



Curriculum and Educational Policy Committee

AGENDA

MAY 16, 2016

5:00 PM

MEB 1120

I.	Convene and Review Minutes from May 09, 2016 (if available)	Richard Brower, M.D.
II.	SCEC Rep. Reports/Concerns	Student Representatives
III.	Scheduled Syllabi Reviews:	
	• Emergency Medicine	Osvaldo Padilla, M.D. Cynthia Perry, Ph.D. Thomas Gest, Ph.D.
	• Neurology	Dan Blunk, M.D. Janet Piskurich, Ph.D. Mark Francis, M.D.
	• Sub-Internship + Critical Care	Aghaegbulam Uga, M.D. Curt Pfarr, Ph.D. Laura Cashin, D.O.
IV.	GPC Policies Revisions	Kathryn Horn, M.D.
V.	Discussion of CEPC meeting schedule	
VI.	Open Forum	
VII.	Adjourn	Richard Brower, M.D.



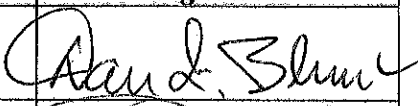

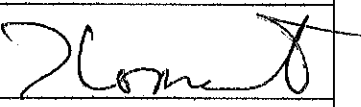
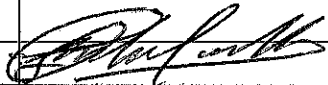
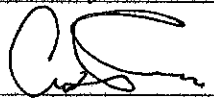
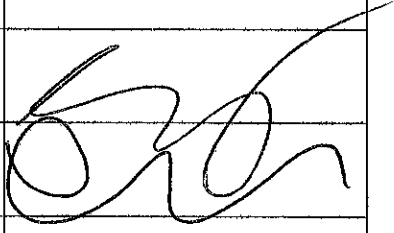
TEXAS TECH UNIVERSITY
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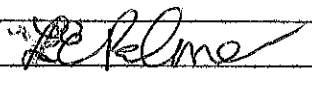
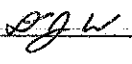
Curriculum and Educational Policy Committee Meeting
Monday, May 16, 2016

Richard Brower, MD – Chair

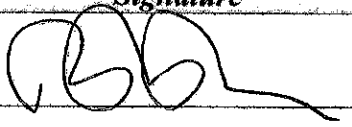

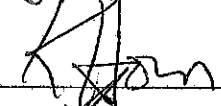
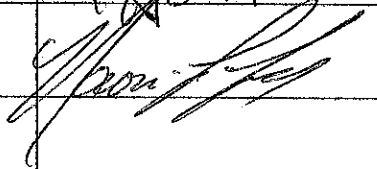
Members – Faculty

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

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

Ex-officio - Members

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

Guests

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

Clerkship Coordinators

<i>Name</i>	<i>Year</i>	<i>Department</i>	<i>Signature</i>
<i>Ida Rascon</i>		<i>EM</i>	<i>Ida Rascon</i>

Other participants

<i>Name</i>	<i>Department/Organization</i>	<i>Signature</i>
<i>Robin Dankovich</i>	<i>Medical Education</i>	<i>[Signature]</i>

Notes



Curriculum and Educational Policy Committee Meeting

Date: May 16, 2016

Time: 5:00 PM – 6:30 PM

Location: MEB 1120

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

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

Minutes were not available for review; they will be reviewed on the next regular meeting on June 20, 2016.

Announcements **Richard Brower, M.D.**

Dr. Brower introduced the new pamphlet of the Education Program Goals and Objectives, before known as Institutional Learning Objectives (ILO's).

Action Item: Now that the CEPC's syllabi reviews in preparation for AY2016-17 are nearly complete, the review groups/subcommittees are reminded that they are responsible for reviewing the courses in the Fall (related to their quality, outcomes, and fulfillment of their course goals and objectives and associated institutional objectives).

II. SCEC Rep Reports **Student Representatives**

No student reports or concerns were presented for discussion.

III. Syllabi Review Presentations

Sub-Internship + Critical Care Syllabi

Aghaegbulam Uga, M.D.
Curt Pfarr, Ph.D.
Laura Cashin, D.O.

Dr. Francis provided a detailed presentation of the syllabus. The course consists of 4-week rotation; refer to Syllabus for details. There were no major suggestions, basically formatting and structural issues. These syllabi have never come to CEPC before; this is the first round of review. Dr. Francis requested that any comments from the reviewers regarding these Syllabi are sent to her so she can modify the syllabus as needed.

Emergency Medicine Syllabus

Osvaldo Padilla, M.D.
Cynthia Perry, Ph.D.
Thomas Gest, PhD.

Ida Rascon presented the Emergency Medicine clerkship syllabus in the absence of Dr. Parsa. It is not reflecting significant changes from last year. Objectives include the integration of different concepts learned in years 1-3, basic emergency medical concepts, and 4-week rotation for MS-4. Syllabus is concise, well-organized and detailed. No substantial changes were proposed, most were suggestions for improvement. It was recommended to include a calendar of activities, to summarize the required versus the optional activities, to clarify the specific patient conditions expected to be reported and to include a list of locations for 911. It was also recommended to include a table of content and a list of required readings, as well to connect the activities to the objectives.

Action Item: Reviewers will send their comments to Dr. Parsa for completion. Revised syllabus will be sent to Dr. Maureen Francis for review. The CEPC authorized Dr. Maureen Francis to issue final approval once completed.

Neurology Syllabus

Dan Blunk, M.D.
Janet Piskurich, Ph.D.
Mark Francis, M.D.

Dr. Maureen Francis presented the Neurology Syllabus in the absence of Dr. Kassar. The rotation calendar activities were presented and it was mentioned that all activities are mandatory. A Neurology Mid-Evaluation handout was provided for review during the meeting, form was updated this year. It is a form provided to at least two faculty members working with the student in each 2-week period; the two mid-evaluations are averaged by the clerkship director and an evaluation is provided for the mid-rotation and at the end of the rotation. It's intended to start requesting a doctor's note for the last week of rotation where there is a tendency for students to call-in sick. It was mentioned that the syllabus is clear and concise and that the goals and objectives are well linked to national standards. Additionally, reviewers' recommendations included adding a list of assigned reading, the rubric for the evaluation of student's performance and the clerkship location. Other recommendations were mainly formatting.

Action item: Course Director will work on the suggested revisions provided by the review team, and will send it to Dr. Maureen Francis for final review. The CEPC authorized Dr. Maureen Francis to issue final approval.

Additionally, Dr. Brower asked Dr. Hogg and Dr. Maureen Francis to create Pre-clerkship Phase and Clerkship Phase Syllabus templates for use in AY2017-18; they can recruit other faculty members and/or SSEC members for assistance with this task. They expected to be ready by the end of the fall semester.

IV. GPC Policy Revisions

Kathryn Horn, M.D.

Dr. Horn presented a detailed review of the main changes made to the GPC Policies revisions (see attached files containing the revisions and Dr. Horn's presentation). Dr. Maureen Francis went over the draft version and final updates for the Common Clerkship Requirements were addressed.

Discussion followed for both topics.

Action Item: It was the will of the CEPC to approve the latest version of the GPC Policy on May 16, 2016 with the discussed changes.

The Common Clerkship Requirements were also approved with the changes described by Dr. Maureen Francis.

V. Discussion of CEPC Meeting Schedule

Dr. Brower suggested for the CEPC to have an additional monthly meeting to be able to finish with the obligations of the committee especially with the LCME assignments forthcoming in addition to the routine processes. A one-hour morning meeting was proposed; suggested schedules were from either 7:00am to 8:00am or 7:30am to 8:30am. Routine meetings will stay the same. It was also mentioned that students are welcome to join them, but attendance is not expected or required since it is not intended to make these meetings a distraction for them.

Action Item: Dr. Brower will send out an e-mail to CEPC member inquiring about preferred times and feedback.

VI. Open Forum

There were no items for discussion.

VII. Adjourn

Richard Brower, M.D.

The next CEPC meeting is scheduled for 5:00pm on June 20, 2016. Dr. Brower adjourned the meeting at 6:49p.m.

TTUHSC Year 4 Sub-Internship Rotations

AY 2016-2017

Rotations

- Pediatrics
- Family Medicine
- Internal Medicine
- Surgery
- Obstetrics and Gynecology

General

- 4 week rotations
- 100% inpatient
 - Exception- Family Medicine which has a follow-up clinic once a week for discharged patients
- Main instructional method
 - Hands-on patient experience
 - Direct supervision by senior resident
 - Same responsibilities as intern
- Schedule
 - Similar to intern schedule
- Patient load
 - Generally 2 to 5
 - 1 to 2 admission per call or per shift

- Curriculum includes
 - Written H&P
 - Written progress notes
 - Admission order sets
 - Discharge summary
 - Handoff / transitions of care
 - Resident lectures and morning reports
 - Teamwork
- Op Log
 - Required conditions
- Assessment
 - Mid clerkship
 - Final

Common requirements

1. Procedure Workshop

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

Questions?

Year 4 Critical Care Selectives

AY 2016-2017

Rotations

- Surgical
- Medical
- Cardiovascular
- Pediatric
- Neonatal
- *Upcoming - Neurology*

General

- 4 week rotation
- 100% inpatient
 - Occur in an intensive care setting
- Main instructional method
 - Hands-on patient experience
 - Direct supervision by senior resident
 - Same responsibilities as intern
- Schedule
 - Similar to intern schedule/ one day per week off
- Patient load
 - Generally 1 to 3

- Curriculum includes
 - Written H&P
 - Written progress notes
 - Writing orders
 - Attend sign-out rounds/ hand-offs
 - Resident lectures and morning reports
 - Teamwork
 - Recognizing patients who need emergent care
- Op Log
 - Required conditions
- Assessment
 - Mid clerkship
 - Final

Common Requirements

1. Critical Care Core Curriculum

- a. This will include a series of online interactive modules with a discussion board that will address core topics that represent foundational knowledge and apply across critical care settings. Examples of topics addressed include: nutritional support in the critical care setting, assisted ventilation and interpretation of arterial blood gases, hemodynamic monitoring , and physiology and common causes of shock.
- b. Completion of modules and quizzes and participation in discussion boards is required.
- c. If not completed, student will receive a grade of incomplete until they are done

Questions?



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Department of Pediatrics

Pediatric Sub-Internship

MSIV Rotation Syllabus

2015-2016

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Dept. of Pediatrics, MSIV Sub-I Clerkship Administrative Team

Lisa Ayoub-Rodriguez, MD, FAAP

Assistant Professor

Pediatric Sub-Internship Director

Office Phone: (915) 215-5712

Office Location: AEC Building, 2nd Floor, Room# 210

Lisa.Ayoub-Rodriguez@ttuhsc.edu

John D. Ramirez, BSB/M

MSIV Unit Coordinator

Office Phone: (915) 215-5727

Cell Phone: (915)274-0544

Office Location: AEC Building, 2nd Floor, Room# 226

Hours: 8:00 am – 5:00 pm

John.D.Ramirez@ttuhsc.edu

Pediatric Sub Internship Location:

El Paso Children's Hospital – 9th Floor

Nursing Station Phone: (915)298-5432

Brief Clerkship Description

- 4 week rotation on the inpatient general pediatric service.
- Instructional methods will include hands-on patient encounters, working along side residents and attendings, along with formal and informal teaching sessions.
- Required equipment: Stethoscope, penlight, reflex hammer, black ink pens
- Optional supplies: Tuning fork, Maxwell, Harriett Lane Handbook, additional suggested reads listed.
- Professionalism is expected at all times to include honesty, timeliness, and responsibility.

Pediatric Sub Internship Nuts and Bolts

The following guidelines are provided to clarify the duties and responsibilities of an MSIV on their Sub internship rotation in Pediatrics:

1. The MSIV will be under the direct supervision of the senior resident of the team and will have the same responsibilities assigned to the Interns.
2. The MSIV will take call with the team, remaining in house overnight with the rest of the team as dictated by the schedule. This will limit student to 16 hour shifts with a mandatory 8 hour break between shifts.
3. The MSIV will have one day off a week on average. The schedule will be similar to an intern with hours ranging from 60-80 hours/week. (Sample schedule noted later)
4. The optimal patient load for a MSIV will be between 3 to 5 patients. The MSIV should admit at least one or two patients per shift.

