

CEPC MEETING AGENDA

5:00 PM - 6:30 PM

05/08/2023

CHAIR:

Dr. Maureen Francis, MD, MACP, 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, PhD; Dale Quest, PhD; Wajeeha Saeed, MD

EX-OFFICIO:

Lisa Beinhoff PhD; Martin Charmaine, MD; Tanis Hogg, PhD; Jose Lopez

STUDENT REPRESENTATIVES:

Kristina Ingles MS1 (Voting); Joshua Salisbury 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; Jose Manuel de la Rosa, MD; Priya Harindranathan PhD, Rebecca L. Campos, MD, F-AIHM, ABIHM; Thwe Htay, MD; Diana Pettit, PhD; Jose R. Santos-Romeu

APPROVAL OF MINUTES

Minutes will be attached.

ANNOUNCEMENTS

Presenter(s):

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ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I Phase Review Process – Wrap-Up (Clerkship AY 2021-2022)

Presenter(s): Dr. Francis

ITEM II Syllabi Major Changes/Updates – Pre-Clerkship Phase

Presenter(s):

- Medical Skills – Dr. Campos
- SPM – Dr. Chacon
- SCI – Dr. Khanjani
- Colloquium & SARP – Dr. Ayoubieh

ITEM III Syllabi Major Changes/Updates – Clerkship Phase (4th Year)

Presenter(s): Dr. Francis

ITEM IV Policy Updates

Presenter(s): Dr. Francis

- Off-Cycle Entry Into Year 3

ITEM V Clerkship Directors List Updates

Presenter(s): Dr. Francis

OPEN FORUM

ADJOURN

MEMBERS IN ATTENDANCE:

Maureen Francis, Colby Genrich, Fatima Gutierrez, Jessica Chacon, Munmun Chattopadhyay, Patricia Ortiz, Khanjani Narges, Dale Quest, Wajeeha Saeed, Lisa Beinhoff, Charmaine Martin, Tanis Hogg, Jose V Lopez, Kristina Ingles, Joshua Salisbury, Whitney Shaffer

MEMBERS NOT IN ATTENDANCE:

Houriya Ayoubieh, Rowan Sankar, Nikolas Malize, Rohan Rereddy, Miraal Dharamsi, Daniel Tran

PRESENTERS/GUESTS IN ATTENDANCE:

Priya Harindranathan, Rebecca L. Campos, Thwe Htay, Jose Santos-Romeu

INVITED/GUESTS NOT IN ATTENDANCE:

Richard Brower, Christiane Herber-Valdez, Jose Manuel De La Rosa, Diana Pettit

REVIEW AND APPROVAL OF MINUTES

Dr. Francis, CEPC Chair

- Meeting minutes from the April 10, 2023 were adopted.

Decision:

Dr. Quest moves to approve minutes.
Dr. Genrich seconds the motion.
No objections. Meeting minutes were approved.

ITEMS FROM STUDENT REPRESENTATIVES

Kristina Ingles (MS1)

- Kristina announced that she has to step down from the committee to devote her time to studies. The new student member will be selected.

ITEM I Phase Review Process – Wrap-Up (Clerkship AY 2021-2022)

Presenter(s): Dr. Francis

Dr. Francis presented highlights from the Clerkship Phase Review (AY 2021-2022)

*Summary Report is attached

Dr. Francis presented the outcomes summary for Review Team I – Psychiatry, Internal Medicine & Family Medicine Clerkships (For full details, see Report Summary Clerkship Phase Review – Team I Tab)

She presented the list of the quality improvements outlined by the clerkship directors. She highlighted reduced assignments, tracking ambulatory shifts, and reducing crowding as common themes across a couple of clerkships. Family Medicine was interested in focus groups to help better understand the medical students' expectations.

Dr. Francis explained these outcomes are ongoing and clerkships report to the Year 3 and 4 Committee. She stated If there was anything major it would be reported to the CEPC.

