TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
at El Paso

Paul L. Foster School of Medicine

Curriculum and Educational Policy Committee

| AGENDA | JULY 11, 2016 | 5:00 PM | MEB 1140 |

I.	Review, Revision and Approval of Minutes from June 20, 2016	Richard Brower, M.D.
II.	SCEC/Student Rep Issues	Student Representatives
III.	Need for early identification of re-confirmed and new SCEC Members, including those from the entering class.	Richard Brower, M.D.
IV.	Syllabus Updates – Any remaining issues? • PICE Syllabus	Maureen Francis, M.D. Tanis Hogg, Ph.D. Naomi Lacy, Ph.D.
V.	Teaching Evaluation Process	Naomi Lacy, Ph.D.
VI.	Update regarding change in Grading and Promotions Committee Policies	Kathryn Horn, M.D.
VII.	Policy Reviews	Richard Brower, M.D.

Items to be collected into a "Medical Education Program Policy Binder":
- Timely Grade Release (see attached)
- Pre-clerkship Phase Unscheduled Time (See attached)
- Common Clerkship Policies (See attached)
- SCEC Charter (See attached)
- Non-faculty Participation in UME (See attached)
- Additional Needs (Discussion)
    - Curriculum management guidelines regarding actions requiring CEPC approval and discretion of the YR1-2 and YR3-4 Committees
    - Clerkship Director PD and Course Director PD (See clerkship director PD attached)
    - Course, Clerkship, ICE, and Overall Educational Program Monitoring Policy (Discussion)
    - Clerkship Block and Clerkship Site Comparability Monitoring
    - Electives and weeks/credits away (Discussion)
    - More to come...

VIII.	MS4 Assessment forms: mid-clerkship for required courses and selectives; radiology final assessment; clinical elective and away rotations final assessment.	Maureen Francis, M.D.
IX.	ICE Case Presentation Exercise (if time allows - see attached)	Richard Brower, M.D.
X.	Adjourn	Richard Brower, M.D.

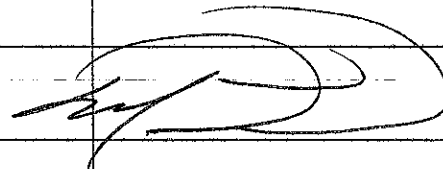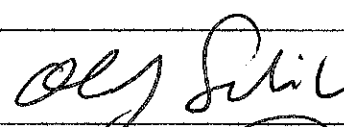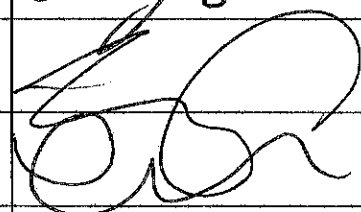**TEXAS TECH UNIVERSITY**
HEALTH SCIENCES CENTER
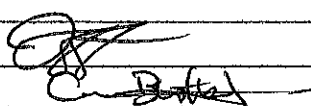*at El Paso*

Paul L. Foster School of Medicine

Curriculum and Educational Policy Committee Meeting
Monday, July 11, 2016
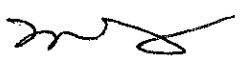
Richard Brower, MD – Chair			
Members – Faculty			
Name	**Title**	**Department**	**Signature**
Dan Blunk, M.D.	College Master	Medical Education	
Mark Francis, M.D.	Professor	Medical Education	
Thomas Gest, Ph.D.	Professor	Medical Education	
Osvaldo Padilla, M.D.	Clinical Assistant Professor	Pathology	
Curt Pfarr, Ph.D.	College Master	Medical Education	
Janet Piskurich, Ph.D.	College Master	Medical Education	
Olof Sundin, Ph.D.	Associate Professor	Biomedical Sciences	
Cynthia Perry, Ph.D.	Assistant Professor	Medical Education	
Laura Cashin, D.O.	Assistant Professor	Internal Medicine	
Uga Aghaegbulam, M.D.	Assistant Professor	Internal Medicine	
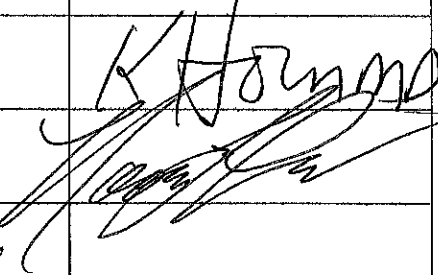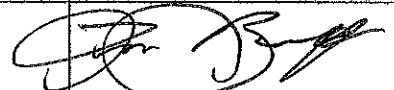
Members - Students

Name	Year	Signature
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	

Ex-officio - Members

Name	Title	Department	Signature
Richard Brower, MD	Associate Dean for Medical Education	Medical Education	
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	
Tanis Hogg, PhD	Assistant Dean	Medical Education	
Kathryn Horn, MD	Associate Dean	Student Affairs	
Naomi Lacy, PhD	Director	Medical Education	
Jose Lopez	Assoc. Dir. Academic Tech.	Information Technology	
Lisa A. Beinhoff	Managing Director	Library	

2

Guests

Name	Year	Department	Signature

Clerkship Coordinators

Name	Year	Department	Signature

Other participants

Name	Department/Organization	Signature
Robin Dankovich	Medical Education	

Notes

Curriculum and Educational Policy Committee Meeting

Date: July 11, 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.

The following revisions will be made to the Minutes from June 20, 2016.

Item IV: Typographic correction, change CBSC to CBSE.
The following sentence will be added to the Action Item from Item IV: "The CEPC approved that any student that goes off-cycle will receive a notation on their MSPE with a statement of the general reason."
Item IX: Add the following statement: "CEPC agreed to the 6 point evaluation scale. The rest of the discussion will be deferred for a future meeting."

Action Item:
- As a consequence of discussing Item IV from last meeting, the CEPC approved that any student that goes off-cycle will receive a notation on their MSPE with the statement of the general reason. This item will also be included as an additional point in the Item IV action items in the CEPC Minutes from June 20, 2016.
- The minutes were approved with corrections as noted above.

II.   SCEC Rep Reports   Student Representatives

MSIII student representatives commented regarding the IM/PSYCH Clerkship. They had no complains for IM, most of the concerns were on the Psychiatry side. They remarked that it is disorganized and that there is a lot of confusion regarding where students should be and what they are supposed to be doing. They also mentioned that preceptors are not accurate scheduled, as well as, the need of more doctors for each session; capacity continue to be an issue. It was pointed out that the confusion may be caused because there is a new Psychiatry Clerkship Coordinator. There were no other general issues regarding the clerkship.

Action Item: Dr. Maureen Francis will follow up with the new Psychiatry Clerkship Coordinator to address the situation and attempt to find a solution. She also recommended to the students to talk to either Dr. Tonarelli or Dr. Briones for guidance.

III.   **Need for early identification of re-confirmed and new SCEC**   **Richard Brower, M.D.**
   Members, including those from the entering class.

Dr. Brower addressed the need to get the new SCEC members designated as soon as possible and reaffirming the existing members. Dr. Horn stated that the committee decided during the last meeting that this will be completed by the end of August. It was mentioned that reaffirming the existing members can be done now, and save some slots for the new members.

Action Item: It is intended to elect the new members by the second Master Colloquium for MSI. The committee will follow up with Dr. Hogg and Dr. Francis about the progress of this assignment.

IV.   **Syllabus Updates – Any remaining issues?**   **Maureen Francis, M.D.**
   Tanis Hogg, Ph.D.
   • **Colloquium Syllabus**   **Naomi Lacy, Ph.D.**

The Colloquium Syllabus final issues were reviewed as a result of the action item from a May CEPC Meeting. Issues entailed for review were related to feedback in assessment and tracking of participation, as well as, whether or not have mandatory attendance for both YR1 and YR2 syllabus. Discussion ensued regarding attendance being expected but not required for any specific session and the threshold of the professionalism papers in case of a missed session. If students exceed the expectations set for attendance, they will have to do a compensatory essay with relevant topic of what was missed. It was recommended to specify by when the paper is expected, Dr. Francis suggested that papers could be turned in by the end of the semester since the course has a semester grade. Dr. Horn recommended changing the wording in the syllabus to "minimum of 750 words" for the paper.

Action Item: The syllabus will be returned to Dr. Sandroni for the corrections noted during this meeting to make it more specific; Dr. Hogg will then review and may approve implementation of the revised version.

   • **PICE Syllabus**

Dr. Lacy referred to the latest version of the PICE Syllabus; she highlighted the most important updates. The Tankside Grand Rounds remediation is back for assessment by Medical Education Faculty; the End of Year OSCE is back in the PICE syllabus. Self-Directed Learning is the biggest change; Dr. Lacy and Dr. Hogg agreed to make the self-assessment writing requirement part of the Self-Directed portion of this course instead of SPM. It was also added to the ACLS section that if students delay in starting M3 year, a notation would be placed in their MSPE.
The following rewording to the Comprehensive Basic Science Exam (CBSE) section at the bottom of page 6 will be made:
"A failure on the remediation exam will result in an in-progress on the transcript, if the student fails STEP 1 this will be converted to a failure and the student will be prepared by the Grading and Promotions Committee."

Action Item: Dr. Hogg will be asked to review the changes proposed at the meeting, and then may the revised PICE syllabus for implementation.

Once all syllabi are finally approved as per CEPC directions, they will be posted in Canvas and also on the Office of Medical Education website to be accessible for review.

V.   Teaching Evaluation Process   Naomi Lacy, Ph.D.

During the last CEPC meeting it was discussed and agreed to the 6 point scale for teaching evaluations by students. The second item of this discussion is to describe how teaching evaluations are assigned. Dr. Lacy was looking for feedback from the CEPC to take back to the Evaluation Committee as recommendation. They will try to come up with a new schedule for teaching evaluations in August.   A suggestion was to let the students chose who they are evaluating. Additionally, two alternatives were mentioned, one would be reducing the number of student responses per person; this would be a fair way to do it for the teaching faculty. The second alternative would be to allow the students pick a certain number of WCE faculty to respond and do the teaching evaluation.

VI.   Update regarding change in Grading and Promotions   Kathryn Horn, M.D.
        Committee Policies

Dr. Horn provided a short overview of the new updates to the Grading and Promotions Committee Policies previously approved by CEPC in May; these changes were made to fully meet the LCME expectations. The first change was to remove the reference to Chair elect as this has not been in practice, not in bylaws. Also, it was added the Director of Academic and Disability Support services as ex-officio member, and finally the following paragraph that addresses practice of recusal of college master or course/clerkship was added:
"Recusal – College masters that serve on the committee will recuse themselves for the vote of one of their college students. Likewise, a course director who is a committee member shall also recuse themselves if the student being considered had an unsuccessful outcome in their course."
The Grading and Promotion Committee supported these changes.

Action Item: It was a consensus of the CEPC to approve the changes made to the Grading and Promotions Committee Policies.

VII.   Policy Reviews   Richard Brower, M.D.
        Items to be collected into a "Medical Education Program Policy Binder":

Dr. Brower mentioned that due to the LCME survey accreditation cycle, it is an expectation to convert our established practices into more explicit trackable policies. This material should sound familiar because it has been part of the program for a long time; it is basically being formatted and organized in policies to become the virtual binder of the OME website.
Policies are briefly described below; refer to attachment for more details. Some of the policies listed still require additional discussion.

