



Curriculum and Educational Policy Committee

AGENDA

JUNE 20, 2016

5:00 PM

MEB 1110

I.	Convene and Review Minutes from May 09 and May 16, 2016	Richard Brower, M.D.
II.	SCEC/Student Rep Reports	Student Representatives
III.	Update Re. SARP Concerns from May 9, 2016, Completion of SARP Syllabus Review for AY2016-17	Curt Pfarr, Ph.D. Martine Coue, Ph.D. Tanis Hogg, Ph.D.
IV.	Update on Med Skills and PICE Syllabi (Clarification of the Status of the End-of-year 2 OSCE)	Naomi Lacy, Ph.D. Maureen Francis, M.D. Tanis Hogg, Ph.D.
V.	Update on the status of the Colloquium syllabus	Stephen Sandroni, M.D. Tanis Hogg, Ph.D.
VI.	Assessment Item Writing Requirement (SDL) for Inclusion in SPM III and IV Syllabi for AY2016-17?	Tanis Hogg, Ph.D.
VII.	Distinction in Anatomy Proposal	Thomas Gest, Ph.D.
VIII.	ICE Case Presentation Exercise proposal	Richard Brower, M.D.
IX.	Teaching Evaluation Process	Naomi Lacy, Ph.D.
X.	Review of the Status and Next Steps in the Resequencing and Revision of the Curriculum	Tanis Hogg, Ph.D. Maureen Francis, M.D.
XI.	Policy Reviews -- New Process to Turn Our Established Practices into Clear and Accessible Policies	Richard Brower, M.D.
	<ul style="list-style-type: none">• Non-Faculty Medical Education Program Participation Policy• Pre-clerkship curriculum "3 Half-Day Independent Study Blocks" Policy• Timely Grade Release Policy ("6 week Rule" – or should we go shorter?)	



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
at El Paso

XII.	Report/Review of Progress Related to Curriculum Shift <ul style="list-style-type: none">• MS 1-2• MS 3-4 Tanis Hogg, Ph.D. Maureen Francis, M.D.
XIII.	Course and Clerkship Syllabus Templates, Plus a Potential Shift in CEPC Curriculum Reviews (envisioning a 4 Year Cycle) <ul style="list-style-type: none">• Proposed Cycle: Yr1 (AY2016-17) – Overall Program Performance and Fulfillment of Goals and Objectives;Yr2 (AY2017-18) – Clerkships, Electives and Requirements;Yr3 (AY2018-19) – Pre-Clerkship Courses and Requirements;Yr4 (AY2019-20) – Special Issues/Programmatic Innovations;Repeat Ad Nauseum.[Proposal to be Reviewed Informally with the LCME Secretariat]• Alternative Proposals?• Once We Set the Plan, We Will Need to Define Processes for Each Year.
XIV.	Preview of "Combined Yr1-2/Yr3-4 Committees and UME Task Force Meeting" Scheduled for 4:00pm-7:00pm on October 3, 2016. It's the hottest ticket in town – join the fun! Richard Brower, M.D.
XV.	Update on LCME Survey Prep
XVI.	Open Forum
XVII.	Adjourn Richard Brower, M.D.



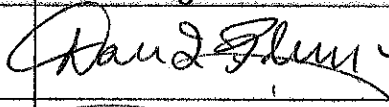
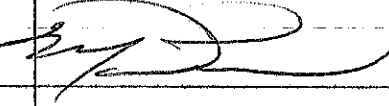
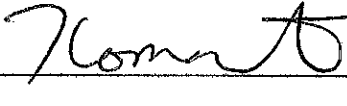
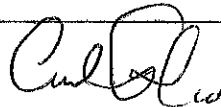
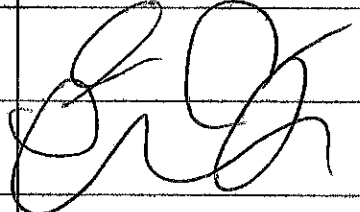

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
at El Paso

Paul L. Foster School of Medicine

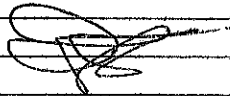
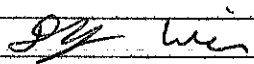
Curriculum and Educational Policy Committee Meeting
Monday, June 20, 2016

Richard Brower, MD – Chair

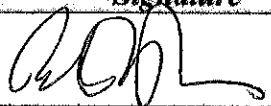
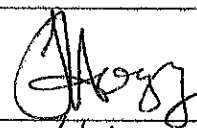
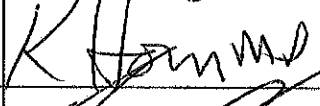
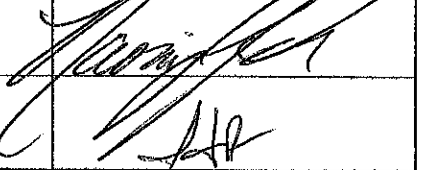
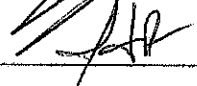