Dr. Francis commented on the following recommendations from the review team:

- The Review Team I recommended that syllabi were rearranged for easier reading. Dr. Francis stated that syllabi were improved by combining appendices in beginning AY 2022-2023.
- Dr. Francis stated that for NBME scores, it was noted that the IM average was low. She explained that the IM average subject exam was 74, and the national average was 74.9 with a standard deviation of 9.3. Dr. Francis stated that our subject exam scores typically score a point above or below the national average.
- Dr. Francis explained the outcomes of the block evaluation review. The past couple of years, there has been a focus on improving Elentra. The matrix assignment came up as time consuming, but the clerkship directors felt that it was valuable for systems based practice (SBP) and practice based learning and improvement (PBLI).
 - Dr. Ortiz noted that matrix assignment was improved in psychiatry. She added that an additional training presented as a self-taught module was provided to students. Dr. Ortiz stressed out that students have option to schedule an appointment with clerkship directors to get feedback on the first matrix assignment before they complete the second matrix assignment.



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- Dr. Francis addressed the importance of how to report mistreatment and violations of the learning environment. She noted that Dr. Martin and Dr. Htay will share detail information during student orientations. In addition, information will be posted on the Elentra webpage so students will have one more place to look and report in real time.

Dr. Francis presented the outcomes summary for Review Team II – Pediatrics, Surgery, and OB/GYN Clerkships (For full details, see Report Summary Clerkship Phase Review – Team II Tab)

Dr. Francis stated that the new Interim Surgery Clerkship Director is addressing potential issues in Surgery. Clerkship coordinators are now situated on the third floor of the Clinical Sciences building (CSSB) to easily facilitate scheduling and access to students. The recently updated Clerkship Administration Policy and Educational Value Unit (EVU) System Policy dedicates more financial support for clerkship directors' time. The Surgery Department Chair is conducting a special recruitment for the long-term clerkship director.

Dr. Francis commented on the following recommendations from the review team:

- The review team raised concerns over the learning environment in the Surgery and Ob/Gyn clerkships. Dr. Francis noted that these concerns warrant close monitoring. She highlighted that there is a plan to address these issues from more than one angle. Part of the retreat for the year 1 and 2 will be devoted to discussion about the better interaction between faculty and students. This is also planned as a part of the retreat that is in planning stage for the year 3 and 4. Dr. Francis concluded that faculty has been also actively participating in professional development trainings related to learning environment.
- In regards to recommendation for adding presentation on an interesting case at the end of rotation Dr. Francis explained that students already have many assignments and plenty of presentations, along with the independent learning week. She added that students are encouraged to discuss interesting cases with a faculty member or resident about writing something up for an interesting case outside of the curriculum. Student Whitney Shaffer (MS3) stated that many students have been already pursuing this practice. Dr. Francis concluded that this will continue on a case-by-case basis but not as an assignment.

- Dr. Francis stated that last year Medical Student Teaching Center (MSTC) recruited 4th year tutors to help the 3rd year students. This program produced favorable results and will continue. Dr. Martin added that tutors and coaches are already hired and, currently, are in training.

Dr. Francis presented the outcomes for Review Team III – Emergency Medicine, Neurology, and Bootcamp (For full report, see Report Summary Clerkship Phase Review Tab – Team III)

Dr. Francis commented on the following recommendations from the review team:

- Dr. Francis stated that Emergency Medicine and Neurology were required for 4th year but were moved to Year 3 in AY 2023-24. The decision was based on the hypothesis that early exposure to EM and Neurology would help students to decide if these specialties would be a good fit for them.
- Two weeks of Bootcamp is still required during the spring semester for 4th year students. The Bootcamp feedback was reviewed closely by the co-directors and changes were based on their feedback.

Dr. Francis presented the outcomes from Review Team IV – Intersession, Sub-Internship, and Critical Care (For full report, see Report Summary Clerkship Phase Review Tab – Team IV)

Dr. Francis commented on the following recommendations from the review team:

- Quick guides for assignments, as well adding alternate assignments outlined in the Op Log in case someone misses the diagnosis in their clinical work will be incorporated in the upcoming year.
- Review team pointed out that the locations were not listed in syllabi. Dr. Francis explained that in an effort to make the syllabi shorter, locations were listed in Elentra.
- In regards to student request to have more lectures about ventilator management Dr. Francis noted that the Society for Critical Care Medicine covers this topic. She explained that after consulting with the critical care directors the consensus was that this topic was at the level of a fellow.
- Other comments were directed towards specific units and Dr. Francis stated she will send those back to the Critical Care and Sub-I rotations and will follow up with the year 3 and 4 Committee.

