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

CEPC MEETING AGENDA
5:00 PM - 6:30 PM
6/9/2025

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; Namrata Singh, MD

STUDENT REPRESENATIVES:

MS1 (Voting-pending); MS1 (Ex Officio-pending); Sami Daye MS2 (Voting); MS2 Neha Bhupathiraju (Ex Officio); Kristina Ingles MS3 (Voting); Samuel Aldous MS3 (Ex Officio); Katherine Asmis MS4 (Voting); Joshua Salisbury MS4 (Ex Officio)

INVITED/GUESTS:

Thwe Htay, Priya Harindranathan

REVIEW AND APPROVAL OF MINUTES

Minutes Attached

ANNOUNCEMENTS – New Assistant Dean for Clerkship

Presenter(s): Dr. Francis

ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I Pre-Clerkship Syllabi Updates AY 2025-26

Presenter(s): Dr. Hogg

ITEM II Even Cards Updates

Presenter(s): Dr. Chacon and Kristina Ingles

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ITEM III Pre-Clerkship Phase Review – Summary Report

Presenter(s): Dr. Francis

Adjourned

TEXAS TECH UNIVERSITY
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CEPC Monthly Meeting Minutes
5:00 PM - 6:30 PM
6/9/2025

MEMBERS IN ATTENDANCE:

Maureen Francis, Biff Palmer, Patricia Ortiz, Jessica Chacon, Khanjani Narges, Munmun Chattopadhyay, Marwaha Komal, Tanis Hogg, Lisa Beinhoff, Jose Lopez, Martin Charmaine, Namrata Singh, Sami Daye, Neha Bhupathiraju, Kristina Ingles, Samuel Aldous

MEMBERS NOT IN ATTENDANCE:

Fatima Gutierrez, Natalia Sidhu, Alexandria Melendez-Zaidi, Katherine Asmis, Joshua Salisbury

PRESENTERS/GUESTS IN ATTENDANCE:

Thwe Htay; Priya Harindranathan; Lee Rosenthal; Nathan Holland

INVITED/GUESTS NOT IN ATTENDANCE:

REVIEW AND APPROVAL OF MINUTES

Dr. Francis	Having met quorum, the meeting minutes from the May 12, 2025 meeting were voted on and approved as presented. Dr. Marwaha moves the motion. Sami Daye seconds the motion. No objections: Motion was approved.

ANNOUNCEMENTS – New Assistant Dean for Clerkship

Dr. Francis	Dr. Sing has been appointed as the new Assistant Dean for Clerkship

ITEMS FROM STUDENT REPRESENTATIVES

MS1/MS2/MS3/MS4

An MS2 student inquired about the mechanism for reviewing student feedback, particularly whether comments about a specific professor are seen only by that professor or by others as well. Dr. Francis clarified by asking whether the question referred to faculty or course evaluations. The student confirmed it was about faculty evaluations. It was explained that both the individual faculty member and their department chair have access to these evaluations via a dashboard. While chairs are not notified immediately when new feedback is submitted, they typically review evaluations on a semester basis. Urgent or high-alert comments can be brought to the chair's attention more promptly if necessary. Dr. Chacon encouraged students to report any mistreatment or serious concerns directly to the course director to ensure timely support and intervention. It was decided that the evaluation subcommittee will explore further options for flagging student comments that require immediate attention.

MS3 students asked about the process for scheduling preceptors. For example, one student was scheduled for a hospice rotation two weeks in a row. Dr. Francis assured the group that this issue has been addressed to prevent it from happening again.
Students also reported difficulties accessing Microsoft office applications. When they contacted IT, they were informed that their licenses had expired. Mr. Lopez explained that this issue is related to the ongoing Microsoft migration. He suggested that students sign up for an account using a personal email address, which would grant access to a free trial until the transition is complete. Mr. Lopez will re-send the instructions to students regarding the transition.

MS4: No issues reported.

