



## Curriculum and Educational Policy Committee

### AGENDA

FEBRUARY 1, 2016

5:00 PM

MEB 1140

I.	Student Rep reports/concerns	SCEC Reps
II.	It's official, Dr. Cashin is the new IM Clerkship Director	Richard Brower, MD
III.	Introduction of Robin Dankovich, Assistant Director of Accreditation and Educational Compliance	Richard Brower, MD
IV.	Introduction of Lisa Beinhoff, Ph.D., new Managing Director for the Library	Richard Brower, MD
V.	LCME Accreditation Timeline	Richard Brower, MD
VI.	CQI Issues and Curriculum Management Role of the CEPC	Richard Brower, MD
VII.	Course and Clerkship CQI for AY2016-17 - including syllabus reviews	Richard Brower, MD
VIII.	Self-directed learning in years 1-2	Naomi Lacy, PhD
IX.	Exam Item Quality Policy Proposal	Naomi Lacy, PhD
X.	Common Clerkship Policy Revisions	Maureen Francis, MD
XI.	Year 4 – new electives	Maureen Francis, MD
XII.	Adjourn	



## Curriculum and Educational Policy Committee Meeting

Date: February 1, 2016

Time: 5:00 PM – 6:30 PM

Location: MEB 1140

Meeting Called By	Richard Brower, M.D., Associate Dean for Medical Education
Type of Meeting	Curriculum and Educational Policy Committee
Chair	Richard Brower, M.D.
Staff Support	Belinda Sanchez
Attendees	See sign-in sheet

I. **Convene and review of minutes from the previous meeting** Richard Brower, M.D.

Minutes for December 14, 2015 were reviewed and revisions were noted below. Actions items and announcements for these minutes were also discussed.

### Revisions

#### **Item III - 1<sup>st</sup> Paragraph**

Change the name of the student that brought up this item to Laura Palmer, MSIII

#### **Item III - Action Item**

Change to: Dr. Maureen Francis is going to follow up regarding the possible addition of Urology as a subspecialty, related to the surgical selectives.

#### **Item III - 2<sup>nd</sup> Paragraph**

Change wording to: Dr. Brower informed the student reps that it is time to initiate preparations for the Independent Student Analysis.

#### **Item XIII - Review and Approval of the addendum to the catalog which covers the clinical preparation course**

Dr. Brower announced that this has been posted and is available publicly on our website through the catalog link. Per Dr. Horn's recommendation the consolidated on the versions and marked it revised and clearly marked the page where the addendum refers to and then the addendum is clearly marked in the back.

#### **Item IX - Endorsement of the UME Strategic Planning Summary and the PLFSOM Strategic Plan Educational Program Goals as guiding documents for the education program**

Dr. Horn stated that she has the information on the top 3, but she just hasn't collated it into a document yet. The Student Affairs Committee will be meeting in the next couple of weeks.

Minutes were approved with above revisions, announcements, and actions.

- II. **It's official, Dr. Cashin is the new IM Clerkship Director** Richard Brower, M.D.  
The committee congratulated Dr. Cashin on her new role.
- III. **Introduction of Robin Dankovich, Assistant Director of Accreditation and Educational Program Compliance** Richard Brower, M.D.  
Dr. Brower introduced Robin, and said this position is very important to this committee and even more so to the LCME survey rep process and everything related to educational compliance reporting. Robin said this is her 2<sup>nd</sup> tour of duty at PLFSOM. She used to work in Admissions several years ago. She has been spending the last few years working full time on her doctorate in education and is just about finished.
- IV. **Introduction of Lisa Beinhoff, Ph.D., new Managing Director for the Library** Richard Brower, M.D.  
Dr. Brower introduced Dr. Beinhoff as an ex-officio member to the committee and asked her to say a few words about herself. Dr. Beinhoff said she has been a library director for close to 20 years and comes with a broad range of experience, to include a lot of accreditation experience. Essentially, as a bi-laws issue, Dr. Brower said to Dr. Beinhoff that she can either retain the ex-officio library representation on this committee, or she can choose to designate it. He will discuss this further with her at a later time.
- V. **LCME Accreditation Timeline** Richard Brower, M.D.  
Dr. Brower referred to the timeline handout and reviewed with the committee. Timeline kicked off in January, 2015.  
Discussion, comments, and questions ensued.  
Dr. Brower referred to deadlines and goals.  
Many CEPC members have already been engaged in the DCI process and others will come in at the Self-Study phase. The plan is to prepare for the earliest possible date for the survey, which is August 2017, but could be as late as October or November, 2017. Once the date is actually confirmed, in the next couple of months, the timeline will be adjusted.  
There is a new element in the LCME that everyone will be involved in and can't be emphasized enough. In July, the LCME published an updated expectation for accreditation which in their standard one about essentially strategic planning and improvement, included an imperative for continuous quality improvement. There is now an explicit and formal expectation of a continuous quality improvement process driven by established formal standards for continuous quality improvement.
- VI. **Course and Clerkship CQI for AY2016-17 – including syllabus reviews** Richard Brower, M.D.  
Dr. Brower asked that the committee review the two handouts with what he is proposing for syllabus review this year. The teams of CEPC members that are listed on the handouts will be expected to receive the proposed syllabi for the next academic year for the courses listed on the timeline mentioned and the team along with the relevant clerkship director will present the syllabus for that course on the date indicated.  
Discussion and questions ensued.

**Action items:**

Dr. Brower will follow-up with Drs. Hogg, Lacy and Maureen Francis regarding review and distribution of the syllabus review rubrics.

In order to keep with the timeline and get through the syllabus reviews, it will be necessary to schedule two extra CEPC meetings on April 4, 2016 and May 16, 2016. Students are not expected to attend these two extra CEPC meetings, unless they would like to.

**VII. Self-directed learning in years 1-2**

**Naomi Lacy PhD**

Dr. Lacy referred to handouts and gave a power point presentation on LCME Element 6.3: Self-Directed & Life Long Learning

Dr. Lacy stated that where we fall short in meeting expectations is in giving feedback and action is recommended.

Discussion, questions, and suggestions ensued.

The Brower brought up the point that the integration course at the end of year 2 is designed to include the self-directive learning component.

**Action item:**

Dr. Brower asked that Dr. Hogg identify elements in which we are potentially falling short of meeting expectations in the area of giving feedback and report back to the committee.

**VIII. Exam Item Quality Policy Proposal**

**Naomi Lacy, PhD**

Dr. Lacy referred to the proposed Summative Test Item Standards Policy handout and proceeded to give her power point presentation.

Questions and discussion followed.

**Action item:** The committee came to a consensus of adopting this policy at this time, get a years' worth of data, and then revisit the policy again.

**IX. Common Clerkship Policy Revisions**

**Maureen Francis, M.D.**

Dr. Francis went over the revisions made on the Common Clerkship Policy handout for AY 2016-2017.

Dr. Horn commented that these changes are consistent with the Student Handbook.

**Action item:** Other than the absence policy changes and the correction of duty hours, the committee adopted the revised policy for AY 2016-2017. Once the absence policy is back from Student Affairs and Faculty Council, it can be inserted in to the policy and posted for the students.

**X. Year 4 – new electives**

**Maureen Francis, M.D.**

Dr. Francis presented a PowerPoint presentation on the new electives for the next academic year.

There was discussion, questions, and comments throughout her presentation.

Due to lack of capacity for ICU and sub-I rotation electives here on campus, there was discussion about potentially allowing students to take care of these electives off-campus. Currently, there are no standards or quality measures in place to allow this.



**Action item:** Dr. Brower will meet with Dr. Maureen Francis and discuss the prospect of having students do their ICU and sub-I electives off campus, and report back to the committee at the next CEPC meeting. The committee had no objections about this prospect.

XI. **Adjourn**

Meeting was adjourned at 6:45p.m.




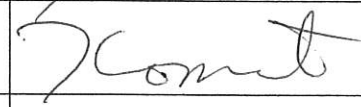
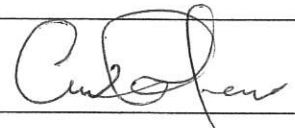
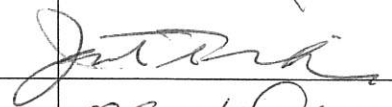

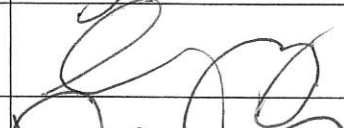
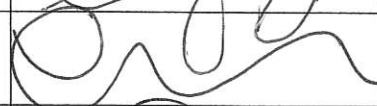

TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
at El Paso

Paul L. Foster School of Medicine

Curriculum and Educational Policy Committee Meeting  
February 1, 2016

**Richard Brower, MD – Chair**

**Members – Faculty**

<b>Name</b>	<b>Title</b>	<b>Department</b>	<b>Signature</b>
<b>Dan Blunk, M.D.</b>	<b>College Master</b>	<b>Medical Education</b>	
<b>Mark Francis, M.D.</b>	<b>Professor</b>	<b>Medical Education</b>	
<b>Thomas Gest, Ph.D.</b>	<b>Professor</b>	<b>Medical Education</b>	
<b>Oswaldo Padilla, M.D.</b>	<b>Clinical Assistant Professor</b>	<b>Pathology</b>	
<b>Curt Pfarr, Ph.D.</b>	<b>College Master</b>	<b>Medical Education</b>	
<b>Janet Piskurich, Ph.D.</b>	<b>College Master</b>	<b>Medical Education</b>	
<b>Olof Sundin, Ph.D.</b>	<b>Associate Professor</b>	<b>Biomedical Sciences</b>	
<b>Cynthia Perry, Ph.D.</b>	<b>Assistant Professor</b>	<b>Medical Education</b>	
<b>Laura Cashin, M.D.</b>	<b>Assistant Professor</b>	<b>Internal Medicine</b>	
<b>Uga Aghaegbulam, M.D.</b>	<b>Assistant Professor</b>	<b>Internal Medicine</b>	

