

Paul L. Foster School of Medicine

Curriculum and Educational Policy Committee

AGENDA	MAY 09, 2016 5:00 PM	MEB 1140
1.	Convene and Review Minutes from April 11, 2016	Richard Brower, M.D.
11.	Student/SCEC Rep. Reports	Student Representatives
	Scheduled Syllabi Reviews:	· · · · · · · · · · · · · · · · · · ·
	COLLOQUIUM Syllabus Review Presentation	Naomi Lacy, Ph.D. Cynthia Perry, Ph.D. Mark Francis, M.D.
111.	SARP Syllabus Review Presentation	Olof Sundin, M.D. Maureen Francis, M.D. Thomas Gest, Ph.D.
	ICE/PICE Syllabus Review Presentation	Janet Piskurich, Ph.D. Richard Brower, M.D.
	Note: Presentations 5/16/16: EM, Neuro, Sub-I, and Critical	ical Care.
rv.	Review of Recent GPC Policy Revisions	Kathryn Horn, M.D.
	Common Clerkship Requirements	Maureen Francis, M.D.
VI.	Open Forum	
VII.	Adjourn	Richard Brower, M.D.



Paul L. Foster School of Medicine

Curriculum and Educational Policy Committee Meeting Monday, May 09, 2016

Members – Faculty					
- Name	Title	Department	Signature		
Dan Blunk, M.D.	College Master	Medical Education	Day & Strok		
Mark Francis, M.D.	Professor	Medical Education 4			
Thomas Gest, Ph.D.	Professor	Medical Education	/		
Osvaldo Padilla, M.D.	Clinical Assistant Professor	–Pathology	All the		
Curt Pfarr, Ph.D.	College Master	Medical Education			
Janet Piskurich, Ph.D.	College Master	Medical Education	Jullei		
Olof Sundin, Ph.D.	Associate Professor	Biomedical Sciences	Olf Silve		
Cynthia Perry, Ph.D.	Assistant Professor	Medical Education	A C		
Laura Cashin, D.O.	Assistant Professor	Internal Medicine			
Uga Aghaegbulam, M.D.	Assistant Professor	Internal Medicine	UBA		

Members - Students

· .		
Name	Year	Signature
Christa Soekamto	MS 4	
Mark Girton	MS 4	
Joshua Speirs	MS 4	
Laura Palmer	MS 3	
Claire Zeorlin	MS 3	
Rima Patel	MS 3	
Daniel Welder	MS 2	
Carolina Blotte	MS 2	
Tyler Trevino	MS 1	
Douglas Weier	MS 1	PM

Ex-officio - Members					
Name	Title	Department	Signature		
Richard Brower, MD	Associate Dean for Medical Education	Medical Education	A6L		
Andrea Cancellare	Unit Associate Director	Library			
J. Manuel de la Rosa, MD	Provost and Vice President of Academic Affairs	President's Office			
Maureen Francis, MD	Assistant Dean	Medical Education	man		
Tanis Hogg, PhD	Assistant Dean	Medical Education	Ange		
Kathryn Horn, MD	Associate Dean	Student Affairs	Ktommo		
Naomi Lacy, PhD	Director	Medical Education	Many		
Jose Lopez	Assoc. Dir. Academic Tech.	Information Technology	1		
Lisa A. Beinhoff	Managing Director	Library	3732		

Guests

Name	Year	Department	Signature
STAPHEN SANDRUNI		Mio ED	Saman
•	Clerkship Co	oordinators	
Name	Year	Department	Signature
-			
		- 11 .	
	Other par	ticipants	
Name	Department/	Organization	Signature
Robin Dankovich	Medical Education		ANUM
	1		

Notes



Curriculum and Educational Policy Committee Meeting

Date: May 09, 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	Vianey Flores
Attendees	See sign-in sheet

I. Convene and review of minutes from the previous meeting

Richard Brower, M.D.

Minutes of the April 11, 2016 meeting were reviewed and approved with below revisions.

Item II - Title

Correct typographic error to read "SCEC Rep Reports" which stand for Student Curriculum and Evaluation Committee.

Item III - Action Item

Add to the Action Item paragraph: "The CEPC authorized changing the grading system for SPM to a flat pass."

II. SCEC Rep Reports

Student Representatives

Students issues were concerning the Colloquium syllabus review, they were included in the discussion of the syllabus.

No additional student reports were presented for discussion. However, Dr. Hogg mentioned that the blue printing for the CEYE has been distributed.

III. Syllabi Review Presentations

COLLOQUIUM Syllabus

Naomi Lacy, Ph.D. Cynthia Perry, Ph.D. Mark Francis, M.D.

Dr. Sandroni, course director presented an overview of the syllabus. No significant changes were proposed for the content in general. Major change for this year is to make attendance mandatory; if attendance is not meet a paper will have to be completed by end of the year. Only two unexcused absences will be allowed per semester except for the last semester; since the second semester of second year includes a very short set of Colloquium, all sessions are mandatory and a paper per session missed would be required for remediation. It is also intended to increase participation during the discussions. A member of the SCEC stated that based on a survey conducted to students, requiring attendance would not necessarily increase participation. It was also mentioned that Colloquium is a learning experience that it is not

assessed any other way except by participation; participation can be driven by the College Masters. Dr. Brower proposed that as it is done in the clinical rotations, if a required clinical experience is missed, you would have to make it up by either writing a paper or doing an exercise that cover the objectives for that specific session. Feedback focused on some editorial and logistics issues such as the clarification of differences in expectations among colleges, clarifying how the course fits into the larger role of the colleges, outlining the goals and duties. It was brought up that the content in general is good and concise. Dr. Hogg recommended the use of Event Card system that is working remarkably well for SPM.

Discussion continued on the expectations for attendance and ideas for improving student

Action item: Dr. Sandroni will review Colloquium syllabi with Dr. Hogg. The CEPC agreed to table this item for a future meeting and continue with the discussion once revisions are completed.

SARP Syllabus

participation.

Olof Sundin, M.D. Maureen Francis, M.D. Thomas Gest, Ph.D.

Syllabus presentation was done by Dr. Pfarr, Course Co-Director and Carolyn Mack, Course Coordinator. Emphasis was on recommendations regarding clarification of grading policies, deadlines and format, as well as, the requirements for mentor meetings and to outline and mapping course specific learning objectives to Medical Education Program Goals and Objectives. It was proposed the creation of a "quick start" guide. Overall, goals, objectives in general and expectations are concise; however, organization of the syllabus can be improved.

Action item: Carolyn Mack will work with the Course Directors to incorporate the revisions based on the feedback and the discussion and will present to Dr. Hogg for review. If necessary, this item can be brought up in the June meeting for further discussion; if not, the CEPC agreed to authorize Dr. Hogg to issue final approval of the syllabus.

ICE/PICE Syllabus

Janet Piskurich, Ph.D. Richard Brower, M.D.

Dr. Lacy provided a brief presentation of the new PICE course syllabus, which stands for "PLFSOM Integrated Curricular Elements". It is intended to be a clerkship preparation course. Focus was on suggestions for improvements that included clarifying learning goals and objectives, adding grading rubric elements, and various wording issues. Another recommendation was working with Dr. Hogg on different remediation description and to change the syllabus tone to make it more inviting, change it from "you" to "the student". Discussion about the End of Year OSCE ensued.

Action Item: The CEPC agreed to take out the End of Year OSCE from PICE; it will stay as part of the Medical Skills Course. The CEPC agreed to continue with the discussion if necessary in the June meeting, if no further discussion is needed, Dr. Hogg will review and provide final approval.

IV. Review of Recent GPC Policy Revisions

Kathryn Horn, M.D.

Previously, the GPC Policies were approved by CEPC and they would go to Faculty Council for review and approval; this has been changed because this committee does not answer to Faculty

Council. Dr. Horn referred to the GPC and the Academic Standing Policies handouts and went over a detail review of the revisions made to the new version. They will be also updated in the Student Catalog.

Action Item: The new version of the GPC Policies 5/10/16 was approved by the CEPC without any objection.

V. Common Clerkship Requirements

Maureen Francis, M.D.

Dr. Maureen Francis mentioned that the Common Clerkship Policies are coming back because the Year 3-4 Committee recommended changing the Absence Policy. It had to go to the Faculty Council and it has been approved. The new Absence Policy for Year 3 and 4 it's on page 3. Another issue will be if any changes are made to the GPC will also have to be reflected in this document. Dr. Maureen Francis also mentioned that on page 7 of this handout, some common requirements were added such as that the End of Year 3 OSCE is a requirement to pass; if students don't pass they'll remediate.

Action Item: It was a consensus of the CEPC to approve the new version of the Common Clerkship Requirements for AY 2016-17 with the corrections as discussed.

VI. Open Forum

There were no items for discussion.

VII. Adjourn

Richard Brower, M.D.

The next CEPC meeting is scheduled for 5:00pm on May 16, 2016. Dr. Brower adjourned the meeting at 7:11p.m.

THOUGHTS ON THE MASTERS' COLLOQUIUM SYLLABUS

Mark Francis Naomi Lacy Cynthia Perry

Strengths

- Concise
- Good and Important Content
- Discussion Format
- Open Sessions

Editorial and Logistic Issues

- A number of editorial and other comments sent separately
- · Clarify any differences in expectations among colleges
- Clarify how the course itself fits into the larger role of the colleges

Grading and Remediation

- · Passive, no worries approach
- "Penalties up to and including resubmitting the work will be assessed for late or unsatisfactory work."
- Grade based on two papers and professionalism in class
 - Discussion etiquette (Time limits? Interruptions? Etc.)
 - · Accountability?
 - · Safe place to express non-PC opinions for discussion
 - Non-PC comments will be considered a professionalism problem
 - Does the conversation stay within the college?
 - · Professionalism statement from the colloquium v from the college

Curricular Issues

- If the topics are considered curricular, then there should be accountability for the material.
- Paper assignments do not cover all curricular material.
- Consider required attendance
 - · Discussion-based curriculum
 - · Responsibility to classmates
- Alternate activity for missed colloquiums, regardless of cause
 - · A series of questions to answer
 - A paper

SYLLABUS

THE MASTERS' COLLOQUIUM YEAR 1

Academic year: 2016-2017

Dates: July 2016 - April 2017

Course numbers:

PMAS - 5101 Masters' Colloquium I 2 credit hours

PMAS - 5112 Masters' Colloquium II 2 credit hours

Course Director:

Stephen Sandroni, MD Room 2250B 215-4349 stephen.sandroni@ttuhsc.edu

Course Coordinator:

Marty Romero
Room 2200 215-4348
marty.romero@ttuhsc.edu

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Course Description:

The Masters' Colloquium is a weekly two-hour seminar presented on Friday mornings to medical students in Year 1. The colloquia are conducted in a discussion or workshop format, and cover the multidisciplinary aspects of professional development.

Domains will include critical thinking and critique, communication skills, humanism and empathy, and bioethics.

Grading is on a pass-fail basis. Assessment will be based on students' satisfactory attendance and participation in discussions, and completion of oral or written coursework assigned periodically throughout the course. A professionalism statement will be generated for each student.

Course Goals and Objectives:

- Develop and enhance the skills and attitudes necessary for successful doctor-patient, doctor-doctor, and inter professional interactions
- · Explore the elements of ethical and professional MD behavior
- · Develop an appreciation for the elements of human suffering
- · Develop an appreciation for the elements of empathy

- Stress open-mindedness as a prerequisite to better communications and problem-solving
- Make the case for physician advocacy

Course Goals and Objectives: continued

Specific objectives and any assigned materials will be posted prior to each session. Colloquium is designed to meet the following Institutional Learning Goals:

Patient Care

Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.

Course Goals and Objectives: continued

Knowledge for Practice

Apply principles of social-behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.

Practice-Based Learning and Improvement

Accept and incorporate feedback into practice

Interpersonal and Communication Skills

Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds

Communicate effectively with colleagues and other health professionals

Communicate with sensitivity, honesty, compassion, and empathy

Professionalism

Demonstrate sensitivity, compassion, integrity, and respect for all people

Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient privacy, autonomy, and informed consent

Demonstrate accountability to patients and fellow members of the heath care team

Demonstrate and apply knowledge of ethical principles pertaining to the provision or withholding of care

Demonstrate and apply knowledge of ethical principles pertaining to health care related business practices and health care administration, including compliance with relevant laws, policies, regulations, and the avoidance of conflicts of interest

Demonstrate honesty in all professional and academic interactions

Meet professional and academic commitments and obligations

Systems-Based Practice

Describe the health system and its components, how the system is funded and how it affects individual and community health

Incorporate considerations of benefits, risks and costs in patient and/or population care

Describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings

Interprofessional Collaboration

Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care

Function effectively both as a team leader and team member

Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members

Personal and Professional Development

Recognize when to take responsibility and when to seek assistance

Demonstrate healthy coping mechanisms in response to stress and professional responsibilities

Demonstrate flexibility in adjusting to change and difficult situations

Utilize appropriate resources and coping mechanisms when confronted with uncertainty and ambiguous situations

Demonstrate the ability to employ self-initiated learning strategies (problem definition, identification of learning resources and critical appraisal of information) when approaching new challenges, problems, or unfamiliar situations

Instructional Methods:

Facilitated discussion to engage topics, construct conceptual frameworks, gain multiple perspectives, and explore options

Didactic presentations to introduce or review important concepts relevant to each colloquium, and to orient students to the activities of the session.