- Review team also brought up the concern about the access to the electronic medical record at THOP. Dr. Francis explained that this is an ongoing issue that is being addressed with THOP. She added that there are some limitations to what could be done because THOP has their own process for handling these electronic records.
- Dr. Francis addressed the overall comment regarding the discrepancy in high numbers of honors for some of the Sub-Is. She stated that there might be some other underlying reasons why this is happening that might not be so apparent but they will continue to monitor the trend. She explained that enrollment in each Sub-I has a different pool of students. She added that Surgery Sub-I usually has students who have high interest in it, and are seeking letters of recommendation for residency, whereas in the Internal Medicine Sub-I, usually, two thirds of the class enrolled are there for the experience. This dynamic affects the overall grades.
- Dr. Francis concluded that all findings will be shared with Year 3 and 4 Committee, and there should be a follow-up about learning environment concerns with the CEPC.

Dr. Munmun moves to approve phase review summary wrap-up report.

Dr. Khanjani and Dr. Saeed second the motion.

No objections, the phase review summary wrap-up report was approved.

ITEM II Syllabi Major Changes/Updates – Pre-Clerkship Phase

Presenter(s): Dr. Campos; Dr.
Chacon and Dr. Khanjani

Dr. Campos presented the following changes to Medical Skills Syllabi for 2023-2024

*Presentation is attached

MS1 & MS2

- Physical Exam Skill Evaluation- students will have 2 remediation opportunities to achieve a passing score on this activity.
- Performance on the OSCE examination- a passing score on the Physical Exam Skill Evaluation must be achieved to pass the OSCE.
- Remediation examinations- students who have attended the majority of sessions during the academic unit and who achieve a cumulative course score of less than 75% will be offered an opportunity to take a remediation OSCE examination of the portions within the lowest score.



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MS2

- Advanced Cardiovascular Life Support (ACLS) course- all students are required to participate and complete this ACLS course, regardless of current active status.

There was discussion about the different components of the total grade, which included the OSCE score, other components such as attendance, weekly quizzes and submission of patient encounter.

Dr. Chacon presented the following changes to SPM Syllabi for AY 2023-2024

*Presentation is attached

- AY 2023-23- to receive a grade of pass (PA) for each SPM unit, a student must achieve a minimum average score of 65% on the NBME exam and in-house components (summative exam + Anatomy practical).
- Remediation- if the average score on the summative exams + Anatomy practical is less than 65%, students must remediate both exams (NBME + in-house) + Anatomy practical.
- The Anatomy remediation score will be added to the in-house summative remediation exam at the percent specified for each unit.
- Students who fail the unit must remediate the practical exam on the published remediation date (approximately 1 week after original exam).

There was discussion about the anatomy practical for remediation related to scheduling, logistics and format. Dr. Chacon explained that faculty have discussed this and wanted to be consistent in having the three components as part of the remediation plan since these are part of an integrated curriculum.

Dr. Khanjani presented the changes to SCI for AY 2023-2024

*Presentation is attached

- Per students' feedback Dr. Khanjani proposed moving SCI exams 1 week before/after SPM exams
- Also, it was recommended to discontinue mid-terms in SCI I-III.
- There will no longer be Immersion Content Testing on Exams in SCI I

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- In SCI II there will be no Team STEPPS testing (Jan – Mid-Feb.)
- Students have asked for weekly quizzes instead of tests that are cumulative.
- In the SCI Introduction to Clinical Research and Evidence-based Medicine, an iRAT and tRAT TBL is proposed with each session representing 2% of the semester's grade (1% iRAT & 1% tRAT).
- SCI III, Biostats/EBM is required; TBL 20% (10 optional sessions x 2%), final 50% (only 10 biostat session), no mid-term. This is pending student input.
- SCI IV, Community Health Experience (CHE) on learning 20%, NBME Exam style Question Writing Problem Set 30%, Final 50% (last 5 sessions of SCI III will be tested).
- SCI Community Health Experiences have two major changes, first is the grade percentage for self-directed goals (10%) and Final Reflection on learning (20%). Second, approximately 10% of students choose to go to the VA, and due to paperwork, the visits start in SCI II and extend to SCI IV.
- Problem Sets are team based and if team fails, they will have 1 chance to resubmit for a passing grade; max to be earned on 90% on round 2.
- Other general updates include names, dates, etc. and a syllabus synopsis that includes a short review with key dates and information for easy student reference.
- The Spanish syllabus will be a separate section.

