



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School of Medicine

CEPC MEETING AGENDA

01:00 PM - 02:30 PM

09/08/2022

CHAIR:

Dr. Maureen Francis, MD, FACP. MS-HPed

VOTING MEMBERS:

Colby Genrich, MD; Fatima Gutierrez, MD; Houriya Ayoubieh, MD; Jessica Chacon, PhD, Munmun Chattopadhyay, PhD; Patricia Ortiz, MD
Khanjani Narges, MD

EX-OFFICIO:

Lisa Beinhoff PhD; Linda S. Ellis, MD; Tanis Hogg, PhD;

STUDENT REPRESENTATIVES:

Pending MS1 (Voting); pending MS1 (Ex Officio); Rowan Sankar MS2 (Voting); Nikolas Malize MS2 (Ex Officio); Whitney Shaffer MS3 (Voting);
Rohan Rereddy MS3 (Ex Officio); Miraal Dharamsi MS4 (Voting); Daniel Tran MS4 (Ex Officio);

INVITED/GUESTS:

Richard Brower, MD, FAAN; Christiane Herber-Valdez, PhD; Martin Charmaine, MD; E. Lee Rosenthal, PhD; Khanjani Narges, MD; Jose Manuel
de la Rosa, MD, Maria Cotera; Priya Harindranathan

APPROVAL OF MINUTES

Minutes will be attached.

ANNOUNCEMENTS

Presenter(s): Dr. Francis

- Doctor of Medicine Degree Program & PGOs AY 22-23

CEPC 09/08/2022



TEXAS TECH UNIVERSITY
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Paul L. Foster School of Medicine

- Upcoming Clerkship Phase Review

ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I POLICY UPDATES

Presenter (s): Dr. Francis

- Grading, Promotion, and Academic Standing (GPAS)
- Clinical Supervision of Medical Students
- The Common Clerkship Policies
- Preparation of GME Trainees for Participation in UME
- Clerkship Director/Assistant Director Position Descriptions
- Clerkship Administration

ITEM II SCI SYLLABUS UPDATES

Presenter(s): Dr. Rosenthal

ITEM III CLERKSHIP DIRECTORS UPDATE

Presenter(s): Dr. Francis

OPEN FORUM

ADJOURN



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School of Medicine

CEPC Monthly Meeting Minutes

01:00 PM - 02:30 PM

09/08/2022

MEMBERS IN ATTENDANCE:

Maureen Francis, Jessica Chacon, Munmun Chattopadhyay, Miraal Dharamsi , Patricia Ortiz, Lisa Beinhoff, Tanis Hogg, Khanjani Narges

MEMBERS NOT IN ATTENDANCE:

Colby Genrich, Fatima Gutierrez, Linda S. Ellis, Nick Malize, Rowan Sankar, Rohan Rereddy, Whitney Shaffer, Daniel Tran

PRESENTERS/GUESTS IN ATTENDANCE:

Richard Brower, MD, FAAN; Christiane Herber-Valdez, PhD; Charmaine Martin, MD; Priya Harindranathan, PhD; Maria Cotera, MA;

INVITED/GUESTS NOT IN ATTENDANCE:

Jose Manuel de la Rosa, MD, Lee Rosenthal, PhD

REVIEW AND APPROVAL OF MINUTES

**Dr. Francis, New CEPC
Chair**

- Meeting minutes from July 14, 2022 were adopted. Members voted electronically and asynchronously.

ANNOUNCEMENTS

Presenter(s): Dr. Francis

- Dr. Francis opened the meeting as the new CEPC Chair. Former Chair Dr. Alexandraki left the institution to pursue new role at the University of Arizona College of Medicine. Dr. Francis emphasized the importance of the CEPC committee and invited participants to engage in discussions. She announced that the Clerkship Review Phase should start in October.

ITEMS FROM STUDENT REPRESENTATIVES

CEPC 09/08/2022



Presenter(s): Mr. Dharamsi

- Miraal commented that better communication strategy is needed for follow-ups and completion of the Medical Student Performance Evaluation (MSPE) letters. He explained that initial individual meetings with Dr. Martin or Dr. Ellis were conducted, however, the organization of the follow-up meetings was challenging due to the amount of students that needed additional review prior to submission (September 28th – submission deadline). Miraal added that there were some technical issues with IT so the grades were not sent to Dr. Martin and Dr. Ellis on time so they could not construct MSPE swiftly. Dr. Francis explained that all of the data required for these letters was uploaded in students' E-portfolio. Miraal noted that he suggested to other students to share that data with Dr. Ellis and Dr. Martin to prevent any delays. Dr. Francis concluded that she will touch base with Dr. Ellis about this topic.

ANNOUNCEMENTS

Presenter(s): Ms. Cotera

- Ms. Cotera presented the Doctor of Medicine Degree Program for the current academic year along with the PGOs. Both documents are published online.
*Please see attached documents

ITEM I POLICY UPDATES

Presenter(s): Dr. Francis

- Dr. Francis initiated the policies' revision project by presenting the following policies:
*Please see attached documents with recommended changes.
- Clinical Supervision of Medical Students Policy - Dr. Francis stated that Year 3/4 Committee did not have any recommended changes to the current version.
- Dr. Francis pointed out that the common clerkship policies are updated and reviewed yearly by the Year 3/4 Clerkship Committee and the CEPC. Therefore, the attached policy is in effect and no changes are needed.
- Preparation of GME Trainees for Participation in UME - Dr. Francis explained that clerkship directors did not suggest any changes to the current policy. She noted that policy is just governing the process of preparation of residents and fellows prior to their



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- interactions with students. Clerkship directors from each department have already prepared preparation plans (template attached to the policy).
- Clerkship Administration Policy & Clerkship Director/Assistant Director Position Descriptions Policy - Dr. Francis said that Clerkship administration policy requires the input from the EVU committee before the final approval. Year 3/4 Committee revised these policies and agreed that due to added responsibilities there should be an increase of FTE for clerkship directors and assistant directors. Dr. Martin asked if chairs are in agreement with suggested changes. Dr. Francis explained that chairs are members of the EUV committee and more information will be available after their meeting. Dr. Martin pointed out that very often the OSA sends students to clerkship directors for advising, so this should be also addressed as an additional duty. Dr. Ortiz agreed and pointed out that she spends significant amount of time advising and mentoring students on residency applications and career choices. Dr. Brower added that EVU formula doesn't directly inform the discussions that chairs have with faculty about the split of their time or responsibility. He noted that everybody in academics does the work beyond 1.0 FTE type of framework so the chairs are often in situation to negotiate these things. He concluded that ultimately the decision depends on the EVU committee's response.
 - Dr. Francis queried if this committee was in favor of recommended changes. All participants were in favor.
 - Dr. Francis noted that Grading, Promotion, and Academic Standing (GPAS) has been under revision for a year and will take more than one meeting to be finalized. She suggested change that students should pass the Step 1 before they start the clerkship phase. She explained that the CBSE exam would help students to predict their score on the Step 1. Dr. Hogg added that CBSE is highly predicted test for the Step 1, especially if students take the Step 1 within a week of taking the CBSE. He explained that according to consultation with the NBME most of the schools are using it as the qualifying exam for the Step 1. He pointed out that our school chose the value of 63 as a passing criteria, which has 89% probability of passing the Step 1 if the student takes it within the week. Dr. Francis noted that this practice would give students a break before they start 3rd year which is considered difficult. Students would have an opportunity to take CBSE by the



end of March and again in April. Dr. Francis pointed out that this planning should be coupled with some good advising for the students. Miraal asked if there would be any flexibility in dates for the CBCE exam. Dr. Hogg explained that, currently, they should be spaced 3 weeks apart but he noted that some flexibility in scheduling will be considered. Miraal concluded that flexibility in scheduling would give students more ownership of their schedule and result in better outcomes.

ITEM II SCI SYLLABUS UPDATES

Presenter(s): Dr. Khanjani

On behalf of Dr. Rosenthal Dr. Khanjani presented non-substantive modifications of the SCI syllabus which was approved by the CEPC at July's meeting. Dr. Khanjani asked if few changes in area of biostatistics could be done at this point. Dr. Francis explained that non-substantive changes do not need to be approved by the CEPC, however, any other changes could not be allowed in the middle of the year. Dr. Francis concluded that any major changes will have to be approved prior to the start of the course.

Dr. Hogg expressed his concern with gradual but consistent reduction in the number of clinical experiences that students are getting through the SCI. He mentioned that he purchased 5 copies of "Value-added rolls for medical students" books published by AMA, which outline opportunities for students to have meaningful experiences in the pre-clerkship phase.

ITEM III - CLERKSHIP DIRECTORS UPDATE

Presenter(s): Dr. Francis

- Dr. Acharya would replace Dr. Boppana and become the new Assistant Clerkship director for Internal Medicine
*Dr. Acharya CV is attached

ADJOURN

Members voted electronically and asynchronously, and adopted the following items:

- *Meeting minutes from July 14, 2022*
- *The Common Clerkship Policies*



- *Clinical Supervision of Medical Students Policy*
- *Preparation of GME Trainees for Participation in UME*
- *Clerkship directors update*

Meeting adjourned at 2:31pm.



Doctor of Medicine Degree Program

	Subject	Course Number	Course Title	Credit Hours
M1 Fall	PSPM	5021	Scientific Principles of Medicine I	14
	PMSK	5301	Medical Skills I	2
	PSCI	5221	Society Community and the Individual I	8
	PMAS	5101	College Colloquium I	2
M1 Spring	PSPM	5012	Scientific Principles of Medicine II	12
	PMSK	5302	Medical Skills II	2
	PSCI	5212	Society Community and the Individual II	2
	PMAS	5112	College Colloquium II	1
	PSAP	5401	Scholarly Activity Research Project I	1
M2 Fall	PSPM	6011	Scientific Principles of Medicine III	12
	PMSK	6311	Medical Skills III	2
	PSCI	6211	Society Community and the Individual III	2
	PMAS	6111	College Colloquium III	2
M2 Spring	PSPM	6022	Scientific Principles of Medicine IV	4
	PMSK	6302	Medical Skills IV	1
	PSCI	6212	Society Community and the Individual IV	1
	PMAS	6112	College' Colloquium IV	1
M3 Year*			ICE: United States Medical Licensing Examination STEP 1	-
			ICE: NBME Comprehensive Clinical Science Exam	-
			ICE: End of Year OSCE	-
	PICE	7002	ICE: Integration Intersession I	2
	PICE	7003	ICE: Integration Intersession II	2
	PFAM	7001	Family Medicine Clerkship	6
	PSUR	7001	Surgery Clerkship	7
	PINT	7001	Internal Medicine Clerkship	7
	PPSY	7001	Psychiatry Clerkship	7
	POBG	7001	Obstetrics & Gynecology Clerkship	7
	PEDS	7001	Pediatrics Clerkship	7
	PFAM	7002	Family Medicine Clerkship Longitudinal	1
	PNEU	7001	Neurology Clerkship	2
	PEME	7001	Emergency Medicine I	1
PEME	7002	Emergency Medicine II	1	
M4 Year*		Selective	Critical Care (PNEU 8002 or PINT 8002 or 8003 or 8004 or PPED 8002 or 8003 or PSUR 8002 or PNEU 8002)	4
		Selective	Sub-Internship (PFAM 8001 or PINT 8001 or POBG 8001 or PPED 8001 or PSUR 8001)	4
	PICE	8001	Boot Camp	2
			Electives (two or four-week blocks) <u>4 Cr. Hr. Elective on BS or Research required.</u>	22
			ICE: United States Medical Licensing Examination STEP 2 CK	-
Additional	PSAP	6401	Scholarly Activity Research Project II†	1
	PSAP	7401	Scholarly Activity Research Project III†	1
			ICE: CME Credit Requirement	-
Total Credit Hours				153

The *Integrated Curricular Elements (ICE) Program* contains curricular requirements that intentionally span the four year curriculum; includes both credit and non-credit components.

*Order of M3 & M4 clerkships and coursework vary by student – requirement listing only, sequence not implied

† SARP II & SARP III required by all students; may be taken at any time from M2 thru M4 year.

About

Texas Tech University System

Mission To provide leadership and support services for Texas Tech University, Texas Tech University Health Sciences Center, Texas Tech University Health Sciences Center El Paso, Angelo State University and Midwestern State University fulfillment of each component institution's individual mission.

Texas Tech University

Health Sciences Center El Paso

Mission To provide exceptional educational and development opportunities for our diverse learning community, advance knowledge through research and innovation, and serve the needs of our border region and beyond.

Foster School of Medicine

Mission To provide an outstanding education and development opportunities for a diverse group of students, residents, faculty and staff; advance knowledge through innovation and research; and serve the needs of our socially and culturally diverse communities and regions.

Purpose and Use of Educational Program

Goals and Objectives

The Foster School of Medicine educational program goals and objectives are outcome-based statements that guide the instruction and assessment of medical students as they develop the knowledge and abilities expected of a physician. All elements of the Foster School of Medicine curriculum are derived from and contribute to the fulfillment of one or more of the medical education program's goals and objectives.