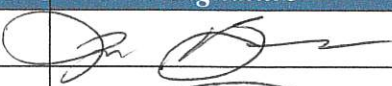

**Members - Students**

<i>Name</i>	<i>Year</i>	<i>Signature</i>
<b>Christa Soekamto</b>	<b>MS 4</b>	
<b>Mark Girton</b>	<b>MS 4</b>	
<b>Joshua Speirs</b>	<b>MS 4</b>	
<b>Laura Palmer</b>	<b>MS 3</b>	
<b>Claire Zeorlin</b>	<b>MS 3</b>	
<b>Rima Patel</b>	<b>MS 3</b>	
<b>Daniel Welder</b>	<b>MS 2</b>	
<b>Carolina Blotte</b>	<b>MS 2</b>	
<b>Tyler Trevino</b>	<b>MS 1</b>	
<b>Douglas Weier</b>	<b>MS 1</b>	

**Ex-officio - Members**

<i>Name</i>	<i>Title</i>	<i>Department</i>	<i>Signature</i>
<b>Richard Brower, MD</b>	<b>Associate Dean for Medical Education</b>	<b>Medical Education</b>	
<b>Andrea Cancellare</b>	<b>Unit Associate Director</b>	<b>Library</b>	
<b>J. Manuel de la Rosa, MD</b>	<b>Provost and Vice President of Academic Affairs</b>	<b>President's Office</b>	
<b>Maureen Francis, MD</b>	<b>Assistant Dean</b>	<b>Medical Education</b>	
<b>Tanis Hogg, PhD</b>	<b>Assistant Dean</b>	<b>Medical Education</b>	
<b>Kathryn Horn, MD</b>	<b>Associate Dean</b>	<b>Student Affairs</b>	
<b>Naomi Lacy, PhD</b>	<b>Director</b>	<b>Medical Education</b>	
<b>Jose Lopez</b>	<b>Assoc. Dir. Academic Tech.</b>	<b>Information Technology</b>	

**Guests**

<i>Name</i>	<i>Year</i>	<i>Department</i>	<i>Signature</i>
Lisa Dehoff		Library	
Andre Rosa		Provost	

**Clerkship Coordinators**

<i>Name</i>	<i>Year</i>	<i>Department</i>	<i>Signature</i>

**Other participants**

<i>Name</i>	<i>Department/Organization</i>	<i>Signature</i>

**Notes**



JAN2016

- ISA INITIATED (ISA TASK FORCE BEGINS WORK ON SURVEY)
- DCI ASSIGNMENTS ISSUED

MAR2016

- ISA SURVEY DISTRIBUTED TO STUDENTS
- FINAL DCI FOR PLFSOM SURVEY PUBLISHED BY THE LCME (IN MARCH OR APRIL)
- DRAFT DCI ASSIGNMENTS DUE BY 3/31/16

APR2016

- ISA DATA PROVIDED TO OFFICE OF MED ED/FACULTY (ISA TASK FORCE CONTINUES WORKS ON ANALYSIS/REPORT)
- DRAFT DCI ASSIGNMENTS REVIEWED AND RETURNED FOR REVISIONS BASED ON FINAL DCI REQUIREMENTS

MAY-  
JUN2016

- REVISED DCI SUBMISSIONS DUE BY 5/31/16
- ISA REPORT DUE BY 5/31/16, DATA INCORPORATED INTO DCI
- DCI AND ISA DISTRIBUTED TO SELF-STUDY SUBCOMMITTEES BY 6/30/2016

JUL-  
AUG2016

- SELF-STUDY "ROUND 1" – DRAFT REPORTS DUE 8/31/16
- ACTION ON ALL AREAS OF CONCERNS IDENTIFIED – THINK CQI  
WITH DOCUMENTED P-D-S-A CYCLES!)

SEP2016

- OFFICE OF MED ED AND SURVEY PREP EXEC COMM REVIEW
- CONTINUED ACTION ON ALL AREAS OF CONCERN



OCT-  
DEC2016

- SELF-STUDY “ROUND 2” – SELF-STUDY SUBCOMMITTEE REFLECTION, REFINEMENT OF REPORTS , REVIEW OF PROGRESS REGARDING AREAS OF CONCERN, DEVELOPMENT OF SUMMARY REPORT RECOMMENDATIONS – REPORTS DUE 12/16/16

JAN2017

- “LAST CALL” SELF-STUDY SUBCOMMITTEE WORK IN COLLABORATION WITH THE OFFICE OF MED ED
- DCI DATA TABLE UPDATES COMPLETED

FEB-  
APR2017

- OFFICE OF MED ED/FACULTY ACCREDITATION LEAD REVIEWS THE DCI, PREPARES THE SELF-STUDY SUMMARY REPORT AND REVIEWS IT WITH THE SURVEY PREP EXEC COMM, MAKES ANY NECESSARY UPDATES AND CORRECTIONS
- COMPLETE ACCREDITATION PACKET PREPARED BY 4/30/17

MAY2017

- SUBMISSION OF FINAL ACCREDITATION PACKET TO THE LCME (DCI, ALL SUPPORTING DOCUMENTS, ISA REPORT AND SELF-STUDY REPORT)

JUN-  
JUL2017

- FACULTY ACCRED. LEAD AND SECRETARY OF THE SURVEY TEAM PREP SURVEY VISIT SCHEDULE
- RESPOND TO REQUESTS FOR ADDITIONAL INFORMATION
- SUBMIT FINAL BUNDLE OF CORRECTIONS/UPDATES

AUG2017

- EARLIEST POTENTIAL DATE FOR SURVEY TEAM VISIT (SHOULD KNOW DATES BY APRIL, PROBABLY SOONER)
- ANY 'SLACK' PROVIDED BY LATER SCHEDULING WILL BE INCORPORATED INTO A REVISED TIMELINE IF NECESSARY





TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
EL PASO

Paul L. Foster School of Medicine

**AY2016-17 CLERKSHIP SYLLABUS  
AND BLOCK REVIEW TEAMS  
v01FEB2016**

IM-PSYCH + EM

PADILLA  
PERRY  
GEST

OB/GYN-PEDI + CC + SUB-I

UGA  
PFARR  
CASHIN

SURG-FM + NEURO

BLUNK  
PISKURICH  
FRANCIS, MARK

**AY2016-17 PRE-CLERKSHIP  
SYLLABUS AND COURSE REVIEW  
TEAMS v01FEB2016**

SPM

SUNDIN  
UGA  
^HORN

SCI

PFARR  
^HOGG  
BLUNK

MED SKILLS

PADILLA  
CASHIN  
HTAY\*

COLLOQUIUM

^LACY  
PERRY  
FRANCIS, MARK

SARP

SUNDIN  
^FRANCIS, MAUREEN  
GEST

ICE (including PICE) + 'BOOT CAMP'

PISKURICH  
^BROWER

\*Not a member of the CEPC

^Ex Officio

**AY2016-17 CEPC COURSE/CLERKSHIP SYLLABUS REVIEW AND CQI TEAM ASSIGNMENTS v.01FEB2016**
**By course:**

COURSE/CLERKSHIP:	SYLLABUS TO TEAM BY:	TEAM MEMBERS:	TEAM AND CLERKSHIP DIRECTOR PRESENT:
IM-PSYCH EM	IM-PSYCH: 2/22/16 EM: 4/24/16	PADILLA, PERRY, GEST	IM-PSYCH: 3/14/16 EM: **5/16/16
OB/GYN-PEDI CC + SUB-I	OB/GYN: 2/22/16 CC+SUB-I: 4/24/16	UGA, PFARR, CASHIN	OB-GYN-PEDI: 3/14/16 CC + SUB-I: **5/16/16
SURG-FM NEURO	SURG-FM: 3/21/16 NEURO: 4/24/16	BLUNK, PISKURICH, FRANCIS-MK	SURG-FM: 4/11/16 NEURO: **5/16/16
SPM	3/21/16	SUNDIN, UGA, ^HORN	SPM: 4/11/16
SCI	3/14/16	PFARR, ^HOGG, BLUNK	**4/4/16
MED SKILLS	3/14/16	PADILLA, CASHIN, *HTAY	**4/4/16
COLLOQUIUM	4/18/16	^LACY, PERRY, FRANCIS-MK	5/9/16
SARP	4/18/16	SUNDIN, ^FRANCIS- MN, GEST	5/9/16
ICE/PICE	4/18/16	PISKURICH, ^BROWER	5/9/16