Writing assignments

Workshop activities

Presentations of video, film, art, music, poetry, and drama, with followup discussion

Role play

Colloquium Topics:

PMAS-5101

Introduction to Colloquium—What Makes a Good Doctor The Vaccine Issue The Antibiotic Problem/Introduction to Ethics Learning
Common Text Exercise
Empathy Part I (Historical)
Honesty and Confidentiality
Leadership (General)
Decision-making Heuristics
Wellness (Part 1)
Doctors Facing Their Fears
Wellness (Part II) or Open Forum
Diagnostic Imaging— a Two-Edged sword
The Patient's Experience of Chronic Disease
Global Health
Ethics of Pain Management

PMAS-5102

Cultural Interaction

The Big Picture—Ethical Issues in Genetic Screening of Populations The Art of Observation Risk/Benefit of Cancer Therapy

Open Forum

Ethics of Life Sustaining Interventions Imelda

Empathy Part II Research Ethics I

Drug Companies and Health Care

Mindfulness

Economics of Healthcare: Intro to Medicare, Medicaid

Health Care Cost and Sustainability

Cultural Interaction

Course Policies and Procedures:

Attendance is expected. Attendance will be taken at each session,

Two unexcused absences will be allowed per semester. Student Affairs will determine all excused absences. Unexcused absences (beyond two) will require the student to submit a 3 page (750 words or more) paper to their College Masters on a topic to be determined.

All Colleges will follow the same schedule but activities within each college may vary.

Students are responsible for the activities and preparation defined by the College Masters within their specific college.

Individual graded writing assignments will be announced with specific instructions, the grading rubric, and the definition of satisfactory completion of the work to be used provided at least ten days in advance of the due date. Penalties up to and including resubmitting the work will be assessed for late or unsatisfactory work.

Use of electronic devices such as laptops and cell phones, etc., is not permitted during colloquium.

Assessment and Grading Policies:

The grading of the Master's Colloquium is pass/fail.

The grading for the Masters' Colloquium has three components:

Essays: 2 per semester. The rubric used to evaluate the essays is included with each posted essay assignment.

Professionalism in Colloquium statement at the end of the semester: This consists of one mandatory statement which will reflect the Masters' impression of the student's attendance, participation, and attitude.

A second, free-form comment may be added at the discretion of the Masters, regarding a particular aspect of the student's involvement.

Attendance

Professionalism, Plagiarism, and Copyright Policies:

In Masters' Colloquium, as with all other courses at the Paul L. Foster School of Medicine, we expect students to adhere to the Student Honor Code as well as the plagiarism and copyright policies as they appear in the Student Handbook. Students who do not do so will be subject to disciplinary action.

Required Texts:

There are no required texts for the Masters' Colloquium

Faculty Roster:

Blue College—Room 2240 Gordon Woods, MD 215-4353 Herb Janssen, PhD 215-4418

Gold College—Room 2220

Janet Piskurich, PhD 215-4345

Maureen Francis, MD 215-4333

Green College—Room 2230

Martine Coue, PhD 215-4332

Dan Blunk, MD 215-4327

Red College—Room 2250 Curt Pfarr, PhD 215-4344 Stephen Sandroni,MD 215-4349

SYLLABUS

THE MASTERS' COLLOQUIUM YEAR 2

Academic year. 2016-2017	
Dates: July 2016 - April 2017	
Course numbers:	
PMAS - 6111 Masters' Colloquium III	2 credit hours
PMAS - 6112 Masters' Colloquium IV	2 credit hours
Course Director:	
Stephen Sandroni, MD	
Room 2250B 215-4349	
stephen.sandroni@ttuhsc.edu	
Course Coordinator	
Marty Romero	
Room 2200 215-4348	
marty.romero@ttuhsc.edu	
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Assessment and Grading	7
Grading Rubric	7
Professionalism, Plagiarism, and Copyright Policies	7
Required Texts	7
Faculty Roster (College Masters)	

Course Description:

The Masters' Colloquium is a weekly two-hour seminar presented on Tuesday mornings to medical students in Year 2. The colloquia are conducted in a discussion or workshop format, and cover the multidisciplinary aspects of professional development.

Domains will include critical thinking and critique, medical decision-making, ethics, development of professionalism, leadership skills, citizenship in the medical community, and exploration of controversies in the socioeconomics of healthcare.

Grading is on a pass-fail basis. Assessment will be based on students' satisfactory attendance and participation in discussions, and completion of oral or written coursework assigned periodically throughout the course. A professionalism statement will be generated for each student.

Course Goals and Objectives:

- Develop and enhance the skills and attitudes necessary for successful doctor-patient, doctor-doctor, and inter professional interactions
- · Explore the elements of ethical and professional MD behavior
- · Develop an appreciation for the elements of human suffering
- Develop an appreciation for the elements of empathy
- Stress open-mindedness as a prerequisite to better communications

and problem-solving

· Make the case for physician advocacy

Course Goals and Objectives: continued

Specific objectives and any assigned materials will be posted prior to each session. Colloquium is designed to meet the following Institutional Learning Goals:

Patient Care

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Knowledge for Practice

Apply principles of social-behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.

Practice-Based Learning and Improvement

Accept and incorporate feedback into practice

Interpersonal and Communication Skills

Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds

Communicate effectively with colleagues and other health professionals

Communicate with sensitivity, honesty, compassion, and empathy

Professionalism

Demonstrate sensitivity, compassion, integrity, and respect for all people

Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient privacy, autonomy, and informed consent

Demonstrate accountability to patients and fellow members of the heath care team

Demonstrate and apply knowledge of ethical principles pertaining to the provision or withholding of care

Demonstrate and apply knowledge of ethical principles pertaining to health care related business practices and health care administration, including compliance with relevant laws, policies, regulations, and the avoidance of conflicts of interest

Demonstrate honesty in all professional and academic interactions

Meet professional and academic commitments and obligations

Course Goals and Objectives: continued

Systems-Based Practice

Describe the health system and its components, how the system is funded and how it affects individual and community health

Incorporate considerations of benefits, risks and costs in patient and/or population care

Describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings

Interprofessional Collaboration

Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care

Function effectively both as a team leader and team member

Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members

Personal and Professional Development

Recognize when to take responsibility and when to seek assistance

Demonstrate healthy coping mechanisms in response to stress and professional

responsibilities

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Writing assignments

Workshop activities

Presentations of video, film, art, music, poetry, and drama, with followup discussion

Role play

Colloquium Topics:

PMAS-6101

Review of Summer/SARP Projects
Leadership (Color Palette)
Medical Nemesis
Advocacy
Physicianship
Awareness of Disability: Blindness and Deafness

Drug Companies and Healthcare
Mindfulness
Global Health Issues
Healthcare Costs and Sustainability
Dialysis and Transplantation Access to Care
Systemic Barriers to Effective Patient Care
Open Forum
Cultural Competence
Cultural Interaction

PMAS-6102

Reproductive Ethics
Gattaca
Assisted Reproduction
Gender Issues/Balance
Open Forum
Pediatric Ethical Decision Making
Physician Errors
Patient Safety
Third Year Panel
Cultural Interaction

Course Policies and Procedures:

Attendance is expected. Attendance will be taken at each session;

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Dan Blunk, MD 215-4327

Red College—Room 2250

Curt Pfarr, PhD 215-4344

Stephen Sandroni,MD 215-4349



Paul L. Foster School of Medicine Scholarly Activity and Research Program

Course Co-Directors

Dr. Martine Coue (martine.coue@ttuhsc.edu) Office: MEB 2230-C Office Phone: (915) 215-4332

Dr. Curt Pfarr (curt.pfarr@ttuhsc.edu) Office: MEB 2250-C Office phone: (915) 215-4344

Associate Director / Course Coordinator

Carolyn D. Mack, MBA (carolyn.mack@ttuhsc.edu) Office: MEB 4142

Office Phone: (915)215-434

May 26, 2016

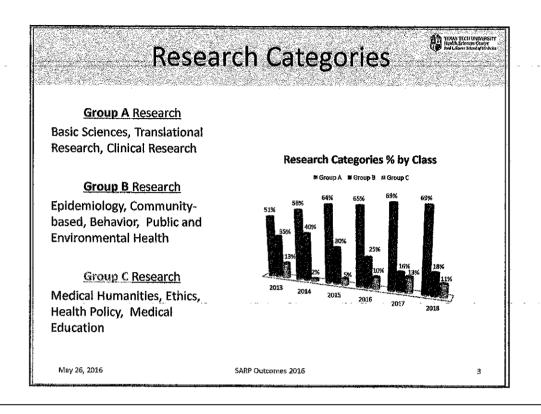
SARP Outcomes 2016

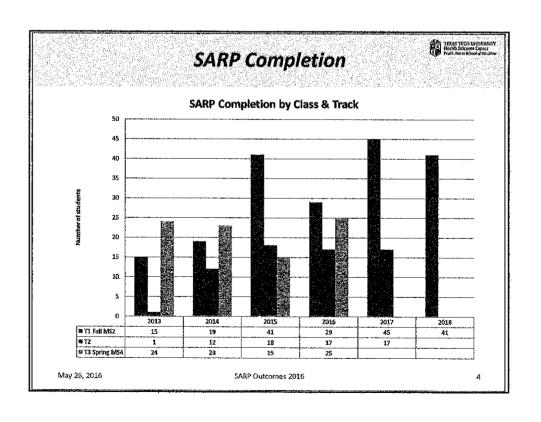
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Paul L. Foster School of Medicine Scholarly Activity and Research Program



- A required course for all PLFSOM medical students that involves students completing a mentored research / scholarly project.
- The overall goal of the SARP program is to engage and educate medical students in the process of addressing a scholarly or research question.
- These projects focus on basic, clinical & translational research, public and environmental health and medical humanities.
- Typically, students complete SARP the first summer, but many students choose to continue working for longer periods.
- All students are required to present a poster at a SARP Symposium held each November.
- To date we have had <u>354 students complete their SARP requirement</u> with an additional <u>200+ students currently working on their projects</u>. Many projects are completed on the TTUHSC campus with the remaining students traveling nationally and internationally to work in various programs / laboratories.





SARP Mentors/Projects Affiliation



The Methodist Hospital, Houston TX University of California irvine

University of Chicago
Universidad Complutense de Madrid
University of Maryland School of Medicine ^

University of Texas Houston-School of Public

University of Texas Medical School at Houston

University of Texas Southwestern Medical Center

University of Texas Medical Branch-Galveston

U of Washington VA Puget Sound Health Care

University of California San Diego

University of North Texas

University of Texas Austin

UTHSC Houston

UTHSC-San Antonio

Vanderbilt University

University of Texas El Paso

University of Texas Pan American University of Texas San Antonio

University of Texas San Antonio

Washington State University ^ Weill Cornell Medical College ^^ William Beaumont Army Medical Center

Baylor College of Medicine Boston Children's Hospital

Children's Medical Center Research Institute at UTSW

Columbia University

Dermatology Treatment and Research Center (Dallas TX) *

Dunedin School of Medicine, University of Otago (New Zealand) ^

Harvard University

Henry Ford Hospital-West Bloomfield A

International Centre for Diarrhoeal Disease Research,

Bangladesh (ICDDR, B)

Johns Hopkins University School of Medicine Johns Hopkins Medical Center, Sidney Kimmell Breast Cancer

Louisiana State University

Massachusetts General Hospital ^

Mayo Clinic Phoenix & Scottsdale

MD Anderson Cancer Center

Methodist hospital research institute Northwestern University *

Pulmonary Associates of Corpus Christi^^

Stanford University School of Medicine

Suzanne Bruce and Associates *
Texas Christian University*

Texas Scottish Rite Hospital for Children

^ New Affiliation SARP Outcomes 2016

May 26, 2016

SARP Completion Percentages Classes of 2013 thru 2018



	2013	2014	2015	2016	2017	2018
Track 1	38%	35%	54%	40%	45%	41%
Track 2	3%	22%	24%	24%	17%	
Track 3	60%	43%	20%	35%		
Students	40	54	76	72	100	103

May 26, 2016

SARP Outcomes 2016

SARP SYLLABUS REVIEW

MAY, 2016



Maureen Francis, Tom Gest, Olof Sundin

OVERALL

- The SARP program is one of the best things about the PLFSOM curriculum - a great way to introduce all of our students to the basics of blomedical research without being onerous.
- Overall, the syllabus is very good. We have made modest suggestions regarding clarification of grading policies, deadlines, and format.