- **Timely Grade Release (see attached)**
  This policy makes explicit our commitment to get grades out within a timely manner; grades should be released within 4 weeks ideally but no later than 6 weeks due to LCME guidelines. A report will be created to monitor the posting of grades.

  Action Item: Policy has been approved by the CEPC.

- **Pre-Clerkship Phase Unscheduled Time (see attached)**
  This policy describes the practice that each pre-clerkship medical student should have three full half-days of unscheduled protected time for self-directed learning and independent study. Lunch time can be used for student activities.

  Action Item: Policy has been approved by the CEPC.

- **Common Clerkship Policies (see attached)**
  This policy outlines that the Common Clerkship Requirements will continue to be in practice for the clinical clerkship students in year 3 and 4. It was agreed to change the word "requirements" for "policies".
  It was decided to remove the 3.a item because this policy is internal for the Department of Medical Education; 3.b will be move to 3.a.

  Action Item: This policy has been approved by the CEPC with no further discussion.

- **SCEC Charter (see attached)**
  This document basically refers to the responsibilities of a student appointed to the Student Curriculum and Evaluation Committee; it was reviewed by the CEPC and will be formulated to a policy.
- **Clerkship Director PD and Course Director PD (see Clerkship Director PD attached)**
  This document has been existent for a long time and was formally approved in February 2015. There is a modification made related to the FTE that has been reviewed by the CEPC in the past at well. There has been a change in the clerkship administration described in the handout that involves the EVU system. Due to the sensitivity of this topic, this document will be formatted into a policy and will be brought back to CEPC for review.
- **Non-Faculty Participation in UME (see attached)**
  A draft for this medical education program policy was presented regarding the involvement by non-faculty in medical student instruction is limited and monitored.

  Action Item: The CEPC reviewed policies listed above and authorized Dr. Brower to proceed with the formatting into policy documents and approve them.

- **Additional Needs (discussion)**
  - Curriculum management guidelines regarding actions requiring CEPC approval and discretion of the YR1-2 and YR3-4 Committees – Need
  - Course, Clerkship, ICE, and Overall Educational Program Monitoring Policy (discussion) - Need
  - Clerkship Block and Clerkship Site Comparability Monitoring - Need
  - Electives and weeks/credits away (discussion) - Need

   o **More to come...**

  Action Item: The items mentioned above need additional discussion in order to finalize the policy forms, Dr. Brower mentioned that feedback from the CEPC members is appreciated.

  He also stated that he will design and try to bring to the next CEPC meeting a three-year cycle course review draft. This concept would allow making a comprehensive analysis to courses every three years instead of yearly; small changes could be managed as needed.

VIII. **MS4 Assessment forms: Mid-Clerkship for required courses**   **Maureen Francis, M.D.**
   and selectives; radiology final assessment; clinical elective
   and away rotations final assessment.

  Dr. Francis presented the two mid-clerkship forms; she mentioned that these forms have been used for years. MS4 clerkship directors can either chose the open form that has not changed in years; and the bulleted one, that had to be because it only included 6 of the 8 competencies. These forms can be used for the required and selected courses. The form for the Radiology elective was also updated because they were using the clinical form. The last one is the MS4 clinical elective final evaluation form, it maps all the competencies but titles were taken off to make it shorter.

  Action Item: All the clinical rotation forms were approved by the CEPC. A section for MSPE comments on the forms will be added for the MS4.

IX. **ICE Case Presentation Exercise**   **Richard Brower, M.D.**
  (if time allows -- see attached)

  Due to the meeting running late, this item was tabled for future meeting.

X. **Adjourn**

  The next CEPC meeting is scheduled for 5:00pm on August 8, 2016. Dr. Brower adjourned the meeting at 6:40p.m.

Clerkship Preparation Course Syllabus
PICE 7001

(catalog id=PICE – PLFSOM Integrated Curricular Elements)

Course Director

Dr. Naomi L Lacy

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Course Co-Director

Dr. Tanis Hogg

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Course Coordinator

Francisco J. Maldonado, MPA

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Phone: 915-215-4342

I. Course Description

The clerkship preparation course (PICE) is designed to assist you in

- integrating your basic sciences knowledge,
- ensuring you have the needed clinical skills for clerkships, and
- enabling you to demonstrate the self-directed learning skills needed by practicing physicians.

The majority of the course time is self-directed learning time. Passing the course is required before the school will certify you to sit for the United States Medical Licensing Examination, Step 1 (USMLE Step 1).

The following are the elements of this course; a more complete explanation follows:

- 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 (SDL) Plan (Week 4)
- Self-Directed Learning / Completion of SDL Assignment (Weeks 4-8)
- Comprehensive Basic Science Exam (CBSE) (end of week 8)

ACLS (Advanced Cardiovascular Life Support)

ACLS training is expected to assist students in their preparation for work in the wards and clinics. ACLS certification is required by most residencies and some M4 away rotations. Certification is good for 2 years, after which an individual must renew their certification (a half day course). There is a prequalifying exam for ACLS training (administered asynchronously) which students will be required to pass by 5:30 PM Thursday 23Feb2017. Any student who does not pass the prequalifying exam by this time will need to remediate this element of the course at their own expense and provide the course directors with proof of completion. If remediation results in a delay in starting the student's M3 year, a notation to that effect will be placed in the student's Medical Student Performance Evaluation (MSPE).

Training consists of: independent study materials, 1 day of lecture, and 1 day of simulations (skills practice followed by code testing). Simulation will occur by college to keep the group size small enough to provide a good learning opportunity. The week will end with a review session, followed by the ACLS written certification exam. Students must sit for the ACLS certification exam. Students may pass the course without passing the ACLS certification exam provided the instructors'

assessments indicate appropriate preparation and consistent effort. Goals and objectives for ACLS training are provided in the Appendix.

Tankside Grand Rounds (TSGR)

TSGR is designed to have students integrate their basic science knowledge in the context of clinical presentation schemes and relevant findings from their donor cadaver. In addition, this element is designed to assess students' ability to employ self-initiated learning strategies, work within a team, and communicate effectively with peers and other health-care professionals. TSGR is a team-based oral presentation activity in which each anatomy team will present their cadaveric findings to their student peers and faculty. Basic science and clinical faculty judge team presentations using the TSGR grading rubric provided in the Appendix. The course director will compile these to create a final judgement of pass or remediation required.

The purpose of TSGR is to present a pathophysiologic picture of your cadaver and his/her cause of death. The expectation will be a clinicopathologic correlation with appropriate reference to expected clinical findings and literature support for your explanations of the observed pathology. The content of each presentation will derive from the anatomy lab sessions over the span of SPM years 1-2. It will be important to document significant gross and microscopic findings as your dissection sessions occur because you will need good pictures and measurements of significant findings for your presentation at the end of the second year. Data collection is ungraded and therefore, you could potentially not enter any data into your record; this would only present a problem at the time of TSGR when you would be expected to present your findings for a grade. The tanks are divided between the three pathologists and you should contact them when you have a finding you want to ask about. Pathologists will be available in the anatomy labs for the 'more likely to have significant findings' dissections such as head and neck, thorax, and abdomen. If you find that you need to ask something and a pathologist is not there, please email or text or call them and they will come help.

You are encouraged to take at least 4 biopsies (total) during your dissections with pathologist guidance, however, biopsies are not mandatory. Biopsies serve the purpose of helping confirm your conclusions, especially when coupled with pictures of your anatomic findings. The pathologist responsible for your tank will be glad to review the slides with you and provide feedback as you put your case together.

If a grade of 'remediation required' is received, the group may be required to attend an autopsy at the County Medical Examiner's office and give a clinicopathologic

presentation to the Medical Education faculty as remediation; such remediation will be judged by the Medical Education faculty using the same rubric.

End of Year OSCE

This is a comprehensive gateway exam designed to ensure you possess adequate clinical skills to safely provide patient care at the M3 level. Students who do not pass the OSCE will be required to remediate it. In the event that you do not pass the remediation, a referral will be made to the Grading and Promotions Committee.

Self-Directed Learning (SDL)

Medicine is a rapidly advancing field that requires the effective acquisition of new knowledge and skills by medical professionals at all stages of education, training and practice. As such, self-directed lifelong learning is a crucial skill for today's medical graduates. Self-directed learning (SDL) is a process where the learner identifies their learning needs, creates learning objectives or goals, identifies appropriate resources to help in their learning, chooses learning strategies appropriate for the learning objectives, implements their plan, and then assesses the outcomes. For the SDL portion of this course, you will be required to create a self-directed learning plan that identifies the major areas of learning that you will concentrate on for the remaining weeks of the course. You will also be required to identify and appraise appropriate resources and choose the learning strategies that you intend to use. The SDL plan must include the items listed in the Learning Plan (see Appendix: 'Learning Plan Required Elements'). Note that the plan must identify specific resources to meet your learning needs. While we acknowledge that most students will want to include First Aid for Step 1 as one of their resources, you are expected to identify a broad array of high-quality peer-reviewed resources. Plans which include only First Aid for Step 1 (or its equivalent) or learning materials prepared by PLFSOM faculty (e.g., PowerPoints) will be returned for improvement. Other resources may include faculty consultations.

Plans will be reviewed with your college master or other Medical Education faculty members (See Appendix: 'Self-Directed Learning Assessment Rubric'). In the event that a plan is not complete, you will need to rewrite it and present the revision to your college master. When your college master/faculty member signs off on the plan, you will be required to submit a signed copy to the course director.

SDL Assignment

To further promote the development of life-long SDL skills, students are required to engage in the independent SDL-guided authorship of an assessment item that addresses one or more self-identified areas for improvement. This exercise involves

the following steps:

1) Self-identification of one or more areas for improvement. Selection of the appropriate discipline(s)/topic(s) must be substantiated by CBSE/summative assessment data and aligned with your self-directed learning plan as described in the previous section.

2) Articulation of your specific learning need(s) in the form of one or more learning objectives. A learning objective is a statement in specific and measurable terms that describes what the learner should know or be able to do. The objective must contain an appropriate action verb that forms the basis for measuring the student's mastery of the learning objective. See examples of action verbs in the Appendix under 'Bloom's Taxonomy'.

3) Identify, appraise, and utilize a peer-reviewed electronic resource containing learning materials that can help you achieve your specific learning objectives. A good collection of peer-reviewed resources is available at the National Library of Medicine (http://www.nlm.nih.gov/). Other peer-reviewed resources are available through the TTUHSC electronic library (http://elpaso.ttuhsc.edu/libraries/). You are encouraged to seek assistance from the PLFSOM librarians: they are a terrific resource! References to study guides such as 'First Aid for Step 1' or PLFSOM curriculum PowerPoint presentations are not acceptable.

4) Demonstrate you have sufficiently met your learning need(s) by writing a clinical or experimental vignette-based multiple-choice question that assesses mastery of your learning objective(s). The question must fit a 'One-Best-Answer' format and include:
   a. A stem
   b. A lead-in
   c. A minimum of 4-5 answer options
   d. A thoughtful ~1-page summary/explanation. This should be 300-500 words (with one or more figures/illustrations where appropriate), contain brief explanations for each of the answer choices, and include numerical in-text citations.
   e. A Bibliography containing a numerical list of your in-text citations as electronic hyperlinks to the primary literature, i.e., the specific peer-reviewed resources used to meet your learning objective(s).