ITEM I Pre-Clerkship Phase Review – Summary Report

Presenter(s): Dr. Francis

*Please see attached report

Dr. Francis led a comprehensive summary of the recently concluded Pre-Clerkship Phase Review. The review involved detailed presentations by course directors, who addressed their instructional methods, integration strategies, assessment formats, student evaluations, course-specific challenges, and continuous quality

improvement (CQI) plans. Reviewers aimed to evaluate course syllabi, program goal mappings, assessment methods, and outcome data, with a focus on how each course supports student progression into the clerkship phase.

The Colloquium I&II, III & IV courses focus on ethics and professionalism, supporting students' preparation for the clerkship phase. Student satisfaction is high, particularly with student-led presentations and the inclusion of social and behavioral topics. While the course is delivered as intended, there are challenges due to unfilled mentor vacancies, which are a top priority.
CQI efforts include reducing unintended redundancy with the SCI course, improving horizontal integration, enhancing self-directed learning (SDL), and providing more formative and narrative feedback. Course directors agree on the need to clarify grading rubrics and to avoid scheduling conflicts with exams.
Dr. Singh noted that course directors will begin meeting monthly to promote consistency, prevent exam overlaps, and coordinate course deadlines. Sami Daye added that there was also discussion about dissatisfaction with essay length and workload.

The Medical Skills I, II, III & IV courses are well-integrated with foundational sciences and include readiness quizzes, standardized patient (SP) cases, and clinical presentations. Activities such as dialysis visits and ACLS training enhance clinical preparedness. Course directors plan to expand ultrasound integration, continue the fluoride workshop, and address communication skills that were identified as an area of weakness on the Step 1 breakdown by adding related readiness quizzes.
The review team noted exceptionally high student satisfaction. However, concerns remain about perceived limitations on physical exam practice with standardized patient and feedback, lower performance in communication skills, and the need for better coordination among faculty, SPs, and staff. Students expressed a desire for more feedback on physical exam and note-writing practice to better prepare for Year 3. Rare but concerning reports of unprofessional faculty conduct were also noted and must be addressed.

Scientific Principles of Medicine I, II, III & IV effectively integrates foundational and clinical sciences by incorporating clinical applications through weekly formative assessments and case-based examples. The Tank Side Grand Rounds sessions, in particular, support self-directed learning.
CQI initiatives in the course include cumulative testing, narrative feedback, and a restructured WCE to promote engagement. New interactive method, such as the jigsaw approach for anatomy has also been identified as part of continuous improvement initiatives.
The review team highlighted the strong Step 1 pass rates. However, student satisfaction with workload, instructional methods, and basic science preparation for clerkships remains low, as reflected in the 2024 GQ results. An increased remediation rate and delayed clerkship progression for some students were also noted. The review team pointed out a disconnect between internal evaluations and national survey data on the learning environment. Dr. Francis commented that this issue had already been discussed in conducted focus groups.

Society, Community and the Individual I, II, III & IV covers critical social medicine topics and includes community health experiences (CHEs). The review team found that the goals and objectives are valuable, poor course satisfaction stems from issues with organization, instructional methods, and over-reliance on group work (30% of grading). Students expressed dissatisfaction with the organization and implementation of SCI, though not with the material itself. Students seek fewer but more meaningful CHEs, improved scheduling, and better preparation. The syllabus is difficult to navigate, and students desire more conversational Spanish. Timing of exams overlapped with other responsibilities, and certain assignments were perceived as busywork. Re-examination of biostatistics content relevance is recommended. Grading fairness was a concern, particularly due to 30% being based on group work without individual accountability. While Spanish instruction was well-received, students requested more situational Spanish content.

Students participate in 14 CHEs across semesters, with varied quality and mixed feedback. Clinical integration is present but marred by inconsistent objectives, poor communication, and logistical challenges. Better site preparation, timing (especially avoiding CEYE study time), and reducing negative behaviors in the

learning environment are necessary improvements.

The SCI Immersion introduces students to public and community health topics through community-based projects and structured SDL activities. Despite professionalism being rated highly, student satisfaction is low due to unclear structure, weak organization, and poor feedback quality. Recommendations include revising the syllabus to clearly delineate Immersion components, improving objectives, increasing hands-on learning, and reducing lecture time.