SUGGESTIONS FOR IMPROVEMENT

- Present a full "quick start" description of the course on the first page:
 - Course directors and administrator contacts (compact).
 - 2 to 3 sentence capsule summary of course.
 - Listing of the three component (SARP I, II, III) courses, one line with course number, credit hours, schedule(s).
 - Listing of Track 1, 2, 3 definitions, schedules and deadlines,

SUGGESTIONS FOR IMPROVEMENT

- Outline course specific learning objectives and map to medical education goals and objectives.
 Have a section that focuses on how SARP relates to institutional learning objectives.
- Need clarification:
 - Regulrements for mentor/mentee meetings
 - Schedules and requirements should be more clearly stated
 - Especially in regard to timeline for track 3

SUGGESTIONS FOR IMPROVEMENT

4. 医无有端部的 "不是这么多,这就是一个人的人,这个时间不断的一种都是这样

- Formative feedback
 - A PLFSOM faculty member will review each assigned component (Project Plan, Progress Reports/Final report and Poster presentation) and provide the student with formative feedback.
 - Clarify how this is done and if mentor sign-off is needed?
 - How are the steps graded? Are there rubrics? If yes, please include.
- Grading
 - Explicitly state what constitutes pass or fail
 - In the case of failed pass, clarify remediation process.

SUGGESTIONS FOR IMPROVEMENT

- Professionalism summary
 - Clarify submission process and who completes the assessment
 - Is input from the mentor solicited?
- Process for excuse in not meeting SARP deadlines
 - Clarify 5 day extension and how missed deadlines can lead to a failing grade.

SUGGESTIONS FOR IMPROVEMENT

- Add a brief section describing resources available to assist students with their projects.
 - Resources directly available to students without special application, such as printing of posters.
 - Resources available to students and mentors through intramural grant applications (list grants, deadlines, contacts).

THE FUTURE: FINE-TUNING SARP

- Make additional resources directly available to students, such as a basic package of bioinformatics for help with their project.
- Funds for student travel to meetings once SARP is completed, and presentations accepted. Positive encouragement for early completion and high quality.
- Meta-analysis of health care and reviews of evidencebased medicine are excellent topics for a SARP project, and could be encouraged and enhanced by bioinformatics and library faculty.
- Remove Track 3 as a formal option, and only hold MS4-year SARP activity in reserve for remedial cases. Students would benefit from having a completed SARP project under their belt before applying for internship and residency.

SARP: VIEW FROM THE RUBRIC

- Feedback for whomever made the rubic document; Open the Notes dolumns that notes can be recorded on the spreadsheet
 NOTES/COMMENTS:
- 1. Fink's goals: Generally follows goals, but SARP cannot be as closely managed as classroom excellences:
- 2. Learning objectives: No course specific learning objectives, only MEPGO learning objectives

- Learning objectives: No course-specific learning objectives, only MEPGO learning objectives
 not scored
 Objectives and assessments aligned: The Three courses have stated required activities of accomplishments that feed into the objectives
 Summative assessments: The course intestones or requirements seem to do the same job.
 Formative assessment-feedback: The requency of mentor/mentee meetings should be stated, and documentation of meetings should be required, perhaps by students?
 Assessments adequately paced: The courses have a spo-wise nature to their requirements

- Assessments adequately paced: The courses have a step-wise native to their fedurements.
 Grading: The exact nature of what constitutes a pass or fall needs to be explicitly stated.
 Schedule: The schedule of events, such as the approximate time of the poster presentations, approximate break period between MST and 2, etc. should be more alearly stated.
 Postlive fonce: Yes, Very much so.
 Fostlers molivation: Yes, but precrastination of some students is a problem.
 Communicates high expectations, contidence: Yes, but open structure may be detuning.
 Organization and ease of navigating syllabus: The syllabus could be better organized and contain more detail in certain areas.

- 14. Classroom activities assessments and objectives aligned: Not applicable.
 16. Activities based on evidence-based practice; Let's hope sol This is largely up to menters.
 16. Ukely to engage students. The SARP program is one of the best things about the PLFSOM curriculum a great way to introduce all of our students to the basics of blomedical research.

Preliminary Comments-Critique of SARP Program Syllabus 2016-2017 April 28, 2016

Olof Sundin, Dept. Biomedical Sciences

Overall: Goals, specific objectives and expectations of the syllabus are concise and well-presented. Only need to attend format and minor editing. The Track system should be examined: may be more complicated than necessary. Syllabus does not fully address resources needed by the students to complete their projects.

- 1. The face page should have full quick-summary information.
 - a. Title: Scholarly Activity and Research Program (SARP) 2016-2017
 - b. Course Directors and coordinator: names and contacts.
 - c. Course Listing: number, full titles, credit and basic schedule information
 - d. Grading System: (pass-fail) Honors?
 - e. Statement that successful completion is required for graduation (not an elective)

Example for c. Course Listing:

Course 5401 SARP I: Project Plan and Human Subjects Training (1 credit) All Tracks: Spring MS1

Course 6401 SARP II: Project Execution and Final Report (1 credit) Track 1 : Fall MS2

Track 2: Fall MS3
Track 3: Spring MS4

Course 7401 SARP III: Poster Presentation Track 1: Fall M\$2

Track 2: Fall MS3

Track 3: Spring MS4(??)

Note: Should be consistent in terminology: on whether to use MS2 or MSII to designate 2nd year.

2. Scheduling of the SARP program The 3-Track system is somewhat complicated, and there are some details that could be clarified by a first-page listing (as above). I did not find a discussion on how and when students need to declare their Track choice, and how this might be switched. Another question: Under the current system for Track 3, the syllabus says the final report is due in Spring MS4, but does not seem to make clear what happens to the poster presentation. Is this poster in a special Spring meeting for a few students? The syllabus seems to suggest that Fall MS4 presentation requires special permission. In principle, Fall MS4 should be the default, so that SARP students present together. As with most research, posters generally represent work in progress, so there should be no problem having the poster before the final report.

The 3-Track system for SARP seems more complicated than necessary. The CEPC could consider a single-track program where all students in a class begin the program in Spring MS1 and complete the whole program in the Fall of MS3. If there is a track 2, completion might be on Fall of MS4. Given the pressure of residency applications, it may be a good idea to complete the whole

- **3. Grading.** Is the course purely pass-fail, or can there some sort of Honors grade or award associated with the SARP project? Is Honors an option for only one track (Track 4?). It would be useful to state this clearly in the syllabus, so some students do not accidentally miss out on the opportunity. According to the syllabus, there seems to be one faculty member who grades Part A and Part B. It would be helpful to make this more explicit. In the event that a student's Plan or Final Report are considered unacceptable, and a revision is required, who grades the revision, and by what criteria?
- 4. Managing group projects. The Syllabus has some good comments on this, but it seems that more standardized guidance for mentors and students could help avoid problems. In the beginning, will all students on a project submit the same Plan (Part A)? Once the project is under way, a potential problem is that several students may write reports on the same set of results, sometimes results from other students in previous years. The syllabus indicates that each student needs an individual report. This is easier said than done. All students might write take the same data set and analyze it separately. This is a useful exercise, but vulnerable to some students coasting on the work of others. Dividing up the project into non-overlapping sections avoids this, but it needs to be determined who gets what sections. Otherwise, one student might appropriate the statistically findings, leaving lesser results to other students. In this situation, the mentor needs to decide what sections are assigned to a specific student. Overall conclusions of the project could be reported by all students. Overall, group projects are a good idea, but need more guidelines.
- **5. Borrowing scholarship, with and without attribution.** Since the major products for evaluation are a written report and a poster presentation, there needs to be a more explicit statement of policy on borrowing information from others. This may be unpublished information from other students or the mentor. It may be published information from the mentor or from others. Does the program run the reports through a "plaigarism screen" of some sort. No doubt this is covered in the Orientation in the first SARP class, but there should be some specific policy statement in the Syllabus. There are different grades of unacceptable unattributed borrowing. Similarly, attribution can change.

Course Syllabus

Scholarly Activity and Research Program (SARP)

2016 - 2017

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Course Description

The Paul L. Foster School of Medicine Scholarly Activity and Research Program (SARP) provides medical students with an opportunity to design and execute independent scholarship or research projects under the guidance of faculty mentors. A wide variety of topics and research areas are available in three broad categories, allowing for a project to be tailored to a student's background and interests: 1) basic clinical and translational research; 2) epidemiology, community-based, behavioral, public and environmental health; and 3) medical humanities, qualitative research and medical education research. All projects must be in compliance with federal and institutional requirements (e.g. IRB and IACUC). IRB approval/exemption will be required.

The overall goal of the SARP program is to engage and educate medical students in the process of addressing a scholarly or research question. This hands-on experience will increase the student's awareness and appreciation of the importance of research in providing the basis for evidence-based medical knowledge. Through this experience students will be exposed to new ideas and attitudes and develop skills that will strengthen their medical training and broaden their perspective about how new knowledge is obtained and disseminated. The SARP experience will encourage students to continue seeking a fuller understanding of biology and disease processes through a scholarly approach that will make them stronger physicians and valued members of the medical community.

The intent of the SARP is to provide this research / scholarship experience during the time as a PLFSOM student. Research or scholarship pursued before matriculating to the PLFSOM cannot be used directly in fulfillment of this requirement. A medical student might continue working on earlier projects, even continuing work with a previous mentor, but clear documentation must be provided explaining how the SARP activities are extensions of any previous work; in particular, sufficient detail must be provided about what work is completed as a PLFSOM student versus previous work.

Students participating in group projects, (where 2 or more students work with a single mentor), should clearly identify a unique hypothesis or research question that can distinguish their contribution and provide for an independent Final Report and poster presentation.

Students can choose between one of three tracks for completing their SARP requirement. Track 1 concentrates execution of the project into the summer between the first and second year with a final report and poster presented in the fall of the second year; whereas Track 2 provides the student more flexibility in the execution of their project with completion with the final report and poster presentation in the fall of the third year. Track 3 is dedicated to completion of the SARP requirement by the spring of year four. Students on Track 2 or Track

3 are required to submit annual progress reports until their SARP requirement is completed. NOTE: MS4 completion in fall of the fourth year will be considered on a case-by-case basis.

This is a 3-credit program consisting of three 1-credit courses, with one credit awarded for selection of a mentor, preparation of a Project Plan and CITI Training completion, one credit for project execution and final report, and a final credit awarded for the poster presentation. For all tracks, selection of a mentor and preparation of a project plan is due at the end of the first year. Based on this organization, students will register for three courses:

<u>SARP I - Course 5401</u>, (Project Plan Part A and Part B and CITI training completion): registration Spring Semester MS1

The CITI Training course is an online course in human subject protection training. Instructions on accessing the course can be found at:

http://www.ttuhsc.edu/research/hrpo/irb/edureguirements.aspx

SARP II - Course 6401, (Project Execution and Final Report): Registration for Track 1, all Year 2; for Track 2, fall of Year 3; and for Track 3, spring of Year 4.

SARP III - Course 7401, (Poster Presentation): the fall of Year 2 or Year 3. For Year 4 you can-register in the spring-semester ONLY.

Thus, the student needs to register for both SARP II and SARP III the same fall semester; for students on Track 3, the spring semester.

If projects involve human subjects and/or animals, the student must show proof of IRB or other ethical oversight compliance for the research. Most cadaver-based research is exempt from IRB approval; however, all students must complete CITI training regardless of nature and subjects of their research project. Final reports and poster presentations associated with human subjects and/or animals will only be accepted for SARP credit with proof that federal/institutional requirements have been met (e.g., IRB/IACUC approval/exemption as applicable).

Guidelines for SARP I, II and III assignments can be found on the SARP Course page in the Canvas.

Course Goals

The overall goals for the SARP course are:

- Students will develop a research question or project theme.
- Should something be said about students learning about protection of human subjects involved in research?
- Students will learn how to search the literature, to identify previous knowledge and theory that provides the context and relevance for the project.
- Students will develop a rational for their project along with specific aims
- Students will develop a plan for the execution of their project that will address the specific aims of the project.
- Students will choose and employ adequate methods for the acquisition and analysis of data or information (maybe put human subject protection here?)
- Students will demonstrate clear and effective communication skills (oral and written) in the presentation of their project.

