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

**CEPC MEETING AGENDA**
**5:00 PM - 6:30 PM**
**9/2/2025**

**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, Claudia Cortez

**REVIEW AND APPROVAL OF MINUTES**

**Minutes Attached**

**ANNOUNCEMENTS**

**Presenter(s): Dr. Francis**

**ITEMS FROM STUDENT REPRESENTATIVES**

**Presenter(s): Students**

**ITEM I Event Cards Process and Attendance Policy Update**

**Presenter(s): Dr. Chacon**

**ITEM II Pre-Clerkship Preceptor Manual**

**Presenter(s): Dr. Khanjani**

**ITEM III LAG Policy (tentative)**

**Presenter(s): Dr. Francis**

**Adjourn**

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**CEPC Monthly Meeting Minutes**
**5:00 PM - 6:30 PM**
**9/2/2025**

**MEMBERS IN ATTENDANCE:**

Maureen Francis; Dale Quest; Jessica Chacon; Narges Khanjani; Munmun Chattopadhyay; Komal Marwaha; Lisa Beinhoff; Tanis Hogg; Jose Lopez; Namrata Singh; Neha Bhupathiraju; Samuel Aldous; Joshua Salisbury

**MEMBERS NOT IN ATTENDANCE:**

Fatima Gutierrez; Alexandria Melendez-Zaidi; Kristina Ingles; Katherine Asmis; Natalia Sidhu; Charmaine Martin; Patricia Ortiz; Biff Palmer

**PRESENTERS/GUESTS IN ATTENDANCE:**

Thwe Htay; Priya Harindranathan; Claudia Cortez

**INVITED/GUESTS NOT IN ATTENDANCE:**

| **REVIEW AND APPROVAL OF MINUTES** | |
|---|---|
| **Dr. Francis** | Meeting minutes from August 11th, were sent for asynchronous vote and approved. |

| **ANNOUNCEMENTS** | |
|---|---|
| **Dr. Francis** | Dr. Francis reminded members of the upcoming LCME visit on September 8–9.<br>She also expressed appreciation to those concluding their terms with the CEPC. |

| **ITEMS FROM STUDENT REPRESENTATIVES** | |
|---|---|
| **MS1/MS2/MS3/MS4** | Dr. Francis asked if students wanted a reminder about the grade appeal policy. Student representatives responded that it would be helpful.<br><br>MS2 students asked for clarification on absences and tardy policies and Dr. Francis mentioned that there will be a full discussion during the meeting to address concerns.<br><br>MS3 & MS4: No issues reported. |

**ITEM I Event Cards Process and Attendance Policy Update**

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**Presenter(s): Dr. Chacon**

*Please see attached report

Dr. Chacon presented updates to the Attendance policy. She stated the conditions and consequences for different types of absences.

- Planned absences must be reported at least two weeks in advance and approved by the assistant dean for medical education.
- Unplanned absences must be reported as soon as possible, preferably at least 24 hours before the session, and may require documentation and approval from the assistant dean for medical education.
- Excused absences will be granted if the reason meets approved criteria (illness, family emergency, legal/religious obligations, conference, etc.).
- Students with more than six total absences in a semester must meet with their college mentor to develop an individual learning plan.
- Students with 12 or more total absences in an academic year must meet with their college mentor, the associate dean for student affairs, and may be referred to the GPC.

A distinction between excused and unexcused absences was proposed.

- For the first unexcused absence, a professionalism concern card will be issued and the student will be required to meet with the associate dean for student affairs.
- If a student reaches three unexcused absences, they will meet with the associate dean for student affairs and be referred to the GPC.

A discussion was held regarding tardiness.

- A tardy is defined as arriving 1–10 minutes late.
- For time-sensitive activities (Med Skills, Anatomy, Micro Lab, TBL), a student may be marked absent at the course director's discretion.
- Six or more tardies in a semester will require a meeting with the college mentor and the creation of a written action plan to address professionalism concerns.

- Twelve or more tardies will require a meeting with the associate dean for student affairs for counseling, review and update of the action plan, and referral to the GPC.
- It was proposed that event cards for tardies be discontinued.

Sami Daye moves the motion for approval of the proposed changes to the tardy policy.
Joshua Salisbury seconds the motion.
No objections: Motion was approved.

Dr. Chacon summarized the guidelines for planned and unplanned absences:

- Planned absences must be reported at least two weeks in advance and approved by the assistant dean for medical education.
- Unplanned absences (illness, family emergency, etc.) must be reported as soon as possible; documentation may be required, and approval from the assistant dean for medical education is necessary.
- Dr. Hogg requested that a designee be allowed to approve both planned and unplanned absences, and the group agreed.
- Excused absences will be granted if the reason meets approved criteria (illness, family emergency, legal/religious obligations, conference, etc.).
- Students with more than six total absences in a semester must meet with their college mentor to develop an individual learning plan.
- Students with 12 or more total absences in an academic year will meet with their college mentor, the associate dean for student affairs, and may be referred to the GPC.

Dr. Chattopadhyay moves the motion for approval of the proposed changes regarding excused absences.
Dr. Marwaha and Dr. Quest second the motion.
No objections: Motion was approved.

A professionalism concern card will be issued and a meeting with the college mentor(s) will be required at the first unexcused absence. A second unexcused

absence will result in referral to student affairs. Upon reaching three unexcused absences, the student will be referred to the GPC. An unexcused absence from a critical summative assessment may result in referral to the GPC for a professionalism concern.

Sami Daye moves the motion for approval of the proposed changes regarding unexcused absences.
Dr. Chattopadhyay seconds the motion.
No objections: Motion was approved.

It was proposed that once finalized, the policy should take effect this semester, beginning October 1, 2025.

Dr. Chattopadhyay moves the motion for approval of this timeline.
Sami Daye seconds the motion.
No objections: Motion was approved.

**ITEM II Pre-Clerkship Preceptor Manual**

**Presenter(s): Dr. Khanjani**

*Please see attached report

Dr. Khanjani presented changes to the Pre-Clerkship Preceptor Manual. The committee discussed the section of the manual regarding responsibility for finding out what a student is learning and directing relevant patients to students. There had been differing opinions about whether this responsibility should rest solely with the preceptor or with the student. The language was revised to reflect that both preceptor and students share responsibility.

Dr. Francis requested removal of the section referencing the Faculty Confirmation Form. It was clarified that the form is a separate institutional requirement, is already tracked, and applies only to certain faculty rather than all preceptors. Including the form in the manual or appendix could cause unnecessary confusion and administrative challenges if the requirements change. The group agreed to remove

| | |
|---|---|
| | the section from the manual. A general reference to the Faculty Confirmation Form may remain, but the form itself should not be included.<br><br>Joshua Salisbury moves the motion for approval.<br>Sami Daye seconds the motion.<br>No objections: Motion was approved. |
| **ITEM III LAG Policy** | |
| **Presenter(s): Dr. Francis** | Due to time constraints, the LCME Leadership Advisory Committee Policy was sent out to members for review and asynchronous vote. Members subsequently voted in favor of the proposed policy on September 4th, 2025. |
| **Adjourned at 6:40pm** | |