\*Not a member of the CEPC

^Ex Officio

\*\*Schedule requires extra CEPC meeting on 4/4/16 and 5/16/16

**By teams:**

TEAM MEMBERS:	COURSE/CLERKSHIP:	SYLLABUS TO TEAM BY:	TEAM AND CLERKSHIP DIRECTOR PRESENT:
PADILLA, PERRY, GEST	IM-PSYCH EM	IM-PSYCH: 2/22/16 EM: 4/24/16	IM-PSYCH: 3/14/16 EM: **5/16/16
UGA, PFARR, CASHIN	OB/GYN-PEDI CC + SUB-I	OB/GYN: 2/22/16 CC+SUB-I: 4/24/16	OB-GYN-PEDI: 3/14/16 CC + SUB-I: **5/16/16
BLUNK, PISKURICH, FRANCIS-MK	SURG-FM NEURO	SURG-FM: 3/21/16 NEURO: 4/24/16	SURG-FM: 4/11/16 NEURO: **5/16/16
SUNDIN, UGA, ^HORN	SPM	3/21/16	SPM: 4/11/16
PFARR, ^HOGG, BLUNK	SCI	3/14/16	**4/4/16
PADILLA, CASHIN, *HTAY	MED SKILLS	3/14/16	**4/4/16
^LACY, PERRY, FRANCIS- MK	COLLOQUIUM	4/18/16	5/9/16
SUNDIN, ^FRANCIS-MN, GEST	SARP	4/18/16	5/9/16
PISKURICH, ^BROWER	ICE/PICE	4/18/16	5/9/16

\*Not a member of the CEPC

^Ex Officio

\*\*Schedule requires extra CEPC meeting on 4/4/16 and 5/16/16



**By presentation date:**

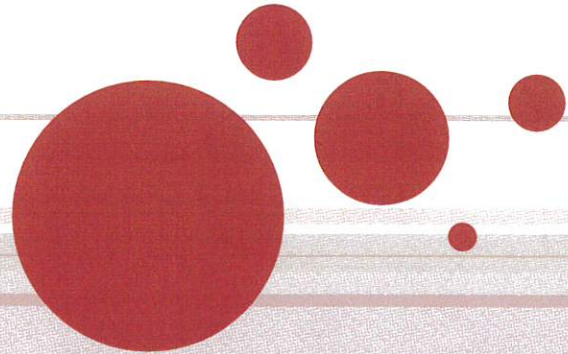
PRESENTATION DATE:	COURSES:	TEAM MEMBERS:	SYLLABUS TO TEAM BY:
3/14/16	IM-PSYCH	PADILLA, PERRY, GEST	2/22/16
	OB/GYN-PEDI	UGA, PFARR, CASHIN	
**4/4/16	MEDICAL SKILLS	PADILLA, CASHIN, *HTAY	3/14/16
	SCI	PFARR, ^HOGG, BLUNK	
4/11/16	SURG-FM	BLUNK, PISKURICH, FRANCIS-MK	3/21/16
	SPM	SUNDIN, UGA, ^HORN	
5/9/16	COLLOQUIUM	^LACY, PERRY, FRANCIS-MK	4/18/16
	SARP	SUNDIN, ^FRANCIS- MN, GEST	
	ICE/PICE	PISKURICH, ^BROWER	
**5/16/16	EM	PADILLA, PERRY, GEST	4/24/16
	NEURO	BLUNK, PISKURICH, FRANCIS-MK	
	SUB-I + CRITICAL CARE	UGA, PFARR, CASHIN	

\*Not a member of the CEPC

^Ex Officio

\*\*Schedule requires extra CEPC meeting on 4/4/16 and 5/16/16

# LCMIE ELEMENT 6.3: SELF-DIRECTED & LIFE LONG LEARNING





## LCME ELEMENT 6.3

- Preclerkship focused
- Requires:
  - Self-directed learning in first 2 years of curriculum
  - Unscheduled time for students
    - Copy of policy
    - Effectiveness of policy
  - Required activities outside class (self-taught, etc.)
  - Academic Workload monitoring





## LCME DEFINES AS:

- Students engage in all of the following components as a unified sequence :
  - Identify, analyze, and synthesize information relevant to their learning needs
  - Assess the credibility of information sources
  - Share the information with their peers and supervisors
  - Receive feedback on their information-seeking skills

# SECRETARIAT PROVIDED INFO

2/1/2016



- Must cover all elements in sequence
- Most often met by PBL type activities
- Only activities that all student participate in meet the requirement.



# Proposed Test Item Quality Policy



EVALUATION COMMITTEE  
RECOMMENDATION



# Why



- **CEPC requested a proposal from the Evaluation committee**
- **Committee drafted a proposal and sought Year 1 & 2 Committee input.**

