

## **CEPC MEETING AGENDA**

**01:00 PM - 02:30 PM**

**04/14/2022**

### **CHAIR:**

Dr. Irene Alexandraki, MD, MPH, FACP

### **VOTING MEMBERS:**

Colby Genrich, MD; Fatima Gutierrez, MD; Brad Fuhrman MD; Houriya Ayoubieh, MD; Jessica Chacon, PhD, Munmun Chattopadhyay, PhD; Niti Manglik, MD; Osvaldo Padilla, MD; Patricia Ortiz, MD

### **EX-OFFICIO:**

Lisa Beinhoff PhD; Blake Busey, MS; Linda S. Ellis, MD; Maureen Francis, MD; Tanis Hogg, PhD; Julio Batiz

### **STUDENT REPRESENTATIVES:**

Rowan Sankar MS1 (Voting); Nick Malize MS1 (Ex Officio); Whitney Shaffer MS2 (Voting); Rohan Rereddy MS2 (Ex Officio); Miraal Dharamsi MS3 (Voting); Daniel Tran MS3 (Ex Officio); Karishma Palvadi MS4 (Voting); Runail Ratnani MS4 (Ex Officio)

### **INVITED/GUESTS:**

Richard Brower, MD, FAAN; Christiane Herber-Valdez, PhD; Martin Charmaine, MD; Diana Pettit, PhD; Ricardo Belmares, PhD; Thwe Htay, MD; Martine Coue, PhD; Christopher Castagno; Christopher Anderson; Lynn Hernan (Fuhrman) MD; Rebecca L Campos, MD; Curt Pfarr, PhD; Kaitlyn Callaghan; Yacoub Khatab

### **APPROVAL OF MINUTES**

Minutes will be attached.

### **ITEMS FROM STUDENT REPRESENTATIVES**

**Presenter(s): Students**

### **ITEM I PRE-CLERKSHIP PHASE REVIEW – SPM III TEAM**

**CEPC 04/14/2022**

**ITEM II PRE-CLERKSHIP PHASE REVIEW – MSK II&IV TEAM**

**Presenter(s):**

**ITEM III PROPOSED CHANGE IN EVALUATION PARTICIPATION POLICY**

**Presenter(s):** Christiane Herber-Valdez, PhD

**ITEM IV STUDENT MISTREATMENT POLICY UPDATE**

**Presenter(s):** Linda S. Ellis, MD

**ITEM V CLERKSHIP SYLLABI UPDATE 3<sup>rd</sup> YEAR**

**Presenter(s):** Dr. Maureen Francis

**OPEN FORUM**

**ADJOURN**

**MEMBERS IN ATTENDANCE:**

Irene Alexandraki, Brad Fuhrman, Colby Genrich, Fatima Gutierrez, Jessica Chacon, Houriya Ayoubieh, Maureen Francis, Miraal Dharamsi, Niti Manglik, , Lisa Beinhoff, Linda S. Ellis, Osvaldo Padilla, Patricia Ortiz, Whitney Shaffer

**MEMBERS NOT IN ATTENDANCE:**

Blake Busey, Julio Batiz, Munmun Chattopadhyay, Nick Malize, Palvadi Karishma, Runail Ratnani, Rowan Sankar, Tanis Hogg, Tran Daniel

**PRESENTERS/GUESTS IN ATTENDANCE:**

Richard Brower, MD, FAAN; Christiane Herber-Valdez, PhD; Diana Pettit, PhD; Ricardo Belmares, PhD; Thwe Htay, MD; Martine Coue, PhD;; Christopher Anderson; Lynn Hernan (Fuhrman) MD; Rebecca L Campos, MD; Curt Pfarr, PhD; Yacoub Khatib, Maria Cotera, Priya Harindranathan

**INVITED/GUESTS NOT IN ATTENDANCE:**

Christopher Castagno, Martin Charmaine

**REVIEW AND APPROVAL OF MINUTES**

**Dr. Alexandraki CEPC  
Chair**

- Having met quorum, the meeting minutes from March 10, 2022 meeting were voted on and approved as presented.

Decision: Dr. Manglik moves the motion for approval.  
Dr. Padilla seconds the motion.  
No objections: Motion was approved.

**ITEMS FROM STUDENT REPRESENTATIVES**

**Presenter(s): Students**

**Whitney Shaffer (MS2)**

- No issues to report.

**Miraal Dharamsi (MS3)**

- No concerns or issues to report. Mr. Dharamsi asked about the supplemental ERAS application. He noted that during the AAMC conference it was shared that various specialties will be participating in this upcoming year, and he was not sure if this is going to be covered during the two week intersessions in May.

Dr. Francis explained that Dr. Ellis and Dr. Martin will cover ERAS applications in two orientation sessions during Student Affairs days.

#### ITEM I PRE-CLERKSHIP PHASE REVIEW – SPM III TEAM

**Presenter(s): Mr. Yacoub Khatab**

SPM III Review team: Dr. Hernan; Dr. Campos; Dr. Pfarr; Students: Kaitlyn Callaghan and Yacoub Khatab \*Please see attached report.

- Team reviewed the following SPM III Units: Central Nervous System and Special Senses (CSS); Endocrine System (END) and Reproductive Systems (REP).
- Mr. Khatab outlined the following course strengths:
  - Schemes were relevant to clinical practice.
  - Clinicians experts in their field provided presentations and integrated concepts into clinical practice.
  - Worksheets, formative assessments, and immediate feedback from faculty.