Prior to writing the question you should refer to sections I and II of the Item Writing Manual of the National Board of Medical Examiners (NBME):

(http://www.nbme.org/publications/item-writing-manual-download.html).

Particular attention should be paid to the subsections dealing with 'The One-Best-

Answer Family' and 'The Basic Rules for One-Best-Answer Items'.

Important note: The assignment must be vetted and approved by an appropriate discipline expert among the PLFSOM Department of Medical Education faculty. Students must contact their proposed faculty reviewer to confirm their availability prior to discussion of the self-directed learning plan during week 4 of the course. Since students should anticipate the need to engage in one or more rounds of review and revision prior to receiving final faculty approval, it is expected that the first draft be provided to the faculty reviewer within 10 days (i.e., by the end of week 6 of the course). Students must upload their faculty-approved assignments to the SDL assignment portal no later than the last day of the course (**Friday April 14th, 2017**). A link for uploading completed projects will be available on Canvas under the PICE course page. Failure to submit the approved assignment by the deadline will result in a course grade of 'F' and referral to the Grading and Promotions Committee.

Both plagiarism and failure to get final faculty approval prior to submission of the assignment will be considered professionalism issues (see section V and the TTUHSC PLFSOM Medical Student Handbook).

Comprehensive Basic Science Exam (CBSE)

The National Board of Medical Educators' CBSE is the final event of the course. Scores are considered indicative of whether you are prepared to pass USMLE Step 1. A CBSE score of 65, which is a generous approximation of a near-passing score on USMLE Step 1, is required to pass the course. If you do not receive a score of 65 or greater on this administration of the CBSE, you will be permitted to take a CBSE remediation exam 2 weeks following the initial CBSE date. A failure on the remediation exam will result in a referral to the Grading and Promotions Committee. If a failure results in a delay in starting the student's M3 year, a notation to that effect will be placed in the student's MSPE.

II. Associated PLFSOM Medical Education Program Goals and Objectives (PGOs)

The goal of the course is to ensure that students have acquired the skills necessary for lifelong learning and ensure readiness for the next stage of the curriculum. Each of the PICE elements is associated with specific PLFSOM Medical Education Program Goals and Objectives (PGOs) as tabulated below:

Learning Objectives by Educational Activity

Activity		Associated PGO
ACLS training	1.1	Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.
	1.2	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
	1.3	For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.
	1.5	Recognize a patient requiring urgent or emergent care, and initiate evaluation and management.
	1.6	Describe and propose treatments appropriate to the patient's condition and preferences.
	2.1	Compare and contrast normal variation and pathological states in the structure and function of the human body across the life span.
	2.2	Apply established and emerging foundational/basic science principles to health care.
	2.3	Apply evidenced-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.
	4.1	Communicate effectively with patients and families across a broad range of socio-economic and cultural backgrounds.
	4.2	Communicate effectively with colleagues and other health care professionals.
	7.1	Describe the roles of health care professionals.
	7.2	Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care.
	7.3	Function effectively both as a team leader and team member.
	7.4	Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members.
	8.1	Recognize when to take responsibility and when to seek assistance.
Comprehensive Basic Science Exam (CBSE)	1.3	For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic

Learning Objectives by Educational Activity		
Activity		Associated PGO
	2.1	Compare and contrast normal variation and pathological states in the structure and function of the human body across the life span.
	2.2	Apply established and emerging foundational/basic science principles to health care.
	2.3	Apply evidenced-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.
	2.4	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.
	2.5	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.
End of Year OSCEs	1.1	Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.
	1.2	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
	1.3	For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.
	1.4	Organize and prioritize responsibilities in order to provide care that is safe, efficient, and effective.
	1.6	Describe and propose treatments appropriate to the patient's condition and preferences.
	1.7	Accurately document history, physical examination, assessment, investigatory steps and treatment plans in the medical record.
	1.8	Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.
	2.1	Compare and contrast normal variation and pathological states in the structure and function of the human body across the life span.
	4.1	Communicate effectively with patients and families across

Learning Objectives by Educational Activity		
Activity	**Associated PGO**	
		a broad range of socio-economic and cultural backgrounds.
	4.2	Communicate effectively with colleagues and other health care professionals.
	4.3	Communicate with sensitivity, honesty, compassion and empathy.
	4.4	Maintain comprehensive and timely medical record.
	5.1	Demonstrate sensitivity, compassion, integrity and respect for all people.
	5.6	Demonstrate honesty in all professional and academic interactions.
Self-Directed Learning	3.1	Identify and perform learning activities to address gaps in one's knowledge, skills and/or attitudes.
	8.5	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.
Tankside Grand Rounds	2.1	Compare and contrast normal variation and pathological states in the structure and function of the human body across the life span.
	4.2	Communicate effectively with colleagues and other health care professionals.
	4.3	Communicate with sensitivity, honesty, compassion and empathy.
	4.4	Maintain comprehensive and timely medical records.
	5.1	Demonstrate sensitivity, compassion, integrity and respect for all people.
	5.3	Demonstrate accountability to patients and fellow members of the health care team.
	5.7	Meet professional and academic commitments and obligations.
	7.2	Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care.
	7.3	Function effectively both as a team leader and team member.
	8.5	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.

III.   Course Policies and Procedures

You are expected to be present, to be prepared, and to be on time for all required PICE activities. Unless otherwise specified, activities begin on the hour.

Required Sessions
Sessions with required attendance will be highlighted by a star on the curriculum calendar view. In regard to required sessions, non-compliance with the PICE punctuality and attendance policy will have consequences that are reflected in your academic record. These consequences may include: required remediation; documentation in the student's academic record and e-Portfolio; and reporting to the Associate Dean of Student Affairs, the Associate Dean of Medical Education, and the PLFSOM Grading and Promotion Committee.

Absences
An unexcused absence will be considered a fail on any required activity or exam. Excused absences are granted through the Office of Student Affairs and include the following: documented illness; approved personal or family emergency; approved religious observance; approved professional commitment (see 'Classroom Policies' in the PLFSOM Student Handbook). If you wish to obtain an excused absence you must contact the Office of Student Affairs by submitting a request to plfabsence@ttuhsc.edu within 7 days of the occurrence. No credit will be given to any graded exercise missed without approval by the Office of Student Affairs.

Assessments
Tardiness for an assessment is disruptive, unprofessional, discourteous, and strongly discouraged. If you arrive up to 10 minutes late for a graded activity, you will be permitted entry to the assessment area entirely at the discretion of the chief proctor and with regard to the effect that such entry may have on the students already present in the assessment environment. Students who are permitted late entry to the assessment must finish at the scheduled end time. Students who arrive more than 10 minutes late for an assessment will be denied entry and recorded as a fail for the exam. An unexcused absence from a summative assessment will result in an initial grade of 'Fail' for the course. Excused absences are granted through the Office of Student Affairs (see 'Course Policies and Procedures').

Be aware that assessments are provided under secure testing conditions and students are not permitted to copy, reproduce, transmit or distribute these items outside of the testing environment. This includes discussing the contents with other students. Any breach of this security, including failure to report a known offence, is

a direct violation of the Code of Professional and Academic Conduct as described in the PLFSOM Student Handbook.

IV. Required Materials

There are no required texts, however, you will have access to the USMLEWorld test bank. This will provide you with the opportunity for formative assessment of your progress toward both your self-directed learning goals and your STEP preparation. You are strongly encouraged to take advantage of this resource.

V. Professionalism, Plagiarism and Copyright Policies

In PICE, as with all other courses in the Paul L. Foster School of Medicine, we expect students to behave in a professional manner, adhere to the Student Honor Code and adhere to published policies related to plagiarism and copyright protection. These policies are described in detail in the TTUHSC PLFSOM Medical Student Handbook. Students who do not behave in a professionally acceptable way and in accordance with these policies are subject to disciplinary action. Consequences may include failing the course and dismissal from PLFSOM (see TTUHSC PLFSOM Medical Student Handbook).

Appendix

ACLS Provider Training – Goals and Objectives

	Goals
1	Apply the principles of ACLS based on evidence-based principles from the 2010 AHA guidelines
2	Recognize and initiate early management of periarrest conditions that may result in arrest.
3	Demonstrate proficiency in providing BLS care.
4	Recognize and manage respiratory arrest.
5	Recognize and manage cardiac arrest.
6	Recognize and initiate early management of ACS, including appropriate disposition.
7	Recognize and initiate early management of stroke, including appropriated disposition.
8	Demonstrate effective communication as a team member or team leader.
9	Recognize the impact of team dynamics on overall team performance.

Performance Measures (Objectives)				
Cognitive Domain	Clinical Competency	Learning Environment *	PLFSOM Medical Education Program Goals and Objectives	
S, K	MK, PC	SSS, T	1.1	Gather essential information about patient and their conditions through history taking, physical examination and clinical data (EKG)
K, AB	MK, PC, PL	D, SSS, T	1.2	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgement
K, AB	MK, PC	SSS, T	1.3	For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations
S, K	MK, PC	D, SSS, T	1.5	Recognize a patient requiring urgent or emergent care, and initiate evaluation and

				management
S, K	MK, PC	SSS, T	1.6	Describe and propose treatments appropriate to the patient's condition and preferences
K	MK	D, SSS, T	2.2	Apply established and emerging foundation/ basic science principles to health care
K, AB	MK, PC, PL	D, SSS, T	2.3	Apply evidence-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving
AB	PC, ICS, PR	SSS	4.1	Communicate effectively with patients across a broad range of socio-economic and cultural backgrounds
AB	PC, PR, ICS	SSS, T	4.2	Communicate effectively with colleagues and other healthcare professionals
K	PC, PR	SSS	7.1	Describe the role of health care professionals
S, K, AB	PC, ICS, PR, SL	SSS, T	7.2	Use knowledge of one's own role and the role of others health care professionals to work together in providing safe and effective care
K, AB	PC, ICS, PR	SSS, T	7.3	Function effectively both as a team leader and team member
K, AB	PC, ICS, PR, SL	SSS, T	8.1	Recognize when to take responsibilities and when to seek assistance

Legend:

Cognitive Domain	Clinical Competency	Learning Environment*
K = Knowledge	MK = Medical Knowledge	D = Didactics
S = Skills	PC = Patient Care	SSS = Simulation Skills Session
AB = Attitude, Behavior	ICS = Interpersonal and Communication Skills	T = Testing (pre- , post- , megacode)
	PR = Professionalism	
	PL = Practice-based and Lifelong Learning	
	SL = Systems-based Learning	

* Students are required to attend all didactic sessions. Students are divided into teams for the simulation sessions, where they are assessed at each skills simulation session for their individual performance and their ability to participate in a team. Testing includes the pre-test and post-test offered by AHA and individual passage of a megacode.