There was discussion over the problem sets, team based assignments, the grading scale for resubmissions and absences. In addition, there was discussion about the TBL changes for year 2. Dr. Francis pointed out that this would be a big change for 2nd year students. She explained that usually when there are changes to assessment, the practice is to teach out the old system or get feedback from the students.

The group decided to get feedback and come back to the next CEPC meeting for the approval of SCI changes.

Dr. Francis reiterates the comment from Dr. Hogg that there are no changes to Colloquium & SARP Syllabi.

Dr. Genrich moves to approve changes to SPM and Med Skills Syllabi.
Dr. Quest seconds the motion.
No objections, the SPM and Med Skills 2023-2024 Syllabi changes were approved.

ITEM III Syllabi Major Changes/Updates – Clerkship Phase (4th Year)

Presenter(s): Dr. Francis Dr. Francis stated that there were no major changes to Syllabi for 4th year.

ITEM IV Policy Updates

Presenter(s): Dr. Francis Off-cycle Entry Into Year 3 Policy updates were approved through asynchronous voting.

ITEM IV Clerkship Director List Updates

Presenter(s): Dr. Francis The Clerkship Director List Updates were approved through asynchronous voting. Dr. Hartl was appointed for the role of Sub-internship Director for the Department of Family & Community Medicine.

OPEN FORUM

Dr. Francis explained that another reason for the high discrepancy in honors for sub-I and critical care is that the honors are competency based. Therefore, if a student achieves “exceeds expectations” in the competencies than she/he/they will receive honors. Dr. Francis added that there was no cap on honors on any of the courses in the clerkship phase.

ADJOURN

Meeting Adjourns at 7:00 pm.

Med Skills Syllabus

2023-2024

MS1 & MS2

- **Physical Exam Skill Evaluation:** Each Unit may require that students demonstrate competency of a physical examination set. Testing times will be arranged during each Unit. Performance criteria will be predetermined and these criteria will be available to the students. Students must correctly perform 90% of the predetermined criteria in order to receive a passing score. **Students will have 2 remediation opportunities to achieve a passing score on this activity.**

MS1 & MS2

- **Performance on OSCE examinations:** Each Unit OSCE will have between 2-4 stations. One or more of these stations will be a Standardized Patient encounter (face-to-face SP encounter or SP encounter in quiz format). Assessment at each station is based on demonstration of proficiency as assessed using predetermined criteria that assess history taking skills, physical examination technique, communication skills, clinical reasoning, documentation, and professional demeanor. Performance on the OSCE examinations will constitute 85% of the final grade for each Unit. **A passing score on the Physical Exam Skill Evaluation must be achieved to pass the OSCE.**

MS1 & MS2

- **Remediation examinations:** Students who have attended the majority of sessions during the academic Unit and who achieve a **cumulative Course Score of less than 75%** will be offered an opportunity to take a remediation OSCE examination of the portion(s) with the lowest score. Arrangements will be made to take the makeup OSCE examination within one month of the end of the academic Unit. Those students who achieve a cumulative score of less than 75% after the remediation examination will receive a grade of Fail for the Unit and corresponding semester course, and will be referred to the Grading and Promotions Committee (GPC).