Foster School of Medicine
Catalog for Academic Year 2022-2023
catalog.ttuhsc.edu

The Foster School of Medicine is
accredited by the Liaison Committee on
Medical Education (LCME)
lcme.org

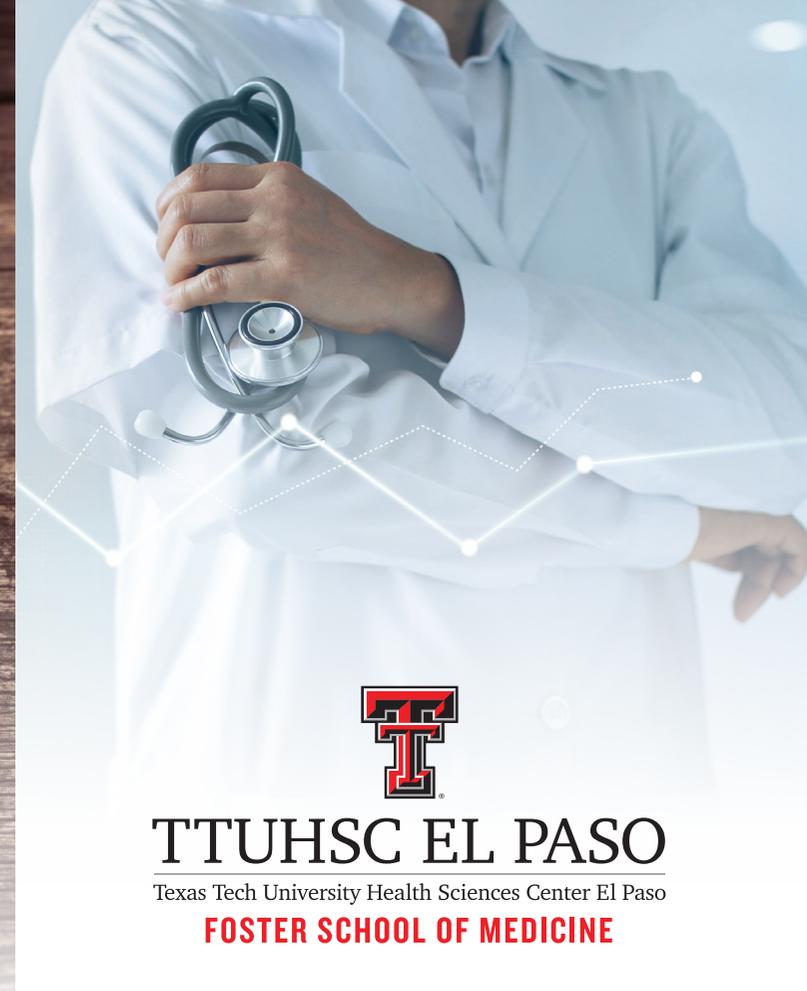
*Approved by the Curriculum and Educational
Policy Committee on Sept. 14, 2020*



TTUHSC EL PASO

Texas Tech University Health Sciences Center El Paso

FOSTER SCHOOL OF MEDICINE



TTUHSC EL PASO

Texas Tech University Health Sciences Center El Paso

FOSTER SCHOOL OF MEDICINE

Educational Program Goals and Objectives

Doctor of Medicine

Academic Year
2022 - 2023

For additional information, contact:

Texas Tech University Health Sciences Center El Paso
Foster School of Medicine
Office of Medical Education
Medical Center of the Americas, Room 210
915-215-5553 | plfsom.meded@ttuhsc.edu

Patient Care

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

- PC-1.1 Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.
- PC-1.2 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- PC-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.
- PC-1.4 Organize and prioritize responsibilities in order to provide care that is safe, efficient, and effective.
- PC-1.5 Recognize a patient requiring urgent or emergent care, and initiate evaluation and management.
- PC-1.6 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.
- PC-1.7 Provide preventative health care services and promote health in patients, families, and communities.
- PC-1.8 Demonstrate and apply understanding of key issues in performing procedures and mitigating complications, and demonstrate reliable mechanical skills in performing the general procedures of a physician.

Knowledge for Practice

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

- KP-2.1 Compare and contrast normal variation and pathological states in the structure and function of the human body across the life span.
- KP-2.2 Apply evidence-based principles of foundational/ basic science to health care.
- KP-2.3 Apply evidenced-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.
- KP-2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.
- KP-2.5 Apply principles of social-behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.

KP-2.6 Demonstrate an understanding of and engagement in the creation, dissemination and application of new health care knowledge.

Practice-Based Learning and Improvement

Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

- PBL-3.1 Identify gaps in one's knowledge, skills, and/or attitudes, and perform learning activities to address them.
- PBL-3.2 Demonstrate an understanding of quality improvement principles and their application to analyzing and solving problems in patient and/or population-based care.
- PBL-3.3 Incorporate feedback into practice.
- PBL-3.4 Locate, appraise and assimilate evidence from scientific studies related to patients' health problems.
- PBL-3.5 Obtain and utilize information about individual patients, populations or communities to improve care.
- PBL-3.6 Participate in the education of patients, families, students, trainees, peers, and other health professionals.

Interpersonal and Communication Skills

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

- ICS-4.1 Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- ICS-4.2 Communicate effectively with colleagues and other health care professionals.
- ICS-4.3 Communicate with sensitivity, honesty, compassion and empathy.
- ICS-4.4 Maintain accurate, comprehensive and timely medical records.

Professionalism

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

- PRO-5.1 Demonstrate sensitivity, compassion, and respect for all people.
- PRO-5.2 Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient privacy, autonomy and informed consent.
- PRO-5.3 Demonstrate accountability to patients and fellow members of the health care team.
- PRO-5.4 Demonstrate and apply knowledge of ethical principles pertaining to the provision or withholding of care.
- PRO-5.5 Demonstrate and apply knowledge of ethical principles pertaining to health care related business practices and

health care administration, including compliance with relevant laws, policies, regulations and the avoidance of conflicts of interest

PRO-5.6 Demonstrate honesty and integrity in all professional and academic interactions.

PRO-5.7 Meet professional and academic commitments and obligations.

Systems-Based Practice

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call on other resources in the system to provide optimal care.

- SBP-6.1 Describe the health system and its components, how the system is funded and how it affects individual and community health.
- SBP-6.2 Demonstrate the ability to identify patient access to public, private, commercial and/or community-based resources relevant to patient health and care.
- SBP-6.3 Incorporate considerations of benefits, risks and costs in patient and/or population care.
- SBP-6.4 Describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings.

Interprofessional Collaboration

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

- IPC-7.1 Describe the roles and responsibilities of health care professionals.
- IPC-7.2 Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care.
- IPC-7.3 Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable.
- IPC-7.4 Recognize and respond appropriately to circumstances involving conflict.

Personal and Professional Development

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

- PPD-8.1 Recognize when to take responsibility and when to seek assistance.
- PPD-8.2 Demonstrate healthy coping mechanisms in response to stress and professional responsibilities.
- PPD-8.3 Demonstrate flexibility in adjusting to change and difficult situations.
- PPD-8.4 Utilize appropriate resources and coping mechanisms when confronted with uncertainty and ambiguous situations.

GPAS POLICY UPDATE

CEPC PRESENTATION 9/8/2022

GPAS Policy Revision – CEPC Presentation

Current Version



Medical Education Program Policy

Policy Name:	Grading, Promotion, and Academic Standing (GPAS)				
Policy Domain:	Medical Student Grading, Promotion, and Academic Standing	Refers to LCME Element(s):	9.9		
Approval Authority:	Curriculum and Educational Policy Committee (CEPC)	Adopted:	March 11, 2019	Date Last Reviewed:	March 9, 2019
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:	March 9, 2019		
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu		

- Policy Statement:** This document defines the school's expectations and practices related to the determination of student grades, promotion, and academic standing.
- Reason for Policy:** The purpose of this policy is to guide the faculty and its relevant committees in their administration of student grades, promotion, and academic standing.
- Who Should Read this Policy:** All PLFSOM educational program leaders, including the dean, the provost, all academic officers of the Office of Medical Education and Office of Student Affairs, all course/clerkship directors and assistant directors, and all members of the following standing faculty committees: the Committee on Curriculum and Educational Policy, the Committee on Student Grading and Promotion, the Committee on Evaluation of Education Programs, the Committee on Student Affairs. This policy is also to be included in the student handbook and should be read by all students.

Recommended Changes



Medical Education Program Policy

Policy Name:	Grading, Promotion, and Academic Standing (GPAS)				
Policy Domain:	Medical Student Grading, Promotion, and Academic Standing	Refers to LCME Element(s):	9.9		
Approval Authority:	Curriculum and Educational Policy Committee (CEPC)	Adopted:	March 2019	Date Last Reviewed:	July 2022
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:	July 2022		
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic, M.P.A. Babic, Mirjana		

- Policy Statement:** This document defines the school's expectations and practices related to the determination of student grades, promotion, and academic standing.
- Reason for Policy:** The purpose of this policy is to guide the faculty and its relevant committees in their administration of student grades, promotion, and academic standing.
- Who Should Read this Policy:** All PLFSOM educational program leaders, including the dean, the Vice President for Academic Affairs, all academic officers of the Office of Medical Education and Office of Student Affairs, all course/clerkship directors and assistant directors, and all members of the following standing faculty committees: the Committee on Curriculum and Educational Policy(CEPC), the Committee on Student Grading and Promotion (GPC), the Sub-Committee on Evaluation of Educational Programs, and the Committee on Student Affairs. This policy is included in the student handbook and should be read by all students.

Unknown
Field Code Changed

GPAS Policy Revision – CEPC Presentation

Current Version

- c. **Good academic standing:** Good academic standing is defined as not being on probation as defined below in Sections 9 (pre-clerkship phase) and 11 (clerkship phase).
 - i. In order to enroll in any additional or supplemental elective courses or programs, or to serve as an officer for a school-sponsored student organization, students must be in good academic standing. Students not in good academic standing are required to withdraw from any additional or supplemental elective courses or programs, and to resign from any ongoing service as an officer for any school-sponsored student organizations.
 - ii. Students in good academic status but on academic warning, as defined in Sections 9 and 11 below, are expected to critically review and reduce their extracurricular activities (leadership roles, supplemental curricula, and/or volunteerism), and to seek approval of their plans in this regard from the Associate Dean for Student Affairs or their designee. This review is to be documented and retained in the Associate Dean's files. Non-adherence to an approved plan may result in referral of the student to the GPC for a review of their academic status based on a professionalism concern.

Recommended Changes

- c. **Good academic standing:** ~~Good academic standing is defined as not being on~~ Students on academic/professional probation as defined below in Sections 9 (pre-clerkship phase) and 11 (clerkship phase) are not in good academic standing. Students on academic warning as defined in Sections 9 (pre-clerkship) and 11 (Clerkship) are still considered to be in good academic standing unless otherwise specified by the GPC.
 - i. ~~Students on probation are not permitted to enroll~~ in order to enroll in any additional or supplemental elective courses or programs, or to serve as an officer for a school-sponsored student committee or organization, ~~students must be in good academic standing.~~ Students on probation not in good academic standing are required to withdraw ~~from any~~ additional or supplemental elective courses or programs, and to resign from any ongoing service as an officer for any school-sponsored student committees, organizations or leadership roles.
 - ii. ~~Students in good academic standing but on academic/professional warning, as defined in Sections 9 and 11 below,~~ are required to critically review and reduce their extracurricular activities (leadership roles, supplemental curricula, and/or volunteerism), and required to seek approval of their plans in this regard from the Associate Dean for Student Affairs or their designee. This review is to be documented and retained ~~by~~ in the Associate Dean of Student Affairs' ~~or their designee files.~~ or their designee files. Non-adherence to an approved plan may result in referral of the student to the GPC for a review of their academic status based on a professionalism concern.
- d. **Leave of Absence:** Students on leave of absence are required to resign from any ongoing service as an officer for any school-sponsored student committees, organizations or leadership roles. Participation in volunteer activities must be approved by the Associate Dean for Student Affairs or their designee. For more information, please refer to the _____ Policy.
 - iii.

Goal of the changes was to clarify “Good Academic Standing”
Student Leaves of Absence and Suspensions Policy is HSCEP OP 77.05

GPAS Policy Revision – CEPC Presentation

Current Version

- **Academic warning:** Students on academic warning have specifically identified academic challenges that are potentially remediable within the current academic year or prior to progression to the next academic phase. Unless specifically modified by the GPC, this status persists until all associated academic performance deficiencies are satisfactorily resolved, at which point the student is no longer considered at-risk
- **Probation:** Students on probation have specifically identified academic deficits that require repeat of a year or a revised curriculum plan. Unless specifically modified by the GPC, this status persists until satisfactory completion of the repeat year, at which point the student is considered at-risk and on academic warning until the student's satisfactory completion of the pre-clerkship phase of the curriculum, at which point the student is no longer considered at-risk

Recommended Changes

- **Academic/Professional Warning:** Students designated as on academic/professional warning have specifically identified academic and/or professional challenges that are potentially remediable within the current academic year or prior to progression to the next academic phase. Unless specifically modified by the GPC, this status persists until all associated academic and/or professional performance deficiencies are satisfactorily resolved, at which point the student is no longer designated as on academic-or-professional warning.
- **Academic/Professional Probation:** Academic/professional probation is a formal designation and is recorded on the Medical Student Performance Evaluation (MSPE) at the discretion of the Grading and Promotions Committee. Students on academic/professional probation have specifically identified academic and/or professional deficits that are not remediable within the current academic year or prior to progression to the next academic phase. In most instances of academic probation students will be required to repeat a year or complete a revised curriculum plan that is less than one year in duration. This needs to be considered in conjunction with the Leaves of Absence and Suspensions Policy Operating Policy and Procedure HSCEP OP: 77.05, Student Leaves of Absence and Suspensions, U, unless specifically modified by the GPC, the designation of academic probation persists until satisfactory completion of the repeat year, at which point the student is on academic warning until satisfactory completion of the pre-clerkship phase of the curriculum, at which point the student is no longer on academic warning. At the discretion of the GPC, in some cases a student placed on academic professional probation for professionalism concerns may be permitted to progress without repeating the year. The designation of professional probation will remain until the GPC determines that the professionalism issue has been satisfactorily addressed and remediated.

