TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO
Paul L. Foster School of Medicine

CEPC MEETING AGENDA
5:00 PM - 6:30 PM
11/13/2023

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; Marwaha Komal, MD

EX-OFFICIO:

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

STUDENT REPRESENATIVES:

Lee Spencer MS1 (Voting); Soni Kritika (Ex Officio); Katherine Asmis MS2 (Voting); Joshua Salisbury MS2 (Ex Officio); Rowan Sankar MS3 (Voting); Nikolas Malize MS3 (Ex Officio); Whitney Shaffer MS4 (Voting); Rohan Rereddy MS4 (Ex Officio)

INVITED/GUESTS:

Richard Brower, MD, FAAN; Jose Manuel de la Rosa, MD; Thwe Htay, MD; Priya Harindranathan, PhD.

REVIEW AND APPROVAL OF MINUTES

Minutes Attached

ANNOUNCEMENTS

Presenter(s): Dr. Francis

ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I Internal Medicine Block 1 NBME Exam

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ITEM II Annual Report for the Clerkship Phase
Presenter(s): Dr. Harindranathan
ITEM III Policy Updates
Presenter(s): Dr. Francis
ITEM IV Clerkship Directors Updates
Presenter(s): Dr. Francis
ADJOURN

CEPC Monthly Meeting Minutes
5:00 PM - 6:30 PM
11/13/2023

MEMBERS IN ATTENDANCE:
Maureen Francis, Colby Genrich, Dale Quest, Jose Lopez, Martin Charmaine, Wajeeha Saeed, Khanjani Narges, Marwaha Komal, Lisa Beinhoff, Tanis Hogg, Lee Spencer, Soni Kritika, Katherine Asmis, Jessica Chacon, Neha Sehgal

MEMBERS NOT IN ATTENDANCE:
Fatima Gutierrez, Patricia Ortiz, Jose Lopez, Whitney Shaffer, Joshua Salisbury, Rowan Sankar MS3, Nikolas Malize, Whitney Shaffer, Rohan Rereddy

PRESENTERS/GUESTS IN ATTENDANCE:
Richard Brower, Thwe Htay, Priya Harindranathan

INVITED/GUESTS NOT IN ATTENDANCE:
Jose Manuel de la Rosa

REVIEW AND APPROVAL OF MINUTES

Dr. Francis CEPC Chair
- Having met quorum, the meeting minutes from the October 09, 2023 meeting were voted on and approved as presented.

Decision:	○ Dr. Ayoubieh moves the motion for approval. ○ Spencer Lee seconds the motion. ○ No objections: Motion was approved.

ANNOUNCEMENTS

Presenter(s): Dr. Francis	○ Notification about the class size expansion received from the LCME. Class size increase of 138 in 2025 and 150 students in 2027 is approved.

ITEMS FROM STUDENT REPRESENTATIVES

Spencer Lee (MS1)	○ Students discussed with the pre-clerkship directors about possible change of wording in grading system to replace failing with *not yet pass or remediating* ○ Dr. Hogg stated that some other schools like Utah has adapted similar grading systems and noted that this will be discussed further at the next Year 1 and 2 committee meeting.
MS1/MS2/MS3/MS4	○ No Issues to report. ○ Dr. Francis commented that Y2Q questionnaire is already at 70% completion rate and asked second year representative to spread the word about the event that is organized with the goal for school to reach 80% or above.

ITEM I Internal Medicine Block 1 NBME Exam

Presenter(s): Dr. Francis	○ Dr. Francis addressed the matter of the NBME exam distribution. She explained that the internal medicine is the only discipline that has two exams choices, so instead of ordering the regular exam, mistakenly, the advanced clinical exam was ordered and distributed to students. This matter has been already addressed with students, and feedback from the class president, and several other representatives of the class was gathered. Dr. Francis noted that on the program level all of the knowledge that students were expected to acquire was tested but students shared the concern that the advanced test was slightly more difficult. The adjustment of cut-off scores for the IM advanced clinical exam was proposed (slide 5). In addition, the option to take the medical exam after taking the advanced exam was provided to any students who may be interested. MSPE letters will indicate which exam was taken and cut-off scores for both exams will

be included in the medical school Information table. Dr. Francis concluded that majority of students were satisfied with proposed options.

ITEM II Annual Report for the Clerkship Phase

Presenter(s): Dr. Francis presented on behalf of Dr. Harindranathan

Presented 2022-2023 Annual Report: Clerkship Synopsis
*Please see attached report.

- Dr. Francis provided data highlights.
- Starting with the end of 3rd year students take the Comprehensive clinical sciences exam (CCSE), which is geared towards the preparation for the STEP 2. She pointed out that the average score nationally is about 220 and Class of 2024 had around 229. Student were able to pass this test even before their dedicated time.
- STEP 2 – The percentage for passing on the first attempt in our school was 99 while nationally was 98. This covered the period from the July 1st, 2022 to June 30th, 2023
- Dr. Francis presented the Pass and Honor Rates (slide 5).
- NBME subject exams across the six clerkships were presented.
- Exposure to patients is measured by the number of encounters logged by student. This is called Op Log, and there is a minimum number of encounters required for each clerkship. This data is entirely entered by students and overall, they are doing well above the minimum number across all the specialties.
- Duty Hours – Dr. Francis noted that duty hours required are less than 80 hours per week, and students need to have one day a week off, on average, and ten-hour break between the shifts.
- Timely feedback is another component that is closely tracked, and the percentage of completed feedback has been an outstanding across all four academic years.
- Final Grade Completion – the internal policy is 28 days, and data shows compliance as well.
- Dr. Francis presented data compiled from the MS3 course evaluation; some suggestions for improvement include better scheduling, more time for surgery in the block, etc. Highlighted strengths include variety of patients and skillful faculty in FM, exposure to the ObGyn specialties, variety of cases and hands-on in Surgery, etc. Dr. Francis stressed out that meeting with students

are regularly held after they provide their feedback with the goal to address their input (slide 15 and 16).
- Overall students were satisfied with Block 1 and Block 2.
- MS4 Evaluations for Sub Is and Critical Care were mainly positive <85% Aggregate Positive Percent Agreement (slide 18).
- STEP 3 – students take it during residency and the scores are high and comparable to national scores.
- ACGME Milestones Data was presented. The ACGME is the graduate medical education group and it covers residency programs, and residents are graded by their milestones. Dr. Francis explained that some specialties have over hundred milestones. This presentation only shows few with the aim to link them to the undergraduate education and show trends. Dr. Brower added that this analysis shows comparability with the national standards presenting more evidences that our students are prepared into the residence which was one of the concerns expressed on the GQ.
- Program Directors' Resident Readiness Survey. Dr. Francis explained that the coverage rate of 69.2 percentage is good. Overall out of 45, 42 residents met and 12 exceeded performance expectations. She highlighted that slide 32 shows all 17 questions that are significant for further analysis, and identification of areas for improvements.
- Residency Match showed that 97 percent has successfully matched in 2023.
- Dr. Francis concluded the presentation with the overall satisfaction of the quality of medical education. She pointed out that there was a dip in 2021 and 2022 but there was a rebound in 2023. Our schools is now close to the national percentage (our school 85.9; national 89.4).

Decision:
- Dr. Ayoubieh moves the motion for approval.
- Katherine Asmis seconds the motion.
- No objections: Motion was approved.

ITEM III Policy Updates

Presenter(s): Dr. Francis

Presented the Narrative Feedback Policy

*Please see attached report.

- Pointed out that the definition of the narrative assessment was written based on the LCME glossary
- Addressed the updates related to the assessment rubric and other wording updates

- Dr. Ayoubieh moves the motion for approval.
- Dr. Quest seconds the motion.
- No objections: Motion was approved.

Presented the Formative Feedback Policy
*Please see attached report.

- Made recommendation to reflect the LCME language
- Updated the language to include pre-clerkship phase
- The language about the monitoring process was proposed

- Dr. Ayoubieh moves the motion for approval.
- Dr. Quest seconds the motion.
- No objections: Motion was approved.

Presented the Grade changes and transcript notations (subsidiary to HSCEP OP 59.05) Policy
*Please see attached report

- This policy must be in line with the institutional policy HSCEP OP 59.05.
- Dr. Francis noted that DE acronym stands for the differed grade
- PR would be temporally grade used when something is missing (e.g. in clerkship if someone missed two weeks of their clinical rotation due to illness they would need to make up the time)
- X is only used if the grade is not entered. She pointed out that this hasn't been used yet.
- Dr. Francis explained the withdraw/fail (WF) section

- Dr. Ayoubieh moves the motion for approval.
- Dr. Quest seconds the motion.
- No objections: Motion was approved.

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ITEM IV Clerkship Directors Updates	
Presenter(s): Dr. Francis	○ Dr. Tyroch is interim clerkship director for surgery
ADJOURN	
Meeting adjourned at 6:39pm.	

Internal Medicine Block 1 NBME Exam

CEPC Update

November 2023

Situation

- Two NBME subject exams in Internal Medicine
  - Medicine – 110 items
  - Internal Medicine Advanced Clinical – 100 items

- Traditionally use the Medicine exam
- Block 1 – the Internal Medicine Advanced Clinical exam was ordered in error
- Both exams are valid exams
  - Content overlaps but not identical
  - Difficulty of the exams – no direct comparison

Background National Data

	Medicine Exam (110 items)		Internal Medicine Advanced Clinical (100 items)	
	Mean	SD	Mean	SD
AY 2021-2022	74.9	8.9	74.7	9.0
AY 2022-2023	74	8.9	70.9	17.5

NBME Grading Guidelines for the Medicine Subject Exam (Standard Setting Committee)
2021 Hofstee Compromise Recommended Passing Score = 60 and Honors range 74 to 87
2023 Hofstee Compromise Recommended Passing Score = 62 and Honors range 77 to 90

NBME Grading Guidelines not available for the Internal Medicine Advanced Clinical Exam

FSOM Grading Cut-offs established for the Medicine Exam

- Reviewed every year in Spring and based on most recent data
  - AY 2021-2022 national data and the 2021 Hofstee Compromise Guidelines
    Pass $\geq$ 60 Honors $\geq$ 80

Assessment

- Two exams are valid national exams but they are not equal
  - Advanced Clinical may be more difficult than Medicine Exam
  - No direct comparison of scores across exams
- No standard setting grading guidelines for the IM Advanced Clinical
- Student concerns
- Program issues

Proposal

- Adjustment of cut-off scores for the Internal Medicine Advanced Clinical exam
  - Pass ≥ 57 and Honors ≥ 77 based on the difference in national mean scores in most recent comparison year available at this time
- Students in Block 2 to take the same exam (IM Advanced)
- Allow interested students to take the Medicine exam after taking the Advanced exam
  - Original cut-offs for the Medicine exam published in Common Clerkship Policies would apply
  - If score on the Medicine exam is higher and this updated NBME score would affect the final grade, then the final grade can be adjusted. This would only apply if the student met all other criteria – including the competency grades, OSCE and professionalism standards as outlined in the Common Clerkship Policies. The competency grades/OSCE and professionalism grades from the original final assessment will not change in this situation and would not be subject to appeal if outside of the normal appeal timeline (20 working days). ONLY the NBME score would be updated.
  - Dates for the optional Medicine exam – limited number before winter break and during the May Intersession
    - All optional testing for the Medicine exam must be completed by the last day of the semester on May 17, 2024 unless it is taken as part of a remediation plan.
- MSPE will indicate which exam was taken and cut-off scores for both exams will be include in the Medical School Information table.
- Ranking – adjustment for difference in difficulty of the exam
  - Propose adding 3 point differential if the IM Advanced Clinical score is used. This addition of points world only apply in the ranking formula.

2022-2023 Annual Report: Clerkship Synopsis for CEPC

Compiled by the Office of Medical Education
Paul L. Foster School of Medicine
Texas Tech University of Health Sciences El Paso, Texas

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OUTLINE

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- **M3 clerkships**
- NBME Comprehensive Clinical Science Exam
- USMLE Step 2CK
- Grades (pass rates, honors rates)
- NBME subject exams
- Student clinical activity, duty hours, timely feedback, and timely assessment data
- Evaluation results
- **M4 required courses**
- Grades (pass rates, honors rates)
- Evaluation results
- **M4 electives**
- Elective subscription rates
- Evaluation results for courses with subscription greater than 4
- **Program Outcomes**
- STEP 3
- ACGME Milestones data: Year-End Milestone Evaluation 2021-2022
- AAMC Program Directors' Resident Readiness Survey
- Residency match rates
- 4 year and 6 year graduation rates
- Graduate Questionnaire

CCSE

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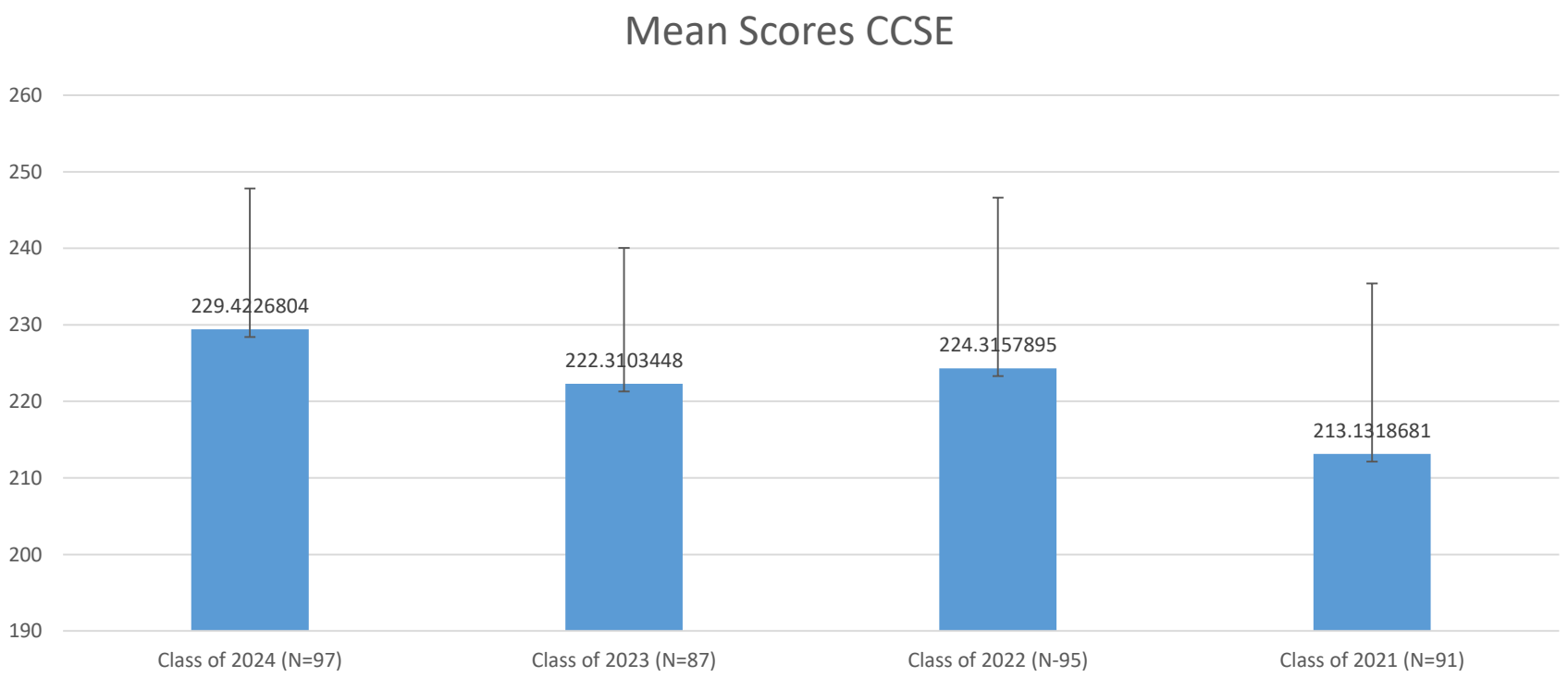

STEP 2

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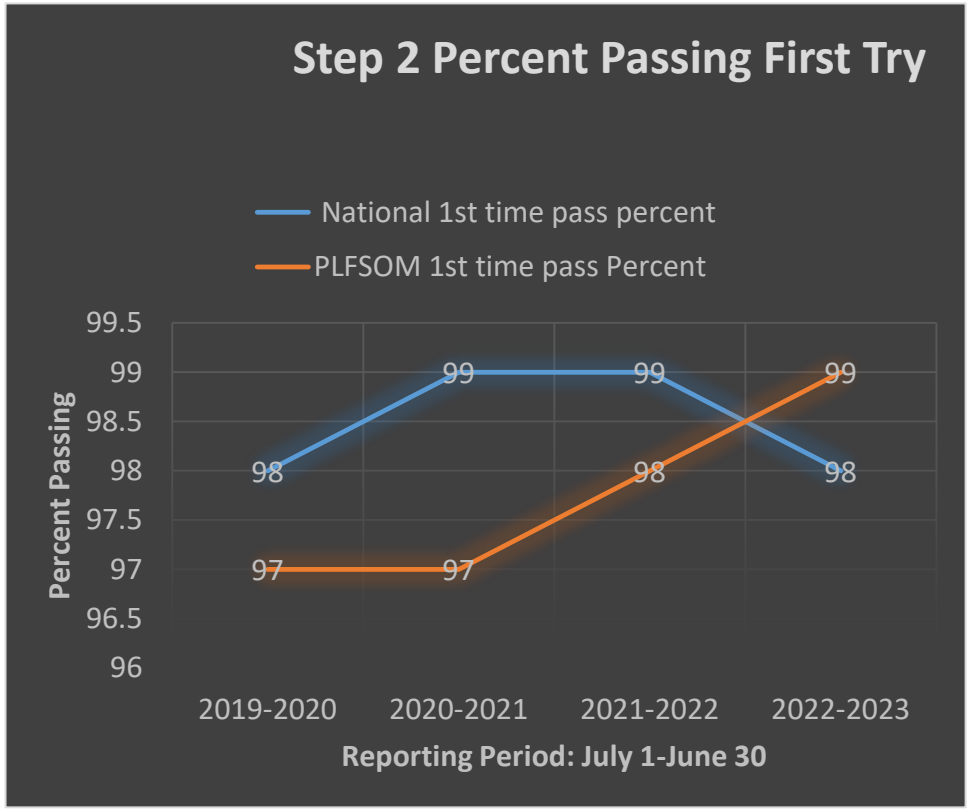

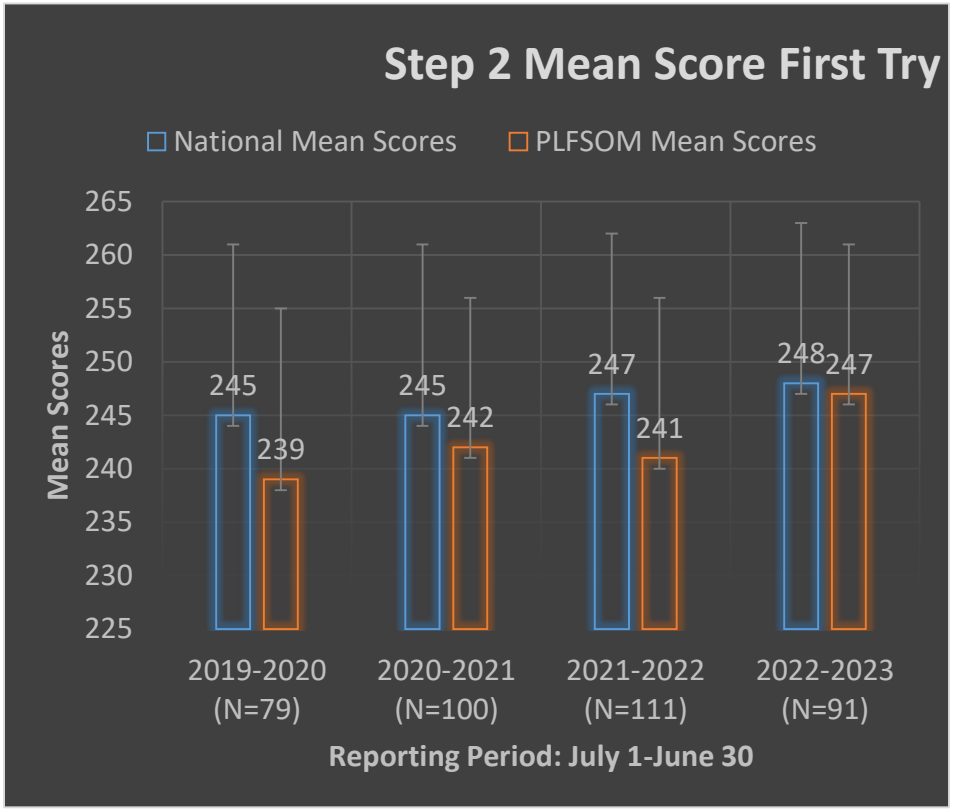

Pass & Honor Rates

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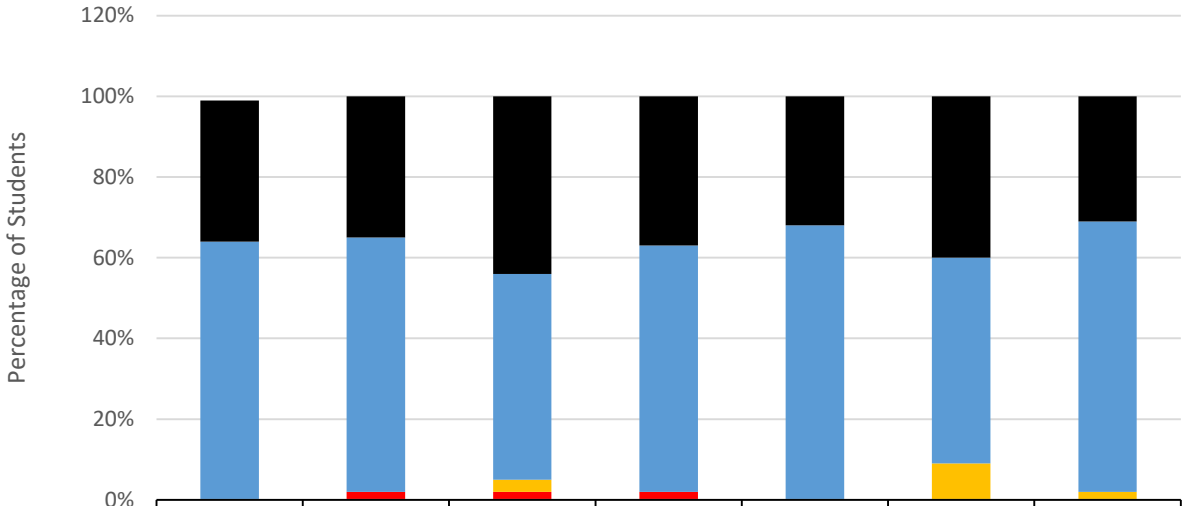
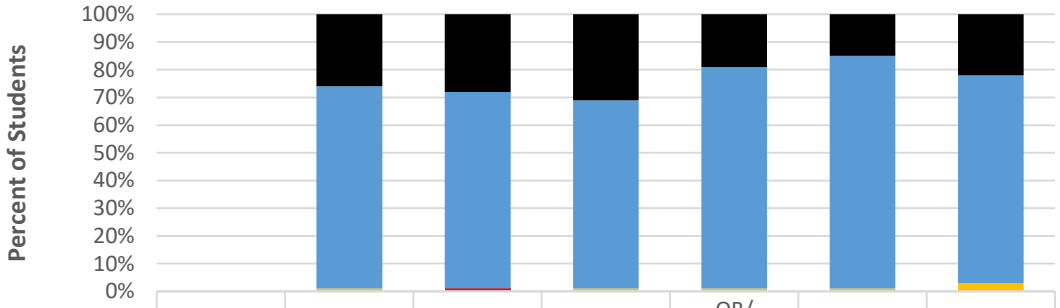
Class of 2024 MS III Grade Distribution



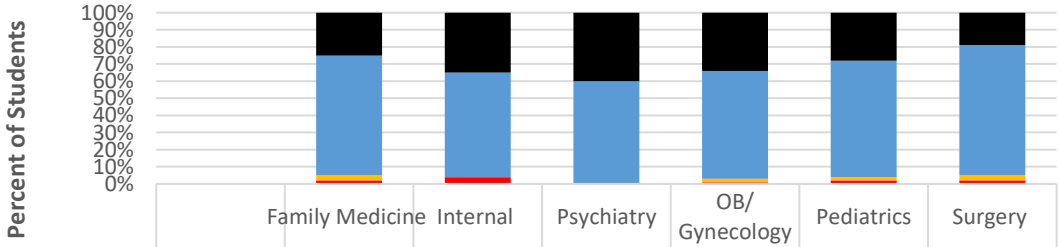
	Family Medicine	Internal Medicine	Psychiatry	OB/ Gynecology	Pediatrics	Surgery	Neurology
Honors	35%	35%	44%	37%	32%	40%	31%
Passed	64%	63%	51%	61%	68%	51%	67%
Incomplete	0%	0%	3%	0%	0%	9%	2%
Failed	0%	2%	2%	2%	0%	0%	0%

Class of 2023 MS III Grade Distribution



	Family Medicine	Internal Medicine	Psychiatry	OB/ Gynecology	Pediatrics	Surgery
Honors	26%	28%	31%	19%	15%	22%
Passed	73%	71%	68%	80%	84%	75%
Incomplete	1%	0%	1%	1%	1%	3%
Failed	0%	1%	0%	0%	0%	0%