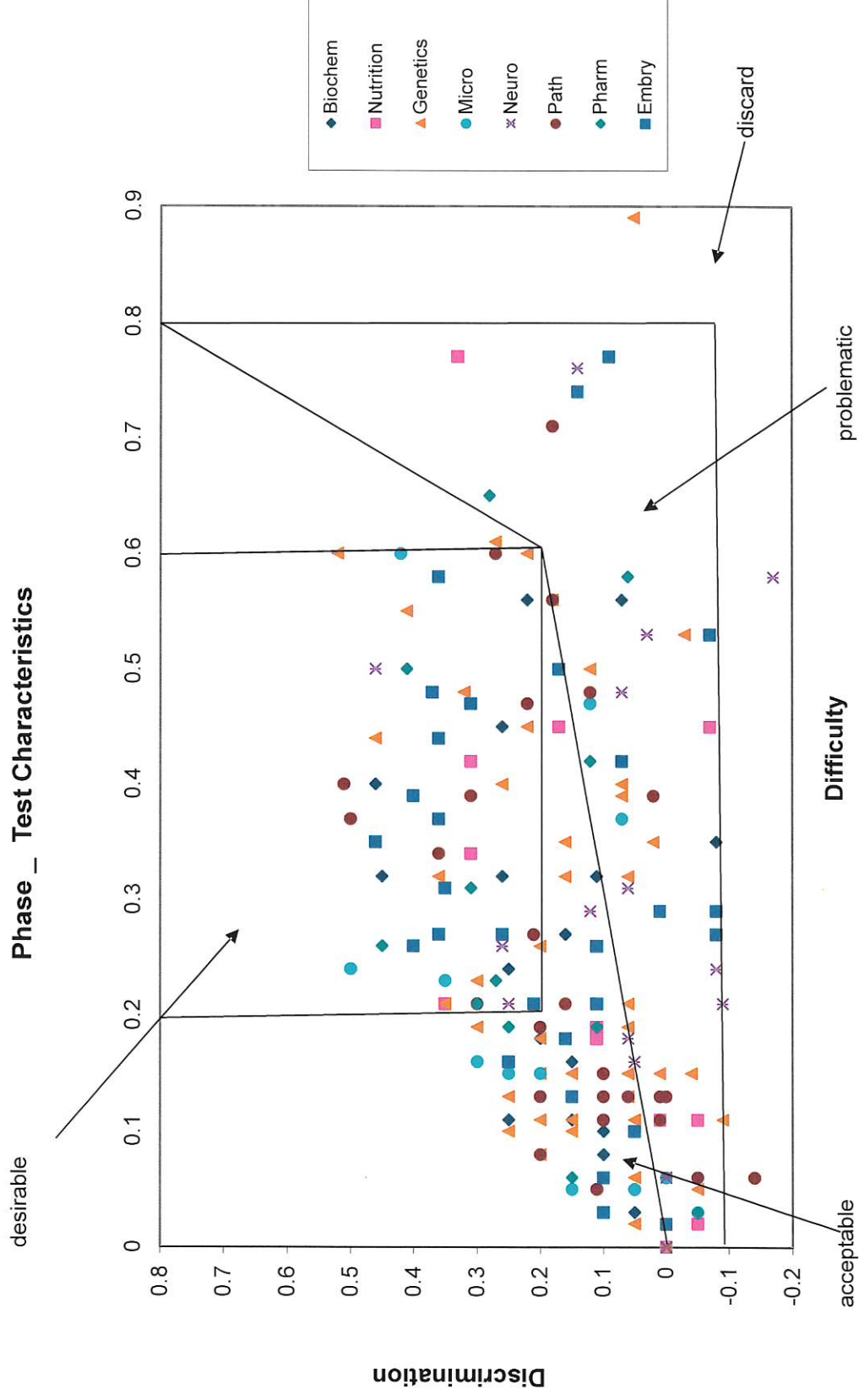


# Considerations



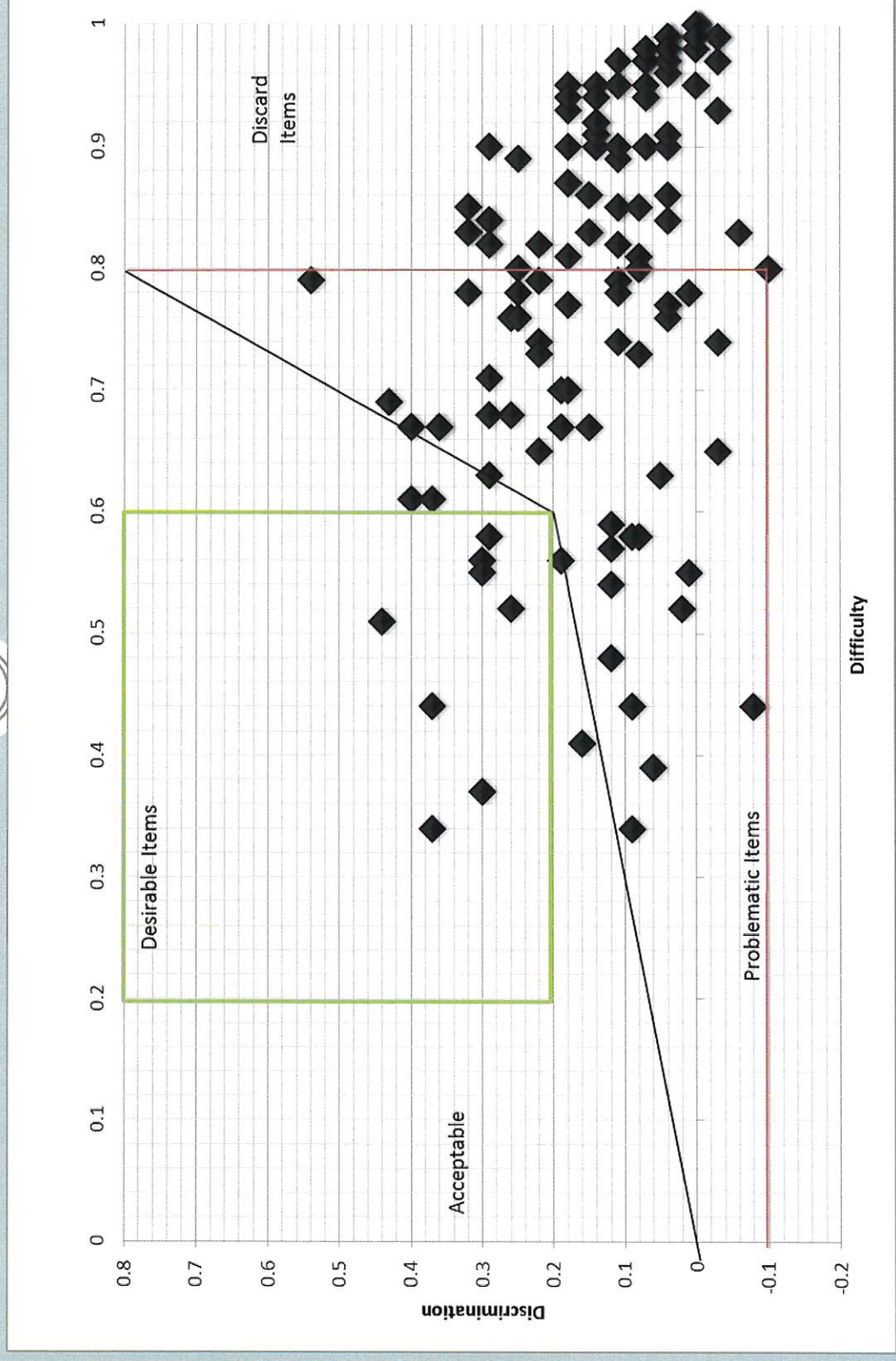
- Policy guidelines from other schools
  - Penn State
  - Washington
  - Michigan State
- Reference texts on Item Analysis
  - Kehoe, Jerard (1995). Basic item analysis for multiple-choice tests. Practical Assessment, Research & Evaluation, 4(10).
  - French, Christine (2001). A Review of Classical Methods of Item Analysis. Annual Meeting of the Southwest Educational Research Association (New Orleans, LA, February 1-3, 2001).
  - McCowan , Richard N and Sheila C. McCowan, 1999. Item Analysis for Criterion- Referenced Tests. Buffalo, New York 14207-2407.

# An Example from another med school



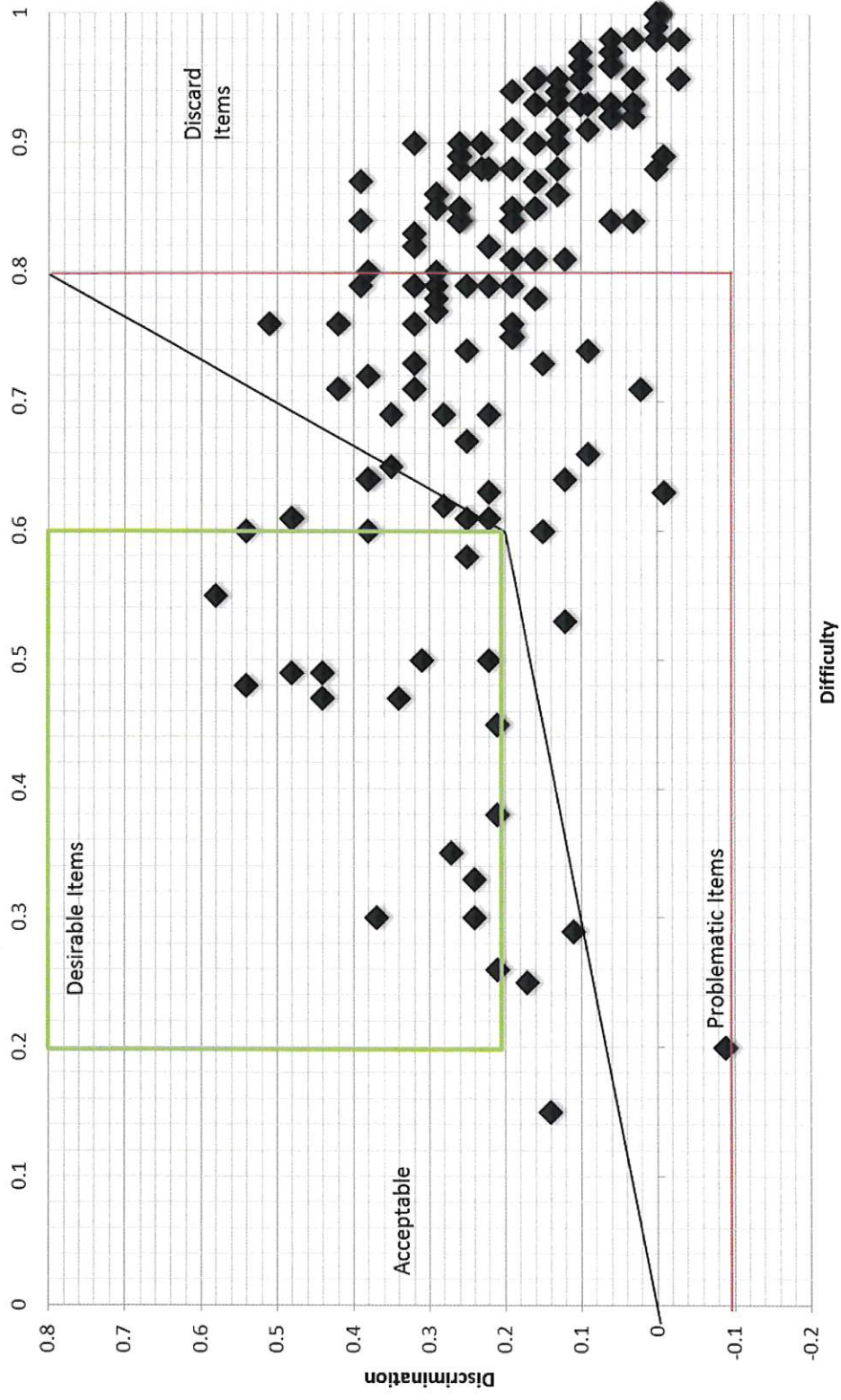


# Our END Summative in Comparison





# Our IHD in comparison





# The Proposed Standard



- **Difficulty**

- For any item with a difficulty of .2 or less, the item will be removed from the test and from the pool until improved.
- For any item with a difficulty of .9 or above, no changes to the test are required. The item is removed from the pool until it is made more difficult.

- **Discrimination**

- Items with discrimination scores less than .1, item is removed from the pool until improved.

- **Foil Quality**

- If 50% or more of the foils are not selected, the item is removed from the pool until improved.



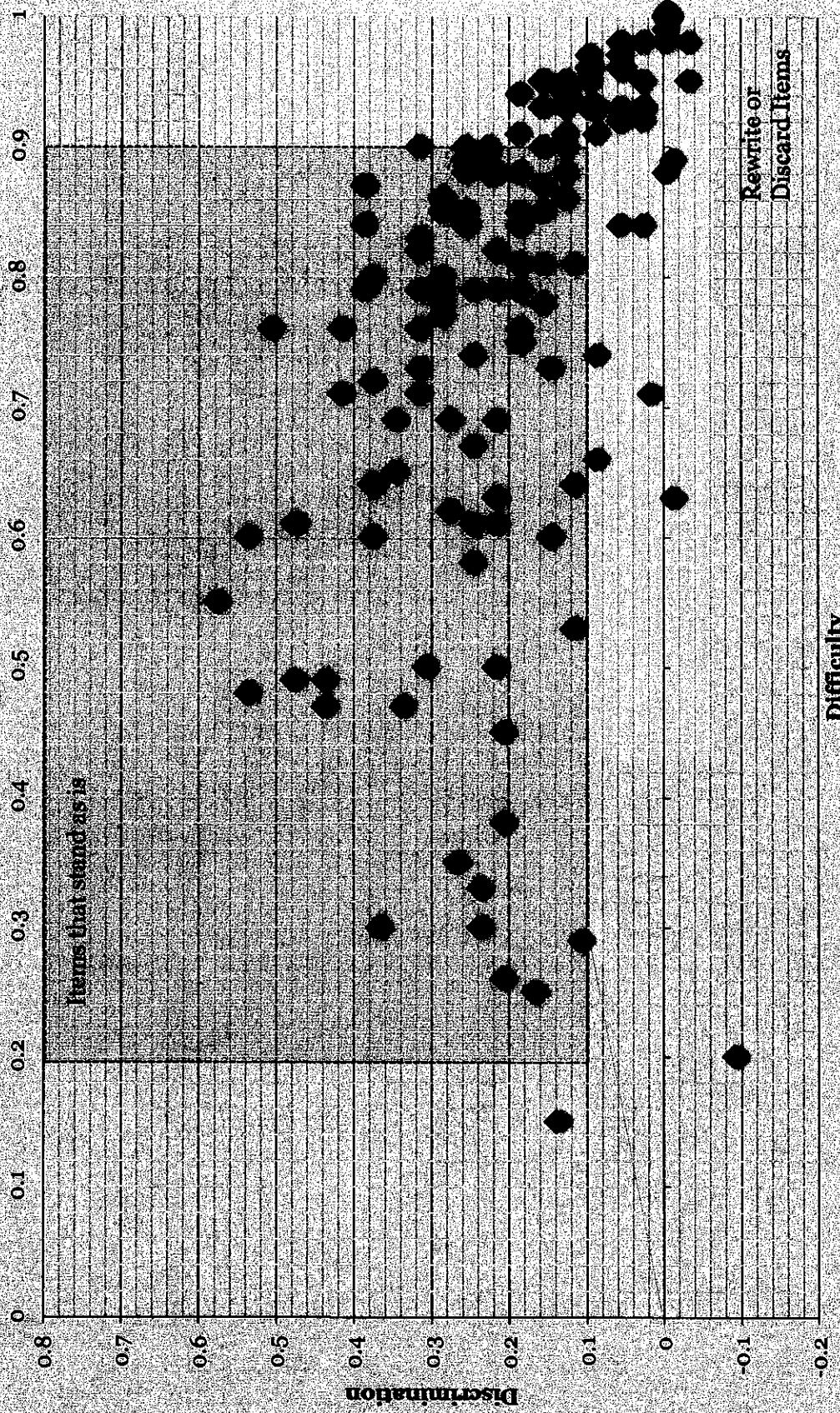
## Summary of Feedback from Year 1 & 2 Committee