Students will demonstrate a high level of intellectual and personal integrity in all aspects of their project development, execution and communication. SARP will encompass a wide variety of student projects, and each project will address a subset of the PLFSOM Medical Education Program Goals and Objectives. Among these objectives likely to be addressed are:

KNOWLEDGE

 Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

PATIENT CARE

 Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.

INTERPERSONAL COMMUNICATION SKILLS

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Communicate effectively with colleagues and other health care professionals.

PROFESSIONALISM

- Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient privacy, autonomy and informed consent.
- Demonstrate accountability to patients and fellow members of the health care team.
- Demonstrate and apply knowledge of ethical principles pertaining to health care related business practices and health care administration, including compliance with relevant laws, policies, regulations and the avoidance of conflicts of interest.
- Demonstrate honesty in all professional and academic interactions.
- Meet professional and academic commitments and obligations.

PRACTICE-BASED LEARNING

- Identify and perform learning activities to address gaps in one's knowledge, skills and/or attitudes.
- Demonstrate a basic understanding of quality improvement principles and their application to analyzing and solving problems in patient and/or population-based care.
- Accept and incorporate feedback into practice.
- Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.
- Obtain and utilize information about individual patients, populations or communities to improve care.

SYSTEMS-BASED PRACTICE

- Demonstrate the ability to identify patient access to public, private, commercial and/or community-based resources relevant to patient health and care.
- Incorporate considerations of benefits, risks and costs in patient and/or population care.

INTERPROFESSIONAL COLLABORATION

- Function effectively both as a team leader and team member.
- Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members.

PERSONAL AND PROFESSIONAL DEVELOPMENT

- Recognize when to take responsibility and when to seek assistance.
- Demonstrate the ability to employ self-initiated learning strategies (problem definition, identification of learning resources and critical appraisal of information) when approaching new challenges, problems or unfamiliar situations.

Education Methods and Learning Experiences

The SARP experience is focused on the student – mentor relationship. The expectation is that once a good match has been made, the mentor/expert will guide the student in the Project Plan preparation, as well as during the execution and presentation phases. A PLFSOM faculty member will review each assigned component (Project Plan, Progress Reports/Final report and Poster presentation) and provide the student with formative feedback. The criteria for judging these assignments will reflect the ability of the student to attain the course goals as outlined above.

Sessions provided through the Master's Colloquium, Society, Community and the Individual and Scientific Principles of Medicine courses, will introduce the students to ethics in research and the relationship between hypothesis-driven research and evidence-based medicine.

Course Policies and Procedures

SARP Orientation is mandatory.

Attendance to all SARP sessions will be monitored and is highly encouraged as important information about the program as well as training will be provided at these meetings. Students are especially encouraged to RSVP to attend lunch meetings during which potential mentors will present their research interests and available SARP projects.

Assessment and Grading

SARP courses are Pass/Fail and grades are determined by the submission of assignments on time and satisfactory faculty review. Reports (Part B for SARP I and the Final Report for SARP II) will be evaluated by a PLFSOM faculty reviewer to provide formative feedback to the students using a rubric that will assess each of the course goals (rubric included in Appendix). Students will be asked to revise their report if judged unsatisfactory. Revised reports will then be reviewed by the SARP Co-Directors.

For SARP III, a poster is presented at a SARP Symposium and is reviewed and judged by a panel of 3 faculty (grading rubric for poster judging is in the Appendix).

- <u>Professionalism Summary Assessment (PSA)</u> will be submitted by the SARP Co-Directors for each student at the end of each fall semester until all SARP requirements are satisfactorily completed.
 - The PSA rubric can be found on the SARP Course page on CANVAS and is also in the Appendix.
 - PSA-rubries-will-be-posted-in-the-student's-e-Portfolio-and-provided-to-the-student's-college master for overall professionalism evaluation<u>All SARP deadlines need to be respected as they determine course grades.</u> Deadlines and assignments are available on the SARP Course page on CANVAS. These deadlines include:
 - Completion and submission of Project Plan (Part A, Part B) and satisfactory completion of CITI Training (SARP I).
 - Completion and submission of Progress Reports for Tracks 2 & 3.
 - Completion and submission of a Final Report (SARP II).
 - Poster Presentation at a SARP Symposium. An electronic poster file should be submitted to the SARP Associate Director on or before the SARP Symposium. The final grade will only be released after this file is received. (SARP III).

Any excuse for not respecting SARP deadlines should be submitted to the Office of Student Affairs. The SARP Co-Directors along with the Office of Student Affairs will determine if a deadline extension is warranted.

- Any unexcused missed deadline will be reported on the student Professionalism
 Summary Assessment (PSA) rubric and documented in the student's e-Portfolio. An automatic five day extension of the deadline will be provided to the student for completion of the assignment.
- An exused missed deadline will trigger an automatic 5-day extension (or longer if circumstances warrant), but will have no impact on the student's Professionalism Summary Assessment (PSA) rubric.
- Two unexcused missed deadlines within a single SARP course will result in a failing grade for that course recorded on the student transcript. A remediation process will include discussion with the student and satisfactory completion of the original assignment as determined by the SARP Co-Directors.

Professionalism Summary Assessment Scholarly Activity and Research Program

Student name:		
Date:	 	

Professionalism Objectives	Assessment
1) Demonstrate sensitivity, compassion, integrity and respect for all people	
Student demonstrates respect for all persons involved with their SARP project.	Needs improvement, Pass, Commendable
(2) Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient privacy, autonomy and informed consent.	
Student is knowledgeable about all federal	Needs improvement, Pass, Commendable
and institutional requirements relevant to their SARP project (e.g., IRB and IACUC).	
(3) Demonstrate honesty in all professional and academic interactions.	
Student will be transparent and honest in all activities relating to the execution of and reporting on their SARP project.	Needs improvement, Pass, Commendable
(4) Meet professional and academic commitments and obligations.	
Student meets all program deadlines and is accountable for all commitments related to their SARP project.	Needs improvement, Pass, Commendable
Please provide comments related to the above Professionalism assessment (if none, please enter NA)	

CLERKSHIP PREPARATION COURSE

catalog id=PICE - PLFSOM Integrated Curricular Elements

Course Elements

- Course Orientation & ACLS Pretest/Training (Week 1)
- ACLS Training & Certification Exam (Week 2)
- Tankside Grand Rounds (Week 3)
- End of Year OSCE (Week 3)
- Self-Directed Learning Plan Due (Week 4)
- Self-Directed Learning (Weeks 4-8)
- Comprehensive Basic Science Exam (CBSE) (end of week 8)

PICE Syllabus Review

CEPC - May 9, 2016 Drs. Brower/Piskurich

PICE Syllabus:

- → Comment: good first effort
 - · Rubric Score: Transitional
- Suggestions for improvement:
 - Clarify learning goals and element/activity level objectives
 - Add grading rubrics (ACLS, TSGR, SDL Plan)
 - Syllabus tone: change "you" to "the student"
 - · Remove "apply biopsychosocial approach" from TSGR
 - · Work with Dr. Hogg on alternative remediation description
 - Various wordsmithing suggestions

PICE SYLLABUS REVIEW

A few additional items:

Page 3, under TSGR, line 4. Please take out "apply a biopsychosocial approach," since this focus was largely dropped this year.

Page 3, paragraph 4, please work with Dr. Hogg to craft an alternative remediation description. As currently written, it suggests students can remediate through alternative assessment by non-faculty physicians.

Rest are all wordsmithing suggestions:

Page 1, please add Dr. Hogg's email address to first page of syllabus.

Page 2, paragraph 1: We integrate a lot so this could say "assist you in further integrating"?

Page 2, under ACLS. Why not reword to "ACLS assists students in their preparations..."?

Page 2, under ACLS. A syllabus moves across the years. Instead of "required to pass by 5:30

PM Thursday 23Feb2017" why not "required to pass by 5:30 PM, Thursday during Week 1".

Page 4, second paragraph under Self-Directed Learning. Second sentence just says college master, while others say college master/faculty. Please add "/faculty"?

Page 4, under CBSE. Comprehensive is misspelled in the section title.

Page 5, Section III. Please replace the term "ILO" with the new term "PGO" throughout the document. While the Activity/PGO table is nice, other syllabi just use the PGO numbers. For some PGO, numbers appear after the words. If these are typos, please correct?

Page 8, Section IV. "ICE", did you mean "PICE"? If this is a typo, please also search document and remove any old "ICE" abbreviations.

Page 10, second bullet under Self-Assessment could be reworded to: "The clinical presentation(s) for which your understanding needs to be improved before you reach the clinic."

			A Company of the Comp	- - }	
Criterion	Component	Strong	Strength of Evidence	- Pow	Notes
849F	Learning goals encompass full range of Fink's dimensions of significant learning		,		Piease slightly reword and emphasize learning goals (bullet points) the learning goals for the course in the Course Description (page 2).
enhoeldo 1919 gullvie	Course level learning objectives are clearly articulated and use specific action verbs		7		Please add a chart similar to the chart on page 3 that contains the name of the element/activity and course level objectives for each.
9 1	Learning objectives are appropriately pitched				**This component isn't typically scored, but is included for completeness.**
	4. Objectives and assessments are aligned		X		Clarifying the objectives will aid this category too.
apropris	5. Major summative assessment activities are clearly defined			*	Please add grading rubrics (ACLS, TSGR, SDL Plan)
sen v/	Plans for frequent formative assessment with immediate feedback			×	C
કોલોદિકાસ	7. Assessments are adequately paced and scaffolded		×		
.) - -	8. Grading information is included but separate from assessment; it is aligned with objectives			×	Please add grading rubrics (ACLS, TSGR, SDL Pian).
Selfer	Course schedule is fully articulated and logically sequenced		×		
juau	10. Tone is positive, respectful, inviting		*	**	To change the tone just a little, please find all places where the word "you" is jused and change to "the student" whenever possible.
υληκοι	Fosters positive motivation, describes value of course, promotes content as a vehicle for learning		×		
j woo.	12. Communicates high expectations, projects confidence of success		×		
nondasin	13. Syllabus is well organized, easy to navigate, requires interaction		×		
	subtotals	0	19	0	
	E. maniposes control Dr. Mario		TOTAL	19	This syllabus currently falls in the TRANSITIONAL range (17-30).
	ind munic 14. Classroom activities, assessments, and objectives	*	×	_	
ivities Suitin	15. Learning activities are derived from evidence-based oractices.		×		
	16. Learning activities likely to actively engage students	×			
	subtotals	*	5	0	
			TOTAL	13	
	TOTAL (ma	in + supplem	TOTAL (main + supplemental rubric)	32	This syllabus currently falls in the TRANSITIONAL range (18-40).
					_

Grading and Promotion Committee Policies and Procedures Proposed revisions 5.10.16

GRADING POLICIES

Promotions Policies & Procedures

1. Introduction

The responsibility for evaluation of students rests with the faculty of the Texas Tech University Health Sciences Center Paul L. Foster School of Medicine. Faculty have an obligation to the students, to the school, and to the larger society to award passing grades only to those students who have demonstrated mastery of the course material. In addition to evaluation of students' knowledge and skills, the faculty has the obligation to determine whether students' behavior or conduct is suitable for the practice of medicine. It is inappropriate to allow a student to progress or graduate when unacceptable behavior or conduct in the treatment and care of patients and/or in relationships with staff and peers have been established, even if grades on tests or other forms of evaluation have been satisfactory.

The faculty of the School of Medicine has the responsibility for recommending students for promotion and graduation. This responsibility is administered through the Grading and Promotion Committee (GPC) that represents the faculty at large. Every attempt will be made to apply principles of fairness and due process when considering actions of the faculty or administration that might adversely affect the students. Comments, questions, and concerns should be directed to the Office of Student Affairs.

2. Students covered by this policy

These grading and promotions policies apply to students enrolled in the courses necessary to complete the requirements for the Doctor of Medicine degree in the TTUHSC School of Medicine. These policies do not cover the course work done for the other degree programs in which the student may be enrolled.

3. Responsibilities for monitoring of student progress:

The Associate Dean for Student Affairs in conjunction with the College Masters and the Associate Dean of Medical Education is responsible for monitoring the progress of medical students during their course of study in order to provide or refer students to the appropriate academic or personal counseling services, if applicable. The office of Student Affairs will provide staff support to the GPC and will maintain permanent minutes of GPC actions. The Associate Dean for Student Affairs serves as advocate for due process for students.