# Proposal presented by event card task force

Spencer Lee

Kristina Ingles

Joshua Salisbury

Jessica Chacon, PhD

Komal Marwaha, MD, PhD

August 2025

# Need for event card task force

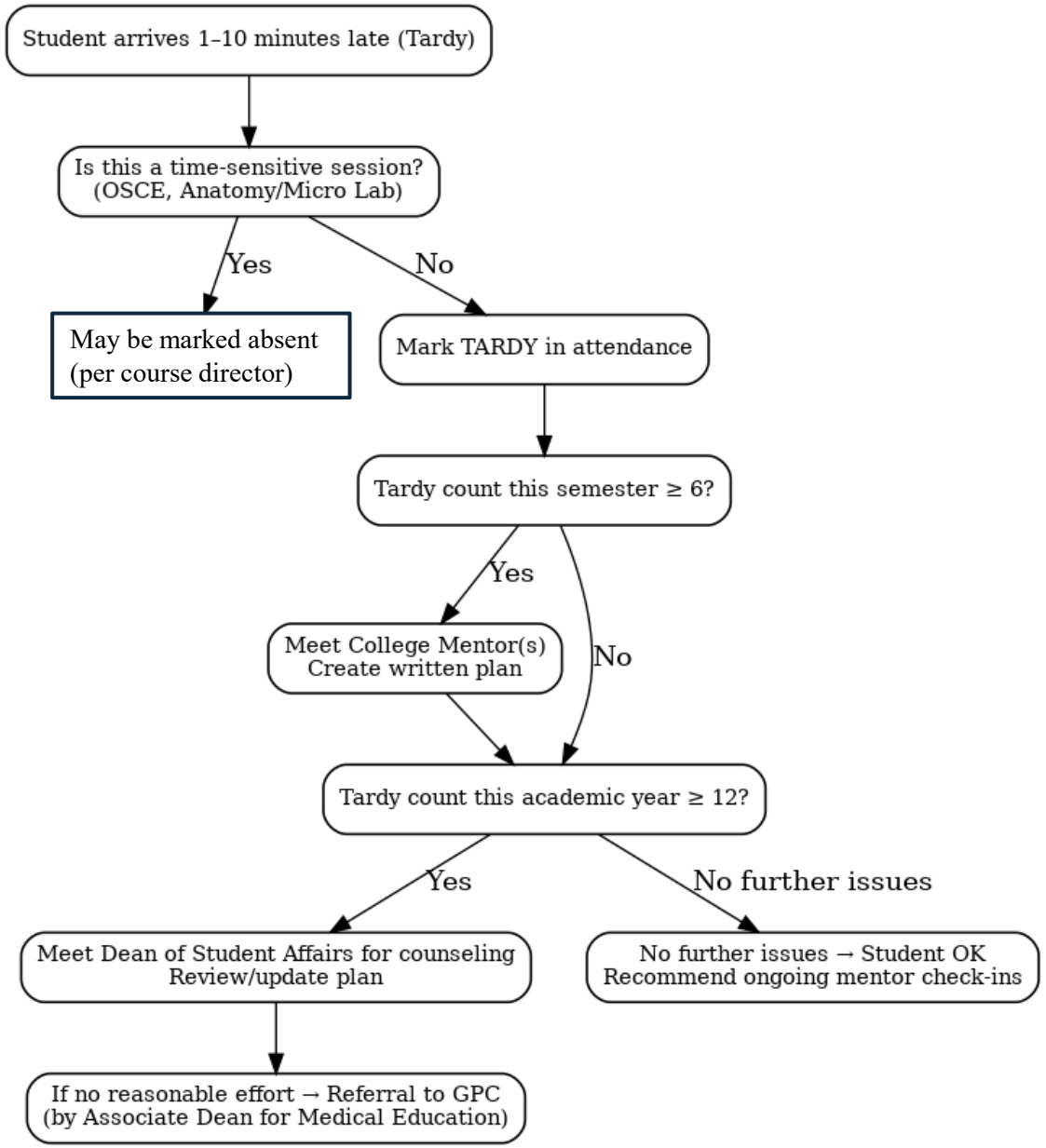
- Currently, event cards are used for both attendance and professionalism, but the system has some flaws
- No formal policies are currently in place—or readily accessible online—to define event cards or explain their purpose and process.
  - There is a lack of clear examples illustrating what behaviors warrant the issuance of an event card.
  - The system provides limited recognition or reinforcement of positive student behavior.
  - The existing attendance policy is viewed as overly rigid and may be perceived as infantilizing to adult learners.

- Our goal was to clearly define the event card system, distinguish it from attendance tracking, and develop a revised attendance policy that promotes accountability while encouraging self-directed learning before applying punitive measures.

# Event card changes

| Current system | Proposed system (Starting AY 25-26) | Notes |
|---|---|---|
| Event cards given to students for being tardy (this occurs at 1 minute past the scheduled event) | No event cards given for tardies, but tardies will be tracked. | New proposal allows students to take more ownership/ responsibility for tardies and absences. |
| Event cards given to students for unexcused absences | No event cards given for unexcused absences, but unexcused absences will be tracked. | |
| Event cards given to students for unprofessional behavior | This will stay, but provide more examples of unprofessional behavior in syllabi. | Example given on later slides. |
| Event cards can be given to students for positive behavior. | This very rarely occurs. | New wording in pre-clerkship syllabi providing examples of how students can receive an "exemplary behavior professionalism card." |
| Name: Professionalism Event card | 1) Exemplary Professionalism Recognition Cards<br>2) Professionalism Concern Cards | |

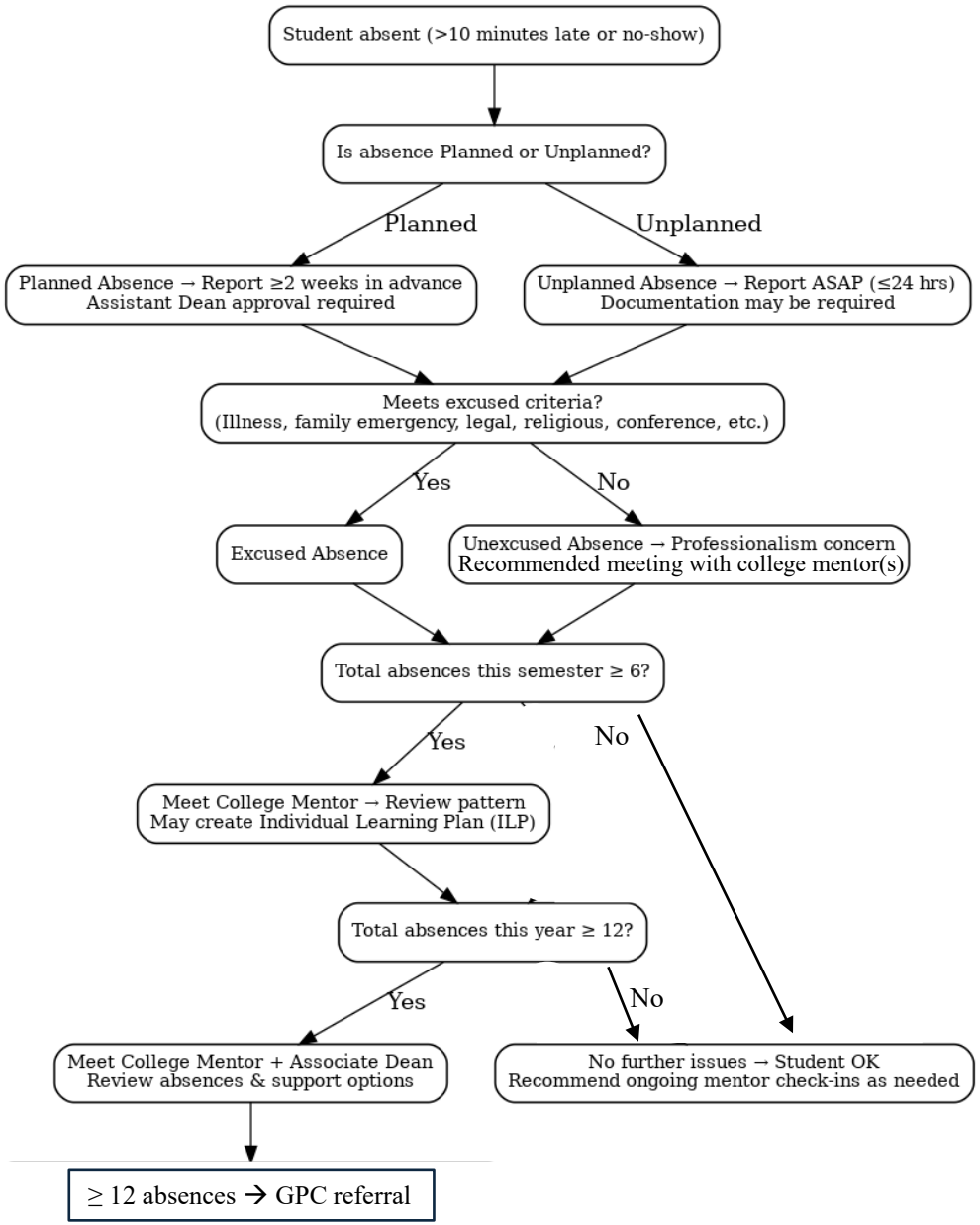
## Tardy Summary Flowchart




## Tardy Summary Table

| Condition | Consequence |
|---|---|
| Arrives 1–10 minutes late | Marked as Tardy |
| Arrives late to time-sensitive activity (Med skills, anatomy/Micro lab, TBL) | May be counted as absent, per course directors |
| ≥6 tardies in a semester | Meeting with College Mentor(s), action plan required |
| ≥12 tardies in academic year | Meeting with Associate Dean of Student Affairs, plan reviewed/updated |
| Fails to follow plan after Associate Dean of Student Affairs review | Referral to Grading and Promotions Committee (GPC) by Assoc Dean for Medical Education |

# Absence Summary Flowchart




# Absence Summary Table

| Condition | Consequence |
|---|---|
| Planned absence (reported ≥2 weeks) | Assistant Dean for Medical Education approval required |
| Unplanned absence (reported ASAP ≤24 hrs) | Documentation may be required. Assistant Dean for Medical Education approval required |
| Meets excused criteria (illness, family emergency, legal, religious, conference, etc.) | Excused absence granted |
| ≥6 total absences in semester (including excused) | Meeting with College Mentor, possible ILP |
| ≥12 total absences in academic year (including excused) | Meeting with College Mentor + Associate Dean for Student Affairs<br><br>Serious Professionalism/Academic Concerns→ GPC referral by Associate Dean for Medical Education |

# Professionalism  Card proposed syllabi wording

## Exemplary Professionalism Recognition Cards

•When a student demonstrates exceptional initiative in meeting the SPM curriculum's learning goals and objectives, faculty or staff may complete a Professionalism Card to formally recognize their efforts. The card will include the student's name, the date of the observed behavior, the reporter's name, the relevant institutional learning goal(s) and objective(s), and a brief description of the exemplary conduct (e.g., "Student was well-prepared and led the team discussion and peer teaching during today's Worked-Case Example activity, exceeding expectations in fulfilling their professional and academic responsibilities").

There are a number of situations when this may occur:

***Worked Case Example sessions:***

- "During today's Worked Case Example, the student arrived thoroughly prepared, actively contributed to the clinical reasoning process, and respectfully engaged peers to deepen group discussion. Their leadership promoted a collaborative and inclusive learning environment."
- "The student demonstrated exemplary professionalism by arriving early, organizing team materials, and facilitating peer understanding of complex immunology concepts. Their initiative greatly enhanced the group's learning experience."