MS1 & MS2

Make-up sessions: On a case-by-case basis, the MSC Course Directors in coordination with TECHS staff may schedule make-up sessions for students with excused absences from MSC sessions. To schedule a make-up session after an excused absence, it is the responsibility of the student to email Course Coordinators and Course Directors as soon as possible

MS2

ACLS (Advanced Cardiovascular Life Support) Course: ACLS training is expected to assist students in their preparation for work in the wards and clinics. The ACLS course will be offered by the Texas Tech University Health Sciences Center Regional Simulation Center. ACLS is designed to review, organize, and prioritize the skills and cognitive knowledge needed to handle a variety of cardiopulmonary emergencies, including resuscitation of patients in cardiac arrest and post arrest situations. Most residencies and some MS4 away rotations require ACLS certification. Certification is good for 2 years, after which an individual must renew their certification (a half-day course). ACLS Provider Manual is the required material that will be provided prior to the course start date. Please see Grading System heading below for ACLS grade integration into Medical Skills Course IV and expectations for the ACLS course. **All students are required to participate and complete this ACLS course, regardless of current active status.**

SPM 2023-2024

SPM I-II Course Directors:

- Dr. Ellen Dudrey
- Dr. Jessica Chacon

SPM III-IV Course Directors:

- Dr. Diana Pettit
- Dr. Ricardo Belmares

SPM 2023-2024 proposed changes

- **2022-2023:**

- To receive a grade of pass (PA) for each SPM unit, a student must achieve a minimum aggregate score of 65% on both parts of the summative exam (NBME (65%) and in-house(65%)).

- **2023-2024:**

- To receive a grade of pass (PA) for each SPM unit, a student must achieve a minimum average score of 65% on the NBME exam and in-house components (summative exam + Anatomy practical).
- Anatomy score will be added to the in-house summative exam at the percent specified for each unit (see below).
- Anatomy:
 - Anatomy practicals will count as a percentage of the in-house score:
 - SPM I and II: IHD (2%); GIS (5%); IMN (5%); HEM (0%); CVR (5%); RNL (2%)
 - SPM III and IV: CSS (2%); END (0%); REP (2%); and MHD (2%)
- **Pass IHD Example:** NBME exam= 71%; In-house exam= 74.7%; Anatomy practical= 67%
 - $[(\text{NBME}) + ((\text{in-house} * 0.98) + (0.02 * \text{Anatomy practical}))]/2$
 - $[(71) + ((74.7 * 0.98) + (0.02 * 67))]/2 = \text{Final unit score} = 73\%$
- **Fail IHD Example:** NBME exam= 47%; In-house exam= 63%; Anatomy practical=96%
 - $[(47) + ((63 * 0.98) + (0.02 * 96))]/2 = \text{Final unit score} = 55\%$

SPM 2023-2024 proposed changes -Remediation

2022-2023 Remediation:

- If a grade of 'DE' (Deferred) is recorded because one or two SPM units are failed within a semester, students will be required to pass a remediation exam for each failed component of the exam.

2023-2024 Remediation:

- If the averaged score on the summative exams + Anatomy practical is less than 65%, students must remediate both exams (NBME + in-house) + Anatomy practical.
- Anatomy:
 - The Anatomy remediation score will be added to the in-house summative remediation exam at the percent specified for each unit.
 - Students who fail the Unit must remediate the Practical exam on the published remediation date (~1 week after the original exam).

Society, Community, and the Individual (SCI) Proposed Syllabus Changes for Fall & Spring 23-24

CEPC May 8, 2023

SCI Primary Components - *for Reference*

I. Social Foundations of Medicine/Health Systems Science

- Immersion/SCI I & SCI IV

II. Introduction to Clinical Research - Evidence-based Medicine (Epi & Biostats)

- SCI II-SCI III

III. Community Health Experiences (CHE) (community visits, preceptors, panels)

- SCI I-IV

IV. Conversational and Medical Spanish

- Immersion/SCI I-IV

And Optional Service Learning (100 Hour Club)

- SCI I-IV

Points from Exams and TBL Sessions

- Students continue to ask that the SCI exams be 1 week before/after SPM exams. *If it seemed doable, we would propose moving the exams.*
- **Meanwhile, we see an opportunity to DROP midterms in SCI I – III; there is already no midterm in SCI IV.**
 - In SCI I: there will be no longer Immersion Content Testing on Exams-just Fall Sessions on the Final. There will be one Immersion and one Fall Problem Sets – and self-directed goal setting for Comm. Health Experience (CHE) visits.
 - In SCI II: there will be no Team STEPPS testing (Jan –Mid-Feb.); there will also be a Problem Set.
- Students have asked for weekly quizzes instead of tests that are cumulative.
 - In SCI II-III: In the SCI Introduction to Clinical Research and Evidence-based Medicine, an iRAT and tRat TBL is proposed with each session representing 2% of the semester's grade (1% iRAT & 1% tRAT).