Tankside Grand Rounds Rubric

CATEGORY	4	3	2	1
Presentation skills	Professional level presentation	Satisfactory presentation	Adequate presentation, but lacks detail	Poor quality presentation which lacks detail
Picture utilization	Pictures labeled as to site, supportive of findings, with good understanding of their significance	Pictures labeled as to site, supportive of findings, and explanations show some lack of understanding	Pictures labeled as to site, not supportive of findings, and lack of understanding of their significance.	Pictures not labeled as to site, not supportive of findings and no understanding of their significance
Comprehension	Students are able to accurately answer almost all questions about the case	Students are able to accurately answer most questions about the case	Students are able to accurately answer a few questions about the case	Students are unable to accurately answer questions about the case
Preparedness	Students are completely prepared and have obviously rehearsed	Students seem pretty prepared but might have needed a couple more rehearsals	The students are somewhat prepared, but it is clear that rehearsal was lacking	Students don't seem at all prepared to present.
Content	Shows a full understanding of the case	Shows a good understanding of the case	Shows a good understanding of parts of the case	Does not seem to understand the case very well
Basic science content	Able to clearly explain basic science content relevant to their case	Explains some of the basic science content relevant to their case	Not much basic science material is explained, but can answer basic science questions	Not much basic science in presentation and /or can't answer basic science questions correctly
Collaboration with peers	Evidence that the group has worked together to complete the presentation	Group has worked together to prepare the presentation, but only a few can answer questions about the case	A few of the group worked together to prepare and present the case; others did not participate	Group did not work together to prepare or present the case.

Learning Plan Required Elements

Name:
College:
Faculty Review Signature Block

Background
CBSE Performance Summary: (attach most recent formative CBSE Performance Profile)
Unit Summary:
SPM Discipline Performance Information (from e-Portfolio):

Discipline	Your Average %	Class Average %	Number of Items
Anatomy			
Behavior			
Biochemistry			
Cell and Molecular Biology			
Embryology			
Histology			
Immunology			
Medical Genetics			
Microbiology			
Neuro-anatomy			
Neuroscience / Special senses			
Nutrition			
Pathology			
Pharmacology			
Physiology			
Scheme			

Self-Assessment
Please identify

- the areas that will yield the greatest improvement in your STEP 1 scores.
- The clinical presentation(s) that you most need to improve your understanding of before you reach the clinic.
- The assessment item topic and faculty reviewer for your area of interest.

Learning Strategies
Identify study tasks/techniques (besides reading) that you will be utilizing.

Resources that you plan to use:

Outcomes:
How will you know you are successful in meeting your learning objectives?

Self-Directed Learning (SDL) Assessment Rubric

Student Name:
College:
Faculty Reviewer: _____   _____
                    Printed name   Signature

Date review: _____
Please note that all items must reach an acceptable level in order to be considered approved.

	Acceptable	Unacceptable
CBSE performance summary	Student has included most recent CBSE performance profiles	CBSE performance profiles are not attached
SPM Discipline Performance Information	Student has included a table showing cumulative discipline-specific performance data for summative assessments.	Table is incomplete or missing.
Self-assessment summary	Student has completed a reflective summary identifying one or more areas for focused improvement that is substantiated by CBSE and summative assessment data.	Student has not submitted a self-assessment summary or the self-assessment is cursory/incomplete based on the data.
Learning Goals	Student has clearly articulated learning goals that are derived from their self-assessment	Learning goals are unclear or incongruent with self-assessment summary.
Learning Strategies	Student has identified appropriate learning tasks to achieve these goals.	Learning strategies are unclear or misaligned with goals.
Resources	Student has identified appropriate peer-reviewed resources to support learning goals.	Resources not identified or are of questionable quality.
SDL Assessment Item	Student has chosen a discipline and topic for their SDL assignment (MCQ question) that is in alignment with their learning goals.	Proposed discipline and topic for SDL assignment is unclear or inconsistent with learning goals.

Comments:

Bloom's Taxonomy

You may find it useful to think about your self-directed learning goals in terms of Bloom's Taxonomy. Bloom created a taxonomy of learning that arranges knowledge from the lowest level to the level of expert. This has been modified to show the actions that reflect levels of learning. The action verbs used in learning objectives
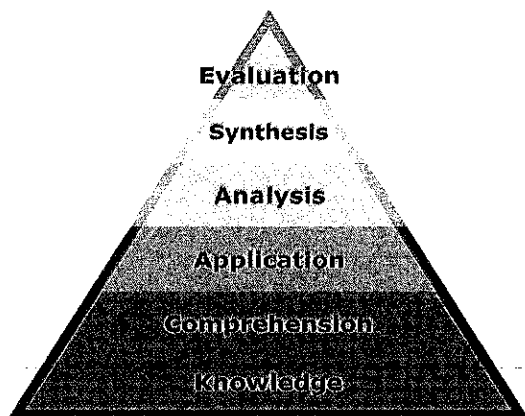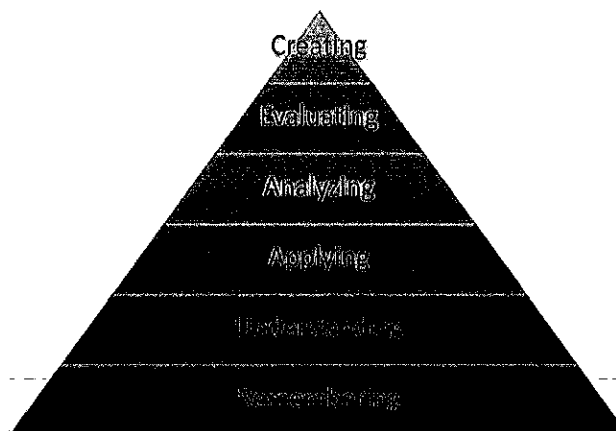

Figure 1: Original Bloom's Taxonomy

Figure 2: Bloom's Taxonomy as Actions

are useful ways of determining the level of learning. The NBME is moving its tests away from the lower levels and into the level of applying and analyzing.

Category	Remembering	Understanding	Applying	Analyzing	Evaluating	Creating
Bloom's Definition	Exhibit memory of previously learned material by recalling facts, terms, basic concepts, and answers.	Demonstrate understanding of facts and ideas by organizing, comparing, translating, interpreting, giving descriptions, and stating main ideas.	Solve problems to new situations by applying acquired knowledge, facts, techniques and rules in a different way.	Examine and break information into parts by identifying motives or causes. Make inferences and find evidence to support generalizations.	Present and defend opinions by making judgments about information, validity of ideas, or quality of work based on a set of criteria.	Compile information together in a different way by combining elements in a new pattern or proposing alternative solutions.
Verbs	Choose Define Find How Label List Match Name Omit Recall Relate Select Show Spell Tell What When Where Which Who Why	Classify Compare Contrast Demonstrate Explain Extend Illustrate Infer Interpret Outline Relate Rephrase Show Summarize Translate	Apply Build Choose Construct Develop Experiment with Identify Interview Make use of Model Organize Plan Select Solve Utilize	Analyze Assume Categorize Classify Compare Conclusion Contrast Discover Dissect Distinguish Divide Examine Function Inference Inspect List Motive	Agree Appraise Assess Award Choose Compare Conclude Criteria Criticize Decide Deduct Defend Determine Disprove Estimate Evaluate Explain Importance Influence	Adapt Build Change Choose Combine Compile Compose Construct Create Delete Design Develop Discuss Elaborate Estimate Formulate Happen Imagine Improve Invent

Category	Remembering	Understanding	Applying	Analyzing	Evaluating	Creating
				Relationships Simplify Survey Take part in Test for Theme	Interpret Judge Justify Mark Measure Opinion Perceive Prioritize Prove Rate Recommend Rule on Select Support Value	Make up Maximize Minimize Modify Original Originate Plan Predict Propose Solution Solve Suppose Test Theory Maximize Minimize

Anderson, L. W., & Krathwohl, D. R. (2001). A taxonomy for learning, teaching, and assessing, Abridged Edition. Boston, MA: Allyn and Bacon.

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Medical Education Program Policy

Policy Name:	Timely Course, Clerkship, and Curriculum Requirement Grade Release				
Policy Domain:	Assessment		Refers to LCME Element(s):	9.8	
Approval Authority:	Curriculum and Educational Policy Committee	Adopted:		Date Last Reviewed:	
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:			
Responsible Office:	Office of Medical Education	Contact:	robin.dankovich@ttuhsc.edu		

1. **Policy Statement:** All course, clerkship and, when relevant, curriculum requirement grades shall be made official and available to the student in a timely manner, and always within 6 weeks.

2. **Reason for Policy:** This policy is intended to ensure the timely processing and release of grades.

3. **Who Should Read this Policy:** All course, clerkship and curriculum requirement Directors, Co-Directors and Coordinators, as well as all faculty responsible for administering summative student assessments.

4. **Resources:** Office of Medical Education – officers (Associate and Assistant Deans) and staff.

5. **Definitions:**
   a. "Grades": Final course/clerkship/curriculum requirement summative assessments, including any summative assessments required for academic promotion and/or graduation.
   b. "Always": Without exception.

6. **The Policy:** All course, clerkship and, when relevant, curriculum requirement grades (any summative assessments required for academic promotion and/or graduation) shall be made official and available to the student in a timely manner, and always within 6 weeks. It is expected that grades shall be released within 4 weeks. When a course, clerkship, and/or graduation requirement Director, Assistant Director, or Coordinator determines that a final grade will not be available to a student within 4 weeks, the Office of Medical Education shall be notified as soon as possible (by contacting the relevant Assistant Dean or the Associate Dean for Medical Education), and steps shall be taken to ensure the posting and availability of the grade within 6 weeks. Any violations of this policy shall be referred to the Curriculum and Educational Policy Committee for review and action.

Policies are subject to revision. Refer to the Office of Medical Education website or contact the Office of Medical Education to ensure that you are working with the current version.

Medical Education Program Policy

Policy Name:	Pre-Clerkship Phase Instructional Week Templates and "The Three Half-Day Rule"				
Policy Domain:	Pre-Clerkship Instructional Week Template		Refers to LCME Element(s):	6.3	
Approval Authority:	CEPC	Adopted:		Date Last Reviewed:	
Responsible Executive:	Assoc. Dean for Med Ed	Date Last Revised:			
Responsible Office:	Office of Med Ed	Contact:	robin.dankovich@ttuhsc.edu		

1. Policy Statement: During the pre-clerkship phase (years 1 and 2),

2. Reason for Policy: This policy is intended to ensure adequate protected time for medical students to engage in self-directed learning and independent study during the pre-clerkship phase (years 1 and 2).

3. Who Should Read this Policy: Pre-Clerkship Phase (Year 1 and Year 2) Course Directors and Faculty

4. Resources: Not applicable

5. Definitions:
   a. "Unscheduled time": Unscheduled time refers to time during the instructional week (ordinarily Monday through Friday, 8:00am-5:30pm) in which no formal curricular elements occur (i.e. there is no requirement or expectation of attendance). More specifically, this is deliberately planned time for medical students to engage in self-directed learning and independent study.
   b. "Full half-day": A "full half day" refers to a 4-hour block of time from 8:00am-12:00pm or from 1:00-5:00pm

6. The Policy: Per PLFSOM founding educational program practices, the instructional week templates for the first and second years of the curriculum shall provide for three full half-days of unscheduled time for students to engage in self-directed learning and independent study.
   Exceptions:
   - Each pre-clerkship phase student may have one half-day a month of the above described unscheduled time preempted for an SCI Course clinical experience. Rarely, due to scheduling constraints, a student may have up to two half-days preempted for SCI Course clinical experiences in the same month (in this case another month will have no unscheduled half-days preempted by SCI).