4. Responsibilities of the GPC

The GPC is a committee of the faculty appointed by the Dean with recommendations by the Faculty Council and is charged with the responsibility to review and evaluate the academic and behavioral progress of each medical student enrolled at TTUHSC Paul L. Foster School of Medicine. It is not a policy making body but rather applies the policies that are approved through the Curriculum Education Policy Committee and the Faculty Council.

5. Responsibilities of the Dean

The Dean, as the Chief Academic Officer, has the final responsibility for actions taken regarding a student. The initial recommendation and subsequent action for each student are delegated to the GPC. However, the Dean is responsible for executing the appeals process in which a final decision is made.

6. Grading and Promotion Committee

- a. The voting members of the Grading and Promotion committee consists of nine faculty, three basic scientists involved in teaching in the first and second year, three clinicians involved in teaching in the first and second year and three clinicians involved in teaching in the third and fourth year.
- b. The Associate Dean for Student Affairs and the Associate Dean for Medical Education servess ex-officio members, with voice but without vote.
- c. The chair and chair-elect are elected by the committee from its members.

- d. The proceedings of all meetings are held confidential in accordance with the Family Educational Rights and Privacy Act of 1974. The proceedings and decisions of the GPC are privileged information. GPC members may not discuss particular cases or the outcome with anyone outside the GPC.
- e. All committee decisions requiring a vote are determined by a simple majority vote with the Chair as a voting member. Five members of the committee constitute a quorum at a regular or called meeting. The Chair and Chair-elect may, in urgent cases, consult with the Associate Dean for Student Affairs regarding an emergency leave of absence for a student in academic difficulty. The Chair, Chair-elect, and Associate Dean will set the conditions for return from a leave of absence, with approval of the Dean.

7. Review of Year 1 and 2 coursework

All courses for the first two years at TTUHSC Paul L. Foster School of Medicine are Pass/Fail. Please consult the individual course syllabi for specific grading policies for each course.

Progress of a student will be reviewed by the GPC at least at the end of each semester in the context of all course work, student's professionalism, evidence of progressive improvement and personal circumstances.

a. Semester Review - January of each year

Committee will consider all students after completion of the fall semester.

- i. If a student has passed all courses satisfactorily no further discussion.
- ii. If a student is considered "at risk" they will be placed on academic watch level 1 or 2 at the discretion of the committee. (See Academic Standing policy). A proposed learning plan will be devised in order to strengthen identified deficiencies.

Definition of "at risk":

- a. Incomplete on any semester course due to unit failures
 - a. One unit Academic Watch level 1
 - b. Two units Academic Watch level 2
- b. Course director identifies the student at risk based on performance on given disciplines or low test scores
- c. College master concern
- d. Professionalism concern
- iii. Failure of any semester course at the semester placed on Academic warning if repeating the year consideration by committee:
 - a. One semester course failure consideration for either remediation as recommended by the course director or restarting the year at the next academic year
 - b. Two semester course failures consideration for restarting the year at the next academic year or dismissal
 - c. Three or four semester course failures -Dismissal

b. Year Review of Progress

Committee will consider all students after completion of the spring semester.

- i. Year 1 students
 - If a student has passed all courses satisfactorily and passed the CEYE promotion to second year.
 - b. If a student is "at risk" as defined below they will be placed on academic watch and remediation may be required:
 - Incomplete on any semester course (see levels of academic watch above)
 - Course director identifies the student at risk based on performance on given disciplines or low test scores
 - College master concern
 - Professionalism concern
 - Failure on CEYE first attempt
 - c. Failures –will be placed on Academic Warning if repeating the year or as considered by committee

- One semester course in year repeat of year or individualized remediation
- Two or more semester courses in year repeat of year or dismissal
- Failure of CEYE on 2 attempts repeat of year or individualized remediation
- Failure of three or more semester courses dismissal

c. Year 2 student

- i. If a student has passed all courses satisfactorily they are eligible to sit for Step 1 and promotion to third year.
- ii. If a student is "at risk" as defined below they will be placed on academic watch and remediation may be required:
 - a. Incomplete on any semester course (see levels of academic watch above)
 - b. Course director identifies the student at risk based on performance on given disciplines or low test scores
 - c. College master concern
 - d. Professionalism concern
 - e. Failures will be placed on Academic Warning if repeating the year or as considered by committee
 - One semester course in year repeat of year or individualized remediation
 - Two semester courses in year repeat of year or dismissal
 - Failure of three or more semester courses dismissal
 - Failure of Step 1 on three attempts dismissal
- iii. Timeline completion requirement for remediation.
 - a. Year 1 students July 1 after completion of Year 1 (or prior to orientation of next Year 1)
 - b. Year 2 students May 1 to complete the semester work, Must take Step 1 prior to Year 3 orientation in order to begin Year 3 on schedule; AND one calendar year after completion of year 2 to complete the three attempts of Step 1. (See 3d for GPC action if fails Step 1.)
 - c. Student must be available for scheduled remediations and may not attend off campus school related activities (SARP, other research) until they have successfully completed their requirements.
 - d. Students repeating a year The Grading & Promotion requirement for a repeat year may be more restrictive than that for a first time student. The requirements will be defined in the individual student's letter from the committee and must be adhered to.
 - e. The first 2 years of medical school must be completed within three years including leaves of absences or repeating of the year.

Important Notes:

Remediation is recommended by the course director and agreed to by the GPC. Students may be dismissed without academic watch or warning ever being designated. The GPC may also choose to remove "Good Standing" as a disciplinary action.

8. Grading & Promotions Committee (GPC) Review of Year 3 and 4

All courses for the Year 3 and 4 at TTUHSC Paul L. Foster School of Medicine are Honors/Pass/Fail. Progress of a student will be reviewed by the GPC after each block in the context of all course work, student's professionalism, evidence of progressive improvement and personal circumstances. The GPC may place a student on academic watch or warning or revoke Good Standing if there are concerns regarding professionalism.

a.	Grading	and	Promotion	Committee	Review for	Year 3
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Failure of one clerkship:	a. One month remediation in the fourth year in
a. Fail clinical component OR	that discipline without receiving elective
b. Fail Professional component OR	credit OR
c. Fail 2 attempts at the NBME OR	b. Repeat of third year OR
d. Fail 2 attempts at the OSCE	c. Dismissal
Failure of two clerkship (same definition as above)	a. Remediation* OR
,	b. Repeat of year OR
	c. Dismissal
Failure of the NBME in three different clerkships	a. Remediation* OR
(on first attempt)	 b. Repeat of the third year OR
	c. Dismissal
Failure of three clerkships	a. Repeat of third year OR
·	b. Dismissal
Rating of "Needs Improvement" in the same	a. Remediation* OR
competency on three or more Clerkship Final	b. Repeat of third year OR
assessments	c. Dismissal

- * The remedial work will not be counted as elective time in satisfying the conditions for graduation.
- b. Grading and Promotion Committee Review for Year 4
 - Failure of a required or elective experience in the fourth year review by GPC for remediation, repeat of year or dismissal.
 - ii. Failure of more than one block in year 4 review for remediation, repeat of the year or dismissal.
 - iii. Failure of Step 2 CK or CS on first attempt no review required by GPC but student must log a pass of CK and CS by May 1 in order to graduate in May.
 - iv. Failure of Step 2 CK or CS on the second attempt discussion by GPC of remediation and delay of graduation.
 - v. Failure of Step 2 CK or CS on the third attempt Dismissal.

9. Transcript notation

When a student receives a failing grade in a semester course that does not require a repeat of the year a grade of "F" (Fail) will be entered in the transcript with a notation of "Successfully Remediated" when the remediation is complete. If a student repeats a year, the transcript will list both attempts at the course with a "RP "(repeat) notation after the courses from the first attempt and the final grade of the second attempt at the course.

10. Documentation of Student Academic Performance

All grades will be recorded in Web-Raider for each student and will be available in the student's electronic portfolio. TTUHSC Office of the Registrar in Lubbock maintains the official transcript of all students.

11. Promotion Policies

Normal progression through the School of Medicine curriculum requires that a student demonstrate a consistently satisfactory level of performance and professional behavior. Students will be expected to complete the medical school curriculum within four (4) years of the initial date of matriculation.

The curriculum may be extended due to 1) a leave of absence, 2) academic difficulty requiring repetition of an academic year as per this policy. However, inability to complete Years One and Two of the curriculum in three years and/or the entire curriculum within six (6) years will result in dismissal.

12. General Issues

- a. The committee is not bound by categorical or arithmetic assessment of student performance but rather reviews each student in the context of his/her academic achievement and any other circumstances that may influence performance. If a student exhibits conduct or behavior inconsistent with a potential physician, a course or clerkship grade of Fail may be given. Such conduct or behavior that occurs beyond the boundaries of a class or rotation may also be considered by the GPC.In that case, the student will be referred for disposition of the case under the Code of Professional and Academic Conduct in the TTUHSC Paul L. Foster SOM Student Affairs Handbook.
- b. For a course being remediated, a transcript notation of "successfully remediated" will be attached to the original failing grade when successful remediation is accomplished.
- c. Failure to successfully remediate a course in Years 1 and 2 according to course standards before the start of the next academic year will result in repetition of the entire year in which the failure occurred.
- d. Final grades will be reviewed at the end of each semester. Students who receive a grade of Fail may meet with the GPC to discuss their academic performance and possible actions by the committee. For deliberations not delegated to the Chair and Chair-Elect, the Committee will be convened.
- e. If a student repeats an entire academic year, the new grades are recorded on the transcript in addition to the original ones.
- f. Students who are required to repeat an academic year may not take courses from the next academic year during the period of repetition.
- g. Students reviewed by the GPC will be notified in writing of the GPC decision with any stipulations for continuation in the curriculum.
- h. A final grade in each course or clerkship may be derived from the component scores. The components for evaluation are defined by each course or clerkship.
- Repetition of the clerkship and remedial work, as defined and prescribed above, will not be counted as elective time-in-satisfying-the-conditions-for-graduation.
- j. The completion of the medical school curriculum within the above standards and the approval of overall performance by the GPC are required for graduation. The Student Affairs Office will annually present to the Dean and HSC Registrar a list of candidates for receipt of the Doctor of Medicine Degree based on the above.

13. Notification of Students with Satisfactory Progress

The Office of Student Affairs will notify students in writing if they need to meet with the GPC and the outcome of their deliberations. All other students will proceed through the curriculum with no formal notice of promotion.

14. Deliberations of GPC

- a. Each student who has demonstrated unsatisfactory progress in the curriculum as defined above will be subject to the courses of action as previously set forth in this policy. When meeting with a student on an issue related to academic performance, the GPC may also take into account a prior history of sanctions for misconduct in making a determination.
- b. At a hearing with the GPC, the student will be expected to discuss their academic performance and to propose a course of action to address the academic deficiencies. Following the hearing with the student, the GPC may then vote for a course of action. With a quorum present, the committee action will be determined by a majority vote.
- c. The determination and stipulations arising from the actions of the GPC will be communicated in writing by the Chair of the GPC to the student and the Dean. The student may appeal a decision by the GPC under Section 15 and 16.
- d. Following the final decision, the Offices of Accounting Services, Financial Aid, Registrar and other pertinent HSC offices are to be notified in writing by the Office of Student Affairs of the dismissal of a student or repetition of a year by a student.

15. Dismissal and Appeals Policies

 a. A student shall be dismissed if the GPC determines that the student has not performed satisfactorily in academic pursuits, is not competent to pursue the assigned course of study,

- or has been deemed by the GPC, for just reason, unfit to continue the study of medicine. The student shall be notified in writing of the action of the GPC.
- b. A student may appeal the decision of the GPC. This appeal must be made to the Dean of the School of Medicine within five (5) business days, must be in writing, and must cite grounds for the appeal. An appeal may only be based on a claim that due process of GPC policies and procedures was not followed.

16. Appeals Procedure

- a. A student shall appeal a decision by the GPC within five (5) business days of notification of the decision by submitting to the Dean through the Associate Dean for Student Affairs a written notice of appeal containing a detailed basis for the request.
- b. The Dean may issue the decision alone or may appoint an Appeals Committee comprised of three members of the senior faculty to determine whether a basis for appeal exists. The Associate Dean for Student Affairs and the Chair of the GPC (or designee) will serve as ex officio members of the Committee.
- c. The Appeals Committee will be convened by the Associate Dean for Student Affairs within five (5) business days after appointment to consider the student's 'appeal.
- d. The student shall notify the Associate Dean for Student Affairs in advance if he/she is to be accompanied by an attorney or other representative. An attorney or representative may appear only in an advisory capacity and may not address the Appeals Committee. Should the student be accompanied by an attorney or representative, the School of Medicine shall be represented by the Office of General Counsel. If necessary, the appeal hearing may be delayed up to five (5) business days of the scheduled date if needed to allow personnel from the Office of General Counsel to attend.
- e. The student may present a statement to the Appeals Committee relative to the appeal.

