical Drivers of Health (SDOH) YR 1; (shift from Imm. Site Visit counting as CHE): Shadow CHW in Clinical Setting (P.Vida) or ER Observation (UMC) (Fall or Spring)

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 in Immersion

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Immersion Assignments

Immersion SCI Assignments:

SCI Personal Success Logic Model (Individual assignment) - (in 2025 propose dropping in favor of Community Assessment Worksheet)

- Identify SMART goals and action steps and outputs/outcomes supporting 4 year goal of successful completion of medical degree

SCI Problem Set: Community Assessment (Team-Based Assignment)

- **24 IPE medical-dental teams - visiting 12 communities**
- **Self-directed elements include:**
  - Dedicated Team Time and Team Member Assignments
  - Community Assessment Field Day (extra half day proposed in 2025)
    - Review of Extant Community Health Data on Assigned Community
    - Person-on the Street Survey Location
  - Development of Paper, Presentation Poster, and Intervention Logic Model (select Intervention topic)

Immersion Spanish Project:

Health Promotion Project (Video and Brochure)

- **20 IPE medical-dental teams** (26 teams planned for Immersion 2025)

- **Self-directed elements include:**
  - Dedicated Team Time and Team Member Assignments
  - Selection of Health Issue to be explored (Immersion 2025 propose narrowing topics to top 5-10 regional health issues)
  - Film and Brochure Production

IV. Portfolio of assessments
Immersion Summative Assessments

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Individual Assignment	Team – Based Assignment
SCI **Personal Success Logic Model (Complete/Incomplete)** **(proposing an individual Community Assessment Worksheet in Week 1 of Immersion 2025)** **Community Assessment Reflection (Complete/Incomplete)** (proposing to DROP in Immersion 2025)	**SCI** **Immersion Community Assessment Problem Set 20%** (SCI I) **Includes:** • **Community Assessment Paper** (proposing a single team-based 1 page fact in Week 3 of Immersion 2025) • **Poster and Presentation** (proposing a PowerPoint in Immersion 2025) • **Intervention Logic Model and Elevator Pitch** (proposing to make 30% of SCI I grade for Immersion 2025) **NOTE:** There is no Testing on Immersion –Only SCI Content
Spanish **Downtowning Mural Activity (Complete/Incomplete)** **Field Trip Activity (Complete/Incomplete)** **Spanish End-of-Immersion Final Oral Assessment (Complete/Incomplete; level noted with feedback)**	**Spanish** **Health Promotion Project (Complete/Incomplete)** (proposing to narrow to top 5-10 regional health issues in Immersion 2025)

Narrative Feedback: **Narrative Feedback is provided on all Immersion Assignments**
Timeliness of Final Assessments: **Grades and Narrative Feedback to students completed within 2-4 weeks as per policy**

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V. Course evaluations

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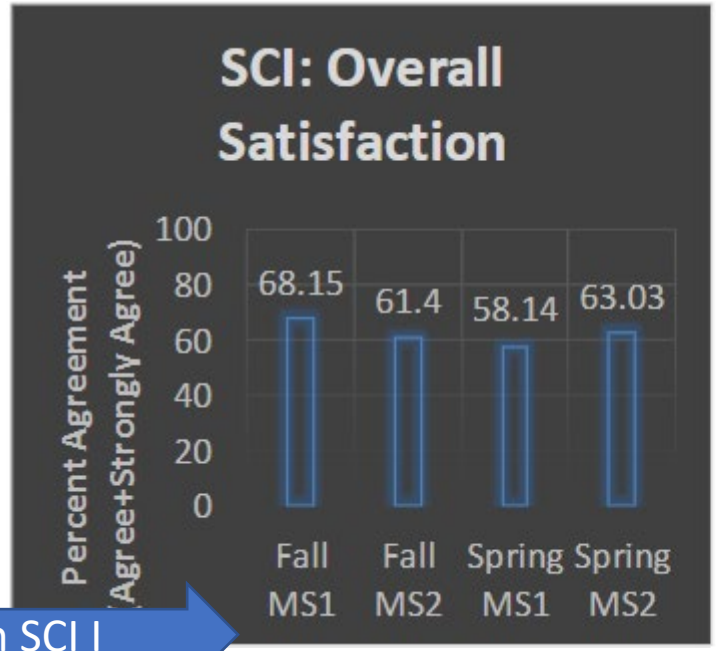
SCI I-IV overview