An overview of selected LCME elements relevant to curriculum assessment was provided:

- **Program and Learning Objectives (6.1)** – Met
- **Self-Directed and Life-Long Learning (6.3)** – Met.
- **Academic Environments (6.7)** – N/A
- **Inclusion of Biomedical, Behavioral, Social Sciences (7.1)** – Emerging topics such as antiracism and social justice need to be added to the curriculum.
- **Organ Systems/Life Cycle/Prevention/Symptoms/Signs/Differential Diagnosis, Treatment Planning (7.2)** – Based on CBSE and STEP1 class performance, low performing objectives or topics could be identified to improve curriculum.



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- **Scientific Method/Research (7.3)** – Met
- **Critical Judgment/Problem-Solving Skills (7.4)** – Met
- **Societal Problems (7.5)** –Met.
- **Cultural Competence and Health Care Disparities (7.6);** N/A
- **Medical Ethics (7.7)** – N/A
- **Communication Skills (7.8)** – N/A
- **Use of PGOs (8.2)** – Met.
- **Assessment System (9.4)** –met.
- **Narrative Assessment (9.5)** –met.
- **Formative Assessment and Feedback (9.7)** – iRAT/tRAT formats needed improvement.

Review team made recommendations for improvement, including minimal usage of asynchronous learning, modification of the tRAT and iRAT to mirror NBME questions, integration of topics such as social justice, cultural competency and equity into the course content, and improvement of work cases.

- Discussion held regarding the SPMIII review:

Dr. Ayoubieh raised a question about the inclusion of the concepts of racism and social justice. Dr. Campos said that students recognized the need for these concepts, and that further dialog is needed to address where these concepts would be placed in the curriculum. Dr. Alexandraki asked if missing content related to these concepts was identified. Mr. Yacoub Khatab said that some of the course materials had not been updated for several years so they don't include topics reflecting current societal changes.

Dr. Brower explained that the inclusion of social justice curriculum is a project for the coming academic year based on the recently approved institutional social justice goals and objectives.

Decision about the SPM III Review:

Dr. Ayoubieh moves the motion for approval.

Dr. Manglik seconds the motion.

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No objections: Motion was approved.

#### ITEM II PRE-CLERKSHIP PHASE REVIEW – MSK II&IV TEAM

**Presenter(s): Dr. Coue**

MSK II&IV Review Team: Dr. Coue; Dr. Manglik; Students: Christopher Castagno and Christopher Anderson \*Please see attached report.

- The Review Team identified the following course strengths:
  - Support from knowledgeable faculty and staff
  - Standardized patient encounters and good correlations between these encounters and the SPM course materials

An overview of selected LCME elements relevant to curriculum assessment:

- **Program and Learning Objectives (6.1)** – Met.
- **Self-Directed and Life-Long Learning (6.3)** – Met.
- **Academic Environments (6.7)** – Interprofessional activities were planned during the pre-clerkship phase as a part of other courses (SPM, Colloquium, SCI etc.); no specific interprofessional activities were included in Medical skills II and IV.
- **Inclusion of Biomedical, Behavioral, Social Sciences (7.1)** – N/A
- **Organ Systems/Life Cycle/Prevention/Symptoms/Signs/Differential Diagnosis, Treatment Planning (7.2)** – Met.
- **Scientific Method/Research (7.3)** – N/A
- **Critical Judgment/Problem-Solving Skills (7.4)** – Met.
- **Societal Problems (7.5)** – SP encounter should focus more on recognition of abuse (e.g., child and/or elderly). Students need to be better prepared to decide if protective services should be informed or not.
- **Cultural Competence and Health Care Disparities (7.6)**; SP pool should be more diversified to include different age groups, racial and ethnic background. This might be a challenge because El Paso has limited cultural diversity.
- **Medical Ethics (7.7)** – Content was more relevant to professionalism rather than medical ethics. Medical Skills teaching incorporated the ethical principles of beneficence and non-

maleficence to best diagnose and treat patients. However, it was unclear how the two other principles (i.e., autonomy and justice) were covered in the Medical Skills curriculum. These could easily be incorporated in SP encounter scenarios.

- **Communication Skills (7.8)** – Physician feedback about SP encounters should be captured on video at least once per semester for each student to review.
- **Use of PGOs (8.2)** – Met.
- **Assessment System (9.4)** – Incorporating narrative feedback, with or without a graded rubric, would help students ascertain how they achieve their final grade. Preferably, and if feasible, a week after both the medical skills session and/or the patient encounter, the student would receive feedback from a faculty member on both positive and negative aspects of their performance. This would help students to better understand how to improve their performance in future encounters/medical skills events.
- **Narrative Assessment (9.5)** – Met.
- **Formative Assessment and Feedback (9.7)** – Consider incorporating more narrative formative feedback from trained healthcare workers.

The Review Team identified several areas of improvement:

- SP encounters should be extended to allow student more time to write SOAP notes.
- The SP pool should be more diversified.
- narrative feedback to be integrated after each patient encounter, or at the very least after the end-of-unit OSCE
- Consider having The SP give feedback on how they felt being the patient and having a trained healthcare professional provide feedback on student performance would be exponentially helpful.
- Incorporate one-on-one meetings between students and faculty members once per semester to review SP encounters together
- Inclusion of SP encounters on child/elderly abuse and clinical presentations.

After the conclusion of the course review report, Dr. Htay, Director of the Medical Skills II&IV Course pointed out that course does have interprofessional section during the HEM unit of

medical skills. Dr. Htay stated that she will make revisions in the course based on the recommendations from the Review Team.

Decision about the MSK II&IV Review:

Dr. Padilla moves the motion for approval.

Dr. Ayoubieh seconds the motion.