Members – Faculty

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	
Oswaldo Padilla, M.D.	Clinical Assistant Professor	Pathology	
Curt Pfarr, Ph.D.	College Master	Medical Education	
Janet Piskurich, Ph.D.	College Master	Medical Education	
Olof Sundin, Ph.D.	Associate Professor	Biomedical Sciences	
Cynthia Perry, Ph.D.	Assistant Professor	Medical Education	
Laura Cashin, D.O.	Assistant Professor	Internal Medicine	
Uga Aghaegbulam, M.D.	Assistant Professor	Internal Medicine	

Members - Students

Name	Year	Signature
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

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


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>

Other participants

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

Notes



Curriculum and Educational Policy Committee Meeting

Date: June 20, 2016

Time: 5:00 PM – 6:30 PM

Location: MEB 1140

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

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

Minutes from May 9th and May 16th, 2016 were reviewed and approved with below revisions:

May 9th Revisions:

Item III:

Change wording in sentence to the following: "Requiring attendance will not necessarily increase participation."

Typographic error was corrected on the second line of first paragraph: Changed the word "mayor" for "major".

Item IV:

CEPC agreed to delete last sentence from paragraph: "These changes will help students to have a better understanding of the reasons when they are penalized."

May 16th Revisions:

Item III:

CEPC agreed to delete the following sentence from paragraph 1: "it is a simulation based workshop for the fourth year medical students."

Action Item originally listed below from Sub-Internship + Critical Care Syllabi was moved to the bottom of Item III.

II. SCEC Rep Reports

Student Representatives

No student reports or concerns were presented for discussion.

However, Dr. Brower mentioned that now that 4-year medical students graduated, the committee is moving into a new cycle, and the Student Curriculum Evaluation Committee needs to designate new members. Dr. Horn mentioned that this would happen after the immersion; once the medical student council has been elected, sometime around the beginning of the first unit of the SPM course. It is particularly important to have a solid SCEC this year, since students will be assisting during the LCME accreditation period.

Action Item: It is intended by the CEPC to have the new designated members for the SCEC by the end of August.

**III. Update Re. SARP Concerns from May 9, 2016,
Completion of SARP Syllabus Review for AY 2016-17**

**Curt Pfarr, Ph.D.
Martine Coue, Ph.D.
Tanis Hogg, Ph.D.**

All concerns have been addressed and consolidated. A quick start one-page summary has been created for the SARP Syllabus including an overview, aspects of the program and components of the completion track. The wording was also cleaned up and a few clarifications in terms of how the students are notified when they missed a deadline were added. The appendix is now more complete and comprehensive; the organization and clarity is much improved as well. It is still pending mapping the course objectives to the Medical Education Program Goal Objectives.

Action Item: Now that basic issues were addressed the syllabus will be considered CEPC approved and ready to post on the OME website as soon as Dr. Hogg finalizes the last concern regarding the mapping to the Medical Education Program Goal Objectives.

**IV. Update on Med Skills and PICE Syllabi
(Clarification of the Status of the End-of-year 2 OSCE)**

**Naomi Lacy, Ph.D.
Maureen Francis, M.D.
Tanis Hogg, Ph.D.**

The concerns regarding the OSCE have been resolved. End-of-year 2 OSCE has been previously included as element of the PICE course and CEPC approved in December, and then moved back to the Medical Skills course during the last meeting.

Dr. Brower mentioned that there is another issue regarding PICE. Students who don't hit the passing mark on the CBSE are turning into off-cycle remediation to give them additional weeks as expectation of improvement and giving them another opportunity to take it before they take STEP. This creates an opportunity for students to potentially opt for that, because there is no apparent disadvantage to voluntarily scoring low on the CBSE and gaining additional time to prepare for STEP. Right now, if students remediate, the grade will be changed from incomplete to pass with no indication that they had any trouble. Since the number of students off-cycle is increasing, a thought was that if a student fails the CBSE he would also fail PICE and that record will stay in the transcript; student could remediate but the F grade would stay in the transcript. Another option to consider was to implement a Leave of Absence that will show up on the student's MSPE, this would give students a 3-month leave to study and prepare for the curriculum. Discussion ensued.

Action Items:

- * After discussion with Dr. Francis, Dr. Htay and Dr. Lacy, it has come to an agreement to leave the OSCE in the PICE course. Both syllabi have been modified to reflect such changes.
- * Dr. Lacy and Dr. Hogg will work on the exact wording that will be added to the PICE Syllabus regarding not passing the final CBSE administration in PICE will result in an incomplete that could be remediated but also result in a notation in the MSPE if students go off cycle; this resolution will also be added to the PICE syllabus.
- * The CPEC approved that any student that goes off-cycle will receive a notation on their MSPE with the statement of the general reason for that leave.

V. Update on the status of the Colloquium Syllabus

**Stephen Sandroni, M.D.
Tanis Hogg, Ph.D.**

Item deferred for future meeting.

VI. Assessment Item Writing Requirement (SDL) for Inclusion in SPM III and IV Syllabi for AY2016-17?

Tanis Hogg, Ph.D.