Goal of the changes was to clarify Academic Warning and Probation and what is recorded on the MSPE
Student Leaves of Absence and Suspensions Policy is HSCEP OP 77.05

GPAS Policy Revision – CEPC Presentation

Current Version

All students are subject to individualized GPC reviews that incorporate the student's current and accumulated academic performance since matriculation, any professionalism notations/concerns, compliance with educational program expectations (per program policies and as may be individually specified by the GPC), and any exceptional circumstances affecting the student's academic performance. In most cases a student's at-risk status is automatically determined by their circumstances as outlined below. However, at-risk students initially designated as on academic warning shall be re-designated as on probation if the GPC determines that repeat of the year or a revised curriculum plan is necessary.

Note regarding pre-clerkship phase deferred/temporary grade resolution and course remediation plans: Standard plans for the resolution of deferred/temporary course grades are specified by course syllabi. When individualized course (or course component) remediation is a consideration, the course director shall propose a plan for GPC review and approval. Similarly, at-risk students initially designated as on probation shall be re-designated as on academic warning if the GPC determines that repeat of the year is not necessary (as when individual remediation may be approved).

Recommended Changes

All students referred to the GPC are subject to individualized GPC reviews that incorporate the student's current and accumulated academic performance since matriculation, any professionalism notations/concerns, compliance with educational program expectations (per program policies and as may be individually specified by the GPC), and any exceptional circumstances affecting the student's academic performance. In most cases a student's academic warning or probation status is automatically determined by their circumstances as outlined below. However, students initially designated as on academic warning shall be re-designated as on academic probation if the GPC determines that repeat of the year or a revised curriculum plan is necessary.

Note regarding pre-clerkship phase deferred/temporary grade resolution and course remediation plans: Standard plans for the resolution of deferred/temporary course grades are specified by course syllabi. When individualized course (or course component) remediation is a consideration, the course director shall propose a plan for GPC review and approval. ~~Similarly, students initially designated as on probation for academic reasons shall be re-designated as on academic warning if the GPC determines that repeat of the year is not necessary (as when individual remediation may be approved).~~

Proposal to remove the final sentence which would not automatically change the status of the student

GPAS Policy Revision – CEPC Presentation

Current Version

Recommended Changes

a. Fall Semester Review

Table 9.a Pre-Clerkship Phase Fall Semester Review Rules	
The GPC will consider all pre-clerkship phase students after the end of the fall semester. Students considered at-risk will be placed on academic warning or probation and reviewed by the GPC according to the following rules:	
If:	Then:
i. Deferred/temporary grade in one course:	
SPM	
<ul style="list-style-type: none"> One SPM unit failed 	Academic warning , referral to the GPC at the discretion of the SPM course director and/or the associate dean for medical education (for consideration of individual remediation or repeat of the year)
<ul style="list-style-type: none"> Two SPM units failed 	Academic warning with required referral to the GPC for individualized review, including academic performance issues that may not be adequately identified or addressed at the course level (see sections 5.b and 9 above)

a. Fall Semester Review

Table 9.a Pre-Clerkship Phase Fall Semester Review Rules	
The GPC will consider all pre-clerkship phase students after the end of the fall semester. Students will be placed on academic academic professional warning or academic academic professional probation and reviewed by the GPC according to the following rules:	
If:	Then:
i. Deferred/temporary grade in one course:	
SPM	
<ul style="list-style-type: none"> One SPM unit failed 	Academic warning , referral to the GPC at the discretion of the SPM course director, the assistant dean for the Pre-clerkship phase, and/or the associate dean for medical education (for consideration consideration of individual remediation or repeat of the year) and then will reach out to the student(s) to provide them due process prior to going to the GPC.
<ul style="list-style-type: none"> Two SPM units failed 	Academic warning with required referral to the GPC for individualized review, including academic performance issues that may not be adequately identified or addressed at the course level (see sections 5.b and 9 above)

No changes proposed in the final draft

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SCI, Medical Skills, or Colloquium	Academic warning , referral to the GPC at the discretion of the course director and/or associate dean for medical education (for consideration of individual remediation or repeat of the year)
ii. Deferred/temporary grade in two courses:	
One SPM unit <u>and</u> SCI, Medical Skills, <u>or</u> Colloquium	Academic warning and referral to the GPC at the discretion of the relevant course directors and/or the associate dean for medical education (for consideration of individual remediation, repeat of the year, or dismissal)
Two SPM units <u>and</u> SCI, Medical Skills, <u>or</u> Colloquium	Probation and referral to the GPC for consideration of repeat of the year or dismissal
Any combination of SCI, Medical Skills, and/or Colloquium	Referral to the GPC for determination of at-risk status (academic warning or probation) and for consideration of individual remediation, repeat of the year, or dismissal
iii. Failure of one course:	
SPM (more than two units failed)	Probation and referral to the GPC for consideration of repeat of the year or dismissal
SCI, Medical Skills, or Colloquium	Probation and referral to the GPC for consideration of individual remediation, repeat of the year or dismissal
iv. Failure of multiple courses:	
Any combination of two courses (SPM, SCI, Medical Skills, and/or Colloquium)	Probation and referral to the GPC for consideration of repeat of the year or dismissal
Any combination of three or four courses	Referral to the GPC for consideration of dismissal

Recommended Changes

SCI or Medical Skills or Colloquium	Academic warning , referral to the GPC at the discretion of the course director and/or associate dean for medical education (for consideration of individual remediation or repeat of the year)
ii. Deferred/temporary grade in two courses:	
One SPM unit <u>and</u> one of the following: SCI, Medical Skills, <u>or</u> Colloquium	Academic warning and referral to the GPC at the discretion of the relevant course directors, the assistant dean for the Pre-clerkship phase and/or the associate dean for medical education (for consideration of individual remediation, repeat of the year, or dismissal)
Two SPM units <u>and</u> one of the following: SCI, Medical Skills, <u>or</u> Colloquium	Academic probation and referral to the GPC for consideration of repeat of the year or dismissal
Any two of the following: SCI, Medical Skills, <u>or</u> Colloquium	Referral to the GPC for determination of at-risk status (academic warning or academic probation) and for consideration of individual remediation, repeat of the year, or dismissal
iii. Deferred/temporary grade in three or more courses:	
Any combination of three or four of the following: SPM, SCI, Medical Skills, or Colloquium	Academic probation and referral to the GPC for consideration of repeat of the year or dismissal
iv. Failure of one course:	
SPM, SCI, Medical Skills, or Colloquium	Academic probation and referral to the GPC for consideration of individual remediation, repeat of the year or dismissal
v. Failure of multiple courses:	
Any combination of two <u>or more</u> courses (SPM, SCI, Medical Skills, and/or Colloquium)	Academic probation and referral to the GPC for consideration of repeat of the year or dismissal
<u>Any combination of three or four courses</u>	<u>Referral to the GPC for consideration of dismissal</u>

New designation for deferred/temporary grades in 3 or more courses
 Combined “Failure of one course section” and edits in “Failure of Multiple Courses”

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<p>v. Professionalism concerns</p>	<p>A student referred to the GPC based on a professionalism concern may be designated as at-risk and on academic warning or probation based on the GPC's review of the specific concern(s) and the student's overall academic record. GPC considerations may include individual remediation, repeat of the year, or dismissal. As professionalism is an essential component of the school's academic <u>program</u> (see the PLFSOM medical education policy on program goals and objectives), the GPC may issue directives solely based on professionalism concerns (regardless of the student's performance related to other educational program goals and objectives). Any disclosure of student criminal history record information (CHRI) per HSCEP OP 10.20 shall result in referral to the GPC for review of the student's academic status based on a professionalism concern</p>
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<p>b. Year End Review</p>	
<p>Table 9.b Pre-Clerkship Year End Review Rules</p>	
<p>The committee will consider all pre-clerkship phase students after the end of the academic year. Students considered at-risk will be placed on academic warning or probation and reviewed by the GPC according to the following rules:</p>	
<p>If:</p>	<p>Then:</p>

Recommended Changes

<p>vi. Professionalism concerns</p>	<p>A student referred to the GPC based on a professionalism concern may be placed on academic AND professional warning or professional probation based on the GPC's review of the specific concern(s) and the student's overall academic record. GPC considerations may include individual remediation, repeat of the year, or dismissal, and possible referral to the Physician and Student Well Being Committee (PSWBC). As professionalism is an essential component of the school's academic <u>program</u> (see the PLFSOM medical education program goals and objectives and the PLFSOM technical standards), the GPC may issue directives solely based on professionalism concerns (regardless of the student's performance related to other educational program goals and objectives).</p>
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<p>b. Year End Review</p>	
<p>Table 9.b Pre-Clerkship Year End Review Rules</p>	
<p>The committee will consider all pre-clerkship phase students after the end of the academic year. Students will be placed on academic warning or academic probation and reviewed by the GPC according to the following rules:</p>	
<p>If:</p>	<p>Then:</p>

Wording changes in professionalism section regarding PSWBC referral and sentence regarding criminal history removed

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i. Not considered at-risk based on performance in the fall semester	Criteria per Section 9.a (see above) applies
ii. Already considered at-risk based on performance in the fall semester:	
a. At-risk based on performance in the fall semester <u>not</u> involving SPM <u>plus</u> failure of one SPM unit in the Spring semester	Academic warning , referral to the GPC at the discretion of the SPM course director and/or associate dean for medical education
b. At-risk based on performance in the fall semester due to failure of one SPM unit <u>plus</u> failure of one SPM unit in the spring semester	Academic warning with required referral to the GPC for individualized review, including academic performance issues that may not be adequately identified or addressed at the course level (see sections 5.b and 9 above)
c. At-risk based on performance in the fall semester due to failure of one SPM unit <u>plus</u> : <ul style="list-style-type: none"> Failure of two SPM units in the spring semester or Failure of one SPM unit in the spring semester and a deferred/temporary grade in one spring semester course other than SPM 	Probation , and referral to the GPC for consideration of repeat of the year or dismissal
d. At-risk based on performance in the fall semester <u>not</u> involving SPM <u>plus</u> a deferred/temporary grade in one spring semester course other than SPM	Academic warning , referral to the GPC at the discretion of the SPM course director and/or associate dean for medical education – considerations may include individual remediation, repeat of the year, or dismissal
e. Failure of any spring semester course	Probation , and referral to the GPC for consideration of repeat of the year or dismissal
f. Failure to resolve any deferred/temporary grades from the fall semester	Probation , and referral to the GPC for consideration of repeat of the year or dismissal
g. Professionalism concerns	Rules as per Section 9.a.v apply (see above)
iii. Timelines for the resolution of deferred/temporary course grades and/or course remediations:	

Recommended Changes

i. Not already on academic warning or academic probation based on prior performance	Criteria per Section 9.a (see above) applies
ii. Already on academic warning based on prior performance:	
a. Already on academic warning based on Fall semester performance in SCI, MS, or Colloquium <u>plus</u> failure of one SPM unit in the Spring semester	Continuation of academic warning , referral to the GPC at the discretion of the SPM course director, the assistant dean for the Pre-clerkship phase, and/or associate dean for medical education
b. Already on academic warning based on one SPM unit failure in the Fall semester <u>plus</u> failure of one SPM unit in the spring semester	Continuation of academic warning with required referral to the GPC for individualized review, including academic performance issues that may not be adequately identified or addressed at the course level (see sections 5.b and 9 above)
c. Already on academic warning based on one SPM unit failure in the Fall semester <u>plus</u> : <ul style="list-style-type: none"> Failure of two SPM units in the spring semester or Failure of one SPM unit in the spring semester and a deferred/temporary grade in one spring semester course including Medical Skills, SCI or Colloquium either 	Academic probation , and referral to the GPC for consideration of repeat of the year or dismissal
d. Already on academic warning based on performance in the fall semester of either SCI, MS, or Colloquium <u>plus</u> a deferred/temporary grade in one spring semester course of either SCI, MS, Colloquium	Continuation of academic warning , referral to the GPC at the discretion of the SPM course director, the assistant dean for the Pre-clerkship phase, and/or associate dean for medical education – For considerations of may include individual remediation, repeat of the year, or dismissal
e. Failure of any spring semester course	Academic probation , and referral to the GPC for consideration of repeat of the year or dismissal
f. Failure to resolve any deferred/temporary grades from the fall semester	Academic probation , and referral to the GPC for consideration of repeat of the year or dismissal
g. Professionalism concerns	Rules as per Section 9.a.vi apply (see above)
iii. Timelines for the resolution of deferred/temporary course grades and/or course remediations:	

Review updated wording in the table

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<p>a. Year 1 students</p>	<ul style="list-style-type: none"> To advance to Year 2, all Year 1 academic expectations, including passing of the Comprehensive End-of-Year Exam (CEYE), must be fulfilled prior to 3 full business days before the start of orientation for Year 1 of the next academic cycle Unsuccessful, incomplete, or unattempted resolutions of deferred/temporary grades (timeline as above) will result in a grade of FA (failure) for the associated course or requirement, with no opportunities for remediation other than repeat of the year, if eligible
<p>b. Year 2 students</p>	<p>See Section ix, <u>b</u> below</p>
<p>iv. Review based on cumulative end-of-year requirements (Students are also subject to review based on cumulative end-of-year requirements)</p>	