No objections: Motion was approved.

#### **ITEM III PROPOSED CHANGE IN EVALUATION PARTICIPATION POLICY**

**Presenter(s): Christiane Herber-Valdez, PhD** \* Report is attached.

**Chair of the CEPC Subcommittee  
on Evaluation of Education Programs**

- The subcommittee came to conclusion that the current policy requires an unreasonably high amount of evaluations over the course of a semester (total 43). A focus on quantity of evaluations, has inadvertently led to a decrease in quality of student feedback and an increase in the number of professionalism event cards.
- The subcommittee recommended that each end-of-unit evaluation should be limited to evaluation of one faculty member (versus 5 faculty members currently). The subcommittee further recommends limiting end-of-semester evaluations to evaluating one faculty member (versus 5 faculty members currently), and adding an evaluation to offer students opportunity to share their perspectives about their College Mentor(s).

Mr. Miraal Dharamsi suggested that evaluations should include language to encourage students to evaluate different faculty members.

Decision about proposed changes:

Dr. Padilla moves the motion for approval.

Miraal Dharamsi seconds the motion.

No objections: Motion was approved.

#### **ITEM IV STUDENT MISTREATMENT POLICY UPDATE**

**Presenter(s): Dr. Linda Ellis** \* Please see attached policy



Dr. Ellis highlighted sections that are newly incorporated and/or revised:

- Section C - Student Mistreatment Investigatory Committee (SMIC)
- Section F - Any report of mistreatment will be forwarded to the Associate Dean for Student Affairs
- Section G - Process, Outcomes, and Reporting

There were no questions or comments from the committee.

Decision about proposed updates:

Dr. Padilla moves the motion for approval.

Dr. Genrich seconds the motion.

No objections: Motion was approved.

#### ITEM V CLERKSHIP SYLLABI UPDATE 3<sup>rd</sup> YEAR

**Presenter(s): Dr. Francis** \* Please see attached report

Dr. Francis presented changes/revisions in the Year 3 Clerkship Syllabi:

- The faculty members are in the process of updating the GPAS policy. Any changes will be reflected in the Common Clerkship policies.
- No changes in passing or honors score requirements.
- Students prefer taking an early testing for the NBME. This trend will continue in the upcoming academic year.
- Full implementation of the LIC model will happen in AY 2022-23.
- Emergency Medicine and Neurology will be moved to the 3rd year in AY 2022-2023.
- Intersession Syllabus – 4 weeks in length. No major changes in content.

There were no questions or comments from the committee.

Decision about proposed updates:

Mr. Miraal Dharamsi moves the motion for approval.

Dr. Manglik seconds the motion.



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No objections: Motion was approved.

#### **ADJOURN**

Meeting adjourned at 2:30pm.



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# Scientific Principles of Medicine III – Fall 2020

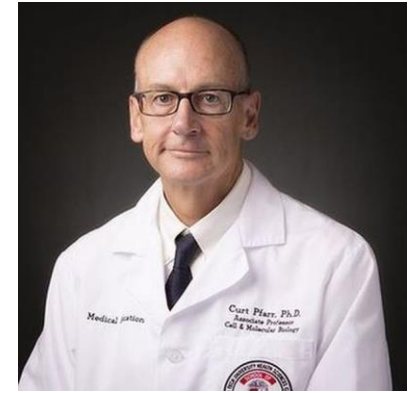
## Pre-Clerkship Phase Review Team



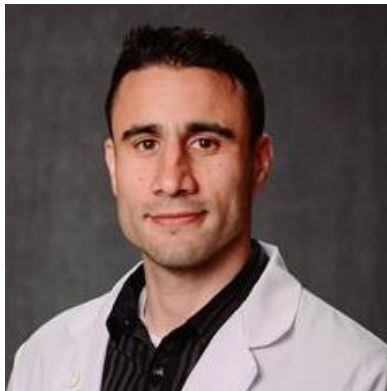
Lynn J. Hernan, MD  
Associate Professor of  
Pediatrics



Rebecca L Campos, M.D  
Assistant Professor of Family Medicine



Curt Pfarr, PhD  
Professor of Cell and Molecular Biology



Yacoub Khatib, MS3



Kaitlyn Challaghan, MS3



## **SPM III Units:**

1. Central Nervous System and Special Senses (CSS)
2. Endocrine System (END)
3. Reproductive Systems (REP)

## **Major Strengths:**

- Schemes
- Relevance to clinical practice
- Accessibility and integration of clinicians
- PWS
- Formative assessment including firecracker, session quizzes, tRATS and iRATS
- The live format and immediate feedback



<b>LCME Element:</b>	<b>Met?</b>	<b>Recommendations:</b>
6.1-Program and Learning Objectives	Y	
6.3-Self-Directed and Life-Long Learning	Y	
6.7-Academic Environments (IPE)	n/a	
7.1-Inclusion of Biomedical, Behavioral, Social Sciences	Y, with gaps	Emerging topics related to this field such as anti-racism and social justice need to be added to the curriculum.
7.2-Organ Systems/Life Cycle/Prevention/Symptoms/Signs/Differential Diagnosis, Treatment Planning	Y, with gaps	Based on CBSE and STEP1 class performance, low performing objectives or topics can be identified to improve curriculum
7.3-Scientific Method/Research	Y	
7.4-Critical Judgement/problem solving	Y	
7.5-Societal Problems	Y	