 Collection of additional information to resolve the issue may be pursued. Both the Appeals Committee and student may call witnesses relevant to resolution of the appeal. Should information or witnesses be either repetitious or not relevant, the Appeals Committee shall take action to expedite the proceedings. At the conclusion of the hearing, the Appeals Committee shall forward its recommendation to the Dean. If the recommendation is not unanimous, a minority view will be appended.
- f. Unless suspended for some justifiable reason, the student shall remain on the class roll and may pursue appropriate course work until the appeal is resolved.
- g. After reviewing the Appeals Committee recommendation (if applicable) the Dean will make a final decision. The decision of the Dean is final. The student and the Chair of the GPC Committee will be notified in writing by the Dean.

17. Policy Regarding USMLE-Step I Exam

- a. In order to become fully licensed to practice medicine in the United States, individuals must have passed all 4 USMLE Step exams – Step 1, Step 2 Clinical Knowledge, Step 2 Clinical Skills, and Step 3. Each state's medical licensing board determines the number of attempts individuals may make at each Step in order to remain eligible for licensure. In Texas individuals are limited to 3 attempts on each Step.
- b. Students are expected to take Step 1 of USMLE prior to the start of Year Three. Students may request a delay in taking Step 1 if they have concerns regarding their readiness to take Step 1 and proceed with Year Three. A written request must be made to the Associate Dean for Student Affairs before the start of their third year.
- c. All students who take the USMLE Step 1 prior to the scheduled start of Year Three will be eligible to start the Year Three clerkship rotations. Passage of USMLE Step 1 is required for students to proceed in Year Three beyond the end of the first clerkship block.
- d. Students who fail USMLE Step 1 on their initial attempt will then be assigned to Independent Study to prepare for and retake Step 1. Students may return to the Year 3 curriculum upon passage of Step 1. Students cannot pursue any elective time in satisfying the conditions for graduation until they have passed Step 1 and completed any outstanding remediation for third year coursework.

e. Inability to pass Step 1 within one year after the completion of Year 2 coursework or three unsuccessful attempts will result in review by the GPC and possible dismissal (see grid). Appeals regarding this issue will be handled as outlined in Sections 15 and 16 of the Promotions policy.

18. Policy Regarding USMLE Step II Exam

- a. Passage of Step 2 Clinical Knowledge and Step 2 Clinical Skills will be required for graduation. Initial attempts at Step 2 exams must be taken by October 31 of the year preceding graduation. Students who fail to do so will not be allowed to participate further in clinical rotations until these exams are taken.
- b. Passing scores must be documented no later than May 1 of the year graduating. Failure to document a passing score by May 1 will result in a delay in graduation.

19. GPC Role Regarding Allegations of Student Misconduct

- a. If allegations of misconduct arise, an Ad Hoc committee (Student Conduct Board per TTUHSC Student Affairs Handbook Code of Professional and Academic Conduct) will be appointed by the Associate Dean of Student Affairs.
- b. When the Ad Hoc committee issues its findings and recommendations related to these specific complaints to the Dean, the Chair of GPC will be included in the reporting line.
- c. Upon receipt of the ad hoc committee findings and recommendations, the Chair of the GPC will then act as follows:
 - i. If there are no findings of misconduct by the Ad Hoc committee, the GPC will not act further on the matter.
 - ii. If the Ad Hoc committee finds misconduct has occurred the GPC will consider further action.
- d. Following these deliberations by the GPC, the Chair of the GPC will submit the decision from the GPC to the Dean related to the current complaint in light of the prior history of sanctions related to academic or misconduct issues. The Dean may then take this decision into account along with the recommendations of the Ad Hoc committee in making a final determination regarding the present matter.

20. Procedure for Amending of GPC Policies and Procedures

a. A proposal to amend the policies and procedures may be submitted in writing to the Chair of the Curriculum and Education Policy Committee by any person or group who believes a need for revision exists. The proposal shall be considered by the full CEPC for review and discussion. If the CEPC approves the amendment, it shall be initiated with notification to the Faculty Council at the next CEPC report date.b. Clarification or non-substantive rewording of policy may be performed by the GPC. The clarification will be reviewed by the Office of General Counsel and copies forwarded to the CEPC.

Year review	Student Performance	Committee action
Year 1	Passed all courses both semesters with no significant professionalism concerns	Proceed in curriculum
	AT RISK – see narrative in policy Academic Watch Level 1 or 2	Discuss remediation as recommended by course director
	Failure in one semester course Academic Watch level 2 or Warning if repeating the year	a. Repeat of year OR b. Individualized remediation
	Failure in two or more semester courses Academic Warning if Repeating year	a. Repeat of year OR b. Dismissal
	Failure of CEYE on second attempt Academic Warning	a. Repeat of year OR b. Individualized remediation
Year 2	Passed all courses both semesters with no significant professionalism concerns	Proceed in curriculum
	AT RISK – see narrative in policy Academic Watch Level 1 or 2	Discuss remediation as recommended by course director
	Failure in one semester course Academic Watch Level 1 or 2 unless dismissed	a. Individualized remediation OR b. Dismissal
	Failure in two semester courses Academic Warning if Repeating year	a. Repeat of year OR b. Dismissal
	Failure in three or more semester courses	Dismissal
	Failure of Step 1 on three attempts	Dismissal

Year 3	Student Performance	Committee Action
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	Failure of one clerkship:	a. One month remediation in the fourth
	a. Fail clinical component OR	year in that discipline without
	b. Fail Professional component OR	receiving elective credit OR
	c. Fail 2 attempts at the NBME ORd. Fail 2 attempts at the OSCE	b. Repeat of third year OR c. Dismissal
	Academic Watch Level 1	U. Distilissal
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	Failure of two clerkship (same definition	a. Remediation OR
	as above)	b. Repeat of year OR
	Academic Watch Level 2 or Academic	c. Dismissal
	Warning if repeating the year	
	Failure of the NBME in three different	a. Remediation OR
	clerkships (on first attempt) Academic	b. Repeat of the third year OR
	Watch Level 2 or Academic Warning if	c. Dismissal
	repeating the year	D
	Failure of three clerkships	a. Repeat of third year OR b. Dismissal
	Academic Warning if Repeating year	b. Dismissai
	Rating of "Needs Improvement" in the	a. Remediation OR
	same competency on three or more	b. Repeat of third year OR
	Clerkship Final assessments	c. Dismissal
	Academic Watch Level 2 or Academic	
	Warning if repeating the year	
	Issues of Professionalism	c. a. Dependent on occurrences
Voor 4	Student Perfermence	Committee Action
Year 4	Student Performance	Committee Action
	Failure of one or more required rotations	a. Remediation
	or electives Academic Watch	b. Repeat of year
		c. Dismissal
	Failure of Step 2 CK or CS on first 9	No review required by GPC but student
	attempt	must log a pass of CK and CS by May 1 in
	Academic Watch Level 2	order to graduate in May.

	Issues of Professionalism	a. Dependent on occurrences
 -	Failure of Step 2 CK or CS on the second attempt Academic Warning	Discussion by GPC of remediation and delay of graduation.
	Failure of Step 2 CK or CS on the third attempt	Dismissal

Academic Standing

I. Definition of Good Standing

Good standing is a designation that indicates a student is eligible for promotion, to continue participation in the curriculum, and to transfer to another institution. Academic and professionalism issues do not automatically result in revocation of the status of good standing. The Grading and Promotion Committee (GPC) will examine serious academic and professionalism issues to determine whether this impacts the standing of the student.

II. Remediation and/or Disciplinary Actions

The GPC will determine whether any academic or professionalism disciplinary action that may impact a student's eligibility to be promoted or to continue in the curriculum will result in the loss of good standing. Revocation of status of good standing becomes effective only after the student has exhausted all appeals processes. When the terms of the disciplinary action are satisfied, the GPC may restore the status of good standing with the student remaining in academic watch or warning (see below). Remediation is not considered a disciplinary action unless the GPC explicitly deems it as such.

III. Academic Watch or Warning

Paul L. Foster School of Medicine uses two internal categories called: "academic watch" or "academic warning," neither of which, in and of itself, result in the loss of good standing. Even while maintaining the designation of good standing, failures within the curriculum may result in the GPC placing the student in a status of "academic watch" or "academic warning."

- **A.** Academic watch indicates that a student is *potentially* at risk of not meeting requirements for promotion as a result of academic failures and/or breaches of professional behavior.
 - Academic Watch Level 1 A student has failed one unit of SPM or is at risk of failing another course. Students who have failed two components of a third year block may be placed on academic watch. Students at this level will be discouraged from participating in any leadership and extracurricular activities.
 - Academic Watch Level 2 A student has failed two units of SPM or is at risk of failing another course. Students who fail a clerkship would be placed on Level
 Students at this level will be required to resign from any leadership activities. While they may have extracurricular activities they will be warned of the risk of moving to academic warning and repeat of the year.

- 3. A student may also be placed on academic watch as a result of professionalism issues, Step failure, failure of a clinical skills summative evaluation, or failure to successfully complete a curriculum component or an administrative requirement. The GPC will decide the level of academic watch.
- B. Academic Warning indicates a student has failures that require the student to repeat the year. Students at this level will be required to resign from any leadership activities.
- **C.** It should be noted that both academic watch and warning are internal designations and will not appear on the transcript, MSPE, or other official document that is shared externally.
- D. Corrective measures instituted by the GPC to address issues of academic watch or warning may include, but are not limited to, remediation programs (internal or external), repetition of a specific course, or repetition of the curriculum of an entire year (see Grading and Promotion Policy). When external remediation programs are prescribed, students will be responsible for attendant financial costs. Additionally, standard tuition and fee charges will apply to any repeated course work.
- E. Students in the status of academic watch or warning will remain under the purview of the GPC for one year after successful completion of all remediations and any failure of any component of a course or a clerkship may bring those students' issues back before the GPC. The GPC considers the complete academic and professional history of all students presenting to the committee.
- F. Students in the status of academic watch or warning who intend to take a leave of absence must meet with the Associate Dean of Student Affairs for direction. For most leaves, students must receive approval of the GPC prior to the leave and receive direction from the GPC upon their return. The Office of Student Affairs may allow a medical leave or a leave for extenuating circumstances in the setting of academic watch or warning without the approval of the GPC, but the GPC must be informed by the Office of Student Affairs and may require such students to appear before the committee prior to school re-entry.

IV. Removal from Academic Watch or Warning

- A. A student will be removed from Academic Watch or Warning by the GPC when remediations are completed or when a student has shown adequate progression by time and performance.
- B. A student may petition the GPC to be removed from Academic Watch or Warning if they feel they have completed the remediations and have demonstrated adequate progression.

Grading and Promotion Committee Policies and Procedures Proposed revisions 3.25.16

GRADING POLICIES

Promotions Policies & Procedures

1. Introduction

The responsibility for evaluation of students rests with the faculty of the Texas Tech University Health Sciences Center Paul L. Foster School of Medicine. Faculty have an obligation to the students, to the school, and to the larger society to award passing grades only to those students who have demonstrated mastery of the course material. In addition to evaluation of students' knowledge and skills, the faculty has the obligation to determine whether students' behavior or conduct is suitable for the practice of medicine. It is inappropriate to allow a student to progress or graduate when unacceptable behavior or conduct in the treatment and care of patients and/or in relationships with staff and peers have been established, even if grades on tests or other forms of evaluation have been satisfactory.

The faculty of the School of Medicine has the responsibility for recommending students for promotion and graduation. This responsibility is administered through the Grading and Promotion Committee (GPC) that represents the faculty at large. Every attempt will be made to apply principles of fairness and due process when considering actions of the faculty or administration that might adversely affect the students. Comments, questions, and concerns should be directed to the Office of Student Affairs.

2. Students covered by this policy

These grading and promotions policies apply to students enrolled in the courses necessary to complete the requirements for the Doctor of Medicine degree in the TTUHSC School of Medicine. These policies do not cover the course work done for the other degree programs in which the student may be enrolled.

3. Responsibilities for monitoring of student progress:

The Associate Dean for Student Affairs in conjunction with the College Masters and the Associate Dean of Medical Education is responsible for monitoring the progress of medical students during their course of study in order to provide or refer students to the appropriate academic or personal counseling services, if applicable. The office of Student Affairs will provide staff support to the GPC and will maintain permanent minutes of GPC actions. The Associate Dean for Student Affairs serves as advocate for due process for students.