Recommended Changes

<p>a. Year 1 students</p>	<ul style="list-style-type: none"> To advance to Year 2, all Year 1 academic expectations, including passing of the Comprehensive End-of-Year Exam (CEYE), must be fulfilled a minimum of 2 weeks before the start of orientation for Year 1 of the next academic cycle Unsuccessful, incomplete, or unattempted resolutions of deferred/temporary grades two weeks before orientation of the 2nd year (timeline as above) will result in a grade of FA (failure) for the associated course or requirement, with no opportunities for remediation other than repeat of the year, if eligible, <u>or dismissal</u>
<p>b. Year 2 students</p>	<p>See Section ix, <u>b</u> below</p>
<p>iv. Review based on cumulative end-of-year requirements (Students are also subject to review based on cumulative end-of-year requirements)</p>	

Review changes in section a regarding timeline and consequences

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Current Version

a. Year 1 students:	
Failure of first attempt of the CEYE	Academic warning , referral to the GPC at the discretion of the Associate Dean for Medical Education or their designee
Failure of a second attempt of the CEYE	Probation and referral to the GPC for consideration of repeat of the year or dismissal
b. Year 2 students:	<ul style="list-style-type: none"> For on-time promotion to the clerkship phase according to the standard degree plan, students completing Year 2 must take the USMLE Step 1 exam prior to the first day of orientation for the next Year 3 Students must pass the USMLE Step 1 exam on their first or second attempt to remain enrolled in the clerkship phase
Student passes (routinely or through remediation) all pre-clerkship phase courses and is not designated as on academic warning or probation due to professionalism concerns.	Student is designated as eligible to take the USMLE Step 1 examination
Student passes (routinely or through remediation) all pre-clerkship phase courses and is designated as on academic warning or probation due to professionalism concerns	Student's eligibility to take the USMLE Step 1 examination is subject to GPC review and approval (with GPC discretion to require advancement under academic warning and an individual remediation plan, repeat of the year, or dismissal)

Recommended Changes

a. Year 1 students:	
Failure of first attempt of the CEYE	Academic warning , referral to the GPC at the discretion of the assistant dean for the Pre-clerkship phase, the Associate Dean for Medical Education or their designee
Failure of a second attempt of the CEYE	Academic probation and referral to the GPC for consideration of repeat of the year, <u>if eligible</u> , or dismissal
b. Year 2 students:	<ul style="list-style-type: none"> <u>Students will be eligible to take Step 1 when the following criteria are met: student has completed all year 2 coursework with no temporary/deferred grades AND they have achieved a minimum score of 63 on the end of year or most recent CBSE</u> For on-time promotion to the clerkship phase according to the standard degree plan, students completing Year 2 must take and pass the USMLE Step 1 exam prior to the first day of orientation for the next Year 3
Student passes (routinely or through remediation) all pre-clerkship phase courses and is not designated as on academic/professional warning or probation.	<u>If student achieves a score of 63 or greater on the CBSE, then</u> Student is designated as eligible to take the USMLE Step 1 examination. <u>If student does not achieve a minimum score of 63 on the end of year or most recent CBSE, then they would be placed on academic warning, be ineligible to take Step 1, ineligible to enroll in Year 3, referred to GPC for review of their progression plan</u>
Student passes (routinely or through remediation) all pre-clerkship phase courses and is designated as on academic/professional warning or probation	Student's eligibility to take the USMLE Step 1 examination is subject to GPC review and approval (with GPC discretion to require advancement under academic warning and an individual remediation plan, repeat of the year, or dismissal). <u>Same requirements for CBSE as noted above.</u>

Review revised criteria for eligibility to take Step 1 and requirement to pass prior to start of year 3

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<p>Student completes Year 2 but does not take USMLE Step 1 prior to the first day of orientation for the next Year 3</p>	<p>Academic warning, ineligible to enroll in Year 3, referral to GPC to explain rationale for delaying USMLE Step 1 and progression into the clerkship phase, GPC discretion to direct student to engage with academic counseling/support resources, and the student is required to pass USMLE Step 1 before re-enrolling in the curriculum. Upon passing USMLE Step 1, the student will enter the clerkship phase either with block 2 of the same academic year, or with block 1 of the next academic year (as determined by the GPC in consultation with the Associate Dean for Medical Education and based on educational program considerations such as block capacity and the comparability of student cohorts and experiences). If a student in this situation does not pass Step 1 prior to block 2 of the same academic year, then their final opportunity to enter Year 3 shall be with block 1 of the next academic year</p>
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Recommended Changes

<p>Student completes Year 2 but does not take <u>and PASS</u> USMLE Step 1 prior to the first day of orientation for the next Year 3</p>	<p>Academic warning, ineligible to enroll in Year 3, referral to GPC to explain rationale for delaying USMLE Step 1 and progression into the clerkship phase, GPC discretion to direct student to engage with academic counseling/support resources, and the student is required to pass USMLE Step 1 before re-enrolling in the curriculum. Upon passing USMLE Step 1, the student will enter the clerkship phase either with block 2 of the same academic year, or with block 1 of the next academic year (as determined by the GPC in consultation with the Associate Dean for Medical Education or their designee and based on educational program considerations such as block capacity and the comparability of student cohorts and experiences). If a student in this situation does not pass Step 1 prior to block 2 of the same academic year, then their final opportunity to enter Year 3 shall be with block 1 of the next academic year</p>
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Revision – required pass on Step 1 prior to first day of orientation

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Failure of first attempt of USMLE Step 1	<p>Academic warning:</p> <ul style="list-style-type: none"> • If failing grade is received prior to the start of clerkship block 1: student is ineligible to enroll in Year 3, student's College Masters notified, student required to meet with the Associate Dean for Student Affairs (or their designee), student may be referred to the GPC at the discretion of the Associate Dean for Student Affairs, and the student is required to pass USMLE Step 1 before re-enrolling in the curriculum. Upon passing USMLE Step 1, the student will enter the clerkship phase either with block 2 of the same academic year, or with block 1 of the next academic year (as determined by the Associate Dean for Medical Education and based on educational program considerations such as block capacity and the comparability of student cohorts and experiences). If a student in this situation does not pass Step 1 prior to block 2 of the same academic year, then their final opportunity to enter Year 3 shall be with block 1 of the next academic year • If failing grade is received after the start of clerkship block 1: Student continues in clerkship block 1 but is ineligible to enroll in block 2, student's College Masters notified, student required to meet with the Associate Dean for Student Affairs (or their designee), student may be referred to the GPC at the discretion of the Associate Dean for Student Affairs, student must pass the Step 1 exam prior to the start of the first Year 3 intersession of the same academic year. Upon passing Step 1 (and assuming a passing grade in both block 1 clerkships) the student re-enrolls in the clerkship curriculum with the first Year 3 intersession
Failure of second attempt of USMLE Step 1	<p>Probation, student to meet with Associate Dean for Student Affairs (or their designee) to review circumstances, options (as discussed in section above), and recommendations. Student may be referred to the GPC at the discretion of the Associate Dean for Student Affairs</p>
Failure of third attempt of USMLE Step 1	<p>Referral to the GPC for consideration of dismissal</p>

Recommended Changes

Failure of first attempt of USMLE Step 1	<p>Academic warning:</p> <ul style="list-style-type: none"> • If failing grade is received prior to the start of clerkship block 1: student is ineligible to enroll in Year 3. • Mentors notified, student required to meet with the Associate Dean for Student Affairs (or their designee), student may be referred to the GPC at the discretion of the Associate Dean for Student Affairs, and the student is required to pass USMLE Step 1 before re-enrolling in the curriculum. Upon passing USMLE Step 1, the student will enter the clerkship phase either with block 2 of the same academic year, or with block 1 of the next academic year (as determined by the Associate Dean for Medical Education or their designee and based on educational program considerations such as block capacity and the comparability of student cohorts and experiences). If a student in this situation does not pass Step 1 prior to block 2 of the same academic year, then their final opportunity to enter Year 3 shall be with block 1 of the next academic year
Failure of second attempt of USMLE Step 1	<p>Academic probation, student to meet with Associate Dean for Student Affairs (or their designee) to review circumstances, options (as discussed in section above), and recommendations. Student will be referred to the GPC to review their progress plan and make further recommendations, at the discretion of the Associate Dean for Student Affairs</p>
Failure of third attempt of USMLE Step 1	<p>Referral to the GPC for consideration of dismissal</p>

Paragraph 2 in first box not necessary if pass is required prior to start of the clerkship;

Failure of second attempt - revised

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10. Additional expectations related to repeat years

Table 10 Additional Rules Related to Repeat of a Pre-Clerkship Year (see also Section 12.b below)	
Students on probation and repeating a pre-clerkship year will be subject to the following more stringent rules that apply to both fall semester and end-of-year reviews:	
If:	Then:
i. Failure of any semester course	Referral to the GPC for consideration of dismissal
ii. Professionalism concerns	Rules as per Sections 9.a.v apply (see above)

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Recommended Changes

PAUL L. FOSTER SCHOOL OF MEDICINE

10. Additional expectations related to repeat years

Table 10 Additional Rules Related to Repeat of a Pre-Clerkship Year (see also Section 12.b below)	
Students on academic probation and repeating a pre-clerkship year will be subject to the following rules that apply to both fall semester and end-of-year reviews and must go to tutoring as a condition from the GPC. [The students may avail themselves of the TTUHSC EP tutors or they may seek out outside tutors and demonstrate that they are working with them on a regular basis.]	
If:	Then:
i. Failure of any semester course Deferred/temporary grade in any semester course	Referral to GPC for discussion of progression plan or consideration of dismissal*
ii. Failure of any semester course (includes SPM, SCI, MS or Colloquium)	Referral to the GPC for consideration of dismissal*
iii. Professionalism concerns ii. Professionalism concerns	Rules as per Sections 9.a.v apply (see above)*
*Repeat of the year is not a possibility in these circumstances because it would violate the 6 year rule as outlined in Section 13.	

Repeat year expectations revised

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11. Review of clerkship phase coursework

The GPC reviews Year 3/core clerkship block student progress at the end of each block and at the end of the academic year. The GPC reviews Year 4 student progress on a rolling basis as indicated based on input from the Assistant Dean for Clinical Instruction and/or the Associate Dean for Student Affairs. Except for the intersessions and the boot camp (which apply the Pass/Fail grading mode), all completed courses of the clerkship phase apply the Honors/Pass/Fail grading mode. Other transcript notations may apply to courses/clerkships not completed (per HSCEP OP 59.05 Grading Procedures and Academic Regulations). The use of temporary grades and grade notations shall also be regulated by an educational program policy subsidiary to HSCEP OP 59.05. Students passing all courses/clerkships with no professionalism concerns or exceptional circumstances adversely affecting their academic progress are promoted as a cohort according to the MD degree plan (per PLFSOM academic catalog). All other students are considered at-risk and are further characterized as either on academic warning or probation (see also paragraph 5.c above):

- **Academic warning:** Students on academic warning have specifically identified academic challenges that are potentially remediable within the current academic year or prior to graduation. Unless specifically modified by the GPC, this status persists until all associated academic performance deficiencies are satisfactorily resolved, at which point the student is no longer considered at-risk
- **Probation:** Students on probation have specifically identified academic deficits that require repeat of a year or a revised curriculum plan. Unless specifically modified by the GPC, this status persists until satisfactory completion of the repeat year, at which point the student is considered at-risk and on academic warning until the student's satisfactory completion of the clerkship phase of the curriculum, at which point the student is no longer considered at-risk

All students are subject to individualized GPC reviews that incorporate the student's current and accumulated academic performance since matriculation, any professionalism notations/concerns, compliance with educational program expectations (per program policies and as may be individually specified by the GPC), and any exceptional circumstances adversely affecting the student's academic performance.

Note regarding clerkship phase remediation plans: Standard remediation plans may be specified by course/clerkship/block syllabi. When individualized course/clerkship/block (or component) remediation is a consideration, the relevant course/clerkship/block director(s) shall propose a plan for GPC review and approval.

Recommended Changes

11. Review of clerkship phase coursework

The GPC reviews Year 3/core clerkship block student progress at the end of each block and at the end of the academic year. The GPC reviews Year 4 student progress on a rolling basis as indicated based on input from the [Associate Dean for Medical Education](#), Assistant Dean for Clinical Instruction and/or the Associate Dean for Student Affairs. Except for the intersessions, [Emergency Medicine and Family Medicine longitudinal clerkships](#) and the boot camp (which apply the Pass/Fail grading mode), all completed courses of the clerkship phase apply the Honors/Pass/Fail grading mode. Other transcript notations may apply to courses/clerkships not completed (per HSCEP OP 59.05 Grading Procedures and Academic Regulations). Students passing all courses/clerkships with no professionalism concerns or exceptional circumstances adversely affecting their academic progress are promoted as a cohort according to the MD degree plan (per PLFSOM academic catalog). All other students are designated as either on academic/professional warning or academic/professional probation (see also paragraph 5.c above):

- **Academic warning:** Students on academic warning have specifically identified academic challenges that are potentially remediable within the current academic year or prior to graduation. Unless specifically modified by the GPC, this status persists until all associated academic performance deficiencies are satisfactorily resolved, at which point the student is no longer considered at-risk
- **Academic probation:** Students on academic probation have specifically identified academic deficits that require repeat of a year or a revised curriculum plan. Unless specifically modified by the GPC, this status persists until satisfactory completion of the repeat year, at which point the student is placed on academic warning until the student's satisfactory completion of the clerkship phase of the curriculum, at which point the student is no longer on academic warning.