<b>LCME Element:</b>	<b>Met?</b>	<b>Recommendations:</b>
<b>7.6-Cultural Competence and Health Care Disparities</b>	n/a	
<b>7.7-Medical Ethics</b>	n/a	
<b>7.8-Communication Skills</b>	n/a	
<b>8.2-Use of PGOs</b>	Y	
<b>9.4-Assessment system</b>	Y	
<b>9.5-Narrative Assessment</b>	Y	
<b>9.7- Formative Assessment and Feedback</b>	Y, with gaps	Improve format of iRAT/tRAT items



## **SPM III Units:**

1. Central Nervous System and Special Senses (CSS)
2. Endocrine System (END)
3. Reproductive Systems (REP)

## Overall Recommendations from students:

- Minimize asynchronous learning, students preferred live sessions
- Improve timing for posting session recordings
- tRAT and iRATs format should mirror NBME style MCQs
- Summative assessment needs to better reflect content highlighted in the week
- Continue to integrate social justice, cultural competency, ethics and equity content into course where possible





# SPM III Units Review Team Final Recommendations:

- **Worked Case Revision to Original Model**
  - New model challenges:
    - Students feel underprepared
    - Active learning minimized by a focus on RAT performance.
  - Live scheme presentation by a clinical faculty in person
    - PowerPoint, Process Worksheet
  - Bookended 2-hour Worked Case Example Session
  - Encourages both active learning and team-based assessment
- **A Separate Academic Dean for the PLFSOM**
  - Curricular revision and innovation
  - Recruitment and promotion of faculty
  - Facilitation of change in culture at PLFSOM
    - Teaching to learn medicine, not to only test
  - Setting expectations for departments faculty and residents
    - Participation in pre-clerkship education





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# Pre-Clerkship Phase Review Report AY 2020/21- Review Team MSK II & IV

Niti Manglik, MD  
Martine Coue, PhD  
Christopher Anderson, MS2  
Christopher Castagno, MS2



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## Major Strengths:

1. Faculty /Staff
2. SP encounters replicate the real world environment
3. The MSK standardized patients and skills stations line up very well with what students are learning in SPM, helping to reinforce the material.



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## Areas of improvement

- Physician feedback on SP encounter
- Diversifying the SP pool. Include people from different race and background
- Increase time for SP encounter and SOAP note writing to make it more realistic to real world patient encounter/ clerkship experience



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LCME Element:	Met?	Coments/recommendations
6.1-Program and Learning Objectives	Y	
6.3-Self-Directed and Life-Long Learning	Y	
6.7-Academic Environments (IPE)	N	There are inter professional activities planned during pre-clinical years as a part of other courses (SPM, Colloquium, SCI etc.), but there are no specific inter professional activities in Medical skills 2 and 4.
7.1-Inclusion of Biomedical, Behavioral, Social Sciences	n/a	
7.2-Organ Systems/Life Cycle/Prevention/Symptoms/Signs/Differential Diagnosis, Treatment Planning	Y	
7.3-Scientific Method/Research	n/a	
7.4-Critical Judgement/problem solving	Y	
7.5-Societal Problems	Y with gaps	SP encounter which includes recognition of abuse (child or elderly) and critical thinking to decide if protective services should be informed or not.



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LCME Element:	Met?	Recommendations:
7.6-Cultural Competence and Health Care Disparities	Y with gaps	SP pool can be diversified to include different age groups, race and ethnic background.
7.7-Medical Ethics	Y with gaps	<u>Consider re-write of this section:</u> Examples listed in this section refer to professionalism rather than medical ethics. Of course Medical Skills teaching incorporates implicitly the beneficence and non-maleficence ethical principles to best diagnose and treat patients. However it is unclear how the two other principles (autonomy and justice) are covered in the Medical Skills curriculum. These could easily be incorporated in SP encounter scenarios.
7.8-Communication Skills	Y with gaps	Feedback by a physician on video recorded SP encounters (at least once per semester for each student) would be valuable.
8.2-Use of PGOs	Y	
9.4-Assessment system	N	Narrative feedback, with or without a graded rubric, will help students ascertain how they achieved their final grade. Preferably, and if feasible, a week after both the skills session and/or the patient encounter, the student would receive feedback from a faculty member on both positive and negative aspects of their performance. This would help students better understand why they failed and if they did not fail, how to improve their performance in future encounters/skills events.
9.5-Narrative Assessment	Y	
9.7- Formative Assessment and	Y with gaps	Yes, but the narrative formative performance assessments are from the SP's

## Summary:

**Overall Medical skills course is very well organized and robust course with excellent student feedback.** However, since we don't have Step 2 CS anymore Med skills can benefit from modifying its **SP encounter by making it a little longer**, allowing student some **more time to write soap notes**. **Faculty feedback on SP encounter video will also be beneficial to students.**

Other recommendations;

- Diversify SP pool
- Narrative feedback after each patient encounter, or at the very least after the end-of-unit OSCE, would improve understanding of the strengths and weakness of each student's performance. The SP does give feedback on how they felt being the patient but having a trained healthcare professional provide guidance and feedback would be exponentially helpful. This narrative feedback could be facilitated using the recordings in the SP rooms. Furthermore, students meeting 1-on-1 with a faculty member once a semester and reviewing an SP encounter together, could be done in addition to the above or in lieu of a narrative feedback.
- Include SP encounter on child/elderly abuse and CPS



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## CEPC Subcommittee on Evaluation of Education Programs

### **Review of End-of-Unit Evaluations: PLFSOM Evaluation Participation Policy**

Description: At its March 29, 2022 meeting, the Subcommittee on Evaluation of Education Programs reviewed the [PLFSOM Evaluation Participation Policy](#). Specifically, the review focused on the number of end-of-unit evaluations required of students during Years 1 and 2 of the curriculum (pre-clerkship phase).