5. The MSIV will turn in an individualized learning plan by the first Wednesday of the rotation.
6. A comprehensive history and physical exam with assessment and plan must be performed in all new patients the day of admission, which will be evaluated by the direct supervising faculty placed in file for sub internship clerkship director review.
7. All MSIVs' are responsible for writing daily progress notes on all their patients, which will be evaluated by the direct supervising faculty and placed in file for sub internship clerkship director review.
8. All the admission notes and the progress notes written by the students, will be used for students' evaluation purpose only, and cannot be further signed or used by residents, and rest of the health care team (intern/senior/faculty) will be required to do their appropriate documentations for further patient care and billing.
9. All MSIVs' will turn in two admission orders sets for 2 patient encounters and discharge mock prescriptions for review to the sub internship clerkship director.
10. All MSIVs' will write up two discharge summaries on a patient they have taken care of during their rotation and give to the sub internship clerkship director for review, critique, and grading.
11. All MSIVs' will be responsible for transition of care to oncoming team, this includes IPASS completion and verbal handoff. (Evaluation by Interns and Senior Residents)
12. Morning Report attendance and 1 hour of pediatric Wednesday afternoon lectures are mandatory for all MSIVs'. They will be excused from these activities on post call days, as is the rest of the team. (Evaluated in professionalism grade.)

***Items used for assessment, detailed later

Purpose

Principles essential to providing patient care as a fourth-year medical student:

1. Taking on primary responsibility for the patient.
2. Focusing histories, physicals, and oral and written communication appropriately.
3. Sharing information effectively with a patient and family.
4. Prioritizing and organizing work effectively.
5. Anticipating what a patient will need during the course of hospitalization (i.e. when they need to be re-examined, when a lab needs to be repeated, when additional therapy is necessary, when additional

history needs to be obtained, discharge criteria) and communicating this information effectively in hand-overs.

6. Re-evaluating a patient when you take on their care (i.e. the assessment and plan, as well as the clinical status) and looking further when the clinical picture does not fit.
7. Continuing to think about and re-assess the patient during the course of the day.
8. Coping with uncertainty in patient care issues (i.e. knowing what you know and what you don't know, accessing best resources, and knowing when and how to get help).
9. Functioning as a "team player" with residents, attendings, nurses, ancillary staff and all others involved in the care of the patient.
10. Coordinating the care of your patient during hospitalization and in planning for discharge.

Learning Objectives

The purpose of the Pediatric Sub-Internship is to assist the student in reviewing and enhancing competencies for the evaluation and management of Pediatric patients in an efficient manner. During the rotation, students will hone many of the skills used in the management of patients in the inpatient area.

1- Patient Care

Goal: Provide patient-centered care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

Objectives:

- a. Demonstrate proficiency in coordinating a comprehensive and longitudinal patient care plan through documenting a complete history, physical examination, laboratory data and images(1.1, 1.2)
- b. Prioritize tasks for daily patient care in order to utilize time efficiently (1.3,1.4)
- c. Patient notes and presentations are accurate, organized and focused (1.1, 1.7)
- d. Interpret laboratory data, imaging studies, and other tests required for the area of practice (1.3)
- e. Develop appropriate differential diagnosis and management plan using the given patient information and following the up-to-date scientific evidence (1.2, 1.6)
- f. Recognize life threatening conditions and patients requiring immediate attention (1.5)
- g. Communicate effectively with the patients and families, involving the patients in decision making, and providing them with preventive health care services (1.8, 1.9)
- h. **Assessment method:** Global Performance Evaluation, H&Ps, Progress Notes, Admit Orders, and Discharge Summaries

2- Knowledge for Practice

Goal: Demonstrate Knowledge of established and evolving knowledge in Pediatrics and apply this knowledge to patient care.

Objectives:

- a. Demonstrate knowledge of health problems, risk factors, and treatment strategies of commonly encountered health conditions (2.4, 2.6)
- b. Apply the basic and updated evidence based medicine to patient care (2.2, 2.3)
- c. Apply principles of social-behavioral sciences to patient care to include impact of family, cultural influences, societal influence and barriers of care that affect health and disease (2.5)
- d. **Assessment method:** Global Performance Evaluation, H&Ps, Progress Notes, Admit Orders, and Discharge Summaries

3- Practice-Based Learning and Improvement

Goal: Demonstrate the student's ability to continuously improve patient care based on self-evaluation, feedback and lifelong learning.

Objectives:

- a. Identify and address self-limitations (3.1)
- b. Accept feedback from faculty and residents, and continue to work on self-improvement (3.3)
- c. Use the available resources and references to access evidence based medicine to solve clinical problems (3.4,3.5)
- d. **Assessment method:** Global Performance Evaluation

4- Interpersonal and Communication Skills

Goal: Demonstrate the ability of effectively communicate and collaboration with patients, families and health care professionals.

Objectives:

- a. Communicate effectively, sensitively, honestly and compassionately with patients and patient's family members from a broad range of backgrounds (4.1, 4.3)
- b. Communicate effectively with physician and non-physician members of the health-care team and consultants (4.2)
- c. Maintain comprehensive and timely medical records (4.4)

- d. **Assessment method:** Global Performance Evaluation, H&Ps, Progress Notes, and Discharge Summaries

5- Professionalism

Goal: Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles.

Objectives:

- a. Demonstrate sensitivity to cultural issues and to patient preferences and incorporate knowledge of these issues into discussion with patients (5.1)
- b. Show respect for patient autonomy and the principle of informed consent (5.2)
- c. Demonstrate respect for patient's rights and confidentiality (5.2)
- d. Show respect for, and willingness to, assist all members of the health care team (5.3)
- e. Demonstrate compliance with local and national ethical and legal guidelines governing patient confidentiality in both written documentation and verbal communication with the patient's family members (5.5)
- f. Respect time, and meet all the academic commitments during the rotation (5.7)
- g. **Assessment method:** Global Performance Evaluation

6- System-Based Practice

Goal: Demonstrate the ability to use the system resources to provide optimal care.

Objectives:

- a. Access the clinical information system in use at the site of health care delivery (6.1)
- b. Coordinate care plan, involve social workers when needed, to reduce risks and costs for the patients (6.3)
- c. Demonstrate the ability to work effectively with physician and non-physician members of the health care team including nursing staff, physician assistants and nurse practitioners, social workers, therapists, pharmacists, nutrition support staff and discharge planners (6.4)
- d. **Assessment method:** Global Performance Evaluation, H&Ps, Progress Notes, Admit Orders, and Discharge Summaries

7- Inter-professional Collaboration

Goal: Demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population-centered care”

Objectives:

- a. Recognize one’s own role as well as the roles of other health care professionals (7.1, 7.2)
- b. Engage effectively as a team member during daily rounds and be able to manage conflicts appropriately (7.3, 7.4)
- c. **Assessment method:** Global Performance Evaluation

8- Personal and Professional Development

Goal: Demonstrate the qualities required to sustain lifelong personal and professional growth.

Objectives:

- a. Recognize when to call a consult for a patient (8.1)
- b. Identifies one’s limitations and seek self-improvement through problem identification and critical appraisal of information (8.1, 8.5)
- c. React appropriately to stressful and difficult situations (8.2, 8.3)
- d. Demonstrate improvement following mid-rotation feedback (8.5)
- e. **Assessment method:** Global Performance Evaluation

Sub-I and Critical Care Final Assessment	
<p>Student: [First Name] [Last Name] [Email Address] [Phone Number]</p> <p><input type="radio"/> Display Competency Headers <input checked="" type="radio"/> Hide Competency Headers</p> <p>Drag and move each question or grid header in order to change the order displayed.</p> <p>Knowledge</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Knowledge of Pediatric Trauma The following content is used for this grade.</p> <p>Clinical performance</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Additional content used for grade (if applicable)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Comments: Please justify grade in competency</p> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Comments: Please justify grade in competency</p> </div> <p>Practice-Based Learning and Improvement</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Practice-Based Learning and Improvement grade The following content is used for this grade.</p> <p>Clinical performance</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Additional content used for grade (if applicable)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Comments: Please justify grade in competency</p> </div>
<p>Patient Care and Procedural Skills</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Patient Care and Procedural Skills grade The following content is used for this grade.</p> <p>Clinical performance</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Additional content used for grade (if applicable)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Comments: Please justify grade in competency</p> </div>	<p>System-Based Practices</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>System-Based Practices grade The following content is used for this grade.</p> <p>Clinical performance</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Additional content used for grade (if applicable)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Comments: Please justify grade in competency</p> </div>
<p>Interpersonal and Communication Skills</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Interpersonal and Communication Skills grade The following content is used for this grade.</p> <p>Clinical performance</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Additional content used for grade (if applicable)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Comments: Please justify grade in competency</p> </div>	<p>Professionalism</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Professionalism grade The following content is used for this grade.</p> <p>Clinical performance</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Additional content used for grade (if applicable)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>Comments: Please justify grade in competency</p> </div>

Individualized Learning Plan (ILP):

1. Develop ILP at the beginning of the rotation by first Wednesday of the rotation
2. ILP has 3-5 Learning Goals and your plan to achieve those goals
3. To be submitted to clerkship director by email.
4. Will be evaluated on whether plan to achieve goals are thoughtful and well planned.
5. Feedback on additional learning opportunities to achieve goals will be provided.

ILP Example:

1. Inpatient Nutrition

- Go through PPN orders with resident each time I have a patient that is placed on parenteral nutrition.
- Calculate the kcal/kg/day for each of patients to which nutrition is pertinent
- Spend a session with the nutritionist regarding different types of nutrition and how to come up with the best plan for each patient.
- Read on Nutrition and Growth on Harriet Lane (Chapter 21).

2. Pediatric Radiology

- Look up imaging for each of my patients and make assessment before reading the official read from the radiologist.
- Go through Children's Hospital Cleveland Clinic Pediatric Radiology Image Gallery.
- Attend radiology rounds after morning rounds.

3. Pediatric Kidney Disease

- Read on pediatric kidney disorders in Harriet Lane (Chapter 19).
- Read on pediatric kidney disorders in Inpatient Pediatrics (Chapter 18).

History and Physical with Assessment and Plan & Daily Progress Notes:

1. Will follow standard H&P and PN format (EPCH approved forms or EMR standard form)
2. Will be turned into supervising faculty and saved for review by clerkship director
3. Will be evaluated on the following components:
 - a. Complete and organized of HPI
 - b. Complete and pertinent ROS
 - c. Complete and pertinent PMHx, PFHx, SHx
 - d. Development appropriately noted
 - e. Complete and pertinent PE
 - f. Labs, Radiology, Micro, other studies and interpretation
 - g. Accurate and Pertinent assessment to include differential diagnosis
 - h. Comprehensive plan to consider interdisciplinary needs and discharge planning

***Podcast resource: Pedscases.com: Pediatrics for Medical Students, Nov 14, 2015 Pediatric History Taking

Admission Orders:

1. Submit typed admission order on 2 patient admission
2. Admission Order mnemonic ADC VAAN SISML or Maxwell handbook example can be followed
3. Be sure to include:
 - a. Vital signs
 - b. Activity
 - c. Diet
 - d. Nursing Instructions
 - e. IVF if indicated
 - f. Studies and Labs
 - g. Medications

4. To be submitted to clerkship director by email.

- a. One by Mid-Clerkship Eval
- b. Second by Final Clerkship Eval

5. Will be evaluated on completeness

***Podcast resource: Pedscases.com: Pediatrics for Medical Students, Oct 17, 2015 Admission Orders

Discharge Summaries:

1. DC Summary follow standard format (sample below)

2. Helpful Hints:

- a. What would you want to know if you had this patient in the office next week?
- b. What would you say on the phone to that provider if you were calling directly?
- c. A good discharge summary is: Brief, summative, succinct, cohesive
- d. A good discharge summary is NOT: Recounting the entire H&P, a day-by-day synopsis of progress notes

3. To be submitted to clerkship director by email.

- a. One by Mid-Clerkship Eval
- b. Second by Final Clerkship Eval

4. DC Summary will be evaluated on consistency, completeness, being concise and pertinent.

DC Summary Sample Format:

Admit Date:

Discharge Date:

ADMIT DIAGNOSIS: This is the problem that led to hospitalization and can include brief pertinent HPI only if necessary (can also include that in Hospital course)

DISCHARGE DIAGNOSIS:

ATTENDING ON SERVICE:

BRIEF HISTORY OF PRESENT ILLNESS

Including why patient admitted to floor or PICU

Include pertinent physical exam at time of admission/or transfer

HOSPITAL COURSE BY SYSTEMS WITH PLAN:

AB:

CV:

FEN/GI/GU:

HEME/ID:

NEURO:

SOCIAL:

****Incorporate consultations, complications, outstanding medical/social issues**

****Proposed management plan and anticipated problems and suggested interventions**

****Key findings, procedures, test results should be incorporated into hospital course (Include key dates)**

PHYSICAL EXAM AT TIME OF DISCHARGE/TRANSFER – Pertinent exam and D/C weight is useful along with brief functional and cognitive function (walking with walker, mental status baseline of ____)

PERTINENT LABS: should have been noted in hospital course

PERTINANT IMAGING: should have been noted in hospital course

PROCEDURES DURING HOSPITALIZATIONS: should have been noted in hospital course

PENDING LABS:

DISCHARGE MEDICATIONS: Explicitly state those that are started, stopped, changed, or to be continued

DISCHARGE INSTRUCTIONS: Diet, Activity Restrictions and Return Precautions

FOLLOW UP: Primary Care Physician, Consultant, Therapy follow-ups

Grading:

Student clinical performance is based on the sub-internship director's judgment as to whether the student honors, passes, or fails to meet expectations on each of 8 competencies described above, as stated by the PLFSOM discipline performance rubric. The final clinical performance assessment is conducted at the end of the rotation based on the student's level of performance at that point in time.