Pre-Clerkship Phase and Phase Outcomes
Dr. Francis stated that changes are urgently needed in SCI and SPM. Review teams flagged major issues in SPM, including heavy workload, dissatisfaction with flipped classrooms, low satisfaction with assessment methods, and significant failure rates in key units like IMN. Vertical integration and realignment of content to match MD-level expectations are needed. Student agreement percentages on course quality vary significantly by unit.

The immersion program requires a significant overhaul, shifting focus from traditional classroom lectures to increased community engagement. A taskforce has already been established and submitted recommendations, with a new calendar pending presentation. Current grading practices, particularly the 30% weight on group activities, need review, and instructional methods should be reassessed. Concerns raised during CHE visits must be addressed, including those related to organizational structure, exam scheduling, and unnecessary "busy work."

Dr. Francis proposed several *next steps as an action plan*. These included recruiting and appointing new college mentors, implementing immediate curricular changes based on the review's findings, and continuing efforts to identify at-risk students early. She also announced plans for a faculty retreat in July focused on aligning instructional methods with course complexity and student learning needs, and vertical integration.

Discussion was held about the overlap between Colloquium and SCI. Dr. Francis

emphasized the need to review and consider revising every session within SCI, particularly in the Immersion phase, where some topics were delivered more than once.

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

ITEM II Pre-Clerkship Syllabi Updates AY2025-26 - SCI Course

Presenter(s): Dr. Khanjani

*Please see attached report

The Immersion component of SCI has undergone revisions aimed at increasing student engagement with the community and reducing passive classroom time. Notably, a new half-day community engagement activity will kick off Week 1 of the course to initiate students' Community Assessment Projects.
Classroom wellness hours have been reduced, and at least half of the remaining hours will now consist of active practice, designed in collaboration with Student Services. Optional service-learning opportunities will be available on Friday afternoons and Saturday mornings.
While the cultural humility assignment was dropped, the corresponding interactive session remains and will now be held off-campus at the Tigua Nation Health Center. Additional trust-building exercises will be integrated in collaboration with the IPE office to cultivate a stronger interprofessional learning environment. The Poverty Simulation exercise has been removed altogether.

Francis noted that the task force recommended holding the patient-centered interviewing workshop separately for medical students, instead of holding combined sessions with dental students. Dr. Francis explained that the CEPC is the final decision-making body for all medical curriculum changes and called for a vote on whether to separate the medical and dental interviewing sessions. After discussion, a motion to separate the groups was made by Kristina Ingles and seconded by Dr. Chacon. However, the members requested an anonymous vote, which was conducted electronically. Members voted asynchronously and electronically in favor of separating the medical and dental sessions.

In Semester I, assignment structures and grading components have been revised. Under the new structure, more targeted assignments such as a team-based community assessment project and an individual reflection worksheet have been introduced. A new Health System Sciences Observation Survey will combine insights from both community health experiences and classroom learning. The date of the semester I final would shift to the week after Thanksgiving. This change was in response to student feedback requesting better exam spacing. The date for the semester II final would also occur earlier, in mid-April.

Curriculum adjustments for semester III include deleting sessions and redistributing. For example, non-parametric statistics will be removed from biostatistics and students will instead use that session for students to work on problem sets. Student performance will be monitored closely. The SCI III biostatistics final will now include content from nine sessions and will be administered before Thanksgiving.

Semester IV has also been revised with the removal of two sessions, “Water Reuse” and “LGBTQ Health,” which will be replaced by sessions on the social determinants of alcohol and drug abuse, and on complementary and alternative medicine.
Changes to the grading include a new cap for remediated assignments. Students who redo a problem set after an initial failure can now earn a maximum grade of 90%, rather than 100%.

Community Health Experience (CHE) visits and service-learning activities will be strengthened with the addition of an orientation session early in the fall semester. This session will include training from UMC pharmacies and medical staff to improve the quality of site visits and to help address a shortage of pharmacy placement opportunities. In case of issues with preceptor visits, students will be required to notify the course director and co-director by email within five days of the event. A guidebook outlining expectations for both students and preceptors will be distributed at the start of the academic year, and an updated flyer will be circulated to support preceptor recruitment efforts.
Finally, general improvements to the SCI syllabus include the formal addition of faculty office hours and the incorporation of the Student Mistreatment Policy to

ensure a supportive and professional learning environment.