Class of 2022 MS III Grade Distribution



	Family Medicine	Internal	Psychiatry	OB/ Gynecology	Pediatrics	Surgery
Honors	25%	35%	40%	34%	28%	19%
Passed	70%	61%	60%	63%	68%	76%
Incomplete	3%			2%	2%	3%
Failed	2%	4%		1%	2%	2%

NBME subject Exams

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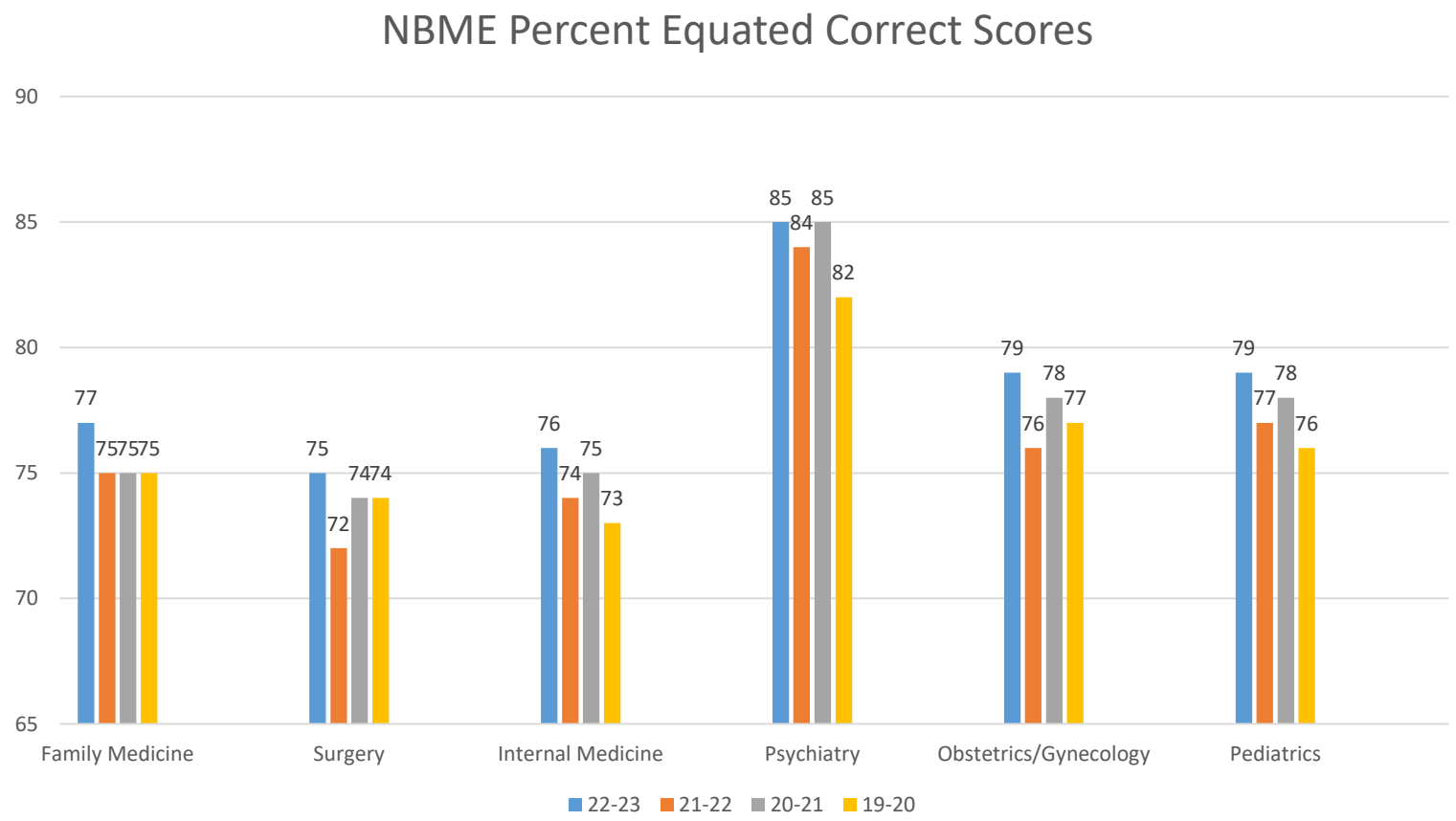

Avg. Number of Patients: FM/IM/Psych

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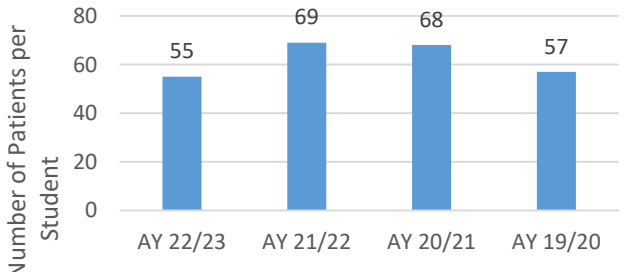
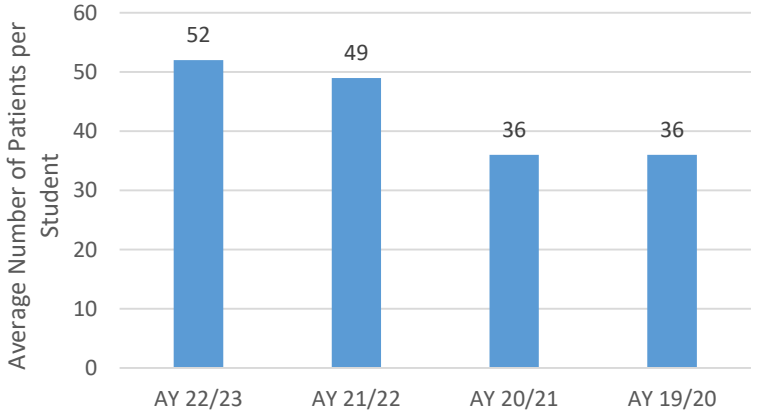
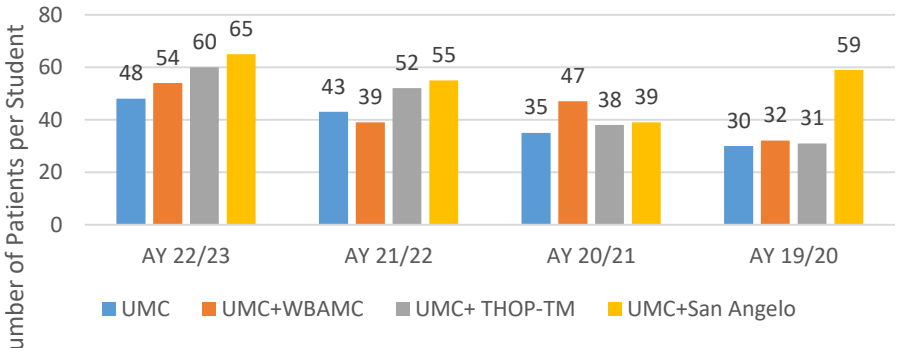
FM: Average Number of Patients per Student
30 in Mind & Medicine and 6 in FM longitudinal



Psych: Average Number of Patients per Student
Inpatient + Ambulatory Required Op Log Encounters: 30



IM: Average Number of Patients per Students
Required Op Log encounters: 30 required overall across the block



The information is based on encounters logged (dependent on students entering the data).

Avg. Number of Patients Peds/Obgyn/Surgery

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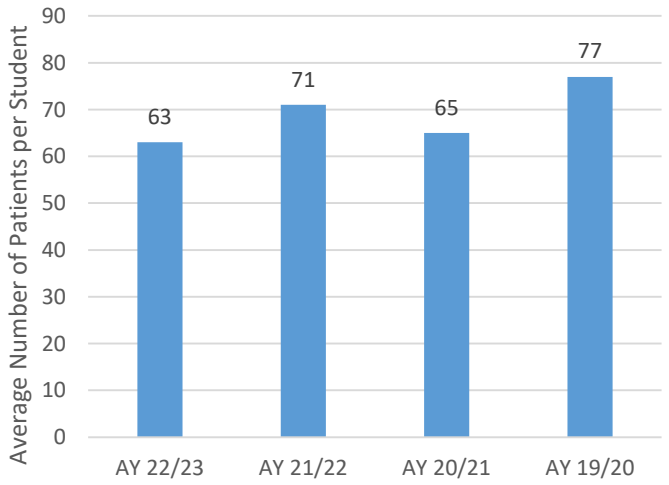
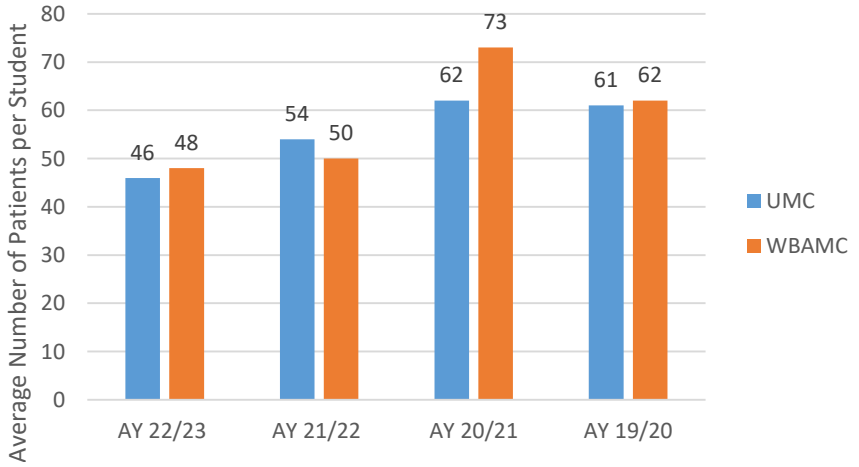
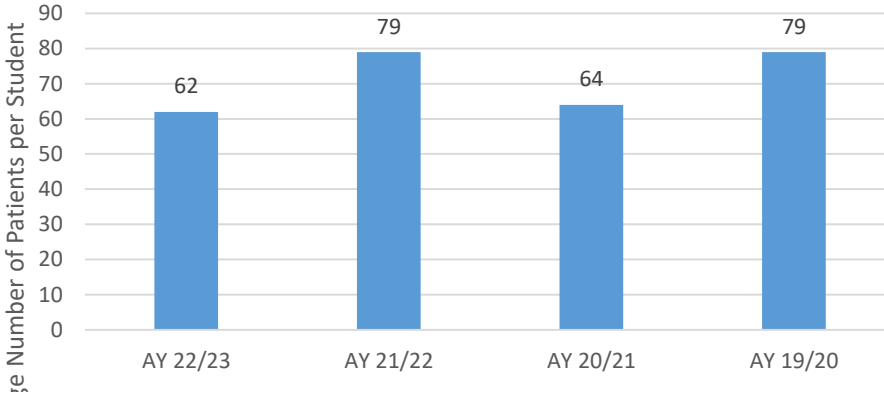
Peds: Average Number of Patients per Student: Required encounters: 29



Surgery: Average Number of Patients per Student
Required number of patient encounters: 30



Ob Gyn: Average Number of Patients per Student
Required number of patient encounters: 30



Duty Hours: FM/IM/Psych

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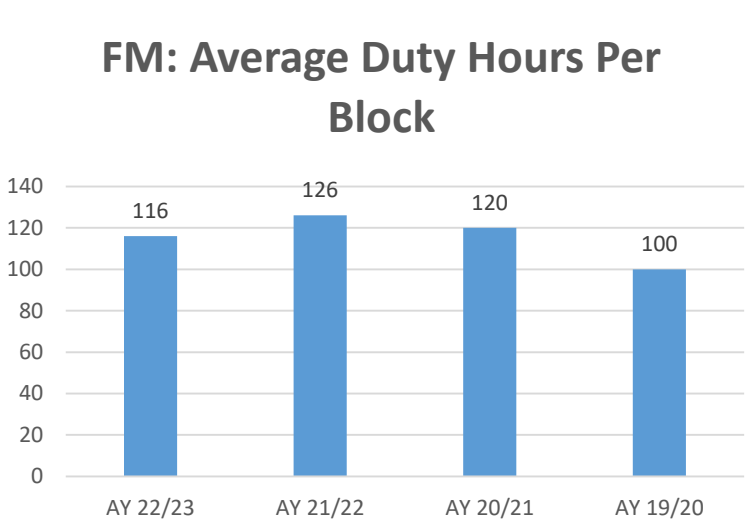

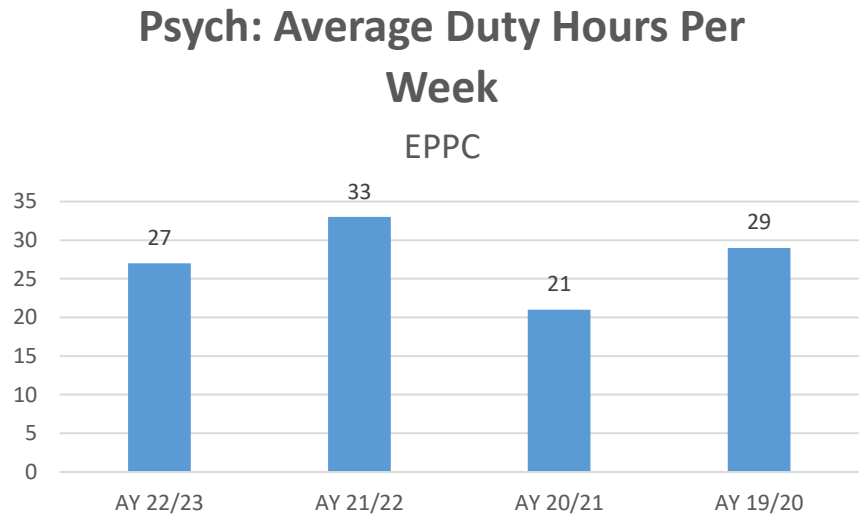

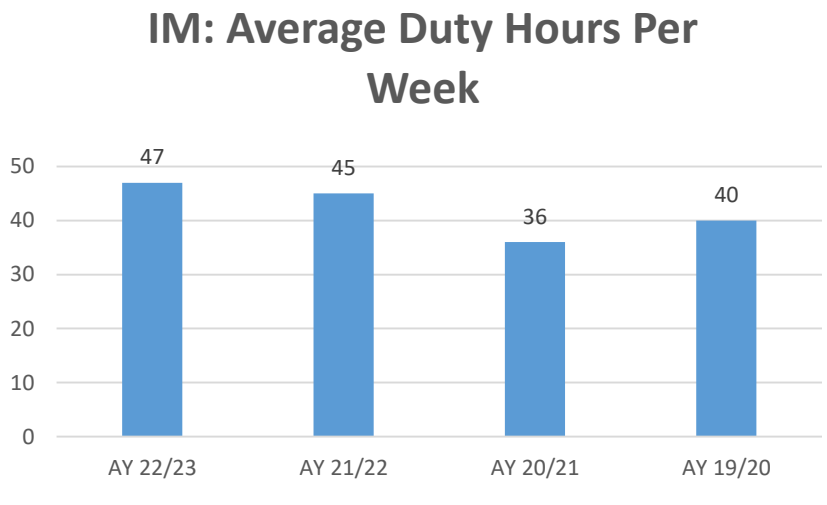

Hours in the LIC are across 10 weeks in the medicine and the mind block and is not directly comparable to the prior system which was concentrated in 5 weeks.

Duty Hours: Peds/Obgyn/Surgery

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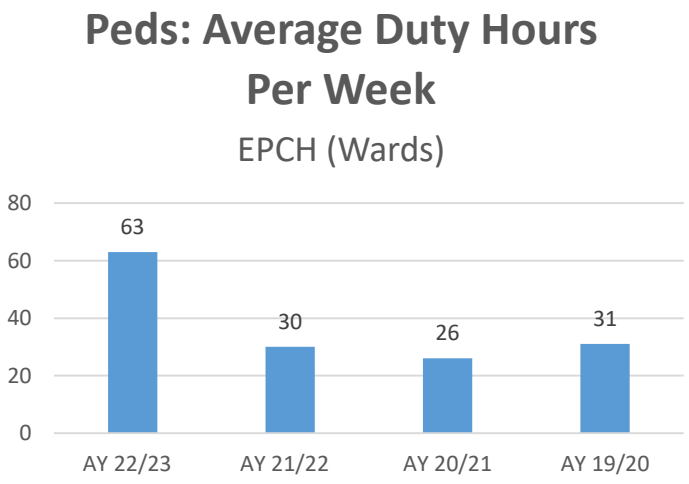

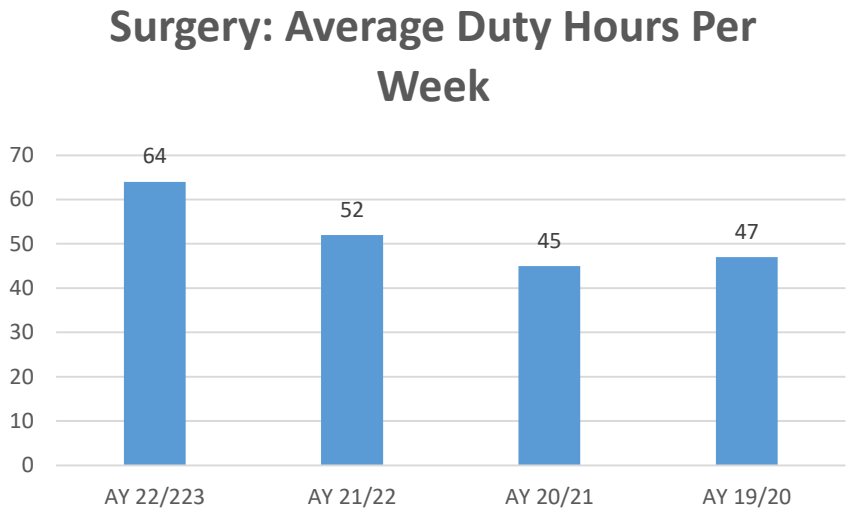

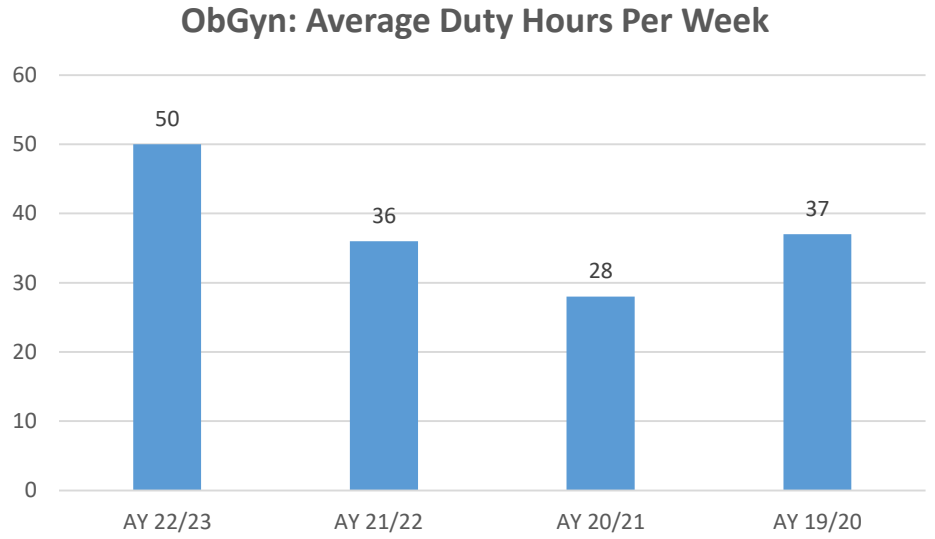

Timely Feedback

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Clerkship	AY 2022-2023	AY 2021-2022	AY 2020-2021	AY 2019-2020
	% Completed as Scheduled	% Completed as Scheduled	% Completed as Scheduled	% Completed as Scheduled
Family Medicine*	99%	100%	100%	100%
Surgery	100%	100%	100%	100%
Internal Medicine	100%	100%	100%	100%
Psychiatry	100%	100%	100%	100%
Obstetrics/Gynecology	100%	100%	100%	100%
Pediatrics	100%	100%	100%	100%
Emergency Medicine	100%	100%	100%	100%
Neurology	100%	100%	100%	100%

* Verbal feedback was given on time for 1 student but the written feedback following this was delayed.

Final Grade Completion

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Clerkship	AY 2022-2023 (# of days to submit final assessment after end of Block)	AY 2021-2022 (# of days to submit final assessment after end of Block)	AY 2020-2021 (# of days to submit final assessment after end of Block)	AY 2019-2020 (# of days to submit final assessment after end of Block)
Family Medicine	28	19-21	3-28	7-28
Surgery	28	6-13	-4-28	7-21
Internal Medicine	28	21-26	4-28	6-20
Psychiatry	28	20-25	10-28	7-28
Obstetrics/Gynecology	28	25-27	26-28	13-38
Pediatrics	28	13-26	22-28	-1-27
Emergency Medicine	28	N/A	N/A	N/A
Neurology	28	N/A	N/A	N/A

MS3: Suggested Improvements and Identified Strengths: Feedback from Course Evaluation

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Suggested Improvements

FM: continuity with preceptors and patients and better scheduling
busy assignments
hard to get evals from residents

IM: redundant assignments
continuity with faculty

Psych: Less busy assignments
EPPC better involvement

ObGyn: residents to involve students

Peds: less clinical evals; fairer evals: residents instructed not to give honors in all competencies; variety of clinics (blue pods redundancy)

Surgery: more time for surgery in the block
exposure to more varied experiences

Identified Strengths

FM: Variety of patients, good faculty

IM: Residents, attendings, wards interesting cases

Psych: Residents, faculty, variety of patients, inpatient-outpatient experiences, many opportunities for history taking, interviewing

ObGyn: Continuity, variety, and amount of patient experience, exposure to the ObGyn specialties, hands on faculty, residents

Peds: Amount and variety of patients, wards faculty, residents

Surgery: Variety of cases, hands-on, faculty, residents

MS3: : Feedback from SCEC Block 1

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Family Medicine
- FM Kenworthy: Not a lot of exposure
- Getting evaluations is difficult; assessments: do not fill out assessments. Paper/short assessment might help

Internal Medicine
- Bedside rounds should be table-side rounds. Stressful to see the patient and present. Helps to know if the faculty will do bedside/tableside.

Psych
- CL: very important, great faculty
- TCHATT – virtual child psych. Many cancellations
- Matrices – rough, but make you think about outside forces that affect the patient. Good systems-based practice and patient safety
- Assignments- had to rewrite notes on paper template.

Emergency Medicine
- Students want 1 shift at UMC, no acute cases at THOP.
- Peds Emergency: good, but difficult to get assessments.

Neurology – Neuro inpatient, outpatient NP's good.

Surgery
- Additional suturing workshop with Drs. Lawrence and Ng
- Writing notes on Surgery would be great for post-op care.
- Would be good to get surgery clinic at TTMC.
- Surgical experience: different from what is asked on the shelf. Asynchronous videos are surgical videos. Possible to get more info on pre- and post-op?
- Could the attendings jot down expectations in their OR?
- Faculty doesn't take time to teach (rely on interns/ PGY-2's)
- Pediatric Surgery: Wonderful feedback

Pediatrics
- 2 weeks of inpatient peds
- Bedside rounds helpful.
- Not a lot of preparation in the pre-clerkship
- Blue pod – hit or miss
- Difficult to get evals when you haven't been able to see patients.

ObGyn:
- New MFM, midwife starting in December; Midwife clinic: one of the best OB experiences
- Less assignments.
- Increase the number of outpatient clinics
- Pap smears: male students had issues getting experience.

MS3: Feedback from SCEC Block 2

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Family Medicine

- Mixed reviews on community preceptors – not invested
- Inpatient experience or exposure to other aspects of FM: Palliative care
- Hospice: 1 home visit and pastoral visit (total of 2 hours over 2 days); would like a more robust exposure
- Delay in getting evals – residents don't fill assessments

Internal Medicine

- Too many assignments
- Bedside rounds – mixed reviews
- WBAMC – onboarding process is too much

Psych

- Too many assignments; better example to write a matrix; print out note and add biopsychosocial paragraph
- Practicum –Long session (4 hrs)
- Required inpatient assessment number to be cut down
- Residents prefer to work for students for 2 weeks instead of 1 week.

Emergency Medicine

- Great EM experience at EPCH. Two shifts (as currently scheduled)enough for the early experience in OPSEF.

Neurology – Outpatient – continuity can lessen the breadth of cases; all epilepsy or stroke patients

Surgery

- Different experience on days and nights. More work during the day.
- Students would like 2 weeks of clinic
- Expectations not clearly defined.
- Would like more freedom to see different surgeries
- Oplogs: impossible to complete. If not on a certain rotation, impossible to see every requirement.