All students are subject to individualized GPC reviews that incorporate the student's current and accumulated academic performance since matriculation, any professionalism notations/concerns, compliance with educational program expectations (per program policies and as may be individually specified by the GPC), and any exceptional circumstances adversely affecting the student's academic performance.

Note regarding clerkship phase remediation plans: Standard remediation plans may be specified by course/clerkship/block syllabi. When individualized course/clerkship/block (or component) remediation is a consideration, the relevant course/clerkship/block director(s) shall propose a plan for GPC review and approval.

Pass/fail courses updated; updates in wording

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a. Year 3 end-of-clerkship block review rules

Table 11.a Year 3 End-of-Clerkship Block Review Rules	
The committee will consider all Year 3 students after the end of each 3 rd year clerkship block. Students considered at-risk will be placed on academic warning or probation and reviewed by the GPC according to the following rules:	
If:	Then:
i. Failure of one or two clerkships:	Referral to GPC for consideration of: one-month remediation* in Year 4 (student placed on academic warning), repeat of the associated clerkship block(s), repeat of Year 3 (student placed on probation), or dismissal
ii. Failure of three clerkships	Probation and referral to GPC for consideration of: repeat of Year 3 or dismissal
iii. Rating of needs improvement in 3 or more competencies on any clerkship final assessments	Referral to GPC for consideration of: individualized remediation* (student placed on academic warning), repeat of Year 3 (student placed on probation), or dismissal
iv. Failure of 1 st attempt of NBME in 3 different clerkships	Referral to GPC for consideration of: individualized remediation* (student placed on academic warning), repeat of Year 3 (student placed on probation), or dismissal

Recommended Changes

a. Year 3 end-of-clerkship block review rules

Table 11.a Year 3 End-of-Clerkship Block <u>and End of Year</u> Review Rules	
The committee will consider all Year 3 students after the end of each 3 rd year clerkship block. Students <u>considered at-risk</u> will be placed on academic warning or probation and reviewed by the GPC according to the following rules:	
If:	Then:
i. Failure of one or two clerkships:	Referral to GPC for consideration of: one-month remediation* in Year 4 <u>for each failure</u> (student placed on academic warning), repeat of the associated clerkship block(s), repeat of Year 3 (student placed on probation), or dismissal based on the student's prior academic and professional performance.
ii. Failure of three clerkships	Academic probation and referral to GPC for consideration of: <u>repeat of the relevant block (if the three failures are contained in one block)</u> , repeat of Year 3 or dismissal
iii. Rating of needs improvement in 3 or more competencies cumulative across all clerkship final assessments	Referral to GPC for consideration of: individualized remediation* (student placed on academic warning), repeat of <u>the relevant block or repeat of</u> Year 3 (student placed on academic probation), or dismissal based on the student's <u>prior</u> academic and professional performance.
iv. Failure of 1 st attempt of NBME in 3 or more different clerkships	Referral to GPC for consideration of: repeat of the relevant clerkship block(s) <u>or</u> : repeat of Year 3 (student placed on academic probation), or dismissal based on the student's prior academic and professional performance.

Review updated wording for clarification and regarding new block system

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v. Professionalism concern	<ul style="list-style-type: none">• A student referred to the GPC based on a professionalism concern may be designated as at-risk and on academic warning or probation based on the GPC's review of the specific concern(s) and the student's overall academic record. As professionalism is an essential component of the school's academic program (see the PLFSOM medical education policy on program goals and objectives), the GPC may issue directives solely based on professionalism concerns (regardless of the student's performance related to other educational program goals and objectives).• GPC recommendations may include individual remediation*, delayed progression to Year 4, repeat of Year 3, delay of graduation, or dismissal• Any disclosure of student criminal history record information (CHRI) per HSCEP OP 10.20 shall result in referral to the GPC for review of the student's academic status based on a professionalism concern <p>*Students cannot earn clerkship phase elective credit for GPC-required remediation(s)</p>
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Recommended Changes

v. Professionalism concern	<ul style="list-style-type: none">• A student referred to the GPC based on a professionalism concern may be placed on academic professional warning or academic professional probation based on the GPC's review of the specific concern(s) and the student's overall academic record. As professionalism is an essential component of the school's academic program (see the PLFSOM medical education policy on program goals and objectives), the GPC may issue directives solely based on professionalism concerns (regardless of the student's performance related to other educational program goals and objectives).• GPC recommendations may include individual remediation*, delayed progression to Year 4, repeat of Year 3, delay of graduation, or dismissal• <u>GPC may recommend a formal notation in the professionalism sections on the MSPE.</u> <p>*Students cannot earn clerkship phase elective credit for GPC-required remediation(s)</p>
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Updated wording and criminal history section removed

GPAS Policy Revision – CEPC Presentation

Current Version

b. Year 4 review rules

Table 11.b Year 4 Review Rules	
The committee will consider all Year 4 students on a rolling basis following each 4 th year block. Students considered at-risk will be placed on academic warning or probation and reviewed by the GPC according to the following rules:	
if:	Then:
i. Failure of one or two required or elective courses/clerkships in the fourth year	Referral to GPC for consideration of: individualized remediation* (student placed on academic warning), delay in graduation, repeat of Year 4 (student placed on probation), or dismissal
ii. Failure of three or more required or elective courses/clerkships in the fourth year	Probation and referral to GPC for consideration of delay in graduation, repeat of Year 4, or dismissal
iii. Rating of Needs Improvement in 2 or more competencies in any required clerkship	Referral to GPC for consideration of: individualized remediation* (student placed on academic warning), delay in graduation, repeat of Year 4 (student placed on probation), or dismissal
iv. Scholarly Activity and Research Program (SARP) requirements:	
<ul style="list-style-type: none"> Failure to submit final report by the Fall deadline for Year 4 (SARP II) 	Academic warning, GPC review not required unless the student is referred by a SARP course director
<ul style="list-style-type: none"> Failure to complete all SARP requirements by May 1st of Year 4 	Probation and referral to the GPC for consideration of delay in graduation, repeat of Year 4, or dismissal

Recommended Changes

b. Year 4 review rules

Table 11.b Year 4 Review Rules	
The committee will consider all Year 4 students on a rolling basis following each 4 th year block. Students considered at-risk will be placed on academic warning or probation and reviewed by the GPC according to the following rules:	
if:	Then:
i. Failure of one or two required or elective courses/clerkships in the fourth year	Referral to GPC for consideration of: individualized remediation* (student placed on academic warning), delay in graduation, repeat of Year 4 (student placed on academic probation), or dismissal based on the student's prior academic and professional performance.
ii. Failure of three or more required or elective courses/clerkships in the fourth year	Academic probation and referral to GPC for consideration of individualized remediation and delay in graduation, or repeat of Year 4, or dismissal based on the student's prior academic and professional performance.
iii. Rating of Needs Improvement in 2 or more competencies cumulative across all final assessments in assessments (regardless of final grade) in required clerkships and/or elective courses.	Referral to GPC for consideration of: individualized remediation* and delay in graduation (student placed on academic warning), or delay in graduation , repeat of Year 4 (student placed on academic probation), or dismissal based on the student's prior academic and professional performance.
iv. Scholarly Activity and Research Program (SARP) requirements:	
<ul style="list-style-type: none"> Failure to submit final report by the Fall deadline for Year 4 (SARP II) 	Academic warning and referral to, GPC review not required unless the student is referred by a SARP course director
<ul style="list-style-type: none"> Failure to complete all SARP requirements by May 1st of Year 4 	Academic probation and referral to the GPC for consideration of delay in graduation, repeat of Year 4, or dismissal

Updated wording including electives

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Recommended Changes

v. Professionalism concern	Same as per Year 3 (see Section 11.a.v above)
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v. Professionalism concern	<p><u>Same as per Year 3 (see Section 11.a.v above)</u></p> <ul style="list-style-type: none"> <u>A student referred to the GPC based on a professionalism concern may be placed on academic warning or academic probation based on the GPC's review of the specific concern(s) and the student's overall academic record. As professionalism is an essential component of the school's academic program (see the PLFSOM medical education policy on program goals and objectives), the GPC may issue directives solely based on professionalism concerns (regardless of the student's performance related to other educational program goals and objectives).</u> <u>GPC recommendations may include individual remediation*, repeat of Year 4, delay of graduation, or dismissal</u> <u>GPC may recommend a formal notation in the professionalism sections on the MSPE</u> <u>If the MSPE has already been uploaded, an addendum regarding the professionalism concern may be added.</u> <u>If this occurs after Match Day, then the student's Residency Program Director may be contacted</u>
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Added wording for Year 4 Professionalism concern

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vi. Failure of Step 2 CK or CS on the first attempt	Academic warning, student required to meet with the Associate Dean for Student Affairs (or their designee), student's College Masters notified, GPC review not required but student must submit a passing score for both Step 2 CK and CS by May 1 st in order to graduate in May of the same academic year (non-fulfillment of this requirement may result in delay of graduation)
vii. Failure of Step 2 CK or CS on the second attempt	Probation, student required to meet with the Associate Dean for Student Affairs (or their designee), student's College Masters notified, GPC review not required but student must submit a passing score for both Step 2 CK and CS by May 1 st in order to graduate in May of the same academic year (non-fulfillment of this requirement may result in delay of graduation)
viii. Failure of Step 2 CK or CS on the third attempt	Referral to the GPC for consideration of dismissal
*Students cannot earn clerkship phase elective credit for GPC-required remediation(s)	

Recommended Changes

<u>vi. Failure to take Step 2 CK prior to October 31st of 4th year</u>	<u>Student will be removed from rotations and placed on academic warning, required to meet with the Associate Dean for Student Affairs (or their designee), student's College Mentors notified, GPC review not required unless graduation timeline is affected. Student can return to the curriculum once the Step 2 CK exam has been taken.</u>
vi. Failure of Step 2 CK on the first attempt	Academic warning, student required to meet with the Associate Dean for Student Affairs (or their designee), student's College Mentors notified, GPC review not required but student must submit a passing score for Step 2 CK by May 1 st in order to graduate in May of the same academic year (non-fulfillment of this requirement may result in delay of graduation)
vii. Failure of Step 2 CK on the second attempt	Academic probation and referral to the GPC for discussion of their progression plan and consideration for delay in graduation. ; Sstudent required to meet with the Associate Dean for Student Affairs (or their designee), student's College Mentors notified. S- GPC review not required but student must submit a passing score for both Step 2 CK and CS by May 1 st in order to graduate in May of the same academic year (non-fulfillment of this requirement may result in delay of graduation)
viii. Failure of Step 2 CK on the third attempt	Referral to the GPC for consideration of dismissal
*Students cannot earn clerkship phase elective credit for GPC-required remediation(s)	

Review updated wording for Step 2

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12. Failure to remediate

- a. If a student fails to successfully complete a GPC-approved remediation plan (as per the framework outlined above), then the student shall be automatically referred back to the GPC for consideration of repeat of the year, if eligible, or dismissal
- b. If a student on probation fails any courses/clerkships during a repeat year, then the student shall be automatically referred back to the GPC for consideration of dismissal (see also table 10 above)

13. Promotion and graduation timeline

- a. Students are expected to complete the MD degree program and graduate within 4 years of initial matriculation
- b. A student's timeline for completion of the MD degree may be extended due to:
 - i. A school-approved leave of absence
 - ii. Academic difficulty requiring repetition of an academic year as per this policy
- c. Non-completion of Years 1 and 2 of the MD degree program within 3 years will result in dismissal, regardless of cause
- d. Non-completion of the MD degree program within 6 years will result in dismissal, regardless of cause

14. Appeals

- a. A student may appeal the decision of the GPC. This appeal must be made to the Dean or their designee of the School of Medicine within five business days, in writing, and must cite grounds for the appeal. An appeal may only be based on a claim that due process of GPC policies and procedures was not followed
- b. The Dean or their designee may issue the decision alone or may appoint an Appeals Committee comprised of three members of the faculty to determine whether a basis for appeal exists.
- c. If an Appeals Committee is appointed:
 - i. The Associate Dean for Student Affairs (or their designee) and the Chair of the GPC (or their designee from among the regular members of the GPC) shall serve as ex officio members of the Appeals Committee
 - ii. The Appeals Committee will be convened by the Associate Dean for Student Affairs within five business days after appointment to consider the student's appeal
 - iii. The student shall notify the Associate Dean for Student Affairs in advance if he/she is to be accompanied by an attorney or other representative. An attorney or representative may appear only in an advisory capacity and may not address the Appeals Committee. Should

Recommended Changes

12. Failure to remediate

- a. If a student fails to successfully complete a GPC-approved remediation plan (as per the framework outlined above), then the student shall be automatically referred back to the GPC for consideration of repeat of the year, if eligible, or dismissal
- b. If a student on academic probation fails one or more ~~courses~~ courses/clerkships during a repeat year, then the student shall be automatically referred back to the GPC for consideration of dismissal (see also table 10 above)