Members voted asynchronously and electronically in favor of proposed changes in *Immersion.* The full syllabus for SCI will be presented at the next meeting.

Adjourned at 6:37pm

Due to time constraints, other agenda items were deferred to the July meeting.

Pre-Clerkship Phase Review Summary and Action Plan

Maureen Francis, MD, MS-HPEd, MACP

June 9, 2025

Pre-Clerkship Phase Review Scope

- Data from last full academic year - AY 2023-2024
- Courses subject to review:
  - Year 1
    - SCI I & II
      - Immersion
    - SPM I & II
    - MSK I & II
    - Colloquium I & II
  - Year 2
    - SCI III & IV
    - SPM III & IV
    - MSK III & IV
    - Colloquium III & IV
  - Note: SARP and Spanish were reviewed with the curriculum as a whole

Review of the Process

- Course Directors
  - Instructional methods
  - Integration
  - Self-directed learning
  - Portfolio of assessment
  - Course evaluation summary
  - Specific challenges
  - CQI plan

- Review Team
  - Syllabi
  - Course PGO and keyword map
  - Program of assessment and alignment with PGOs
  - Annual report data
  - Course evaluations
  - Learning environment
  - Outcome data including progression to clerkship phase
  - *Conclusions regarding progression to clerkship phase*

Colloquium I & II, III & IV

Course Directors

- Focuses on ethics and professionalism, including professional identity formation
- High satisfaction
- Course is delivered as planned but need college mentor vacancies filled
- CQI
  - Consistency across colleges
  - Work on horizontal integration and eliminate unplanned redundancy with SCI
  - Enhance SDL, formative feedback and narrative assessment

Review Team

- Colloquium prepares students for the clerkship phase (focused on ethics/professionalism)
- High quality student-led presentations in Colloquium III on key topics
- Good range of social and behavioral topics equips students to improve their communication with patients
- Priority – mentor recruitment
- Agreement with CQI efforts noted by course directors
- Clarify grading rubrics and student instructions for presentations in syllabus
- Avoid colloquium/essay deadlines during exam weeks

Medical Skills I, II, III & IV

Course Directors

- Medical skills activities
  - Readiness quiz
  - Standardized patient case
  - Skill – related to the clinical presentations
- Integrated each week with foundational sciences presented in SPM
- Regular formative feedback from SP checklist and SPERSSA sessions
- Dialysis visit in Renal and Hospital H&P in second year
- ACLS prior to clerkship
- CQI
  - Inclusion of SonoAnatomy
  - New fluoride workshop during Mind and Human Development (prep for Pediatric clerkship)
  - Communication skills – add to readiness quizzes
  - More physical exam practice

Review Team

- High satisfaction overall with the course – rated as exceptional
- Noted trend for lower communication skills on Step 1 – needs to be addressed
- Stress coherence between written prep material, faculty, staff, SPs and quizzes
- Address comments during feedback on skills that seemed rude to students. These were rare but not zero
- Students want more feedback on their physical exam and notes to prepare for year 3/maybe more time for their notes
- Students are overall prepared for clerkship phase

Scientific Principles of Medicine I,II,III, and IV

Course Directors

- Highlight – intentional integrational integration of foundational sciences and clinical applications
- WCE for application
- Weekly formatives
- Tankside Grand rounds in SPM IV
- CQI
  - WCE facilitator guide
  - WCE re-formatted to encourage more meaningful interaction and discussion
  - Cumulative testing
  - Narrative feedback
  - New interactive jigsaw method for anatomy
  - Tuesday Afternoon Club

Review Team

- Strengths
  - Goals and objectives, feedback system, mapping
  - Strong Step 1 pass rate
- Areas of concern (based on trends)
  - Satisfaction with course activities and overall quality of course
  - Course workload for MS1
  - Low ratings in basic science disciplines in preparation for clerkships across the board on 2024 GQ
  - % Students required to remediate the CEYE increasing and above the comparative annual remediation rate over the last 3 to 5 years.
  - Higher than desired rate of academic difficulty and delayed entry into next phase
    - # repeating year
    - Delayed entry into clerkship due to preparation for Step 1 or failure of step 1
  - Learning Environment
    - Noted disconnect between internal survey data for learning environment and national survey data (Y2Q & GQ) for learning environment