Follow up discussion regarding the self-assessment item writing requirement ensued. The proposal is to include this self-directed learning element, that has been part of SPM I and II since 2013, into the clerkship courses. The idea is to adapt this element with a few changes, such as making it a requirement instead of optional, also, to require only one assignment per semester to give students enough time to prepare a more detail paper. A concern was if clerkship faculty would have the power to do this, however, it was mentioned that the YR1-2 committee did not encounter any difficulty. It was mentioned it could be added to SPM syllabus, or listed as PICE element. This project would likely meet LCME expectations if self-directed learning objective activities are documented.

Action Item: Dr. Hogg and Dr. Lacy will discuss this item and will bring it back next month to CEPC for review to try to implement it in the program for the next academic cycle.

VII. Distinction in Anatomy Proposal

Thomas Gest, Ph.D.

Follow up discussion regarding Distinction in Anatomy proposal ensued. Dr. Gest referred to the attachment and highlighted important aspects of the proposal. Students to be eligible must demonstrate ability to succeed in the core curriculum and show particular interest in Anatomy; capacity of the program is to be determined each year by the participating anatomy faculty and the Chair of the Department of Medical Education, among other ones.

~~It was mentioned that it is not a separate track; it is a supplemental elective program. It will be formally recognized on the student's diploma and transcript.~~

Refer to the "Distinction in Anatomy Program" attachment for more details.

Action Item: CEPC approved this proposal to push to the Board of Regents for approval to be expectantly in their agenda for the month of August.

VIII. ICE Case Presentation Exercise Proposal

Richard Brower, M.D.

Item deferred for future meeting.

IX. Teaching Evaluation Process

Naomi Lacy, Ph.D.

CEPC agreed to the 6 point evaluation scale. The rest of the discussion will be deferred for a future meeting.

X. Review of the Status and Next Steps in the Resequencing and Revision of the Curriculum

**Tanis Hogg, Ph.D.
Maureen Francis, M.D.**

Item deferred for future meeting.

XI. Policy Reviews – New Process to Turn Our Established Practices into Clear and Accessible Policies

Richard Brower, M.D.

- **Non-Faculty Medical Education Program Participation Policy**
- **Pre-Clerkship curriculum "3 Half-day Independent Study Blocks" Policy**
- **Timely Grade Release Policy ("6 Week Rule" – or should we go shorter?)**

Dr. Brower will push out these policy reviews by email for review, comments and votes from the CEPC members. Most of these are just validating established practices as policies. We are going to start an Educational Program Policy Binder to gather together all these practices.

Dr. Brower referred to a handout created by Robin Dankovich regarding the availability of final grades; he mentioned that there is no excuse for not getting grades within 6 weeks, however, 4 weeks is the goal.

XII. Report/Review of Progress Related to Curriculum Shift

- MS1-2
- MS 3-4

Tanis Hogg, Ph.D.
Maureen Francis, M.D.

Item deferred for future meeting.

XIII. Course and Clerkship Syllabus Templates, Plus a Potential Shift in the CEPC Curriculum Reviews (envisioning a 4 Year Cycle)

- **Proposed Cycle: Yr1 (AY 2016-17) – Overall Program Performance and Fulfillment of Goals and Objectives;**
Yr2 (AY2017-18) – Clerkships, Electives and Requirements;
Yr3 (AY2018-19) – Pre-Clerkship Courses and Requirements;
Yr4 (AY2019-20) – Special Issues/Programmatic Innovations;
Repeat Ad Nauseum.
[Proposal to be Reviewed Informally with the LCME Secretariat]
- **Alternative Proposals?**
- **Once we set the plan, we will need to define processes for each year.**

Item deferred for future meeting.

XIV. Preview of “Combined YR1-2/YR3-4 Committees and UME Task Force Meeting” Scheduled for 4:00pm-7:00pm on October 3, 2016. It’s the hottest ticket in town – join the fun!

Richard Brower, M.D.

Item deferred for future meeting.

XV. Update on LCME Survey Prep

Item deferred for future meeting.

XVI. Open Forum

There were no further items for discussion.

XVII. Adjourn

The next CEPC meeting is scheduled for 5:00pm on July 11, 2016. Dr. Brower adjourned the meeting at 6:40p.m.

The Texas Tech University Health Sciences Center
Paul L. Foster School of Medicine
Distinction in Anatomy Program

Students with a special interest in advanced instruction in anatomy may apply for the PLFSOM Distinction in Anatomy Program during the 2nd semester of their MS1 year. Students must demonstrate an ability to succeed in the core curriculum as a prerequisite to acceptance into the Distinction in Anatomy Program. Students interested in the elective Distinction in Anatomy Program must fulfill the program's general and anatomy-specific criteria, seen below, and submit a complete application by April 1st of the MS1 year.