13. Promotion and graduation timeline

- a. Students are expected to complete the MD degree program and graduate within 4 years of initial matriculation
- b. A student's timeline for completion of the MD degree may be extended due to:
 - i. A school-approved leave of absence ([Refer to the leave of absence policy??](#))
 - ii. Academic difficulty requiring repetition of an academic year as per this policy
- c. Non-completion of Years 1 and 2 of the MD degree program within 3 years will result in dismissal, regardless of cause
- d. Non-completion of the MD degree program within 6 years will result in dismissal, regardless of cause. [Exceptions to this policy can only be made after careful consideration of exceptional circumstances by the GPC](#)
- ~~d-e.~~ [Extension of the timeline for students in dual degree programs will be considered on a case by case basis](#)

14. Appeals

- a. A student may appeal the decision of the GPC. This appeal must be made to the Dean or their designee of the School of Medicine within five business days, in writing, and must cite grounds for the appeal. An appeal may only be based on a claim that due process of GPC policies and procedures was not followed
- b. The Dean or their designee may issue the decision alone or may appoint an Appeals Committee comprised of three members of the faculty representing both the clerkship and pre-clerkship phases of the curriculum to determine whether a basis for appeal exists.
- c. If an Appeals Committee is appointed:
 - i. The Associate Dean for Student Affairs (or their designee) and the Chair of the GPC (or their designee from among the regular members of the GPC) shall serve as ex officio members of the Appeals Committee.
 - ii. The Appeals Committee will be convened by the [Chief Academic Officer within five](#) business days after appointment to consider the student's appeal.
 - iii. The student shall notify the Associate Dean for Student Affairs in advance if he/she is to be accompanied by an attorney or other representative. An attorney or representative may appear only in an advisory capacity and may not address the Appeals Committee. Should

Review wording changes, particularly in regard to 6 year rule;
question if a sentence should be added stipulating that Step 1 pass represents the conclusion of the pre-clerkship phase



Medical Education Program Policy

Policy Name:	Clinical Supervision of Medical Students				
Policy Domain:	Teaching, supervision, assessment, and student and patient safety	Refers to LCME Element(s):	9.3		
Approval Authority:	CEPC	Adopted:	3/6/2017	Date Last Reviewed:	
Responsible Executive:	Assistant Dean for Medical Education for Clinical Instruction	Date Last Revised:			
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic M.P.A. mbabic@ttuhsc.edu		

1. Policy Statement: Students should be provided with appropriate levels of clinical supervision whenever present in actual clinical settings throughout their medical education. See also the related educational program policy titled “Educational Program Participation by Non-Faculty.”
2. Reason for Policy: This policy is intended to define the expectations for the supervision of medical students functioning in actual clinical settings.
3. Who Should Read this Policy:
 - All school of medicine faculty and TTUHSC El Paso affiliated personnel expected to supervise or work regularly with medical students in actual clinical settings.
 - All medical students
4. Resources: For questions related to this policy, please contact the Office of Medical Education
5. Definitions:
 - Supervisor:
 - Attending physician with a faculty appointment
 - Resident or fellow in a graduate medical education program sponsored by or affiliated with the Paul L. Foster School of Medicine
 - Levels of Supervision:
 - Direct: The supervisor is present in the same location as the learner, is able to provide direct instructions and feedback to the learner, and can take over patient care duties if necessary. Alternatively, a resident physician or another health professional acting within her/his scope of practice may provide direct supervision under the indirect supervision of an attending physician.



- Indirect: The supervisor is on duty, immediately available, and can be called to the location of the learner if necessary.
6. The Policy: A supervising physician will ensure that medical students are provided with opportunities to learn that are progressive and commensurate with the student's level of learning. The purpose of this policy is to describe the procedures that should be followed by supervising physicians to ensure that the school adheres to expectations that protect patient and student safety in accordance with LCME Element 9.3:

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

Supervisor and/or course directors are responsible for ensuring that this policy is followed and that all individuals who interact with medical students are appropriately trained and credentialed for the associated patient care interaction and setting.

Expectations of Supervisors:

- a. Model professional behavior in interactions with patients, learners, staff and all other individuals in the health care team.
- b. Provide students with graded opportunities for learning that are commensurate with the learner's level of knowledge and technical skill and address specific learning objectives for the course.
- c. Ensure the student is appropriately supervised to ensure patient and student safety according to policies and procedures of the School of Medicine and of the medical facility.
- d. Ensure duty schedules permit availability of a supervising physician within a timeframe that is reasonable for the clinical setting. In situations where a supervisor may be off-site, a suitable supervising physician (including resident) must be available and be aware of this expectation.
- e. Ensure medical students are aware of expectations for their behavior and of the procedures or other tasks they are permitted to perform according to their level of competence.
- f. Ensure medical students have appropriate access to medical records and are aware of their ability to enter information into such records. Note that the specific policies and procedures of each medical facility may vary and any variations should be explained to the medical students.



- g. Ensure patients are aware of the status of medical students and that they accept that medical students may participate in their care.
- h. Review and confirm information collected by students through history taking, physical examination or other activity on a regular basis and provide feedback that enhances the student's learning experience.
- i. Ensure medical students are fit to perform their duties, particularly in situations where fatigue might be a factor.
- j. Complete student assessments in a timely manner, with all assessments completed in time for calculation of final grades.

Expectations of Students:

- a. Maintain professional behavior standards with the supervising physician, other members of the medical team, including resident physicians other health professionals, members of the staff, patients and any other individuals encountered in the clinical setting.
- b. Maintain self-awareness of own competence and seek assistance/advice when clarification is needed.
- c. Maintain self-awareness of fatigue levels and inform supervisor if this is a concern.
- d. Inform patients and/or family members of their status as a medical student and the name of the supervising physician under whom they are working.
- e. Proactively inform the supervising physician or course/clerkship director concerns about levels of supervision (excessive or sub-standard).
- f. Complete rotation evaluations in the time specified by the course, clerkship, or the Paul L. Foster School of Medicine.

Interactions with allied health professionals: In situations where learners interact directly with allied health professionals (physician assistants, nurse practitioners, etc.) the supervisor and /or course director is responsible for ensuring that the allied health professional is appropriately credentialed or functioning under the supervision of a credentialed faculty member and is performing tasks that are within his/her scope of practice. The attending faculty member is responsible for the integrity of information and/or clinical procedures. Supervisors should be familiar with the processes for credentialing of non-faculty health professionals and ensure that students are only assigned to those individuals with credentials relevant to the clinical service.

Reporting Concerns:



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- a. Any student who is concerned about the level of supervision they are receiving should address their concerns as soon as possible with the supervisor and/or course director. Any student who is dissatisfied with the outcome of such a report should report their concerns to the appropriate course/clerkship director, the assistant dean for clinical instruction, the associate dean for medical education, or the associate dean for student affairs.
- b. Expressions of concern will be held in strict confidence if possible. However, this may not be possible in situations where student or patient safety may be compromised, illegal activities may have occurred, or other situations needing immediate contact with reporting individuals.

Monitoring: Variances from this policy must be approved by the Curriculum and Educational Policy Committee.



Medical Education Program Policy

Policy Name:	The Common Clerkship Policies				
Policy Domain:	Clerkship Administration	Refers to LCME Element(s):	6.1, 6.2, 8.8		
Approval Authority:	Curriculum and Educational Policy Committee	Adopted:	7/11/2016	Date Last Reviewed:	
Responsible Executive:	Assist. Dean for Med. Ed. for Clinical Instruction	Date Last Revised:			
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic, M.P.A. mbabic@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 Polices](#)".
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 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 Policies". **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 Policies may be re-published for each academic year without review and approval of the CEPC. Any 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 -- to be re-titled "Common Clerkship Policies" for subsequent academic years).

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



Medical Education Program Policy

Policy Name:	Preparation of GME Trainees for Participation in UME				
Policy Domain:	Teaching	Refers to LCME Element(s):	9.1		
Approval Authority:	Curriculum and Educational Policy Committee	Adopted:	9/19/2016	Date Last Reviewed:	
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:			
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu		

1. **Policy Statement:** GME trainees (residents and fellows) who supervise or teach medical students shall be familiar with the learning objectives of the courses and/or clerkships in which they participate, and be prepared for their roles in teaching, supervision, and assessment. In addition, GME trainees will be provided with resources to enhance their skills in these areas.
2. **Reason for Policy:**
 - GME trainees frequently interact with medical students in multiple educational roles and settings.
 - The policy statement reflects an LCME accreditation imperative.
3. **Who Should Read this Policy:**
 - Clerkship directors, assistant directors, and coordinators
 - GME training program directors, assistant directors, and coordinators
 - Chairs of Departments sponsoring GME programs that participate in UME
4. **Resources:**
 - Office of Medical Education, officers and staff
 - Office of Graduate Medical Education, officers and staff
 - Year 3-4 and Clerkship coordinators
5. **Definitions:**
 - GME trainee: residents and fellows participating in PLFSOM affiliated graduate medical education programs.
 - UME participation: interacting with medical students as part of the undergraduate medical education program (specifically including the teaching, supervising, and assessing of medical students).



6. The Policy:

- In addition to institutional and school-level programs to generally prepare GME trainees for roles in teaching, supervision, and assessment of other trainees and students, all clinical departments with GME programs that interact with medical students (UME) shall develop a plan for the preparation of their GME trainees that is consistent with the policy statement above.
- These plans shall be:
 - Specific to the department's UME components and functions
 - Systematic – fulfilling all policy-related expectations on a regular and appropriate cycle
 - Centrally monitored
 - Applicable to all PLFSOM-affiliated GME trainees
 - Based on the attached template
 - Reviewed at least every four years, or as necessary due to changes in UME or GME administration, or due to concerns expressed by the department chair, clerkship director, GME program director, or the Office of Medical Education

7. Attachments: “Department Resident and Fellow Preparation Plan” template

Departmental Resident and Fellow Preparation Plan
for participation in PLFSOM UME

Department: _____

Date proposed: _____ Date CEPC approved: _____

	Description	Timing/cycle	Monitoring^
Process for verified distribution to all <u>current</u> residents and fellows of the following: <ul style="list-style-type: none"> • EPGOs* • Clerkship syllabus (Year 3, EM, or Neurology) • Selective syllabi (Critical care and/or Sub-Internship) 			
Process for verified distribution to all <u>incoming</u> residents and fellows of the following: <ul style="list-style-type: none"> • EPGOs* • Clerkship syllabus (Year 3, EM, or Neurology) • Selective syllabi (Critical care and/or Sub-Internship) 			
The department's system of <u>REQUIRED</u> resident and fellow preparation activities related to participation in the required UME elements (clerkships and selectives) sponsored by the department: <ul style="list-style-type: none"> • Specify who is required to participate (i.e., what group or subset of residents and fellows) • List each activity in a separate row below, add additional rows as necessary 			
Activity	Description	Timing/cycle	Monitoring^

Other ROUTINE AND SYSTEMATIC processes for disseminating clerkship session or activity-related learning objectives, instructions, and expectations:

- List each process in a separate row below, add additional rows as necessary

Process	Description	Timing, trigger, or cycle	Monitoring^

Any OPTIONAL OR SUPPLEMENTAL activities or resources provided to residents by the department to enhance their knowledge and abilities for participation in UME (specifying when and how often they occur, and who is eligible):

- Specify who is eligible (i.e., what type or subset of residents and fellows)
- List each process in a separate row below, add additional rows as necessary

Activity or resource	Description	Timing, trigger, or cycle	Monitoring

*EPGOs: PLFSOM Education Program Goals and Objectives (updated version published and distributed annually – also publically available through the PLFSOM online academic catalog)

^Fulfillment of required activities and processes must be monitored. In addition, alternative means of fulfillment of required activities and processes should be identified as relevant/necessary. Utilization of optional activities or resources should be monitored when possible.



Medical Education Program Policy

Policy Name:	Clerkship Director/Assistant Director Position Descriptions				
Policy Domain:	Clerkship administration	Refers to LCME Element(s):	9.1, 9.2, 9.3		
Approval Authority:	Curriculum and Educational Policy Committee (CEPC)	Adopted:	10/11/2016	Date Last Reviewed:	12/13/2018
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:	1/14/2019		
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu		

- Policy Statement:** The attached document entitled “TTUHSC El Paso Paul L. Foster School of Medicine Clerkship Position Description” is hereby confirmed as a medical education program policy. This policy is subsidiary to the Medical Education Program Policy on Clerkship Administration.
- Reason for Policy:** This policy clarifies the responsibilities of a Year 3-4 Clerkship Director and, with a secondary level of responsibility, the Assistant Clerkship Directors in Year 3
- This Policy Should be Read by the Following:**
 - All Year 3 clerkship directors and assistant clerkship directors
 - All Year 4 clerkship directors
 - All chairs of departments that administer Year 3 clerkships
 - All clerkship coordinators
- Resources:** The Year 3 clerkship directors and assistant directors and Year 4 clerkship directors are supported in their educational program roles by their clerkship coordinators, the Assistant Dean for Medical Education for Clinical Instruction and, more generally, the Office of Medical Education. Compensation to the departments for the time and effort of the clerkship directors and assistant clerkship directors occurs via the school’s EVU (Educational Value Unit) system.
- Definitions:**
 - None
- The Policy:**
 - See the policy statement above, and the attached documents as described. Assistant clerkship directors shall share these responsibilities, supporting the clerkship director to the extent designated according to the Medical Education Program Policy on Clerkship Administration, and substituting for the clerkship directors whenever necessary.

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.