Society, Community and the Individual I to IV

Course Directors

- SCI I – social foundations of medicine and health system sciences. Clinical integration:
  - **Modifying Patient Behavior**
  - **Adherence to Treatment Plans**
  - **Patient Referrals**
  - **Motivational Interviewing**
  - **Providing Culturally-Competent Care**
  - **The Role of Primary Care Providers**
  - **Crossing the Quality Chasm**
- SCI II – TeamSTEPPS, research methodologies, apprise research methods and look for biases in results
- SCI III – biostatistics, clinical decision making, critical appraisal of the literature, clinical applications
- SCI IV – telemedicine, interpersonal violence screening, occupational medicine, prevention and prevention services for varied populations, EBM

Review Team

- Goals and objectives are valuable
- Syllabus is not user friendly – break it down
- Poor overall satisfaction with sharp drop in 2024 GQ
- Students are dissatisfied chiefly in terms of the way SCI is organized and implemented.
  - Not satisfied with the instructional methods
  - Re-examine the scope of the biostats/epi – keep it relevant
- Timing of exams coincides with other exams
- Busy work in assignments
- Better organization, especially in CHE visits
  - Want fewer but more meaningful CHE visits
- Concerns with grading – 30% comes from group work
- Spanish – want more conversational Spanish

SCI Community Health Experiences

Course Directors

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).

Review Team

- Variable quality of the experiences
- Objectives should be clear for both student and health care providers
- Better prep at sites
- Lack of communication regarding CHE visits
- Relook at the balance and timing of activities
  - Cannot, schedule during CEYE study time
- Negative behaviors noted in the learning environment
  - Passive aggressive language by faculty

SCI Immersion

Course Directors

The Immersion course within SCI I :

- Public and community health topics
  - health disparities,
  - epidemiology
  - cultural competence
- Instructional methods support integration with clinical sciences
  - community-based projects
  - team-based assignments
  - patient-centered interviews.
- Self-directed learning is effectively incorporated through structured activities
  - Community Assessment
  - Health Promotion Projects
- Spanish language classes
- Course directors saw an upward trend in satisfaction but overall quite low with M1 class at 52% agreement that the Immersion experience will contribute to my success as a future phaysican

Review Team

- 100% of students stated they experienced exemplary professionalism
- Low level of student satisfaction
  - Clarity of the immersion experience (not clearly separated in SCI syllabus)
  - Organization
  - Quality of feedback
- Recommendations
  - Improve syllabus by having a clear section for Immersion
  - Improve session level objectives
  - Create more impactful, hands-on learning activities (decrease time in classroom) to enhance student preparation for clerkships (decrease lectures)
  - Incorporate more timely and specific formative feedback

Horizontal and Vertical Integration

- Horizontal integration
  - Discussed with planning meetings at Year 1-2 Committee meetings
  - Needs attention to redundancy between SCII and Colloquium
- Vertical integration
  - Attention to satisfaction with preparation in the basic sciences to begin clerkship

Pre-clerkship Phase Review

- Review teams identified major issues that need to be addressed largely in SCI and SPM to improve the student experience
- While outcomes are good on Step 1 and students do well when they reach clerkship, the goal is to reduce the number of students repeating and delaying entry into next phase

Phase outcomes

- SPM Basic science satisfaction
  - Instructional methods
    - Workload perceived as high in year 1
    - Flipped classrooms point of dissatisfaction – often not enough time to prepare
  - Assessment methods
    - High number of students (over 40) did not reach passing score on IMN
    - Low satisfaction with methods used to assess performance
      - 49% agreement in IMN; 63% in GIS;77% in IHD
      - 62% agreement in Hem, 61% CVR, 77% RNL
  - Vertical integration needed to adjust material to what an MD student needs to know for application in clerkships