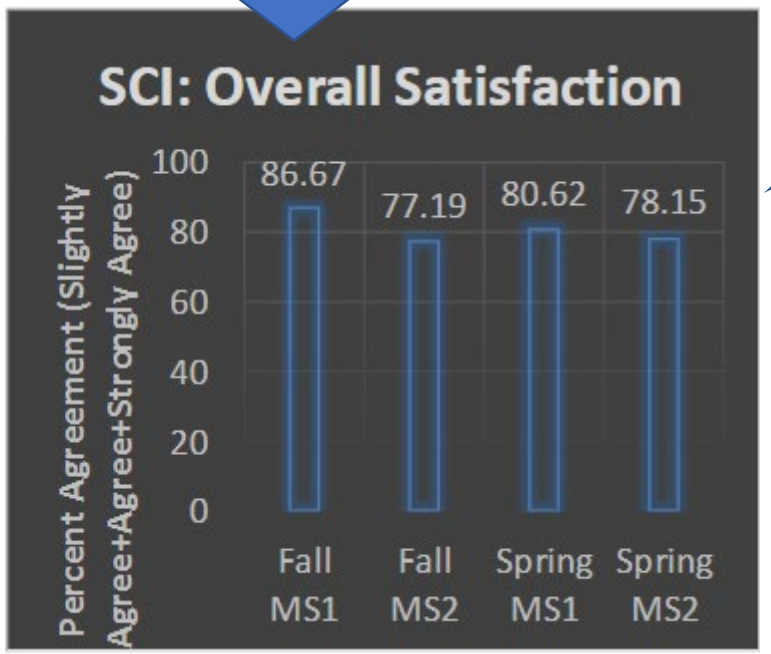
2023-2024 Annual Report: Pre-clerkship

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

SCI I





Includes All Agreement Categories

Immersion is in SCI I

Immersion Course Evaluations

	SCI Immersion Fall'23
Questions	Yes/No
I experienced exemplary professionalism	100%/0%
I experienced offensive or negative behaviors	0%/100%

Please describe any offensive, negative, or exemplary professionalism behaviors. (Please include the role of the individuals involved, for example student, resident, staff, or faculty.)

SCI Immersion

Some students seemed uncomfortable around repeaters this year and I found that unfair to the repeating MS1s. I'm not sure how that could be addressed though.

Repeating Immersion requires special attention for a positive outcome for all

Immersion SCI		
Questions	Strongly Agree + Agree	Avg.
The course workload (pacing and quantity of the new material and assignments) was manageable	66.66%	5
The course met the identified learning objectives	66.66%	5
I am satisfied with the methods used to evaluate my performance	66.67%	4.7
I understand how the course content is applicable to the practice of medicine	66.67%	4.7
Overall, I was satisfied with this course/unit	66.67%	4.7

(Based on a 6 pt. Scale)