Possible Final Grades are Honors, Pass, Fails, and Incomplete. A student who fails Professionalism may be receive a Pass or a Fail overall at the discretion of the course director, regardless of the scores on all other items. Overall grade is based on the assessment in each of the 8 competencies:

- **Honors**, if all of the following are true:
 - Minimum of 4 of the 8 individual competencies rated as "Honors" on the final clerkship evaluation
 - No individual competency rated as "needs improvement" on the final assessment.
- **Pass** if all of the following are true:
 - Minimum of 6 of the 8 individual competencies rated as "Honors" or "Pass" on the final clerkship evaluation
 - No more than 2 individual competencies rated as "needs improvement" on the final clerkship assessment
 - Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the final clerkship evaluation.

- A **failing** clinical assessment is assigned if **any** of the following are true.
 - 3 or more individual competencies rated as “needs improvement” on the final clerkship assessment
 - Professionalism concern deemed by the course director significant enough to warrant a Fail on the final evaluation.
- An **incomplete** grade will be assigned any student who has not completed required assignments, or who has not fulfilled all clinical experience obligations, pending completion of the required work.

Components

1. Clinical Performance
2. Documentation
 - a) Individualized Learning Plan
 - b) Admission History and Physical Examinations, and daily progress notes (SOAP notes), evaluated by the direct supervising faculty and reviewed by course director.
 - c) Two discharge summary at the End of rotation evaluated by the course director.
 - d) Discharge mock prescriptions (2 sets) evaluated by the course director.
 - e) Admission order sets (2) evaluated by the course director.
 - f) Attending daily residents’ Morning reports and 1 hour of Wednesday resident lecture.
 - g) Evaluations from Interns, seniors, and faculty reviewed by course director.

Pass vs. Honors Examples

Pass	Honors
Average fund of knowledge	Above average fund of knowledge
Does what they are told to do.	Proactive and takes the initiative and has the foresight to be helpful and guide self-learning.
Asks basic questions.	Asks next level questions showing that they have read.
Presents a thorough and clear history and physical.	Presents a thorough, clear, organized, focused history and physical with several ordered differential diagnosis including interpretation of labs.
Presents patients well.	Presents patients well, organized and with some literature to support your treatment recommendations.
“I’m here because I have to be here” attitude.	“I want to learn and take care of patients” attitude.

Op-Log

These are the standard cases that need to be seen by MS4 during Peds sub-I rotation. Students are required to submit an op-log at least once a week for each patient they have seen during the 4 week rotation, a minimum of a total 20 standard cases with the patient conditions noted below. Minimum op-log volume of 20 cases is required to pass the rotation. Additional case presentations will be presented to the Clerkship Director by the end of the rotation if this requirement is not met.

Patient Condition Expectations

- | | |
|--|----------------------------------|
| 1) Abdominal Pain | 11) Nausea and Vomiting |
| 2) Renal abnormalities | 12) Altered Mental Status |
| 3) Cardiac abnormalities | 13) Glycemic Control |
| 4) Chest Pain | 14) Shock |
| 5) Fever | 15) Drug Toxicity |
| 6) Post-operative care | 16) Musculoskeletal symptoms |
| 7) Electrolyte Disorders | 17) Pediatric diagnostic imaging |
| 8) Pain Management | 18) Pediatric pathology |
| 9) Respiratory Distress | |
| 10) Seizures and other neurological symptoms | |

****Please inform clerkship director if any of these conditions are not observed. Reading material will be provided and reviewed with supervising faculty.**

Sub-I Sample Schedule

EPCH MSIV SUB - I Calendar								Weekly Duty Hours
Sample Month								
SHIFT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	29	1	2	3	4	5	6	A=52
8:30 am-8:30pm	A	B	A		A	B		
8:30 am-4:30pm	B	A	B	A	B		B	
Comments	Morning Report		ILP due	Morning Report				B=72
8:00pm-10am			Grand Rounds					
	7	8	9	10	11	12	13	A=72
8:30 am-8:30pm	A	B	A	B	B	A		
8:30 am-4:30pm		A	B		A		A	
Comments	Morning Report		Assignments due	Morning Report	Op Log due	Mid-Rotation Eval		B=52
8:00pm-10am								
	14	15	16	17	18	19	20	A=70
8:30 am-8:30pm	B		B		B			
8:30 am-4:30pm		B		B		B		
Comments			Grand Rounds					B=72
8:00pm-10am		A	A	A	A	A		
	21	22	23	24	25	26	27	A=48
8:30 am-8:30pm	A		A					
8:30 am-4:30pm		A		A	A			
Comments			Assignments due		Op Log due			B=72
8:00pm-10am	B	B	B	B	Final Eval			A=252
								B=252

Absences in the Fourth Year

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

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

Notification of Absence

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

Additional Resources (Partial List, continues to expand)

Electronic Resources

1. Podcast resource: Pedscases.com: Pediatrics for Medical Students FREE
2. UChicago Pediatrics Handbook, downloadable reader. FREE with sign up
<https://www.agilemd.com/library#details/5452a195dc6f053722004ce4>
3. Pediatric Physical Exam: TTUHSC Library Online: Bates' Visual Guide to Physical Examination -> Videos -> Head-to-Toe Assessment: Infants and Child
4. Developmental Milestones Resource <http://www.med-u.org/the-library/developmental-milestones>
5. Pediatric Neuro Exam: http://library.med.utah.edu/pedineurologicexam/html/home_exam.html
6. Cardiac Auscultation Resource: <http://www.med.ucla.edu/wilkes/inex.htm>
7. ECG modules: <https://ecg.bidmc.harvard.edu/maven/mavenmain.asp>
8. AAP Guideline Search:
[http://www.aappublications.org/search/numresults%3A10%20sort%3Arelevance-rank%20format_result%3Astandard?facet\[series-name\]\[0\]=Clinical%20Practice%20Guideline](http://www.aappublications.org/search/numresults%3A10%20sort%3Arelevance-rank%20format_result%3Astandard?facet[series-name][0]=Clinical%20Practice%20Guideline)
9. National Guideline Clearinghouse

Suggested Reading Topics

1. AAP Bronchiolitis Guidelines: <http://pediatrics.aappublications.org/content/134/5/e1474>
2. AAP Sinusitis Guidelines: <http://pediatrics.aappublications.org/content/132/1/e262>
3. AAP Acute Otitis Media: <http://pediatrics.aappublications.org/content/131/3/e964>
4. AAP UTI: <http://pediatrics.aappublications.org/content/128/3/595>
5. AAP Febrile Seizures: <http://pediatrics.aappublications.org/content/127/2/389>
6. Neonatal Jaundice and Breastfeeding by Maria Fernanda B. de Almeida, MD, FAAP and Cecilia Maria Draque, MD
7. Core Concepts: Bilirubin Metabolism by Thor Willy Ruud Hansen, MD, PhD
8. Kawasaki Disease: <http://pediatrics.aappublications.org/content/114/6/1708.full.pdf+html>
9. IPASS: <http://pediatrics.aappublications.org/content/129/2/201.full>

Modules

1. Who needs a urinalysis module https://pediatricsclerkshipblog.stanford.edu/wp-content/uploads/2014/07/Urinalysis-ID-module_6.11.14.pdf
2. Respiratory Viral PCR Module <https://pediatricsclerkshipblog.stanford.edu/wp-content/uploads/2014/07/Respiratory-Virus-PCR-reduced.pdf> (note EPCH does not currently use noted panel but still educational)
3. Pharyngitis Module <https://pediatricsclerkshipblog.stanford.edu/wp-content/uploads/2014/07/Pharyngitis-module-6.11.14.pdf>

4. Osteo-Septic Arthritis module <https://pediatricsclerkshipblog.stanford.edu/wp-content/uploads/2014/07/Osteo-Septic-arthritis-6.14.pdf>

Procedure videos

1. Otoscope use and cerumen removal NEJM video
2. Lumbar Puncture NEJM video

Pediatric Journal Recommendations

1. Pediatrics
2. Pediatrics in Review
3. NeoReviews
4. NEJM
5. Pediatric Infectious Disease Journal
6. Journal of Pediatrics
7. JAMA

Pediatric Book Recommendations

1. Harriet Lane Handbook: A Manual for Pediatric House Officers
2. AAP Red Book
3. Caring for the Hospitalized Child – A handbook of Inpatient Pediatrics
4. Nelsons Textbook of Pediatrics
5. Comprehensive Pediatric Hospital Medicine
6. The Philadelphia Guide Inpatient Pediatrics
7. Texas Children's Hospital Handbook of Pediatrics and Neonatology
8. Pocket Pediatrics

Pediatric Calculator Recommendations

1. BiliTool <http://bilitool.org>
2. Glucose Infusion Rate <http://www-users.med.cornell.edu/~spon/picu/calc/glucinfr.htm>

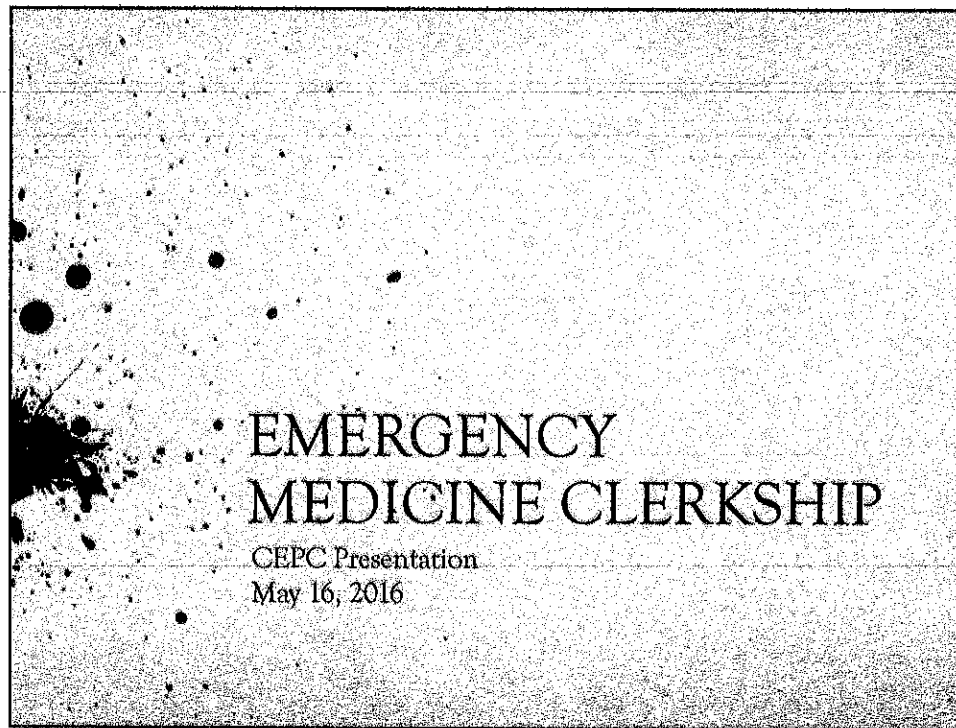
Genetics References (access available through TTUHSC library)