***Summative examinations:***

- •"In preparation for the unit summative exam, the student demonstrated outstanding professionalism by organizing a faculty-led review session and sharing high-quality, evidence-based study materials with classmates."
- "The student showed exceptional dedication by proactively seeking faculty feedback on formative assessments and using that input to guide a focused and ethical approach to exam preparation."

***Other examples, including Afternoon Club participation:***

•"The student has maintained perfect attendance throughout the unit, consistently arriving on time and engaging actively in all large- and small-group sessions. Their reliability sets a strong example for peers."

•"The student regularly attends Afternoon Club sessions and has taken on a leadership role in organizing tutoring groups and supporting classmates academically. Their initiative reflects a strong commitment to academic community-building."

•"This student went above and beyond by preparing a mini-presentation for Afternoon Club to clarify a difficult concept from the week's lectures, demonstrating both mastery and a willingness to help others succeed."

# Professionalism  Card proposed syllabi wording

## Professionalism Concern Cards

When a student fails to meet any of the above listed learning goals and objectives of the SPM curriculum, a professionalism card will be filled out by the observing faculty or staff member. This card will contain the student's name, the date of the incident, the reporter's name, the associated institutional learning goal(s) and objective(s) related to the incident, and a brief description of the issue.

There are a number of situations when this may occur:

*Summative examinations:*
• "The student exhibited a lack of preparation, demonstrated by forgetting essential items such as a charging cable, laptop, or student ID."
• "The student failed to follow proctor instructions, reflecting a disregard for exam protocols and expectations."

• "The student left an exam without permission from the test proctors."

• "The student demonstrated disruptive behavior during the session, which negatively impacted the testing environment for others."

# Attendance policy changes – excessive absences

| Current policy | Proposed policy changes |
|---|---|
| Having 5 or more absences during an academic year, regardless of cause, triggers a meeting in person with the Associate Dean of Student Affairs<br><br>Having 10 or more absences during an academic year, regardless of cause, triggers a referral by the Associate Dean for student affairs to the GPC | • Defined as non-attendance or arrival more than 10 minutes late.<br>• **Planned absences:** Request at least 2 weeks in advance; must be approved; allowed for compelling reasons (medical/dental, legal, essential personal events, religious observance, conferences).<br>• **Unplanned absences:** Report as soon as possible (within 24 hours typical); excused for acute illness, legal matters, death/serious illness of family member, or other emergencies (documentation often required).<br>• **Unexcused absences:** Do not meet excused criteria; may result in loss of credit and/or GPC referral.<br>• **Excessive absences (excused or unexcused):**<br>o More than 6 days/semester → Meet with College Mentor.<br>o More than 12 days/year → Meet with College Mentor and Assistant Dean for Student Affairs; possible GPC referral made by Associate Dean for Medical Education.<br>• **Missed graded or critical summative assessments:**<br>o Planned: Arrange make-up within 2 days before or 5 days after absence.<br>o Unplanned: Contact course director within 24 hours after return; make-up within 5 business days.<br>o Unexcused: No credit, remediation per course policy |

# Attendance policy changes – tardiness

| Proposed policy changes | Notes |
|---|---|
| • Defined as arrival within 5–10 minutes after the scheduled start time.<br>• For certain activities (OSCEs, Anatomy, Microbiology labs), late arrival may be counted as absent. | |
| If a student is tardy to 6 or more of required sessions they attended within the first semester of the academic year, the student shall be required to meet with one (or both) of their college mentors, to create a formal written or electronic Self-Directed Learning /Individual Learning Plan. | This new plan incorporates Self-Directed Learning to individually address a student's unique situation. It also provides a check-in with college mentors to support the student as soon as a concern is identified. |
| If that happens in a second semester within the same academic year, they shall be required to meet with the Assistant Dean of Student Affairs (or their designee) for individual counseling and to review the plan created by the student and their college mentor(s).<br>• If the student has made a reasonable effort (at the discretion of the Assistant Dean or their designee) to address concerns by following their ILP, the student may need to update their current plan or create a new plan with the Dean or their designee. | This new plan provides a check-in with a second party (the Assistant Dean of Student Affairs (or their designee) to see if the student is actively working to address the cause of their tardiness.<br><br>It also provides an opportunity to assess if that plan is helping and create a new plan if it is not.<br><br>These changes build in checks by multiple parties and ample opportunities to support students before attendance concerns become patterns.<br><br>They also contain multiple opportunities for self-directed learning and personal growth before making a student face potential punitive consequences. |

# Overall

If a student is absent more than 6 days per semester (including excused absences), it will be reviewed by the College Mentor. Students will meet with the College Mentor to:

- 1. Review this policy.
- 2. Review the nature (types and pattern) of the student's absences.
- 3. Discuss any related corrective measures, assistance, or support services the student may need to consider.
- 4. Explore options for mitigating the adverse academic consequences of their absences, including creating an Individual Learning Plan.

If a student is absent more than 12 days during academic year (including excused absences),it will be reviewed by the College Mentor and Assistant Dean for Student Affairs(or designee). Students will meet with the College Mentor and Associate Dean for Student Affairs (or designee) to:

- 1. Review this policy.
- 2. Review the nature (types and pattern) of the student's absences.
- 3. Discuss any related corrective measures, assistance, or support services the student may need to consider.
- 4. Explore options for mitigating the adverse academic consequences (possible GPC referral) of their absences, including creating an Individual Learning Plan.

Referral of a student to the GPC based on unexcused absences shall be made by **Associate Dean for medical education** (or their designee).

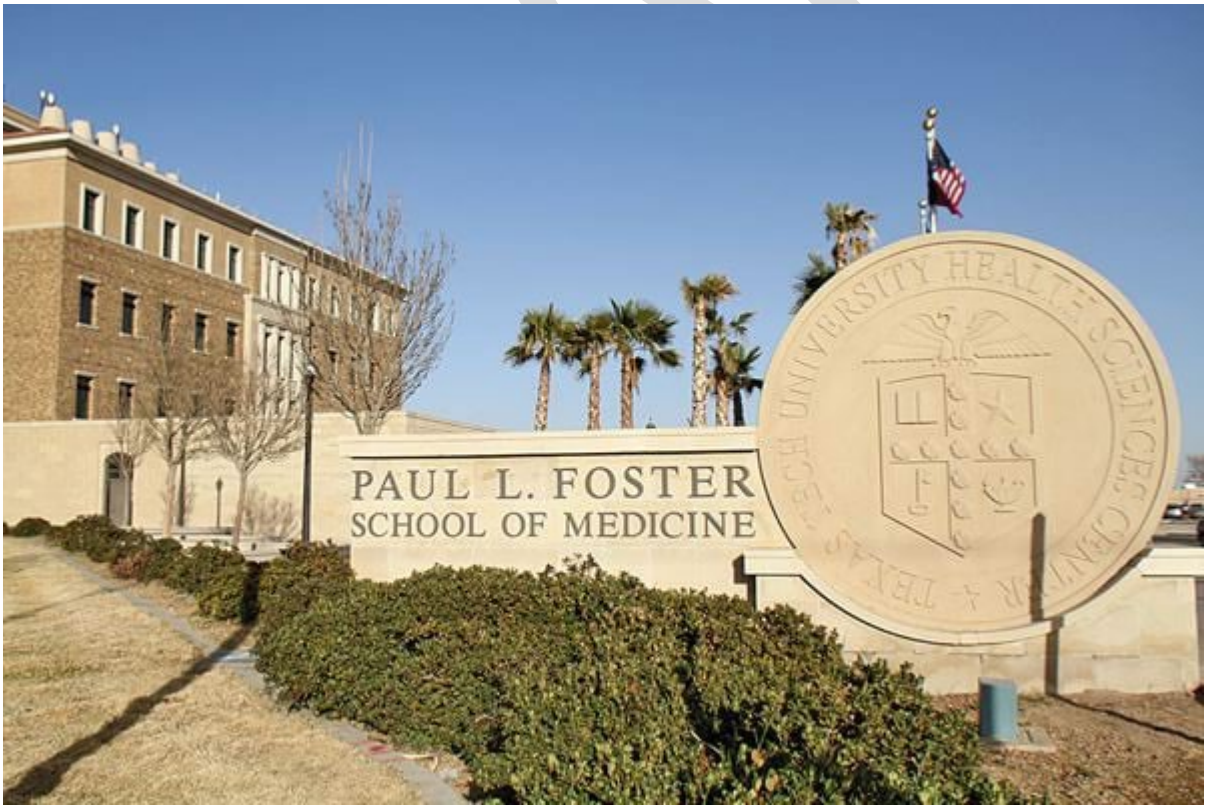
**Repetitive tardiness demonstrates that a student has consistent difficulty arriving at class on time. For designated time-sensitive activities—such as OSCEs and Anatomy or Microbiology labs—**late entry may not be permitted, and students arriving late will be marked absent.**

# Pre-clerkship Preceptor Manual

## Foster School of Medicine

## Texas Tech Health El Paso

## Academic Year 2025-26



**August, 2025**

**Dear Preceptor,**

Thank you for your invaluable role in mentoring the Foster School of Medicine first- and second-year medical students through the Community Health Experiences (CHE) a fundamental component of their pre-clerkship curriculum.