Pediatrics

- More than 1 week of Peds Wards
- Nursery – Not a lot of learning opportunities
- Peds outpatient phenomenal. Blue pod: allowed student to act as residents: able to see patients, write notes
- Simplify assessments – stressful to trigger evaluations
- Rotate on consult services for more inpatient experience
- Too many students on Blue Pod

ObGyn:

- New MFM, midwife starting in December; Midwife clinic one of the best OB experiences
- Students would like less assignments.
- Increase the number of outpatient clinics
- Pap smears: male students had issues getting experience

Evaluations MS3: Overall Satisfaction

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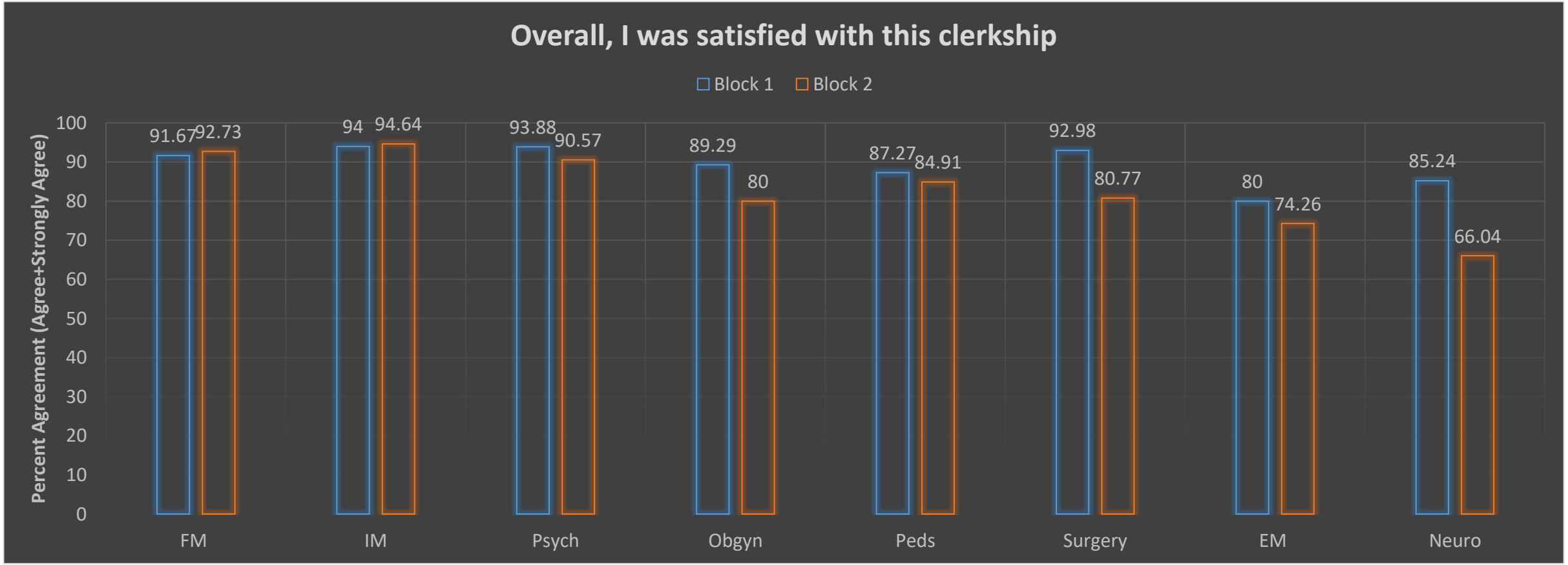

M4 Selective Clerkships: Pass & Honor Rates

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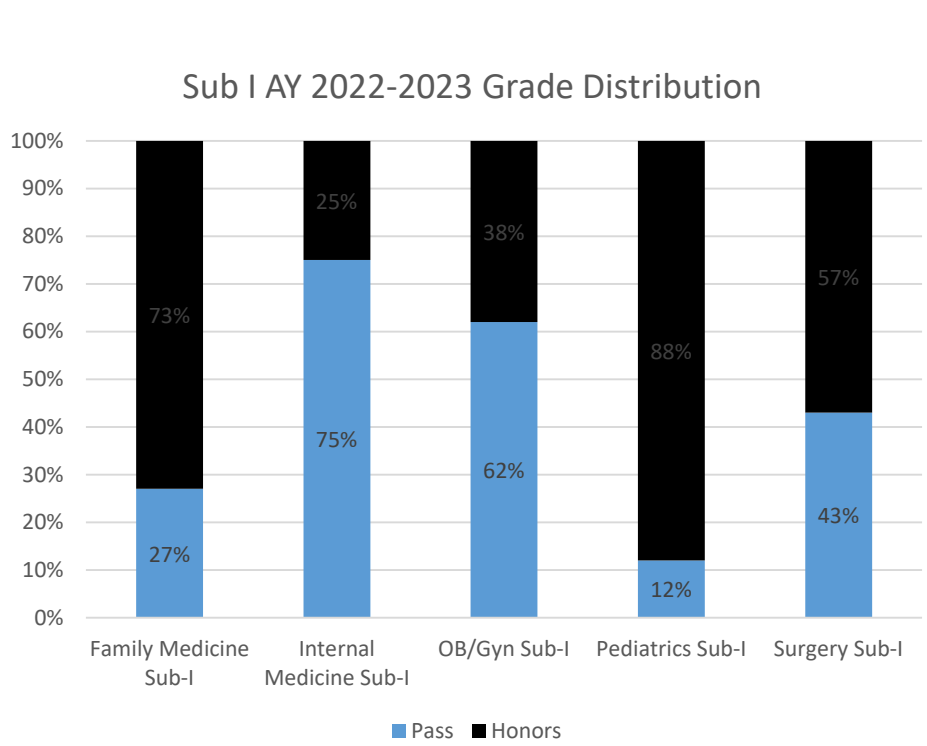

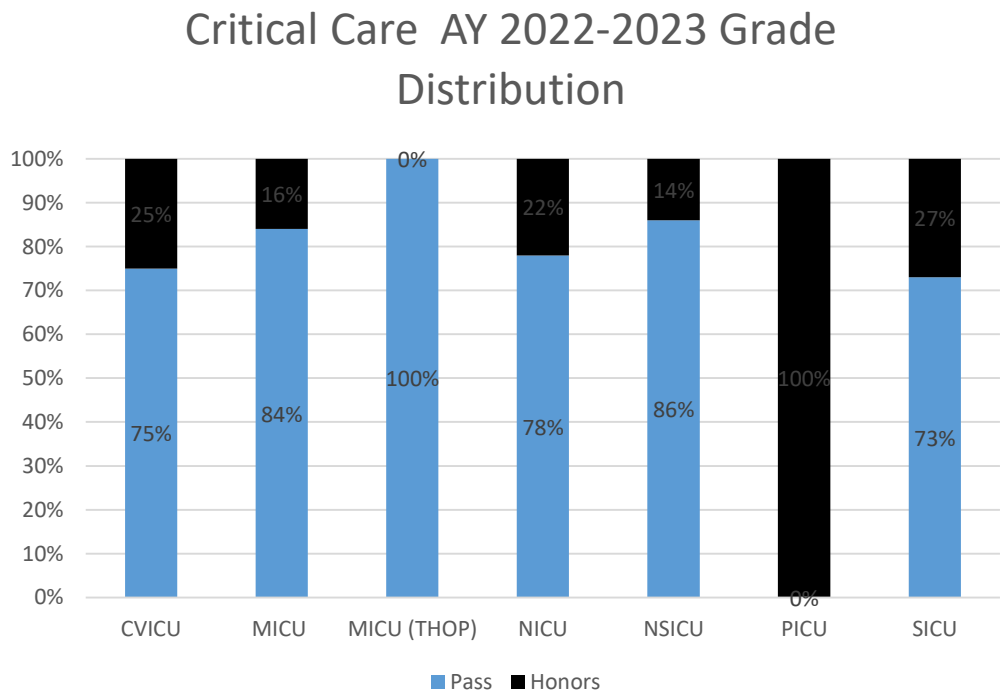

Evaluations MS4: Sub-Is and Critical Care

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Clerkships & Items with <85% Aggregate Positive (Agree+Strongly Agree) Percent Agreement

- **MICU**: The feedback I received helped me to improve my performance: 68%

  I was observed delivering patient care: 73%
- **NICU**: Duty hour policies were adhered to strictly in this clerkship: 83%

Overall, I am satisfied with this clerkships: 83%

- **SICU:** The clerkship met the identified learning objectives: 80%
- **OB Gyn Sub-I:** The variety of patient care experiences were sufficient to support my learning The number of patient care experiences were sufficient to support my learnings: 80%

  Duty hour policies were adhered to strictly in this clerkship: 60%
- **Surgery Sub-I:** The clerkship met the identified learning objectives ; The feedback I received helped me to improve my performance; I was observed performing the physical/mental status exams; Duty hour policies were adhered to strictly in this clerkship; Overall, I am satisfied with this clerkships: 80%

M4 Elective Subscription Rates and Evaluation Results

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Electives with less than 85% Aggregate Positive (Agree+Strongly Agree) Percent Agreement
Care of the Well
Newborn, Clinical
Neurology

Department	Course	# Students @ 2 wks.	# Students @ 4 Weeks
Anesthesiology	Sr. Elective	6	9
Emergency Medicine	Ped Environmental Health		2
	Toxicology	11	
	EM Research	2	
	EM Ultrasound	18	2
	Intro to EMS	2	
Family Medicine	Sr. Elective	23	4
	Public Health	12	
Internal Medicine	Nephrology	11	
	Infectious Disease	9	2
	Gastroenterology	3	1
	Cardiology	4	3
	Endocrinology	1	
	Nutrition Support	7	
	Sr. IM	3	
	IM Research	1	11
	Hematology/Oncology	2	1
Library	Biomedical Information Management	39	
Medical Education	Adv Gross Anatomy	15	5
	Caring Communication		2
	Med Ed Research	46	
	Surgical Anatomy	2	
Neurology	Neuro Research		1
	Sr. Neuro		1
	Neurointervention		2
OB/Gyn	Sr. Elective	1	2
	MIS	1	2
	Ambulatory GYN	1	3
	OB/Gyn Research	1	
	Gyn Oncology	1	1

M4 Elective Subscription Rates

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Department	Course	# Students @ 2 wks.	# Students @ 4 Weeks
Office of Diversity	Global Health		1
Orthopaedics	PM&R	1	
	Sports Med	1	
	Ortho Sr. Elective		4
Pathology	Anatomic Pathology	2	
	Clinical Pathology	2	
	Path Sr. Elective		1
	Neuropath/Neuropsych		2
	Forensic Pathology		3
Pediatrics	Peds Research		4
	Peds Cardiology	1	1
	Sr. Elective	2	3
	Peds Infectious Disease	2	1
	Care of the Well Newborn	9	2
	Peds GI		1
	Peds Nephrology	1	
	Peds Hem/Onc	1	2
	Peds Ambulatory	6	1
Psychiatry	Psychiatry Research	1	4
	Psych Sr. Elective	1	4
	Community Svces/Child Psych	6	6
	Psych Clinical Liaison	2	4
Radiology	Radiology		37
	Sr Radiology	2	
	Interventional Radiology		3
	Radiology Research		4
Surgery	Ophthalmology	2	
	Pediatric Surgery	2	
	Surgery Research	1	2
	Otolarynology		1

PM&R 4

STEP 3

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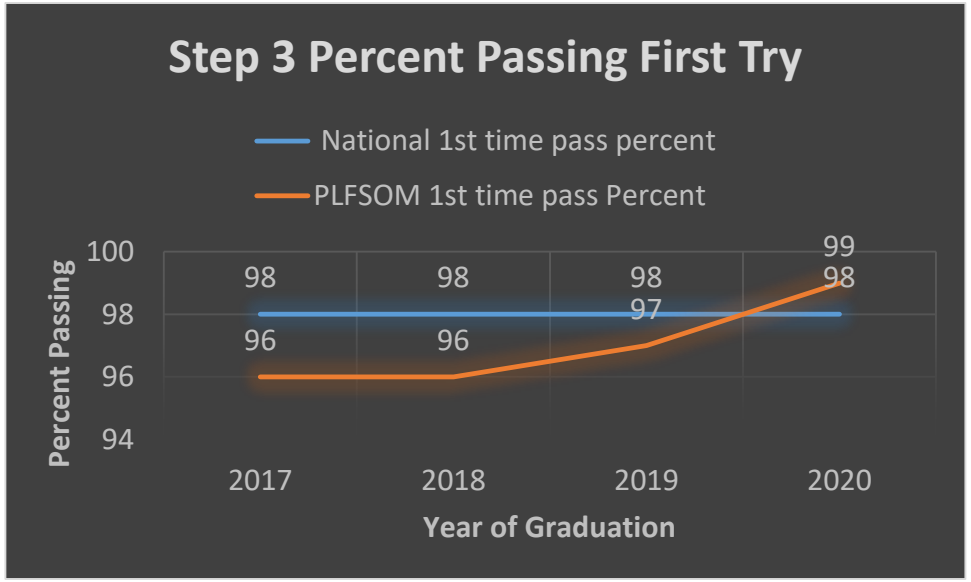

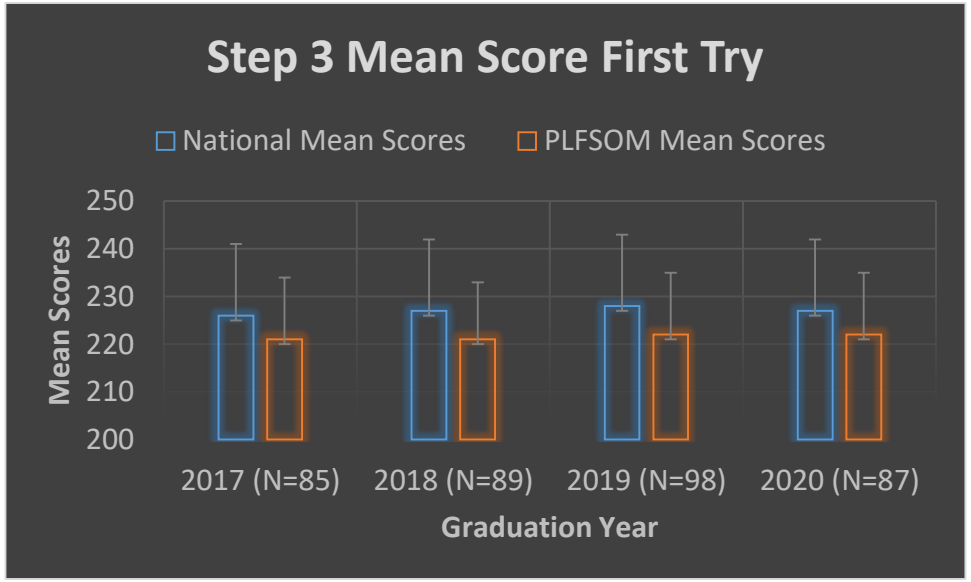

ACGME Milestones Data: FM (#residents=12)

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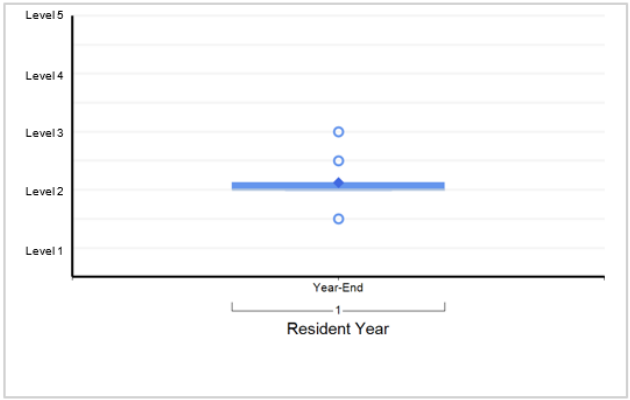
1. Patient Care - Patient Care 1: Care of the Acutely Ill Patient



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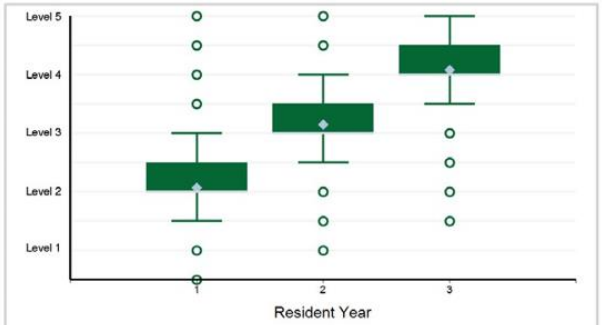
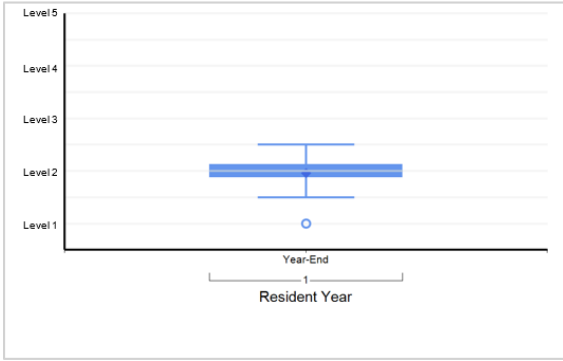


Note: 10 of 14,315 residents have a status of "Not Yet Assessable" and are not included in the analysis.

6. Medical Knowledge - Medical Knowledge 1: Demonstrates Medical Knowledge of Sufficient Breadth and Depth ...



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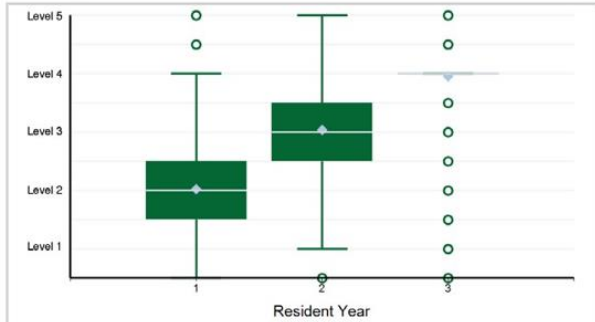
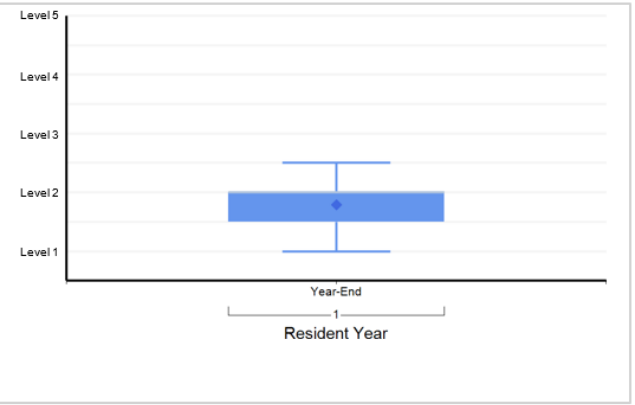
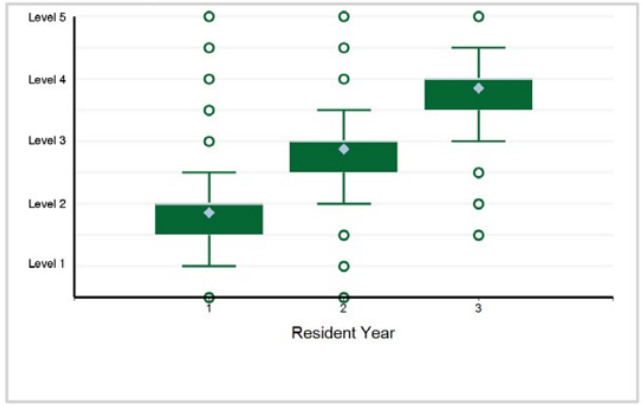


Note: 13 of 14,315 residents have a status of "Not Yet Assessable" and are not included in the analysis.

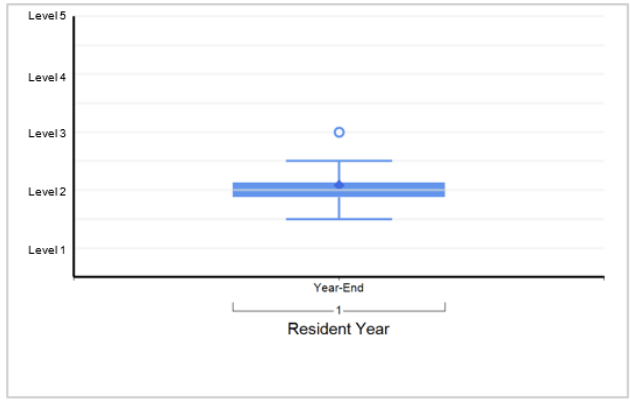
10. Systems-Based Practice - Systems-Based Practice 3: Physician Role in Health Care Systems



10. Systems-Based Practice - Systems-Based Practice 3: Physician Role in Health Care Systems



12. Practice-Based Learning and Improvement - Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice



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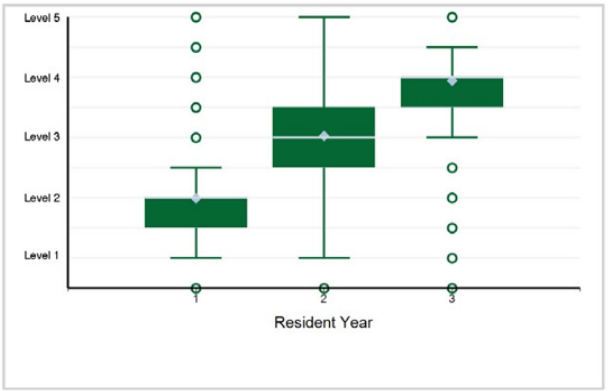

Milestones Data: IM (#residents=22)

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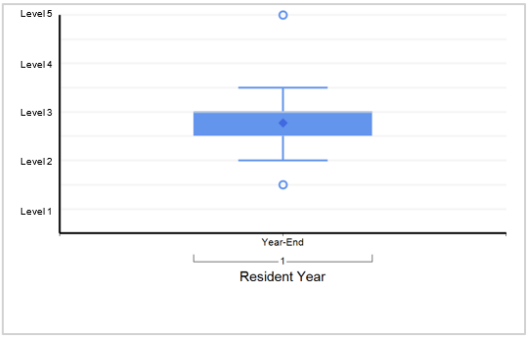
1. Patient Care - Patient Care 1: History



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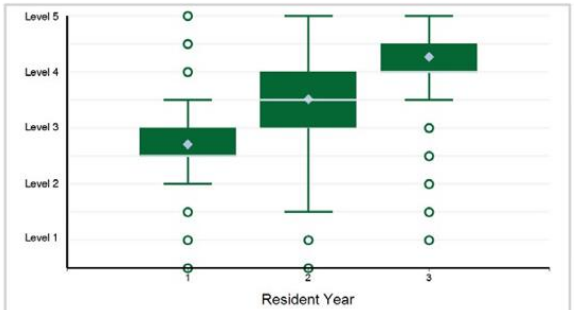
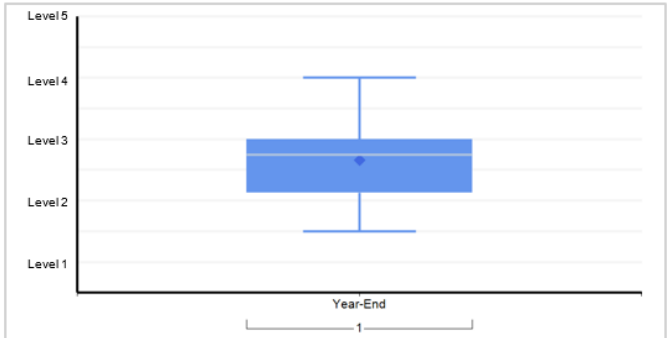


Note: 44 of 31,013 residents have a status of "Not Yet Assessable" and are not included in the analysis.

7. Medical Knowledge - Medical Knowledge 1: Applied Foundational Sciences



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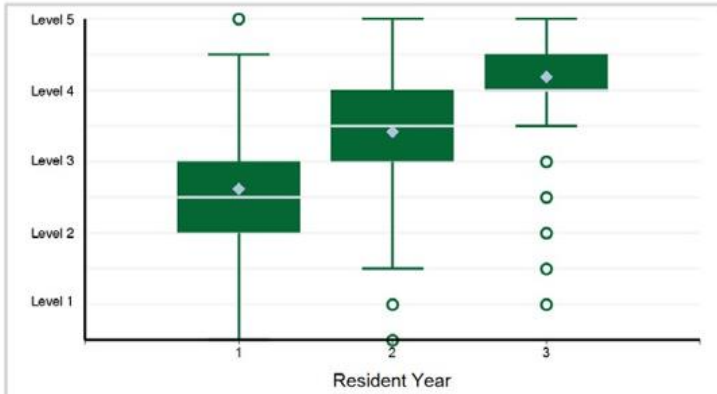
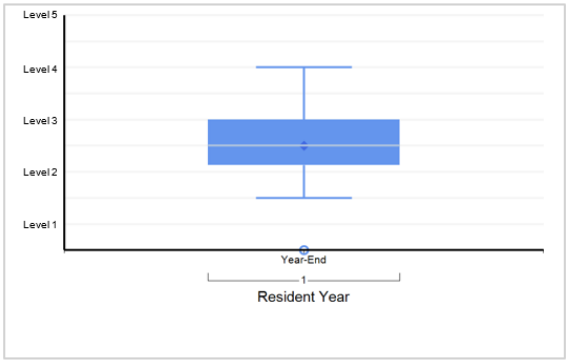


Note: 75 of 31,013 residents have a status of "Not Yet Assessable" and are not included in the analysis.