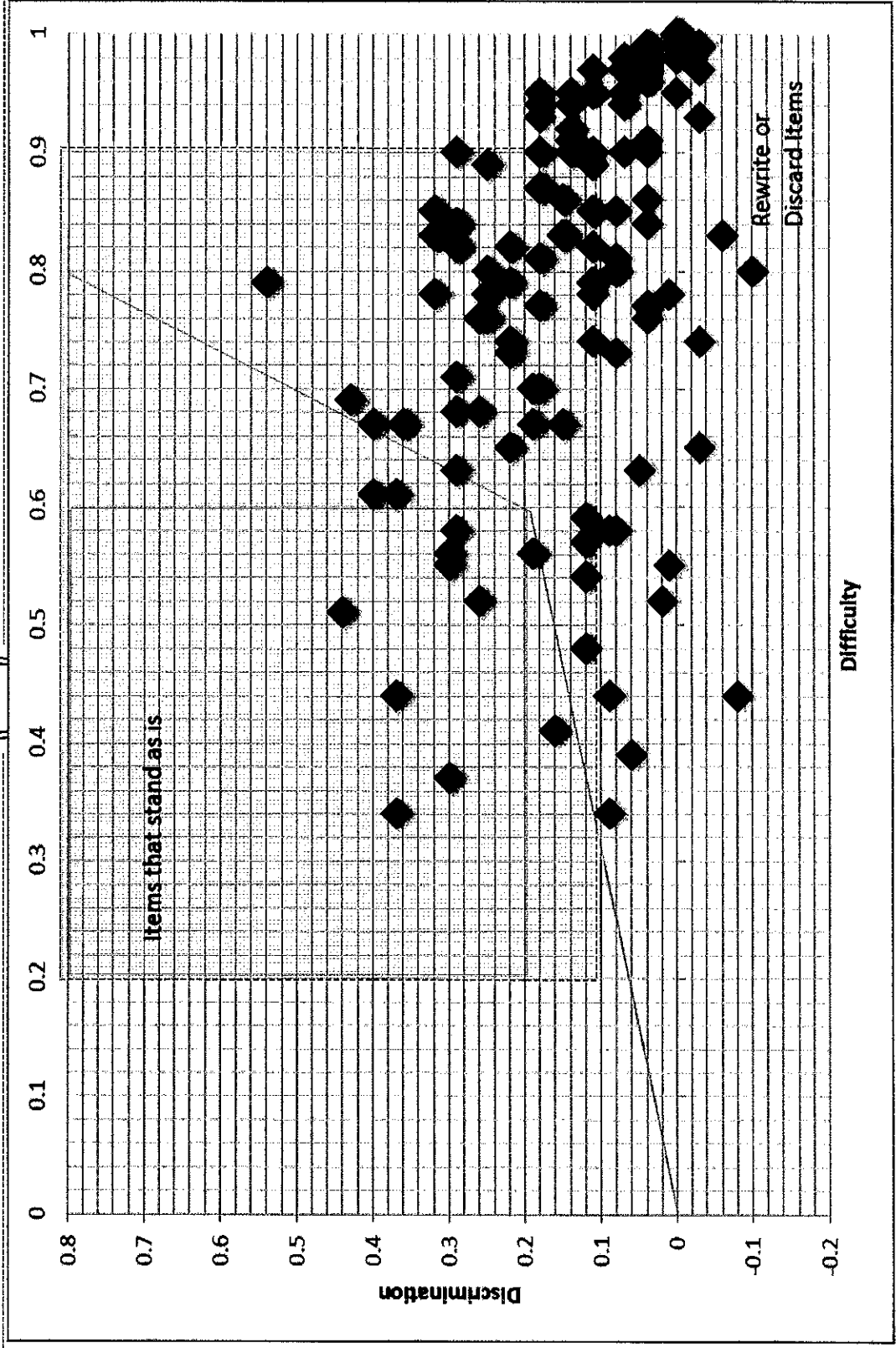
- Based on the committee feedback, moved the upper bound for difficulty from .95 to .9 (accepted and incorporated in the proposal in front of you).
- Concerned that without a change in the curving policy, this will just slide the pass point further left.
- Some faculty were concerned that we are omitting mastery testing.



# IHD Unit Proposal Results



# END Unit Proposal Results



# Summative Test Item Standards Policy

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## Purpose:

PLFSOM administers NBME style exams to the M1 & M2 students as a means of assessing the students' knowledge base. While we recognize the importance of subject mastery, these exams are intended to provide a reliable and valid means of assessing the overall knowledge base of the student. The quality of individual test items on a test determines the reliability and validity of that test. With this in mind, this policy sets the standards by which test items will be kept in the test bank.

## Item Statistics used by this policy

**Item difficulty** – calculated as percentage of the class getting the item correct.

**Item discrimination** – calculated as the percentage of students in the upper quartile who get the correct answer minus the percentage of students in the lower quartile who get the correct answer.

## Items requiring action

Test items that do not perform within the quality guidelines will be removed from the test item pool, pending either improvement or replacement.

- **Difficulty**
  - For any item with a difficulty of .2 or less, the item will be removed from the test and from the pool until improved (see below).
  - For any item with a difficulty of .9 or above, no changes to the test are required. The item is removed from the pool until it is made more difficult.
- **Discrimination**
  - Items with discrimination scores less than .1, item is removed from the pool until improved.
- **Foil Quality**
  - If 50% or more of the foils are not selected, the item is removed from the pool until improved.

Items that fall within the quality guidelines will be included in grade calculations. Figure 1 presents the flow of decision points about item actions.