SCI ASSIGNMENTS AND EXAMS SUMMARY

MS1s

SCI I* - REQUIRED (as it was this year)

Immersion and Fall

- Immersion Community Assessment Problem Set 20%
- Health System Literacy Problem Set 20 %
- CHE Self-Assessment of Goals & Learning 10% (NEW)
- 50% Final

* = Drop midterms (NEW)

SCI II*- REQUIRED (as it was this year)

Team STEPPS (Jan-Feb)

Population Health/ Epidemiology

- Research Methods Problem Set 30%
- TBL 20% (10 sessions x 2%)
- Final 50%

MS2s

SCI III Biostats/EBM REQUIRED(NEW)

- Midterm 30%
- Critical Appraisal Problem Set 30%
- Final 40%

OR *with student Input and OK:

- TBL 20% (10 optional sessions x 2%)
- Final 50% (only 10 biostats session)
- (No Midterm)

SCI IV - Varied Medical Topics

-Selected sessions REQUIRED

- CHE Reflection on Learning 20% (NEW)
- LCME –Exam style Question Writing Problem Set 30%
- Final 50% (last 5 sessions of SCI III will be tested here)

Problem Sets are Team-Based- If Team Fails they will have 1 chance to resubmit for a passing grade; max to be earned 90% on round 2

SCI Community Health Experiences (14 total)

MS1s: Tues/Wed PMs MS2s: Wed/Thurs AMs

Two Changes: 1) Grade % from Opening Self-Directed Goals (10%) and Final Reflection on Learning (20%)
2) Approx 10% students choose to go to the VA; due to paperwork start visits in SCI II and extend visits to SCI IV

MS1 SCI I <u>SD Learning Goals 10 %</u>		SCI II	MS 2 SCI III	SCI IV <u>Final Reflection (20%)</u>
Clinic Visit: CHC or Military (during Immersion)		Public Health Department Visit (1 st timed since Covid)	Ophthalmology Visit	Dental Visit (consider on-campus option)
Primary Preceptor (<u>VACorps enrollment, site visit - info session</u>)		Primary Preceptor (<u>begin VA</u>)	Primary Preceptor (VA)	NAMI “In Our Own Voices” PANEL and CEO -w/ SCI policy session
Living with Chronic Disease Patient PANEL		Service Learning SYMPOSIUM (2 hours) (To be coordinate with the Dental School for 1 st time)	Women’s Health PANEL	<ul style="list-style-type: none"> • Wrap-up missed CHE visits • <u>Extra VA visit</u>
Pharmacy	OR	Internal Medicine (OR and the reverse)	Working with Interpreters Training (piloted AY 22-23 with Spanish Instructors, SPs and UMC translator team)	

Additional notes

GENERAL:

- Syllabus names, dates, etc. to be updated. All approved here to be integrated as appropriate.
- We will create a Syllabus Synopsis – short review with key dates and info for easy student reference

SPANISH:

- In the syllabus, we will put Spanish as a separate section in preparation for planned independence.

SCI PLFSOM

Comments – Questions

Lee.Rosenthal@ttuhsc.edu

Narges.Khanjani@ttuhsc.edu



Medical Education Program Policy

Policy Name:	Off-cycle Entry Into Year 3				
Policy Domain:	Clerkship Phase	Refers to LCME Element(s):	9.9		
Approval Authority:	Curriculum and Educational Policy Committee (CEPC)	Adopted:	10/16/2017 <i>Asynchronous voting from 10/9/2017</i>	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		