10. Systems-Based Practice - Systems-Based Practice 1: Patient Safety and Quality Improvement



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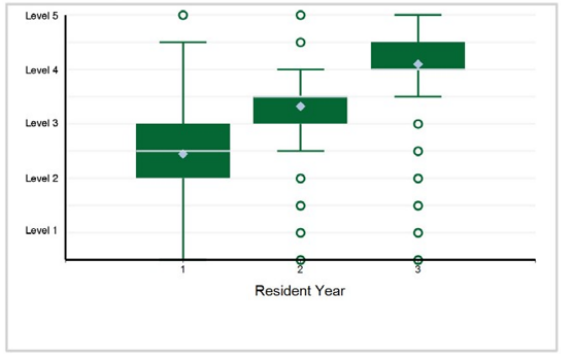
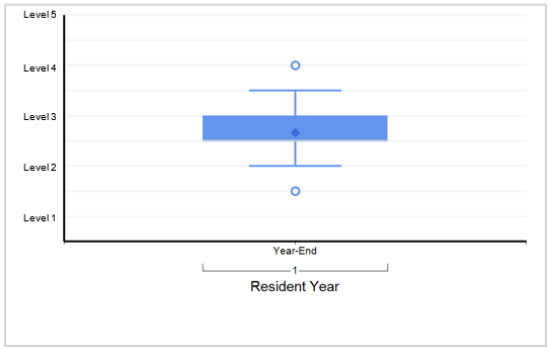


13. Practice-Based Learning and Improvement - Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice



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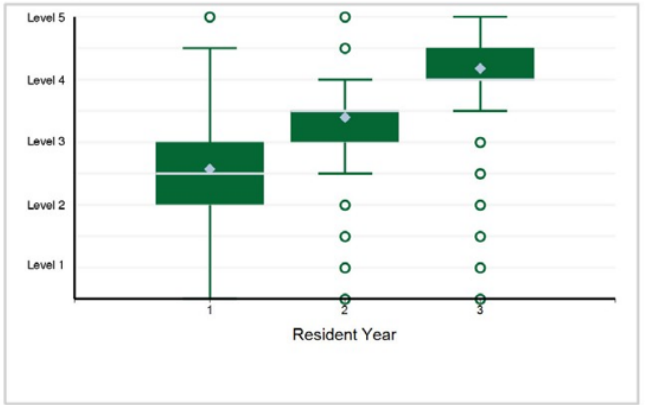

Milestones Data: Psych (#residents=7)

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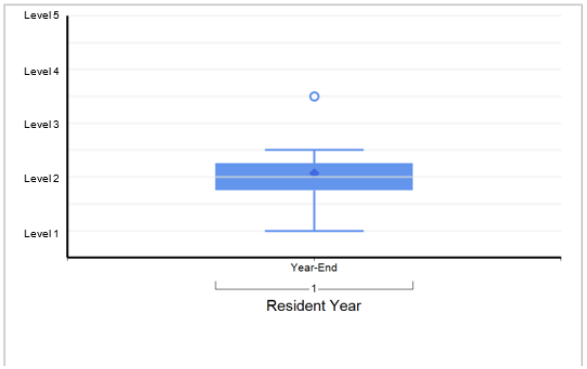
1. Patient Care - Patient Care 1: Psychiatric Evaluation A: Gathers and organizes findings from the patient ...



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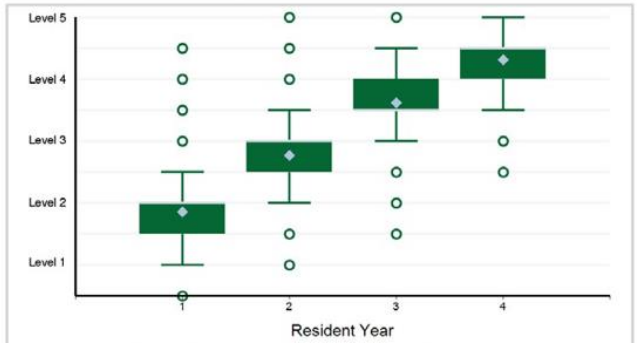
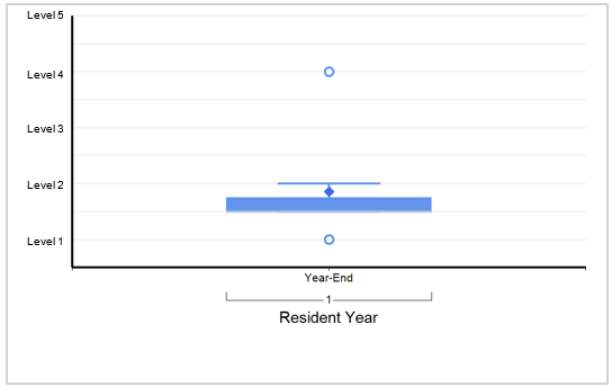
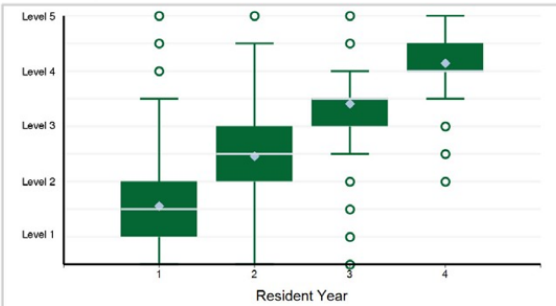


Note: 11 of 7,369 residents have a status of "Not Yet Assessable" and are not included in the analysis.

7. Medical Knowledge - Medical Knowledge 1: Development through the Life Cycle (including the Impact of Psychopathology on ...

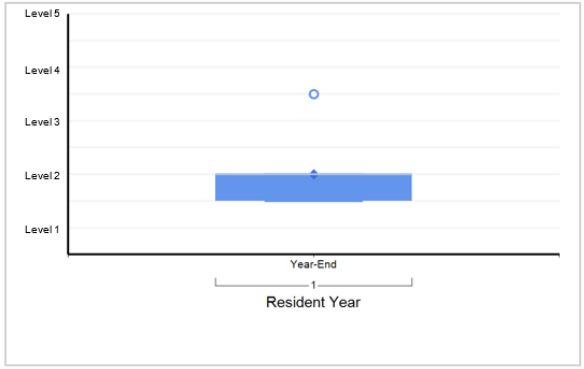


7. Medical Knowledge - Medical Knowledge 1: Development through the Life Cycle (including the Impact of Psychopathology on ...



Note: 74 of 7,369 residents have a status of "Not Yet Assessable" and are not included in the analysis.

11. Systems-Based Practice - Systems-Based Practice 1: Patient Safety and Quality Improvement A: Analyzes ...



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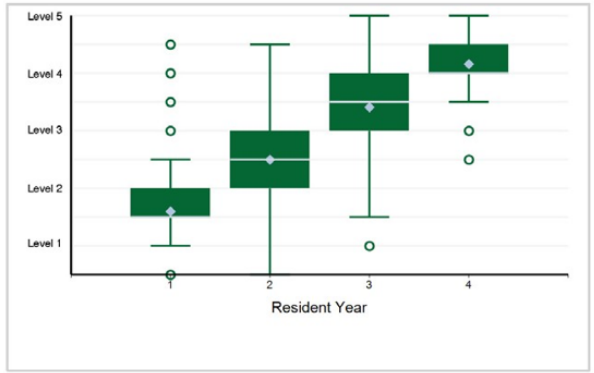
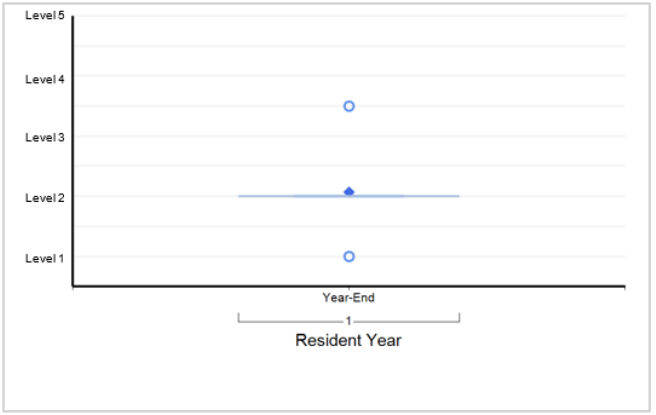
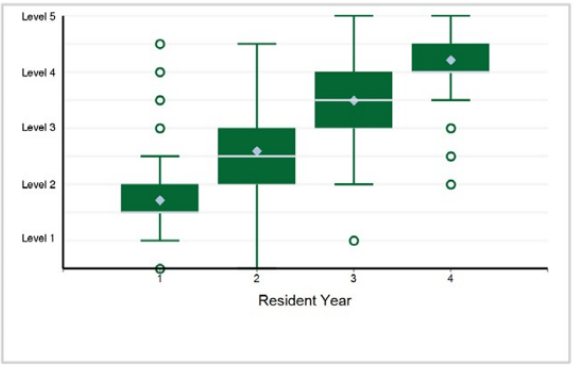


14. Practice-Based Learning and Improvement - Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice



14. Practice-Based Learning and Improvement - Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice



Milestones Data: ObGyn (#residents=4)

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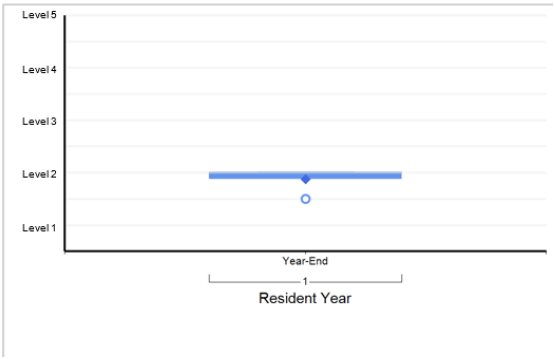
1. Patient Care - Antepartum Care and Complications of Pregnancy—Patient Care



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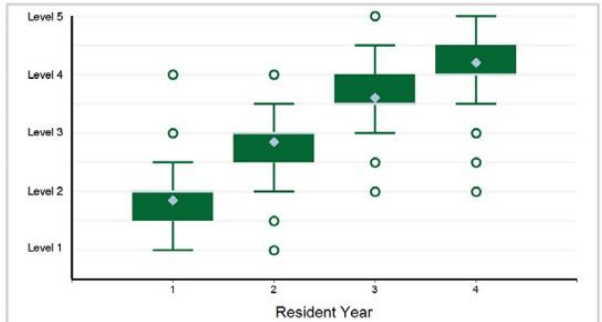
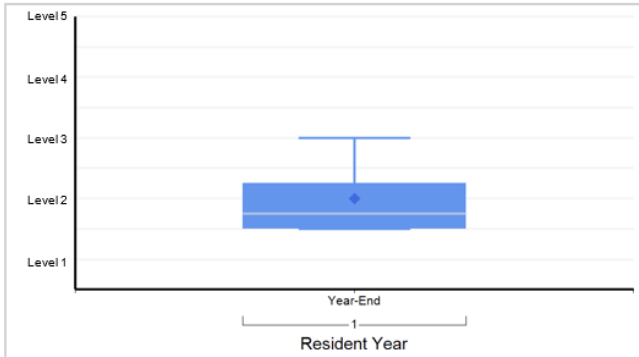
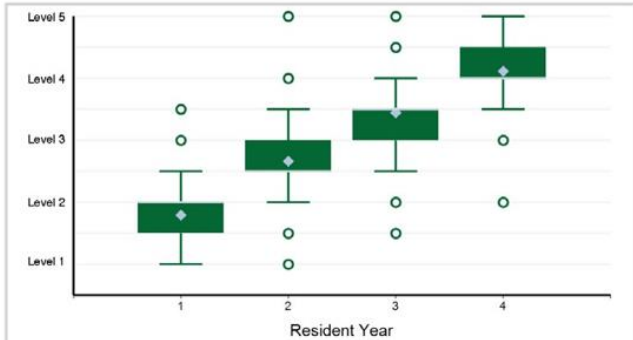


Note: 17 of 5,887 residents have a status of "Not Yet Rotated" and are not included in the analysis.

12. Medical Knowledge - Perioperative Care—Medical Knowledge

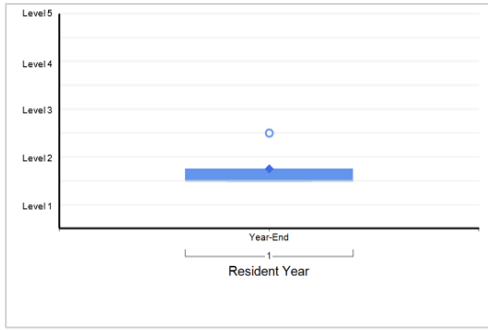


12. Medical Knowledge - Perioperative Care—Medical Knowledge

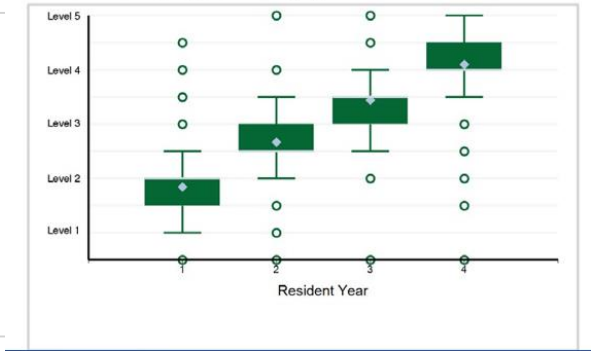


Note: 17 of 5,887 residents have a status of "Not Yet Rotated" and are not included in the analysis.

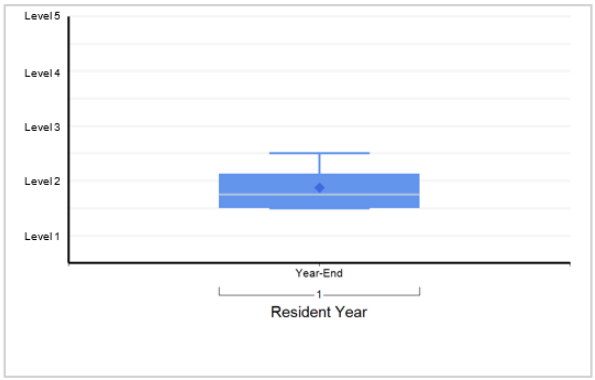
19. Systems-Based Practice - Patient Safety and Systems Approach to Medical Errors: Participate in identifying ...



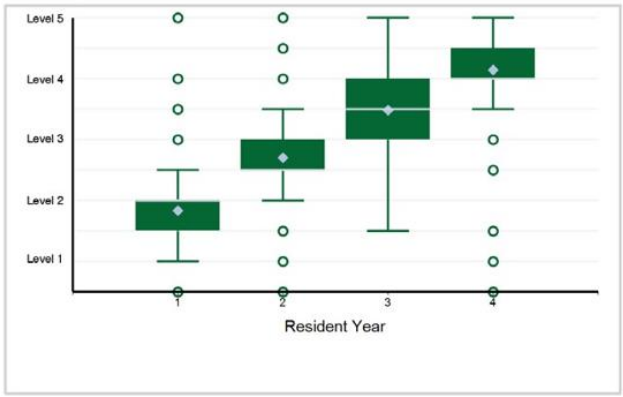
19. Systems-Based Practice - Patient Safety and Systems Approach to Medical Errors: Participate in identifying ...



21. Practice-Based Learning and Improvement - Self-directed Learning/Critical Appraisal of Medical Literature—Practice-Based ...



21. Practice-Based Learning and Improvement - Self-directed Learning/Critical Appraisal of Medical Literature—Practice-Based ...



Milestones Data: Pediatrics
(#residents=12)

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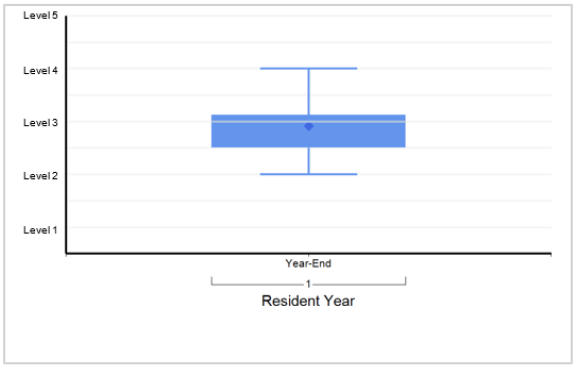
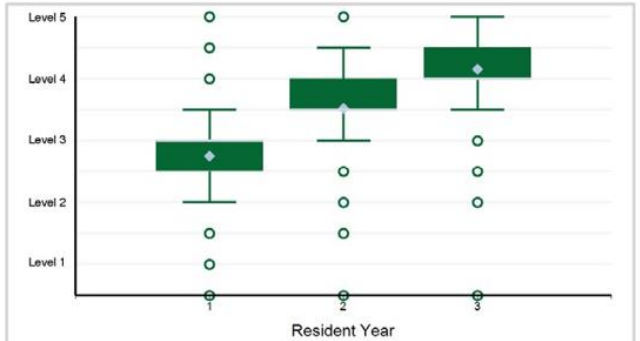
FOSTER SCHOOL OF MEDICINE

1. Patient Care - Patient Care 1: History

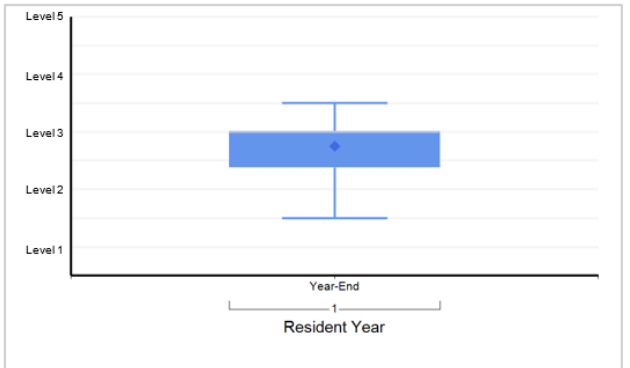


1. Patient Care - Patient Care 1: History

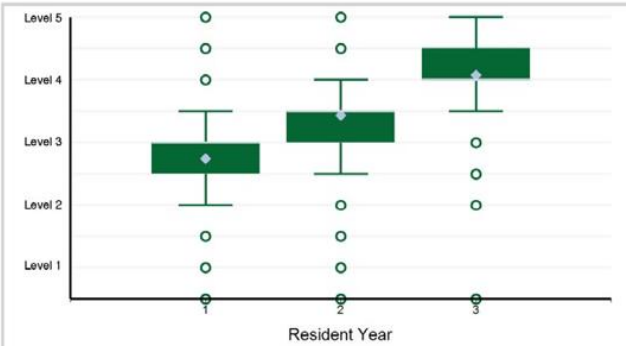


Note: 7 of 9,510 residents have a status of "Not Yet Assessable" and are not included in the analysis.

6. Medical Knowledge - Medical Knowledge 1: Clinical Knowledge

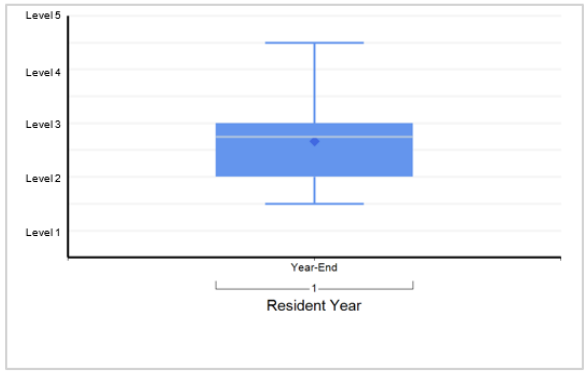


6. Medical Knowledge - Medical Knowledge 1: Clinical Knowledge

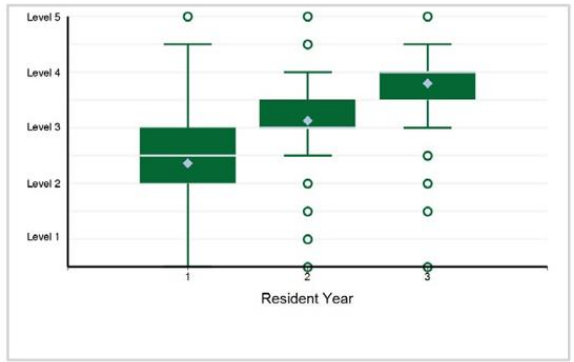


Note: 18 of 9,510 residents have a status of "Not Yet Assessable" and are not included in the analysis.

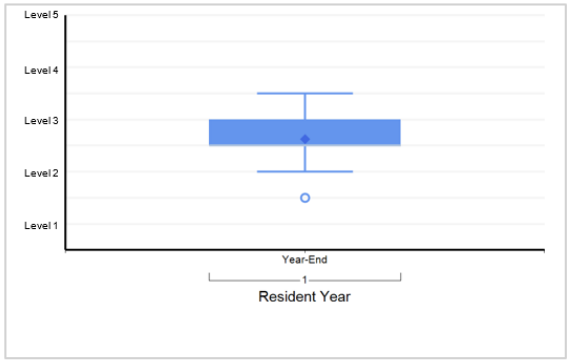
8. Systems-Based Practice - Systems-Based Practice 1: Patient Safety



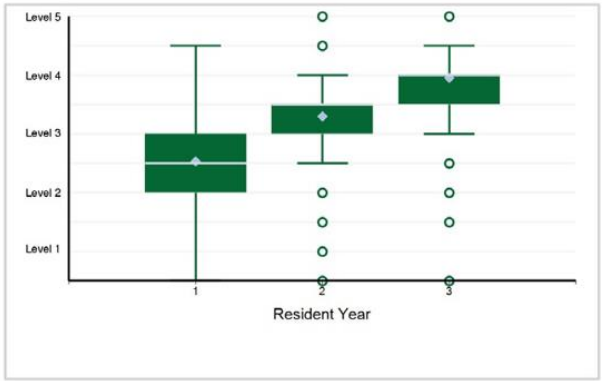
8. Systems-Based Practice - Systems-Based Practice 1: Patient Safety



14. Practice-Based Learning and Improvement - Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice



14. Practice-Based Learning and Improvement - Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice



Milestones Data: Surgery (#residents=11)

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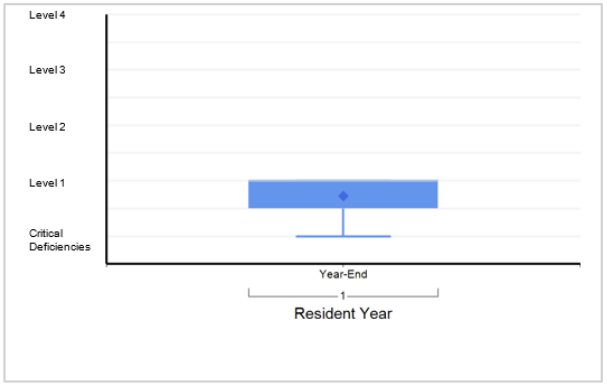
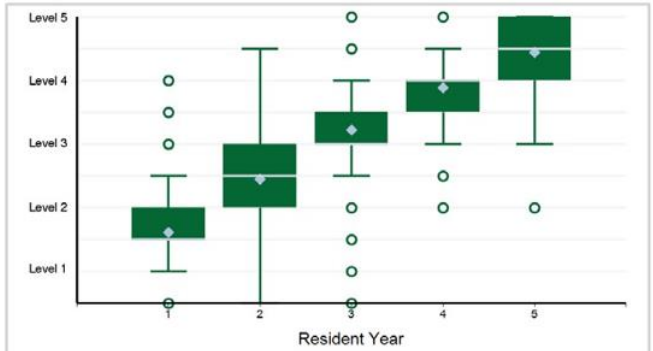
FOSTER SCHOOL OF MEDICINE

1. Patient Care - Patient Care 1: Patient Evaluation and Decision Making

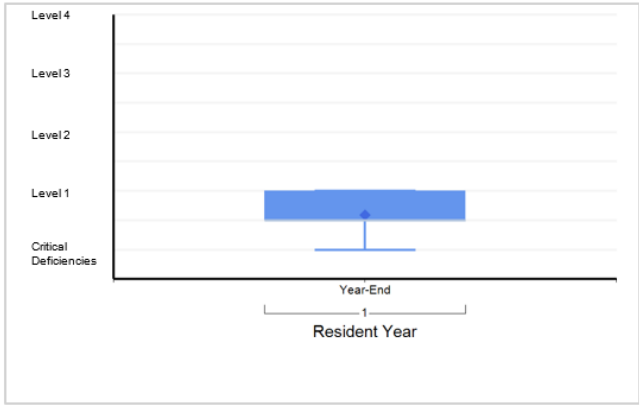


1. Patient Care - Patient Care 1: Patient Evaluation and Decision Making

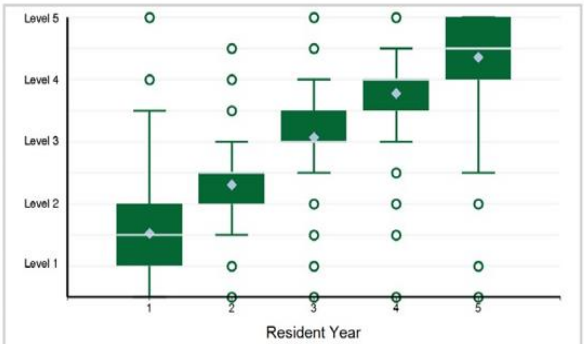


Note: 2 of 9,329 residents have a status of "Not Yet Rotated" and are not included in the analysis.

5. Medical Knowledge - Medical Knowledge 1: Pathophysiology and Treatment

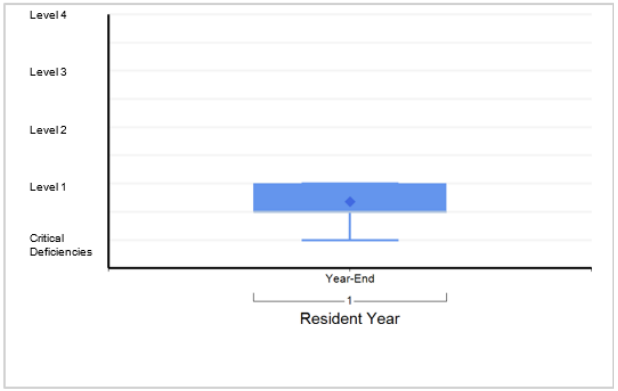


5. Medical Knowledge - Medical Knowledge 1: Pathophysiology and Treatment

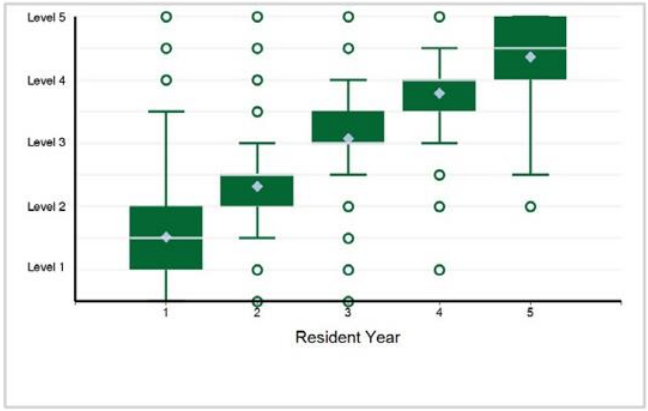


Note: 2 of 9,329 residents have a status of "Not Yet Rotated" and are not included in the analysis.