Immersion Course Evaluations

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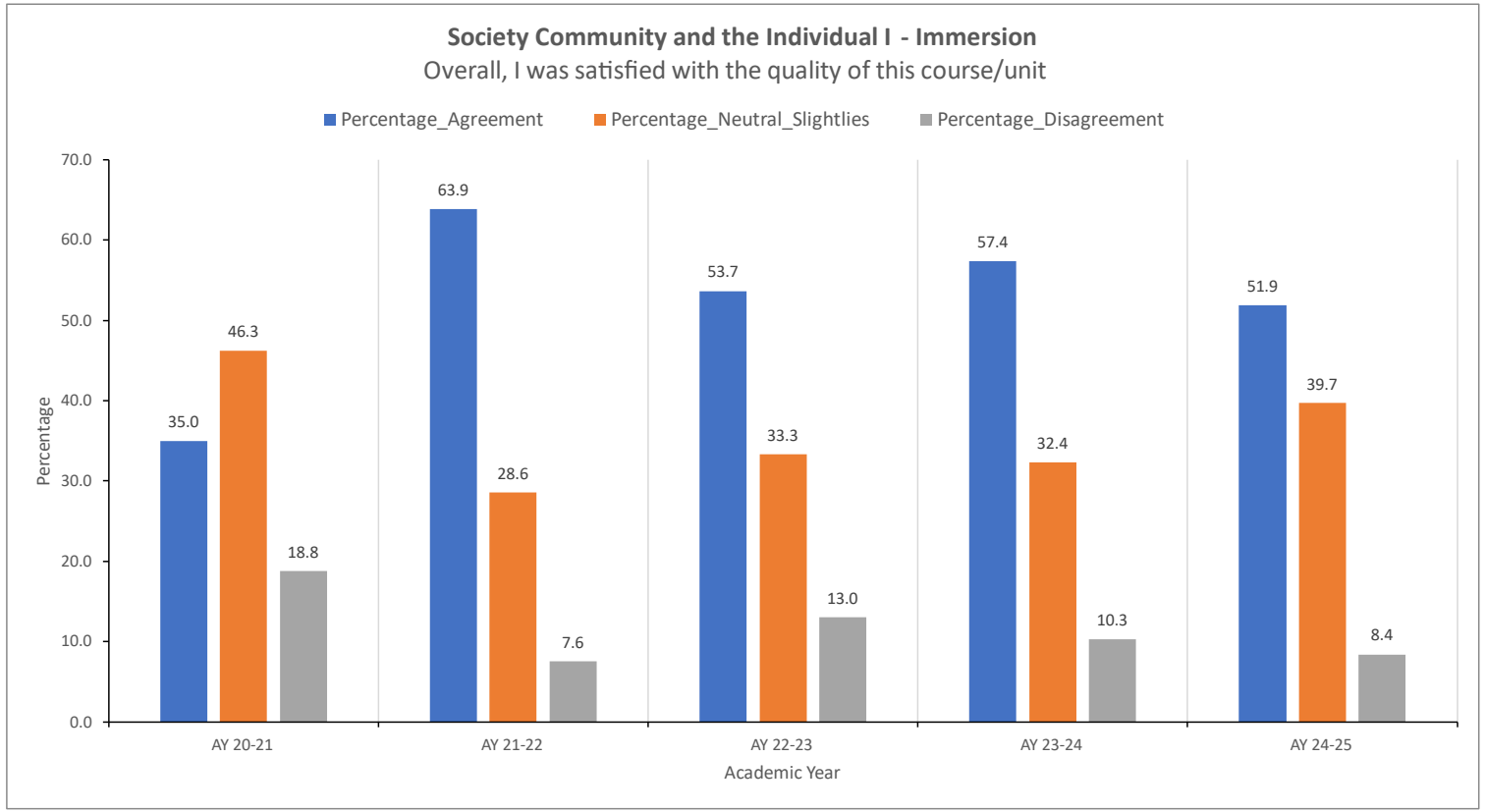
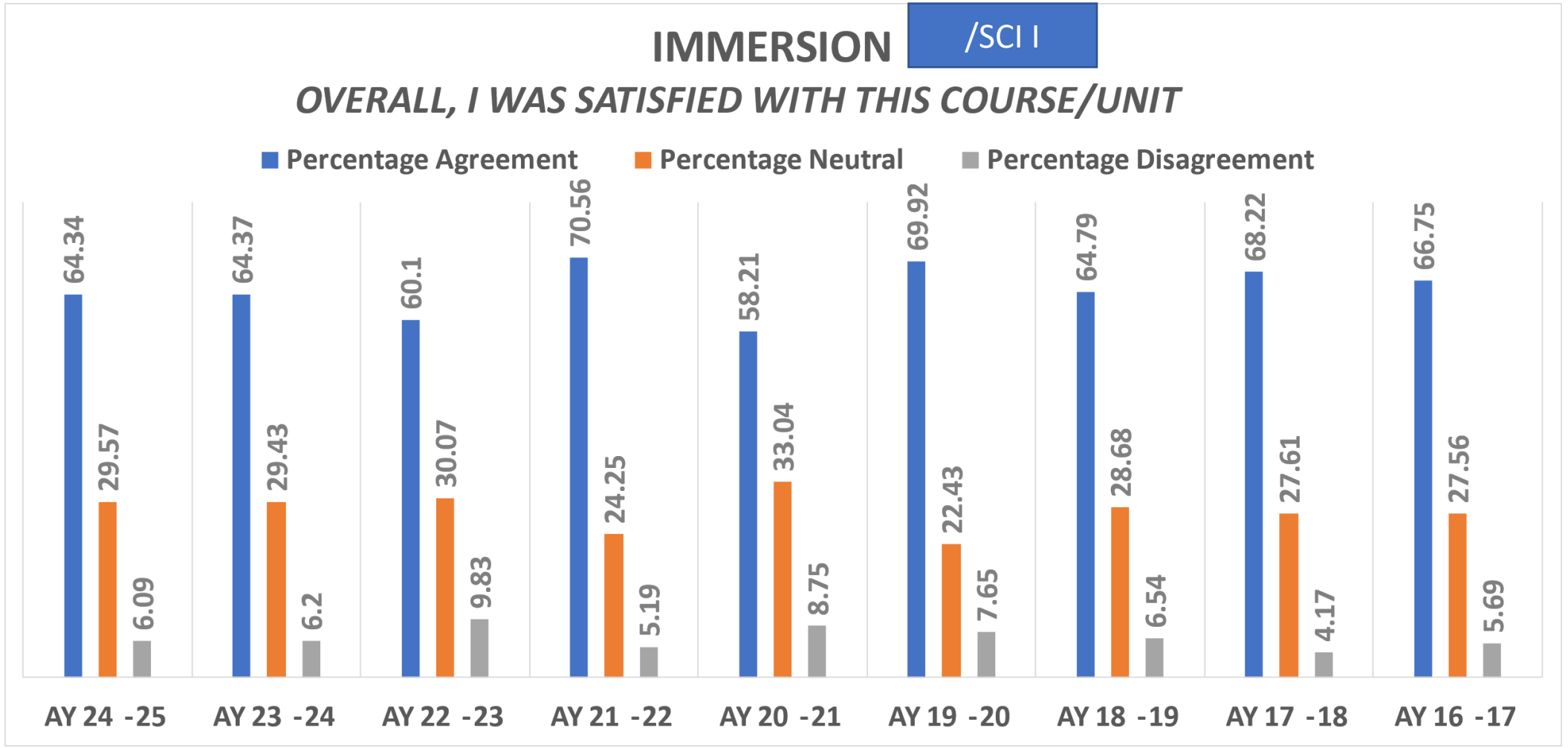
Survey/Questions	AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20	AY 2020-21	AY 2021-22	AY 2022-23	AY 2023-24	AY 2024-25
Society, Community and the Individual I (Immersion)									
Q1 - Overall, I was satisfied with the quality of this course/unit.	-	-	-	-	✓	✓	✓	✓	✓
Q2 - I understand how the course content is applicable to the practice of medicine.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Q3 - The course workload (pacing and quantity of new material and assignments) was manageable.	-	-	-	-	✓	✓	✓	✓	✓
Q4 - The community clinic was a valuable experience to me.	-	-	-	-	-	-	-	-	-
Q5 - This course broadened my perspective.	-	-	-	-	-	-	-	-	-