ELIGIBILITY: Students participating in other formally defined curriculum programs or dual-degree programs are not eligible for the Distinction in Anatomy Program; however, qualified participants may also apply for Distinction in Research. All students in good academic standing and with a good record of professionalism are eligible to apply for the Distinction in Anatomy Program. Students placed on Academic Watch Level 2 are not eligible for the Distinction in Anatomy Program and must withdraw from the program if enrolled. Students who fail any remediation, or semester, of any required course are not eligible for the Distinction in Anatomy Program and must withdraw from the program if enrolled. Students who have recorded issues with professionalism verified by the Associate Dean for Student Affairs are not eligible for the Distinction in Anatomy Program and must withdraw from the program if enrolled.

MS1 Year

ACCEPTANCE PROCESS AND CRITERIA: The application deadline is April 1st of the MS1 year. Acceptance is competitive and determined by a committee consisting of the participating anatomy faculty members, a College Master from each PLFSOM College, and the Associate Dean for Student Affairs. Acceptance is to be based primarily on the applicant's general academic record; an essay explaining the applicant's motivation and professional goals as related to the Distinction in Anatomy Program; and the applicant's performance on anatomy summative exam items.

CAPACITY: The number of students accepted for the Distinction in Anatomy Program is to be determined each year by the participating anatomy faculty members and the Chair of the Department of Medical Education, with final approval by the Associate Dean for Medical Education.

As outlined in the following sections, the Distinction in Anatomy Program begins immediately following the end of the MS1 spring semester.

MS1 Summer Break

During the MS1 summer break, students will engage in dissection for a minimum of 100 hours, developing high quality anatomical specimens under the guidance of the anatomy faculty. These dissections will be potentially be used in general anatomical instruction in the following year.

Students will work in pairs on a single donor dissection. Dissections should be performed in the morning, Monday through Friday, beginning at 9AM and continuing until complete. Dissections vary in length but average 3 hours. Students will follow the guidelines for dissection on the List of Regional Dissections portion of the TTUHSC PLFSOM Anatomy web site. Faculty will be available to assist the students and answer questions. When the students have finished their dissection work for the day, they will ask a faculty member to inspect their dissection in order to assure completeness of the dissection. The faculty member will either sign-off on the dissection as completed or guide the students to completion of the dissection. It is expected that students will spend the necessary time previewing the dissection procedures in the afternoons or evenings before each dissection is performed. After the last dissection is completed in Week 7, students will have two days to review the dissections of all of the donors. On afternoons as indicated on the schedule below, the students will be given practical exams covering the lab sessions of the preceding region. Students must attain an average score of 70% or above on the five practical exams to remain in the Distinction in Anatomy Program.

The schedule for the anatomy labs to be completed in the MS1 summer break follows:

Week 1:	Peritoneal Cavity & Intestines
Superficial Back	Stomach & Spleen
Deep Back & Spinal Cord	Duodenum, Pancreas, Liver, & Gallbladder
Pectoral Region & Breast	
Posterior Shoulder, Axilla, & Arm	Week 5:
Forearm & Wrist	Kidneys & Retroperitoneum
	Practical Exam 3
Week 2:	Pelvic Viscera
Hand	Pelvic Muscles & Neurovasculature
Anterior & Medial Thigh	Perineum
Hip & Posterior Thigh & Leg	
Anterior Leg & Foot	Week 6:
Joints of the Back & Limbs	Practical Exam 4
	Anterior Triangle of the Neck
Week 3:	Posterior Triangle & Root of the Neck
Practical Exam 1	Larynx & Pharynx
Thoracic Wall, Pleura, & Pericardium	Scalp, Cranial Cavity, & Brain
Heart	
Superior Mediastinum & Lungs	Week 7:
Posterior Mediastinum	Parotid Gland & Face
	Infratemporal Fossa & Oral Cavity
Week 4:	Orbit & Eye
Practical Exam 2	Ear & Nasal Cavity
Abdominal Wall & Inguinal Region	Practical Exam 5

Participating students are also expected to develop anatomy-based SARP projects. Such projects may entail studies of anatomical variations, development and testing of novel anatomical teaching materials, investigations of modifications to surgical procedures or invasive techniques,

or the relationship of anatomy to other fields of medicine, such as radiology, anesthesiology, obstetrics and gynecology, internal medicine, etc.

MS2 Year

Students will participate in a limited number of MS1 and MS2 anatomy labs as teaching assistants. TA obligations will be shared, and will be coordinated by the supervising anatomy faculty as follows:

1. Students will rank their preferred TA labs, 1-24, and faculty anatomists will match accordingly to the best of their ability.
2. A minimum of 2 labs will be assigned to each student as mandatory.

Students must take the TTUHSC Anatomy Cumulative Exam (ACE) within 2 weeks of finishing the core MS2 curriculum (including exams). Students must score at or above the 75% percentile on the ACE. If unsuccessful, students may remediate this requirement by re-taking the exam prior to the end of the first semester of the MS4 year. Students are also required to schedule and take the NBME Anatomy Subject exam within a week of the ACE in order to benchmark their performance against a national measure of competence.

Distinction in Anatomy Program students will, under the supervision of the anatomy faculty, develop and administer practical examinations, based on the faculty and student dissections, to be offered on an optional basis to MS1 and MS2 students at the end of every SPM Unit in which anatomy is presented.