4. Responsibilities of the GPC

The GPC is a committee of the faculty appointed by the Dean with recommendations by the Faculty Council and is charged with the responsibility to review and evaluate the academic and behavioral progress of each medical student enrolled at TTUHSC Paul L. Foster School of Medicine. It is not a policy making body but rather applies the policies that are approved through the Curriculum Education Policy Committee and the Faculty Council.

5. Responsibilities of the Dean

The Dean, as the Chief Academic Officer, has the final responsibility for actions taken regarding a student. The initial recommendation and subsequent action for each student are delegated to the GPC. However, the Dean is responsible for executing the appeals process in which a final decision is made.

6. Grading and Promotion Committee

- a. The voting members of the Grading and Promotion committee consists of nine faculty, three basic scientists involved in teaching in the first and second year, three clinicians involved in teaching in the first and second year and three clinicians involved in teaching in the third and fourth year.
- b. The Associate Dean for Student Affairs and the Associate Dean for Medical Education serveas ex-officio members, with voice but without vote.
- c. The chair and chair-elect are elected by the committee from its members.

- d. The proceedings of all meetings are held confidential in accordance with the Family Educational Rights and Privacy Act of 1974. The proceedings and decisions of the GPC are privileged information. GPC members may not discuss particular cases or the outcome with anyone outside the GPC.
- e. All committee decisions requiring a vote are determined by a simple majority vote with the Chair as a voting member. Five members of the committee constitute a quorum at a regular or called meeting. The Chair and Chair-elect may, in urgent cases, consult with the Associate Dean for Student Affairs regarding an emergency leave of absence for a student in academic difficulty. The Chair, Chair-elect, and Associate Dean will set the conditions for return from a leave of absence, with approval of the Dean.

7. Review of Year 1 and 2 coursework

All courses for the first two years at TTUHSC Paul L. Foster School of Medicine are Pass/Fail. Please consult the individual course syllabi for specific grading policies for each course.

Progress of a student will be reviewed by the GPC at least at the end of each semester in the context of all course work, student's professionalism, evidence of progressive improvement and personal circumstances.

a. Semester Review - January of each year

Committee will consider all students after completion of the fall semester.

- i. If a student has passed all-courses satisfactorily no further discussion.
- ii. If a student is considered "at risk" they will be placed on academic watch level 1 or 2 at the discretion of the committee. (See Academic Standing policy). A proposed learning plan will be devised in order to strengthen identified deficiencies.

Definition of "at risk":

- a. Incomplete on any semester course due to unit failures
 - a. One unit Academic Watch level 1
 - b. Two units Academic Watch level 2
- b. Course director identifies the student at risk based on performance on given disciplines or low test scores
- c. College master concern
- d. Professionalism concern
- iii. Failure of any semester course at the semester placed on Academic watch if repeating the year consideration by committee:
 - a. One semester course failure consideration for either remediation as recommended by the course director or restarting the year at the next academic year
 - b. Two semester course failures consideration for restarting the year at the next academic year or dismissal
 - c. Three or four semester course failures -Dismissal

b. Year Review of Progress

Committee will consider all students after completion of the spring semester.

- i. Year 1 students
 - a. If a student has passed all courses satisfactorily and passed the CEYE promotion to second year.
 - b. If a student is "at risk" as defined below they will be placed on academic watch and remediation may be required:
 - Incomplete on any semester course (see levels of academic watch above)
 - Course director identifies the student at risk based on performance on given disciplines or low test scores
 - College master concern
 - Professionalism concern
 - Failure on CEYE first attempt
 - c. Failures –will be placed on Academic Warning if repeating the year or as considered by committee

- One semester course in year repeat of year or individualized remediation
- Two or more semester courses in year repeat of year or dismissal
- Failure of CEYE on 2 attempts repeat of year or individualized remediation
- Failure of three or more semester courses dismissal

c. Year 2 student

- i. If a student has passed all courses satisfactorily they are eligible to sit for Step 1 and promotion to third year.
- ii. If a student is "at risk" as defined below they will be placed on academic watch and remediation may be required:
 - a. Incomplete on any semester course (see levels of academic watch above)
 - b. Course director identifies the student at risk based on performance on given disciplines or low test scores
 - c. College master concern
 - d. Professionalism concern
 - e. Failures will be placed on Academic Warning if repeating the year or as considered by committee
 - One semester course in year repeat of year or individualized remediation
 - Two semester courses in year repeat of year or dismissal
 - Failure of three or more semester courses dismissal
 - Failure of Step 1 on three attempts dismissal
- iii. Timeline completion requirement for remediation:
 - a. Year 1 students July 1 after completion of Year 1 (or prior to orientation of next Year 1)
 - b. Year 2 students May 1 to complete the semester work, Must take Step 1 prior to Year 3 orientation in order to begin Year 3 on schedule, AND one calendar year after completion of year 2 to complete the three attempts of Step 1. (See 3d for GPC action if fails Step 1.)
 - c. Student must be available for scheduled remediations and may not attend off campus school related activities (SARP, other research) until they have successfully completed their requirements.
 - d. Students repeating a year The Grading & Promotion requirement for a repeat year may be more restrictive than that for a first time student. The requirements will be defined in the individual student's letter from the committee and must be adhered to.
 - e. The first 2 years of medical school must be completed within three years including leaves of absences or repeating of the year.

Important Notes:

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Remediation is recommended by the course director and agreed to by the GPC. Students may be dismissed without academic watch or warning ever being designated. The GPC may also choose to remove "Good Standing" as a disciplinary action.

8. Grading & Promotions Committee (GPC) Review of Year 3 and 4

All courses for the Year 3 and 4 at TTUHSC Paul L. Foster School of Medicine are Honors/Pass/Fail. Progress of a student will be reviewed by the GPC after each block in the context of all course work, student's professionalism, evidence of progressive improvement and personal circumstances. The GPC may place a student on academic watch or warning or revoke Good Standing if there are concerns regarding professionalism.

a. Grading and Promotion Committee Review for Year 3

Then

Failure of one clerkship:	a. One month remediation in the fourth year in
 Fail clinical component OR 	that discipline without receiving elective
 b. Fail Professional component OR 	credit OR
c. Fail 2 attempts at the NBME OR	b. Repeat of third year OR
d. Fail 2 attempts at the OSCE	c. Dismissal
Failure of two clerkship (same definition as above)	a. Remediation* OR
. ,	b. Repeat of year OR
	c. Dismissal
Failure of the NBME in three different clerkships	a. Remediation* OR
(on first attempt)	 b. Repeat of the third year OR
. ,	c. Dismissal
Failure of three clerkships	a. Repeat of third year OR
•	b. Dismissal
Rating of "Needs Improvement" in the same	a. Remediation* OR
competency on three or more Clerkship Final	b. Repeat of third year OR
assessments	c. Dismissal

- * The remedial work will not be counted as elective time in satisfying the conditions for graduation.
- b. Grading and Promotion Committee Review for Year 4
 - Failure of a required or elective experience in the fourth year review by GPC for remediation, repeat of year or dismissal.
 - ii. Failure of more than one block in year 4 review for remediation, repeat of the year or dismissal.
 - iii. Failure of Step 2 CK or CS on first attempt no review required by GPC but student must log a pass of CK and CS by May 1 in order to graduate in May.
 - iv. Failure of Step 2 CK or CS on the second attempt discussion by GPC of remediation and delay of graduation.
 - v. Failure of Step 2 CK or CS on the third attempt Dismissal.

9. Transcript notation

When a student receives a failing grade in a semester course that does not require a repeat of the year a grade of "F" (Fail) will be entered in the transcript with a notation of "Successfully Remediated" when the remediation is complete. If a student repeats a year, the transcript will list both attempts at the course with a "RP" (repeat) notation after the courses from the first attempt and the final grade of the second attempt at the course.

10. Documentation of Student Academic Performance

All grades will be recorded in Web-Raider for each student and will be available in the student's electronic portfolio. TTUHSC Office of the Registrar in Lubbock maintains the official transcript of all students.

11. Promotion Policies

Normal progression through the School of Medicine curriculum requires that a student demonstrate a consistently satisfactory level of performance and professional behavior. Students will be expected to complete the medical school curriculum within four (4) years of the initial date of matriculation.

The curriculum may be extended due to 1) a leave of absence, 2) academic difficulty requiring repetition of an academic year as per this policy. However, inability to complete Years One and Two of the curriculum in three years and/or the entire curriculum within six (6) years will result in dismissal.

12. General Issues

- a. The committee is not bound by categorical or arithmetic assessment of student performance but rather reviews each student in the context of his/her academic achievement and any other circumstances that may influence performance. If a student exhibits conduct or behavior inconsistent with a potential physician, a course or clerkship grade of Fail may be given. Such conduct or behavior that occurs beyond the boundaries of a class or rotation may also be considered by the GPC. In that case, the student will be referred for disposition of the case under the Code of Professional and Academic Conduct in the TTUHSC Paul L. Foster SOM Student Affairs Handbook.
- b. For a course being remediated, a transcript notation of "successfully remediated" will be attached to the original failing grade when successful remediation is accomplished.
- c. Failure to successfully remediate a course in Years 1 and 2 according to course standards before the start of the next academic year will result in repetition of the entire year in which the failure occurred.
- d. Final grades will be reviewed at the end of each semester. Students who receive a grade of Fail may meet with the GPC to discuss their academic performance and possible actions by the committee. For deliberations not delegated to the Chair and Chair-Elect, the Committee will be convened.
- e. If a student repeats an entire academic year, the new grades are recorded on the transcript in addition to the original ones.
- f. Students who are required to repeat an academic year may not take courses from the next academic year during the period of repetition.
- g. Students reviewed by the GPC will be notified in writing of the GPC decision with any stipulations for continuation in the curriculum.
- h. A final grade in each course or clerkship may be derived from the component scores. The components for evaluation are defined by each course or clerkship.
- Repetition of the clerkship and remedial work, as defined and prescribed above, will not be counted as elective time in satisfying the conditions for graduation.
- j. The completion of the medical school curriculum within the above standards and the approval of overall performance by the GPC are required for graduation. The Student Affairs Office will annually present to the Dean and HSC Registrar a list of candidates for receipt of the Doctor of Medicine Degree based on the above.

13. Notification of Students with Satisfactory Progress

The Office of Student Affairs will notify students in writing if they need to meet with the GPC and the outcome of their deliberations. All other students will proceed through the curriculum with no formal notice of promotion.

14. Deliberations of GPC

- a. Each student who has demonstrated unsatisfactory progress in the curriculum as defined above will be subject to the courses of action as previously set forth in this policy. When meeting with a student on an issue related to academic performance, the GPC may also take into account a prior history of sanctions for misconduct in making a determination.
- b. At a hearing with the GPC, the student will be expected to discuss their academic performance and to propose a course of action to address the academic deficiencies. Following the hearing with the student, the GPC may then vote for a course of action. With a quorum present, the committee action will be determined by a majority vote.
- c. The determination and stipulations arising from the actions of the GPC will be communicated in writing by the Chair of the GPC to the student and the Dean. The student may appeal a decision by the GPC under Section 15 and 16.
- d. Following the final decision, the Offices of Accounting Services, Financial Aid, Registrar and other pertinent HSC offices are to be notified in writing by the Office of Student Affairs of the dismissal of a student or repetition of a year by a student.

15. Dismissal and Appeals Policies

a. A student shall be dismissed if the GPC determines that the student has not performed satisfactorily in academic pursuits, is not competent to pursue the assigned course of study,

- or has been deemed by the GPC, for just reason, unfit to continue the study of medicine. The student shall be notified in writing of the action of the GPC.
- b. A student may appeal the decision of the GPC. This appeal must be made to the Dean of the School of Medicine within five (5) business days, must be in writing, and must cite grounds for the appeal. An appeal may only be based on a claim that due process of GPC policies and procedures was not followed.

16. Appeals Procedure

- a. A student shall appeal a decision by the GPC within five (5) business days of notification of the decision by submitting to the Dean through the Associate Dean for Student Affairs a written notice of appeal containing a detailed basis for the request.
- b. The Dean may issue the decision alone or may appoint an Appeals Committee comprised of three members of the senior faculty to determine whether a basis for appeal exists. The Associate Dean for Student Affairs and the Chair of the GPC (or designee) will serve as ex officio members of the Committee.
- c. The Appeals Committee will be convened by the Associate Dean for Student Affairs within five (5) business days after appointment to consider the student's 'appeal.
- d. The student shall notify the Associate Dean for Student Affairs in advance if he/she is to be accompanied by an attorney or other representative. An attorney or representative may appear only in an advisory capacity and may not address the Appeals Committee. Should the student be accompanied by an attorney or representative, the School of Medicine shall be represented by the Office of General Counsel. If necessary, the appeal hearing may be delayed up to five (5) business days of the scheduled date if needed to allow personnel from the Office of General Counsel to attend.
- e. The student may present a statement to the Appeals Committee relative to the appeal.