Policies are subject to revision. Refer to the Office of Medical Education website or contact the Office of Medical Education to ensure that you are working with the current version.

- In addition, a few of these half-day blocks may be partially consumed (using 2 of the 4 hours of the half-day) by anatomy peer-instruction prep sessions. The peer teaching responsibilities shall be equally divided within the anatomy teams, so that no student engages in scheduled anatomy peer instruction prep sessions for more than 2 hours every other week. This maximum use of the otherwise unscheduled time for anatomy instruction shall occur only during the Integumentary, Musculoskeletal and Introduction to the Nervous System/"IMN" Unit in year 1 – proposed exceptions to this shall require CEPC review.

7. The following tables illustrate the basic expectations regarding half-day blocks of unscheduled time according to the program's established pre-clerkship instructional week templates:

PLFSOM Year 1 (Preclerkship Phase) Instructional Week Template					
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am	Clinical Scheme Presentation(s)			SCI Medical Spanish	Worked Cases (1/2 class)
9:00am		SPM Instruction	SPM Instruction	SCI	(1/2 class) Colloquium
10:00am	SPM Instruction			Formative – 1 hr (1/3 class)	Colloquium (1/2 class)
11:00am				(1/3 class) Med Skills	(1/2 class) Worked Cases
12:00pm	Lunch Break				
1:00pm	SPM Instruction	Unscheduled Time	Unscheduled Time	Formative – 1 hr (1/3 class)	Unscheduled Time
2:00pm				(1/3 class) Med Skills	
3:00pm				Formative – 1 hr (1/3 class)	
4:00pm					
5:00pm				(1/3 class) Med Skills	

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PLFSOM Year 2 (Preclerkship Phase) Instructional Week Template					
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am	SCI Medical Spanish	Worked Cases (1/2 class)	Unscheduled Time	Unscheduled Time	SPM Instruction
9:00am	SCI	(1/2 class) Colloquium			
10:00am	Formative – 1 hr (1/3 class)	Colloquium (1/2 class)			
11:00am	(1/3 class) Med Skills	(1/2 class) Worked Cases			
12:00pm	Lunch Break				
1:00pm	Formative – 1 hr (1/3 class)	Unscheduled Time	Clinical Scheme Presentation(s)	SPM Instruction	SPM Instruction
2:00pm	(1/3 class) Med Skills		SPM Instruction		
3:00pm	Formative – 1 hr (1/3 class)				
4:00pm	(1/3 class) Med Skills				
5:00pm					

Policies are subject to revision. Refer to the Office of Medical Education website or contact the Office of Medical Education to ensure that you are working with the current version.

Medical Education Program Policy

Policy Name:	The Common Clerkship Requirements				
Policy Domain:	Clerkship Administration		Refers to LCME Element(s):		
Approval Authority:	Curriculum and Educational Policy Committee	Adopted:		Date Last Reviewed:	
Responsible Executive:	Assist. Dean for Med. Ed. for Clinical Instruction	Date Last Revised:			
Responsible Office:	Office of Medical Education	Contact:	robin.dankovich@ttuhsc.edu		

1. **Policy Statement:** The common administrative requirements related to successful participation in the required clinical clerkships by students in years 3 and 4 are published annually in a document titled "Common Clerkship Requirements".

2. **Reason for Policy:** The intention of this policy is to clarify the administrative practices and expectations associated with successful participation in the required clinical clerkships by students in years 3 and 4.

3. **Who Should Read this Policy:**
   a. All clerkship phase medical students.
   b. All clerkship Directors, Co-Directors and Coordinators.

4. **Resources:** The Assistant Dean for Medical Education for Clinical Instruction and the Year 3-4 Coordinators.

5. **Definitions:**
   a. "Common": shared by all members of a group (in this case, the clerkships).

6. **The Policy:** The common administrative requirements related to successful participation in the required clinical clerkships by students in years 3 and 4 are published annually in a document titled "Common Clerkship Requirements". **Students are also responsible for compliance with requirements that are specific to the individual clerkships as outlined in their syllabi.** As long as the changes are non-substantive and relate primarily to the updating of trivial year-specific information (personnel changes, dates, locations, etc. -- as reviewed and approved by the Assistant Dean for Medical Education for Clinical Instruction), the Common Clerkship Requirements may be re-published for each academic year without review and approval of the CEPC. Any more substantive changes are to be presented to the CEPC for review and approval prior to the start of the affected academic year.

7. **Attachments:** The prototype document is attached ("Common Clerkship Requirements for AY2016-17, approved by the CEPC on 5/16/2016)

Student Curriculum and Evaluation Committee Charter

(draft vRDB05MAR2015)

Charter: The Student Curriculum and Evaluation Committee (SCEC) is a student organization sponsored by the Office of Medical Education. This committee's major purpose is to assist in the gathering and interpreting of student perspectives and recommendations in support of the Paul L. Foster School of Medicine's efforts related to continuous educational program improvement and accreditation.

The Student Curriculum and Evaluation Committee:

- Advises the Associate Dean for Medical Education, the Assistant Deans for Medical Education, the Director of Assessment and Evaluation, and the Course/Clerkship Directors regarding the design and implementation of the medical school curriculum based on student experience.

- Seeks to provide balanced representation of student perspectives regarding the educational program, to assist the Office of Medical Education and the Curriculum and Educational Policy Committee in the interpretation of course and faculty evaluations, and to offer constructive recommendations for improvement regarding all aspects of the educational program.

- Supports and facilitates broad student participation in course and faculty evaluations so as to maximize the reliability and credibility of the results.

- Provides leadership in the preparation of independent student self-studies as required for LCME Accreditation processes.

- Provides representation to the faculty Curriculum and Educational Policy Committee (CEPC) in accordance with the PLFSOM Faculty Bylaws.

Paul L. Foster School of Medicine delegates to the Association of American Medical Colleges (AAMC) Organization of Student Representatives (OSR) are selected from the SCEC.

For each class, each college elects two Student Curriculum and Evaluation Committee members to serve for one year, and members may be re-elected.

Service on the Student Curriculum and Evaluation Committee is dependent on the maintenance of good academic standing as collaboratively determined by the Associate Dean for Student Affairs and the Associate Dean for Medical Education. Members who resign or who are determined to be at academic risk shall be replaced by special election by the relevant College.

Approved by the PLFSOM CEPC March 5, 2015

Medical Education Program Policy

Policy Name:	Student Curriculum and Evaluation Committee Charter				
Policy Domain:	Curriculum management		Refers to LCME Element(s):	Standards 8, 9	
Approval Authority:	Curriculum and Educational Policy Committee	Adopted:	7/11/2016	Date Last Reviewed:	
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:			
Responsible Office:	Office of Medical Education	Contact:	robin.dankovich@ttuhsc.edu		

1. **Policy Statement:** The attached document entitled "Student Curriculum and Evaluation Committee Charter" (as approved by the CEPC on March 5, 2015) is adopted as a Medical Education Program Policy.

2. **Reason for Policy:** The purpose of this policy is to clarify the roles and responsibilities of the Student Curriculum and Evaluation Committee.

3. **Who Should Read this Policy:**
   - Any student potentially interested in serving as members of the Student Curriculum and Evaluation Committee.
   - Members of the Curriculum and Educational Policy Committee

4. **Resources:** The Student Curriculum and Evaluation Committee is sponsored by the Office of Medical Education.

5. **The Policy:** See the policy statement and the attached document as described.

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Medical Education Program Policy

Policy Name:	Educational Program Participation by Non-Faculty				
Policy Domain:	Instructional Methods and Resources		**LCME Elements:**	9.1	
Approval Authority:	Curriculum and Educational Policy Committee	**Date First Adopted:**		**Date Last Reviewed:**	
Responsible Executive:	Assoc. Dean for Med Ed	**Date Last Revised:**			
Responsible Office:	Office of Med Ed	**Contact:**	robin.dankovich@ttuhsc.edu		

1. **Policy Statement:** Involvement by non-faculty in medical student instruction is to be strictly limited and centrally monitored.

2. **Reason for Policy:** This policy is intended to guide, inform, and regulate the involvement of non-faculty in medical student instruction.

3. **Who Should Read this Policy:** This policy should be read by all Course Directors, Faculty, and Course Coordinators involved in curricular elements that may include participation in instruction by non-faculty

4. **Resources:** None

5. **Definitions:**

    a. "Non-faculty": For the purposes of this policy, "non-faculty" refers to physicians, therapists, nurses, other health care providers, scientists, technicians, and other individuals with special skills and/or expertise that are relevant to a well-rounded medical education, who are not appointed to the faculty of the Paul L. Foster School of Medicine and who are not post-graduate trainees affiliated with the Paul L. Foster School of Medicine or any academic component of the Texas Tech University Health Sciences Center El Paso.

6. **The Policy:**

<u>General principles related to non-faculty participation in the educational program</u>:

Almost all instruction and facilitation in the required curricular components of the Paul L. Foster School of Medicine educational program is to be provided by its faculty.

All required curricular components (courses, clerkships, other graduation requirements) and their associated instructional sessions and educational experiences must be supervised by the appropriately designated members of the faculty.

1

At the session level, and within the centrally-determined curriculum plan and operational management, learning objectives, instructional methods, and student assessment are to be determined by the appropriately designated members of the faculty.

Prohibitions related to non-faculty participation in the educational program:

Design of curriculum management, instruction, and assessment: Although faculty may consult with non-faculty in preliminary discussions, non-faculty shall not participate in the final determination of curriculum plans, course/curricular component management, learning objectives, instructional methods, or student assessment. More specifically:

- Development of learning objectives: Although faculty members may consult with non-faculty in the development of formal learning objectives related to their area(s) of experience and expertise, non-faculty may not develop or propose formal learning objectives.
- Development of student assessments: Although faculty members may consult with non-faculty in the development of medical student assessments, non-faculty may not develop or propose medical student assessments, and non-faculty may not participate in the summative assessment of medical students.
- Participation in student assessment: Non-faculty may not participate in any substantive student assessment (formative or summative) of medical student core/required clinical skills. Conversely, only faculty may complete student assessments that contribute to summative grades, fulfillment of graduation requirements, and determinations of competency in core clinical skills. See below regarding "Limits on assessment of student performance/feedback".