Reason/Concern: Students are currently required to evaluate 5 faculty at the end of each unit of SPM, Med Skills, and Spanish), in addition to 5 faculty evaluations required at the end of the final unit of the semester. Concerns are: 1) students are required to complete too many evaluations over the course of the semester, and 2) the number of professionalism event cards, which are issued for incomplete evaluations, have increased.

Discussion: The subcommittee discussed the fact that the current policy requires students to complete an unreasonably high amount of evaluations over the course of a semester (total 43). In addition, faculty have found that evaluations from students lack depth and meaningful feedback. The subcommittee discussed this to be a direct result of students having to meet the number of required evaluations. Overall, the group agreed that a focus on quantity of evaluations, has inadvertently led to a decrease in quality of student feedback. Additionally, there has been an increase in the number of professionalism event cards, which – per policy - are issued to students for incomplete evaluations.

Conclusion/Recommendation: The subcommittee concluded the number of end-of-unit evaluations should be reduced, and recommends limiting each end-of-unit evaluation to 1 faculty member (versus 5 faculty members). The subcommittee further recommends limiting end-of-semester (final unit) evaluations to 1 faculty member (versus 5 faculty members), and students' respective college mentor(s). Therefore, end-of-semester evaluations will consist of 1 faculty member plus the relevant college mentor(s), depending on each individual student's number of college mentors. The subcommittee unanimously voted to formally recommend this change to the CEPC for review at its next meeting (April 2022).



## Medical Education Program Policy

<b>Policy Name:</b>	<b>Paul L. Foster School of Medicine Student Mistreatment Policy</b>		
<b>Policy Domain:</b>	Learning Environment	<b>Refers to LCME Element(s):</b>	3.4, 3.5, 3.6
<b>Approval Authority:</b>	Curriculum and Educational Policy Committee (CEPC)	<b>Adopted on:</b>	Pending
		<b>Review cycle:</b>	<input type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 year <input type="checkbox"/> 3 year <input type="checkbox"/> other _____
		<b>Date of last revision:</b>	03/2021
<b>Responsible Executive:</b>	Associate Dean for Student Affairs	<b>Year of CEPC review:</b> (typically 1 year before date from review cycle)	<input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025 <input type="checkbox"/> other: _____
		<b>Responsible Office:</b>	Office of Student Affairs* (*For policy review/revision: Office of Medical Education)
<b>Contact:</b>	Dr. Linda Ellis* (For policy review/revision: Dr. Irene Alexandraki <a href="mailto:Irene.Alexandraki@ttuhsc.edu">Irene.Alexandraki@ttuhsc.edu</a> )		

- Policy Statement:** The Texas Tech University Health Sciences Center El Paso (TTUHSCEP) and the Paul L. Foster School of Medicine (PLFSOM) have a policy of zero-tolerance mistreatment of medical students.
- Reason for Policy:** The purposes of this policy are:
  - To identify mechanisms for the reporting of student mistreatment in the context of routine curricular and co-curricular settings and circumstances;
  - To ensure transparency regarding the institutional response to reports of student mistreatment;
  - To ensure that no retaliation is experienced by those who report mistreatment in good faith.
- Those Who Should Read this Policy:** All participants in the learning environment – referring to all students, and all individuals who are employed by PLFSOM-TTUHSC El Paso and its affiliated entities, including residents, fellows, and staff working with medical students.
- Resources:** PLFSOM Office of Student Affairs, the TTUHSC El Paso Office of Academic Affairs, the TTUHSC El Paso Office of Student Services and Student Engagement, the TTUHSC El Paso Title IX Coordinator (<https://elpaso.ttuhsc.edu/title-ix/contact.aspx>), the TTUHSC El Paso student mistreatment website (<https://elpaso.ttuhsc.edu/student-mistreatment/default.aspx>).
- Definitions:**
  - Mistreatment:** The TTUHSCEP and PLFSOM define student mistreatment in accordance with the American Association of Medical Colleges definitions:
    - Public belittlement or humiliation
    - Threats of physical harm or actual physical punishment
    - Requirements to perform personal services (e.g., shopping)
    - Being subjected to unwanted sexual advances
    - Being asked for sexual favors in exchange for desired grades

**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.



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- Being denied opportunities for training because of gender, race, ethnicity or sexual orientation
- Receiving low grades or negative evaluations because of gender, race, ethnicity, or sexual orientation.

B. Retaliation: any act of harm in response to an actual or perceived harm

Examples of Retaliation:

- Any inequitable treatment of a student based on their submission of a complaint of mistreatment
- An action taken in response to, motivated by, or in connection with an individual's complaint of mistreatment or the investigation thereof, that deliberately interferes with the complainant's case
- Downgrading student grades following an allegation of student mistreatment, providing comments that reflect a negative light on student performance without evidence or cause

C. Student Mistreatment Investigatory Committee (SMIC):

- An investigative and advisory committee appointed by the associate dean for student affairs, and consisting of at least three individuals in PLFSOM leadership roles and/or who provide educational program support for the school/campus
- The functions of the committee are to investigate and assess reports of student mistreatment, and to generate recommendations to the associate dean for student affairs.

6. **Exceptional circumstances:** This policy does not apply to the setting of corrective expectations relating to conduct and/or academic performance, disciplinary action, and/or other administrative guidance as may be issued to a student by a dean, associate dean, assistant dean, relevant school and institutional committees, and certain institutional officers (including the vice president for academic affairs, the vice president for research, and the assistant vice president for student services and student engagement), or their designees, acting within their established range of authority. Disagreements regarding the appropriateness of any such actions are to be resolved through the administrative oversight associated with the specific circumstances by policy and/or the organization of the relevant office.