 Collection of additional information to resolve the issue may be pursued. Both the Appeals Committee and student may call witnesses relevant to resolution of the appeal. Should information or witnesses be either repetitious or not relevant, the Appeals Committee shall take action to expedite the proceedings. At the conclusion of the hearing, the Appeals Committee shall forward its recommendation to the Dean. If the recommendation is not unanimous, a minority view will be appended.
- f. Unless suspended for some justifiable reason, the student shall remain on the class roll and may pursue appropriate course work until the appeal is resolved.
- g. After reviewing the Appeals Committee recommendation (if applicable) the Dean will make a final decision. The decision of the Dean is final. The student and the Chair of the GPC Committee will be notified in writing by the Dean.

17. Policy Regarding USMLE-Step I Exam

- a. In order to become fully licensed to practice medicine in the United States, individuals must have passed all 4 USMLE Step exams Step 1, Step 2 Clinical Knowledge, Step 2 Clinical Skills, and Step 3. Each state's medical licensing board determines the number of attempts individuals may make at each Step in order to remain eligible for licensure. In Texas individuals are limited to 3 attempts on each Step.
- b. Students are expected to take Step 1 of USMLE prior to the start of Year Three. Students may request a delay in taking Step 1 if they have concerns regarding their readiness to take Step 1 and proceed with Year Three. A written request must be made to the Associate Dean for Student Affairs before the start of their third year.
- c. All students who take the USMLE Step 1 prior to the scheduled start of Year Three will be eligible to start the Year Three clerkship rotations. Passage of USMLE Step 1 is required for students to proceed in Year Three beyond the end of the first clerkship block.
- d. Students who fail USMLE Step 1 on their initial attempt will then be assigned to Independent Study to prepare for and retake Step 1. Students may return to the Year 3 curriculum upon passage of Step 1. Students cannot pursue any elective time in satisfying the conditions for graduation until they have passed Step 1 and completed any outstanding remediation for third year coursework.

e. Inability to pass Step 1 within one year after the completion of Year 2 coursework or three unsuccessful attempts will result in review by the GPC and possible dismissal (see grid). Appeals regarding this issue will be handled as outlined in Sections 15 and 16 of the Promotions policy.

18. Policy Regarding USMLE Step II Exam

- a. Passage of Step 2 Clinical Knowledge and Step 2 Clinical Skills will be required for graduation. Initial attempts at Step 2 exams must be taken by October 31 of the year preceding graduation. Students who fail to do so will not be allowed to participate further in clinical rotations until these exams are taken.
- b. Passing scores must be documented no later than May 1 of the year graduating. Failure to document a passing score by May 1 will result in a delay in graduation.

19. GPC Role Regarding Allegations of Student Misconduct

- a. If allegations of misconduct arise, an Ad Hoc committee (Student Conduct Board per TTUHSC Student Affairs Handbook Code of Professional and Academic Conduct) will be appointed by the Associate Dean of Student Affairs.
- b. When the Ad Hoc committee issues its findings and recommendations related to these specific complaints to the Dean, the Chair of GPC will be included in the reporting line.
- c. Upon receipt of the ad hoc committee findings and recommendations, the Chair of the GPC will then act as follows:
 - i. If there are no findings of misconduct by the Ad Hoc committee, the GPC will not act further on the matter.
 - ii. If the Ad Hoc committee finds misconduct has occurred the GPC will consider further action.
- d. Following these deliberations by the GPC, the Chair of the GPC will submit the decision from the GPC to the Dean related to the current complaint in light of the prior history of sanctions related to academic or misconduct issues. The Dean may then take this decision into account along with the recommendations of the Ad Hoc committee in making a final determination regarding the present matter.

20. Procedure for Amending of GPC Policies and Procedures

- a. A proposal to amend the policies and procedures may be submitted in writing to the Chair of the Curriculum and Education Policy Committee by any person or group who believes a need for revision exists. The proposal shall be considered by the full CEPC for review and discussion. If the CEPC approves the amendment, it shall then be submitted to the Faculty Council for review and approval
- b. Clarification or non-substantive rewording of policy may be performed by the GPC. The clarification will be reviewed by the Office of General Counsel and copies forwarded to the CEPC.

Year review	Student Performance	Committee action
Year 1	Passed all courses both semesters with no significant professionalism concerns	Proceed in curriculum
	AT RISK – see narrative in policy Academic Watch Level 1 or 2	Discuss remediation as recommended by course director
	Failure in one semester course Academic Watch level 2 or Warning if repeating the year	a. Repeat of year OR b. Individualized remediation
	Failure in two or more semester courses Academic Warning if Repeating year	a. Repeat of year OR b. Dismissal
	Failure of CEYE on second attempt Academic Warning	a. Repeat of year OR b. Individualized remediation
Year 2	Passed all courses both semesters with no significant professionalism concerns	Proceed in curriculum
	AT RISK – see narrative in policy Academic Watch Level 1 or 2	Discuss remediation as recommended by course director
	Failure in one semester course Academic Watch Level 1 or 2 unless dismissed	a. Individualized remediation OR b. Dismissal
	Failure in two semester courses Academic Warning if Repeating year	a. Repeat of year OR b. Dismissal
	Failure in three or more semester courses	Dismissal
	Failure of Step 1 on three attempts	Dismissal

Year 3	Student Performance	Committee Action
	Failure of one clerkship:	a. One month remediation in the fourth
	a. Fail clinical component OR	year in that discipline without
	b. Fail Professional component ORc. Fail 2 attempts at the NBME OR	receiving elective credit OR b. Repeat of third year OR
	d. Fail 2 attempts at the NSME ON	c. Dismissal
	Academic Watch Level 1	C. Distribusión
	Failure of two clerkship (same definition	a. Remediation OR
	as above)	b. Repeat of year OR
	Academic Watch Level 2 or Academic	c. Dismissal
	Warning if repeating the year Failure of the NBME in three different	a. Remediation OR
	clerkships (on first attempt) Academic	a. Remediation OR b. Repeat of the third year OR
	Watch Level 2 or Academic Warning if	c. Dismissal
	repeating the year	o, Diamiodal
	Failure of three clerkships	a. Repeat of third year OR
	Academic Warning if Repeating year	b. Dismissal
[
	Rating of "Needs Improvement" in the	a. Remediation OR
	same competency on three or more	a. Remediation OR b. Repeat of third year OR
1	Clerkship Final assessments	c. Dismissal
1	Academic Watch Level 2 or Academic	C. Distriissai
	Warning if repeating the year	
	Issues of Professionalism	c. a. Dependent on occurrences
Year 4	Student Performance	Committee Action
I cal 4	Student i enormance	Committee Action
	Failure of one or more required rotations	a. Remediation
	or electives Academic Warning	b. Repeat of year
		c. Dismissal
	Failure of Step 2 CK or CS on first 9	No review required by GPC but student
	attempt	must log a pass of CK and CS by May 1 in
	Academic Watch Level 2	order to graduate in May.
		o.co. to gradate in May.
1	1	1

Issues of Professionalism	a. Dependent on occurrences
Failure of Step 2 CK or CS on the second attempt Academic Warning	Discussion by GPC of remediation and delay of graduation.
Failure of Step 2 CK or CS on the third attempt	Dismissal



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Paul L. Foster School of Medicine

Common Clerkship Requirements

Office of Medical Education

AY 2016-2017

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Office of Medical Education Contacts (MS3 and MS4)

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Kepetta Aranua	Clerkships	(915) 577-7593	Rebecca aranda@ttuhsc.edu

Disability Support Services

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 or visit elpaso.ttuhsc.edu/studentservices/dss.

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 Year

During the third year, a student is expected to attend all clinical and didactic activities. If a student will be absent for any activity, they must obtain approval 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. If a student is required to make up time, this must be completed during unscheduled time and the hours worked must be in compliance with the duty hour policy.

If a student is absent more than 4 days per block or 12 days during third year, it will be reviewed by the Associate Dean for Student Affairs. Excessive absences could be a violation of the Student Code of Conduct and may be forwarded to the Grading and Promotions Committee.

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.

Absences in the Fourth Year

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

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

Notification of Absence (Third and Fourth Year)

When a student is going to be absent, they are required to notify: 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 plfabsence@ttuhsc.edu.

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 absence is subject to the institution's Missed Graded Activities Policy. Please see the <u>Student Affairs Handbook</u> 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 2016-2017 NBME's will be administered on the following dates:

- Friday, July 29
- Friday, August 26
- Friday, September 23
- Tuesday, September 27
- Friday, September 30
- Tuesday, October 21
- Friday, October 28
- Friday, November 18
- Friday, December 2
- Friday, December 14
- Friday, January 6
- Tuesday, January 24
- Friday, January 27
- Friday, February 3
- Friday, February 24
- Friday, March 24
- Friday, April 21
- Thursday, May 16
- Friday, May 19
- Friday, May 26
- Friday, June 2
- Friday, June 9

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:
 - o Passes NBME exam, if applicable, at the 60th 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
 - o 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 6th 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
 - 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 6th percentile after 2 attempts
 - o 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.

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:

— [f	Then	
"	Hier	
Failure of one clerkship:	GPC may recommend:	
a. Fail clinical component OR	a. One month remediation in the fourth year	
b. Fail Professional component OR	in that discipline without receiving elective	
c. Fail 2 attempts at the NBME OR	credit OR	
d. Fail 2 attempts at the OSCE	b. Repeat of third year OR	
	c. Dismissal	
Failure of two clerkship (same definition as above)	GPC may recommend:	
	a. Remediation OR	
	b. Dismissal	
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	GPC may recommend:	
competency on three or more Clerkship final	a. Remediation OR	
assessments	b. Repeat of the third year OR	
NATIONAL PROPERTY AND ARCHITECTURE OF THE PROPERTY AND ARCHITECTUR	c. Dismissal	

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.
- 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. <u>Students who do not meet expectations in the documentation of their clinical experiences will not be eligible for "Honors" designation.</u>
- 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 <u>minimum</u> 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.

COMMON REQUIREMENTS

Year 3:

1. End of Year 3 OSCE

- a. Background
 - i. Cases are designed to elicit a process of history taking and physical examination that demonstrates the examinee's ability to list and pursue various plausible

<u>diagnoses</u>. <u>Diagnostic reasoning will be evaluated in the note portion of the</u> examination

b. Objective

i. Ensure competency in history, physical examination and diagnostic reasoning appropriate to the level of the student

c. Scoring and Grading

- i. The student will receive two sub-scores
 - 1. Integrated clinical encounter- consisting of:
 - a. Standardized Patient Checklist covering key elements of history and physical examination
 - b. SOAP note in the standard USMLE format with a focus on the assessment and plan and organization of the note

2. Communication and Interpersonal Skills

- uniform checklist across all cases with focus on fostering the relationship, gathering the information, providing information, helping the patient make decisions, and supporting emotions
- d. Must pass each category (Integrated clinical encounter AND Communication)
 Interpersonal Skills) across all 6 cases
 - i. Minimum passing score 75%

e. Remediation

 i. If a passing score in either category or both is not achieved, the student will be required to repeat all stations of the examination

Year 4:

1. Comprehensive Clinical Sciences Examination (CCSE)

- a. Class of 2017: Each student is **highly encouraged** to take the CCSE at the beginning of Year 4 to determine readiness to take USMLE Step 2 CK.
- b. Class of 2018 and beyond: Each student is required to take the CCSE at the beginning of Year 4 to determine readiness to take USMLE Step 2 CK.
- c. The Associate Dean for Student Affairs will discuss with the student if the score is of concern and decide on a plan of action.

2. Procedure Worshop

- a. This is a simulation based curriculum for fourth year medical students in general procedural skills to review and assess competency in the following: Bag-valve-mask ventilation, adult and infant intubation, venipuncture, IV line placement, NG tube placement, and male and female bladder catheterization.
- b. Each fourth year student is required to complete the pre-work and workshop and to achieve a passing score at each station.

c. Fourth year students will attend the workshop either during their Sub-Internship or Critical Care rotation.

3.—Critical Care-Core Curriculum

- a. This will include a series of online interactive modules with a discussion board that will address core topics that represent foundational knowledge and apply across critical care settings. Examples of topics addressed include: nutritional support in the critical care setting, assisted ventilation and interpretation of arterial blood gases, hemodynamic monitoring, and physiology and common causes of shock.
- **b.** Completion of modules and guizzes and participation in discussion boards is required.

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 <u>March 1</u> 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 subspecialties, 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 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).

Additional Policies

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

- 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

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