Terms for and limits on participation:

Participation in formal components of the medical education program by non-faculty (as defined above) may be approved by a course/clerkship director under the following conditions:

- Relevant skills and experience: The non-faculty individual(s) possess verified skills and/or expertise that are directly relevant to their proposed participation. For health care professionals, this refers to relevant proof of licensure (required for any experiences occurring in an actual clinical environment) and/or state or national certification in their relevant area of expertise.
- Preparation and supervision of non-faculty participants: Preparation and supervision of non-faculty participants in medical student education is the responsibility of the relevant Course Director(s). All non-faculty participants are to be provided with an

explanation of the sessions and/or experiences in which they are participating as well as a copy of the associated learning objectives. Non-faculty participants are also to be provided an explanation of any feedback and/or information regarding student participation they are expected to provide. In addition, the Course Director is expected to inform the non-faculty participants of the basic expectations regarding the enhancement and preservation of a positive, growth-oriented learning environment and the strict avoidance of student mistreatment/abuse. Student evaluations of their experiences with non-faculty participants are to be reviewed by the Course Director(s). Potential non-faculty participants who do not acknowledge and accept the above described preparation and supervision are to be excluded from participation in the medical education program.

- <u>Limits on assessment of student performance/feedback</u>: Student performance feedback by non-faculty participants in medical student instruction and/or facilitation shall be limited to confirmation of, and/or comment upon, the student's attendance and active engagement in the educational experience. Additionally, non-faculty participants may be asked to confirm or comment upon the basic appropriateness of the student's professional behavior.
    - o Note: The faculty member(s) responsible for an educational experience involving participation by non-faculty are responsible for assessment the student's achievement of the associated learning objectives and the completion of any required experiences.
- <u>Discretion of the Course/Clerkship Director and limits on the duration of non-faculty participation for non-faculty physicians</u>: For physicians, participation by any individual non-faculty must be directly related to their areas of professional expertise and experience. In addition, and within the constraints as otherwise outlined in this policy, participation is at the discretion of the course or clerkship director. Also, participation by any individual non-faculty physician as a community-based preceptor is limited to no more than 20 hours with any individual student per academic year, and less than 60 hours in total per academic year.
- <u>Discretion of the Course/Clerkship Director and limits on the duration of non-faculty participation non-faculty who are not physicians</u>: For non-physicians, participation must be directly related to the non-faculty individual's special and desired expertise and/or experience, and participation is at the discretion of the course or clerkship director (within the constraints as otherwise outlined in this policy).
- <u>Requirement of faculty appointment prior to exceeding the duration of non-faculty participation limits</u>: All physician non-faculty who agree to participate, and who

3

intend to provide more than the limited number of hours listed above, must obtain a PLFSOM faculty appointment prior to exceeding the non-faculty contact hour limits.

- Encouragement of all non-faculty to apply for appointment: All non-faculty who agree to participate in medical student instruction and/or facilitation on a recurring annual basis, regardless of the number of hours per year, are to be encouraged, if eligible, to apply for a non-salaried/volunteer PLFSOM faculty appointment.

- Termination of participation by educational program administration: The participation by any non-faculty shall be terminated by the Course/Clerkship Director or, if appropriate or necessary, the Associate Dean for Medical Education or their designee, if the non-faculty participant does not function in accordance with the intent of the educational experience in which they are invited to participate, or if their behavior is disruptive or inconsistent with the school's intent to provide a professional and supportive learning environment.

- Central monitoring: Participation by non-faculty shall be centrally monitored least annually by the Office of Medical Education and the CEPC (including their qualifying credentials, the hours of instruction and/or facilitation provided, and student evaluations regarding the instruction and/or facilitation provided).

Examples/explanations of some intended applications of this policy:

Early/pre-clerkship phase clinical experiences: Early clinical experiences are a required component of the PLFSOM pre-clerkship curriculum. These experiences are designed, managed, and assessed by members of the faculty of the PLFSOM Department of Medical Education. It is the intention of this CEPC that all or most of these experiences occur in community-based settings, away from the school's primary academic medical campus. In addition, the CEPC expects that all or most of these experiences shall be facilitated by non-salaried/volunteer members of the PLFSOM faculty. However, some of these experiences involve health professionals who either do not qualify for appointment to the PLFSOM faculty, are in the process of applying, or who contribute such limited and infrequent time and effort that the time and effort required to obtain and maintain a faculty appointment may be reasonably considered onerous.

Clerkship phase: In the clerkship phase of the curriculum there are structured experiences that may be facilitated by non-faculty health professionals functioning within the instructional design of appropriately designated PLFSOM faculty (e.g. clerkship director or assistant director). These experiences occur within the oversight, supervision and assessment of student performance/completion by PLFSOM faculty. These include selective experiences that occur within the context of the clinical settings of the clerkships.

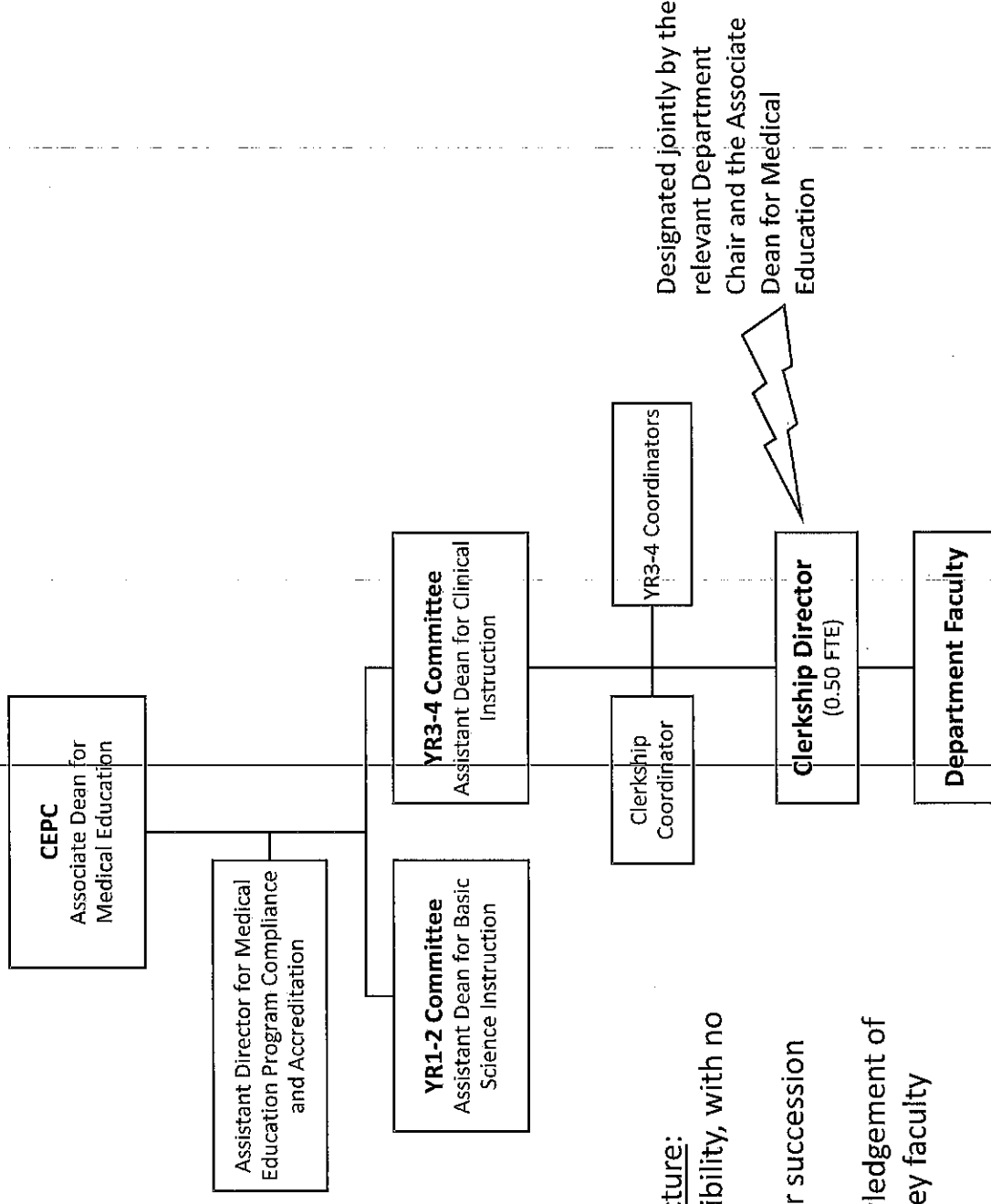# TTUHSC Paul L. Foster School of Medicine Clerkship Director Position Description (CEPC Approved vFEB2015)

The Clerkship Director at the Paul L. Foster School of Medicine is responsible for the following:

- Overall design, development, and implementation of his/her clerkship consistent with institutional learning objectives and national standards for his/her particular discipline.

- Collaborating closely with the clerkship director with whom s/he shares a block to identify opportunities for shared teaching and integration across the two clinical disciplines.

- Preparation of the clerkship syllabus according to standards required by the Curriculum and Educational Policy Committee.

- Recruiting, preparing, and scheduling faculty who will participate in the delivery of the clerkship curriculum.

- Reviewing faculty and resident assessment of student performance and ensuring that sufficient feedback is provided to fairly and reliably assess student clinical performance.

- Reviewing student evaluations of resident and attending faculty and counseling faculty and/or residents who receive poor performance evaluations by students.

- Reviewing student patient encounter logs to ensure that students are on-track for meeting clerkship objectives and by providing appropriate alternative ways of achieving objectives if patient contact is not available (e.g., due to the rareness of a required condition, seasonality, etc.)

- Providing students with formative feedback at least once at the mid-point of the rotation to help the student identify strengths and weaknesses and to establish plans for remedying weaknesses.

- Collect, review, and assemble all data needed to determine a student's final clerkship grade consistent with the standardized grading policies adopted by the Clerkship Directors Committee. For students who require remediation, determine how such remediation will be accomplished, monitored, and reported to the Grading and Promotion Committee.

- Submit student grades in a timely manner – no later than 30 days following the conclusion of the rotation.

- Participate in monthly Clerkship Directors/Year 3-4 Committee meeting.

- Provide the Assistant Dean for Medical Education (as designated by the Associate Dean for Medical Education) information needed for accreditation and other reporting functions for which they are responsible.

- Supervise, evaluate, and provide performance feedback to designated clerkship coordinators.