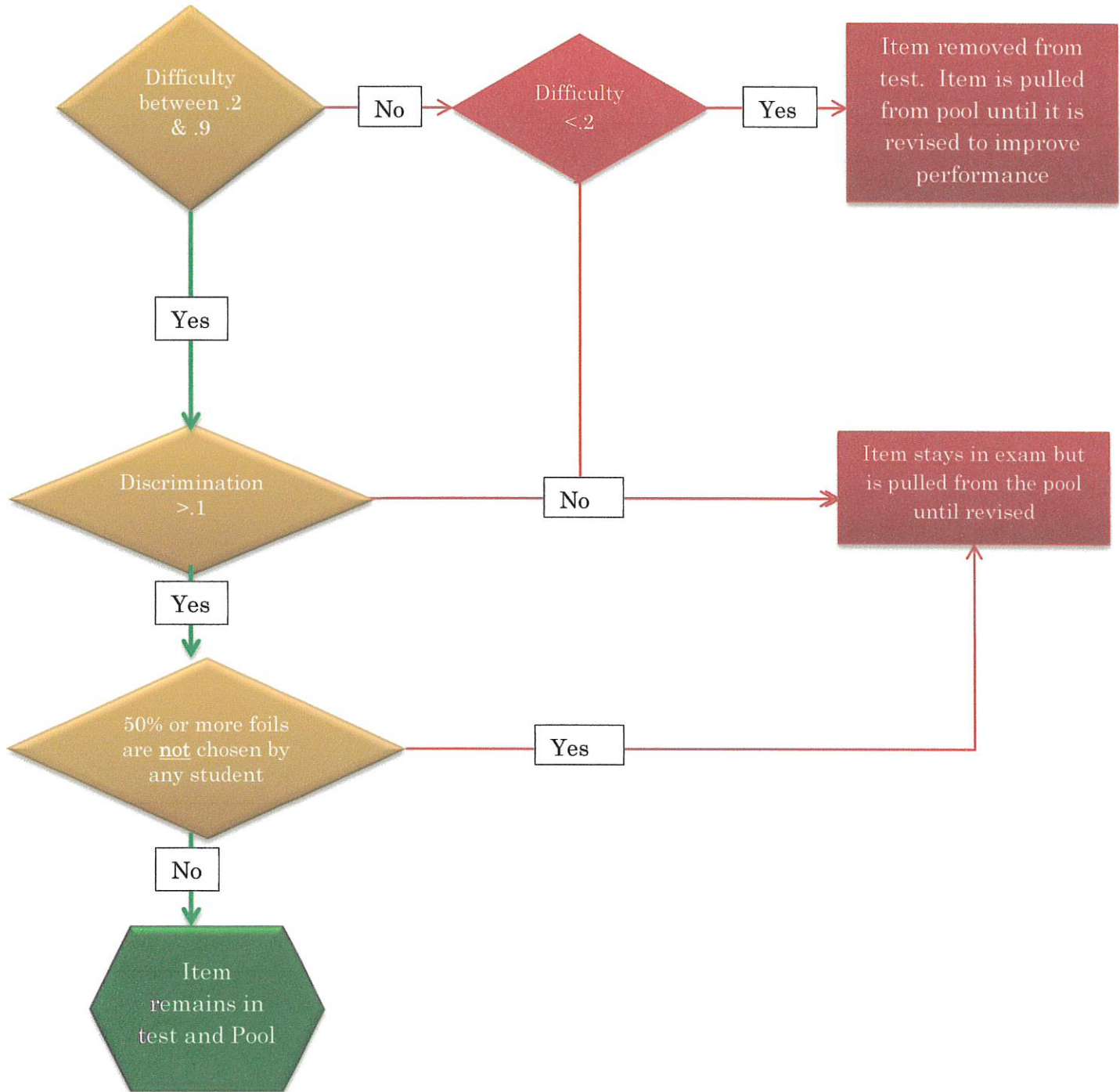
## Item Remediation Process

When an item is removed from the test bank/item pool, the responsible faculty member shall have the option of permanently archiving the question or improving the question. If the item is archived, it will be tagged as unusable so that it may not be used again without improvement.

If the faculty chooses to improve the question, a team of at least 2 other faculty members shall review the question. The reviewers will be provided with the original item statistics and reason for revision.



Figure 1: Item Analysis Decision Flow



## Annotated Bibliography:

Crystal Ramsay, *Item Analysis*. Accessed at <http://sites.psu.edu/itemanalysis/difficulty-2/> - provides a short tutorial on item statistics. Information used for this policy:

% Correct	Item difficulty designation
0 – 20	Very difficult
21 – 60	Difficult
61 – 90	Moderately difficult
91 – 100	Easy

"Very easy or very difficult items are not good discriminators.... It is typically recommended that item discrimination be at least .20."

Office of Educational Assessment, *Understanding Item Analysis Reports*. Accessed at [https://www.washington.edu/oea/services/scanning\\_scoring/scoring/item\\_analysis.html](https://www.washington.edu/oea/services/scanning_scoring/scoring/item_analysis.html). Information used for this policy:

*Ideal difficulty levels for multiple-choice items in terms of discrimination potential are:*

Format	Ideal Difficulty
Five-response multiple-choice	70
Four-response multiple-choice	74
Three-response multiple-choice	77
True-false (two-response multiple-choice)	85

(from Lord, F.M. "The Relationship of the Reliability of Multiple-Choice Test to the Distribution of Item Difficulties," *Psychometrika*, 1952, 18, 181-194.)

Scoring Office, Michigan State University, Item Analysis Guidelines. Accessed at <https://www.msu.edu/dept/soweb/itanhand.html>.

... If possible, items should have indices of difficulty no less than 20 and no greater than 80. It is desirable to have most items in the 30 to 50 range of difficulty. Very hard or very easy items contribute little to the discriminating power of a test.

Kehoe, Jerard (1995). Basic item analysis for multiple-choice tests. *Practical Assessment, Research & Evaluation*, 4(10). Retrieved October 13, 2015 from <http://PAREonline.net/getvn.asp?v=4&n=10>

The proportion of students answering an item correctly also affects its discrimination power. This point may be summarized by saying that items answered correctly (or incorrectly) by a large proportion of examinees (more than 85%) have markedly reduced power to discriminate. On a good test, most items will be answered correctly by 30% to 80% of the examinees.... Distractors that are not chosen by any examinees should be replaced or eliminated. They are not contributing to the test's ability to discriminate the good students from the poor students. ... Items that virtually everyone gets right are useless for discriminating among students and should be replaced by more difficult items. ...

French, Christine (2001). A Review of Classical Methods of Item Analysis. Annual Meeting of the Southwest Educational Research Association (New Orleans, LA, February 1-3, 2001). Accessed at <http://files.eric.ed.gov/fulltext/ED450152.pdf>.

... A high index of item discrimination ( $d > .40$ ) will always be preferred over a lower index of discrimination (Ebel & Frisbie, 1986). ... The item discrimination index is equal to the number of students in the upper scoring group, U, minus the number of students in the lower scoring group, L, who get the correct answer on a certain question. The difference is then divided by the total number of students in each group (Cohen, Swerdlick, & Phillips, 1996).

However, there is a general rule about the preference level for an item discrimination index. Anastasi and Urbina (1997) suggested a level above or as close to 50% as possible. Others have laid out a guideline of all the possible discrimination index values and their evaluation. Ebel and Frisbie (1986) suggested that item discrimination indices greater than .40 are very good items, those between .30 and .39 are good but there is some room for revision, those between .20 and .29 are borderline and are in need of improvement, and those below .19 should be eliminated or undergo much improvement (p. 234).

McCowan, Richard N and Sheila C. McCowan, 1999. *Item Analysis for Criterion-Referenced Tests*. Buffalo, New York 14207-2407.

Table 9  
Optimal Difficulty Levels for Items with Different Options  
(for tests with 100 items)

Optimal Difficulty Level	Number of Options
2	.75
3	.67
4	.63
5	.60





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Paul L. Foster School of Medicine

# Common Clerkship Requirements

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Office of Medical Education

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~~AY 2015-2016~~ AY 2016-2017

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### Office of Medical Education Contacts (MS3 and MS4)

Name	Title	Phone	Email
Richard Brower, MD	Associate Dean for Medical Education	(915) 215-4392 (Barbara Stives)	<a href="mailto:Richard.Brower@ttuhsc.edu">Richard.Brower@ttuhsc.edu</a>
Maureen Francis, MD	Assistant Dean for Medical Education	(915) 215-4392 (Barbara Stives)	<a href="mailto:Maureen.Francis@ttuhsc.edu">Maureen.Francis@ttuhsc.edu</a>
Lourdes Davis	Course Coordinator, Years 3 & 4	(915) 215-4393	<a href="mailto:Lourdes.Davis@ttuhsc.edu">Lourdes.Davis@ttuhsc.edu</a>
Maryann Dennis	Course Coordinator, Year 3	(915) 215-5552	<a href="mailto:Maryann.Dennis@ttuhsc.edu">Maryann.Dennis@ttuhsc.edu</a>
Rebecca Aranda	Coordinator, Hospital Clerkships	(915) 215-5034 (915) 577-7593	<a href="mailto:Rebecca.aranda@ttuhsc.edu">Rebecca.aranda@ttuhsc.edu</a>

### Attendance Policy

Attendance at clinical duties and didactics is mandatory. Unexcused absences will not be tolerated and may result in disciplinary action, potentially including a requirement to repeat a clinical block or rotation. Students have allotted institutional holidays as stated in the student handbook and on each academic calendar.

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

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

Absences are only excused at the discretion of the Clerkship/Course Director. Commonly excused absences include:

- Illness
- Family Emergency
- Death in the Family
- Religious Holidays (please see the Religious Holy Days Policy in the Student Affairs Handbook)
- Presenting at a National Conference
- Interviews for Residency (MS4 only)

### Absences in the Third and Fourth Year

During the third and fourth year, a student is expected to attend all clinical and didactic activities. If a student will be ~~absent~~absent for any activity, they must obtain approval from the Clerkship Director. If the Clerkship Director determines that a student's absence(s) compromises the student's ability to attain the necessary competencies, they may require the student to make up days or complete alternate assignments.

When a student is going to be absent, they are required to notify: 1) the Clerkship Coordinator BEFORE their shift begins. Acceptable forms of notification are: email (preferred), phone call, or text message.



Please see individual Clerkship Syllabus for Clerkship-specific contact requirements; 2) The Office of Student Affairs by emailing [plfabscence@ttuhsc.edu](mailto:plfabscence@ttuhsc.edu).

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

TTUHSC is committed to providing equitable access to learning opportunities to students with documented disabilities (e.g. mental health, attentional, learning, chronic health, sensory, or physical). To ensure access to the educational opportunities in the clinical setting, please contact Dr. Tammy Salazar with Disability Support Services to engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings. For more information email [disabilitysupport.elp@ttuhsc.edu](mailto:disabilitysupport.elp@ttuhsc.edu) or visit [elpaso.ttuhsc.edu/studentservices/dss](http://elpaso.ttuhsc.edu/studentservices/dss).