Phase Outcomes

- Society, Community and the Individual
  - Immersion
    - Major shift needed in Immersion
    - Less classroom lectures/more community involvement
    - Taskforce formed and recommendations made
    - New calendar to be presented
  - Grading
    - 30 % from group activities – needs to be addressed
    - Instructional methods need to be re-evaluated
  - CHE visits
    - Need attention to address concerns raised by reviewers
  - Other issues raised by review teams need to be addressed including organization, timing of exams, and “busy work”

Action Plan

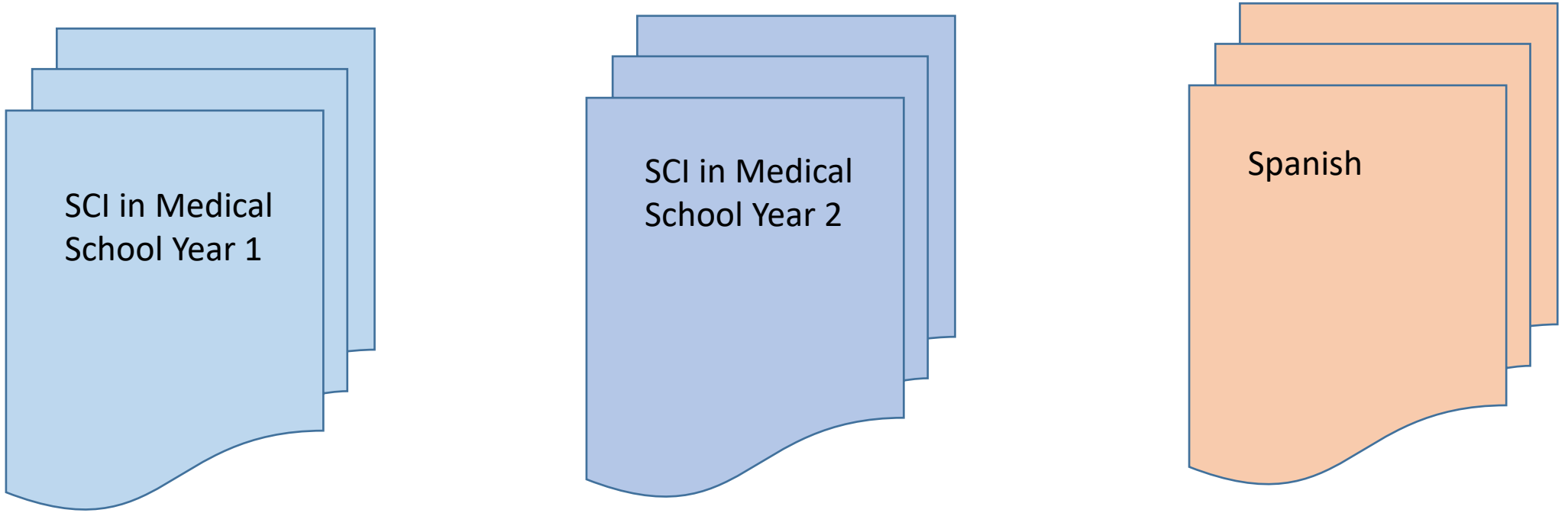
- Build mentor pool to full capacity
- Make changes based on pre-clerkship reviews across courses
- Remediation rates and delayed progression
  - Early identification
  - Early support
  - Provide resources
- Retreat to address
  - Instructional methods best aligned with type of material being taught
  - Workload, particularly in year 1
  - Matching the material taught and assessed with what a medical student needs to know
    - Including a Taskforce for IMN
  - Optimizing instruction for Gen Z learners

SCI Proposed Syllabus Changes for Fall & Spring 25-26

Presented at Dept Meeting June 2, 2025

From now on, SCI's Syllabus will be in three separate files, which are

- MS Year 1: SCI I (Immersion and Fall) and SCI II
- MS Year 2: SCI III & IV
- Spanish: SCI I-IV



Changes in Immersion

- We are giving students more free time and more time out in the community.
- We added a new half day out in the community in week 1 to kick off their Community Assessment Project.
- We diminished the number of wellness in-class hours, and we have made at least half of the wellness hours active practices. We are coordinating with Student Services on some of these activities.
- We added optional service activities on Friday afternoons and Saturday mornings.
- We dropped an assignment related to cultural humility, but the interactive session is still there. This session will be held at the Tigua Nation Health Center (off-campus).
- We moved our Border Health Panel to the Chamizal Auditorium (off-campus).
- We added an independent Medical and Dental Panel on understanding community health.
- We will be working on trust-building activities to build a strong IPE learning environment in coordination with the IPE office.
- We deleted the Poverty Simulation.