This manual is intended to provide pre-clinical preceptors important information regarding the goals, objectives, roles and other key items for the CHE visits. The Society, Community, and Individual (SCI) Course blends classroom and community-based learning across 14 monthly CHE visits, helping students connect coursework with real-world clinical practice early in their medical education. This Handbook includes on overview of the CHE goals and the SCI Course that coordinates them and general curricular details to support your role in these experiences.

Your guidance in patient interactions, hands-on care, chart reviews, and administrative tasks is essential to students' growth; and as a Texas Tech Health El Paso Volunteer Faculty you can access several resources via your e-Raider credentials.

Texas Tech Health deeply appreciates your contributions to medical education and looks forward to continued collaboration. Please reach out with any questions, concerns, or if you need assistance accessing faculty development or library resources.

Your feedback on this new Preceptor Handbook is always welcome. We would be grateful for any comments, suggestions, or areas for clarification you may wish to request. Your insights will help us refine the document to ensure it is helpful for all Texas Tech Health El Paso preceptors.

**Sincerely,**

**The Foster School of Medicine SCI Team**

## Table of Contents

# The SCI (Society, Community and Individual) Team

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# Texas Tech Health El Paso

Texas Tech Health El Paso is a rapidly growing, mission-driven university advancing medical education and health research in a culturally rich, underserved region. It plays a vital role in training bilingual professionals and retaining talent within border communities.

It was established in 1969 as a branch campus and became an independent institution in May 2013 via Senate Bill 120. The institution is the only health sciences center on the U.S.–Mexico border, serving 108 counties in West Texas that have been historically and continue to be underserved.

This institution includes the Paul L. Foster School of Medicine (PLFSOM), the Woody L. Hunt School of Dental Medicine, the Gayle Greve Hunt School of Nursing, and the L. Frederick Francis Graduate School of Biomedical Sciences. Texas Tech Health El Paso has over 1,400 employees and over 900 enrolled students. The medical schools on its own, receives more than 4000 applications annually, and after screening accepts more than 100 medical students each year.

The institution has produced thousands of graduates in health professions and is dedicated to bilingual, culturally informed care. Its mission centers on educating health professionals, addressing health disparities, and improving access to care along the Borderplex. Students clock over 19,000 community service hours annually.  Nearly half of its students identify as Hispanic, and many are first-generation college students. Texas Tech Health El Paso graduates often serve local communities. Many local health providers have been trained at Texas Tech Health El Paso.

Texas Tech Health El Paso has a Values Based Culture. It is committed to fostering a culture that is dedicated to **Service, Respect, Accountability, Integrity, Advancement and Teamwork** across all campus locations, and amongst all employees.

A Values BASED CULTURE

*Dedicated to Excellence. Committed to Care.*

SERVICE ADVANCEMENT TEAMWORK ACCOUNTABILITY INTEGRITY RESPECT

# Medical School Program Goals and Objectives

The Paul L. Foster School of Medicine (PLFSOM) education program goals and objectives are outcome-based standards that establish the foundation of instruction and assessment of medical students as they develop the knowledge and abilities expected of a physician. All elements of the PLFSOM curriculum are derived from and contribute to the fulfillment of one or more of the medical education program's goals and objectives.

1- **Patient Care (PC):** Provide patient-centered care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

2- **Knowledge for Practice (KP):** Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

3- **Practice-Based Learning and Improvement (PBL):** Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patientcare.

4- **Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

5- **Professionalism (PRO):** Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles.

6- **Systems-Based Practice (SBP):** Demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call on other resources in the system to provide optimal care.

7- **Interprofessional Collaboration (IPC):** Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

8- **Personal and Professional Development (PPD):** Demonstrate the qualities required to sustain lifelong personal and professional growth.

For a more detailed description of the PLFSOM Program Goals and Objectives see the 2025-2026 Academic Catalog and the Educational Program Goals and Objectives Brochure.

# The Medical School Curriculum

The Paul L. Foster School of Medicine (PLFSOM) Integrated Curriculum includes the following courses:

1- **Society, Community, and Individual (SCI):** The overall goal of the Society, Community, and the Individual (SCI) Course is to expose students to a population perspective on health and illness and to provide students opportunities to learn about the social, cultural, economic, political, and environmental factors affecting the health of patients and communities. Community Health Experiences (CHE) are managed by this unit.

2- **College Colloquium:** Takes place in the Colleges (learning communities) to which each student is assigned for the duration of their medical school careers. The college mentors address issues related to professionalism, ethics, controversies in medicine, and to the "art of medicine". The course will employ a variety of teaching and learning modalities including lectures, panel discussions, student led discussions, small groups, and reflection exercises. Every effort is made to link the topics addressed in the Colloquium to the body region, system, and clinical presentations that are being addressed concurrently in the Scientific Principles of Medicine course.

3- **Scientific Principles of Medicine (SPM):** The two-year SPM course provides a comprehensive and integrated approach to understanding normal structure and function and the biological bases underlying disease and injury. The SPM course is divided into 10 units; Introduction to Health and Disease (IHD), Gastrointestinal System (GIS), Integumentary, and Musculoskeletal and Nervous Systems (IMN), Hematologic System (HEM), Cardiovascular and Respiratory Systems (CVR), and Renal System (RNL), Central Nervous System and Special Senses (CSS), Endocrine System (END), Reproductive System (REP) and Mind and Human Development (MHD). This course is taught in an organ system approach and the material is integrated with Pathology, Pharmacology, Microbiology, Physiology, Biochemistry, and Anatomy.

4- **Medical Skills:** This course introduces students to core clinical skills to interact and appropriately engage with patients and their families in a compassionate and focused approach in order to properly evaluate a patient. The Medical Skills Course Curriculum is designed to teach students how to take a medical history, perform physical examinations, and perform basic procedures (e.g., IV and catheter placement). Medical Skills is very closely integrated with the Scientific Principles of Medicine (SPM) course and follows the clinical presentations assigned to each of the organ system units. Medical Skills employs lectures, small group, and self-directed study methods. The course also provides students interactive learning experiences with trained standardized patients and high-fidelity simulators and task trainers that have capabilities to respond physiologically. At Texas Tech Health El Paso, Medical Skills is conducted in a state-of-the-art Training and Educational Center for Healthcare Simulation (TECHS).

5- **Scholarly Activity Project:** Students will execute a research project they have developed, in a Longitudinal Scholarly Activity Project (SARP).

The unit schedule medical students follow in the PLFSOM integrated curriculum has been shown in the table below. You can see more details about the clinical topics covered in the educational Platform (Elentra). For access to Elentra contact the SCI team.

Preceptors can find out what the student is currently learning in the table below and direct relevant patients to the student, if possible, to maximize integration. Students are expected to remind the preceptor about their learning schedule as well.

## Medical Students' Unit Schedule for 2025-26

| **First Year Medical Students** | **Date** |
|---|---|
| Introduction to Health and Disease (IHD) | July 28 – August 29, 2025 |
| Gastro Intestinal System (GIS) | September 8 – October 10, 2025 |
| Integumentary System, Muscles, Nerves (IMN) | October 20 – December 12, 2025 |
| Hematology (HEM) | January 5 – January 30, 2026 |
| Cardiovascular and Respiratory Diseases (CVR) | February 9 – March 27, 2026 |
| Renal Diseases (RNL) | April 6 – May 1, 2026 |
| **Second Year Medical Students** | |
| Central Nervous System (CNS) and Special Senses (CSS) | Aug 4 – September 23, 2025 |
| Endocrine (END) | September 29 – October 28, 2025 |
| Reproduction (REP) | November 3 – December 16, 2025 |
| Mind and Human Development (MHD) | January 5 – February 17, 2026 |

# SCI Course Description and Goals

In medical pre-clerkship education, understanding the interplay between society, community, and individual (SCI) components is essential for developing well-rounded healthcare professionals. Here's a breakdown of these components:

1. Society

- **Health Systems and Policies:** Understanding how healthcare systems operate, including insurance, regulations, and public health policies.
- **Cultural Competence:** Recognizing the diverse cultural, economic, and social factors that affect health and healthcare delivery.
- **Social Determinants of Health:** Exploring how factors like socioeconomic status, education, environment, and access to resources influence health outcomes.
- **Ethics and Advocacy:** Learning the ethical principles guiding medical practice and the importance of advocating for health equity and social justice.

2. Community

- **Community Health Needs:** Identifying the specific health challenges and needs within local populations and communities.
- **Preventive Care and Education:** Promoting health education and preventive measures tailored to community needs.
- **Cultural and Social Contexts:** Understanding how local customs, beliefs, and practices impact health behaviors and healthcare access.

3. Individual

- **Patient-Centered Care:** Developing effective communication strategies and focusing on the unique needs, preferences, and values of individual patients in clinical encounters.
- **Psychosocial Factors:** Recognizing how individual circumstances, such as mental health, support systems, and personal experiences, affect health and treatment adherence.
- **Personal Reflection and Growth:** Encouraging self-awareness and reflection on one's own biases, values, and motivations as a future healthcare provider.