IMMERSION /SCI I

OVERALL, I WAS SATISFIED WITH THIS COURSE/UNIT



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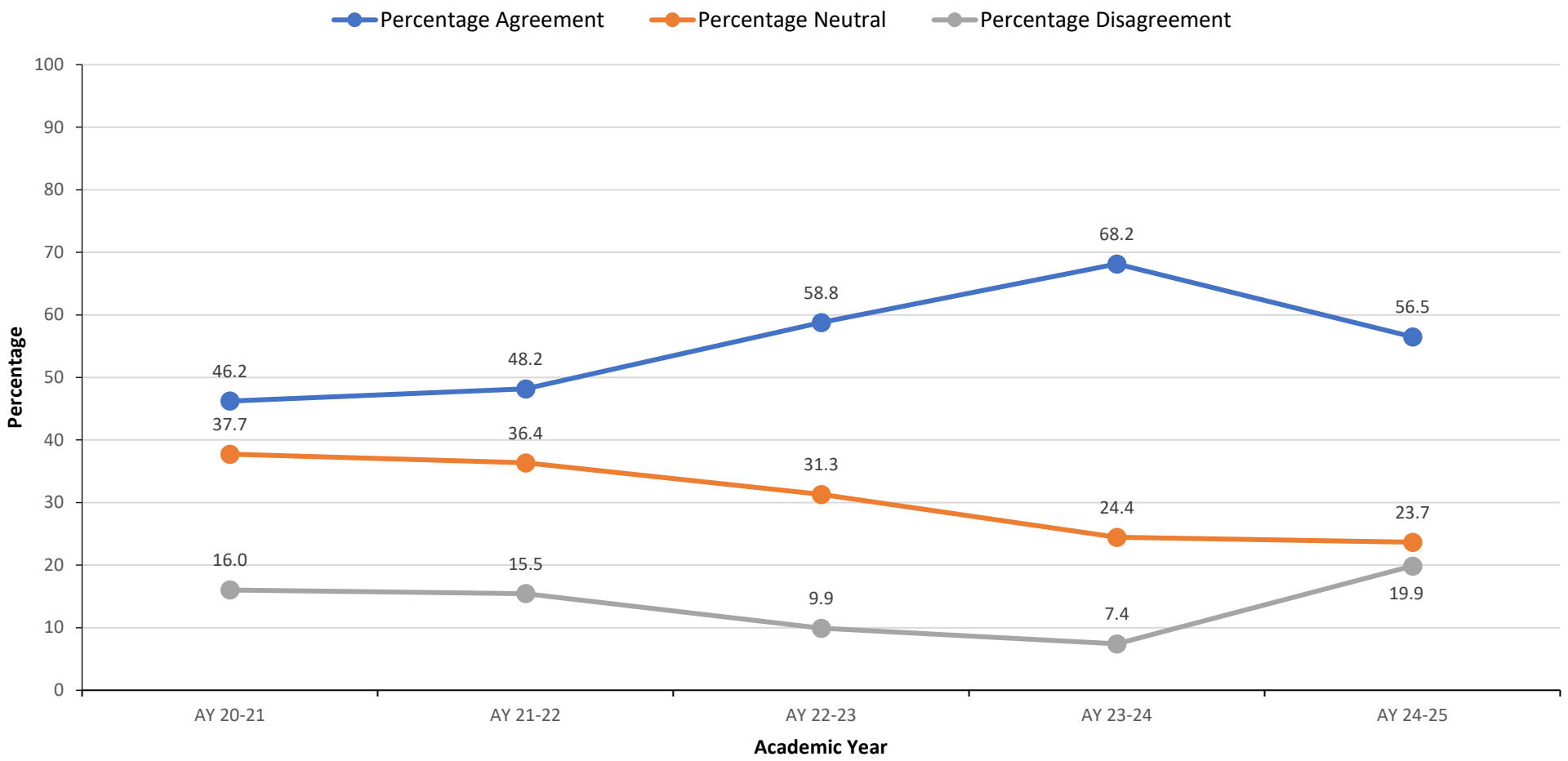
Society Community and the Individual I - SCI

I understand how the course content is applicable to the practice of medicine



SCI from the ISA

My Immersion experience will contribute to my success as a future 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	110	81%	19	17%	34	31%	57	52%
M2	109	86%	7	6%	38	35%	64	59%
M3	88	86%	9	10%	43	49%	36	41%
M4	83	75%	4	5%	47	57%	32	39%
Total	390	82%	39	10%	162	42%	189	48%

NOTE: The MS4/Class of 2025 was the first cohort after COVID; this was our first year with the dental school; the Elentra system was brand new and the MSB2 Building was also new and there were several logistical issues

Trend overall is up

SCI from the ISA

Attending a medical school on the US-Mexico border benefits my medical education.								
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	110	81%	6	5%	1	1%	103	94%
M2	110	87%	3	3%	2	2%	105	95%
M3	90	88%	4	4%	3	3%	83	92%
M4	84	76%	1	1%	8	10%	75	89%
Total	394	83%	14	4%	14	4%	366	93%

NOTE: The MS4/Class of 2025 was the first cohort after COVID; this was our first year with the dental school; the Elentra system was brand new and the MSB2 Building was also new and there were several logistical issues

Trend is up

SCI from the ISA

The number of total responses and response rates for this item were 64 M1s (47%), 67 M2s (53%), 67 M3s (66%), 39 M4s (35%), and 237 total (50%).

Of the respondents 11 M1s (17%), 14 M2s (21%), 17 M3s (25%), 15 M4s (38%), nd 57 total (24%) outright stated negative sentiments about the current content, format, or timeline of immersion.