7. **The Policy:** The TTUHSC PLFSOM is responsible for ensuring a safe, supportive, and professional learning environment and does not tolerate mistreatment of its students. Student mistreatment may occur between students or between a student and any participant in the learning environment (specifically including, but not limited to, residents, fellows, faculty, and staff).

- A. All students, residents, fellows, faculty, and staff regularly participating in the learning environment will receive annual training on identifying and reporting student mistreatment and professionalism concerns.

**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.



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- B. Anyone who witnesses or experiences student mistreatment at a TTUHSCEP and/or PLFSOM educational or training site is encouraged to report it. While not always applicable, all employees (faculty and staff) should be aware of their obligation to report any incidents of sexual assault, sexual harassment, dating violence, or stalking committed by or against a person who was a student enrolled at or an employee of the institution at the time of the incident" under Texas State Law (SB212, see also TTU System Regulations 07.06.A and 07.06.B).
- C. Retaliation against an individual acting in good faith who reports mistreatment, or provides information relevant to a mistreatment investigation or proceeding, shall not be tolerated, and those who engage in retaliation are subject to disciplinary action.
- D. False claims of mistreatment will not be tolerated.
- Any person who submits a frivolous or malicious complain of mistreatment shall be subject to disciplinary action under school and institutional conduct policies and/or as allowed by law.
- E. To report student mistreatment and/or professionalism concerns, individuals may use any of the following resources:
- The <https://elpaso.ttuhsce.edu/StudentMistreatment> website.
  - The TTUHSCEP Student Mistreatment Hotline at 915-215-4797.
  - Any of the following individuals: the associate or assistant dean for student affairs, associate or assistant dean of medical education, clerkship program directors, TTUHSCEP Director of Human Resources, faculty in the Office of Diversity and Inclusion, any course director, any college mentor, and the Title IX coordinator.
- F. Any report of mistreatment will be forwarded to the associate dean for student affairs. The associate dean for student affairs will assess whether the complaint falls under this policy and, if so, will assign a student mistreatment investigatory committee (SMIC) to assess the allegations and generate recommendations if indicated.
- G. Process, Outcomes, and Reporting
- Any student, faculty, or staff may provide student mistreatment information via the [student mistreatment website](#) or the TTUHSCEP Student Mistreatment Hotline (915-215-4797). Individuals reporting student mistreatment may be anonymous; however, this will potentially lessen the ability to have a thorough investigation.
  - Upon receiving a report of student mistreatment, an online reporting form will be completed (if not already done), respecting the student's or faculty's wishes regarding anonymity.
  - Reports entered into the online reporting form will be uploaded into a database to be used by the Office of Student Affairs to track cases, support the functions of

**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.



the student mistreatment investigatory committee, and process improvement.

- A SMIC will investigate reports of mistreatment and ensure such incidents are assessed and fairly addressed. The findings of a SMIC are reported to the associate dean for student affairs.
- SMIC recommendations are advisory. The associate dean for student affairs, at their discretion, has the option of consulting with the associate dean for medical education and the TTUHSC El Paso vice president for academic affairs to develop additional or modified recommendations. This process may also include, but is not limited to, consultation with the Program Director or the Chair of the Department involved in a faculty complaint, and/or relevant school or institutional committees.
- After review and modifications if indicated, the associate dean for student affairs will forward findings and recommended corrective actions to the appropriate department/committee/office/individual(s). The associate dean for student affairs, or their designee, is also responsible for discussing the outcomes of these processes with the affected student(s) and/or complainant(s).
- The associate dean for student affairs will document the incident resolution information and provide the reports of the incident outcomes to the dean, or their designee, and others as appropriate (e.g., department chairs, program directors, faculty accused of mistreatment, and/or student complainants).
- Students found responsible for student mistreatment have the right to appeal to the dean or their designee in writing within 10 business days of the decision. An appeal must cite grounds for the appeal, and an appeal may only be based on a claim that due process under this policy was not followed. The dean or designee will review the case to ensure that due process has been followed. Employees found responsible for student mistreatment are advised to discuss any such outcomes with their supervisor or human resources department.



# AY 2022-2023 Clerkship Syllabus Updates

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CEPC

4/14/2022

Maureen Francis, MD, MS-HPed, FACP

Assistant Dean for Medical Education



# Common Clerkship Policies

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- No major changes
- Will need to be updated when the GPAS policy is updated
- No change in passing or honors score requirements
- Early testing for NBME will continue in the new academic year