It is expected that the clerkship director position is a .5 FTE commitment unless otherwise negotiated. The clerkship director reports to the Assistant Dean for Medical Education (as designated by the Associate Dean for Medical Education) in their capacity as clerkship director.
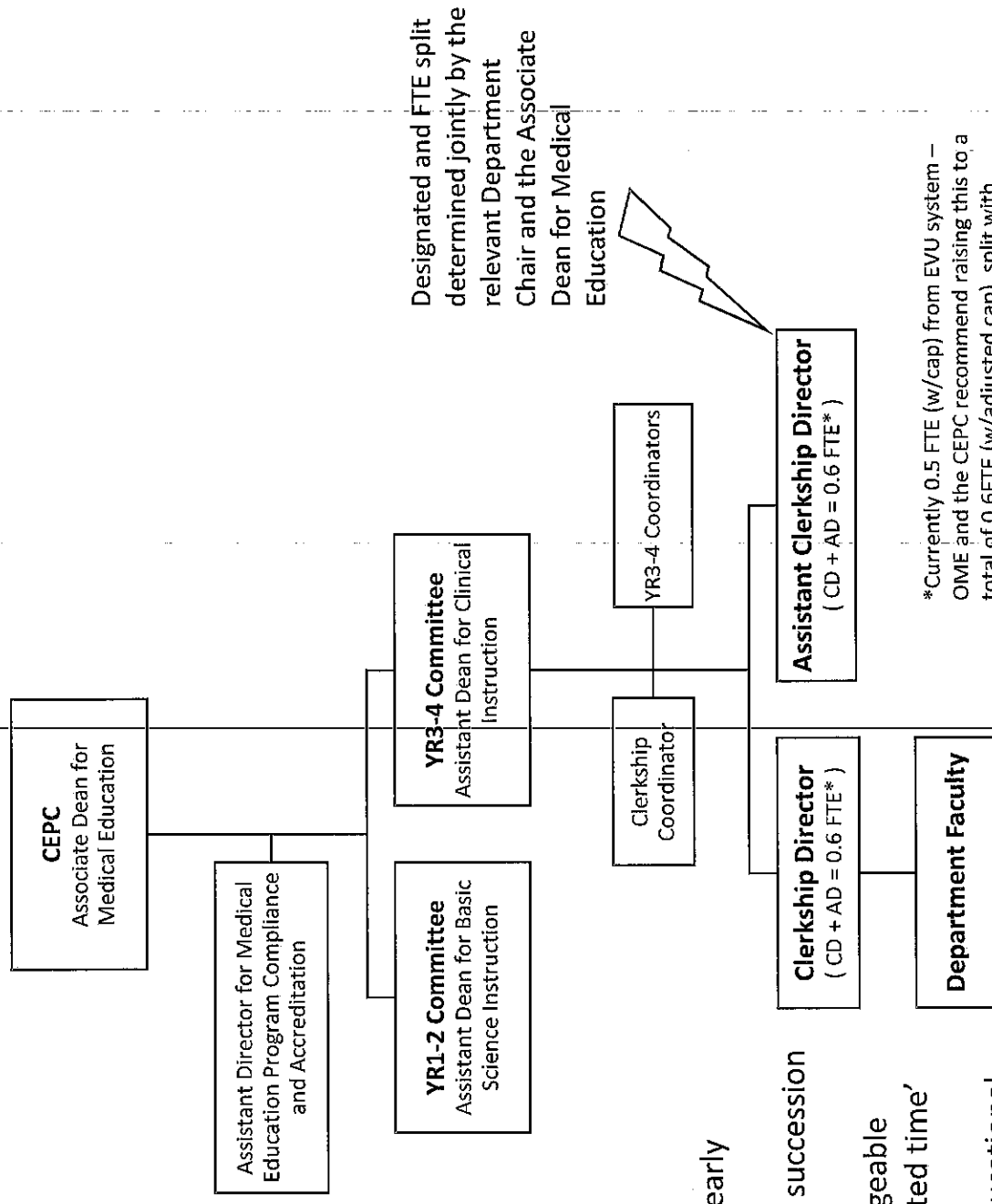
Current Clerkship Administration

CEPC
Associate Dean for Medical Education

Assistant Director for Medical Education Program Compliance and Accreditation

YR1-2 Committee
Assistant Dean for Basic Science Instruction

YR3-4 Committee
Assistant Dean for Clinical Instruction

Clerkship Coordinator

YR3-4 Coordinators

Clerkship Director
(0.50 FTE)

Designated jointly by the relevant Department Chair and the Associate Dean for Medical Education

Department Faculty

Challenges related to this structure:

- System implies limited flexibility, with no designated back-up
- No inherent mechanism for succession planning
- Limits institutional acknowledgement of educational effort to one key faculty member

Proposed Clerkship Administration

CEPC
Associate Dean for Medical Education

Assistant Director for Medical Education Program Compliance and Accreditation

YR1-2 Committee
Assistant Dean for Basic Science Instruction

YR3-4 Committee
Assistant Dean for Clinical Instruction

Clerkship Coordinator

YR3-4 Coordinators

Clerkship Director
(CD + AD = 0.6 FTE*)

Assistant Clerkship Director
(CD + AD = 0.6 FTE*)

Department Faculty

Designated and FTE split determined jointly by the relevant Department Chair and the Associate Dean for Medical Education

*Currently 0.5 FTE (w/cap) from EVU system – OME and the CEPC recommend raising this to a total of 0.6FTE (w/adjusted cap), split with Clerkship Director at 0.3 FTE or greater.

Potential advantages:
- Greater flexibility and clearly designated back-up
- Inherent mechanism for succession planning
- More flexible and manageable expectations for 'protected time'
- Provides institutional acknowledgement of educational effort by the Assistant Clerkship Director

All elements must be assessed as "satisfactory" or "very good" for satisfactory completion of this exercise

ELEMENT	0 NOT ACCEPTABLE	1 NEEDS REVISION	2 SATISFACTORY	3 VERY GOOD	ELEMENT COMMENTS (FOR THE STUDENT)
Concise and comprehensive (incl. pertinent CC, HPI, PMH, FH, SOC, ROS, PE, labs/images/path, and avail. outcomes)	Major errors of omission and/or flawed content	Minor and correctable errors of omission and/or flawed content	Concise, with all pertinent elements addressed to a reasonable degree	Concise, with all pertinent elements included and, when needed, appropriately illustrated	
All materials completely de-identified (no "PHI")	Contains any patient identifiers	✕	All materials completely de-identified	✕	
Inclusion of an appropriate PLFSOM pre-clerkship clinical presentation (CP) diagnostic scheme and explanation of its application in the context of the case	No PLFSOM pre-clerkship CP scheme included	Correctable inadequate or incorrect associations w/ CP Scheme	Clear and correct associations with a CP Scheme	Especially well-explained and well-illustrated associations with a CP scheme	
Creation and inclusion of at least 5 NBME style single-best-answer questions regarding underlying basic science principles (with explanations)	Items not included, not relevant, or incorrect	Correctable inadequate, incorrect, or irrelevant elements	Includes 5 relevant, well-explained NBME style basic science questions, w/ref.s	Highly relevant, well explained NBME style questions, uniformly high quality and well-integrated references	

Overall presentation flow, format, and use of images	Incoherent presentation and/or inappropriate flow, images or formatting	Correctable inadequate or incorrect flow, format and/or use of images	Effective flow and use of images, and correct format	Exceptionally clear and effective flow, format and use of images
Potential for use in case-based instruction of other learners, particularly medical students	Case or materials are irrelevant, fraught with ambiguity, or excessively obscure	Case or materials are otherwise adequate but idiosyncratic or bizarre (a "fascinoma")	Case or materials are relevant and adaptable for use in medical student instruction	Great case and materials! Could be used as a PLFSOM "worked case example" tomorrow

PLFSOM YR3-4 ICE CASE PRESENTATION EXERCISE ASSESSMENT FORM – PAGE 2 OF 2

All elements must be assessed as "satisfactory" or "very good" for satisfactory completion of this exercise

Total Score from Page 1 = _____ (not directly related to satisfactory completion, but may be used in ranking the best presentations for recognition)

<u>Check all that apply:</u>
All elements are assessed to be "SATISFACTORY" or "VERY GOOD": ☐ YES ☐ NO –

 If the answer is NO: Return the form and the case presentation to the students for revision or replacement. Please provide growth/improvement-oriented feedback in the "ELEMENT COMMENTS" sections to guide the student. Let the student know whether you will be willing to review their revisions.

 If the answer is YES: please answer the following additional item:

Three or more elements were assessed to be "VERY GOOD": ☐ YES ☐ NO (YES = *eligible* for "honors" for this exercise see next item; NO = "pass")

 If the answer is YES: please answer the following additional item:

Based on the overall quality of the case presentation, and the skill with which it was prepared, the student should receive an overall assessment of "HONORS" for this exercise: ☐ YES ☐ NO (final determination subject to review and confirmation by the Office of Medical Education)

Additional comments/notes for the Office of Medical Education:

PLFSOM MS3-4 ICE Case Presentation Exercise:

Every medical student is required to individually identify and prepare a clinical case for presentation:

1. The case should be selected from the student's direct clinical experience during their 3rd or 4th year. While students may seek input from others regarding their case selection and the development of their presentation, the presentations will be assessed as individual efforts. In addition, students are not to select cases that they know have been chosen for this purpose by another student.

2. Students may utilize cases that they prepared for presentation as part of their 3rd and 4th year clerkships and electives, but the case materials must be re-configured to meet the expectations of this required exercise. If a student chooses to adapt such a presentation, and a team developed the original presentation, the student should cite the team members and attest that those team members agreed to the student's use of the original materials and that no other students on the original team are using the same case for this exercise.

3. The presentation should be concise yet comprehensive (including chief complaint, history of present illness, past medical history, pertinent family and social history, initial examination findings, initial imaging and laboratory findings -- including pertinent negative results -- clinical course, and available outcomes).

4. All submitted materials, including text, clinical imaging and laboratory findings, should be completely de-identified.

5. The presentations should include and relate the case to the most appropriate PLFSOM pre-clerkship clinical presentations and diagnostic schemes.

6. The presentation should outline how the case relates to the selected diagnostic scheme, including an explanation of the sequence and roles of key examination findings and test results in the diagnostic process.

7. The case presentation should include at least five questions developed by the student about the underlying basic science principles directly related to the case and/or the associated diagnostic process. These questions should be consistent with best practices for writing such items as promulgated by the National Board of Medical Examiners (NBME "red book"). Include concise explanations of the correct response and the flaws of each foil, along with core literature references.

8. Presentations should be submitted in PowerPoint, using standard slide size (4:3 ratio) and format, with plain white backgrounds and black text (no special backgrounds or effects).

SUBMISSION PROCESS (Required Case Presentation File, Assessment Form and Attestation Form):

o Prior to submission, the student's **"ICE Case Presentation File"** is to be reviewed and approved by a member of the faculty from the clinical department in which the case was encountered (using a rubric-based **"ICE Case Assessment Form"** -- attached). The rubric-based assessment form is to be posted by the student in their e-Portfolio and reviewed for authenticity and satisfactory completion by a faculty member or coordinator designated by the Office of Medical Education. The rubric-based assessment form allows for the following potential outcomes: "Unsatisfactory", "Pass" and "Honors". Presentations found to be "Unsatisfactory" may be revised and resubmitted or replaced with another case presentation. Satisfactory completion requires an assessment outcome of "pass" or "honors".

o The student must submit their ICE Case Presentation File as a PowerPoint file formatted in plain text and background, and in standard 4:3 ratio slides (no special fonts, backgrounds or effects). The file name should include a brief descriptor of the case, the student's last name, first initial, and class year (for example: "STROKE-GARZA-P-2018")

o The student must also post in their e-portfolio a complete **"ICE Case Presentation Attestation Form"** (attached). This form confirms the following:

  o The student created the case presentation file, and to their knowledge it is unique (not developed by another student for this purpose).
  o The student developed the case-based questions.
  o The case presentation file is based on an actual case from the submitting student's clinical experiences as an MS3 or MS4 at PLFSOM.
  o As per item 2 above, if the case was originally presented during their 3rd and/or 4th year clerkships or electives for another purpose, and a team developed the original presentation, the

student has cited the original team members, those team members agree to the submitting student's use of the original materials, and no other students on the original team are using the same case for this purpose.