SCI course goals include the following. Institutional goals are indicated in parentheses. Upon completing SCI courses, students will be able to:

1. Articulate how political, social, community, organizational, and family systems affect and are affected by the health of individual patients. (KP-2.5, PBL-3.5, SBP-6.1, SBP-6.2, SBP-6.3)
2. Identify community assets and needs, and have the opportunity to engage in service-learning projects to build on those assets and work to address identified needs. (PBL-3.5, SBP-6.2)
3. Identify, use, and assess quantitative and qualitative findings to critically evaluate the medical literature and practice evidence-based medicine. (KP-2.3, KP-2.6, PBL-3.1, PBL-3.4, SBP-6.3, PPD-8.4, PC-1.2)
4. Use epidemiological principles to assess and evaluate the distribution and determinants of disease. (KP-2.4)
5. Describe how culturally-based beliefs, attitudes, and values affect the health and illness behaviors of individuals, groups, and communities and identify strategies to effectively work with patients and co-workers who have different cultural backgrounds. (PC 1.6, ICS-4.1, ICS-4.2, ICS-4.3, PRO 5.1, IPC-7.4)
6. Describe the concepts of family, community, and systems within communities that impact health seeking behaviors and responses to treatment interventions. (KP-2.5, PBL-3.5, SBP-6.1, SBP-6.2)
7. Describe and recognize the impact of environmental and occupation factors on the health of individuals and populations. (PC-1.7, KP-2.4, PBL-3.1, PBL-3.5)
8. **Identify and apply effective strategies for promoting health and reducing illness at the level of both the individual and the community. (PC-1.7, KP-2.4, PBL-3.1, PBL-3.5)**
9. **Participate in and/or analyze barriers and facilitators to the successful delivery and quality improvement of health care by community physicians and other health care providers. (PC-1.1, PBL 3.2, ICS-4.2, IPC 7.3)**
10. **Articulate the role of other health care providers in enhancing the health of their patients and work effectively with them in a collaborative manner. (ICS-4.2, SBP-6.4, IPC-7.1, IPC-7.2, IPC-7.3, IPC-7.4)**
11. Investigate Health System Sciences to examine how health system organization impacts health and access to care for varied populations. (PBL 3.5, SBP 6.1, SPB 6.4)
12. Participate in Interprofessional Education (IPE) in order to better understand Physician's roles and opportunities for collaboration to promote health and wellbeing for providers and those they serve. (ICS 4.2, IPC 7.3)

**Objectives 8, 9 and 10, especially support work with preceptors and the Community Health Experiences (CHE).**

## Medical Spanish

Spanish is continuously taught at PLFSOM in the first and second year. The need for more Spanish speaking physicians is because more than 80% of the population in El Paso define themselves as Hispanic.

Meanwhile, in their third and fourth year of medical school, students will be taking care of a large number of patients who may speak only Spanish. The goal of this program is to facilitate communication between students and all patients, as well as anyone accompanying a patient. Maximizing patient engagement will help students understand the cultural context of current and future patients.

The Spanish course is highly integrated with the Medical Skills and the Scientific Principles of Medicine (SPM) course. This means when students learn about chest pain, for example, they will also learn how to ask relevant questions about chest pain in Spanish from the patient or their companions.

PLFSOM students enhance their level of competency in conversational Medical Spanish during their training at PLFSOM. However, fluency is not the ultimate goal.

Preceptors are encouraged to provide situations in which medical students can practice their Spanish skills during the CHE visits.

See the PLFSOM SCI Syllabus inside Elentra for more details about the SCI I, SCI II, SCI III, SCI IV and Medical Spanish courses.

# The CHE Experiences

CHE visits allow medical students to experience Preceptor-guided field-based experiential learning. This learning is best supported by active engagement and self-directed learning goals linked to their classroom-based medical education.

The SCI course faculty and staff will reach out to preceptors a minimum of one to two times per year, for answering any questions. Preceptors are welcome to contact The SCI team, if they have any questions or concerns.

During the school year, students participate in a clinical or community-based experience approximately once a month for up to half a day. Attendance and punctuality are mandatory. Prior to participating, students must have required immunizations up to date. Students are required to wear their white coat for all CHE visits on and off campus.

## Goals

The CHE experience is designed to clinically reinforce the content that students are learning in the classroom and clinically apply their knowledge, while strengthening and encouraging them during their educational journey to become a physician. This will enable students to understand the relevance of what they are learning and how it is adapted in a clinical practice.

Students' learning in CHE focus on the following core areas:

1. **Clinical Observation and Supervised Practice**: Students are expected to actively engage in authentic clinical and community settings to develop practical skills, clinical reasoning, and empathetic patient-centered care through the application of classroom knowledge to real-world healthcare situations. Students are encouraged to identify patient-centered care practices. They are also encouraged to evaluate for influences of non-medical drivers of health on individual and community health and observe clinical responses to these factors.

2. **Health Systems Organization Observations:** Students are expected to analyze healthcare delivery systems to identify strengths, gaps, and opportunities for improvement in primary care access, preventive services, and healthcare within varied community contexts.

3. **Professional Identity Development and Interprofessional Exposure:** Medical Students will collaborate with Physicians and other healthcare professionals (pharmacists, optometrists, dentists, and frontline healthcare team members) to understand interdisciplinary roles, enhance their communication skills including communication across professional boundaries, and appreciate team-based approaches to comprehensive patient care.

4. **Identification of Own Knowledge Gaps:** Medical students are encouraged to identify areas where they feel they need to better develop their clinical or health system sciences knowledge and create their own plans for independent plans to bridge their own knowledge gaps.

## Types of CHEs

At PLFSOM, students have two types of Community Health Experiences:

(1) Clinical visits with primary care physicians. These will be the students' primary care preceptors with which we hope they will develop a productive, longitudinal experience. The preceptor can see the organ unit that the student is going through and the dates in the Medical Students' Unit Schedule for 2025-26. Meanwhile, when attending clinic, students are instructed to share with the preceptor what they are currently learning in SPM and Medical Skills, to help the preceptor direct relevant patients to them if and when possible. The goal to maximize integration of the curriculum is the key reason why primary care physicians are essential to the CHE clinical experience.

(2) Experiences with non-physician health care providers, such as dentists, optometrists, and pharmacists. In addition to direct learning, students will have the opportunity to learn how they can effectively work with other health care providers to enhance the health of their patients. Working with non-physician health care providers is a part of a larger effort to enhance inter-professional collaboration and education.

## Standard Community Clinic Times

- Students will receive a schedule of their community clinics early in the semester; an announcement will be made when all visits have been scheduled for the semester through an email from SCI to the class.
- MS1 Community Health Experience visits will primarily be on either Tuesday or Wednesday afternoon from 1:00 PM until ~5:00 PM
- MS2 Community Health Experiences will primarily be on Wednesday or Thursday morning from 8:00 AM until ~12:00 PM.
- Some visits will be scheduled for both MS1s and MS2s on other days of the week when other pre-clerkship courses are not scheduled.
- Students should not negotiate alternative clinic times with their clinic preceptors. Instead, they should work through the SCI program coordinator.

## Missing a Clinic

Attendance of the student at all assigned visits is required. Please inform us if a student does not attend their visit.

Students have been instructed to inform the Department of Medical Education and their Preceptor if they are not able to attend a visit.

## Documenting the visit

For each community health experience, students **are responsible for having their preceptor document their visit by signing their preceptor documentation card**. This card needs to be submitted to the relevant program coordinator, at the end of each semester. See a sample documentation card in the Appendix.

Falsely documenting a completed visit without attending clinic will result in the student's failure of the Community Health Experience and SCI based on professionalism without the option for remediation as well as a referral to the Grading and Promotions Committee (GPC).

Students are advised to take a picture of their signed form after each visit in case they lose their signature card. Cards must be submitted within 1 week (7 days) after the final exam of the same semester. Card submission instructions will be printed on the card.

In order to keep attendance of the CHE Visits, alongside the CHE cards we'll be piloting the app EZ Check ME. The students will need to scan a QR code provided to them, and they'll need to take a picture at the site for check in and another one for check out.

## Evaluation Form

Preceptors feedback has a crucial role in medical students' progress. Preceptors are required to fill a brief evaluation form for each medical student either online, or on a hard copy.

Hard copies can be scanned, attached to an email and sent to the SCI Coordinator by email, or you can sign the hard copy, seal it and sign the envelope and give it to the student to deliver it to the SCI coordinator.

This form should get filled within one week of the students visit. A sample Evaluation Form can be seen in the Appendix.

# The Roles played by Preceptors

Preceptorship is a critical component of medical education, bridging the gap between theoretical knowledge and practical application. It involves experienced clinicians (preceptors) guiding and mentoring less experienced learners (medical students) in clinical settings.

Students need to become active learners in field-based and in clinical learning. We expect you to encourage students to participate in all the roles listed below as their Mentor:

## 1. Bridge Between Theory and Practice

Preceptors connect classroom learning with real-world clinical experiences, allowing students to apply theoretical knowledge in practical settings.

## 2. Mentorship and Role Modeling

Preceptors serve as mentors, demonstrating professional behavior, ethics, and clinical skills. This guidance helps shape students' professional identities and attitudes. Preceptors serve as role models, demonstrating clinical skills, professional behavior, and ethical decision-making. They provide individualized support, helping learners navigate complex clinical scenarios.

## 3. Encouragement of Lifelong Learning

Preceptors model a commitment to continuous professional development, instilling in students the importance of lifelong learning in medicine.

## 4. Feedback and Evaluation:

Preceptors offer constructive feedback on clinical performance, communication skills, and professionalism. This evaluation is continuous and formative, fostering improvement and self-reflection.

## 5. Development of Interpersonal Skills

Preceptors help students enhance their communication and interpersonal skills, crucial for building rapport with patients and working collaboratively with healthcare teams.