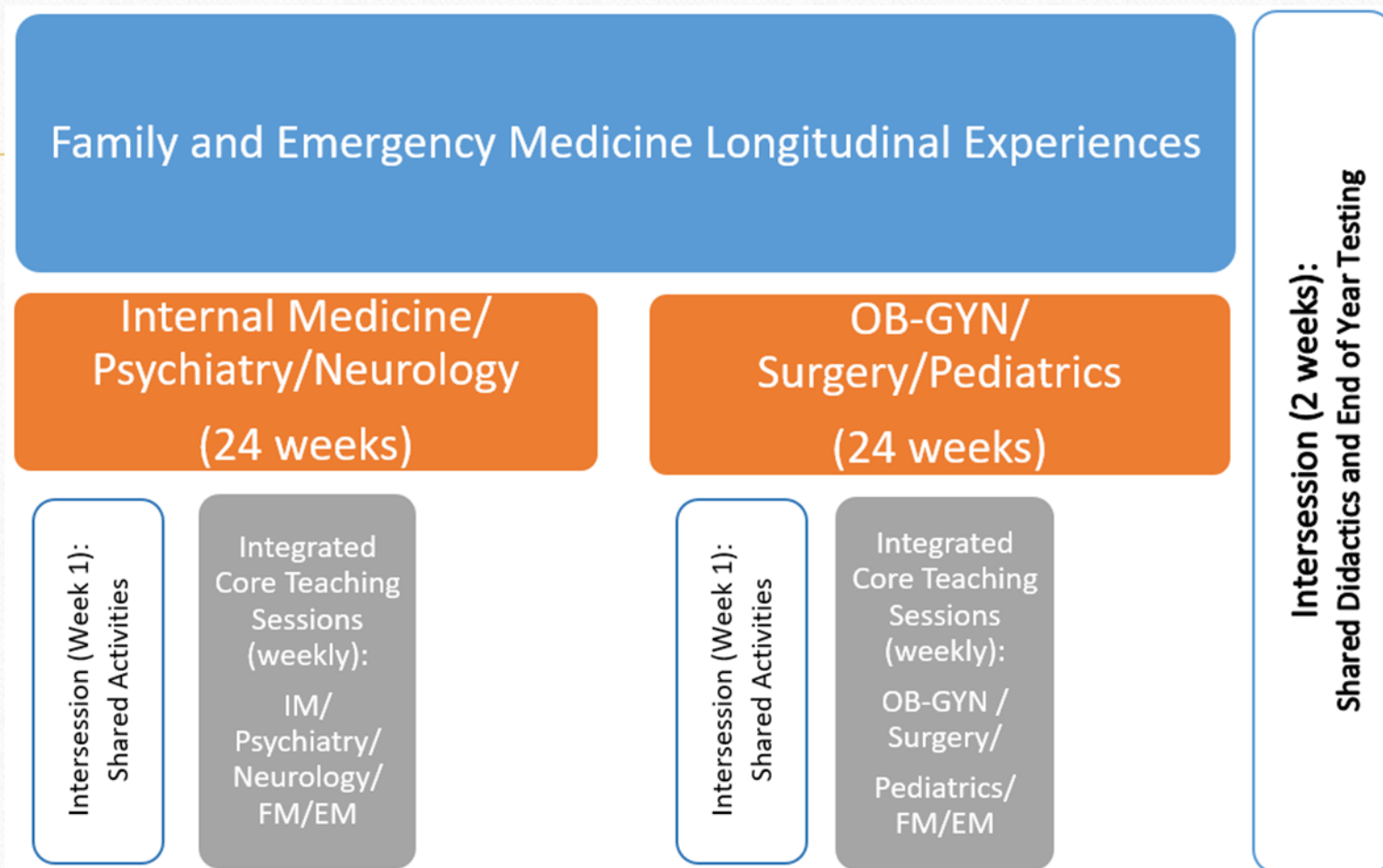
# Major changes Overall

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- Structural changes to the blocks
  - Phase 2 of LIC implementation
    - Emergency Medicine
    - Neurology



# Schematic of Phase 2 Transition to LIC



# Medicine and the Mind Block Overview

Orientation/ Procedures	IM wards 2 weeks	IM Specialty 1 week	Internal Medicine*	Internal Medicine	Psychiatry 1 week inpatient or CL	Psychiatry 2 weeks inpatient or CL	Neurology Inpatient 1 week	ILP 1 week	Internal Medicine	IM Ward 3 weeks	Testing/ NBME/ OSCE	
			Neurology	Neurology					Neurology			
			Psychiatry	Psychiatry					Psychiatry			
			Family Medicine	Family Medicine					Family Medicine			
	FM Longitudinal (goal of 4 sessions per week of ambulatory)											
	Emergency Medicine Longitudinal (goal 4 shifts 8 to 9 hours each)											
	Individual Learning Plan											

## OB/GYN – Peds-Surgery-EM-FM Block Overview

Orientation/ Shared activities	Surgery	Trauma	Pediatrics	Surgery	Peds Nursery 1 week	ILP 1 week	GYN Surgical service 2 weeks	Pediatrics	L & D 2 weeks	Peds Wards 1week	Pediatrics	MFM 1 week	Testing/ NBME/ OSCE	
			OB GYN					OB GYN			OB GYN			
			Surgery					Surgery			Surgery			
			Family Medicine					Family Mediicne			Family Medicine			
	FM Longitudinal													
	Emergency Medicine Longitudinal													
	Mother/ Baby Longitudinal													
	Individual Learning Plan													



# Intersession Syllabus

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- 4 weeks total – structural realignment, no major changes in content
  - 1 week at the beginning and end of fall semester
    - Orientations for upcoming clinical work and includes activities such as
      - SP case with documentation & oral case presentation
      - Electronic Health Record introduction and training
        - GE Centricity/Cerner UMC/Cerner TM Outpatient/Cerner THOP Inpatient
      - Scrub training/Bladder catheterization training and competency check-off/Suture workshop/Pelvic and delivery simulations/How to perform a Pediatric H&P
      - Psychiatric Interview in Children and Adolescents/Biopsychosocial Formulation/Scales Training/EKG 1/Patient Interviewing and Assessment
  - 2 weeks at the end of the year
    - End of year testing – EOY OSCE and CCSE and procedure workshop + preparation for 4<sup>th</sup> year
    - Colloquium/ultrasound instruction/compliance and conflict of interest/informed consent/racism in healthcare/legal issues in medicine/ hand-offs and order writing

# Clerkship Highlights - Neurology

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## Prior system

- 4 weeks during 4<sup>th</sup> year
  - 2 weeks inpatient
  - 2 weeks outpatient