Trend is up

NOTE: The MS4/Class of 2025 was the first cohort after COVID; this was our first year with the dental school; the Elentra system was brand new and the MSB2 Building was also new and there were several logistical issues

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SCI from the ISA

The common student response themes of immersion components that enhanced or lessened their transition to medical school are shown in the tables below.

Common Student Response Themes of Helpful or Suggested Immersion Experiences

Response Theme	Medical School Class									
	M1		M2		M3		M4		Total	
	N	%	N	%	N	%	N	%	N	%
Helpful Experiences										
Direct City & Community Interaction	33	52%	22	33%	17	25%	16	41%	88	37%
Spanish Class & Field Trip	8	13%	14	21%	12	18%	14	36%	48	20%
Volunteering or Community Organization Interaction	14	22%	12	18%	13	19%	5	13%	44	19%
Time for Socializing/Working with Peers	9	14%	7	10%	8	12%	2	5%	26	11%
Suggested Experiences										
More Hands-On Learning	33	52%	30	45%	21	31%	11	28%	95	40%
Medical school Information & Educational Resources	6	9%	3	4%	0	0%	3	8%	12	5%
Science/Medical Coursework	5	8%	0	0%	2	3%	4	10%	11	5%
Clinical Coursework	1	2%	2	3%	3	4%	2	5%	8	3%

The percentage calculations for the data in the table above were done using the number of the respondents in that class (or total) as the denominator.

NOTE: The MS4/Class of 2025 was the first cohort after COVID; this was our first year with the dental school; the Elentra system was brand new and the MSB2 Building was also new and there were several logistical issues

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SCI from the ISA

Common Student Response Themes of Immersion Experiences They Would Alter or Remove					
Response Theme	Medical School Class				
	M1	M2	M3	M4	Total

Note: Only MS1s and MS3s experienced the Poverty Simulation

	N	%	N	%	N	%	N	%	N	%
Time spent in immersion (per day, week, or total)	5	8%	10	15%	11	16%	9	23%	35	15%
Lecture-Based Instruction	4	6%	5	7%	9	13%	6	15%	24	10%
Poverty Simulation	3	5%	0	0%	0	0%	0	0%	3	1%

The percentage calculations for the data in the table above were done using the number of the respondents in that class (or total) as the denominator.

NOTE: The MS4/Class of 2025 was the first cohort after COVID; this was our first year with the dental school; the Elentra system was brand new and the MSB2 Building was also new and there were several logistical issues

VI. Specific challenges – with responses

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SCI CQI LOOK BACK REVIEW			
THEME	**EXAMPLE - Problem mentioned**	**Solution**	**Status Notes**
1. LEARNING ABOUT SES (POV SIM)	The students scored the poverty simulation low.	• Drop simulation for this year. Spend more time in the community. • Students make a fact sheet for each community they visit. These fact sheets are based on key informant interviews and surveys in the community. Student teams will convene in a jigsaw format to exchange information.	Planning extra ½ day in Community –transit study; CHW and Spanish Instructor Guides added Replacing personal success Logic Model with Individual and Team Fact Sheet Assignment
2. CLARIFY EXPECTATIONS/ ASSIGNMENTS	Share the expectations and context of immersion in the first week, not the final week. Prime the lecture/presentation with an expectation of outcomes for the day and to redistribute the delivery of some information, such as the science behind the community-based project. Improvement of the instructions, and deliver both orally and written as before.	Do course introduction and assignment introduction for all Formative and Summative Assignments in SCI and Spanish. Work on improvement of the instructions, and deliver both orally and written as before.	Day 2 AM have added a NEW 2 part Session to be led by SCI Team and Spanish Team
3. STREAMLINE ASSIGNMETS	Shorter assignments.	Drop cultural competence assignment and integrate into community assessment assignment or fall assignment. Shorten community assessment report. If poverty sim is gone, this drops a reflection. Drop poster reflection assignment to include an IPP reflection.	Assignments for SCI paired back to both simplify number and quantity
4. EXPAND INDEPENDENT TEAMWORK	More team-work time.	Assure adequate Assignment time in teams and time for building team connections	Diminishing Assignments and Keeping Team Time
5. EXPAND TIME IN THE COMMUNITY AND SERVICE	Immersion to be more hands on with the community, with more site visits and out of class time to apply what we have learned more community service activities can be added to immersion.	• More service work in the community. • Hold Sessions in Community	Adding ½ Day Service on Community Assessment Day Adding OPTIONAL Service on Week 1 and 2 on Friday PMs Hold the Cultural Competence and Border Health Session in Community venues