MS3 Year

If necessary, students will continue to work on their anatomy based SARP project. When the SARP project is completed, the student will submit their anatomy scholarship for peer-reviewed publication or presentation at a regional or national meeting. Poster or platform presentation at a regional or national conference is the minimum requirement for the research component of the Distinction in Anatomy Program.

MS4 Year

Distinction in Anatomy Program students will be required to enroll in and successfully complete a clinical or surgical anatomy elective of at least 2 weeks in length.

If not already completed, students will submit their anatomy scholarship for peer-reviewed publication or presentation at a regional or national meeting. Acceptance of the journal submission is not required; however, a poster presentation at a regional or national conference is the minimum requirement for the research component.

If necessary, students will remediate the ACE exam prior to the end of the first semester of the MS4 year.

Distinction

Upon successful completion of all the above outlined elements of the Distinction in Anatomy Program, with review and verification by the program committee (as described above for the acceptance process), students will receive either a designation of “Distinction in Anatomy” on their diplomas or a notation in their official transcript indicating completion of the Distinction in Anatomy Program (to be determined based on TTUHSCEP and TTU System academic policies).

Summary of Requirements for Distinction in Anatomy

- Perform 32 required dissections - Summer MS1
- Attain an average score of 70% or above on the five practical exams - Summer MS1
- Identify an anatomy-related SARP project - Summer MS1
- Serve as Teaching Assistant in 2 anatomy labs for the MS1 and MS2 students - MS2
- Help to prepare and administer optional practical exams for each SPM Unit - MS2
- Pass the TTUHSC Anatomy Cumulative Exam at 75% and take the NBME Anatomy Subject Exam - End of MS2 (remediate ACE Fall MS4 if needed)
- Present and/or publish the SARP project findings - MS3 or MS4

Budget Considerations for Distinction in Anatomy

The activity of the students in their summer dissection experience is the only source of significant cost for the Distinction in Anatomy program. The costs to the anatomical donations program in providing approximately 6 donor bodies, along with the maintenance of the gross anatomy labs and supplies used by students during their summer dissection experience, should be completely offset by the cost savings of using these student dissections for teaching purposes in the following school year. As the Distinction in Anatomy program becomes established, an actual cost savings is anticipated, since the dissections these students prepare will be used in the basic science curriculum for the rest of the student body. In concert with the implementation of the Distinction in Anatomy program, we intend to use more prosection demonstrations and less dissection for anatomy instruction for the majority of medical students, thereby saving in costs associated with gross anatomy lab maintenance and the anatomical donations program. The move from dissection to prosection will have the added benefit of freeing the majority of students from time-consuming dissection exercises while continuing to deliver a firm foundation in gross anatomical knowledge necessary for the practice of medicine.

PLFSOM MS3-4 ICE Case Presentation Exercise:

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

1. The case should be selected from the student's direct clinical experience during their 3rd or 4th year. While students may seek input from others regarding their case selection and the development of their presentation, the presentations will be assessed as individual efforts. In addition, students are not to select cases that they know have been chosen for this purpose by another student.
2. Students may utilize cases that they prepared for presentation as part of their 3rd and 4th year clerkships and electives, but the case materials must be re-configured to meet the expectations of this required exercise. If a student chooses to adapt such a presentation, and a team developed the original presentation, the student should cite the team members and attest that those team members agreed to the student's use of the original materials and that no other students on the original team are using the same case for this exercise.
3. The presentation should be concise yet comprehensive (including chief complaint, history of present illness, past medical history, pertinent family and social history, initial examination findings, initial imaging and laboratory findings -- including pertinent negative results -- clinical course, and available outcomes).
4. All submitted materials, including text, clinical imaging and laboratory findings, should be completely de-identified.
5. The presentations should include and relate the case to the most appropriate PLFSOM pre-clerkship clinical presentations and diagnostic schemes.
6. The presentation should outline how the case relates to the selected diagnostic scheme, including an explanation of the sequence and roles of key examination findings and test results in the diagnostic process.
7. The case presentation should include at least five questions developed by the student about the underlying basic science principles directly related to the case and/or the associated diagnostic process. These questions should be consistent with best practices for writing such items as promulgated by the National Board of Medical Examiners (NBME "red book"). Include concise explanations of the correct response and the flaws of each foil, along with core literature references.
8. Presentations should be submitted in PowerPoint, using standard slide size (4:3 ratio) and format, with plain white backgrounds and black text (no special backgrounds or effects).