1. GeneReview NCBI
2. Gene Tests (NCBI)
3. Genetics Home Reference (NIH)
4. OMIM: Inherited Disease (NCBI)

Growth Charts - CDC <http://www.cdc.gov/growthcharts/>

References

- 1- PLFSOM Institutional Learning goals and Objectives, by the PLFSOM Curriculum and educational Policy committee, March 9, 2015.
- 2- Common Clerkship requirements, Office of Medical Education, TTUHSC, El Paso, PLFSOM 2016.
- 3- Core Entrustable Professional Activities for Entering residency, curriculum developer's Guide, Association of American Medical colleges (AAMC), version 1.0, 2014.
- 4- Core Medicine clerkship curriculum Guide, A Resource for Teachers and Learners, Version 3.0, 2006.
- 5- IM and FM sub-I syllabus 2016.
- 6- Stanford Pediatric Clerkship Observation tool
<http://med.stanford.edu/pediatricsclerkship/subinternship.html>



Objectives

- Integrate and apply what has been learned in years 1-3
 - Patient care
 - Knowledge for Practice
 - PBL
 - ICS
 - Professionalism
 - SBP
 - Inter-professional Collaboration
 - Personal and Professional Development
- Basic emergency medical concepts

EM Clerkship

- 4 weeks, required for all PLFSOM MS4 students
- 98 hours in the ED (3-8hr shifts/week)
 - UMC, EPCH, Las Palmas, Del Sol MC
- 8 hours ambulance ride-out (SBP)
- 2 hours at the 911 dispatch center (SBP)
- 4 hours at poison center (SBP)
- Curriculum is based on the 2010 national curriculum guidelines for EM clerkships

Manthey DE et al. Emergency Medicine Clerkship Curriculum: An Update and Revision. Acad Emerg Med 2010; 17:638-643

Educational Adjuncts

- SIM center (Nursing school, 2nd floor)
 - One afternoon with task trainers
 - Lumbar puncture, central venous catheter placement, tube thoracostomy, intraosseous access, adult and pediatric airway stations
 - One afternoon with three simulated cases (ICS)
 - One afternoon joining our residents for their simulations

Educational Adjuncts

- Didactics
 - Role of the ED in the US
 - Affordable Care Act
 - Orthopedics
 - Toxicology
 - Weekly resident conference
 - Disaster preparedness
- Ultrasound workshop

Educational Adjuncts

- Recommended reading
 - 13 chapters
- Written assignments
 - Turn in an H&P
- Clinical question presentation (PBL, PPD)
- Procedure checklist
 - 5 IVs, 2 urinary catheterizations, (optional one NG tube)

Vertical Integration



Clinical Presentations covered from years 1-2

- Wounds
- Fractures-dislocations
- Chest discomfort
- Shock
- Dyspnea
- Syncope
- Abdominal pain
- GI bleeding
- Disorders of thyroid
- Diabetes and obesity
- Delirium, stupor, coma
- Seizure
- Headache

Vertical Integration

- Clinical schemes
 - Laminated schemes available in ED
 - Students instructed to review schemes before educational activities
 - Schemes reviewed after medical simulations

Assessment

- Clinical Evaluations
- Mid-rotation assessment
- Written and oral assignments
- NBME shelf exam

Grading 2014-15

- 79 students
 - 26 honors (33%)
 - 53 pass (5 students who honored NBME)
 - 1 out of 6 students who honored the NBME
 - All students passed NBME on first attempt

Grading 2015-16

- 74 students (*Pending finals for 7 MS's*)
 - 34 honors (39%)
 - 40 pass (5 students who honored NBME)
 - 1 out of 8 students who honored the NBME
 - All students passed NBME on first attempt

Final Grade - Honors

- Honors
 - 60th percentile on NBME with no "needs improvement" grade for any of the 8 categories on final course evaluation and minimum 4 of 8 at honors level as outlined in Common Clerkship Requirements
- Honors additional requirements
 - All course assignments above average and on time
 - Minimum 60 op-log entries
 - Model of professional behavior
 - Never late, always ready to start on time
 - Actively involved in educational activities (no facebook, texting, etc. during educational activities)

Final Grade - PASS

- 6th percentile or better on NBME final exam, first or second attempt
- All assignments completed to the satisfaction of the course director
- Any remedial/repeat requirements completed
- No unexcused absences
 - Excused absences beyond maximum allowance made up
- Minimum 30 op-log entries
- Clinical evaluations must meet a minimum standard of
 - Professional behavior
 - Patient evaluation and management skills

Incorporating Student Feedback

- More SIM cases
 - Added an additional case
- EMS ride-out/911 Dispatch may not be beneficial for all students
 - Hour for hour trade with time in the ED

Student Evaluations of Course

- Course unanimously viewed as a valuable learning experience
- Ranked first out of the 8 required clerkships by our recent graduates in terms of overall "quality of the educational experience" - AAMC survey of PLFSOM graduating students 2014-15

R11

Future Challenges

- Additional clinical sites
 - Del Sol Medical Center

Slide 16

RI1 Rascon, Ida, 5/16/2016

EMERGENCY MEDICINE SYLLABUS REVIEW

MAY 2016

OVERALL

- Syllabus is concise, detailed, well-organized.
- Reviewers are sending comments and suggestions to Dr. Parsa. Most are suggestions for tweaks rather than sweeping changes.

STRENGTHS

- The goals and objectives of the clerkship are stated clearly.
 - Should be modified/updated to more closely parallel the Educational Program Goals and Objectives
- Syllabus clearly lays out what is required for Honors and Passing.
 - Typo on passing NBME score.
- Correlation of Clinical Presentations seen in Years 1-2 with what is expected in clerkship.

SUGGESTIONS FOR IMPROVEMENT

- Provide a calendar of activities. Specify when/where lectures occur.
- Summarize the Required versus Optional activities, perhaps by making a checklist(s), placed either before or after the detailed explanation of the clerkship activities.
- Clarify whether specific patient conditions are required to be reported and/or studied
- List locations for 911 and Poison control experiences

Reviewer Name: Thomas R. Gest

Date of Review: 05/13/16

Clerkship Name: Emergency Medicine

Exceptional			Acceptable	Unacceptable	Missing
Contacts	Identifies: clerkship director, block directors, and coordinator. Provides phone numbers and email addresses. Indicates office location and hours. Provides emergency contact information.	Identifies: clerkship director, block directors and coordinator. Provides phone numbers and email addresses.	Identifies clerkship director, block directors and coordinator but does not provide complete contact information.		
Clerkship description	Clerkship content, instructional methods and behavioral expectations, including what students should bring to activities, are clearly stated so students know what to expect and what is expected of them	Clerkship content, instructional methods and behavioral expectations are clearly stated.	Teaching methods, content, and/or behavioral expectations are confusing or difficult to follow.		Not much detail on instructoral methods
Clerkship Objectives	Indicates where students can find block/clerkship week/activity specific objectives and shows how they meet the institutional objectives. These function as a conceptual map for the students to see how the material relates to institutional objectives	Lists the institutional objectives that the clerkship will meet and describes how clerkship meets these objectives	Lists institutional objectives but does not describe how the clerkship meets them		
Assessment	Student can clearly tell what tests and other assignments are used for assessment. Descriptions and instructions for assignments makes it easy for the student to understand how to complete the required assignments.	Student can clearly tell what tests and other assignments are used for assessment. Grading criteria are present but not detailed. How and where to turn in assignments may be vague.	Tests and assignments are indicated but there is not sufficient detail for a student to know when they are due, how they will be assessed, and/or where and how to submit them.		The difference between Honors and Pass is not clear.
Missed Events		Clearly identifies policies for making up missed activities and tests if there are any requirements in addition to the Common Clerkship Policies.	Criteria for making up missed tests and assignments is vague.		
Grading Policy (in addition to Common		Clearly indicates the threshold for honors/pass/fail, if any, in addition to honors/pass/fail criteria not identified.	honors/pass/fail criteria not identified.		

			Acceptable	Unacceptable	Missing
Clerkship Policies)			those outlined in the common clerkship policies.		
Student Performance Objectives	Students can readily identify what constitutes success. Grading rubrics are attached to the syllabus.	Expectations for academic performance are stated in the syllabus, but what students must do to be successful is not always clear.	Expectations for academic performance are stated in the syllabus, but what students must do to be successful is not always clear.	Expectations for academic performance are so vaguely worded it is difficult to determine exactly what a student must do in order to succeed in this clerkship.	
Patient Condition Expectations	Explicitly specifies the types of patient conditions students are expected to encounter as part of the clerkship; specifies alternative ways of meeting expectation if required conditions are not available during the time the student is completing the rotation (e.g., computerized cases, simulations, required reading). Specifies who to contact if student is concerned s/he is not going to meet the requirements.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship; provides information about what to do if a required condition is not encountered during the clerkship.		Specifies the types of patient conditions students are expected to encounter as part of the clerkship.	What to do if a particular type of patient is not seen is not spelled out.
Op-log Expectations	Clearly indicates expectations and policies regarding the recording of clinical encounters in the on-line patient encounter system (Op-Log); specifies expected minimum number of entries. Indicates that Op-log entries will be reviewed as part of the mid-block formative assessment and at the end of the clerkship.	Clearly identifies the minimum expected patient encounter recording requirements by presentation or other category.		Identifies minimum number of op-log patients but does not clarify expectations about presentation or other categorizing detail	Does not mention the expectation of categories.
Required, Expected, and Optional Events	Syllabus clearly identifies which events are required, expected, and optional with explanations that will help students decide to attend.	Syllabus clearly identifies what events are required, expected, and optional		It is difficult to identify which events are required or optional	Required and Optional should be stated for each event.
Mid-Clerkship Review	Describes the mid-clerkship review in detail. Student will know what to expect from the review, who will conduct it, and how s/he will find the logistical	Clearly indicates that there is a mid-clerkship review during the 8th week. Indicates who will conduct it and how the student will know when s/he is scheduled.		Identifies that there will be a mid-clerkship review but provides no explanation.	

Exceptional		Acceptable	Unacceptable	Missing
details for his/her scheduled review.				
Calendar of Clerkship Events	There is "view from the moon" calendar identifying the general topics by week or other relevant time unit	Syllabus prominently includes a general calendar for the clerkship.	The calendar is present but is either inaccurate or obscured by the formatting of the syllabus.	No detailed calendar is provided.
Clerkship Location(s)	Clearly identifies all locations. When locations are not on campus, provides map or links to maps. In the event that locations vary by individual, provides the individual with information on how to get maps if needed.	Clearly identifies where instruction takes place for all events.	Location information is vague	Detailed address and room number, where appropriate, is not provided.
Readings	Reading list identifies required readings by author, title, page numbers and links to electronic media if appropriate. Materials are all identified at the beginning of the semester.	Identifies readings by author, title, page numbers and links to electronic media if appropriate. Clearly indicates which are required. If not available at the beginning of clerkship, indicates when materials will be available.	Identifies required reading but does not provide page numbers, links and is otherwise vague, making it difficult to find the material.	
Professionalism expectations	Identifies specific professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism, discusses why they are important, gives examples, and encourages students to reflect on professionalism.	Identifies professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism.	Includes an expectation of professionalism but discussion is vague or missing relevant elements.	
Layout	The syllabus is exceptionally attractive and usable. White space, graphic elements, and/or alignment organize the material so that it is easy to find specific information. Is a useful tool and appears that the instructors expect the student to use it.	The formatting and design of the syllabus makes it easy to read, but it is not always easy to find information.	May appear busy or boring. Although important elements are present, it is hard to find specific information or details	

Does the clerkship utilize multiple instructional sites? If so, assess — are comparability issues apparent from the syllabus or clerkship description?

Comments/Questions to Ask Clerkship Director(s)

Should the references to "Institutional Learning Objectives" be changed to "Education Program Goals and Objectives"? Should the EM goals be more in line with the EPGO's?

Concerning Conference attendance, shouldn't it be simplified to read something like: "The MS is excused from conference attendance if she/he works Thursday night.", or is there a mistake in that clause?

Within the Clinical Questions Presentation, change "it's" to "its"

Under Test Questions, it should probably say "Once answered, each question has a detailed explanation that provides a great way to study." rather than "... detailed answer ..."