Changes in Semester I

- The assignments and component percentages have changed.
- Previously:

❑ Immersion:

1. Immersion Activities including Community Assessment	20%	

❑ Fall

1. Patient Centered Care/Health Systems Assignment		20%
2. Comm. Health Experience - Self-Assessment of Goals & Learning		10%

- New Syllabus:

❑ Immersion:

1. Team-based Immersion Community Assessment Project	20%	
2. Individual Community and Service Reflection Worksheet	10%	

❑ Fall:

1. Health System Sciences Observation Survey (Comm. Health Experience and Classroom Learning)	20%

- The exam date will come forward, to Dec 2 or 3, and we are confirming with SPM.

Changes in Semester II

- Final Exam Date will be earlier – in mid April vs. during the MS1 Final Unit Exams.

Changes in Semester III

- Non-parametric statistics will be deleted from biostatistics and 1 session will be devoted to students working together on their problem sets.
- The average of the available iRAT, tRATs will get calculated after the 5th session and students who score under 65% and the college mentor will get a warning email.
- The SCI III biostatistics final exam will include only 9 sessions and will be held before Thanksgiving (Nov 14).
- The 2 critical appraisal sessions will be assessed through the team-based problem set (end of semester 3 assignment).
- The 2 last session of SCI III including (Clinical decision making, causation, and life expectancy) will be tested in the SCI IV exam.

Changes in Semester IV

- Two sessions deleted:
  - Water Reuse
  - LGBTQ health
- These sessions will be replaced by
  - Social Determinants of Alcohol and Drug Abuse
  - Complementary and Alternative Medicine.

- The previous problem set, will be replaced by an Evidence-Based Medicine (EBM) team-based problem set, in which students read about a fictitious patient who has come to their clinic, and they have to build clinical questions, and follow the steps of EBM for answering their clinical questions related to the treatment of this patient. For each clinical decision (treatment, education, …), students have to provide a legitimate recent reference from an original or review article to support their decision. This problem set will prepare students for the real working environment in their clinical years.

- The SCI IV final exam will include the last 2 lectures remaining from SCI III.

Further Changes in Grading

- The maximum grade that students can receive after remediating a problem set is 90% (not 100% as they would have in the first attempt).

CHE visits (and service learning)

- An Orientation session will be added for CHE visit (and service learning/100 hour club) and will include training by UMC pharmacies and UMC medical staff. This session will be in the first 2 weeks of the fall semester on a Tuesday or Wednesday afternoon during the dedicated CHE MS1 times - date TBC.

- With the training, UMC pharmacies will open Pharmacy Sites helping us to address a shortfall in Pharmacy visits. Medical visits at UMC may also be available with the training in place.

- In an attempt not to lose the available time slots for the preceptor visits, a system is being considered to allow students to swap their time slots. However,
  - Students will be allowed to swap only once in each semester.
  - Both students have to inform the SCI coordinator at least 2 weeks (10 business days) before the earliest time slot.

- If something goes wrong with the preceptor visits, language will be added clarifying that the student has to inform the Course Director and Co-Director by email of the issue no more than 5 days after the event.

- A CHE Guidebook for preceptors and students will be shared at the start of the Academic Year to clarify what is expected from them in the preceptor visits.

- A flyer to help recruit more preceptors is being updated.

General Changes

- Office hours for each faculty member will be added to the Syllabus.
- Student Mistreatment Policy will be added to the Syllabus.

SCI PLFSOM

Comments – Questions

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Narges.Khanjani@ttuhsc.edu