~~In the Third Year, a student may have no more than five excused absences in a 16-week block without having to make up that time. However, if the Clerkship Director determines that a student's absence(s) compromised the student's ability to attain the necessary competencies, they may require the student to make up days or assignments, regardless of the number of days missed.~~

~~If a third year student exceeds five days of absence, they will have to use vacation time to make up those days as decided by the Clerkship Director(s). It is also at the discretion of the Clerkship Director to give the student an alternate assignment to satisfy all or part of the make-up time.~~

#### **Absences in the Fourth Year**

~~In the fourth year, a student may have no more than three excused absences in a 4-week block without having to make up that time. However, if the Clerkship/Course Director determines that a student's absence(s) compromised the student's ability to attain the necessary competencies, they may require the student to make up days or assignments, regardless of the number of days missed.~~

~~If a fourth year student exceeds three days of absences, they are required to use vacation or flex time to make up those days as decided by the Clerkship/Course Director. It is also at the discretion of the Clerkship/Course Director to give the student an alternate assignment to satisfy all or part of the make-up time.~~

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

#### **Notification of Absence (Third and Fourth Year)**

~~When a student is going to be absent, they are required to notify the Clerkship Coordinator BEFORE their shift begins. Acceptable forms of notification are: email (preferred), phone call, or text message. Please see individual Clerkship Syllabus for Clerkship-specific contact requirements.~~

#### **Documentation of Absence (Third and Fourth Year)**

If a student is absent:

- **Orientation Day (MS3 and MS4)** is a **Graded Activity**. Therefore a doctor's note on the healthcare provider's letterhead or prescription paper is required if Orientation is missed. The

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absence is subject to the institution's Missed Graded Activities Policy. Please see the [Student Affairs Handbook](#) for more information.

- **More than two consecutive days due to illness:** a doctor's note on the healthcare provider's letterhead or prescription paper is required.
- **When presenting at a national conference:** a copy of the invitation to present and travel itinerary is required.
- **When interviewing for residency (MS4 only):** a copy of the invitation to interview and travel itinerary is required.

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

Students who miss an NBME exam must make arrangements with the Office of Medical Education to make up the exam on the next scheduled exam date.

Third Year students who must **remediate** an NBME exam will need to complete the exam before their Fourth Year coursework begins.

Fourth Year students who must **make up** an NBME exam will take the exam on the next scheduled exam date, even if it falls on vacation time. Students who are required to make up days will take the exam on the next available date following the make-up days. Students may delay the exam if the next exam date falls during another clerkship with a required NBME. Exceptions will also be made for approved away rotations.

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

**No special arrangements (additional exam dates/times) will be made.**

**AY 2015-2016-2016-2017 NBME's will be administered on the following dates:**

- Friday, July ~~31<sup>st</sup>~~29<sup>th</sup>
- Friday, August ~~28<sup>th</sup>~~26<sup>th</sup>
- Friday, September ~~25<sup>th</sup>~~23<sup>rd</sup>
- Tuesday, October ~~20<sup>th</sup>~~21<sup>st</sup>
- Friday, October ~~23<sup>rd</sup>~~28<sup>th</sup>
- ~~Friday, November 13<sup>th</sup>~~18<sup>th</sup>
- Friday, November ~~20<sup>th</sup>~~25<sup>th</sup>
- ~~Friday, December 11<sup>th</sup>~~16<sup>th</sup>
- ~~Friday, December 18<sup>th</sup>~~
- ~~Friday, January 22<sup>nd</sup>~~20<sup>th</sup>
- Friday, January ~~29<sup>th</sup>~~27<sup>th</sup>
- Tuesday, February ~~23<sup>rd</sup>~~17<sup>th</sup>
- Friday, February ~~26<sup>th</sup>~~24<sup>th</sup>
- Friday, March ~~25<sup>th</sup>~~24<sup>th</sup>
- Friday, April ~~22<sup>nd</sup>~~21<sup>st</sup>
- ~~Thursday, May 12<sup>th</sup>~~18<sup>th</sup>
- ~~Thursday, May 19<sup>th</sup>~~
- Tuesday, ~~June 14<sup>th</sup>~~May 23<sup>rd</sup>

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- Friday, June 17<sup>th</sup> May 26<sup>th</sup>
- Friday, June 24<sup>th</sup> 2<sup>nd</sup>
- Friday, July 1<sup>st</sup> June 9<sup>th</sup>
- Friday, July 8<sup>th</sup>

Dates in red are additional testing dates.

**Commented [DL1]:** These dates are tentative. The assessment dates will be finalized on February 9<sup>th</sup>.

## Clinical Grading Policy

Student clerkship performance is based on the clerkship director's judgment as to whether the student honors, passes, or needs improvement on each of 8 competencies described by the PLFSOM discipline performance rubric. The final clerkship performance assessment is conducted at the end of the rotation based on the student's level of performance at that point in time. Students are not penalized for lower levels of performance early in their rotation. It is expected that over the course of the block, student performance will have improved in many or all categories, based on constructive feedback and growing familiarity with the clinical discipline and patient care. In other words, the final assessment is not an average of the student's performance over the entire rotation, but represents their final level of achievement.

Possible Final Grades are Honors, Pass, Fails, and Incomplete. There is no cap or quota on the number of students eligible for Honors designation. The overall grade is based on the 8 competency scores as described below. No student who "needs improvement" in any competency on the final clerkship evaluation is eligible for honors.

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

## Third and Fourth Year

Overall grade is based on the assessment in each of the 8 competencies:

- **Honors**, if all of the following are true:
  - Passes NBME exam, if applicable, at the 60<sup>th</sup> percentile or above on first attempt
  - Passes OSCE, if applicable, on first attempt
  - Minimum of 4 of the 8 individual competencies rated as "Honors" on the final clerkship evaluation
  - No individual competency rated as "needs improvement" on the final assessment.
- **Pass** if all of the following are true:
  - Passes NBME exam, if applicable, at the 6<sup>th</sup> percentile or above on the first or second attempt
  - Passes OSCE, if applicable, on first or second attempt
  - Minimum of 6 of the 8 individual competencies rated as pass or better on the final clerkship evaluation
  - No more than 2 individual competencies rated as "needs improvement" on the final clerkship assessment



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- Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the final clerkship evaluation.
- A **failing** clinical assessment is assigned if **any** of the following are true.
  - 3 or more individual competencies rated as “needs improvement” on the final clerkship assessment
  - NBME Exam, if applicable, below the 6<sup>th</sup> percentile after 2 attempts
  - Failure on final exam (other than NBME), if applicable, after 2 attempts
  - Fail on OSCE, if applicable, after 2 attempts
  - Professionalism concern deemed by the course director significant enough to warrant a Fail on the final evaluation.
- If a student receives a final grade of “needs improvement” in the same competency in 3 or more clerkships, they will be referred to the Grading and Promotions Committee (GPC).
- If a student fails 3 NBME’s or 3 OSCE’s within the third year, they will be referred to the Grading and Promotion Committee and a notation will be made on the MSPE (Medical Student Performance Evaluation)

An **incomplete** grade will be assigned any student who has not completed required assignments or examinations or who has not fulfilled all clinical experience obligations, pending completion of the required work.

#### **Fourth Year – AY 2015/2016 for Class of 2016 only\***

~~\*Beginning AY 2016/2017, the Third Year policy will carry forward.~~

~~Overall Fourth Year Clerkship grade in required rotations is based on the assessment in each of the 8 competencies:~~

- ~~Honors, there are 2 possible pathways:~~
  - ~~Pathway 1 if all of following are true~~
    - ~~Passes NBME exam, if applicable, at the 75<sup>th</sup> percentile or above on first attempt~~
    - ~~Passes OSCE, if applicable, on first attempt~~
    - ~~No individual competency rated as “needs improvement” on the final assessment.~~
  - ~~Pathway 2 if all of the following are true~~
    - ~~Passes NBME exam, if applicable, at the 55<sup>th</sup> percentile or above on first attempt~~
    - ~~Minimum of 4 of the 8 individual competencies rated as “Honors” on the final clerkship evaluation~~
    - ~~No individual competency rated as “needs improvement” on the final assessment.~~
- ~~Pass if all of the following are true:~~
  - ~~Passes NBME exam, if applicable, at the 6<sup>th</sup> percentile or above on the first or second attempt~~
  - ~~Passes OSCE, if applicable, on first or second attempt~~

- ~~o Minimum of 6 of the 8 individual competencies rated as pass or better on the final clerkship evaluation~~
- ~~o No more than 2 individual competencies rated as "needs improvement" on the final clerkship assessment~~
- ~~o Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the final clerkship evaluation.~~
- A failing clinical assessment is assigned if ~~any~~ of the following are true:
  - ~~o 3 or more individual competencies rated as "needs improvement" on the final clerkship assessment~~
  - ~~o NBME Exam, if applicable, below the 6<sup>th</sup> percentile after 2 attempts~~
  - ~~o Failure on final exam (other than NBME), if applicable, after 2 attempts~~
  - ~~o Fail on OSCE, if applicable, after 2 attempts~~
  - ~~o Professionalism concern deemed by the course director significant enough to warrant a Fail on the final evaluation.~~
- If a student receives a final grade of "needs improvement" in the same competency in 3 or more fourth year rotations, they will be referred to the Grading and Promotions Committee (GPC).

~~An incomplete grade will be assigned any student who has not completed required assignments or examinations or who has not fulfilled all clinical experience obligations, pending completion of the required work.~~

**Please note:** Each Fourth Year Elective has its own specific grading assessment forms. Final grades possible are Honors, Pass, and Fail. Please refer to the syllabus for each elective for more information on the specific grading policy.

### Referral to Grading and Promotion

A student will be referred to the GPC if they receive "Needs Improvement" in the same competency on three or more Clerkship final assessments or if they fail a Clerkship.

Progress of all students will be reviewed by the GPC twice per year in the context of all course work, student's professionalism, evidence of progressive improvement and personal circumstances. Performance in other blocks or clerkships will be taken into consideration by the GPC.