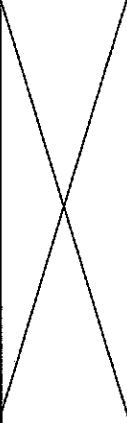
Could a summary of EM clerkship requirements be listed at the end?

Reviewer Name: Cynthia Perry

Date of Review: 5/15/16

Clerkship Name: EM

Exceptional		Acceptable	Unacceptable	Missing
Contacts	Identifies: clerkship director, block directors, and coordinator. Provides phone numbers and email addresses. Indicates office location and hours. Provides emergency contact information.	Identifies: clerkship director, block directors and coordinator. Provides phone numbers and email addresses.	Identifies clerkship director, block directors and coordinator but does not provide complete contact information.	Office locations missing
Clerkship description	Clerkship content, instructional methods and behavioral expectations, including what students should bring to activities, are clearly stated so students know what to expect and what is expected of them	Clerkship content, instructional methods and behavioral expectations are clearly stated.	Teaching methods, content, and/or behavioral expectations are confusing or difficult to follow.	
Clerkship Objectives	Indicates where students can find block/clerkship week/activity specific objectives and shows how they meet the institutional objectives. These function as a conceptual map for the students to see how the material relates to institutional objectives	Lists the institutional objectives that the clerkship will meet and describes how clerkship meets these objectives	Lists institutional objectives but does not describe how the clerkship meets them	Suggest to revise goals to begin with "To prepare/develop students..."
Assessment	Student can clearly tell what tests and other assignments are used for assessment. Descriptions and instructions for assignments makes it easy for the student to understand how to complete the required assignments.	Student can clearly tell what tests and other assignments are used for assessment. Grading criteria are present but not detailed. How and where to turn in assignments may be vague.	Tests and assignments are indicated but there is not sufficient detail for a student to know when they are due, how they will be assessed, and/or where and how to submit them.	Unclear what written assignments will be given. Please add evaluation forms used for CQP
Missed Events	Criteria for making up missed tests and assignments is vague.			

Exceptional		Acceptable	Unacceptable	Missing
Grading Policy (in addition to Common Clerkship Policies)		Clearly indicates the threshold for honors/pass/fail, if any, in addition to those outlined in the common clerkship policies.	honors/pass/fail criteria not identified.	
Student Performance Objectives	Students can readily identify what constitutes success. Grading rubrics are attached to the syllabus.	Expectations for academic performance are stated in the syllabus, but what students must do to be successful is not always clear.	Expectations for academic performance are so vaguely worded it is difficult to determine exactly what a student must do in order to succeed in this clerkship.	
Patient Condition Expectations	Explicitly specifies the types of patient conditions students are expected to encounter as part of the clerkship; specifies alternative ways of meeting expectation if required conditions are not available during the time the student is completing the rotation (e.g., computerized cases, simulations, required reading). Specifies who to contact if student is concerned s/he is not going to meet the requirements.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship; provides information about what to do if a required condition is not encountered during the clerkship.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship.	Are specific categories of patient conditions required to be covered in OP Logs? How do you ensure/document that MSs are seeing a variety of conditions?
Op-log Expectations	Clearly indicates expectations and policies regarding the recording of clinical encounters in the on-line patient encounter system (Op-Log); specifies expected minimum number of entries. Indicates that Op-log entries will be reviewed as part of the mid-block formative assessment and at the end of the clerkship.	Clearly identifies the minimum expected patient encounter recording requirements by presentation or other category.	Identifies minimum number of op-log patients but does not clarify expectations about presentation or other categorizing detail	
Required, Expected, and Optional Events	Syllabus clearly identifies which events are required, expected, and optional with explanations that will help students decide to attend.	Syllabus clearly identifies what events are required, expected, and optional	It is difficult to identify which events are required or optional	Could List Optional vs required activities
Mid-Clerkship Review	Describes the mid-clerkship review in detail. Student will know what to expect from the	Clearly indicates that there is a mid-clerkship review during the 8th week. Indicates who will conduct it and how	Identifies that there will be a mid-clerkship review but provides no explanation.	

Exceptional		Acceptable	Unacceptable	Missing
	review, who will conduct it, and how s/he will find the logistical details for his/her scheduled review.	the student will know when s/he is scheduled.		
Calendar of Clerkship Events	There is "view from the moon" calendar identifying the general topics by week or other relevant time unit	Syllabus prominently includes a general calendar for the clerkship.	The calendar is present but is either inaccurate or obscured by the formatting of the syllabus.	Provide a list of lectures w/ topic & schedule
Clerkship Location(s)	Clearly identifies all locations. When locations are not on campus, provides map or links to maps. In the event that locations vary by individual, provides the individual with information on how to get maps if needed.	Clearly identifies where instruction takes place for all events.	Location information is vague	
Readings	Reading list identifies required readings by author, title, page numbers and links to electronic media if appropriate. Materials are all identified at the beginning of the semester.	Identifies readings by author, title, page numbers and links to electronic media if appropriate. Clearly indicates which are required. If not available at the beginning of clerkship, indicates when materials will be available.	Identifies required reading but does not provide page numbers, links and is otherwise vague, making it difficult to find the material.	
Professionalism expectations	Identifies specific professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism.	Identifies professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism.	Includes an expectation of professionalism but discussion is vague or missing relevant elements.	
Layout	The syllabus is exceptionally attractive and usable. White space, graphic elements, and/or alignment organize the material so that it is easy to find specific information. Is a useful tool and appears that the instructors expect the student to use it.	The formatting and design of the syllabus makes it easy to read, but it is not always easy to find information.	May appear busy or boring. Although important elements are present, it is hard to find specific information or details	

Does the clerkship utilize multiple instructional sites? If so, assess – are comparability issues apparent from the syllabus or clerkship description?

Yes it does but no issues with comparability are apparent and alternative opportunities are provided.

Comments/Questions to Ask Clerkship Director(s):

-Please clarify meaning of last sentence of introductory paragraph regarding use of student assignments for anonymous research. Is this statement necessary? If student assignments and/or assessments will be used for research purposes this will presumably be covered with an IRB and require consent if needed so this statement seems unnecessary.

-Have any issues arisen regarding students turning in own Clinical Evaluations? Is there a way to do this electronically directly from evaluating faculty rather than the MS turning it in themselves?

NEUROLOGY SYLLABUS

2016-2017

Clerkship director:
Darine Kasar, MD

Clerkship
coordinator:
Marcela Guerrero

NEUROLOGY ROTATION

■ Location:

■ UMC (inpatient)/ TTUHSC- Neurology clinic (outpatient)

■ WBH with Dr. Scully (only 2 students will be sent there for the 4 weeks period, but they will be attending lectures at TTUHSC).

Rotation Calendar

Monday	Tuesday	Wednesday	Thursday	Friday
Orientation 9:00 am – 9:30 am	Lecture Neurological PE 12:00-1:00		Lectures 1:00 to 5:00	
Neuroimaging Case Conference 7:45 am – 8:45 am AEC 2nd Floor, Rm 211	Simulation Center 1:00 pm – 3:00 pm MEB Simulation Center 3:00 pm-5:00 pm Simulation Angiogram Lecture	Lectures 1:00 to 5:00	Journal Club (encouraged to attend)	
Neuroimaging Case Conference 7:45 am – 8:45 am AEC 2nd Floor, Rm 211	NBME Study Session 1:00 pm – 3:00 pm	Lectures 1:00 to 5:00		
Neuroimaging Case Conference 7:45 am – 8:45 am AEC 2nd Floor, Rm 211			22	NBME 8:30 am – 11:30 am MEB

All activities are mandatory

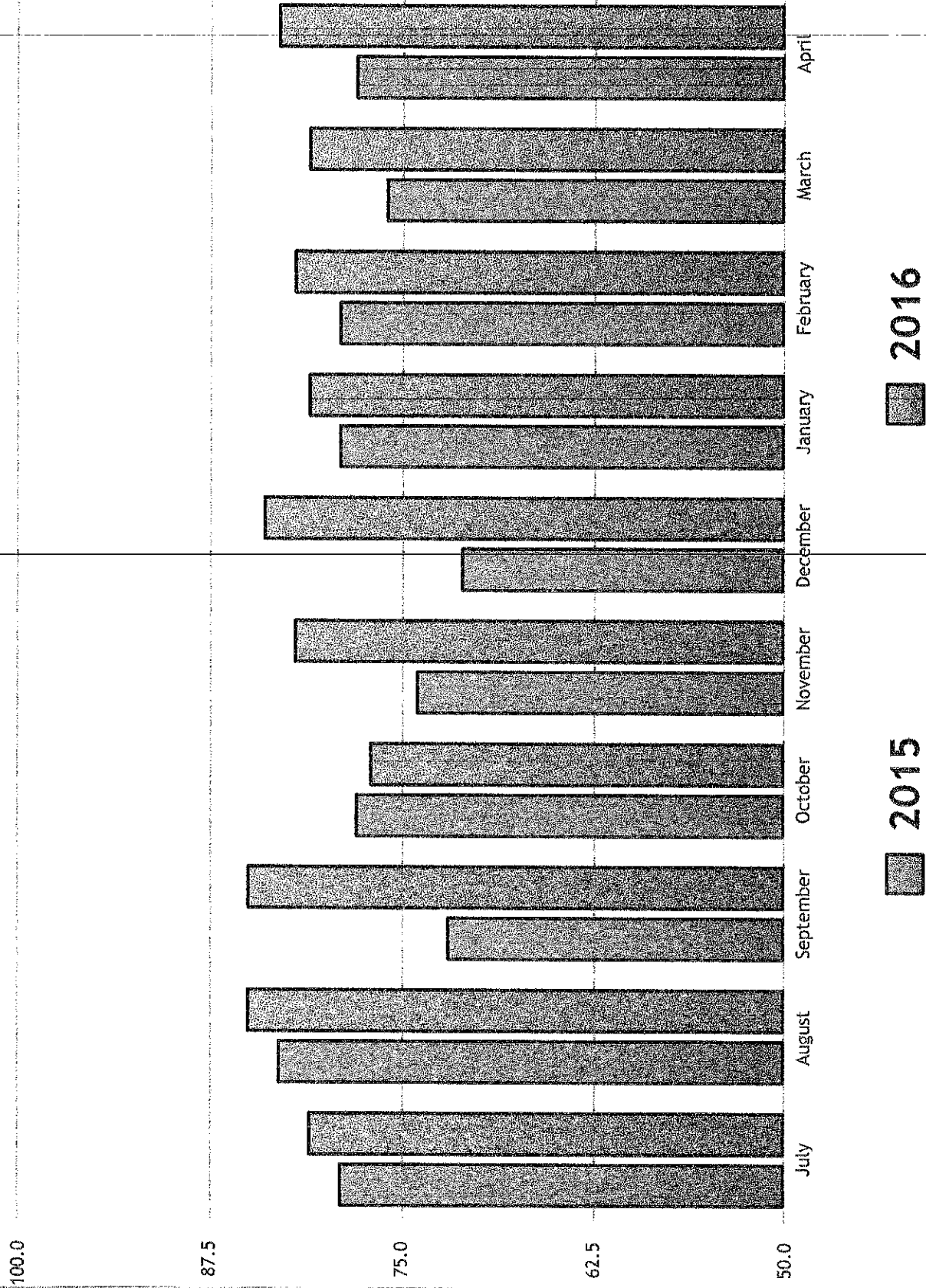
EVALUATIONS

- 2 Mid-evaluation forms will be provided to at least 2 faculty/resident/NP working with the student in each 2 weeks period.
- Those 2 mid-evaluations will be averaged by the clerkship director and an evaluation will be provided for the mid-rotation and at the end of the rotation.
- The mid-evaluation and the final evaluation forms were updated this year (Please review them as they are attached to the syllabus provided).

ABSENCES

■ Given that there is a tendency for students to be “call-in sick” in the last week of the rotation, I will request to have a doctor note even for 1 day of absence in the last week. Is that approved? or allowed?

Neurology NBME 2015/2016 Comparison Average Scores



2016, was very good year except for 1 failure after 2 failed NBME testing

■ If any suggestions, I will be happy to do any modification needed.

■ If any questions, please email me and I will answer them.