## 6. Fostering Professional Identity

Preceptors help students develop their professional identity, instilling the values and attitudes necessary for effective practice. They encourage lifelong learning and the pursuit of excellence in healthcare.

## 7. Collaboration and Teamwork

Preceptorship promotes collaboration among healthcare teams, teaching students the importance of interdisciplinary communication. It prepares learners to function effectively in diverse clinical environments.

### 8. Curriculum Integration

Preceptors align teaching with the educational objectives of the medical curriculum, ensuring that learners achieve required competencies. They help contextualize learning, linking clinical experiences to academic content.

### 9. Exposure to Diverse Clinical Scenarios

Preceptors introduce students to a variety of cases and patient populations, broadening their understanding of different health issues and cultural contexts.

### 10. Supportive Learning Environment

A positive relationship with a preceptor creates a supportive learning atmosphere, which can boost students' confidence and motivation.

### 11. Preparation for Future Roles

By imparting practical knowledge and skills, preceptors prepare students for their future roles ensuring they are ready to meet the demands of healthcare.

Meanwhile, when attending clinic, we encourage the preceptor to check what the student is currently learning in SPM and Medical Skills according to the Medical Students' Unit Schedule for 2025-26 and direct relevant patients to them, if possible, to maximize integration.

See detailed tips for preceptoring a medical student at Biagioli, F. E., & Chappelle, K. G. (2010). How to be an efficient and effective preceptor: it is possible to do the important work of precepting students and still get home in time for dinner. Family practice management, 17(3), 18.

You can also See the short video "The One Minute Preceptor", prepared by the Texas Tech Health El Paso Office for Faculty Development.

In summary, preceptors are essential to medical education, fostering the development of competent, compassionate, confident and skilled healthcare professionals ready to meet the challenges of patient care, and ready to contribute positively to the healthcare system and serve their communities. Their influence extends beyond clinical skills, shaping the attitudes and values that define effective medical practice.

# The Role of the Student

- Learning: The student is primarily a learner, acquiring the knowledge and skills in the medical environment.
- Engagement: Students should actively engage in learning, asking questions and seeking clarification on clinical concepts and practices.
- Preparation: Students should be prepared for each clinical encounter, having reviewed relevant materials and patient cases.
- Observing: Students observe their preceptors and other healthcare professionals to understand clinical workflows and patient interactions.
- Participating: Students are expected to participate in patients' clinical care and use their clinical skills (history taking, performing physical exam and if possible clinical procedures) under the supervision of the preceptor.
- Self-Reflection: Students should assess their performance, reflect on their experiences, identify strengths and areas for their own improvement.
- Utilize Feedback: Students need to be open to receiving feedback from their preceptors and using it to enhance their clinical skills and knowledge.
- Ethical Conduct: Students must adhere to ethical standards, showing respect for patients, colleagues, and the healthcare environment.
- Responsibility: Students should take responsibility for their learning, demonstrating accountability in their actions and decisions.
- Flexibility: Students should be adaptable to different clinical settings and patient populations, learning to navigate varying challenges and dynamics.
- Coping with uncertainty: Students must develop the ability to manage unexpected situations and learn from them.
- Professional Relationships: Building rapport with preceptors and healthcare teams is crucial for creating a supportive learning environment.
- Mentorship Seekers: Students should seek mentorship opportunities, learning from the experiences and insights of their preceptor

# Benefits of a Volunteer Faculty Appointment

A formal appointment as Non-salaried or Volunteer Faculty is required for physician preceptors providing learning experiences for Texas Tech Health El Paso students.

In order to advance clinical teaching skills, Texas Tech Health El Paso provides a number of faculty development opportunities, online resources and workshops to support Volunteer Faculty in their teaching roles with medical students. Preceptors have to acquire an eRaider for accessing these services.

With the Non-salaried Clinical Faculty appointment at Texas Tech Health El Paso, you will be able to use your eRaider login to access:

- The Texas Tech Health El Paso Libraries' resources (eBooks, print books, journals, e-journals, subscriptions, videos, test banks, and databases) and interlibrary loan services, including the libraries' UpToDate and DynaMed Plus institutional Point-of-Care subscriptions, which can be installed on your mobile device. UpToDate provides over one million clinicians with continuously updated, evidence-based, practical recommendations to make the right point-of-care decisions.

  However, use of the library's information resources is subject to copyright and regulations. Authorized users may not share eRaider usernames and passwords with others. You can contact our library staff with any questions.

- Office of Faculty Development resources: Volunteer faculty have access to the Institutional Faculty Development Program, which was designed to help early-career, and mid-level faculty members enhance their teaching, leadership, and scholarship skills, understand the steps of academic advancement, and establish a network of colleagues.

  Additionally, volunteer faculty interested in expanding their medical education knowledge can request access to TeachingPhysician. Up to 40 CME credits can be earned by reviewing the information found on the site. The site offers videos, audio interviews, tips, answers to frequently asked questions, and links to in-depth information on precepting topics, such as:

  - Preparing a practice team for a learner
  - Orienting a learner
  - Precepting Principles
  - Teaching strategies
  - Professionalism
  - What to teach
  - Giving feedback
  - Assessment and Evaluation
  - EHRs and health informatics

- Learners in Difficulty

Please contact the Office of Faculty Development at ElPasoFacultyDevelopment@ttuhsc.edu to request additional information or access to TeachingPhysician.org.

Office of Faculty Development Link to Programs:
https://ttuhscep.edu/som/facdevelopment/development-programs.aspx

Office of Faculty Development Calendar of Events:
https://ttuhscep.edu/som/facdevelopment/fdEventsCalendar.aspx

You will also have access to:

- A professional network of colleagues across specialties and research disciplines.
- Opportunities to participate in departmental and institutional academic events.
- A university email account and an eRaider account to access web-based university resources.
- Invitations to Grand Rounds and other continuing medical education (CME) seminars and conferences

See updates about the Benefits of a Volunteer Faculty Appointment, online at:
https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:8568e5d2-c219-429c-b14d-f5b5fe8f5ad4

## Mistreatment Policy

Texas Tech Health El Paso strives for a positive and supportive learning environment. If students at any time experience any mistreatment by faculty, staff or even other students, they can report it directly to the SCI Course Director or use a QR code to submit a report.

See the Paul L. Foster School of Medicine Student Mistreatment Policy. Student complaints can trigger an investigation that if found legitimate can lead to loss of preceptorship status.

## Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act of 1974, (FERPA), as amended, is a law that protects the privacy of student education records. Student educational records are confidential and may not be released without the written consent of the student. Preceptors have a responsibility to protect education records in their possession. This includes records such as student evaluations. Students have the right to inspect all official records which pertain to them and to challenge inaccurate or misleading information.

Preceptors must keep all student information confidential and secure. Avoid displaying student evaluations publicly in association with names, student ID numbers or other personal identifiers. Students should not have access to scores and grades of other students. Do not share personal information regarding student performance or evaluations, with other students, colleagues or professional staff that are not directly engaged in the student's educational experience.

See more information regarding compliance with FERPA, on the TTUEP website.

## Patient care relationship with a student

Providers who establish a patient care relationship with a student may not render an academic assessment of that student. In this situation, the student or the preceptor should notify the SCI coordinator if they have been assigned to a provider who has participated or is currently participating in their health care. The SCI coordinator will reschedule the student with another preceptor.

## Supervised Patient Care

A medical student may be involved in assisting with the care of a patient, but only under the supervision of a licensed health care provider. A medical student is not legally or ethically

permitted to practice medicine or assume responsibility for patient care, and the attending provider (preceptor) is responsible for the medical care of the patient.

Depending on the nature of the service being provided, the preceptor will ascertain the student's competence and degree of participation. The preceptor or qualified designee shall always be immediately available to the student when patient care is being provided.

The clinical site and supervising faculty, retain the authority to stipulate the degree of student involvement in patient care activities. Students must comply with all of the general and specific rules established for health care delivery by the hospital, clinic or facility at which they are being trained.

Patient interview (history taking) and physical examination may be performed without the preceptor in the room if the student is so directed. A student may document the history and physical exam in the medical record but the billing provider must provide a written verification of the findings and personally perform the physical examination elements that are being verified.

Students must have a chaperone in the room for sensitive examinations, treatments or procedures involving breasts, genitalia and rectum. These exams should employ appropriate disrobing and draping procedures that respect the patient's privacy. Such examinations shall only be performed with the knowledge and consent of the supervising physician and permission of the patient. It is also recommended that chaperones are present whenever the student is uncomfortable with a patient's behavior in conjunction with performing a sensitive examination. A clear explanation of the nature of any examination or treatment must be given to the patient.



**Acknowledgment**

The Texas Tech Health El Paso website, Chat GPT and the Burrell College of Osteopathic Medicine Preceptor Manual were used for preparing this manuscript.