For the Third Year:

If	Then
Failure of one clerkship: <ul style="list-style-type: none"><li>a. Fail clinical component OR</li><li>b. Fail Professional component OR</li><li>c. Fail 2 attempts at the NBME OR</li><li>d. Fail 2 attempts at the OSCE</li></ul>	GPC may recommend: <ul style="list-style-type: none"><li>a. One month remediation in the fourth year in that discipline without receiving elective credit OR</li><li>b. Repeat of third year OR</li><li>c. Dismissal</li></ul>
Failure of two clerkship (same definition as above)	GPC may recommend: <ul style="list-style-type: none"><li>a. Remediation OR</li><li>b. Dismissal</li></ul>



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Failure of the NBME in three different clerkships	GPC may recommend: a. Remediation OR b. Repeat of the third year OR c. Dismissal
Failure of three clerkships	GPC may recommend: a. Repeat of third year OR b. Dismissal
Rating of "Needs Improvement" in the same competency on three or more Clerkship final assessments	GPC may recommend: a. Remediation OR b. Repeat of the third year OR c. Dismissal

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### Op-Log Policy

1. Students are required to complete Op-Log entries on **all** patients with whom they have direct, "hands-on" clinical contact—e.g., take all, or significant part of the patient's history, conduct a physical examination, perform or assist in diagnostic or treatment procedure, write orders, participate in treatment decisions, etc. A student will also be expected to complete Op-Log entries on patients seen with an attending or resident where clinical teaching and learning through observation is an explicit goal of the encounter.
2. Students will document each problem/diagnosis addressed by the student at the time of the encounter e.g., if a patient has the following diagnoses listed on his/her record—DM type 2, Hypertension, and Osteoarthritis, but the student only addresses the OA during the encounter, OA is the only problem that would be recorded in Op-Log for that encounter.
3. **Students are expected to record their encounters in OP-Log on at least a weekly basis.** Regardless of where the assessment falls in a week, students must have their Op-Log recordings up-to-date at least 24 hours prior to scheduled mid-block of clerkship formative assessment and by 5:00 pm the Monday of NBME week. For hospitalized patients, a student will complete an entry at the time of patient discharge OR when the student's responsibility for caring for a patient ends.
4. **Timely, complete, and accurate clinical encounter Op-Log entries will be a component of the clerkship assessment. Students who do not meet expectations in the documentation of their clinical experiences will not be eligible for "Honors" designation.**
5. Students will not document "incidental" patient-encounters. Each clerkship will operationally define "incidental encounters for its purposes. Routine follow-up visits with hospitalized patients do not need to be documented in Op-Log (see #3 above).
6. We expect that students will document a minimum number of encounters per clerkship. Please note that these are minimum expectations, and as such a student may not qualify for Honors if they only meet the minimum expectation (Honors designation indicates a student went above and beyond).
7. Deliberate falsification of Op-Log entries is an honor code violation.

## CME Requirement

**The CME Requirement is a prerequisite to graduation!**

### Purpose/Goals of Requirement:

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

### Requirement:

- **A minimum of 10 documented Type 1 credits must be completed by March 1 of the MS 4 year;**
- Credits must be earned in at least three (3) different disciplines (e.g., Internal Medicine and IM sub-specialties, Surgery and surgical subspecialties, OB-GYN, Pediatrics and pediatric sub-specialties, Psychiatry, Family Medicine, etc.);
- At least 5 of the credits must involve “live” sessions;
- Clerkship required learning activities that “happen” to carry CME credit (e.g., the Lactation Curriculum in OB-GYN) **will not count** toward meeting the CME requirement **except** for Grand Rounds Sessions that have been approved for Type 1 credit by the CME office that students are required to attend as part of a rotation.

### Documentation:

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

## Duty Hours Policy

Preamble: The School of Medicine has the responsibility to develop and implement work hour policies for medical students, especially those on clinical clerkship rotations, in accordance with LCME ED-38. These policies should promote student health and education.

1. Students should not be scheduled for on-call time or patient-care activities in excess of 80 hours per week.
2. Students should not be scheduled for more than 16 continuous hours.
3. Students should have at least one day off each week averaged over a one month period.
4. This policy applies to all clerkships in the third year as well as required and elective fourth year courses at the Paul L. Foster School of Medicine.
5. The clinical departments will determine the frequency of overnight call, but it should not be more frequent than every 4th night.
6. It is anticipated that student attendance at clerkship seminars, conferences, and other didactic sessions will be facilitated by this policy and that provisions in this policy are not the basis for



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missing these sessions. Requests for excused absences from these sessions should be submitted to the clerkship director or his/her designees on an individual basis.

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

### **Clerkship Requirements for Reporting Duty Hours**

Students must report their duty hours in the online scheduling system within 48 hours of the end of each event. Failure to enter duty hours more than 5 times in a Clerkship will result in a slight concern notation on the student's professionalism evaluation (completed by the Clerkship Coordinator).

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### **Additional Policies**

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

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



# NEW 4<sup>TH</sup> YEAR ELECTIVES

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CEPC Presentation

February 1, 2016

Maureen Francis. MD, FACP



# Advanced OB Elective

- Dr Lopez, Department of OB/GYN
- **Goals:** to provide an intense Obstetric experience to prepare students entering OBGYN residency.
- **Teaching/learning activities**
  - Simulation activities
  - Fetal heart monitoring
  - Clinical experience
    - Part of Maternal fetal Medicine team
    - Round on antepartum service
    - Attend high risk clinics
- **Assessment**
  - Clinical assessments by faculty
- **Duration**
  - 4 weeks

# Advanced GYN MIS Elective

- **Faculty:**
  - Dr Lopez, Department of OB/GYN
  - J. Hector Aranda, ATACS
- **Goals:** to provide a 'hands on' GYN curriculum for 4<sup>th</sup> year medical students that incorporates GYN high and low fidelity simulation with an emphasis on minimally invasive surgery.
- **Teaching/learning activities**
  - Simulation activities-
  - Clinical experience
    - MIS cases in OR
    - MIS clinic
    - Didactics with GYN residents
- **Assessment**
  - Clinical assessments by faculty
- **Duration**
  - 4 weeks

# Allergy Immunology Elective

- **Faculty:** Dr Todd Funkhouser, Community Faculty
- **Goals:** to provide exposure to the clinical practice of allergy and immunology. Students will see patients referred for the diagnosis and management of a wide variety of allergic disorders.
- **Teaching/learning activities**
  - Clinical experience seeing new and follow-up encounters
  - Work with lab personnel to observe preparation of immunotherapy
  - Review related journal articles based on cases seen
  - Discuss QI topics
- **Assessment**
  - Clinical assessments by faculty
  - Knowledge assessed through patient care and through quizzes
- **Duration**
  - 4 weeks



# Global Health Elective

- Dr Horn, Department of Diversity, Inclusion, and Global Health
- **Goals:** to expose the student to an international and cultural experience and to provide an opportunity for the student to better understand the medical needs of an underserved population while assessing opportunities to reach out to other segments in our global society.
- **Teaching/learning activities**
  - The rotation should include one or more of the following activities:
    - Learning about the diagnosis and treatment of diseases and disorders unique to a developing country
    - Learning about preventative public health measures in a developing country
    - Learning about the healthcare delivery system of a developing country
    - Learning about unique cultural influences on the etiology, diagnosis and treatment of disease
  - *Please note that clinical and teaching activities will vary by program.*
- **Assessment**
  - Clinical assessments by faculty working directly with students
- **Duration**
  - 2 or 4 weeks

# Health Informatics Elective

- Dr Alozie, Office of Clinical Informatics/ Clinical Information Systems
- **Goals:**
  - To expose medical students to Health Informatics and Digital Health.
  - Initiate comprehension of tools used in Health IT
  - Expose students to patient engagement
  - Expose students to governance practices
- **Teaching/learning activities**
  - Apprenticeship with introduction to digital health and clinical information systems, exposure to policies and processes behind EMR, gain understanding of meaningful use and “Journey to Value.”
- **Assessment**
  - Pre and post test, project demonstrating ways to improve a system of care using technology
- **Duration**
  - 4 weeks

# Neurointerventional Elective

- Dr Alberto Maud and Dr. Gustavo Rodriguez, Department of Neurology
- **Goals:** to improve knowledge and experience with neurovascular medicine including aneurysm, AVM, and acute stroke management
- **Teaching/learning activities**
  - Clinical rounds and observation of supervising faculty
  - Scholarly project (chart review, poster, case report) based on interesting case encountered
- **Assessment**
  - Clinical assessments by faculty
  - Scholarly project
- **Duration**
  - 4 weeks



# PM&R Elective

- Dr. M. Refaeian OR Dr. Daniel Beauchamp (WBAMC), Community Faculty
- **Goals:** to become familiar with outpatient PM&R procedures and obtain exposure to various types of injections.
- **Teaching/learning activities**
  - Clinical activities- attendance and participation
  - Quizzes
  - Discussion/essay on musculoskeletal topic
- **Assessment**
  - Clinical assessments by faculty/quizzes/musculoskeletal topics
- **Duration**
  - 2 or 4 weeks

# Pulmonary Elective

- El Paso Pulmonary Associates, Community Faculty
- **Goals:** to gain knowledge and experience in Pulmonary medicine
- **Teaching/learning activities**
  - Clinical experience
    - New patient evaluations and pulmonary consults
    - Outpatient evaluations and pulmonary consults
- **Assessment**
  - Clinical assessments by faculty
- **Duration**
  - 2 or 4 weeks