Notes:
- o The submission process is subject to change based on technical/administrative factors.
- o Proposed submission deadline is the end of the MS4 fall semester (with Spring semester remediation)
- o To ensure the development of a balanced case bank, the CEPC may limit the list of Clinical Presentations from which students in the class entering year 3 may chose to submit case presentations.

Learning objectives:
1. For an actual clinical case from their experience in El Paso, the student produces a clear, concise, and comprehensive case presentation, including the identification and inclusion of key clinical images and test results. PLFSOM EPGO 1.3, 3.1, 3.4, 4.2
2. For an actual clinical case from their experience in El Paso, the student identifies the most applicable PLFSOM pre-clerkship clinical presentation and diagnostic scheme, and provides a clear and concise analysis of the case in the context of the scheme -- demonstrating the application of the case and the scheme in self-directed learning (and in the development of case-based instructional materials generally). PLFSOM EPGO 1.3, 3.1, 4.2, 8.5
3. For an actual clinical case from the student's experience in El Paso, the student develops and answers questions that explore the underlying basic science principles and diagnostic processes directly related to the case, and provides clear, concise and appropriately referenced explanations. PLFSOM EPGO 2.2, 3.1, 4.2, 8.5
4. Demonstrate the potential to effectively engage in the case-based instruction of other learners, particularly medical students, consistent with the professional expectations for physicians in residency. PLFSOM EPGO 1.3, 4.2, 5.7

Relevant PLFSOM Educational Program Goals and Objectives (PLFSOM EPGO):

1.3 For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.

2.2 Apply established and emerging foundational/basic science principles to health care.

3.1 Identify and perform learning activities to address gaps in one's knowledge, skills and/or attitudes.

3.4 Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.

4.2 Communicate effectively with colleagues and other health care professionals.

5.7 Meet professional and academic commitments and obligations.

8.5 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.

PLFSOM MS3-4 ICE Case Presentation Attestation Form

Student Last Name:

Student First Name:

Student is in the PLFSOM Class of:

ICE Case Presentation Exact File Name:

I, the student indicated above, attest to the following (check all that apply):

☐ I selected the case and created the case presentation file named above, and to my knowledge it is unique (not developed by another student for this purpose).

☐ I developed the case-based questions.

☐ The case presentation file is based on an actual case from my clinical experiences as an MS3 or MS4 at PLFSOM.

If the case was originally presented during a 3rd and/or 4th year clerkships or electives for another purpose, and a team developed the original presentation, the student must cite the original team members, those team members must agree to the submitting student's use of the original materials, and no other students on the original team may use the same case for this purpose.

☐Yes or ☐No: The case I am submitting was originally presented during one of my 3rd or 4th year clerkships or electives for another purpose <u>and</u> a team developed the original presentation.

If you responded "Yes" to the question above, please check all that apply:

☐ The members of the team that originally developed this case for presentation are cited in my ICE Case Presentation File.

☐ The members of the team have each agreed to my adapting the original case presentation materials for this purpose.

☐ No other students on the team that originally developed this case for presentation are using this case for this purpose (i.e. to fulfill the PLFSOM MS3-4 ICE Case Presentation exercise).

_____

Student Signature and Date

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

MS4 Mid-Clerkship Assessment
(vs2)

Student's Name: _____   Date of Rotation: _____

Evaluator's Name: _____   Date of Assessment: _____

INPATIENT OR OUTPATIENT (CIRCLE ONE)

Score = [0 - cannot assess; 1=Needs Improvement; 3=Pass; 4=Honors

PATIENT CARE AND PROCEDURAL SKILLS	Cannot Assess	Needs Improvement	Pass	Honors
Completes appropriate history	O	O	O	O
Addresses patient's agenda	O	O	O	O
Exam is appropriate in scope	O	O	O	O
Independently performs exam with proper technique	O	O	O	O
Idnetifies pertinent physical findings	O	O	O	O
Develops a treatment plan	O	O	O	O
Incoporating biophysical issues, appropriate to the patient	O	O	O	O
Appropriately documents findings	O	O	O	O
FINAL SCORE:	O	O	O	O

MEDICAL KNOWLEDGE

	Cannot Assess	Needs Improvement	Pass	Honors
Can independently apply knowledge	O	O	O	O
FINAL SCORE:	O	O	O	O

INTERPERSONAL AND COMMUNICATION SKILLS

	Cannot Assess	Needs Improvement	Pass	Honors
Communicates clearly with patients, families etc.	O	O	O	O
Presentations to Faculty or residents are organized	O	O	O	O
FINAL SCORE:	O	O	O	O

PRACTICE-BASED LEARNING AND IMPROVEMENT

	Cannot Assess	Needs Improvement	Pass	Honors
Demonstrates knowledge or current peer-reviewed literature in relation to patient management	O	O	O	O
Takes initiative in increasing clinical knowledge and skills	O	O	O	O
FINAL SCORE:	O	O	O	O

SYSTEM-BASED PRACTICES

	Cannot Assess	Needs Improvement	Pass	Honors
Effectively utilizes medical systems and resources to benefit	○	○	○	○
FINAL SCORE:	○	○	○	○

PROFESSIONALISM	Cannot Assess	Needs Improvement	Pass	Honors
Is reliable and demonstrates accountability to patients and fellow members of the health care team	○	○	○	○
Demonstrates compassion and respect for all people	○	○	○	○
Demonstrates honesty in all professional matters	○	○	○	○
Protects patient confidentiality	○	○	○	○
Dress and grooming appropriate for the setting	○	○	○	○
FINAL SCORE:	○	○	○	○

INTERPROFESSIONAL COLLABORATION	Cannot Assess	Needs Improvement	Pass	Honors
Works professionally with other health care personnel including nurses, technicians and ancillary service personnel	○	○	○	○
Is an important, contributing member of the assigned team	○	○	○	○
Functions effectively as a team member by preparing for collaborative experiences	○	○	○	○
FINAL SCORE:	○	○	○	○

PERSONAL AND PROFESSIONAL DEVELOPMENT	Cannot Assess	Needs Improvement	Pass	Honors
Recognizes when to take responsibility and when to seek assistance	○	○	○	○
Demonstrates flexibility in adjusting to changes	○	○	○	○
Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, and unfamiliar situations.	○	○	○	○
FINAL SCORE:	○	○	○	○

OVERALL/SUMMARY

Op-Log - Discuss student's Oplog documentation and any areas where the student does not ap-pear on track. Identify date when the student should come back to see you if he/she has not yet met the requirements.

Areas that would yield the greatest improvements in the student's skills.

Please discuss the student's 2-3 strongest performances areas.

Miscellaneous Questions

Actual date of discussion: _____   Planned date of discussion: _____

I have discussed this assessment with the student: ◯ YES
                                                       ◯ NO

_____
Assessor's Signature

Mid-Clerkship Assessment

Faculty/Resident: _____

Student: _____

Planned date of discussion: _____

Actual date of discussion: _____

Review of evaluations to date with student:

Professionalism

Professionalism:

Overall/Summary

Areas that would yield the greatest improvement in the student's skills:

Strongest skill areas:

Mid-Clerkship Assessment

Required clerkship-specific activities
Please indicated how the clerk is performing on activities specific to the block's clerkships (examples:
quizzes, presentations, documented H&P, paper charts, etc.):

OpLog
Discuss student's oplog documentation and any areas where the student does not appear on track.
Identify date when student should come back to see you if s/he has not yet met the requirements.

Synopsis of discussion with student:
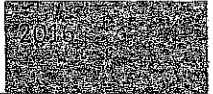
MS4 Radiology Elective Final Assessment

Student Name: _____ Date: _____

Faculty Name: _____ Faculty Signature: _____

Please check mark/circle	Need Improvement	Pass	Honors	Cannot Assess
Interpersonal and Communication Skills				
Communicates effectively and appropriately with faculty, residents and other health care personnel.				
Presentations to attending or resident are organized.				
Interprofessional Collaboration				
Works collaboratively with other health care personnel including nurses, technicians, and other ancillary personnel.				
Knowledge for Practice				
Compare and contrast normal variation and pathologic states in Radiology.				
Apply knowledge of basic sciences (such as anatomy) to health care in Radiology.				
Practice-based Learning and Improvement				
Takes the initiative in increasing knowledge and skills.				
Professionalism				
Dress and grooming are appropriate for the setting.				
Is responsible and accountable (for example, reports for duty at the designated time each day.)				
Demonstrate sensitivity, compassion, integrity, and respect for all people.				
Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient safety, patient privacy, autonomy and informed consent.				
Demonstrate honesty in all professional and academic interactions				
Systems-Based Practice				
Incorporate considerations of benefits, risks and costs in patient and/or population care.				
Patient care				

For a given clinical presentation, propose imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.				
Personal and Professional Development				
Recognizes when to take responsibility and when to seek assistance				

Please discuss what the student can do to most improve his/her performance:

_____

_____

Please discuss the clerk's 2-3 strongest skills:

_____

Final Grade: Fail/Pass/Honors/Incomplete

(If incomplete, will need to enter a reason why.)

MS4 Clinical Elective Final Assessment

Please return no longer than: _____

Student Name: _____ Date: _____ Rotation: _____

Faculty Name: _____ Faculty Signature: _____

Please check mark/circle	Need Improvement	Pass	Honors	Cannot Assess
Completes an appropriate history				
Addresses patient agenda				
Exam is appropriate in scope				
Independently perform exam with proper technique				
Identifies pertinent physical findings				
Develops a treatment plan, incorporating biopsychosocial issues, appropriate to the patient.				
Appropriately documents findings				
Can independently apply knowledge to identify problem				
Communicate Clearly with Patients and Families				
Presentations to attending or resident are organized.				
Demonstrates knowledge of current peer-reviewed literature in relation to patient management.				
Takes the initiative in increasing clinical knowledge and skills.				
Effectively utilizes medical care systems and resources to benefit patient health.				
Displays appropriate level of professionalism				
Works professionally with other health care personnel				
Recognizes when to take responsibility and when to seek assistance				

Please discuss what the student can do to most improve his/her performance:

_____

_____

Please discuss the clerk's 2-3 strongest skills:

_____

_____

GPC policy revision

Presented to CEPC

7.11.16

Change to GPC policy

- Updated from 5/2016 approval by CEPC
- Meet LCME requirements
- Removed reference to Chair elect as this has not been practice; not in bylaws
- Added Director of Academic and Disability Support Services as ex-officio member (Dr. Salazar)
- Added paragraph that addresses practice of recusal of college masters or course/clerkship director:
  - Recusal – College masters that serve on the committee will recuse themselves for the vote of one of their college students. Likewise, a course director who is a committee member shall also recuse themselves if the student being considered had an unsuccessful outcome in their course.

Summary of changes to GPC policy after the 5/24/16 approval to more fully meet expectations of LCME

1. Removed reference to Chair elect as this has not been practice; not in bylaws

2. Added Director of Academic and Disability Support Services as ex-officio member (Dr. Salazar)

3. Added paragraph that addresses practice of recusal of college masters or course/clerkship director:

> . Recusal – College masters that serve on the committee will recuse themselves for the vote of one of their college students. Likewise, a course director who is a committee member shall also recuse themselves if the student being considered had an unsuccessful outcome in their course.