# Appendix

1- **Preceptor Availability Calendar (to be completed by preceptor)**
2- **Combined Confirmation List and Sign-in List**
3- **Documentation Card**
4- **Student Evaluation Form**

## Appendix 1: Preceptor Availability Calendar (to be completed by preceptor)

# FALL 2025

RETURN TO EMAIL SCI-ELPASO@TTUHSC.EDU -VADELAHO@TTUHSC.EDU-NICOLAS.ACEDO-AGUILAR@TTUHSC.EDU

**Pre-Clerkship Medical Students Preceptor Visits**

**PRECEPTOR NAME & SPECIALTY:**

**CLINIC HOURS / LOCATIONS:**
Tuesday:
Wednesday:
Thursday:
Friday:

**We can precept ☐1 and/or☐2- students per rotation**
**Please, select YES or NO on the below schedule based on your availability to precept for the listed dates**
**STUDENT HOURS: 8:00 – Noon or 1:00 – 5:00 PM depending on the dates you choose to precept**

| *Tuesdays* 1:00-5:00 | YES or NO | *Wednesdays* 1:00-5:00 | YES or NO | *Wednesdays* 8:00-12:00 | YES or NO | *Thursdays* 8:00-12:00 | YES or NO | Friday Only Makeups PM ONLY | YES or NO |
|---|---|---|---|---|---|---|---|---|---|
| AUG 5 | | AUG 6 | | AUG 6 | | AUG 7 | | AUG 8 | |
| AUG 12 | | AUG 13 | | AUG 13 | | AUG 14 | | AUG 15 | |
| AUG 19 | | AUG 20 | | AUG 20 | | AUG 21 | | AUG 22 | |
| AUG 26 | | AUG 27 | | AUG 27 | | AUG 28 | | AUG 29 | |
| IHD EXAM WEEK- Introduction to Health and Disease | | | | SEPT 3 | | SEPT 4 | | SEPT 5 | |
| SEPT 9 | | SEPT 10 | | SEPT 10 | | SEPT 11 | | SEPT 12 | |
| SEPT 16 | | SEPT 17 | | SEPT 17 | | SEPT 18 | | SEPT 19 | |
| SEPT 23 | | SEPT 24 | | CNS-CSS EXAM WK-Central Nervous System and Special Senses | | | | SEPT 26 | |
| SEPT 30 | | OCT 1 | | OCT 1 | | OCT 2 | | OCT 3 | |
| OCT 7 | | OCT 8 | | OCT 8 | | OCT 9 | | OCT 10 | |
| GIS EXAM WK-Integumentary, Musculoskeletal and Nervous Systems | | | | OCT 15 | | OCT 16 | | OCT 17 | |
| OCT 21 | | OCT 22 | | OCT 22 | | OCT 23 | | OCT 24 | |
| OCT 28 | | OCT 29- CD PANEL | | END EXAM WK Endocrine System | | | | OCT 31 | |
| NOV 4 | | NOV 5 | | NOV 5- INTER | | NOV 6 | | NOV7 | |
| NOV 11 | | NOV 12 | | NOV 12- INTER | | NOV 13 | | NOV 14 | |
| NOV 18 | | NOV 19 | | NOV 19 | | NOV 20 | | NOV 21 | |
| NOV 24-28 THANKSGIVING | | | | | | | | | |
| DEC 2 | | DEC 3 | | DEC 3-WOM PANEL | | DEC 4 | | DEC 5 | |
| DEC 9 | | DEC 10 | | DEC 10 | | DEC 11 | | DEC 12 | |

NOTES / SUGGESTIONS:

## Appendix 2: Combined Confirmation List and Sign-in List

| STUDENT VISIT SCHEDULE AND VISIT CONFIRMATION SIGN-IN (& OUT) LIST | | | | | | |
|---|---|---|---|---|---|---|
| PRECEPTOR NAME: | | | | | | |
| STUDENT SCHEDULE | | | VISIT CONFIRMATION LIST | | | |
| **Student Name** | **Date** | | **Student's Arrival Signature** | **Arrival Time** | **Student Exit Initials** | **Departure Time** |
| 2025 | | | | | | |
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| Dear Preceptor and Practice Managers,<br>Please EMAIL this form to SCI-ElPaso@ttuhsc.edu; cc to Nicolas.Acedo-Aguilar@ttuhsc.edu<br>Call (915) 215-4712 (or call/text cell (915) 799-3100) to reach Dr. Lee Rosenthal with any questions or concerns.<br>Thank you for your contribution to the medical education of our future physicians. | | | | | | |

## Appendix 3: Documentation Card

For Year One Medical Students

**PLFSOM SCI COMMUNITY HEALTH PARTICIPATION CONFIRMATION CARD (*STUDENT – KEEP THIS CARD & TAKE TO EACH VISIT! - COPY OFTEN*)**

MS1 Class of 2029 Student Name (req'd): _____ MS: 1 SCI I Semester: FALL, 2025

Preceptors: For Scheduling and routine inquiries reach us at SCI-ElPaso@ttuhsc.com and at (915) 215-4712 for SCI Coordinator Nico Acedo-Aguilar

For other matters, concerns about a student, etc., contact Dr. Lee Rosenthal, MPH, SCI Course Director, at Lee.Rosenthal@ttuhsc.edu or tel. (915) 215-6459

STUDENTS: Please wear your white coat and take your stethoscope to all of your clinical preceptor visits. A Survey link will be sent in August; it is due on/by 12/22/2025. It is 20% of SCI I Grade.

| VISIT 1: COMMUNITY HOSPITAL OR CLINIC GROUP SITE VISIT<br>Various Community Health Center, VA, or WB Army Medical Center Visit | VISIT 2: COMMUNITY CLINIC PARTICIPATION CONFIRMATION<br>VISIT: Primary Care MD Preceptor |
|---|---|
| Group Site Visit, Site name:_____<br>(ADD your Immersion Clinic visited)<br>Date of Visit: Friday, 7-18-25 PM<br><br>With my signature as below I am confirming that the student named above attend this site visit.<br><br>FOR SCI – Dr. E. Lee Rosenthal, MPH<br>**STUDENT: IF NO VISIT,** *please explain circumstances & follow-up steps:* | PRINT Preceptor Name: _____<br><br>Date and Time of visit: (mm-dd-yr) _____<br><br>With my signature I am confirming that the student named above served with me today. Preceptor signature/date:<br><br>x_____<br>**STUDENT: IF NO VISIT,** please explain circumstances & follow-up steps: |
| **VISIT 3: COMMUNITY HEALTH VISIT**<br>**VISIT: Pharmacy or Internal Medicine as Assigned (alternate in SPRING)** | **VISIT 4: COMMUNITY HEALTH PANEL**<br>**"Living with Chronic Conditions- Patient and Family Perspectives"** |
| Circle one: Pharmacy or Internal Medicine<br><br>PRINT Preceptor Name: _____<br><br>Date and Time of visit: (mm-dd-yr) _____<br>With my signature I am confirming that the student named above served with me today. Preceptor signature/date:<br><br>x_____<br>**STUDENT: IF NO VISIT,** *please explain circumstances & follow-up steps:* | Date of Panel: (mm-dd-yr): Tuesday, November 18, 2025 (1- 4 PM)<br><br>With my signature as below I am confirming that the student named above attend this site visit.<br><br>FOR SCI – Dr. E. Lee Rosenthal, MPH<br>**STUDENT: IF NO PANEL,** please explain circumstances & follow-up steps:<br><br>If you miss a visit – you must reach out to Dr. Rosenthal and the SCI Coordinators.<br>A 4000 word paper & make-up visit will be required for a missed Clinical visit.<br>Find the Remediation Paper Assignment in the Syllabus.<br>SUBMIT PAPER WITHIN 7 DAYS OF COMPLETING FINAL EXAMS FOR THE FALL SEMESTER |

Note: this CARD is required and may be in addition to any requested EZ-Check.

ATE: SUBMIT THE HARD COPY AT LAST FALL CLASS and submit the electronic copy of the CARD in BOX by 12-19-25. (If all is completed, Cards can also be accepted at the November Panel) The hard copy can also be deposited in the Black Dropbox located at Dr. Rosenthal's Office at MEB 4150. Documentation Letters or supplemental information can be submitted on-line at any time; hard copy of such materials should be submitted if attached to this Card (or well labeled.) Keep a copy for your records.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

CARD #_____

For Year Two Medical Students

**MS2 PLFSOM SCI COMMUNITY HEALTH EXPERIENCES (CHE) CONFIRMATION CARD (*STUDENT –KEEP THIS CARD & TAKE TO EACH VISIT!*)**

STUDENTS: Please wear your white coat and take your stethoscope to all of your primary preceptor visits.

A Survey link will be sent at the end of January, 2026. It is due one (1) week after Spring Semester exams. It is worth 20% of your SCI IV Spring Grade.