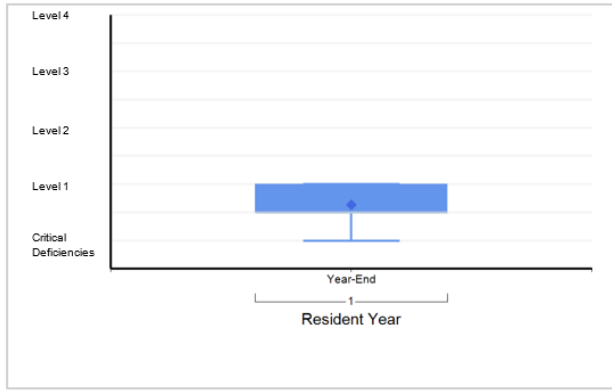
7. Systems-Based Practice - Systems-Based Practice 1: Patient Safety and Quality Improvement



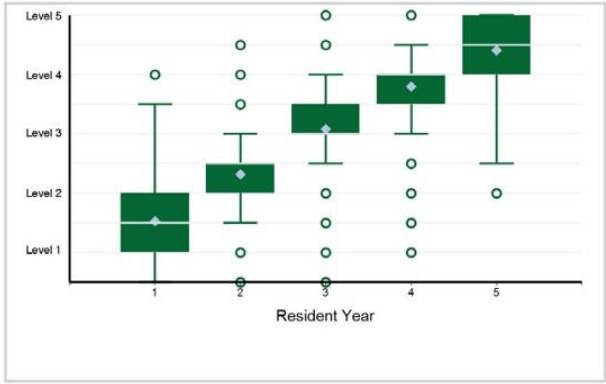
7. Systems-Based Practice - Systems-Based Practice 1: Patient Safety and Quality Improvement



10. Practice-Based Learning and Improvement - Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice



10. Practice-Based Learning and Improvement - Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice



Milestones Data: EM (#residents=6)

TTUHSC EL PASO
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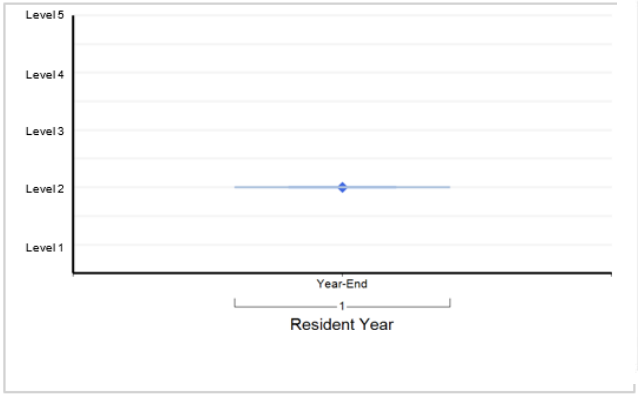
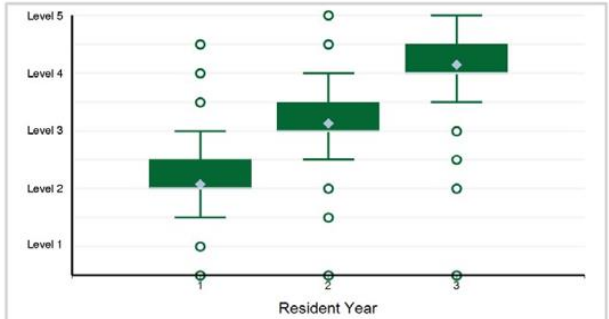
FOSTER SCHOOL OF MEDICINE

1. Patient Care - Patient Care 1: Emergency Stabilization

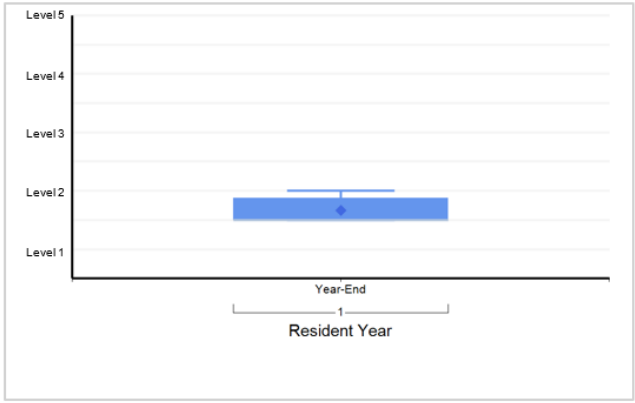


1. Patient Care - Patient Care 1: Emergency Stabilization

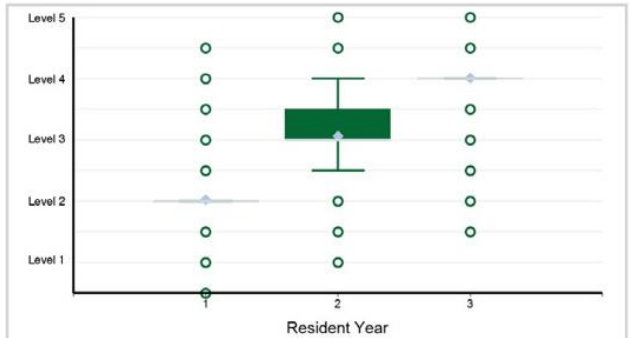


Note: 2 of 6,392 residents have a status of "Not Yet Assessable" and are not included in the analysis.

10. Medical Knowledge - Medical Knowledge 2: Treatment and Clinical Reasoning

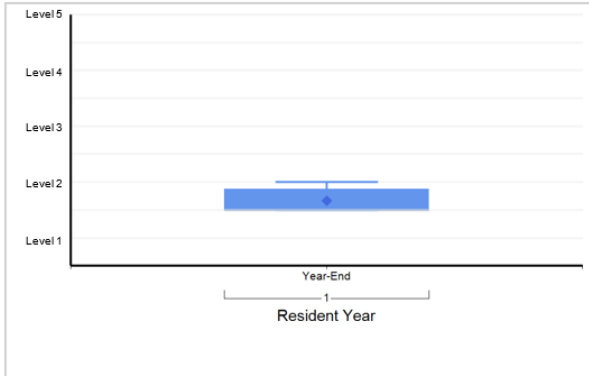


10. Medical Knowledge - Medical Knowledge 2: Treatment and Clinical Reasoning

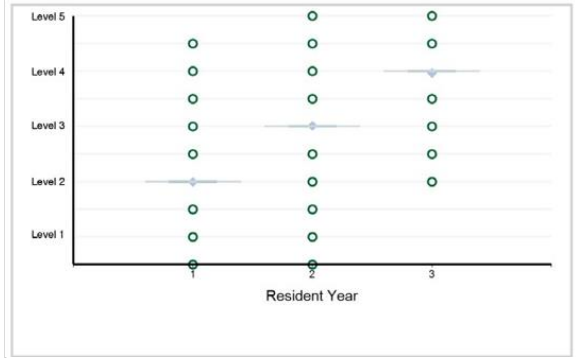


Note: 2 of 6,392 residents have a status of "Not Yet Assessable" and are not included in the analysis.

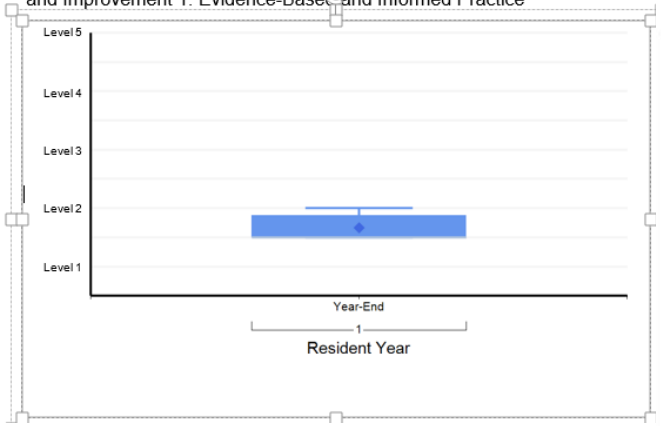
11. Systems-Based Practice - Systems-Based Practice 1: Patient Safety



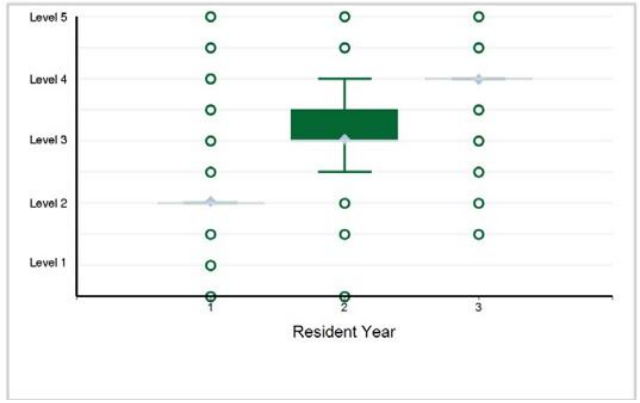
11. Systems-Based Practice - Systems-Based Practice 1: Patient Safety



15. Practice-Based Learning and Improvement - Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice



15. Practice-Based Learning and Improvement - Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice



ACGME: 5 Year Look Back

TTUHSC EL PASO
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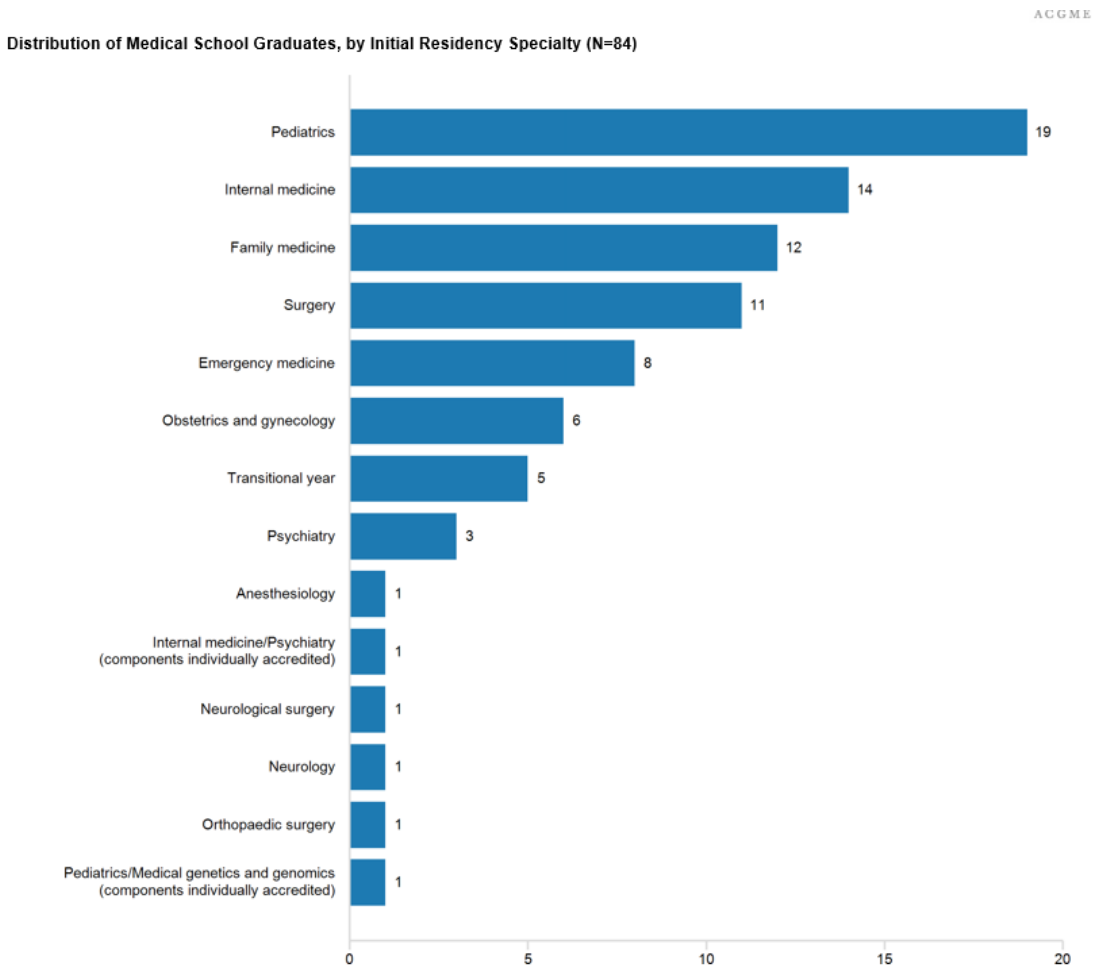
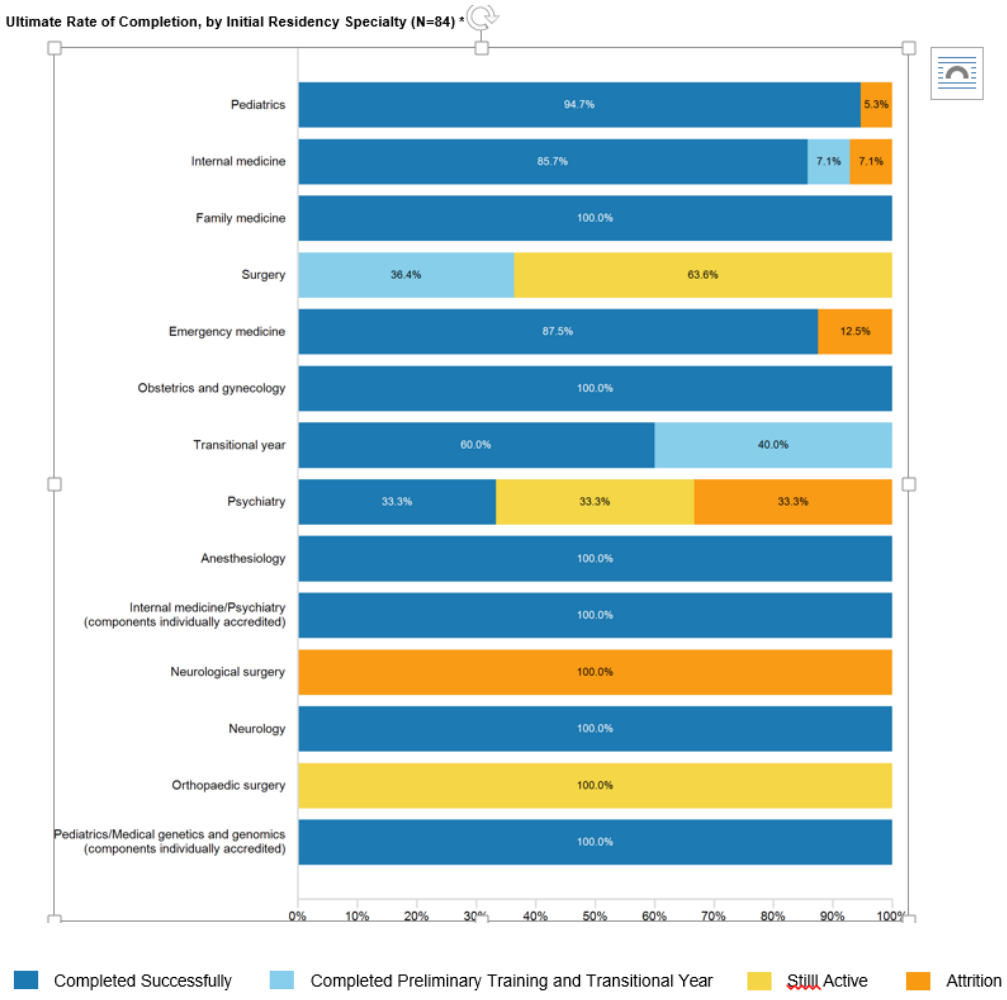
FOSTER SCHOOL OF MEDICINE



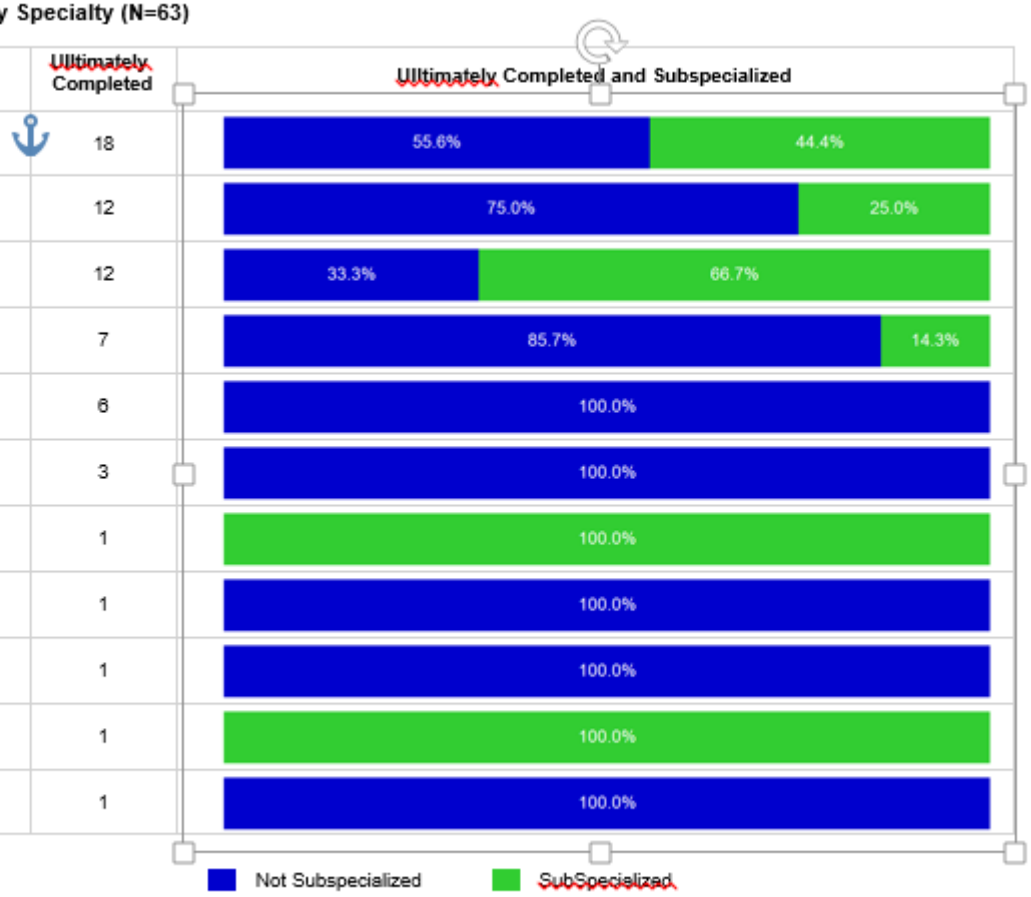


ACGME: 5 Year Look Back

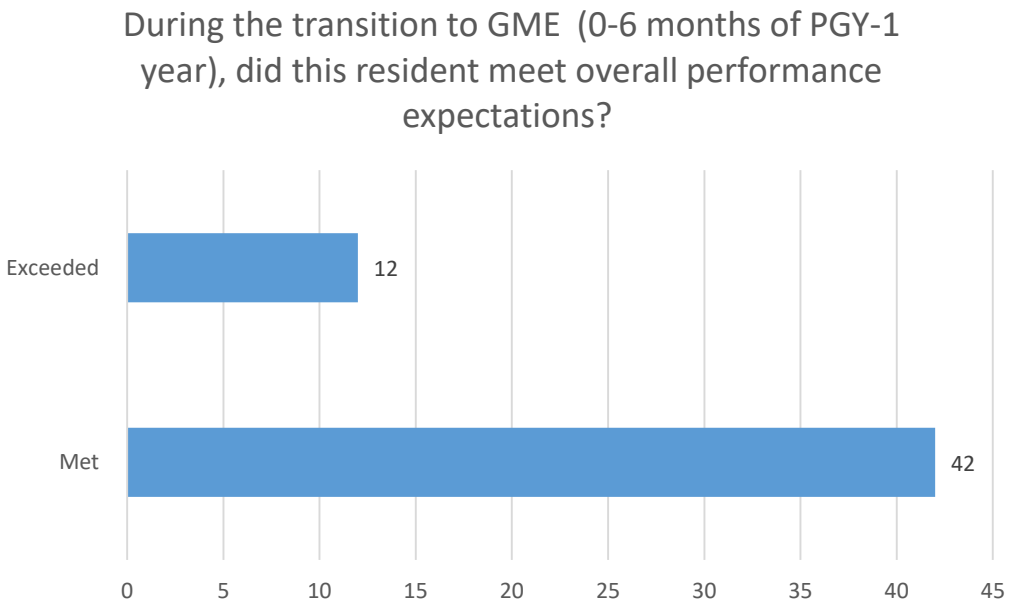
TTUHSC EL PASO
Texas Tech University Health Sciences Center El Paso
FOSTER SCHOOL OF MEDICINE

Rate of Sub-specialization by Initial Residency Specialty (N=63)

Specialty Name	Ultimately Completed	Ultimately Completed and Subspecialized
Pediatrics	18	55.6% / 44.4%
Family medicine	12	75.0% / 25.0%
Internal medicine	12	33.3% / 66.7%
Emergency medicine	7	85.7% / 14.3%
Obstetrics and gynecology	6	100.0%
Transitional year	3	100.0%
Anesthesiology	1	100.0%
Internal medicine/Psychiatry (components individually accredited)	1	100.0%
Neurology	1	100.0%
Pediatrics/Medical genetics and genomics (components individually accredited)	1	100.0%
Psychiatry	1	100.0%



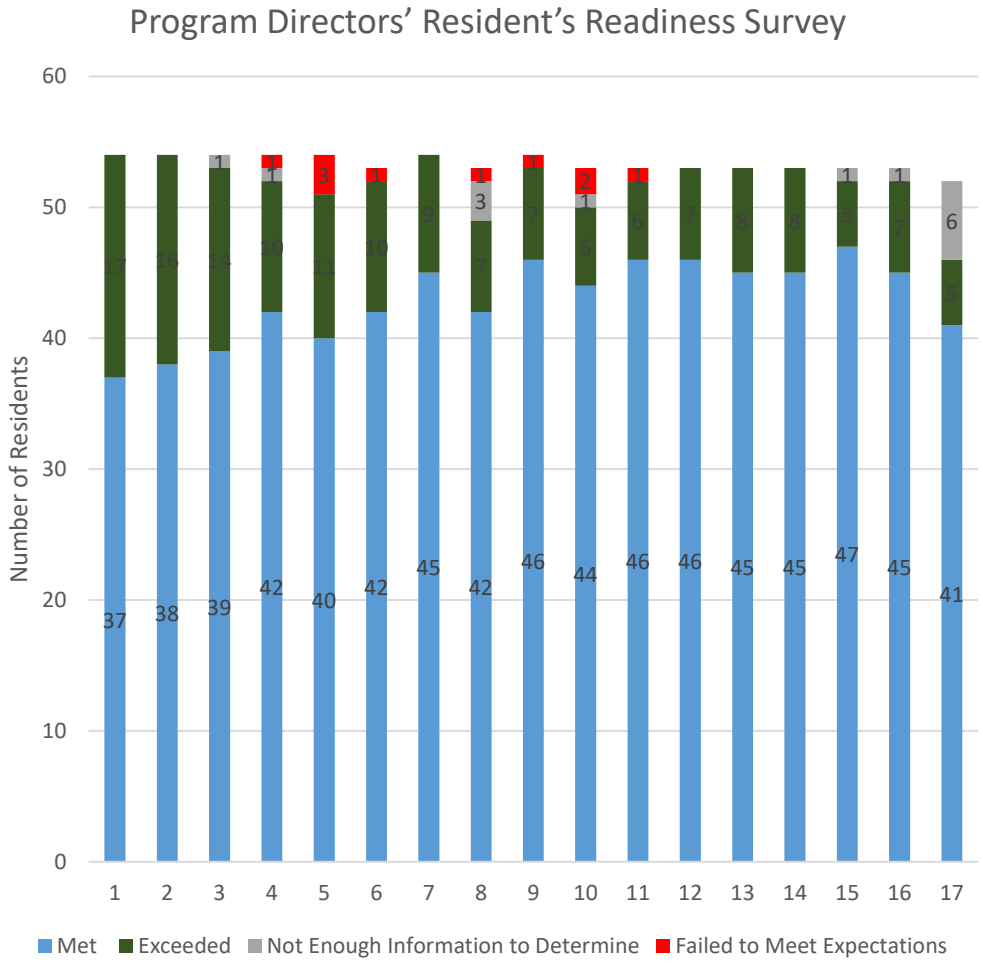
Program Directors' Resident Readiness Survey



Survey Year	Number of 2021-2022 Graduates	Number of 2021-2022 Graduates in ERAS and GME Track	Number of 2021-2022 Graduates in ERAS and GME Track for whom Program Directors Participated in a Resident Readiness Survey	Coverage Rate (%)
2022-2023	90	78	54	69.2

The coverage rate is calculated by dividing the number of eligible residents by the number of residents for whom a survey was received.