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

- Prior to submission, the student's "**ICE Case Presentation File**" is to be reviewed and approved by a member of the faculty from the clinical department in which the case was encountered (using a rubric-based "**ICE Case Assessment Form**" -- attached). The rubric-based assessment form is to be posted by the student in their e-Portfolio and reviewed for authenticity and satisfactory completion by a faculty member or coordinator designated by the Office of Medical Education. The rubric-based assessment form allows for the following potential outcomes: "Unsatisfactory", "Pass" and "Honors". Presentations found to be "Unsatisfactory" may be revised and resubmitted or replaced with another case presentation. Satisfactory completion requires an assessment outcome of "pass" or "honors".
- The student must submit their ICE Case Presentation File as a PowerPoint file formatted in plain text and background, and in standard 4:3 ratio slides (no special fonts, backgrounds or effects). The file name should include a brief descriptor of the case, the student's last name, first initial, and class year (for example: "STROKE-GARZA-P-2018")
- The student must also post in their e-portfolio a complete "**ICE Case Presentation Attestation Form**" (attached). This form confirms the following:
 - The student created the case presentation file, and to their knowledge it is unique (not developed by another student for this purpose).
 - The student developed the case-based questions.
 - The case presentation file is based on an actual case from the submitting student's clinical experiences as an MS3 or MS4 at PLFSOM.
 - As per item 2 above, if the case was originally presented during their 3rd and/or 4th year clerkships or electives for another purpose, and a team developed the original presentation, the

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

Notes:

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

Learning objectives:

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

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

- 1.3 For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.
- 2.2 Apply established and emerging foundational/basic science principles to health care.
- 3.1 Identify and perform learning activities to address gaps in one's knowledge, skills and/or attitudes.
- 3.4 Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.
- 4.2 Communicate effectively with colleagues and other health care professionals.
- 5.7 Meet professional and academic commitments and obligations.
- 8.5 Demonstrate the ability to employ self-initiated learning strategies (problem definition, identification of learning resources and critical appraisal of information) when approaching new challenges, problems or unfamiliar situations.

Table 9.8-1 Availability of Final Grades

Course	AY 2013-14				AY 2014-15				AY 2015-16			
	Average Weeks	MIN Weeks	MAX Weeks	%	Average Weeks	MIN Weeks	MAX Weeks	%	Average Weeks	MIN Weeks	MAX Weeks	%
Clinical Neurosciences	2	0	15	5%	4	1	8	19%	3	0	23	1%
Emergency Medicine	1	1	5	6%	3	0	9	11%	2	0	10	1%
Family Medicine Clerkship	2	1	7	1%	4	0	18	1%	4	4	12	3%
Family Medicine Sub-Internship	2	1	3	0%	3	1	9	13%	3	1	4	0%
General Surgery Subinternship	4	1	11	14%	3	1	4	0%	2	0	3	0%
Internal Med Sub-Internship	3	2	6	4%	3	1	7	21%	4	0	6	0%
Internal Medicine Clerkship	5	1	22	35%	5	1	9	36%	4	4	4	0%
MICU/CCU	3	0	10	4%	2	0	7	4%	3	0	5	0%
Neonatology Intensive Care	5	3	9	25%	2	1	3	10%	3	1	5	0%
Ob/Gyn Clerkship	4	1	17	35%	5	2	11	31%	5	4	12	3%
OB/GYN Subinternship	3	1	7	25%	1	1	1	0%	2	1	5	0%
Pediatric Intensive Care Unit	4	1	9	0%	3	0	9	11%	3	0	6	6%
Pediatric Subinternship	5	3	13	25%	4	1	7	9%	4	1	6	8%
Pediatrics Clerkship	6	1	11	33%	4	1	6	0%	7	5	12	50%
Psychiatry Clerkship	6	1	22	34%	3	1	25	1%	5	4	13	5%
Surgery Clerkship	3	1	4	0%	3	2	18	1%	4	3	4	0%
Surgical Intensive Care	5	1	12	33%	3	0	5	0%	2	1	5	0%
Masters' Colloquium I	1	1	1	0%	2	2	3	0%	3	3	3	0%
Masters' Colloquium II	0	0	2	0%	2	2	2	0%	3	3	3	0%
Masters' Colloquium III	1	1	1	0%	2	2	1	0%	3	3	3	0%
Masters' Colloquium IV	1	1	10	1%	2	2	2	0%	4	3	6	0%
Medical Skills I	1	1	1	0%	2	2	2	0%	3	3	3	0%
Medical Skills II	0	0	0	0%	1	1	1	0%	0	0	0	0%
Medical Skills III	1	1	1	0%	3	2	3	0%	3	3	3	0%
Medical Skills IV	2	2	2	0%	2	2	2	0%	3	3	3	0%
Scholarly Activity Project I	6	6	8	2%	11	0	10	100%	0	0	0	0%
Scholarly Activity Project II	0	0	1	0%	0	0	5	0%	0	0	3	0%
Scholarly Activity Project III	0	0	0	0%	0	0	5	0%	0	0	0	0%
Sci Prin of Medicine III	1	1	1	0%	3	2	3	0%	3	3	3	0%
Sci Principles of Medicine II	3	3	3	0%	2	2	2	0%	0	0	0	#DIV/0!
Sci Principles of Medicine IV	3	3	3	0%	1	1	1	0%	6	6	6	0%
Scientific Prin of Medicine I	3	3	3	0%	4	4	4	0%	3	3	3	0%
Society Comm & Individual I	1	1	1	0%	4	2	4	0%	3	3	3	0%
Society Comm & Individual II	1	1	1	0%	2	2	2	0%	0	0	0	#DIV/0!
Society Comm & Individual III	1	1	1	0%	3	3	3	0%	3	3	3	0%
Society Comm & Individual IV	2	2	2	0%	2	2	2	0%	6	6	6	100%