TTUHSC El Paso Paul L. Foster School of Medicine Clerkship Director Position Description

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

- Design, develop, and implement his/her clerkship consistent with institutional learning objectives and national standards for his/her particular discipline.
- Review, revise, and update curriculum to reflect evolving national standards, institutional learning objectives and discipline-specific standards.
- Collaborate closely with other clerkship directors to identify opportunities for shared teaching and integration across the clinical disciplines, and for revision and updating of combined curriculum.
- Yearly review and preparation of the clerkship syllabus according to standards required by the Curriculum and Educational Policy Committee.
- Maintain ongoing, regular communication with non-salaried faculty in the community regarding clerkship objectives, student assessment expectations, the learning environment and other issues relevant to the clerkship.
- Recruit, prepare, and schedule faculty and residents/fellows who will participate in the delivery of the clerkship curriculum.
- Prepare GME trainees for teaching, including review of objectives and goals of the clerkship, importance of integration, assessment of students, and professionalism expectations in interactions with medical students.
- Provide education on student mistreatment and related policies to students, residents, and faculty in their department.
- Review faculty and resident assessment of student performance and use their collective feedback to fairly and reliably assess student clinical performance.
- Review student evaluations of resident and attending faculty, and counsel faculty and/or residents who receive poor performance evaluations by students (when indicated).
- Manage student concerns/complaints in a timely manner.
- Review student patient encounter logs to ensure that students are on-track for meeting clerkship objectives and provide appropriate alternative ways of achieving objectives if patient contact is not available (e.g., due to the rareness of a required condition, seasonality, etc.).
- Provide students with substantive and documented formative feedback to help the student identify strengths and weaknesses and to establish plans for remedying weaknesses. Formative feedback shall be provided by at least the mid-point of any required clerkships of four weeks or longer in duration.
- Work together and with departmental faculty to create interactive presentations and case scenarios to reinforce critical clinical pearls.
- Develop appropriate cases and assess student performance in the End of Block OSCE, if applicable. Assist in the development and grading of the End of Year OSCEs, if applicable.
- Collect, review, and assemble all data needed to determine a student's final clerkship grade consistent with the standardized grading policies adopted by the Clerkship Directors

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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Committee.

- For students who require remediation, collaborate with the Grading and Promotions Committee to develop a plan to address gaps and attain the knowledge, skills and attitudes necessary for the clerkship discipline and the practice of medicine. Monitor and report the outcome of the remediation to the Grading and Promotions Committee.
- Submit student grades in a timely manner – no later than 28 days following the conclusion of the clerkship/course/rotation.
- [Advise and mentor students on residency applications, provide letters of support and guide students on their career path.](#)

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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- Develop and maintain a continuous quality improvement plan for the clerkship and contribute to the plan for the clerkship phase as appropriate.
- Participate in monthly Clerkship Directors/Year 3-4 Committee meeting and subcommittees as needed.
- Provide the Assistant Dean for Medical Education (as designated by the Associate Dean for Medical Education) information needed for accreditation and other reporting functions for which they are responsible.
- Collaborate with the Office of Medical Education Unit Manager to supervise the designated clerkship coordinator and provide regular performance feedback and input for the coordinator's annual evaluation.

The clerkship director and assistant director report to the Assistant Dean for Medical Education (as designated by the Associate Dean for Medical Education) regarding these educational program administration roles. The same basic educational program responsibilities also apply to the required Year 4 clerkship/course directors. While regular participation in the Year 3-4 Committee by the Year 4 clerkship/course directors is highly encouraged, formal expectations of participation shall be determined on a case-by-case basis by the Year 3-4 Committee Chair, and participation may be required for selected committee or subcommittee meetings depending upon the agenda.

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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Medical Education Program Policy

Policy Name:	Clerkship Administration				
Policy Domain:	Clerkship administration	Refers to LCME Element(s):	4.1, 5.5, 9.1, 9.2, 9.3 (all indirectly related)		
Approval Authority:	Curriculum and Educational Policy Committee	Adopted:	7/11/2016	Date Last Reviewed:	12/13/2018
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:	1/14/2019		
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu		

- Policy Statement:** After review and input from the dean, the department chairs, and the Year 3-4 Committee, the organizational chart for clerkship administration from the attached page entitled "Clerkship Administration", including the recommended EVU allocations, have been adopted as a policy by the CEPC.
- Reason for Policy:** Clarification of Year 3 and 4 clerkship administration, including allocations of EVU support for clerkship directors and assistant directors.
- Who Should Read this Policy:**
 - Clerkship directors and assistant directors
 - Chairs of the clinical departments that administer Year 3 and 4 clerkships
 - PLFSOM EVU system administrators
- Resources:**
- Definitions:**
 - Clerkship director: see Medical Education Program Policy entitled "Clerkship Director Position Description"
- The Policy:**
See policy statement above and the attached page entitled "Clerkship Administration Org Chart". The allocation of time to perform clerkship duties for required YR 3-4 Clerkships and Courses is outlined below.

- Required Year 3 Clerkships
 - This includes Family Medicine, Internal Medicine, Psychiatry, Surgery, Pediatrics, Obstetrics and Gynecology, Neurology and Emergency Medicine
- CD + AD + AD = 0.76 FTE
 - Positions designated and FTE split determined jointly by the relevant Department Chair and the Associate Dean for Medical Education
 - 0.76 FTE (w/adjusted cap), split with Clerkship Director at 0.43 FTE or greater.
 - One or two Assistant Directors can be appointed with a minimum FTE of 0.1 each.

Commented [FM1]: It was suggested in the past that an additional Assistant Director be added. I think this could also be accomplished by increasing time of the current AD.

Commented [FM2]: There was a suggestion to ask for this to increase to 1.0 FTE once class size expansion is complete

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c. Combined total of Clerkship Director + Assistant Directors not to exceed 0.7 FTE

2. Once class size expansion to 150 is complete (projected to occur in AY 2027-2028):

a. 1.0 FTE (w/adjusted cap) split with Clerkship Director at 0.5 FTE or greater

b. One or two Assistant Directors can be appointed with a minimum of 0.1 FTE each

*c. Combined total of Clerkship Director + Assistant Directors not to exceed 1.0 FTE

b.3. If no Assistant Clerkship Director is appointed, then the cap is 0.5FTE for Clerkship Director

- Required Year 4 Clerkships

i. Emergency Medicine and Neurology

1. AY 2022-2023 – EM and Neurology are transitioning to 3rd year and in future years, they will not be required in 4th year although elective offerings will continue in these disciplines.

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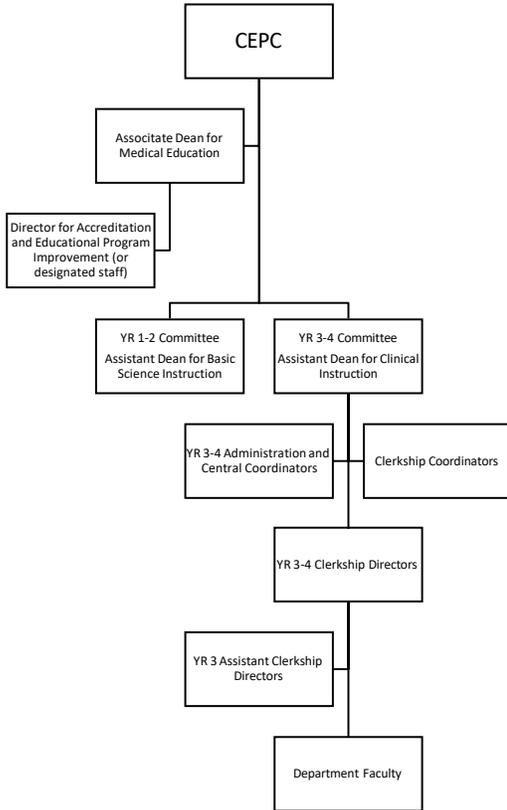
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~~1. 0.5 FTE for Clerkship Director in each~~

- ii. Sub Internship Selectives
 - 1. ~~0.32~~ FTE for Clerkship Director in each ~~of 5~~ selectives
- iii. Critical Care selectives
 - 1. ~~0.21~~ FTE for each ~~of 6~~ selectives
- iv. Bootcamp 2 week required course
 - 1. ~~0.7 total~~ ~~0.5~~ total FTE split between 2 co-directors
 - ~~4-2~~ Suggest that this increase to 0.8 FTE total once class size expansion is complete.

For any department with a Year 3 clerkship for which an assistant clerkship director has not been designated per this policy, EVU compensation for the clerkship director will be calculated at 0.5 FTE (capped as per the PLFSOM EVU policy).

CLERKSHIP ADMINISTRATION ORG CHART:



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Education: Bachelor of Medicine & Bachelor of Surgery (M.B.B.S.) (2006-2012)
J.N. Medical College, AMU, Aligarh, Uttar Pradesh, India

Residency: Internal Medicine (2013-2016)
Mount Auburn Hospital, Harvard Medical School, Cambridge, MA

Fellowship: Nephrology (2017-2019)
University of Mississippi Medical Center, Jackson, MS
Fellow of American Society of Nephrology

Chief Fellow: Nephrology (2018-2019)
University of Mississippi Medical Center, Jackson, MS

Immigration Status: US Citizen

Professional affiliations:

Member of American Society of Nephrology (ASN) In Training exam (ITE) Test Materials Development Committee
Texas Tech University Health Sciences Center GME Resident Advisor

Board certification: ABIM, Internal Medicine (2016-2026)
ABIM Nephrology (2019- 2029)

Licensure: Texas Medical Board (2019 – present)

Work Experience:

- Texas Tech University Health Science Center, El Paso, TX 09/2019- Present
Assistant Professor of Medicine, Nephrologist
- University of Mississippi Medical Center, Jackson, MS 08/2017-07/2019
Nephrology Fellow
- University of Mississippi Medical Center, Jackson, MS 08/2016-07/2017
Assistant Professor of Medicine, Hospitalist
- Mount Auburn Hospital, Harvard Medical School, Cambridge, MA 07/2013-06/2016
Resident Physician
- Brigham and Women's Hospital, Harvard Medical School, Boston, MA 02/2012-06/2013
Clinical observer and Research trainee in renal division
- Jawaharlal Nehru Medical College, Aligarh, Uttar Pradesh, India 12/2010-02/2012
Internship in Medicine, Surgery, OBGY and allied branches

Research Experience:

- Texas Tech Health Science Center El Paso 09/2019 – Present
 - a. Co PI Clinical Trial
 - b. Advisor – MS1 Prevent Progression of CKD program 04/2022 – Present
- University of Mississippi Medical Center, Jackson, MS 08/2017-07/2019
 - a. Impact of dialysis modality education in pre ESRD population
 - b. Meta- Analysis on effect of Denosumab in ESRD and renal transplant patients
- Mount Auburn Hospital, Harvard Medical School, Cambridge, MA 03/2015-05/2015
Quantitative and qualitative study of hospital readmission through patient's perspective
- Dana Farber Cancer Institute, Harvard Medical School, Boston, MA 08/2014-12/2014
Novel Drug discovery in Multiple myeloma and Waldenstrom's macroglobinemia
- Brigham and Women's Hospital, Harvard Medical School, Boston, MA 02/2012-06/2013
Interventional Nephrology Study of hemodialysis

Teaching activities

1. General Internal Medicine Statewide Preceptorship Program (GIMSPP) Preceptor – 2021 – present
2. El Paso Lupus Education Program, Lupus Foundation of America, Lone star Chapter Patient Educator – 2020 – present
3. El Paso's Inaugural Symposium Current Best Practices in Patient Blood Management, Transfusion and Hemostasis Speaker 2021
4. In addition to teaching medical students, residents during inpatient and outpatient settings, involved in Work Case Example for 2nd year medical students, Clerkship lectures for 3rd year medical students, Renal Unit for 1st year medical students, night on Call for 4th year Medical Students
5. Noon Conference Lectures for Internal Medicine Residents

Committee Member

Clinical Competency Committee for Internal Medicine Residents at Texas Tech Health Sciences Center El Paso
Performance Evaluation Committee for Internal Medicine at Texas Tech Health Sciences Center El Paso

Achievements, Awards and honors:

1. Research Fellow of the year 2018-University of Mississippi Medical Center, Jackson, MS
2. Media coverage for study of Denosumab in ESRD patients at National Kidney Foundation meeting
<https://www.medpagetoday.com/meetingcoverage/nkf/72304>

Advisory Board Member - Fresenius Medical Care Renal Therapies Group

Patent:

U.S patent number - US 8,668,938B2

Composition and manufacturing processes of a toxicity free botanical drug for curative treatment of chronic diseases. Kumar et al. Published on March 11, 2014

Publications (Peer Reviewed Journals):