Program Directors' Resident Readiness Survey



Qn: 1 Demonstrated professionalism when interacting with healthcare professionals and staff (altruism, compassion, honesty, confidentiality, and integrity).

Qn:2 Demonstrated professionalism when interacting with patients and family members (altruism, compassion, honesty, confidentiality, and integrity).

Qn: 3 Considered religious, ethnic, gender, educational and other differences in interacting with patients and other members of the health care team.

Qn: 4 Admitted one's own errors and accepted responsibility for personal and professional development.

Qn: 5 Performed overall tasks and responsibilities in an organized and timely manner with appropriate attention to detail

Qn:6 Demonstrated patient-centered interview skill

Qn: 7 Performed a clinically relevant and appropriately thorough physical exam pertinent to the setting and purpose of the visit.

Qn: 8 Performed expected procedures of an entry resident, including obtaining consent for those procedures

Qn:9 Prioritized a differential diagnosis.

Qn: 10 Recognized a patient requiring urgent or emergent care and initiated evaluation and management.

Qn: 11 Interpreted results of basic studies and understood the implications and urgency of the results.

Qn:12 Demonstrated how to access and use available evidence and incorporate patient preferences and values into delivery of care

Qn: 13 Documented encounters in patient record.

Qn: 14 Entered and discussed orders and prescriptions.

Qn: 15 Provided oral presentation of clinical encounter.

Qn:16 Used communication strategies for safe and effective transitions of care and handoffs.

Qn: 17. Identified and reported system failures, patient safety concerns in a timely manner.

Residency Match

Match day results	Class of					
	2018	2019	2020	2021	2022	2023
Number of students successfully matching	96%	99%	99%	100%	99%	97 %
% Students remaining in El Paso	4%	2%	1%	2%	2%	16 %
% Students remaining in Texas	52%	53%	52%	44%	67%	59 %
% Matching in primary care	53%	47%	53%	46%	44%	48 %
% Matching in military	0%	0%	0%	0%	1%	0%

Specialty Match	Class of					
	2018	2019	2020	2021	2022	2023
Anesthesiology	2	3	1	6	5	4
Child neurology	1	-	-	-	-	-
Dermatology	2	1	2	1	2	2
Emergency medicine	3	12	8	7	12	7
Family medicine	16	6	10	11	5	1
Internal medicine	14	28	19	16	20	6
Internal medicine/Pediatrics	-	-	3	4	-	16
Interventional radiology - integrated	2	-	-	2	1	1
Neurological surgery	2	-	1	-	-	-
Neurology	3	1	1	2	1	-
Obstetrics and gynecology	3	6	3	4	6	2
Ophthalmology	2	2	6	2	2	4
Orthopaedic surgery	1	6	3	3	2	-
Otolaryngology	1	-	-	-	-	1
Otolaryngology - Head and Neck Surgery	-	1	1	-	1	-
Pathology-anatomic and clinical	3	5	3	1	1	-
Pediatrics	17	7	15	12	9	2
Physical medicine and rehabilitation	-	4	1	-	-	15
Psychiatry	5	9	6	7	6	4
Radiation oncology	2	2	-	-	-	7
Radiology-diagnostic	2	2	3	5	6	-
Surgery	8	4	2	9	8	5
Transitional year	-	-	-	1	1	6
Thoracic surgery	-	-	-	-	1	1
Urology	-	1	-	-	-	-
Vascular surgery - integrated	1	-	-	-	-	-
Total	90	100	88	93	89	84

Source: Texas Higher Education Coordinating Board (THECB) CBM009 Graduation Report, 2018-2022; Accreditation Council for Graduate Medical Education (ACGME).

Graduation Rates

TTUHSC EL PASO
Texas Tech University Health Sciences Center El Paso
FOSTER SCHOOL OF MEDICINE

Texas Higher Education Coordinating Board - 5-year graduation rate (Texas medical programs)

School	2020 (Entering Fall Cohort: Fall 2015)	2021 (Entering Fall Cohort: Fall 2016)	2022 (Entering Fall Cohort: Fall 2017)
TTUHSC El Paso	**94.2%**	**84.5%**	**88.3%**
Statewide	85.4%	73.9%	76.8%
Texas A&M Health Science Center	90.5%	90.7%	90.9%
TTUHSC	85.4%	84.8%	91.4%
University of North Texas Health Science Center	83.8%	6.7%	0.8%
UT Austin Dell Medical School	-	100.0%	92.0%
UT Health Science Center - Houston	80.0%	79.6%	83.0%
UT Health Science Center - San Antonio	83.6%	90.4%	93.5%
UT Medical Branch - Galveston	86.7%	72.8%	79.8%
UT Rio Grande Valley Medical School	-	81.8%	86.3%
UT Southwestern Medical Center	87.3%	80.0%	88.3%

Graduate Questionnaire: Quality of Medical Education

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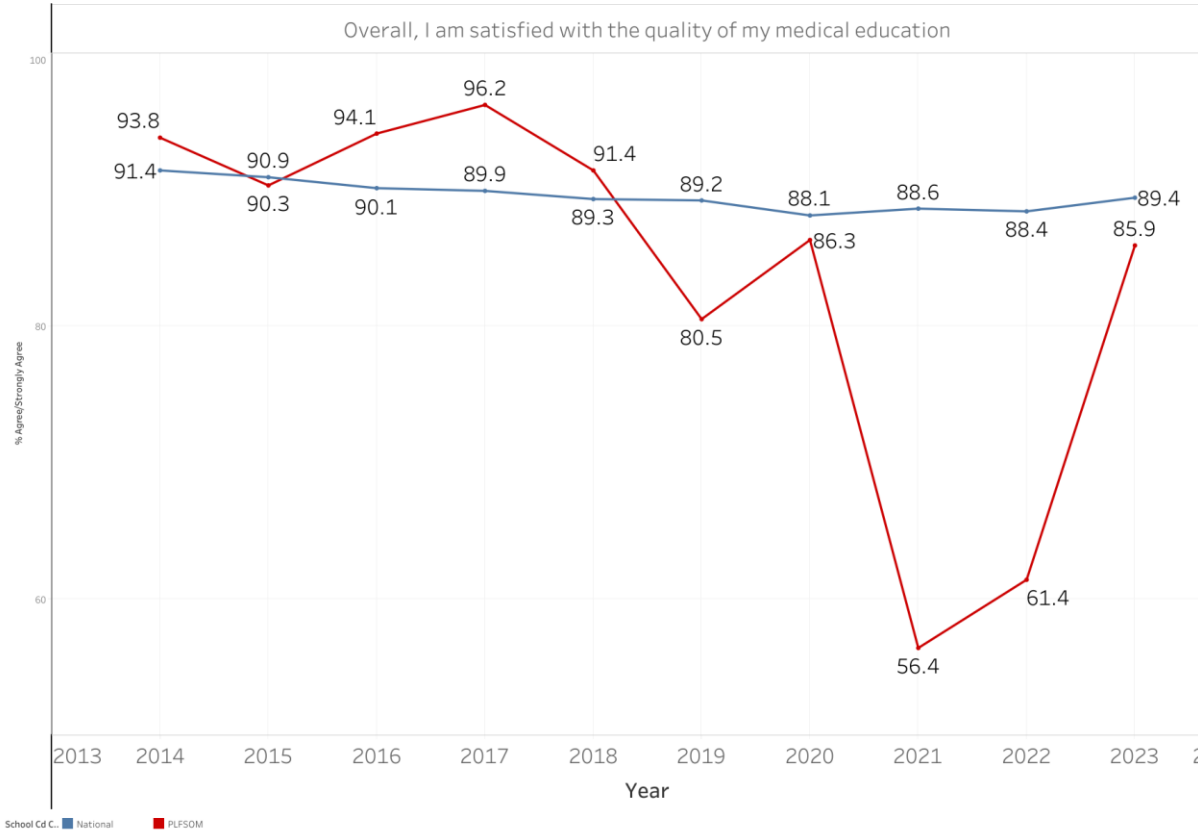
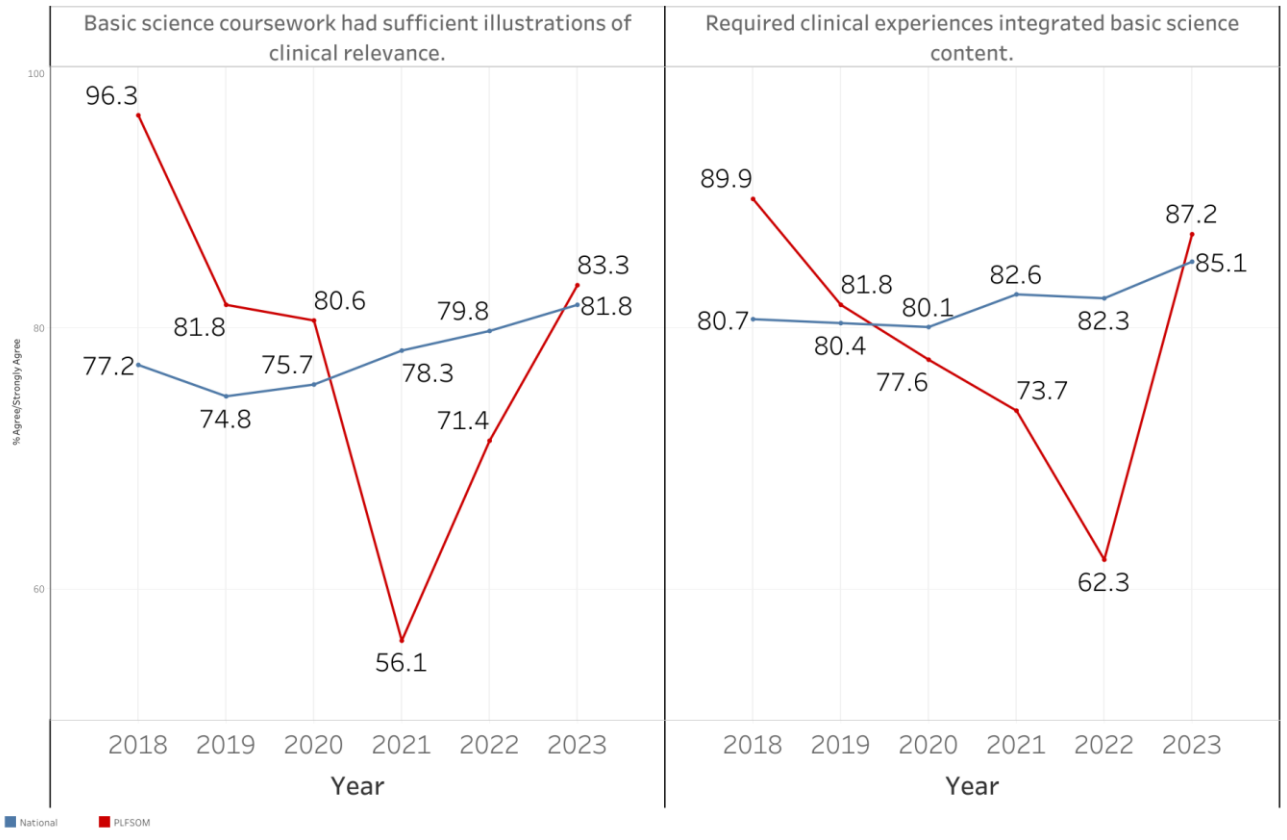
Q7. Please indicate the extent to which you agree with the following statement:

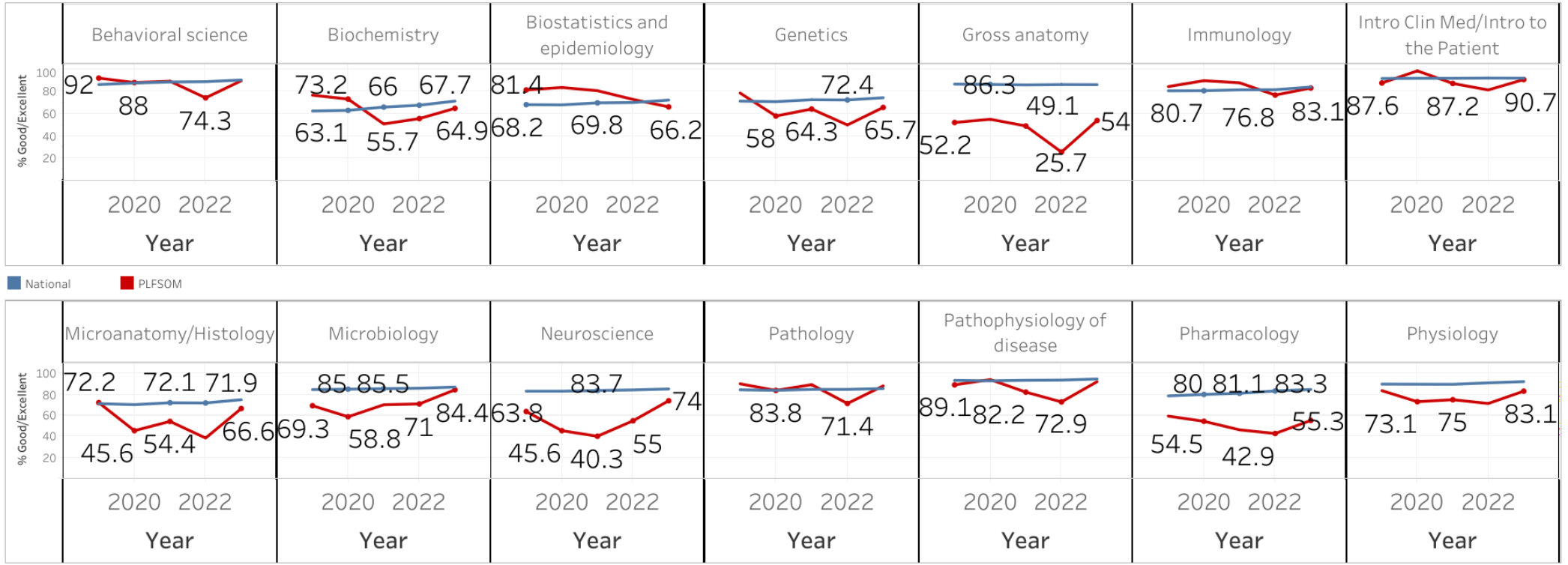


Q8. Based on your experiences, indicate whether you agree or disagree with the following statements about medical school:



Graduate Questionnaire: Preclerkship Preparedness

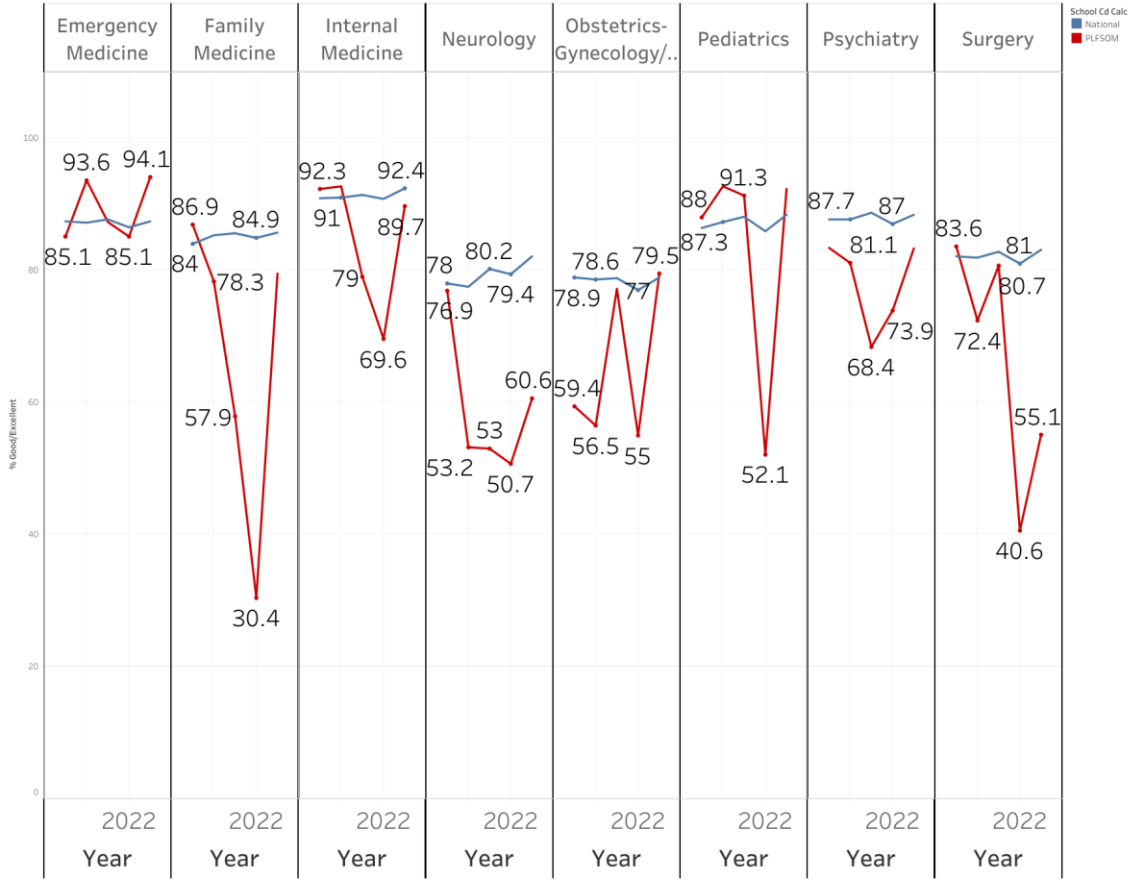
Q.9 How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?



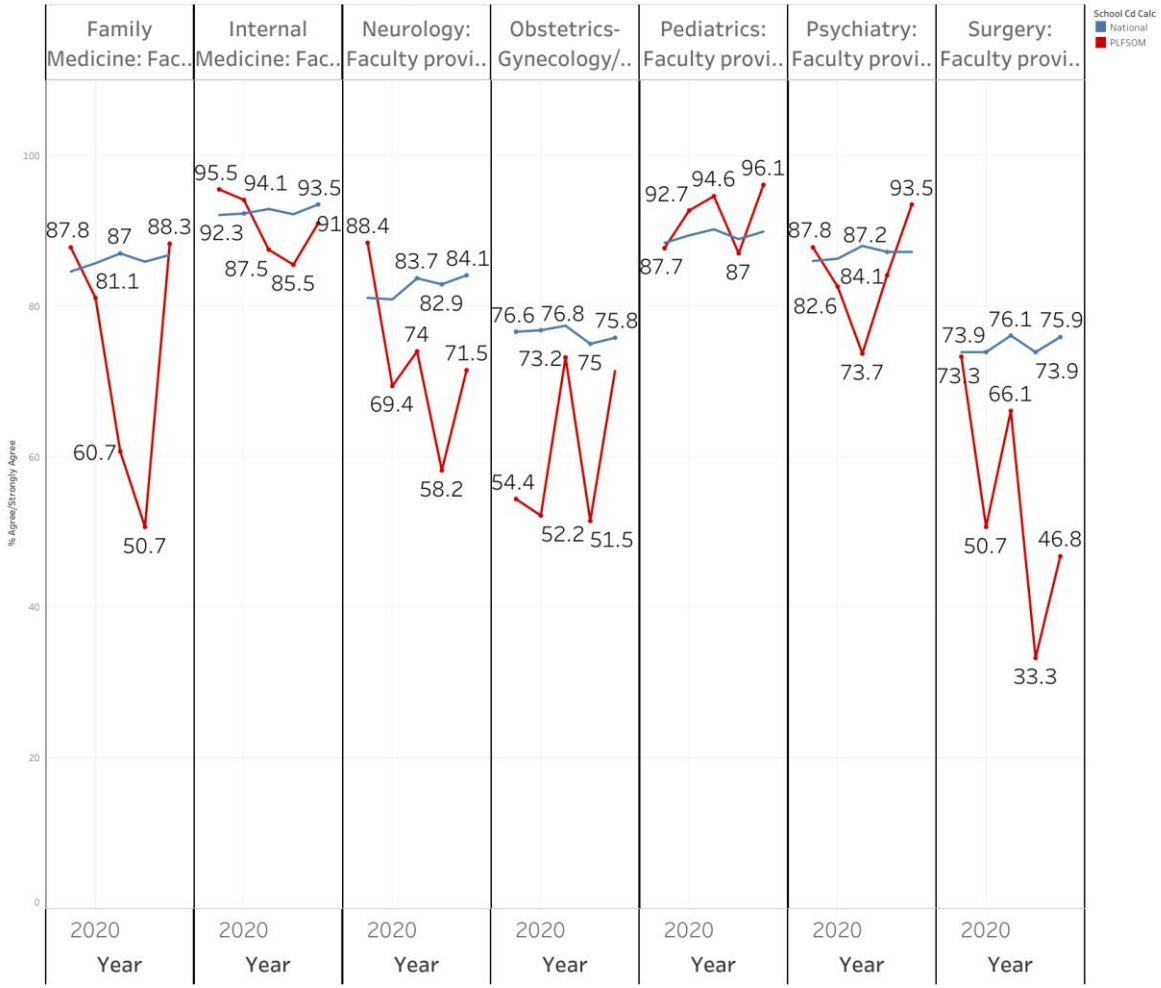
Graduate Questionnaire: Clerkship Effectiveness

TTUHSC EL PASO
Texas Tech University Health Sciences Center El Paso
FOSTER SCHOOL OF MEDICINE

Q.10 Rate the quality of your educational experiences in the following clerkships.

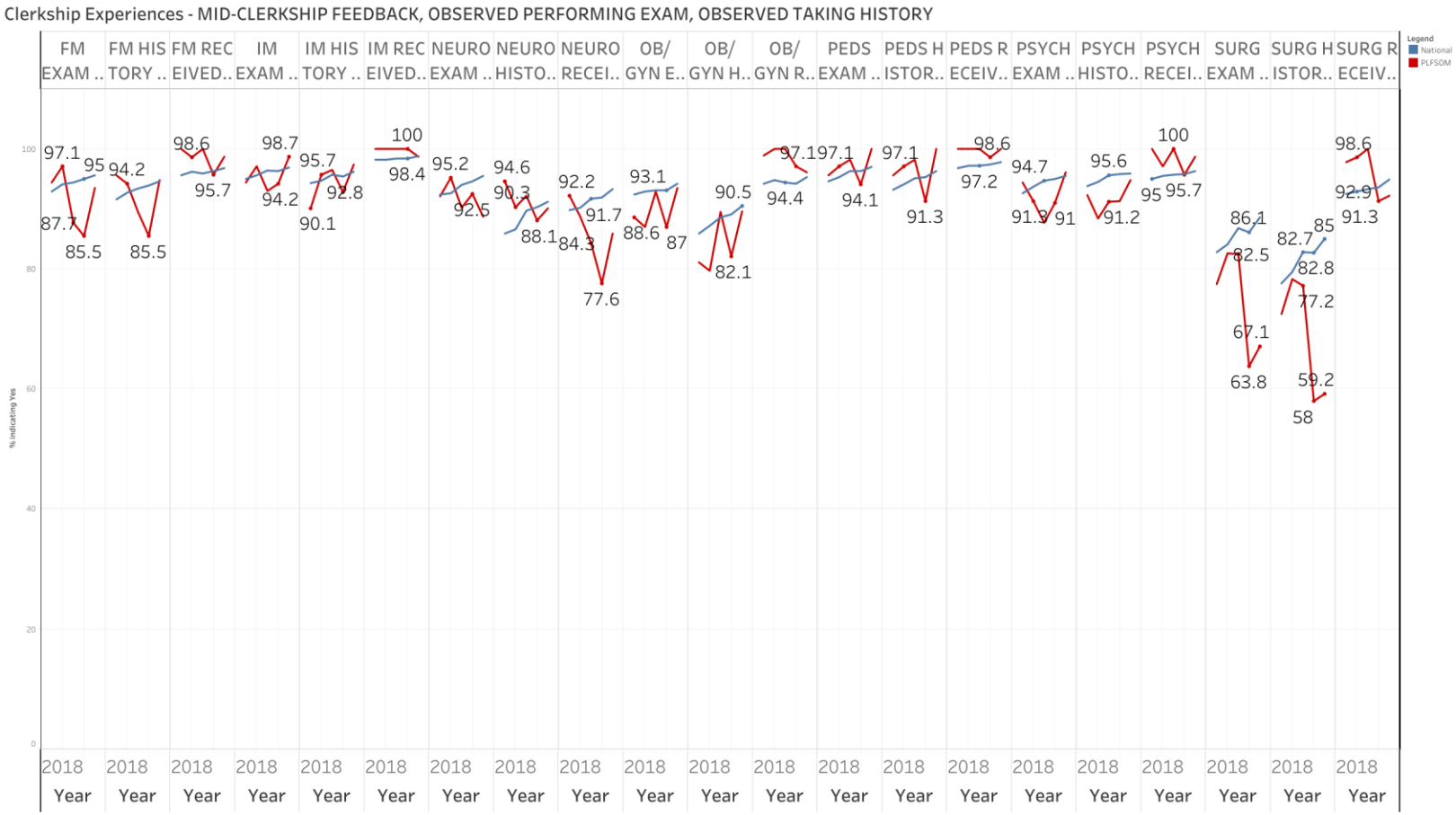


Q.11 Teaching Effectiveness: Faculty and/or Resident



Graduate Questionnaire: Clerkship Effectiveness

TTUHSC EL PASO
Texas Tech University Health Sciences Center El Paso
FOSTER SCHOOL OF MEDICINE