- **Policy Statement:** As described in the PLFSOM academic catalog, students are expected to begin the third year of the M.D. degree program with the first clerkship block of the academic year. Under special circumstances (such as a delay in passing USMLE Step 1), students may be permitted to begin their third year with the second clerkship block.
~~Under no circumstances will a student be permitted to begin the third year with the third clerkship block.~~
- **Reason for Policy:**
 - To prevent issues due to educational program constraints related to coordination of the clerkship intersessions and fourth year requirements. ~~In addition, allowing entry into the third year with the third clerkship block would lead to sporadic and undesirable inequities in ability and experience among students during their assignments to clinical teams.~~
- **Who Should Read This Policy:**
 - Clerkship directors and coordinators
 - Members of the Committee on Student Grading and Promotion
 - Students (via summary statement in the PLFSOM academic catalog)
- **Resources:** This policy is administratively supported and disseminated by the Office of Medical Education.
- **Definitions:**
 - **Off-cycle:** Any student who is taking a required course or clerkship through an offering at a time other than as intended by the standard degree plan.
- **The Policy:** Students are expected to begin the third year of the M.D. degree program with the first clerkship block of the academic year.
 - ~~Under special circumstances (such as a delay in passing USMLE Step 1, [suspension or Leave of Absence](#)), students may be permitted to enter the third year with the second clerkship block (off-cycle). Entry into the third year of the M.D. degree program with the third clerkship block is prohibited.~~
 - Students entering in the first or second block are **required** to attend all orientation and Intercession activities in order to optimally prepare them for their clinical experiences.

- The policy related to Step 1 and entrance into the clerkship phase is outlined in the Grading, Promotion, and Academic Standing (GPAS) Policy which can be found at the following link: https://elpaso.ttuhsc.edu/som/ome/CEPC/documents/secure/GPAS_Policy_11-22-2022.pdf

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.

Off-Cycle Entry to Year 3 v16OCT2017

EDUCATION

University of Arizona Family Medicine Residency, Tucson, Arizona ABFM Board certified 2019	07/2016 – 08/2019
University of Arizona College of Medicine, Tucson, Arizona M.D., 05/2016	07/2012 - 05/2016
University of California San Diego, San Diego, California B.S., General Biology 06/2004	09/2000 - 06/2004

WORK EXPERIENCE

Assistant Professor, Core Faculty Texas Tech, El Paso, Texas Educate residents and medical students in the clinical setting. Provide acute and preventative care services for hospitalized and clinic patients.	1/2021-present
Family Medicine Physician Centro San Vicente, El Paso, Texas Provide acute and preventative care services for clinic patients, many of whom are without insurance and with limited access to healthcare services	11/2019-11/2020
Supplemental Instructor Gavilan College, Gilroy, California Guided study groups for community college students in anatomy, physiology and microbiology courses. Developed efficient study strategies for complex material.	08/2010 - 05/2012
Home Care Aid Maxim Health Services, San Jose, California Supported patients with ADLs including meals, mobility, toileting and showering. Gained experience with seizure recovery and tube-feeding plus bathing and eating schedule management. Developed patience and sensitivity to the personal boundaries of each individual. Spent over 1000 hours with elderly, autistic and disabled patients	08/2009 - 05/2012
Assistant Manager Noel Leeming Electronics, Whangarei, New Zealand Managed sales team. Assisted customers with sales and product issues. Maintained sales targets	10/2005 - 03/2008 10/2018

AWARDS AND ACCOMPLISHMENTS

2022:	Faculty of the Year, ELPFMR
2019:	STFM Resident Teacher Award, Alvernon Family Medicine Residency
2018:	Resident of the Month, Alvernon Family Medicine Residency
2016:	COM Outstanding Achievement Award; Dept of FCM Community Scholar Award; Completion of the Community Service Distinction Track
2013:	Willed Body Ceremony: Elected Student Speaker