MORE PROBLEMS AND SOLUTIONS

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CONT. SCI CQI LOOK BACK REVIEW

THEME	EXAMPLE - Problem mentioned	Solution	Status Notes
6. EXPAND SELF-DIRECTED INQUIRY	Not just asking pre-determined questions as in the key informant interviews	Open Key Informant and Community Assessment Assignment process to open inquiry options and minimize restrictions.	Exploring ways to create more "open' time in the Community Assessment process
7. IMPROVE LEARNING EVENTS	Lectures and Panels to be a max of 1 hour.	We will try to make some sessions shorter.	Creating shorter Discipline –specific Panels (Medical –Dental)
8. CREATE OPPORTUNITITIES FOR COMMUNITY BUILDING	More free time to socialize	We will increase lunch time, and we will call it "Lunch and Socializing"	Building in more Networking Time, ideally hosted Lunch Adding OPTIONAL Activities including Service on Week 1 and 2 on Friday PMs
9. INCREASE SPANISH	Allow more time for Spanish. Spanish was very rushed.	Working to review schedule with Dr. Garcia.	Proposed Hours protected; class size smaller
10. ALLOW MORE FREE TIME	Shorter days, shorter weeks, more breaks throughout the day, more free time.	We are adding a few shorter days.	In process - Looking to add some ½ days off
11. PROMOTE STUDENT WELLNESS	I don't believe Kahoot is a suitable way to teach us wellness. Doing real activities to demonstrate coping techniques for wellness is more practical and applicable.	We will work to create new wellness activities to enhance to replace current activities	Options in Review with our Immersion Working Group; exploring ACTIVE wellness options in addition to a Wellness framework -same hours 4-5

Working with other Campus partners for solutions…

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CONT. SCI CQI LOOK BACK REVIEW			
THEME	**EXAMPLE - Problem mentioned**	**Solution**	**Status Notes**
12. BUILD IPE TRUST	Tension observed between Dental and Medical Students	Create opportunities for TRUST building and dialogue Create spaces when students are apart	New Separate Panels on Community Health for Medical vs Dental
13. COORDINATE WITH STUDENT AFFAIRS	1 week of orientation and 3 weeks of immersion is a bit too long. Combining the two into a total of 3 weeks.	We will collaborate with the student affairs office.	In process- outcomes TBD
14. SUPPORT TRANSITION TO UNITS/ACADEMIC YEAR	More focus on material/schedule for the following unit after immersion would have been helpful.	Will work with Faculty to update Course Introductions to prep for upcoming Unit.	Will inform Faculty when we invite them

IMMERSION Quality Improvement Plan:

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SCI IMMERSION CHANGES

DROPPING

SESSIONS

1. Poverty Sim
2. CBPR & Qualitative Research Session
3. ASSIGNMENTS:
4. Personal Success Logic Model
5. Ind Comm Assessment Poster Reflection
6. No Community Assessment Paper

MODIFYING

7. Wellness Sessions – to be more active; to kick-off day, some to be OPTIONAL
8. Shorter Course Introductions

MOVING

8. Cultural Competence Session and Border Health Panel moving to Community Sites
9. World's Apart to Week 1 to co-locate with Cultural Competence Session

SCI IMMERSION UPDATES CONTINUED

NEW

Community Health Worker and Spanish Instructor Community Guides supporting:

1. ½ Day in Assigned Community – (On the street interviews with Spanish Instructors & Navigation Scavenger Hunt with CHWs) - (Wk 1)
2. Community Visits Follow –up Debrief Jigsaw (Wk 2 Mon) - Hear @ all Communities in small groups
3. Community Assessment and Service Day (Wk 2)
4. More Service In Community: ½ Day in a Service a Site near in/assigned Community – in 6 groups AM and PM (Wk 2) (with CHWs
5. Community Assessment Debrief & Team Time – newly now w/ CHWs (Wk 2)

Other NEW

1. Optional Service (and other Activities off campus such as hikes, etc.- TBC) on Friday PMs in Wk 1 and 2
2. Team Building / IPE Improvements/IPE Icebreaker/s, Wk 1, more TBC
3. Foster and Hunt School-based Community Building Lunches TBC