■ I apologize for my absence.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School of Medicine
Department of Neurology

Neurology Mid-Evaluation

STUDENT'S NAME: _____

EVALUATOR'S NAME: _____

INPATIENT OR OUTPATIENT (CIRCLE ONE)

DATES OF ROTATION: _____

DATE OF ASSESSMENT: _____

Score = [0=cannot assess, 1=Needs Improvement, 3=Pass, 4=Hon-
ors]

PATIENT CARE AND PROCEDURAL SKILLS

	Cannot Assess	Needs Improvement	Pass
Honors			
Completes appropriate history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addresses patient's agenda	<input type="radio"/>	<input type="radio"/>	
Exam is appropriate in scope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independently performs exam with proper technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies pertinent physical findings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Develops a treatment plan,

☐ ☐ ☐

Incorporating biophysical issues,
appropriate to the patient.

Appropriately documents findings

☐ ☐

Final Score

☐ ☐ ☐

MEDICAL KNOWLEDGE

Cannot Assess Needs Improvement

Pass Honors

Can independently apply knowledge

☐ ☐ ☐ ☐

INTERPERSONAL AND COMMUNICATION SKILLS

Communicates clearly with patients, families etc.

☐ ☐

Presentations to Faculty or residents are organized

☐ ☐ ☐

Final Score

☐ ☐

PRACTICE-BASED LEARNING AND IMPROVEMENT

Demonstrates knowledge or current peer-reviewed

☐ ☐ ☐

Literature in relation to patient management

Takes initiative in increasing clinical knowledge and

☐ ☐

Skills

Final Score

☐ ☐

☐ ☐

SYSTEM-BASED PRACTICES

Effectively utilizes medical systems and resources

☐
☐
☐

To benefit patient health

PROFESSIONALISM

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

Recognizes when to take responsibility and

☐☐☐☐

When to seek assistance

Demonstrates flexibility in adjusting to change

☐☐☐

Demonstrates the ability to employ self-

☐☐☐☐

initiated learning strategies when approaching
new challenges, problems, or unfamiliar
situations.

Final Score

☐☐☐☐

OVERALL/SUMMARY

Op-Log - Discuss student's Oplog documentation and any areas where the student does not appear 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

NEUROLOGY SYLLABUS

Janet
Piskurich, PhD
Mark Francis,
MD
Dan Blunk, MD

POSITIVES

- Clear and concise
- Goals and objectives developed internally but linked to national standards
- Throughout the clerkship students will demonstrate (professional behaviors) which are then listed

AREAS OF SOME CONFUSION

- Is the "mini-clerkship in geriatric neurology" a defined experience or the same material repackaged?
- Are the students required to see at least one of each category of conditions listed under medical knowledge?
 - * If so, needs description of what happens if a student does not see all patient diagnoses that are necessary to complete the course

AREAS FOR IMPROVEMENT

- Add that the learning objectives are linked to the Institutional PQOs and define PC, KP, etc.
- Systems-based (consider adding): Identify system problems and suggest solutions
- Needs a sample calendar for activities during the week for a student
- Assigned readings are not well described or add check canvas before lectures for reading assignments
- The rubric for the evaluation of the student's performance by the individual faculty is not included in the syllabus
- Clerkship location is not included
- Listing of faculty and possibly pictures might be nice

COMMENTS - 1

- On page 6: Paragraph after the PERSONAL AND PROFESSIONAL DEVELOPMENT OBJECTIVES seems to deal with Assessment/Evaluation. Is a new heading needed here?
- In the first paragraph on page 9, "students will be assigned texts to cover" seems unacceptable. The is reading mentioned on page 11 but this is "encourage" and no page numbers are given.
- In the second section on page 9, "students either attend ... wherever they are assigned." This may also fall into an unacceptable category because there is no real calendar of events with locations listed (see above). It begs the question: how will the students be assigned to where they are supposed to go?

COMMENTS -2

- In the second section on page 9, "Students will be graded on clinical performance by the attending". This is mentioned again on page 10, as "cumulative faculty inputs" which will be used as for the mid and final evaluations. Is there a rubric for these performance evaluations by attendings/faculty? If so, it should be included.
- Absences and missed events: Is the absence policy the same as the common clerkship policies. In addition, how will the student make up missed events.
- On page 8: Are the following sections needed?
 - The list of topics covered
 - Preparation for teaching

WORDSMITHING

- Please check objectives for correct use of periods.
- Please check that all parentheses are a complete set.
- Page 8, under Dr. Kassir: there is a space before the last bullet point. Is this intentional?
- Page 10, Blackboard is mentioned 2X. However, Blackboard is being changed to Canvas for next year.
- Page 1, #2: "bit" instead of "beat?"
- Page 2, second objective under Patient Care: change "of" to "a."
- Page 3, first bullet under trauma: spell out TBI
- Page 4, 6th bullet under professionalism: Replace coma with period
- Page 10, last bullet under common clerkship: last line: change "a" to "an" or "is needed to be considered for honors."
- Page 9, #2 Is there a neurology ward? Or should it be consultation team

Grading and Promotion Committee Policies and Procedures Proposed revisions 5.10.16

GRADING POLICIES

Promotions Policies & Procedures

1. Introduction

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

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

2. Students covered by this policy

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

3. Responsibilities for monitoring of student progress:

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

4. Responsibilities of the GPC

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

5. Responsibilities of the Dean

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

6. Grading and Promotion Committee

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

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

7. Review of Year 1 and 2 coursework

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

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

a. Semester Review – January of each year

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

- i. If a student has passed all courses satisfactorily – no further discussion.
- ii. If a student is considered "at risk" they will be placed on academic watch level 1 or 2 at the discretion of the committee. (See Academic Standing policy). A proposed learning plan will be devised in order to strengthen identified deficiencies.
Definition of "at risk":
 - a. Incomplete on any semester course due to unit failures
 - a. One unit – Academic Watch level 1
 - b. Two units – Academic Watch level 2
 - b. Course director identifies the student at risk based on performance on given disciplines or low test scores
 - c. College master concern
 - d. Professionalism concern
- iii. Failure of any semester course at the semester placed on Academic warning if repeating the year consideration by committee:
 - a. One semester course failure – consideration for either remediation as recommended by the course director or restarting the year at the next academic year
 - b. Two semester course failures – consideration for restarting the year at the next academic year or dismissal
 - c. Three or four semester course failures –Dismissal

b. Year Review of Progress

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

i. Year 1 students

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

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

c. Year 2 student

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

Important Notes:

Remediation is recommended by the course director and agreed to by the GPC.

Students may be dismissed without academic watch or warning ever being designated.

The GPC may also choose to remove “Good Standing” as a disciplinary action.

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

All courses for the Year 3 and 4 at TTUHSC Paul L. Foster School of Medicine are Honors/Pass/Fail.

Progress of a student will be reviewed by the GPC after each block in the context of all course work, student's professionalism, evidence of progressive improvement and personal circumstances. The GPC may place a student on academic watch or warning or revoke Good Standing if there are concerns regarding professionalism.

a. Grading and Promotion Committee Review for Year 3

If	Then
----	------

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

*** The remedial work will not be counted as elective time in satisfying the conditions for graduation.**

b. Grading and Promotion Committee Review for Year 4

- i. Failure of a required or elective experience in the fourth year – review by GPC for remediation, repeat of year or dismissal.
- ii. Failure of more than one block in year 4 – review for remediation, repeat of the year or dismissal.
- iii. Failure of Step 2 CK or CS on first attempt – no review required by GPC but student must log a pass of CK and CS by May 1 in order to graduate in May.
- iv. Failure of Step 2 CK or CS on the second attempt – discussion by GPC of remediation and delay of graduation.
- v. Failure of Step 2 CK or CS on the third attempt - Dismissal.

9. Transcript notation

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

10. Documentation of Student Academic Performance

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

11. Promotion Policies

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

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

12. General Issues

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

13. Notification of Students with Satisfactory Progress

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

14. Deliberations of GPC

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

15. Dismissal and Appeals Policies

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

or has been deemed by the GPC, for just reason, unfit to continue the study of medicine. The student shall be notified in writing of the action of the GPC.

- b. A student may appeal the decision of the GPC. This appeal must be made to the Dean of the School of Medicine within five (5) business days, must be in writing, and must cite grounds for the appeal. An appeal may only be based on a claim that due process of GPC policies and procedures was not followed.

16. Appeals Procedure

- a. A student shall appeal a decision by the GPC within five (5) business days of notification of the decision by submitting to the Dean through the Associate Dean for Student Affairs a written notice of appeal containing a detailed basis for the request.
- b. The Dean may issue the decision alone or may appoint an Appeals Committee comprised of three members of the senior faculty to determine whether a basis for appeal exists. The Associate Dean for Student Affairs and the Chair of the GPC (or designee) will serve as ex officio members of the Committee.
- c. The Appeals Committee will be convened by the Associate Dean for Student Affairs within five (5) business days after appointment to consider the student's 'appeal.
- d. The student shall notify the Associate Dean for Student Affairs in advance if he/she is to be accompanied by an attorney or other representative. An attorney or representative may appear only in an advisory capacity and may not address the Appeals Committee. Should the student be accompanied by an attorney or representative, the School of Medicine shall be represented by the Office of General Counsel. If necessary, the appeal hearing may be delayed up to **five (5)** business days of the scheduled date if needed to allow personnel from the Office of General Counsel to attend.
- e. The student may present a statement to the Appeals Committee relative to the appeal. Collection of additional information to resolve the issue may be pursued. Both the Appeals Committee and student may call witnesses relevant to resolution of the appeal. Should information or witnesses be either repetitious or not relevant, the Appeals Committee shall take action to expedite the proceedings. At the conclusion of the hearing, the Appeals Committee shall forward its recommendation to the Dean. If the recommendation is not unanimous, a minority view will be appended.
- f. Unless suspended for some justifiable reason, the student shall remain on the class roll and may pursue appropriate course work until the appeal is resolved.
- g. After reviewing the Appeals Committee recommendation (if applicable) the Dean will make a final decision. The decision of the Dean is final. The student and the Chair of the GPC Committee will be notified in writing by the Dean.

17. Policy Regarding USMLE-Step I Exam

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

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

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

19. GPC Role Regarding Allegations of Student Misconduct

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

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

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

Year 3	Student Performance	Committee Action
	Failure of one clerkship: <ul style="list-style-type: none"> a. Fail clinical component OR b. Fail Professional component OR c. Fail 2 attempts at the NBME OR d. Fail 2 attempts at the OSCE Academic Watch Level 1	<ul style="list-style-type: none"> a. One month remediation in the fourth year in that discipline without receiving elective credit OR b. Repeat of third year OR c. Dismissal
	Failure of two clerkship (same definition as above) Academic Watch Level 2 or Academic Warning if repeating the year	<ul style="list-style-type: none"> a. Remediation OR b. Repeat of year OR c. Dismissal
	Failure of the NBME in three different clerkships (on first attempt) Academic Watch Level 2 or Academic Warning if repeating the year	<ul style="list-style-type: none"> a. Remediation OR b. Repeat of the third year OR c. Dismissal
	Failure of three clerkships Academic Warning if Repeating year	<ul style="list-style-type: none"> a. Repeat of third year OR b. Dismissal
	Rating of "Needs Improvement" in the same competency on three or more Clerkship Final assessments Academic Watch Level 2 or Academic Warning if repeating the year	<ul style="list-style-type: none"> a. Remediation OR b. Repeat of third year OR c. Dismissal
	Issues of Professionalism	<ul style="list-style-type: none"> c. a. Dependent on occurrences
Year 4	Student Performance	Committee Action
	Failure of one or more required rotations or electives Academic Watch	<ul style="list-style-type: none"> a. Remediation b. Repeat of year c. Dismissal
	Failure of Step 2 CK or CS on first attempt Academic Watch Level 2	9 No review required by GPC but student must log a pass of CK and CS by May 1 in order to graduate in May.