## LIC Phase 2

- Incorporated into 3<sup>rd</sup> year
- 1 week of inpatient (6 days including Saturday)
- Ambulatory
  - 8 to 10 sessions across 10 weeks of ambulatory
  - Continuity with preceptor as much as possible
- Patient encounter requirements
  - 6 total
- Didactic
  - Integrated on Wednesday with Medicine and the Mind Didactics



# Clerkship Highlights - EM

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## Prior system

- 4 weeks during 4<sup>th</sup> year
  - Minimum of 96 hours clinical shifts
  - Additional activities
    - EMS ride out
    - Poison control
    - 911 Dispatch

## LIC Phase 2

- Longitudinal across both semesters of 3<sup>rd</sup> year
  - Mind and Medicine - approximately 40 hours clinical shifts
  - OPSEMF - approximately 24 hours clinical shifts
- Patient encounter requirements
  - 23 total
    - Medicine and the Mind – 13
      - Chest pain and abdominal pain
    - OPSEMF - 10
      - Nausea/vomiting and fever required
- \*\*New patient care follow-up assignment
- Additional activities will remain the same – scheduled during OPSEMF

# Clerkship Highlights - IM

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## LIC Phase 1

- 6 weeks of wards
- 2 weeks selective
  - (Note: Phase 2 LIC – Neuro will replace 2 week selective)
- Other changes
  - Removed series of video lectures/replaced with live sessions
  - Added requirement for completion of 10 Aquifer cases (one in each of 10 specified disease categories)

## LIC Phase 2

- 5 weeks of wards (3+2)
- 1 week inpatient selective + ambulatory selective (3 to 5 sessions)
- Assignments adjusted
  - 31 things in 3 minutes – 2 reduced to 1
  - H&Ps – 14 reduced to 10
  - Admission orders- 7 reduced to 4
  - Selective notes – 6 reduced to 4
  - \*\*New – Sign-off/Hand-off assignment – 4
- Patient encounter requirements
  - Total number unchanged – 30 with 20 mandatory conditions



# Clerkship Highlights - Psychiatry

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## LIC Phase 1

- 3 weeks Inpatient - combined total with Adult and/or Child CL
- Outpatient clinics streamed over 9 weeks

## LIC Phase 2

- Same structure except increase in ambulatory time to 10 weeks
- Assignment changes
  - Inpatient scales reduced from 6 to 3
  - Inpatient full evaluation from 1 to 2
  - Same changes for ambulatory scales and evaluations
- Patient encounter requirements
  - No major changes
  - 10 required categories/30 total

# Clerkship Highlights— Family Medicine

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## LIC Phase 1

- Experiences streamed through 9 weeks of ambulatory in IPF Block and additional experiences in OPS Block pilot tested in Spring semester
  - attempt to assign students to a set of clinic preceptors (residents, faculty community faculty) for continuity throughout the duration of the clerkship.
- Hospice scheduled during ambulatory weeks

## LIC Phase 2

- Experiences streamed through 10 weeks of ambulatory in Medicine and Mind Block
- Creation of FM Longitudinal in OPSEM FM Block
- Hospice unchanged
- Patient encounter requirements
  - Unchanged during Medicine and Mind Block
  - Added 6 in FM longitudinal
- FM longitudinal
  - PASS/FAIL only
- NBME remains in Medicine and Mind Block
  - Proposal to go to Core + Chronic Disease + MSK for NBME (currently core)
  - This will not change passing or honors requirements



# Clerkship Highlights - Surgery

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## LIC Phase 1

- 3 weeks Gen Surg + Trauma (Trauma nights removed as a stand alone rotation)
- 2 week selective
- Ambulatory weeks
  - SBL activities (PT, OT, Wound care, venipuncture)
  - Will include breast clinic and orthopedic clinic

## LIC Phase 2

- Structure
  - 2 week selective focused on general surgery
  - 2 week specialty selective
  - 1 week trauma
- No additional major changes

# Clerkship Highlights– OB/GYN

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## LIC Phase 1

- 2 weeks Labor and Delivery 2 weeks GYN Surgery Service, including Benign and Urogyn
- Ambulatory Clinic -streamed throughout 9 weeks, including Specialty services
  - MFM during one of the ambulatory weeks (includes both inpatient and ambulatory)

## LIC Phase 2

- 2 weeks Labor and Delivery + 1 week MFM and Triage
- 2 weeks GYN Surgery Service, including Benign and Urogyn
- Ambulatory Clinic -streamed throughout 8 weeks, including Specialty services
- Patient encounter & procedure changes
  - Wet mount removed
  - D&C removed
  - Foley increased from 1 to 2 (in addition to 2 required in Surgery)



# Clerkship Highlights - Pediatrics

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## LIC Phase 1

- 1 week wards
- 1 week Nursery/Specialty
- Outpatient experiences stream over 9 weeks

## LIC Phase 2

- Wards and Nursery unchanged
- Outpatient experiences stream over 8 weeks
- Assignments
- Patient encounter requirements
  - Well child visits – consolidated to 3 for age  $\leq 1$  year
  - Heart murmur, prematurity and newborn respiratory distress removed
- Assignment updates
  - Order writing activities deleted from wards
  - Deleted nursery write-up requirement
  - Eliminated specialty clinic reflection
  - Added autism modules

# Core Didactics

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- Didactics grouped by theme across specialties as much as possible
- All didactic information/objectives will be contained in Appendix A for each block



# Assessments

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- Change in wording on scales used in clinical assessments during the block
  - QI project this year – add descriptors to scales for all assessments