Medical Education Program Policy

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

1. **Policy Statement:** Involvement by non-faculty in medical student instruction is to be strictly limited and centrally monitored.
2. **Reason for Policy:** This policy is intended to guide, inform, and regulate the involvement of non-faculty in medical student instruction.
3. **Who Should Read this Policy:** This policy should be read by all Course Directors, Faculty, and Course Coordinators involved in curricular elements that may include participation in instruction by non-faculty
4. **Resources:** None
5. **Definitions:**
 - a. **"Non-faculty":** For the purposes of this policy, "non-faculty" refers to physicians, therapists, nurses, other health care providers, scientists, technicians, and other individuals with special skills and/or expertise that are relevant to a well-rounded medical education, who are not appointed to the faculty of the Paul L. Foster School of Medicine and who are not post-graduate trainees at the Paul L. Foster School of Medicine or any academic component of the Texas Tech University Health Sciences Center El Paso.
6. **The Policy:**

General principles related to non-faculty participation in the educational program:

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

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



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
EL PASO

Paul L. Foster School of Medicine

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

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

Design of curriculum management, instruction, and assessment: Non-faculty may not participate in the determination of curriculum plans, course/curricular component management, learning objectives, instructional methods, or student assessment. More specifically:

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

Terms for and limits on participation:

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

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



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School of Medicine

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

- Limits on assessment of student performance/feedback: Student performance feedback by non-faculty participants in medical student instruction and/or facilitation shall be limited to confirmation of, and/or comment upon, the student's attendance and active engagement in the educational experience. Additionally, non-faculty participants may be asked to confirm or comment upon the basic appropriateness of the student's professional behavior.
 - Note: The faculty member(s) responsible for an educational experience involving participation by non-faculty are responsible for assessment the student's achievement of the associated learning objectives and the completion of any required experiences.
- Discretion of the Course/Clerkship Director and limits on the duration of non-faculty participation for non-faculty physicians: For physicians, participation by any individual non-faculty must be directly related to their areas of professional expertise and experience. In addition, and within the constraints as otherwise outlined in this policy, participation is at the discretion of the course or clerkship director. Also, participation by any individual non-faculty physician is limited to no more than 12 hours with any individual student per any academic year, and less than 40 hours per any academic year (total, including all instruction or facilitation involving individual students and/or groups).
- Discretion of the Course/Clerkship Director and limits on the duration of non-faculty participation non-faculty who are not physicians: For non-physicians, participation must be directly related to the non-faculty individual's special and desired expertise and/or experience, and participation is at the discretion of the course or clerkship director (within the constraints as otherwise outlined in this policy).



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School of Medicine

- Requirement of faculty appointment prior to exceeding the duration of non-faculty participation limits: All physician non-faculty who agree to participate, and who intend to provide more than the limited number of hours listed above, must obtain a PLFSOM faculty appointment prior to exceeding the non-faculty contact hour limits.
- Encouragement of all non-faculty to apply for appointment: All non-faculty who agree to participate in medical student instruction and/or facilitation on a recurring annual basis, regardless of the number of hours per year, are to be encouraged, if eligible, to apply for a non-salaried/volunteer PLFSOM faculty appointment.
- Termination of participation by educational program administration: The participation by any non-faculty shall be terminated by the Course/Clerkship Director or, if appropriate or necessary, the Associate Dean for Medical Education or their designee, if the non-faculty participant does not function in accordance with the intent of the educational experience in which they are invited to participate, or if their behavior is disruptive or inconsistent with the school's intent to provide a professional and supportive learning environment.
- Central monitoring: Participation by non-faculty shall be centrally monitored least annually by the Office of Medical Education and the CEPC (including their qualifying credentials, the hours of instruction and/or facilitation provided, and student evaluations regarding the instruction and/or facilitation provided).

Examples/explanations of some intended applications of this policy:

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

Clerkship phase: In the clerkship phase of the curriculum there are structured experiences that may be facilitated by non-faculty health professionals functioning within the instructional design of appropriately designated PLFSOM faculty (e.g. clerkship director or assistant director). These experiences occur within the oversight, supervision and



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER..
EL PASO

Paul L. Foster School of Medicine

assessment of student performance/completion by PLFSOM faculty. These include selective experiences that occur within the context of the clinical settings of the clerkships.

DRAFT



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
EL PASO

Paul L. Foster School of Medicine

Medical Education Program Policy

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

1. Policy Statement: During the pre-clerkship phase (years 1 and 2),
2. Reason for Policy: This policy is intended to ensure adequate protected time for medical students to engage in self-directed learning and independent study during the pre-clerkship phase (years 1 and 2).
3. Who Should Read this Policy: Pre-Clerkship Phase (Year 1 and Year 2) Course Directors and Faculty
4. Resources: Not applicable
5. Definitions:
 - a. "Unscheduled time": Unscheduled time refers to time during the instructional week (ordinarily Monday through Friday, 8:00am-5:30pm) in which no formal curricular elements occur (i.e. there is no requirement or expectation of attendance). More specifically, this is deliberately planned time for medical students to engage in self-directed learning and independent study.
 - b. "Full half-day": A "full half day" refers to a 4-hour block of time from 8:00am-12:00pm or from 1:00-5:00pm
6. The Policy: Per PLFSOM founding educational program practices, the instructional week templates for the first and second years of the curriculum shall provide for three full half-days of unscheduled time for students to engage in self-directed learning and independent study.