LEADERSHIP EXPERIENCE

• Institutional Trauma Review Committee and Hip Fracture Committee member, UMC hospital	5/2022- present
• Didactics Director, EPFMR	9/2021- present
• Co-Chair, EMR Superusers Committee at Centro San Vicente	5/2020 – 11/2020
• Teaching Day Committee Chair, UA Family Medicine Residency Program	4/2018 – 6/2019
• Resident Member of the Board of Directors, Association of Family Medicine Residency Directors	8/2017 – 7/2019
• Member of Independent Student Analysis Committee, UA College of Medicine	2/2014 - 6/2015
• Co-Coordinator, College of Medicine Ambassadors Program	8/2013 - 5/2014
• Committee Member, College of Medicine Office of Student Development	8/2013 - 8/2013
• Program Coordinator, Medical Students at Planned Parenthood	7/2013 - 5/2014
• Co-Coordinator, Medical Students For Choice	5/2013 - 5/2014
• Clinic Volunteer, Commitment to Underserved Persons Program (CUPP)	9/2012 - 5/2016

PROFESSIONAL SOCIETES

Alpha Omega Alpha 2016 Inductee
GHHS 2016 Inductee

AAFP/TxAFP Member
ABFM Diplomate

CERTIFICATION

BLS Certified

03/2023

TEACHING EXPERIENCE**National Presentations:**

- Applying to Residency Panel, AAFP National Conference 8/2018, 7/2019
- Enhancing the Family Medicine Resident's Experience in the Office: Clinic First and FM-NICCE, PDW 4/2019
- Innovations in Resident Scheduling: Building a Foundation of Practice Improvement, P&QI 12/2019
- Bouncing Back: A Comprehensive Effort to Decipher (and recover from) a Disappointing ACGME Survey RLS 3/2023
- Reflection and Results from Physician-Led EMR Training Programs Across Two Institutions STFM Annual 5/2023
- Academic Portfolio: The Key to Advancement in Academic Med STFM Annual 5/2023

Grand Rounds

- Innovations in Resident Scheduling: Building a Foundation of Practice Improvement, FCM UACOM-T 12/2020

Morbidity and Mortality:

- Case: UTI, Kidney Stones and Hydronephrosis 8/2016
- Case: Endocarditis and CLABSI 1/2018
- Case Study: Rash, DKA, Sepsis 9/2018
- FACILITATOR: Resident presentations M&M MONTHLY 7/2021 - present

Lectures:

- Calling for Help: Codes vs. Rapid Response 2/2018
- Preparing for Prenatal visits 3/2018
- Diagnosing SLE 3/2018
- Acute Pancreatitis 3/2018
- Acute Anemia 6/2018
- Diagnosing Lupus 6/2018
- Survival Guide: Intern Year 7/2018
- Cerner efficiency tips 7/2018
- Tapping the Wisdom of the Crowd 8/2018
- Acute CHF Management 8/2018
- Reed's Pharmacy Case studies 9/2018
- Asthma: Dx, Tx, and Management 3/2019
- PPI: do's and don'ts 2/2021
- DM Case Studies, applying ADA recommendations 3/2021, 8/2022
- Homicidal Ideation 4/2021
- Ultrasound skills: General 3/2021, recurring
- Acute Heart Failure Exacerbation 6/2021
- Resident working Groups for program improvement 6&7/2021
- CODE Simulation 6/2022
- USPSTF Guidelines 7/2022

Journal Club:

- VTE prophylaxis and Hormone therapy 10/2016
- Insomnia in the Older Adult 3/2017
- Falls in Assisted Living 1/2018
- Aspirin as primary prevention 10/2018

RESEARCH EXPERIENCE/PUBLICATIONS

Galke CL, Hartl K. Surviving The SOAP. The Annals of Family Medicine. 2019;17(1). doi:10.1370/afm.2349.

Jarvis JW, Hartl K, Bloom-Foster J. Opioid Prescribing: A Generational Perspective. The Annals of Family Medicine. 2018;16(5):469-470. doi:10.1370/afm.2295.

Summer Research Fellow, Medical Summer Research Program, Tucson, Arizona

06/2013 - 08/2013

HOBBIES & INTERESTS

Current: Family, Yoga, Movies, Dogs, Friends, Traveling to New Zealand, Camping, Waterskiing.

Past: College Rugby; International travel for 15 months (3/2008 to 5/2009) to Tahiti, New Zealand, Australia, Indonesia, Malaysia, Thailand, India, Egypt, Greece, Italy, France, England and US; Outdoor Education Assistant Facilitator Certification in rafting, high/low ropes, scuba diving 2004-2005 in New Zealand; Florist