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

Grading and Promotion Committee Policies and Procedures Final 5.24.16

GRADING POLICIES

Promotions Policies & Procedures

1. Introduction

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

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

2. Students covered by this policy

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

3. Responsibilities for monitoring of student progress:

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

4. Responsibilities of the GPC

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

5. Responsibilities of the Dean

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

6. Grading and Promotion Committee

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

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

7. Review of Year 1 and 2 coursework

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

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

a. Semester Review – January of each year

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

- i. If a student has passed all courses satisfactorily – no further discussion.
- ii. If a student is considered "at risk" they will be placed on academic watch level 1 or 2 at the discretion of the committee. (See Academic Standing policy). A proposed learning plan will be devised in order to strengthen identified deficiencies.
 - Definition of "at risk":
 - a. Incomplete on any semester course:
 - i. One unit – Academic Watch level 1
 - ii. Two units – Academic Watch level 2
 - b. SCI, Medical Skills, Masters' Colloquium
 - i. Academic Watch level 1
 - b. Course director identifies the student at risk based on performance on given disciplines or low test scores
 - c. College master concern
 - d. Professionalism concern
 - iii. Failure of any semester course at the semester placed on Academic warning if repeating the year consideration by committee:
 - a. One semester course failure – consideration for either remediation as recommended by the course director or restarting the year at the next academic year
 - b. Two semester course failures – consideration for restarting the year at the next academic year or dismissal
 - c. Three or four semester course failures –Dismissal

b. Year Review of Progress

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

i. Year 1 students

- a. If a student has passed all courses satisfactorily and passed the CEYE - promotion to second year.
- b. If a student is "at risk" as defined below they will be placed on academic watch and remediation may be required :
 - Incomplete on any semester course (see levels of academic watch above)
 - Course director identifies the student at risk based on performance on given disciplines or low test scores
 - College master concern
 - Professionalism concern

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

Important Notes:

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

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

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

a. Grading and Promotion Committee Review for Year 3

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

*** The remedial work will not be counted as elective time in satisfying the conditions for graduation.**

b. Grading and Promotion Committee Review for Year 4

- i. Failure of a required or elective experience in the fourth year – review by GPC for remediation, repeat of year or dismissal.
- ii. Failure of more than one block in year 4 – review for remediation, repeat of the year or dismissal.
- iii. Failure of Step 2 CK or CS on first attempt – no review required by GPC but student must log a pass of CK and CS by May 1 in order to graduate in May.
- iv. Failure of Step 2 CK or CS on the second attempt – discussion by GPC of remediation and delay of graduation.
- v. Failure of Step 2 CK or CS on the third attempt - Dismissal.

9. Transcript notation

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

10. Documentation of Student Academic Performance

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

11. Promotion Policies

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

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

12. General Issues

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

13. Notification of Students with Satisfactory Progress

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

14. Deliberations of GPC

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

15. Dismissal and Appeals Policies

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

16. Appeals Procedure

- a. A student shall appeal a decision by the GPC within five (5) business days of notification of the decision by submitting to the Dean through the Associate Dean for Student Affairs a written notice of appeal containing a detailed basis for the request.
- b. The Dean may issue the decision alone or may appoint an Appeals Committee comprised of three members of the senior faculty to determine whether a basis for appeal exists. The Associate Dean for Student Affairs and the Chair of the GPC (or designee) will serve as ex officio members of the Committee.
- c. The Appeals Committee will be convened by the Associate Dean for Student Affairs within five (5) business days after appointment to consider the student's appeal.
- d. The student shall notify the Associate Dean for Student Affairs in advance if he/she is to be accompanied by an attorney or other representative. An attorney or representative may appear only in an advisory capacity and may not address the Appeals Committee. Should the student be accompanied by an attorney or representative, the School of Medicine shall be represented by the Office of General Counsel. If necessary, the appeal hearing may be delayed up to **five (5)** business days of the scheduled date if needed to allow personnel from the Office of General Counsel to attend.
- e. The student may present a statement to the Appeals Committee relative to the appeal. Collection of additional information to resolve the issue may be pursued. Both the Appeals Committee and student may call witnesses relevant to resolution of the appeal. Should information or witnesses be either repetitious or not relevant, the Appeals Committee shall take action to expedite the proceedings. At the conclusion of the hearing, the Appeals Committee shall forward its recommendation to the Dean. If the recommendation is not unanimous, a minority view will be appended.
- f. Unless suspended for some justifiable reason, the student shall remain on the class roll and may pursue appropriate course work until the appeal is resolved.
- g. After reviewing the Appeals Committee recommendation (if applicable) the Dean will make a final decision. The decision of the Dean is final. The student and the Chair of the GPC Committee will be notified in writing by the Dean.

17. Policy Regarding USMLE-Step I Exam

- a. In order to become fully licensed to practice medicine in the United States, individuals must have passed all 4 USMLE Step exams – Step 1, Step 2 Clinical Knowledge, Step 2 Clinical Skills, and Step 3. Each state's medical licensing board determines the number of attempts individuals may make at each Step in order to remain eligible for licensure. In Texas individuals are limited to 3 attempts on each Step.
- b. Students are expected to take Step 1 of USMLE prior to the start of Year Three. Students may request a delay in taking Step 1 if they have concerns regarding their readiness to take Step 1 and proceed with Year Three. A written request must be made to the Associate Dean for Student Affairs before the start of their third year.
- c. All students who take the USMLE Step 1 prior to the scheduled start of Year Three will be eligible to start the Year Three clerkship rotations. Passage of USMLE Step 1 is required for students to proceed in Year Three beyond the end of the first clerkship block.
- d. Students who fail USMLE Step 1 on their initial attempt will then be assigned to Independent Study to prepare for and retake Step 1. Students may return to the Year 3 curriculum upon passage of Step 1.

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

Year 3	Student Performance	Committee Action
	<p>Failure of one clerkship:</p> <ul style="list-style-type: none"> a. Fail clinical component OR b. Fail Professional component OR c. Fail 2 attempts at the NBME OR d. Fail 2 attempts at the OSCE <p>Academic Watch Level 1</p>	<ul style="list-style-type: none"> a. One month remediation in the fourth year in that discipline without receiving elective credit OR b. Repeat of third year OR c. Dismissal
	<p>Failure of two clerkship (same definition as above)</p> <p>Academic Watch Level 2 or Academic Warning if repeating the year</p>	<ul style="list-style-type: none"> a. Remediation OR b. Repeat of year OR c. Dismissal
	<p>Failure of the NBME in three different clerkships (on first attempt) Academic Watch Level 2 or Academic Warning if repeating the year</p>	<ul style="list-style-type: none"> a. Remediation OR b. Repeat of the third year OR c. Dismissal
	<p>Failure of three clerkships</p> <p>Academic Warning if Repeating year</p>	<ul style="list-style-type: none"> a. Repeat of third year OR b. Dismissal
	<p>Rating of "Needs Improvement" in the same competency on three or more Clerkship Final assessments</p> <p>Academic Watch Level 2 or Academic Warning if repeating the year</p>	<ul style="list-style-type: none"> a. Remediation OR b. Repeat of third year OR c. Dismissal
	<p>Issues of Professionalism</p>	<ul style="list-style-type: none"> c. a. Dependent on occurrences
Year 4	Student Performance	Committee Action
	<p>Failure of one or more required rotations or electives Academic Watch</p>	<ul style="list-style-type: none"> a. Remediation b. Repeat of year c. Dismissal
	<p>Failure of Step 2 CK or CS on first attempt</p> <p>Academic Watch Level 2</p>	<p>9 No review required by GPC but student must log a pass of CK and CS by May 1 in order to graduate in May.</p>

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



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School *of* Medicine

Common Clerkship Requirements

Office of Medical Education

AY 2016-2017

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Office of Medical Education Contacts (MS3 and MS4)

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

Disability Support Services

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

Attendance Policy

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

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

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

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

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

Absences in the Third Year

During the third year, a student is expected to attend all clinical and didactic activities. If a student will be absent for any activity, they must obtain approval from the Clerkship Director. If the Clerkship Director determines that a student's absence(s) compromises the student's ability to attain the necessary competencies, they may require the student to make up days or complete alternate assignments. If a student is required to make up time, this must be completed during unscheduled time and the hours worked must be in compliance with the duty hour policy.

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

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

Absences in the Fourth Year

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

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

Notification of Absence (Third and Fourth Year)

When a student is going to be absent, they are required to notify: 1) the Clerkship Coordinator BEFORE their shift begins. Acceptable forms of notification are: email (preferred), phone call, or text message. **Please see individual Clerkship Syllabus for Clerkship-specific contact requirements;** 2)The Office of Student Affairs by emailing plfabsence@ttuhsc.edu.

Documentation of Absence (Third and Fourth Year)

If a student is absent:

- **Orientation Day** (MS3 and MS4) is a **Graded Activity**. Therefore a doctor's note on the healthcare provider's letterhead or prescription paper is required if Orientation is missed. The absence is subject to the institution's Missed Graded Activities Policy. Please see the Student Affairs Handbook for more information.
- **More than two consecutive days due to illness:** a doctor's note on the healthcare provider's letterhead or prescription paper is required.
- **When presenting at a national conference:** a copy of the invitation to present and travel itinerary is required.

- **When interviewing for residency (MS4 only):** a copy of the invitation to interview and travel itinerary is required.

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

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

Third Year students who must **remediate** an NBME exam will need to complete the exam before their Fourth Year coursework begins. The schedule for the remediation exam must be approved by the Associate Dean for Student Affairs.

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

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

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

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

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

Clinical Grading Policy

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

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

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

Third and Fourth Year

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

- **Honors**, if all of the following are true:
 - Passes NBME exam, if applicable, at the 60th percentile or above on first attempt
 - Passes OSCE, if applicable, on first attempt
 - Minimum of 4 of the 8 individual competencies rated as "Honors" on the final clerkship evaluation
 - No individual competency rated as "needs improvement" on the final assessment.
- **Pass** if all of the following are true:
 - Passes NBME exam, if applicable, at the 6th percentile or above on the first or second attempt
 - Passes OSCE, if applicable, on first or second attempt
 - Minimum of 6 of the 8 individual competencies rated as pass or better on the final clerkship evaluation
 - No more than 2 individual competencies rated as "needs improvement" on the final clerkship assessment
 - Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the final clerkship evaluation.
- **A failing clinical assessment** is assigned if **any** of the following are true.
 - 3 or more individual competencies rated as "needs improvement" on the final clerkship assessment
 - NBME Exam, if applicable, below the 6th percentile after 2 attempts
 - Failure on final exam (other than NBME), if applicable, after 2 attempts
 - Fail on OSCE, if applicable, after 2 attempts

- Professionalism concern deemed by the course director significant enough to warrant a Fail on the final evaluation.
- If a student receives a final grade of “needs improvement” in the same competency in 3 or more clerkships, they will be referred to the Grading and Promotions Committee (GPC).
- If a student fails 3 NBME’s or 3 OSCE’s within the third year, they will be referred to the Grading and Promotion Committee and a notation will be made on the MSPE (Medical Student Performance Evaluation)

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

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

Referral to Grading and Promotion

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

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

For the Third Year:

If	Then
Failure of one clerkship: <ul style="list-style-type: none">a. Fail clinical component ORb. Fail Professional component ORc. Fail 2 attempts at the NBME ORd. Fail 2 attempts at the OSCE	GPC may recommend: <ul style="list-style-type: none">a. One month remediation in the fourth year in that discipline without receiving elective credit ORb. Repeat of third year ORc. Dismissal
Failure of two clerkship (same definition as above)	GPC may recommend: <ul style="list-style-type: none">a. Remediation ORb. Dismissal
Failure of the NBME in three different clerkships	GPC may recommend: <ul style="list-style-type: none">a. Remediation ORb. Repeat of the third year ORc. Dismissal
Failure of three clerkships	GPC may recommend: <ul style="list-style-type: none">a. Repeat of third year ORb. Dismissal
Rating of “Needs Improvement” in the same competency on three or more Clerkship final assessments	GPC may recommend: <ul style="list-style-type: none">a. Remediation ORb. Repeat of the third year ORc. Dismissal

Op-Log Policy

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

COMMON REQUIREMENTS

Year 3:

1. **End of Year 3 OSCE**
 - a. **Background**
 - i. Cases are designed to elicit a process of history taking and physical examination that demonstrates the examinee’s ability to list and pursue various plausible

diagnoses. Diagnostic reasoning will be evaluated in the note portion of the examination

b. Objective

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

c. Scoring and Grading

- i. The student will receive two sub-scores

1. **Integrated clinical encounter-** consisting of:

- a. Standardized Patient Checklist covering key elements of history and physical examination
- b. SOAP note in the standard USMLE format with a focus on the assessment and plan and organization of the note

2. **Communication and Interpersonal Skills**

- a. Uniform checklist across all cases with focus on fostering the relationship, gathering the information, providing information, helping the patient make decisions, and supporting emotions

- d. Must pass each category (Integrated clinical encounter AND Communication Interpersonal Skills) across all 6 cases

- i. **Minimum passing score 75%**

e. Remediation

- i. If a passing score in either category or both is not achieved, the student will be required to repeat all stations of the examination.
 - ii. If a passing score on either category or both is not achieved on the second attempt, the student will be referred for individual remediation.
 - iii. Successful completion of remediation is required to begin Year 4 coursework.
- f. YOU MUST COMPLETE YEAR 3 BEFORE TAKING USMLE STEP 2 CS.