Graduate Questionnaire: Learning Environment

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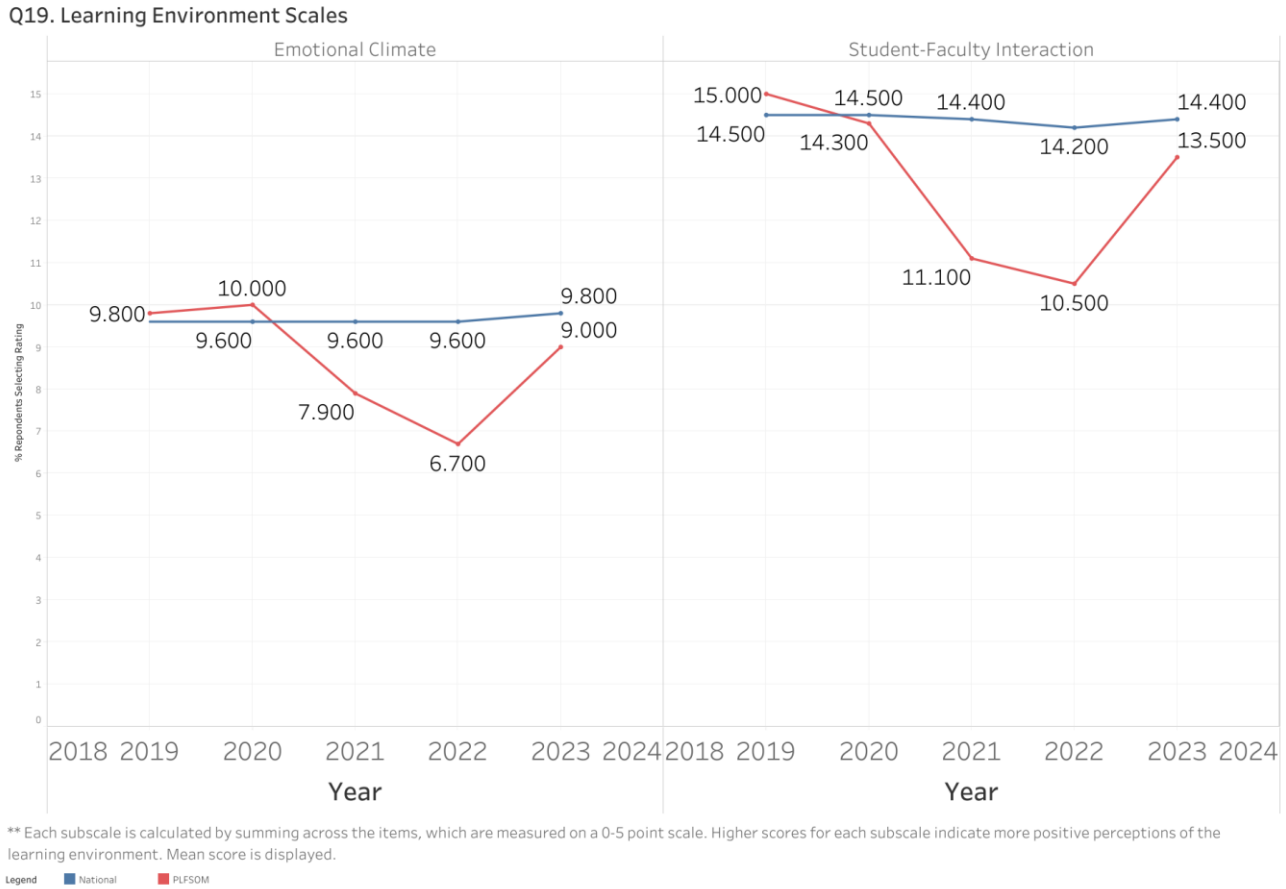

Graduate Questionnaire: Professionalism of Faculty

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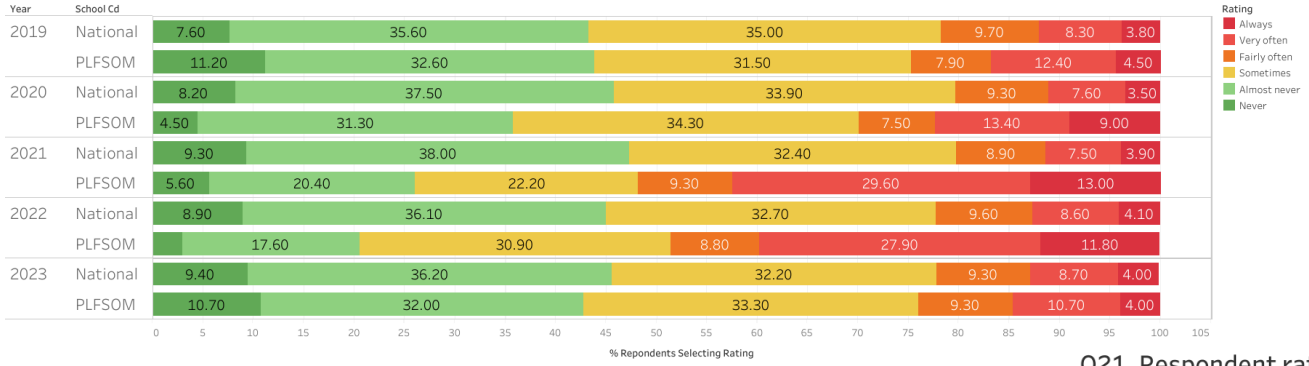
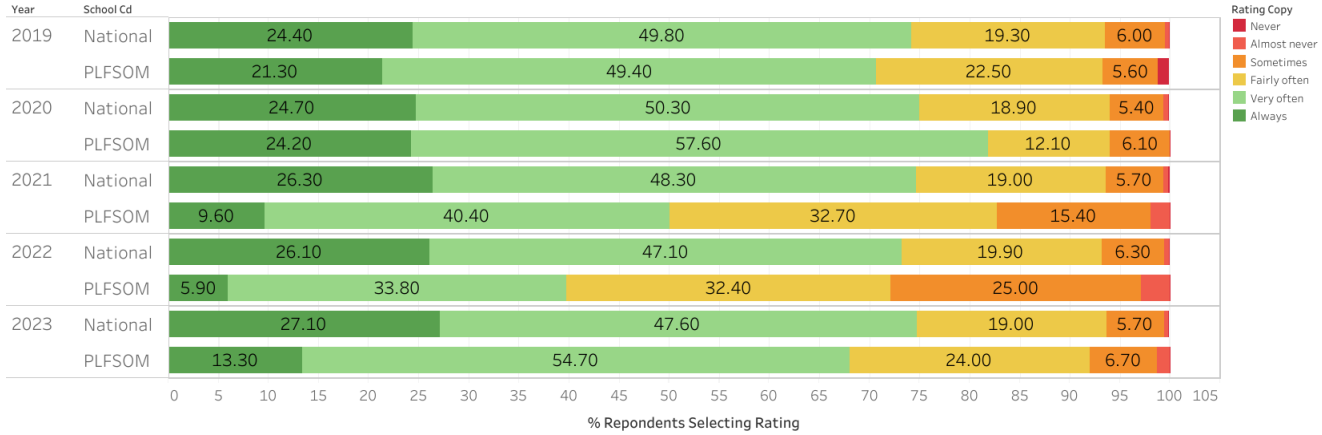
Q20. There are disconnects between what I am taught about professional behaviors/attitudes and what I see being demonstrated by faculty.



Q21. Respondent ratings on the frequency faculty demonstrate the following professional behavior:

Showing respectful interaction with students



Graduate Questionnaire: Burnout

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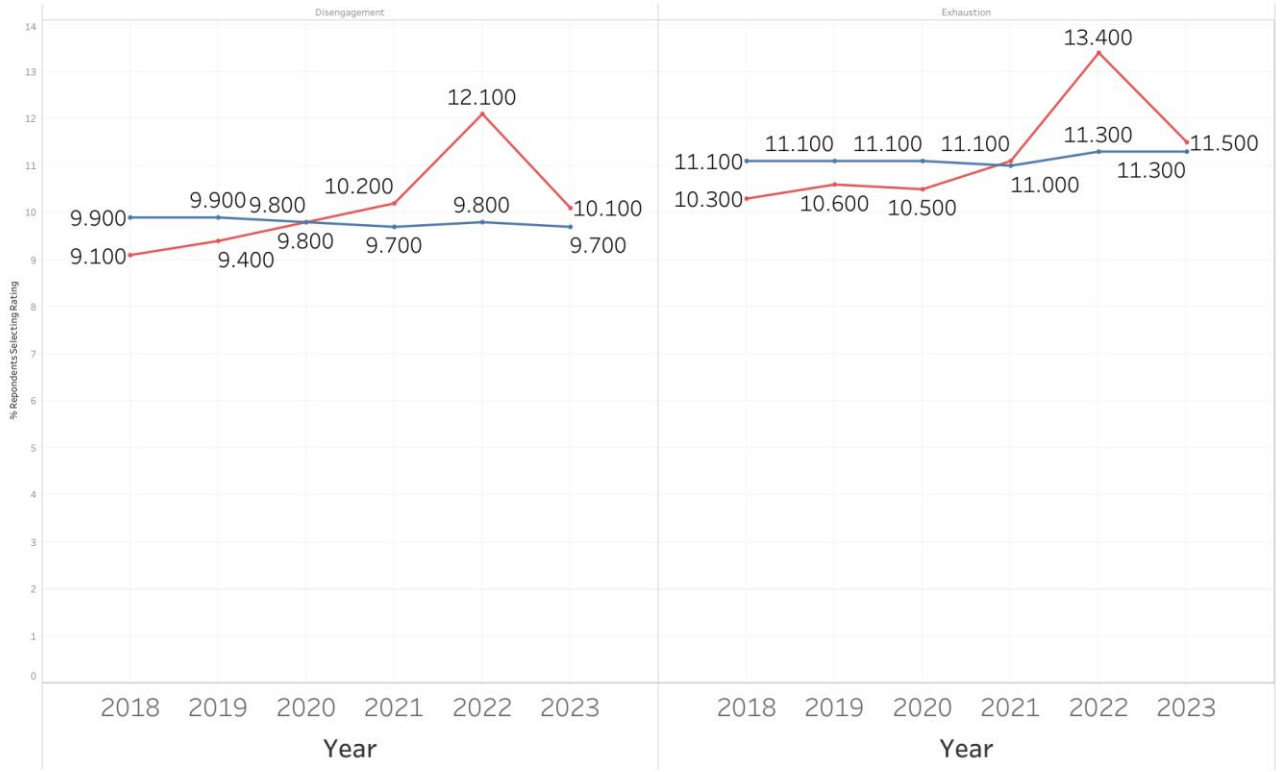
Texas Tech University Health Sciences Center El Paso
FOSTER SCHOOL OF MEDICINE

Q23. Oldenburg Burnout Inventory for Medical Students Scale



** The OLBI-MS instrument consists of 16 items measuring two dimensions of burnout – exhaustion and disengagement. Each subscale is calculated by summing across the items, which are measured on a 0-3 point scale. Higher scores are correlated with higher levels of burnout. Mean score is displayed.

Legend National PLFSOM

Graduate Questionnaire: Student Satisfaction

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Texas Tech University Health Sciences Center El Paso
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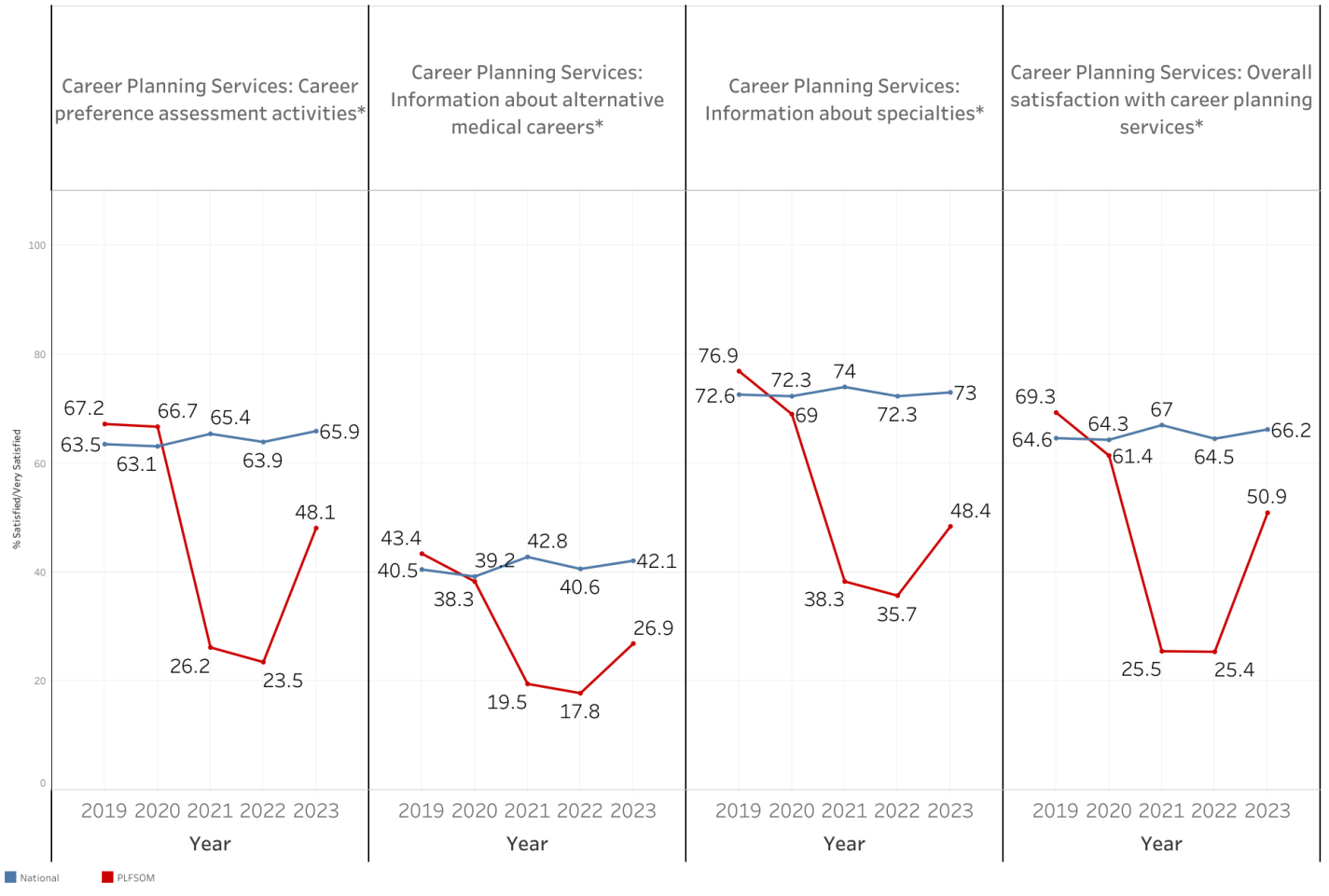
Q36. Satisfaction Services *Career Planning Services*



Graduate Questionnaire: Student Satisfaction

TTUHSC EL PASO
Texas Tech University Health Sciences Center El Paso
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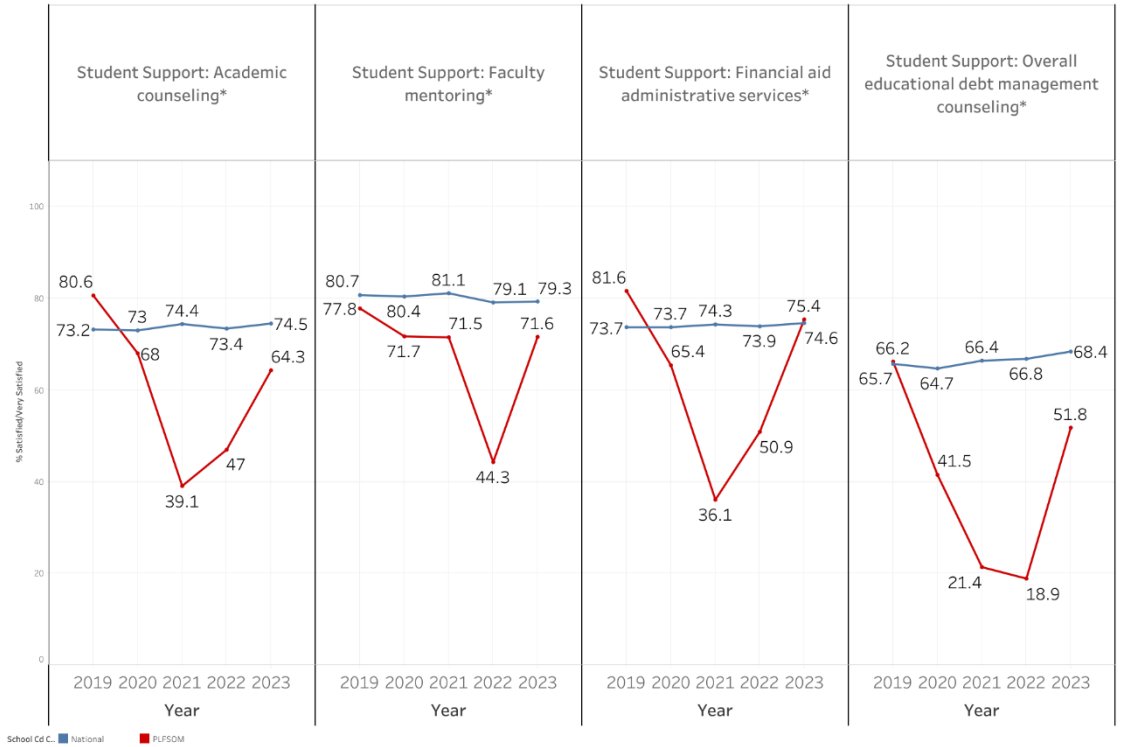
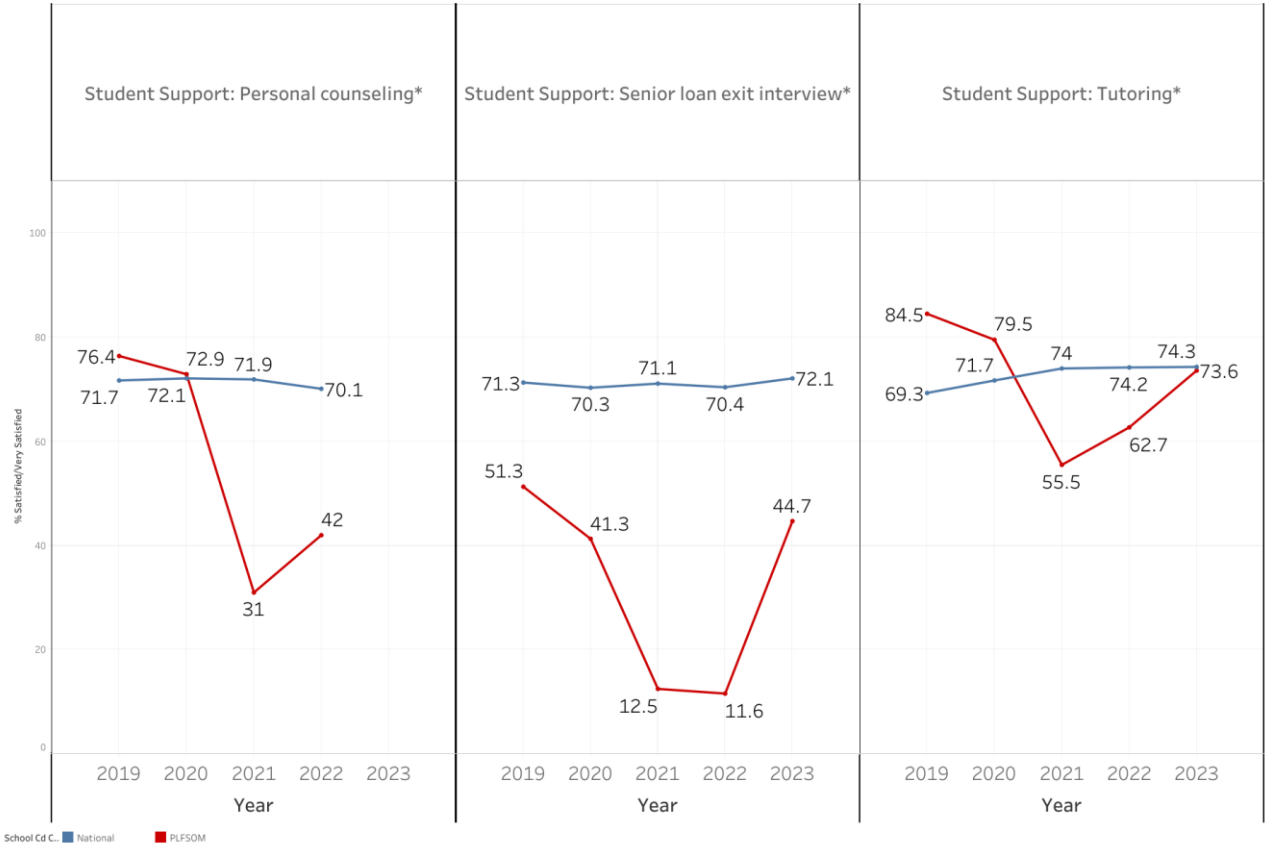
Q38. Satisfaction Services *Student Support Services - Part 1 of 2*



Q38. Satisfaction Services *Student Support Services - Part 2 of 2*



Graduate Questionnaire: Mistreatment

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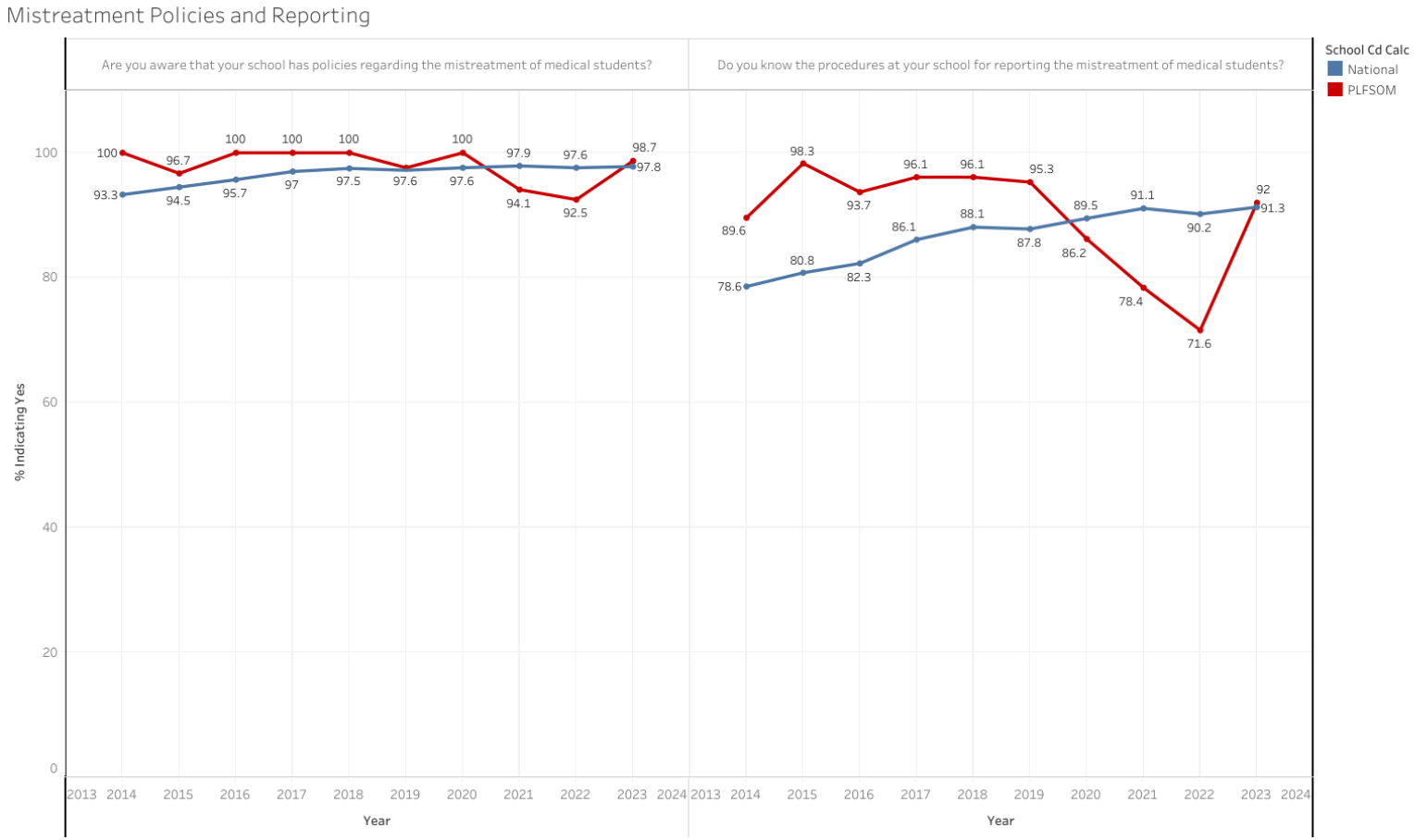
Texas Tech University Health Sciences Center El Paso
FOSTER SCHOOL OF MEDICINE