ADMININSTRATIVE UPDATES: CREATE IMMERSION SECTION IN AN SCI I–II SLYLABUS and Work on PGO and Session Objective Mapping and Keyword Updates

SCI LEARNING FOCUS THEMES: Continue looking for ways to make linkages to Immersion in SCI I-IV including CHE visits related to patient-centered care; cultural competence of care; and health system access and quality improvements in the context of Immersion learning and the Communities visited in Immersion

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IMMERSION Themes and Objectives for Review and Update for 2025

Now: Non-Medical Drivers of Health

Themes	Learning Objectives
I. Social Determinants of Health	1. Describe and discuss Social Determinates of Health and illness as an integral component of patient-centered care. 2. Examine the importance of addressing social determinants of health in improving the health of individuals and communities.
II. Community Vs Individual Health	3. Differentiate between individual versus community health and understand the roles of physicians and dentists to enhance both. 4. Conduct a community assessment and use existing data to inform a community-based intervention.
III. Cross-Cultural Healthcare	5. Understand how culture-based discrimination, stereotyping, and mistrust affect patient-provider communication and reflect negatively on health outcomes. 6. Apply cultural competency knowledge to enhance essential skills needed to effectively provide culturally appropriate care to the culturally diverse population.
IV. Clinician Professionalism & Well-Being	7. Develop an oath that describes the ways that you will demonstrate professionalism during your career. 8. Apply the principles of culturally competent communications and patient-centered care during clinical interviewing.
V. Conversational Spanish	9. Develop culturally appropriate conversational skills according to the students' level of competency in the Spanish language.
VI. Experiential Service Learning	10. Provide service in the Paso del Norte Region 11. Reflect on how service and experiential learning contribute to student learning about the patients and communities they serve 12. Examine the role of other sectors and members of the health and human service team contribute to promoting health and well-being

NEW EMPHASIS

Continue to refine themes and ensure linkages in Course and Session Objectives and to SCI I-IV and Foster PGOs and the Medical Curriculum overall

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Thank You – Gracias
Questions? Comments?

Luz Maria Luna, MD, MPH

Cell Phone: (915) 760-9846 E-mail: luz.luna@ttuhsc.edu

Employment

TTUHSC Family and Community Medicine Residency Program – El Paso, TX

Assistant Clerkship Director	December 2024- Present
Assistant Professor	September 2024- Present

Education

Family Medicine Residency, Integrative Medicine Track Texas Tech University Health Sciences Center (TTUHSC) Family and Community Medicine Residency Program - El Paso, TX	July 2021- June 2024
Doctor of Medicine Texas Tech University Health Sciences Center Paul L. Foster School of Medicine – El Paso, TX	June 2016- May 2021
Master of Public Health	August 2012- May 2016
Bachelor of Biological Sciences The University of Texas at El Paso – El Paso, TX	August 2008- May 2012

Teaching and Mentoring Activities

TTUHSC Paul L. Foster School of Medicine

- Precepting medical students in the Family Medicine clinic — July 2022- Present
- Teaching in medical skills course — August 2022-Present
- Mentoring medical students in their independent learning projects — June 2023- June 2024
- Facilitating NSTEMI session for MS4 Bootcamp — March 2023

Leadership Positions

TTUHSC Family and Community Medicine Residency Program – El Paso, TX

Chief Resident	May 2023- May 2024
Medical Spanish Committee Member	July 2022- June 2024
Recruitment Committee Member	October 2021- June 2024

Research Experience

Principal Investigator — July 2020-April 2021
Title: “Assessing mental health awareness and knowledge of resources among community members after participating in a virtual educational presentation about mental health wellness and stress management during the COVID-19 pandemic.”
Texas Tech University Health Sciences Center El Paso, Department of Medical Education
Mentor: Melanie Longhurst, Ph.D., M.Ed.
Presented at the TTUHSC Paul L. Foster School of Medicine Scholarly Activity and Research Program Virtual Symposium

Principal Investigator — May 2014-May 2016
Title: “Attitudes and barriers to intimate partner violence screening and follow-up during prenatal care as reported by survivors in the El Paso, Texas region”
The University of Texas at El Paso, College of Health Sciences
Mentor: Thenral Mangadu, MD, MPH, Ph. D
Presented at The University of Texas at El Paso College of Health Sciences Thesis Defense,