Year 4:

1. Comprehensive Clinical Sciences Examination (CCSE)

- a. Class of 2017: Each student is **highly encouraged** to take the CCSE at the beginning of Year 4 to determine readiness to take USMLE Step 2 CK.
- b. Class of 2018 and beyond: Each student is **required** to take the CCSE at the beginning of Year 4 to determine readiness to take USMLE Step 2 CK.
- c. The Associate Dean for Student Affairs will discuss with the student if the score is of concern and decide on a plan of action.
- d. YOU MUST COMPLETE YEAR 3 BEFORE TAKING USMLE STEP 2 CK.

2. Procedure Workshop

- a. This is a simulation based curriculum for fourth year medical students in general procedural skills to review and assess competency in the following: Bag-valve-

mask ventilation, adult and infant intubation, venipuncture, IV line placement, NG tube placement, and male and female bladder catheterization.

- b. Each fourth year student is required to complete the pre-work and workshop and to achieve a passing score at each station.
- c. Fourth year students will attend the workshop either during their Sub-Internship or Critical Care rotation.
- d. This is required and students must complete prior to graduation.

3. Critical Care Core Curriculum

- a. This will include a series of online interactive modules with a discussion board that will address core topics that represent foundational knowledge and apply across critical care settings. Examples of topics addressed include: nutritional support in the critical care setting, assisted ventilation and interpretation of arterial blood gases, hemodynamic monitoring, and physiology and common causes of shock.
- b. Completion of modules and quizzes and participation in discussion boards is required.
- c. If modules are not completed by the end of the rotation, the student will receive a grade of incomplete until all modules are completed in a satisfactory manner. Failure to complete these modules by an assigned deadline could result in a professionalism concern.

CME Requirement

The CME Requirement is a prerequisite to graduation!

Purpose/Goals of Requirement:

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

Requirement:

- A minimum of 10 documented Type 1 credits must be completed by March 1 of the MS 4 year;
- Credits must be earned in at least three (3) different disciplines (e.g., Internal Medicine and IM sub-specialties, Surgery and surgical subspecialties, OB-GYN, Pediatrics and pediatric sub-specialties, Psychiatry, Family Medicine, etc.);

- At least 5 of the credits must involve “live” sessions;
- Clerkship required learning activities that “happen” to carry CME credit (e.g., the Lactation Curriculum in OB-GYN) **will not count** toward meeting the CME requirement **except** for Grand Rounds Sessions that have been approved for Type 1 credit by the CME office that students are required to attend as part of a rotation.

Documentation:

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

Duty Hours Policy

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

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

Clerkship Requirements for Reporting Duty Hours

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

Additional Policies

There are a number of policies dictated by the Office of Student Affairs. Students are expected to be familiar with all policies in the Student Affairs Handbook

(<http://el Paso.ttuhsc.edu/fostersom/studentaffairs/SAHandbook2014Revised.pdf>) with special attention paid to the following:

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

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



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School *of* Medicine

Common Clerkship Requirements

Office of Medical Education

AY 2016-2017

Approved 5/16/2016 CEPC

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Office of Medical Education Contacts (MS3 and MS4)

Name	Title	Phone	Email
Richard Brower, MD	Associate Dean for Medical Education	(915) 215-4392 (Barbara Stives)	Richard.Brower@ttuhsc.edu
Maureen Francis, MD	Assistant Dean for Medical Education	(915) 215-4392 (Barbara Stives)	Maureen.Francis@ttuhsc.edu
Lourdes Davis	Course Coordinator, Years 3 & 4	(915) 215-4393	Lourdes.Davis@ttuhsc.edu
John D. Ramirez	Course Coordinator, Year 3	(915) 215-5552	John.d.ramirez@ttuhsc.edu
Rebecca Aranda	Coordinator, Hospital Clerkships	(915) 215-5034 (915) 577-7593	Rebecca.aranda@ttuhsc.edu

Disability Support Services

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

Attendance Policy

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

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

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

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

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

Absences in the Third Year

During the third year, a student is expected to attend all clinical and didactic activities. If a student will be absent for any activity, they must obtain approval from the Clerkship Director. If the Clerkship Director determines that a student's absence(s) compromises the student's ability to attain the necessary competencies, they may require the student to make up days or complete alternate assignments. If a student is required to make up time, this must be completed during unscheduled time and the hours worked must be in compliance with the duty hour policy.

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

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

Absences in the Fourth Year

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

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When a student is going to be absent, they are required to notify: 1) the Clerkship Coordinator BEFORE their shift begins. Acceptable forms of notification are: email (preferred), phone call, or text message. **Please see individual Clerkship Syllabus for Clerkship-specific contact requirements;** 2)The Office of Student Affairs by emailing plfabsence@ttuhsc.edu.

Documentation of Absence (Third and Fourth Year)

If a student is absent:

- **Orientation Day** (MS3 and MS4) is a **Graded Activity**. Therefore a doctor's note on the healthcare provider's letterhead or prescription paper is required if Orientation is missed. The absence is subject to the institution's Missed Graded Activities Policy. Please see the [Student Affairs Handbook](#) for more information.
- **More than two consecutive days due to illness:** a doctor's note on the healthcare provider's letterhead or prescription paper is required.
- **When presenting at a national conference:** a copy of the invitation to present and travel itinerary is required.

- **When interviewing for residency (MS4 only):** a copy of the invitation to interview and travel itinerary is required.

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

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

Third Year students who must **remediate** an NBME exam will need to complete the exam before their Fourth Year coursework begins. The schedule for the remediation exam must be approved by the Associate Dean for Student Affairs.

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

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

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

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

- Friday, July 29
- Friday, August 26
- Friday, September 23
- Tuesday, September 27
- Friday, September 30
- Tuesday, October 21
- Friday, October 28
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- Friday, March 24
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- Thursday, May 16
- Friday, May 19
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- Friday, June 2
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Clinical Grading Policy

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

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

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

Third and Fourth Year

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

- **Honors**, if all of the following are true:
 - Passes NBME exam, if applicable, at the 60th percentile or above on first attempt
 - Passes OSCE, if applicable, on first attempt
 - Minimum of 4 of the 8 individual competencies rated as "Honors" on the final clerkship evaluation
 - No individual competency rated as "needs improvement" on the final assessment.
- **Pass** if all of the following are true:
 - Passes NBME exam, if applicable, at the 6th percentile or above on the first or second attempt
 - Passes OSCE, if applicable, on first or second attempt
 - Minimum of 6 of the 8 individual competencies rated as pass or better on the final clerkship evaluation
 - No more than 2 individual competencies rated as "needs improvement" on the final clerkship assessment
 - Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the final clerkship evaluation.
- **A failing clinical assessment** is assigned if **any** of the following are true.
 - 3 or more individual competencies rated as "needs improvement" on the final clerkship assessment
 - NBME Exam, if applicable, below the 6th percentile after 2 attempts
 - Failure on final exam (other than NBME), if applicable, after 2 attempts
 - Fail on OSCE, if applicable, after 2 attempts

- Professionalism concern deemed by the course director significant enough to warrant a Fail on the final evaluation.
- If a student receives a final grade of “needs improvement” in the same competency in 3 or more clerkships, they will be referred to the Grading and Promotions Committee (GPC).
- If a student fails 3 NBME’s or 3 OSCE’s within the third year, they will be referred to the Grading and Promotion Committee and a notation will be made on the MSPE (Medical Student Performance Evaluation)

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

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

Referral to Grading and Promotion

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

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

For the Third Year:

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

* The remedial work will not be counted as elective time in satisfying the conditions for graduation.

Grading and Promotion Committee Review for Year 4

- i. Failure of a required or elective experience in the fourth year – review by GPC for remediation, repeat of year or dismissal.
- ii. Failure of more than one block in year 4 – review for remediation, repeat of the year or dismissal.
- iii. Failure of Step 2 CK or CS on first attempt – no review required by GPC but student must log a pass of CK and CS by May 1 in order to graduate in May.
- iv. Failure of Step 2 CK or CS on the second attempt – discussion by GPC of remediation and delay of graduation.
- v. Failure of Step 2 CK or CS on the third attempt - Dismissal.

Op-Log Policy

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

COMMON REQUIREMENTS

Year 3:

1. End of Year 3 OSCE

- a. Background
 - i. Cases are designed to elicit a process of history taking and physical examination that demonstrates the examinee's ability to list and pursue various plausible diagnoses. Diagnostic reasoning will be evaluated in the note portion of the examination
- b. Objective
 - i. Ensure competency in history, physical examination and diagnostic reasoning appropriate to the level of the student
- c. Scoring and Grading
 - i. The student will receive two sub-scores
 1. **Integrated clinical encounter-** consisting of:
 - a. Standardized Patient Checklist covering key elements of history and physical examination
 - b. SOAP note in the standard USMLE format with a focus on the assessment and plan and organization of the note
 2. **Communication and Interpersonal Skills**
 - a. Uniform checklist across all cases with focus on fostering the relationship, gathering the information, providing information, helping the patient make decisions, and supporting emotions
- d. Must pass each category (Integrated clinical encounter AND Communication Interpersonal Skills) across all 6 cases
 - i. **Minimum passing score 75%**
- e. Remediation
 - i. If a passing score in either category or both is not achieved, the student will be required to repeat all stations of the examination.
 - ii. If a passing score on either category or both is not achieved on the second attempt, the student will be referred for individual remediation.
 - iii. Successful completion of remediation is required to begin Year 4 coursework.
- f. **YOU MUST COMPLETE YEAR 3 BEFORE TAKING USMLE STEP 2 CS.**

Year 4:

1. Comprehensive Clinical Sciences Examination (CCSE)

- a. Class of 2017: Each student is **highly encouraged** to take the CCSE at the beginning of Year 4 to determine readiness to take USMLE Step 2 CK.

- b. Class of 2018 and beyond: Each student is **required** to take the CCSE at the beginning of Year 4 to determine readiness to take USMLE Step 2 CK.
- c. The Associate Dean for Student Affairs will discuss with the student if the score is of concern and decide on a plan of action.
- d. **YOU MUST COMPLETE YEAR 3 BEFORE TAKING USMLE STEP 2 CK.**

2. Procedure Workshop

- a. This is a simulation based curriculum for fourth year medical students in general procedural skills to review and assess competency in the following: Bag-valve-mask ventilation, adult and infant intubation, venipuncture, IV line placement, NG tube placement, and male and female bladder catheterization.
- b. Each fourth year student is required to complete the pre-work and workshop and to achieve a passing score at each station.
- c. Fourth year students will attend the workshop either during their Sub-Internship or Critical Care rotation.
- d. This is required and students must complete prior to graduation.

3. Critical Care Core Curriculum

- a. This will include a series of online interactive modules with a discussion board that will address core topics that represent foundational knowledge and apply across critical care settings. Examples of topics addressed include: nutritional support in the critical care setting, assisted ventilation and interpretation of arterial blood gases, hemodynamic monitoring, and physiology and common causes of shock.
- b. Completion of modules and quizzes and participation in discussion boards is required.
- c. If modules are not completed by the end of the rotation, the student will receive a grade of incomplete until all modules are completed in a satisfactory manner. Failure to complete these modules by an assigned deadline could result in a professionalism concern.

CME Requirement

The CME Requirement is a prerequisite to graduation!

Purpose/Goals of Requirement:

- Expose students to the full continuum of medical education including Continuing Medical Education;

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

Requirement:

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

Documentation:

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

Duty Hours Policy

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

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

Clerkship Requirements for Reporting Duty Hours

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

Additional Policies

There are a number of policies dictated by the Office of Student Affairs. Students are expected to be familiar with all policies in the Student Affairs Handbook

(<http://el Paso.ttuhsc.edu/fostersom/studentaffairs/SAHandbook2014Revised.pdf>) with special attention paid to the following:

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

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