1. *Breaking Barriers in Exclusive Breastfeeding: Utilizing Missed Opportunity for Counseling and Support.* Abedi AJ, Ansari MA, Khan Z, Mehnaz S, **Kumar P.** Indian Journal of Maternal and Child Health (**IJMCH**) 2012 ;Jan – Mar;14(1) <https://sites.google.com/a/ijmch.org/www/home/previous-online-journals/volume-14-January---March-2012>.
2. *APO866 increases anti-tumor activity of cyclosporin-A by inducing mitochondrial and endoplasmic reticulum stress in leukemia cells.* Cagnetta A, Soncini D, Caffa I, Acharya C, **Acharya P,** Adamia S, Pierri I, Bergamaschi M, Garuti A, Fraternali-Orcioni G, Provenzani A, Mastracci L, Zucal C, Damonte G, Salis A, Patrone F, Ballestrero A, Gobbi M, Montecucco F, Bruzzone S, Nencioni A, Cea M. Clinical Cancer Research. 2015 May 11, 3023.2014. PMID:25964294
3. *Evidence for a role of the histone deacetylase SIRT6 in DNA damage response of multiple myeloma cells.* Cea M, Cagnetta A, Adamia S, Acharya C, Tai YT, Fulciniti M, Ohguchi H, Munshi A, **Acharya P,** Bhasin M, Zhong L, Carrasco R, Ballestrero A, Nencioni A, Richardon P, Gobbi M, Munshi N, Hideshima T, Chauhan D, Anderson KC. Blood. 2016 Mar 3;127(9):1138-50. doi: 10.1182/blood-2015-06-649970.PMID:26675349
4. *Dual NAMPT and BTK targeting leads to synergistic killing of WM cells regardless of MYD88 and CXCR4 somatic mutation status .* Cea M, Cagnetta A, Acharya C, **Acharya P,** Tai Y, Cao Y, Lovera D, Grasso R, Colombo N, Miglino M, Fraternali-orcioni G, Mastracci L, Nencioni A, Hideshima T, Chauhan D, Gobbi M, Lemoli R, Munshi N, Treon S, and Anderson KC. Clinical Cancer Research. 2016.doi:10.1158/1078-0432.CCR-16-0630 PMID:27287071.
5. *Elevated neutrophil-to-lymphocyte ratio and monocyte-to-lymphocyte ratio and decreased platelet-to-lymphocyte ratio are associated with poor prognosis in multiple myeloma.* Shi L, Qin X, Wang H, Xia Y, Li Y, Chen X, Shang L, Tai YT, Feng X, **Acharya P,** Acharya C, Xu Y, Deng S, Hao M, Zou D, Zhao Y, Ru K, Qiu L, An G. Oncotarget. 2017 Mar 21. doi: 10.18632/oncotarget.13320 PMID: 27852046
6. *Hypocalcemia and Bone Mineral Density Changes Following Denosumab Treatment in End-Stage Renal Disease Patients: A Meta-Analysis.* Thongprayoon C, **Acharya P,** Sharma K, Chenbhanich J, Ungrasert P, Suarez M, Cheungpasitporn W, Osteoporosis International 2018 Aug;29. doi: 10.1007/s00198-018-4533-6. Epub 2018 Apr 30.

7. *Successful Treatment of Tuberculosis-Associated Hypercalcemia with Denosumab in a Patient with Acute Kidney Injury* Torres A, **Acharya P**, Suarez M, Craici I, Cheungpasitporn W Therapeutic Apheresis and Dialysis Article ID: TAP12788 Article DOI: 10.1111/1744-9987.12788

8. *Diagnostics, Risk Factors, Treatment and Outcomes of Acute Kidney Injury in a New Paradigm* Thongprayoon C, Hansrivijit P, Kovvuru K, Kanduri S, Torres A, **Acharya P**, Gonzalez-Suarez M, Kaewput W, Bathini T, Cheungpasitporn W Journal of Clinical Medicine 2020 Apr 13;9(4):E1104 doi: 10.3390/jcm9041104 PMID: 32294894

9. *Recent Advances and Clinical Outcomes of Kidney Transplantation* Thongprayoon C, Hansrivijit P, Leeaphorn, **Acharya P**, Torres A, Kaewput W, Kovvuru K, Kanduri S, Bathini T, Cheungpasitporn W Journal of Clinical Medicine 22 April 2020 9, 1193; doi:10.3390/jcm9041193

10. Incidence and Characteristics of Kidney Stones in Patients on Ketogenic Diet: A Systematic Review and Meta-analysis **Acharya P**, Acharya C, Thongprayoon C, Hansrivijit P, Kanduri S, Kovvuru K, Medaura J, Vaitla P, Garcia Anton D, Bathini T, Cheungpasitporn W Diseases 2021 May 25, 2021 9(2), 39; doi.org/10.3390/diseases9020039

11. Feature Importance of Acute Rejection among Black Kidney Transplant Recipients by Utilizing Random Forest Analysis: An analysis of the UNOS database Thongprayoon C, Jadowiec C, Leeaphorn N, Bruminhent J, **Acharya P**, Acharya C, Pattharanitima P, Kaewput W, Boonpheng B, Cheungpasitporn W 2021 Nov 2;8(11):66. doi: 10.3390/medicines8110066. PMID: 34822363

12. Distinct Phenotypes of Kidney Transplant Recipients in the United States with Limited Functional Status as Identified through Machine Learning Consensus Clustering Thongprayoon, C, Jadowiec, C.C., Kaewput, W., Vaitla, P., Mao, S.A., Mao, M.A., Leeaphorn, N, Qureshi, F, Pattharanitima, P, Qureshi, F, **Acharya P**, Nissaisorakarn P, Copper M, Cheunpasitporn W J. Pers. Med. 2022, 12, 859. <https://doi.org/10.3390/jpm12060859>

Abstracts

1. Toegel F, McGlynn P, **Acharya P**, Voiculescu A, Hentschel D *Outcomes after stent graft placement for cephalic arch stenosis* Journal of American Society of Nephrology Vol 27, 2016 Page 880 A

2. **Acharya P**, et al. *Hypocalcemia and bone mineral density changes following Denosumab treatment in End-Stage renal disease patients : A meta- analysis* American Journal of Kidney diseases Vol. 71. No. 4. 1600 John F Kennedy Boulevard, STE 1800, Philadelphia, PA 19103-2899 USA: WB Saunders Co- Elsevier Inc, 2018.

3. **Acharya P**, et al. *Post-traumatic Osteolysis Leading to Acute Renal Failure from Bilateral Renal Stones.* American Journal of Kidney diseases Vol. 71. No. 4. 1600 John F Kennedy Boulevard, STE 1800, Philadelphia, PA 19103-2899 USA: WB Saunders Co- Elsevier Inc, 2018

4. **Acharya P**, et al. *Oxalosis causing acute kidney injury and encephalopathy.* American Journal of Kidney diseases Vol. 71. No. 4. 1600 John F Kennedy Boulevard, STE 1800, Philadelphia, PA 19103-2899 USA: WB Saunders Co- Elsevier Inc, 2018

5. **Acharya P**, et al. *Sometimes its not the kidney.* . American Journal of Kidney diseases Vol. 71. No. 4. 1600 John F Kennedy Boulevard, STE 1800, Philadelphia, PA 19103-2899 USA: WB Saunders Co- Elsevier Inc, 2018

Poster Presentations:

1. Varadarajan I, **Kumar P**, Siddiqui S. *Common symptoms could have uncommon causes - GIST.* Massachusetts Society of Clinical Oncology, 2013

2. **Acharya P**, Anagnostou T, Weissman L. *Recurrent thrombosis on heparin in bacteremia induced antiphospholipid syndrome.* Massachusetts American College of Physicians annual meeting, October 2014

3. **Acharya P**, Anagnostou T, Griffiths E, Slater S. *Primary Amyloidosis: an uncommon cause of multiorgan failure.* Society of General Internal Medicine, New England Regional Meeting, March 2015

4. Anagnostou T, **Acharya P**, Caughey T. *Bone marrow toxicity without agranulocytosis in a patient on clozapine*. Society of General Internal Medicine New England Regional Meeting, March 2015
5. Anagnostou T, **Acharya P**, Caughey T. *Dasatinib toxicity manifesting as pericardial tamponade*. American College of Physicians National meeting, April 2015
6. **Acharya P**, Segall F. *TINU syndrome - An unusual cause of renal failure*. Society of General Internal Medicine Mountain West Regional Meeting, October 2015
7. Anagnostou T, **Acharya P**, Caughey T. *Pancoast tumor: a Late Diagnosis of Severe Thoracic Outlet Syndrome* Massachusetts Medical Society Annual meeting, October 2015
8. **Acharya P**, Modest A. *Severe respiratory alkalosis in liver disease*. Massachusetts American College of Physicians Annual meeting, 2015
9. **Acharya P**, Weissman L. *Dysphagia with extreme thrombocytosis*. Massachusetts Medical Society Annual meeting, 2015
10. **Acharya P**, Laeeq A, Carmody M, Lown B. *Through the patient's eyes- Identifying risk factors for hospital readmission*. SGIM National Meeting, May 2016
11. Toegel A, McGlynn P, **Acharya P**, Voiculescu A, Hentschel D. *Outcomes after stent graft placement for cephalic arch stenosis*. American Society of Nephrology National Meeting, Nov 2016
12. Acharya C, Medaura J, Palabindala V, Kovvuru K, Perkins R, **Acharya P**. *Henoch-Schonlein Purpura: Adult with rash and frothy urine*. Society of Hospital Medicine Regional Meeting, 2017
13. Acharya C, Moore A, Taylor A, **Acharya P**, Kovvuru K, Palabindala V, Wilhelm A. *Educational intervention significantly reducing health care cost in Intensive Care Unit*. Society of Hospital Medicine Regional Meeting, 2017
14. **Acharya P**, Malcolm N, Vaitla P. *Post-traumatic Osteolysis Leading to Acute Renal Failure from Bilateral Renal Stones* National Kidney foundation Spring Clinical Meeting, April 2018
15. **Acharya P**, Thongprayoon C, Sharma K, Suarez M, Cheungpasitporn W. *Hypocalcemia and Bone Mineral Density Changes following Denosumab treatment in End – Stage Renal Disease Patients : A Meta- Analysis*. National Kidney Foundation Spring Clinical Meeting, April 2018 * **Media coverage MedPage Today April 12, 2018**
16. **Acharya P**, Neill J, Castaneda J. *Oxalosis causing acute kidney injury and encephalopathy*. National Kidney Foundation Spring Clinical Meeting, April 2018
17. Torres A, Pamarthy A, **Acharya P**, Boler H, Anton G, Cheungpasitporn W. *Cytokine hyperactivation – associated lactic acidosis in a patient with hemophagocytic lymphohistiocytosis and lupus podocytopathy*. National Kidney Foundation Spring Clinical Meeting, April 2018
18. **Acharya P**, Hatch S, Cheungpasitporn W, Suarez M. *Sometimes its not the kidney*. National Kidney Foundation Spring Clinical Meeting, April 2018
19. **Acharya P**, Thongprayoon C, Torres A, Suarez M, Cheunpasitporn W. *Effects of Denosumab on Bone Metabolism and Bone Mineral Density in Kidney Transplant Patients: A Meta-Analysis* American Society of Nephrology October, 2018
20. Torres A, **Acharya P**, Suarez M, Craici I, Cheungpasitporn W. *Successful Treatment of Tuberculosis-Associated Hypercalcemia with Denosumab in a Patient with Acute Kidney Injury* American Society of Nephrology October, 2018

21. Vaitla P, Kanduri S, **Acharya P**, Kovvuru K *Renal failure after knee arthroplasty and antibiotic cement: Role of dialysis* American Society of Nephrology November 2019
22. **Acharya P**, Kovvuru K, Vailta P, Kanduri S *The heart of calcium* American Society of Nephrology November 2019
23. **Acharya P**, Acharya C, Medaura J, Cheungpasitporn W *Incidence and Characteristics of Kidney Stones in Patients on a Ketogenic Diet: A Meta analysis.* American Society of Nephrology October 2020
24. **Acharya P**, Acharya C, Medaura J IgA nephropathy post COVID vaccination American Society of Nephrology November 2021
American Society of Nephrology 2021
25. Vaitla P, Thongprayoon C, Jadowiec C, Leeaphorn N, Mao M, **Acharya P**, Cooper M, Cheungpasitporn W. Phenotypes of Non- Citizen Kidney Transplant Recipients in Unites States by Machine Learning Consensus Clustering Submitted American Transplant Congress Annual meeting 2022
26. Thongprayoon C, Jadowiec C, Kaewput W, Vaitla P, Mao S, Mao M, Leeaphorn N, Pattharanitima P, Qureshi F, **Acharya P**, Nissaisorakarn P, Cooper M, Cheungpasitporn W Distinct Phenotypes of Kidney Transplant Recipients in the United States with Limited Functional Status as Identified through Machine Learning Submitted American Society of Nephrology 2022
27. Kesavan Chary P, Nguyen B,i **Acharya P** Post-Renal AKI Secondary to Bilateral Nephrolithiasis: A Rare Pathophysiology 14th Annual Research Symposium Poster Presentation Texas Tech Health Sciences Center El Paso, El Paso TX

Membership of Professional Societies:

- 1) American Society of Nephrology (ASN)
- 2) National Kidney Foundation (NKF)
- 3) Southwest Renal Society

Reviewer

- 1) Therapeutic Apheresis and Dialysis
- 2) Scientific Reports, a Nature Research journal
- 3) Journal of Clinical Medicine

Volunteer Experience:

- a. 2011: worked in National Intensified pulse polio Immunization program at Aligarh, India.
- b. 2011: researched and submitted a study on "Infant Feeding." at Aligarh, India
- c. 2011: worked as an intern doctor in the "School Health Checkup Program" at Aligarh, India
- d. 2011: worked as supervisor in reproductive and child health program at Aligarh, India
- e. 2020 : El Paso Lupus Education program, Lupus Foundation of America, Lone Star Chapter
- f. 2021 : El paso Lupus Education Program, Lupus Foundation of America, Lone Star Chapter
- g. 2022: Texas Tech Medical Student Run Clinic

Languages: English, Hindi, Gujarati, Urdu, Basic Spanish