Graduate Questionnaire: Negative Behaviors Experienced

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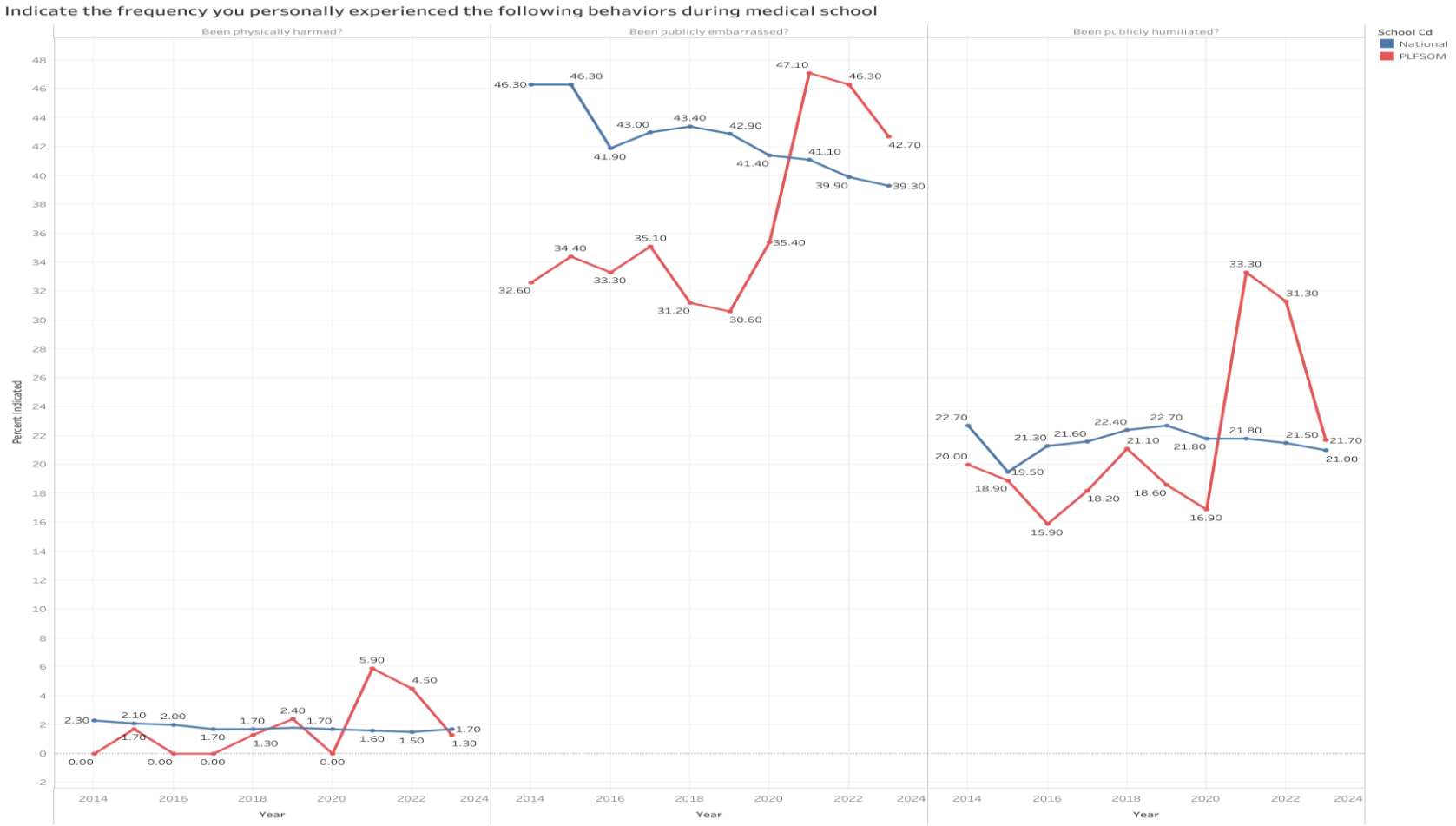
Texas Tech University Health Sciences Center El Paso
FOSTER SCHOOL OF MEDICINE



Graduate Questionnaire: Negative Behaviors Experienced

TTUHSC EL PASO
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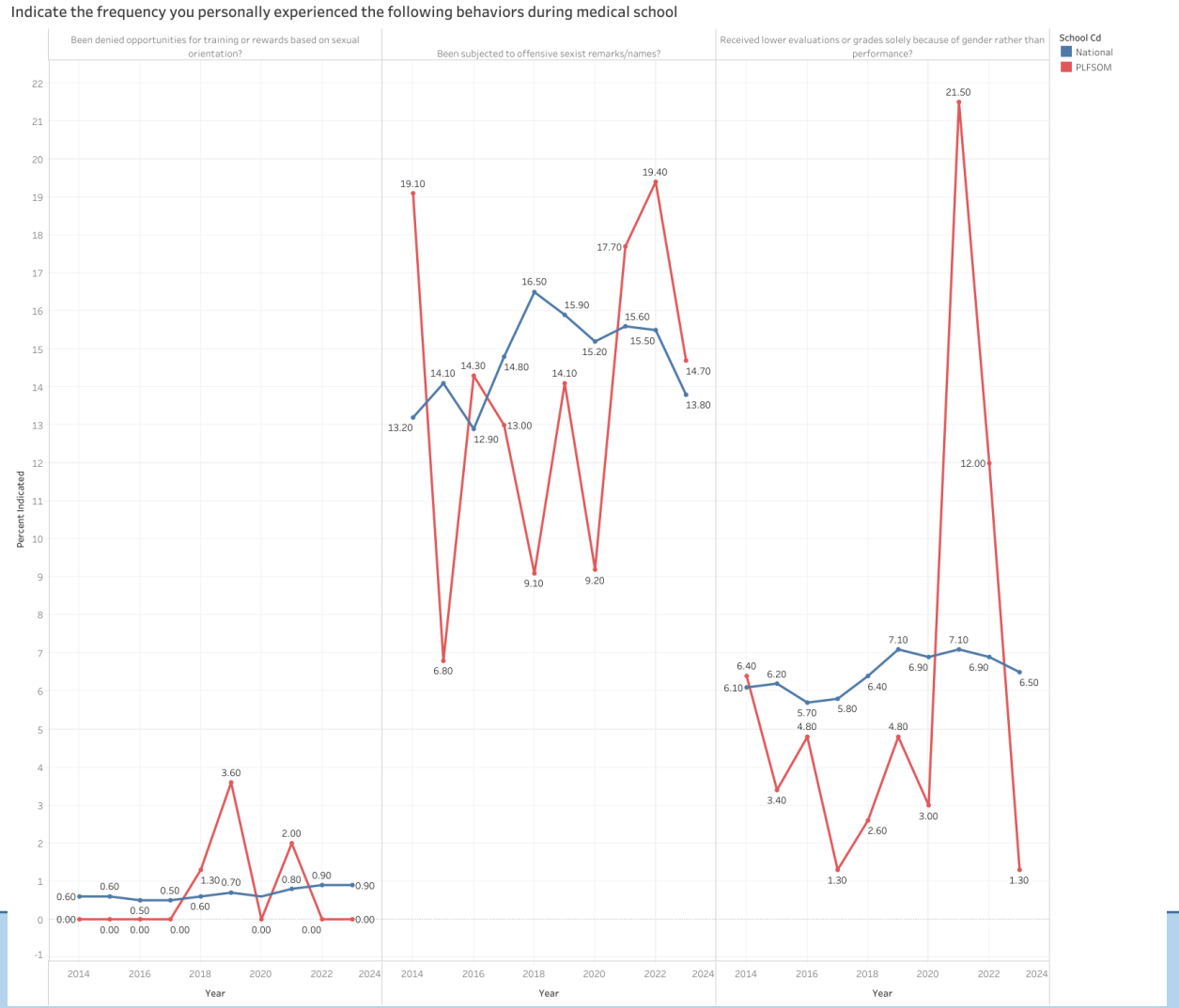
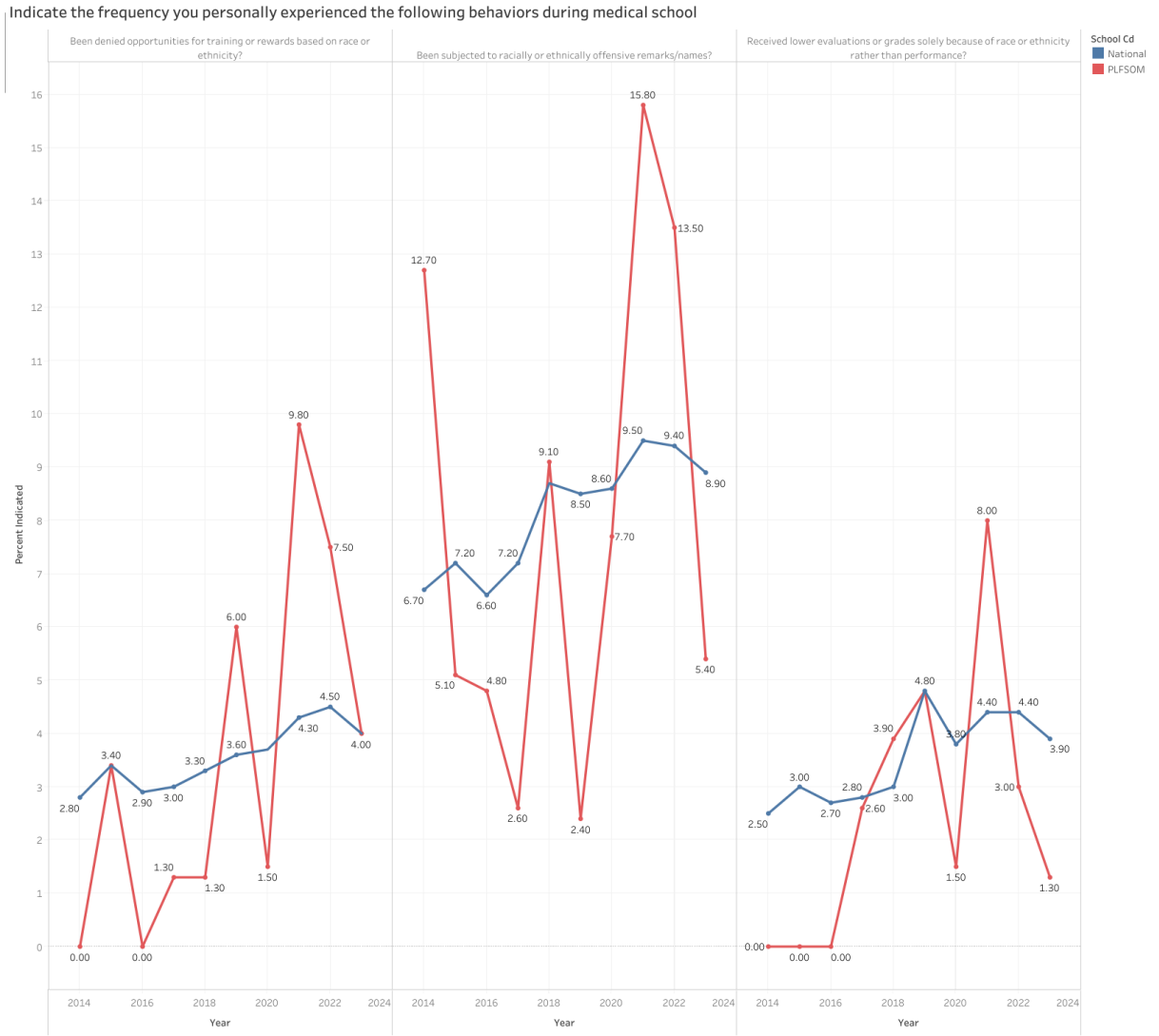


Graduate Questionnaire: Negative Behaviors

TTUHSC EL PASO
Texas Tech University Health Sciences Center El Paso
FOSTER SCHOOL OF MEDICINE



Graduate Questionnaire: Negative Behaviors Experienced

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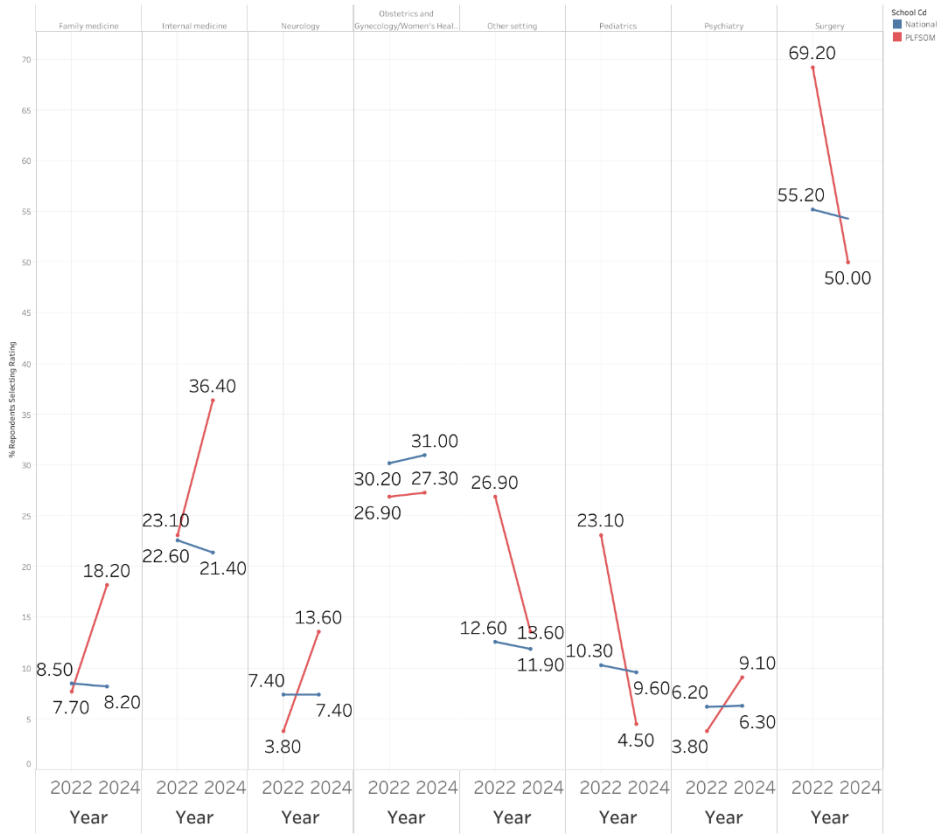
In which clinical clerkship(s) did you experience the behavior(s) you identified above? Note: Only those who responded "Yes" to Q43 could respond to this item. As multiple responses were permitted, totals may exceed 100%.



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
Paul L. Foster School of Medicine

Medical Education Program Policy

Policy Name:	Narrative assessment				
Policy Domain:	Student assessment		**Refers to LCME Element(s):**	9.5	
Approval Authority:	CEPC	**Adopted:**	3/20/2017	**Date Last Reviewed:**	
Responsible Executive:	~~Naomi Lacy, Ph.D.~~	**Date Last Revised:**	10/9/2023		
Responsible Office:	Office of Medical Education	**Contact:**	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu		

1. **Policy Statement**: A narrative description of the student's performance, including their non-cognitive achievement, is to be included as a component of the assessment in each required course/clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.
2. **Reason for Policy**: This policy is intended to provide guidance for course and clerkship directors about expectations for the provision of narrative assessments in courses where student-educator interactions permit such assessment. Specifically, narrative assessments should be provided in all courses of two weeks or longer that include laboratory sessions, small group meetings or clinical interactions where educators interact directly with students.
3. **Who Should Read this Policy**:
    - All PLFSOM faculty who participate in the teaching and assessment of medical students.
    - All course/clerkship coordinators.
4. **Resources**:
    - The PLFSOM Office of Medical Education.
5. **Definitions**:
    - Narrative assessment: This consists of w~~W~~ritten comments from faculty that assess student performance in meeting the objectives of a course or clerkship, such as professionalism or clinical reasoning. ~~(describing learner strengths and areas for improvement).~~ Numerical assessments, including exam scores, do not constitute narrative assessments, according to this policy. Rubrics or checklists used to assess knowledge, attitudes or skills, such as professional behavior of learners may be used as the basis for the creation of narrative assessments if they are linked to, or supplemented by, written comments.

- Formative assessment: See the PLFSOM educational program policy titled Formative Feedback Policy.
- Summative assessment: Summative assessments are used to generate final grades for learners in a course or clerkship.

6. **The Policy**:
    a. Narrative assessments should be provided in any course or clerkship that is two weeks or more in length, and that includes learner-educator interactions permitting direct observation of the learner's behavior, interpersonal skills, professionalism, initiative, dependability, or interactions with patients, peers, members of other professions, and supervisors. This may include longitudinal courses with small group and laboratory sessions in the pre-clerkship curriculum, and all clerkship phase courses/clerkships of two weeks or longer.
    b. The Office of Medical Education (primarily the Associate Director of Evaluation and Assessment in conjunction with Assistant Dean for Basic Science Instruction and the Assistant Dean for Clinical Instruction) will monitor the completion of narrative assessments in all relevant courses/clerkships throughout the curriculum, and present summary data on completion rates to the Year 1-2 committee (for the preclerkship phase) and the Year 3-4 committee (for the clerkship phase) after the completion of each relevant course or clerkship period. The Year 1-2 and Year 3-4 committees are responsible for developing expectation and processes for addressing inconsistencies in the quality and completion of narrative assessments. The Curriculum and Educational Policy Committee (CEPC) shall review summary data on the completion of narrative assessments in the required courses and clerkships at least once a year, and shall oversee and, if necessary, direct processes for addressing deficiencies.
    c. Course/clerkship directors shall ensure all educators with direct interactions with students are aware of this policy and have sufficient training to prepare narrative assessments.
    d. Educators shall participate in development activities as directed by the course/clerkship directors and provide accurate and timely narratives as required. Educators covered by this policy include faculty and residents/fellows.
    e. Medical students are expected to receive narrative assessments graciously as a necessary component of their professional development, consistent with the guidance provided by the PLFSOM Student Handbook (see sections titled "Appropriate Treatment of Medical Students" and "Expectations of Medical Students").

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
Paul L. Foster School of Medicine

Medical Education Program Policy

Policy Name:	**Formative Feedback Policy**				
Policy Domain:	Curriculum management		**Refers to LCME Element(s):**	9.7	
Approval Authority:	CEPC	**Adopted:**	12/5/2016	**Date Last Reviewed:**	
Responsible Executive:	Assoc. Dean for Medical Education	**Date Last Revised:**	10/9/2023 (update as needed)		
Responsible Office:	Office of Medical Education	**Contact:**	Mirjana Babic M.P.A. mbabic@ttuhsc.edu		

1. **Policy Statement**: Medical students shall receive formative feedback by at least the mid-point of required courses and clerkships of four weeks (or longer) duration.
2. **Reason for Policy**: This policy is intended to codify our established practices, consistent with LCME accreditation element 9.7 (March 2023~~16~~ edition), regarding the provision of formative feedback.
3. **Who Should Read this Policy**: All course and clerkship directors in both the pre-clership and clerkship phases of the curriculum.
4. **Resources**: Officers and staff of the Office of Medical Education, course and clerkship coordinators
5. **Definitions**:
   - **Formative Feedback**: Information communicated to a medical student in a timely manner that is intended to modify the student's thinking or behavior in order to improve his or her subsequent learning and performance in the medical curriculum (from "Functions and Structure of a Medical School", LCME March 2023~~16~~).
6. **The Policy**: Medical students shall receive substantive and documented formative feedback by at least the mid-point of required courses and clerkships of four weeks (or longer) duration. For integrated clerkship blocks in which clerkship components may be asymmetrically distributed, clerkship mid-points will be based on the students' individual schedules and their progression through the experiences of the clerkships included in the block. In the pre-clerkhsip phase, appropriate mechanisms (such as quizzes, practice tests, study questions) will be used to provide formative feedback in each course.
~~6.~~7. **Monitoring:** Adherence to the policy, including review of student satisfaction data regarding quality of the feedback received, will be reviewed in the appropriate phase committee at the end of each semester and included in the annual report to the Curriculum and Educational Policy Committee for each phase for further review and action if needed.
~~7.~~8. **Related Policy**: Clerkship Director Position Description (item regarding formative feedback responsibilities).

Commented [FM1]: Definition is unchanged in the current version of the LCME publications

Commented [FM2]: There is a new table in the DCI related to pre-clerkship formative feedback for each course.

Commented [FM3]: There is a narrative response required regarding governance

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

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
Paul L. Foster School of Medicine

Medical Education Program Policy

Policy Name:	**Grade changes and transcript notations (subsidiary to HSCEP OP 59.05)**				
Policy Domain:	Student Records		**Refers to LCME Element(s):**	9.9	
Approval Authority:	Committee on Curriculum and Educational Policy	**Adopted:**	March 2019	**Date Last Reviewed:**	March 2019
Responsible Executive:	Associate Dean for Medical Education	**Date Last Revised:**	Add date		
Responsible Office:	Office of Medical Education	**Contact:**	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu		

1. **Policy Statement**: This policy establishes guidelines for the approval of grade changes and for the use of grade notations, including conversion of a temporary grade (DE, I, PR, or X) to a final grade. This policy also establishes that a final grade of HO cannot be achieved through the successful resolution of a temporary grade of DE (as defined in HSCEP OP 59.05)
2. **Reason for Policy**: This policy is intended to be consistently applied in all situations requiring a grade change and/or the use of transcript notations. Any potential exceptions shall require review by the Committee on Curriculum and Educational Policy (CEPC), and final approval by the Dean or their designated Chief Academic Officer. In addition, this policy is intended to provide guidance that is specific to the PLFSOM educational program and aligned with the AAMC's "Guidelines for Medical Schools Regarding Academic Transcripts" (GSA Steering Committee, May 2016).
3. **Who Should Read this Policy**: Course Directors, members of the Committee on Student Grading and Promotions (also referred to as the "GPC"), Associate and Assistant Deans of Medical Education and of Student Affairs, the Registrar.
4. **Resources**: This policy is administratively supported by the Office of Medical Education
5. **Definitions**:
    a. Grade modes and grades: see HSCEP OP 59.05
    b. Grade notation: an explanatory statement associated with a grade on a student transcript
    c. PLFSOM grade modes: see the PLFSOM Policy on Grading, Promotion and Academic Standing (the pre-clerkship phase uses the PA/FA mode, the clerkship phase uses the HO/PA/FA mode — except for specified courses such as the intersessions, boot camp, emergency medicine in the third year and the family medicine longitudinal experience in third year, which are graded using the PA/FA mode)

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6. **The Policy**:

Grade Changes: Grade changes are to be processed in accordance with HSCEP OP 59.05 and initiated by the instructor of record through the system provided by the Office of the Registrar. Justification for the change must be documented. In addition, all grade changes are to be reviewed and approved by the Associate Dean for Medical Education (or their designee) prior to submission to the Office of the Registrar.

a. **Conversion of temporary grades**:
   i. Conversion of a temporary grade (DE, I, PR, or X) to a final grade:
      - When a temporary grade of I, PR or X is to be converted to a final grade (FA, PA, HO), the temporary grade is converted to the final grade according to the applicable grading mode.
      - A temporary grade of DE can only be converted to a final grade of FA or PA. Conversion of a DE to an HO based on a course/clerkship component remediation is not permitted.

   ii. Conversion of a failing grade (FA) to a passing grade (PA) based on remediation prior to promotion according to the standard degree plan (I.e., without repeat of the year): If a student is permitted and successful in remediating a final course grade of FA in time for on-schedule promotion according to their degree plan, then the grade shall be converted to a grade of FA-PA, indicating initial failure followed by successful remediation and full course credit (note: conversion of an FA to an HO based on remediation is not permitted).

b. **Unsatisfactory academic performance requiring repeat of course(s)/year**:
   i. Refer to the PLFSOM policy on grading, promotion and academic standing for a description of the GPC's related responsibilities and discretion.
   ii. Final course grades of FA resulting in a determination that a student is required to repeat the course(s) and/or year are permanent. In addition, any passing grades in courses that the student is not required to repeat are permanent — though due to the integrated nature of the curriculum, students repeating a year are generally expected, except under special circumstances as may be determined by the GPC, to repeat all of the courses in that year.
   iii. All courses not failed but required for a repeat year (i.e., those in which the student is progressing successfully at time of withdrawal

or discontinuation) shall be associated with a temporary grade of I, or of W if the course was dropped within the drop period as published on the Office of the Registrar's website. Upon completion of the repeat terms, the grades of I will be converted to RP – and a final grade will be recorded for each course in the repeat year according to the applicable grading mode.

- Course credit will be awarded for the repeat semester/year once it is completed successfully. No credit toward the degree plan will be awarded for courses in the original semester/year that were subsequently repeated.
- Grades earned in both the original and repeated semester/year will be displayed on the transcript.
- For the purposes of class ranking, students will be ranked with their original third year cohort using the original grades in the formula outlined in the Common Clerkship Policies.

iv. When a student withdraws from a term and they are in academic difficulty and meet the criteria for dismissal or repeat of the academic year/semester according to the GPAS policy, then temporary grades in courses/clerkships where the progress was unsatisfactory will be converted to a final grade of WF.

2. **Other Notations**: PLFSOM faculty may record academic information only which falls entirely within the purview of the school's faculty and as explicitly approved by the Committee on Curriculum and Educational Policy.
   i. **Transcript Notation Levels**: TTUHSCEP student information system allows for transcription notations associated with each term and each degree earned. Therefore honors that are awarded by the school's faculty, either within a term or at graduation, may be included on the transcript as approved by the CEPC.
   ii. **Diploma Notations**: Distinguished honors noted on a diploma require the advanced approval of the Texas Tech University Board of Regents (current approved notation are limited to Distinction in Research, Distinction in Clinical Genetics, and Scholarship and Distinction in Anatomy).

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