**Student Name (req'd): _____ MS2 Class of 2028 - Fall 2025– Spring 2026**

| | | |
|---|---|---|
| **FALL VISIT: Primary Preceptor: (4 hours)**<br>Date of visit:<br>Preceptor Name: (print)<br>_____<br>PRECEPTOR: With my *signature* I am confirming that the student named above served with me today. Preceptor signature/date:<br>x_____<br>**STUDENT: IF NO VISIT, please explain circumstances & follow-up steps:* | TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO<br>**MS2 CHE VISITS: WED & THURS AMs**<br>_____<br>**VIRTUAL PANEL ON TEXAS REPRODUCTIVE HEALTH LAW**<br>Wed. Dec. 3, 2025, 9 am - NOON MT<br>Attendance Req'd on-line<br>X No signature req'd<br>*Attendance to be Confirmed Thru Sign-In* | **FALL VISIT: Ophthalmology* (2 hours)**<br>Date of visit:<br>Preceptor Name: (print)<br>_____<br>(*preceptors are optometrists and ophthalmologists)<br>PRECEPTOR: With my *signature* I am confirming that the student named above served with me today. Preceptor signature/date:<br>x _____<br>**STUDENT: IF NO VISIT, please explain circumstances & follow-up steps:* |
| **Preceptor: Reach us at SCI-ElPaso@ttuhsc.com or Dr. Rosenthal:(915) 215-6459 or Nico Acedo-Aguilar: (915) 215-4712** | | |
| **FALL WORKSHOP: WORKING WITH INTERPRETERS (2 hours)**<br>*You will be assigned 1 of 4 sessions in Nov.*<br>Assigned Date to be Listed in Elentra:<br>Date –Time Assigned:_____<br>X No signature req'd<br>*Attendance to be Confirmed On Site with Badge*<br>_____<br>SERVICE LEARNING SYMPSOSIUM & 100 HOUR CLUB & SYMPOSIUM AWARDS RECEPTION<br>WATCH FOR A SAVE THE DATE:<br>For a Tuesday in late February-early March 2026<br>MS2 Presentations and Attendance Encouraged BUT NOT REQUIRED<br>*Call for Abstracts in the Fall* | **SPRING VISIT: Dentist (2 Hours)**<br>Date of visit:<br>Preceptor Name:<br>_____<br>PRECEPTOR: With my *signature* I am confirming that the student named above served with me today. Preceptor signature/date:<br>x_____<br>**STUDENT: IF NO VISIT, please explain circumstances & follow-up steps:* | **SPRING: MENTAL HEALTH PANEL & POLICY WORKSHOP**<br>Wed. Jan 21, 2026, 8 am – NOON MT<br>__X No signature req'd -attendance tbc<br>_____<br>**MAKE-UP / EXTRA VISIT: (2 - 4 hours) TBC**<br>Date of visit:<br>Panel/Preceptor Name:<br>_____<br>PRECEPTOR: With my *signature* I am confirming that the student named above served with me today. Preceptor signature/date:<br>x _____<br>**STUDENT: IF NO VISIT, NO SIGNATURE* |

STUDENT: This card may be requested at any time by SCI team. It is due within one (1) week of after Spring Semester Exams - in Elentra & in Hard Copy (Box @ MEB 4150).
KEEP A COPY FOR YOUR RECORDS; copy during the semester as you like. SUBMIT THE HARD COPY AT LAST SCI IV SPRING CLASS AND SUBMIT IN ELENTRA By Fri. 2/20/2026.
This CARD is required and may be in addition to any requested EZ-Check electronic check-in requested.

CARD #:_____

## Appendix 4: Student Evaluation Form

**Dear Preceptor,**

**Please return this *confidential* feedback form to us within *one* week of the student's visit:**

- **Scan and send to SCI-ElPaso@ttuhsc.edu OR**
- **For concerns or questions, contact: Nicolás Acedo-Aguilar, SCI Coordinator, at 915-215-4712 or Nicolas.Acedo-Aguilar@ttuhsc.edu.**

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Texas Tech Health EL PASO

**Foster School of Medicine Pre-Clerkship Community Health Experience**
**Medical Student – Preceptor Formative Feedback Form**

Thank you for serving as a preceptor for our medical students. Your support, mentorship, and feedback are essential to their learning and development!

📌 Please evaluate each student *individually*.

**Student Name:** _____

**Year, check one box:** MS1 ☐ MS2 ☐

**Preceptor Name:** _____

**Visit Date:** _____ **Feedback Date:** _____

| Criteria | Exceeds Expectations | Meets Expectations | Needs Improvement | N/A |
|---|---|---|---|---|
| Medical Knowledge | | | | |
| Clinical Skills | | | | |
| Patient Communication | | | | |
| Professionalism | | | | |
| Responsiveness to Feedback | | | | |

General Comments (optional but encouraged; feel free to use the back of this page):

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

# Medical Education Program Policy

| | | | | | |
|---|---|---|---|---|---|
| **Policy Name:** | **LCME Leadership Advisory Group Subcommittee Policy** | | | | |
| **Policy Domain:** | Administrative Leadership Oversight for LCME Accreditation | | **Refers to LCME Element(s):** | 1.1, 1.2, 1.3, 1.5,1.6, 2.1, 2.2, 2.3, 2.4, 3.2, 3.4, 3.5, 3.6, 4.1, 4.3, 4.4, 4.5, 4.6, 5.1, 5.2, 5.3, 5.4, 5.7, 5.8, 5.9, 5.11, 5.12, 6.6, 6.7, 9.2, 10.1, 10.2, 10.3, 10.4, 10.6, 10.7, 10.8, 11.1, 11.2, 11.4, 12.1, 12.3, 12.4, 12.5, 12.6, 12.7, 12.8 | |
| **Responsible Executive:** | Chair, Curriculum and Educational Policy Committee | **Adopted:** | September 2025 | **Date Last Revised:** | |
| **Responsible Office:** | Office of Medical Education | **Contact:** | Mirjana Babic M.P.A. mbabic@ttuhsc.edu | | |

**1. Policy Statement**: The LCME Leadership Advisory Group Sub-Committee is a standing subcommittee of the Curriculum and Educational Policy Committee (CEPC) established per article X, subsection 2c of the PLFSOM Faculty Bylaws. The CEPC assigns limited operational responsibilities, while the subcommittee promotes institutional oversight of LCME accreditation by encouraging collaboration across departments that impact educational quality and LCME preparedness

**2. Reason for Policy**: To formalize the structure, membership, responsibilities, and authority of the LCME Leadership Advisory Group Subcommittee and ensure alignment with CEPC and LCME expectations

**3. Who Should Read this Policy**: CEPC members; members of the LCME Leadership Advisory Group Subcommittee; Office of Medical Education administrative staff; leadership from institution and school essential for LCME compliance

**4. Resources**: The subcommittee is supported by the Office of Medical Education

**5. Definitions:**
**CEPC:** The Curriculum and Educational Policy Committee, as defined in the PLFSOM Faculty Bylaws.
**LCME:** The Liaison Committee on Medical Education, the accrediting body for MD programs in the U.S. and Canada.
**LCME Elements:** specific areas of compliance required for accreditation. The LCME accreditation framework includes 12 comprehensive standards, each supported by multiple elements that collectively define the expectations for MD-granting institutions. These standards cover a broad range of categories, such as the institution's mission and governance, the academic environment, faculty and administrative support, curricular structure and content, and student services. The standards serve as benchmarks to ensure consistent quality across all accredited medical schools

**6. The Policy:**
**a. Establishment and Reporting**
This subcommittee was initially an ad hoc working group and was formally designated a standing subcommittee

of the CEPC by appointment of the CEPC Chair. It operates under the CEPC's authority per Article X, subsection 2c of the PLFSOM Faculty Bylaws. The chair of the CEPC has delegated ongoing responsibility for monitoring LCME Elements that require collaboration across the school and institution to achieve and maintain compliance. The subcommittee will report to the CEPC.

**b. Membership**

Membership includes key representatives from institutional leadership and school's operational areas essential to LCME compliance. Members are appointed based on their role, and their service on the subcommittee will continue for the duration of their appointment in that role. Members may appoint a proxy to attend and vote in their place if they are unable to attend.

Membership consists of:

- Associate Dean for Office of Medical Education (Chair)
- Associate Dean for Graduate Medical Education
- Associate Dean of Student Affairs
- Associate Academic Dean for Admissions
- Assistant Vice President Student Services & Student Engagement
- Associate Dean for Faculty Affairs
- Associate Dean for Office of Finance and Administration
- Associate Dean for Faculty Development
- Vice President for Academic Affairs
- Associate Managing Director for Academic Programs
- Assistant Dean for Medical Education (Clinical Instruction)
- Assistant Dean for Medical Education (Basic Science Instruction)
- Assistant Dean for Student Affairs

Additional ex-officio, non-voting members of the subcommittee shall include:

- Director of Office of Medical Education,
- Associate Director for Accreditation
- Assistant Director for Student Experience and Continuous Quality Improvement.

Additional institutional and school leaders will be invited to participate on an as needed basis when LCME Elements in their area of authority and expertise are reviewed. This includes but is not limited to compliance, library services, information technology and research.

**c. Meeting Frequency**

The subcommittee meets quarterly and may convene more frequently based on school's needs or accreditation timelines.

**d. Charge and Responsibilities**

The subcommittee is responsible for:

- Monitoring school's readiness and performance with respect to LCME accreditation standards and elements, particularly those requiring cross-functional coordination
- Facilitating timely and collaborative responses to areas of concern or deficiency
- To review findings from CQI reports and make recommendations as needed to the appropriate leadership, other standing committees, and/or to the dean These recommendations may involve changes to policies, procedures, processes, and/or programmatic modifications.
- The subcommittee ensures that outcome data is used consistently to support continuous quality improvement

- Coordinating stakeholder engagement in support of accreditation-related planning, evaluation, and documentation
- Supporting the CEPC and Office of Medical Education in preparation for LCME site visits and submission requirements (e.g., DCI, Institutional Self-study, surveys)

**e. Constraints**

The subcommittee serves in an advisory and coordinating capacity and does not independently enact curricular or institutional policy changes. Recommendations for such changes are made through the CEPC or relevant executive bodies.

**f. Reporting**

The subcommittee reports to the CEPC at least annually, with ad hoc updates as needed. The associate dean for medical education serves on both the CEPC and the Leadership Advisory Group Subcommittee to coordinate activities across the groups.