Exceptions:

- Each pre-clerkship phase student may have one half-day a month of the above described unscheduled time preempted for an SCI Course ~~community-based~~ clinical experience. Rarely, due to scheduling constraints, a student may have up to two half-days preempted for SCI Course clinical experiences in the same

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



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO**

Paul L. Foster School of Medicine

month (in this case another month will have no unscheduled half-days preempted by SCI).

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

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

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

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



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER,
EL PASO**

Paul L. Foster School of Medicine

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

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



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
EL PASO

Paul L. Foster School of Medicine

Medical Education Program Policy

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

1. **Policy Statement:** All course, clerkship and, when relevant, curriculum requirement grades shall be made official and available to the student in a timely manner, and always within 6 weeks.
2. **Reason for Policy:** This policy is intended to ensure the timely processing and release of grades.
3. **Who Should Read this Policy:** All course, clerkship and curriculum requirement Directors, Co-Directors and Coordinators, as well as all faculty responsible for administering summative student assessments.
4. **Resources:** Office of Medical Education – officers (Associate and Assistant Deans) and staff.
5. **Definitions:**
 - a. “Grades”: Final course/clerkship/curriculum requirement summative assessments, including any summative assessments required for academic promotion and/or graduation.
 - b. “Always”: Without exception.
6. **The Policy:** All course, clerkship and, when relevant, curriculum requirement grades (any summative assessments required for academic promotion and/or graduation) shall be made official and available to the student in a timely manner, and always within 6 weeks. It is expected that grades shall be released within 4 weeks. When a course, clerkship, and/or graduation requirement Director, Assistant Director, or Coordinator determines that a final grade will not be available to a student within 4 weeks, the Office of Medical Education shall be notified as soon as possible (by contacting the relevant Assistant Dean or the Associate Dean for Medical Education), and steps shall be taken to ensure the posting and availability of the grade within 6 weeks. Any violations of this policy shall be referred to the Curriculum and Educational Policy Committee for review and action.

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



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER,
EL PASO

Paul L. Foster School of Medicine

Medical Education Program Policy

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

1. **Policy Statement:** The common administrative requirements related to successful participation in the required clinical clerkships by students in years 3 and 4 are published annually in a document titled "Common Clerkship Requirements".
2. **Reason for Policy:** The intention of this policy is to clarify the administrative practices and expectations associated with successful participation in the required clinical clerkships by students in years 3 and 4.
3. **Who Should Read this Policy:**
 - a. All clerkship phase medical students.
 - b. All clerkship Directors, Co-Directors and Coordinators.
4. **Resources:** The Assistant Dean for Medical Education for Clinical Instruction and the Year 3-4 Coordinators.
5. **Definitions:**
 - a. "Common": shared by all members of a group (in this case, the clerkships).
6. **The Policy:** The common administrative requirements related to successful participation in the required clinical clerkships by students in years 3 and 4 are published annually in a document titled "Common Clerkship Requirements". **Students are also responsible for compliance with requirements that are specific to the individual clerkships as outlined in their syllabi.** As long as the changes are non-substantive and relate primarily to the updating of trivial year-specific information (personnel changes, dates, locations, etc. -- as reviewed and approved by the Assistant Dean for Medical Education for Clinical Instruction), the Common Clerkship Requirements may be re-published for each academic year without review and approval of the CEPC. Any more substantive changes are to be presented to the CEPC for review and approval prior to the start of the affected academic year.
7. **Attachments:** The prototype document is attached ("Common Clerkship Requirements for AY2016-17, approved by the CEPC on 5/16/2016)

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



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

Table of Contents

Office of Medical Education Contacts (MS3 and MS4)	2
Disability Support Services.....	2
Attendance Policy.....	2
Absences in the Third Year	3
Absences in the Fourth Year	3
Notification of Absence (Third and Fourth Year)	3
Documentation of Absence (Third and Fourth Year)	3
Remediation and/or Make Up of NBME Exams (Third and Fourth Year).....	4
AY 2016-2017 NBME's will be administered on the following dates:.....	4
Clinical Grading Policy	5
Referral to Grading and Promotion (Third Year)	6
Referral to Grading and Promotions (Fourth Year).....	7
Op-Log Policy	7
Common Course Requirements for Year 3 and 4.....	8
CME Requirement	9
Purpose/Goals of Requirement:.....	9
Requirement:.....	10
Documentation:	10
Duty Hours Policy	10
Clerkship Requirements for Reporting Duty Hours.....	11
Additional Policies	11

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.

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: 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 and 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.
