

CEPC MEETING AGENDA
5:00 PM - 6:30 PM
12/11/2023

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 REPRESENTATIVES:

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; Diana Pettit, Ph.D.

REVIEW AND APPROVAL OF MINUTES

Minutes Attached

ANNOUNCEMENTS

Presenter(s): Dr. Francis

ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I Pre-clerkship Summary Report - Year 1 and 2 Committee

ITEM II Clerkship Summary Report – Year 3 and 4 Committee

Presenter(s): Dr. Harindranathan

ITEM III Evaluation Committee – Summary Report

Presenter(s): Dr. Pettit

ITEM IV Policy Updates

Presenter(s): Dr. Francis

ADJOURN

CEPC Monthly Meeting Minutes
5:00 PM - 6:30 PM
12/11/2023

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, Munmun Chattopadhyay

MEMBERS NOT IN ATTENDANCE:

Fatima Gutierrez, Patricia Ortiz, Jose Lopez, Whitney Shaffer, Joshua Salisbury, Rowan Sankar MS3, Nikolas Malize, Whitney Shaffer, Rohan Reredy

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.

CEPC 12/11/2023

Decision:

- Dr. Genrich moves the motion for approval.
- Spencer Lee and Dr. Ortiz seconds the motion.
- No objections: Motion was approved.

ANNOUNCEMENTS

Presenter(s): Dr. Francis

- Nothing to report

ITEMS FROM STUDENT REPRESENTATIVES

MS1/MS2

- No issues to report

MS3

- Nick Malize asked if students could take an extra shelf test early
- Dr. Francis said that she did discuss it with course directors at the Year 3 and 4 committee and course directors agreed to test this practice in spring. She asked members of the CEPC if anyone was opposed to this proposal. She stated that rules that apply to the scheduled test would apply to this extra test. CEPC members were not opposed to this suggestion, and Dr. Francis informed students that an email about the additional test would be sent out, and that she would report back to the CEPC if any issues occur.

MS4

- No issues to report, preparing for the residency match

ITEM I Evaluation Committee – Summary Report

Presenter(s): Dr. Pettit

Presented the summary report from the Evaluation subcommittee

*Please see attached report.

Highlights from the meetings held in 2022 (June and October), and 2023 (January, May, July and October) were presented:

- Outcomes tracked in annual evaluation policy were updated along with the faculty and course evaluations

- Comparison of internal evaluation questions across GQ, Y2Q, and institutional satisfaction survey was done
- Several questions were added to internal satisfaction surveys administrated by the Office of Medical Education (OME). Dr. Pettit shared that a few questions were recommended to be added to internal surveys administered by the Office of Student Affairs (slide 4 and 5).
- New question from the ISA table (2024-25) about satisfaction with the utility of the educational program objectives to support learning is added to the internal annual surveys.
- The existing mapping assessment of all PGOs in Elentra is currently under review by pre-clerkship and clerkship
- A few questions were added to MS3 block two based on 2023 Y2Q (slide 6)

ITEM II Pre-clerkship Summary Report - Year 1 and 2 Committee

Presenter(s): Dr. Hogg

Presented Pre-Clerkship Summary Report – Year 1 and 2 Committee

*Please see attached report.

- Dr. Hogg presented the composition of the Year 1-2 committee (slide 2). He stated that the committee meets approximately twice per month for 2 hours to achieve goals.
- Committee is in charge of implementing and operating the pre-clerkship phase of the curriculum (all its courses and requirements) as designed, approved, and monitored by the CEPC.
- Dr. Hogg pointed out that faculty and staff recruitment is among the current issues/concerns, and he listed positions that are in the final stage of the search process. The goal is to have all the positions filled between March and May of the next year.
- In addition, the department is seeking the dean's approval to open additional searches for the position of senior teacher for medical skills and Spanish teacher or faculty. He pointed out that these two positions were included in the class size expansion notification form that was approved by the LCME.
- He also listed planned positions that would follow the first phase of recruitment (slide 5)

- Dr. Hogg addressed the dip happened in 2021 and 2022 in overall satisfaction that students have with the quality of medical education from the Y2Q. He noted that issues related to feeling of isolation, judgment as a member of groups, and a feeling that learning environment was undermined by strained student-faculty relations. Dr. Hogg commented that inclusion of these questions in the internal survey would help faculty to identify their root and remedy these issues.
- He stated that student performance on external benchmark exams continues to trend positively.
- Dr. Hogg noted that the End of Year 1 CBSE scores are favorable compared to national benchmarks.
- The longitudinal pre-clerkship ILP activity was launched to promote self-directed and life-long learning skills with the aim to comply with the LCME element 6.3. Students will be expected twice per semester to submit their ILPs. This section is incorporated in the portfolio section of Elentra.
- He stated that the SPM summative assessment model has been revised based on student feedback. He explained that a transition was done in AY 23-24 to one exam with two equal parts (in-house and NBME exam). The passing score should be $\geq 65\%$
- SCI launched a team-based learning (TBL) pilot for 'Evidence-based Medicine / Intro to Clinical Research' activities in current MS2 Fall semester.
- For MS1 2024 Spring semester, iRAT/tRAT performance in TBL activities will constitute 20% of grade, replacing the mid-term exam.
- With the aim to address some of the issues that students shared, e.g. isolation, a new pilot program called Tuesday Afternoon Club (TAC) is launched. Faculty offers communal office hours every second Tuesday. TAs are also supporting this effort: they started a discussion board on Elentra, so faculty can know what topics/concerns students would like to address during Tuesday's meetings.
- Dr. Francis inquired about the future plans for improvement of student satisfaction rates within anatomy and pharmacology disciplines. Dr. Hogg explained that hiring another full-time pharmacologist, hopefully in spring, would lead to improvement in this discipline. In addition, Dr. Quest and Dr. Hogg would like to have a debriefing session

with year 3 and 4 student curriculum reps to identify what can be done to prepare them better in both disciplines. He added that scores on Step 1 are at or above the national average in those disciplines, but it seems that there is a need for better preparation still.

ITEM III Clerkship Summary Report – Year 3 and 4 Committee

Presenter(s): Dr. Francis

Presented Clerkship Summary Report – Year 3 and 4 Committee

*Please see attached report.

- Dr. Francis shared the composition of the committee (slide 2), and noted that the Year 3-4 Committee is responsible for implementing and operating the clerkship phase of the curriculum (all of its clerkships, courses, and requirements) as designed, approved, and monitored by the CEPC (slide 3). She stated that all clerkship directors are responsible to report any lapses in plans and expectations outlined by the CEPC.
- Every month there are standing agenda items, e.g. mid-clerkship feedback report, timely submission of grades, students at risk, student feedback review and etc. She pointed out that a CQI initiatives item will be added as a standing agenda item with the goal of tracking of any changes within each clerkship that would lead to improvement.
- In regard to accomplishments, she stated that the full implementation of longitudinal integrated clerkship model is completed. EM and Neurology were moved to the 3rd year starting with the Class of 2024. In addition, all the outcome measures reviewed in the Annual Report were positive, and she added that we should be very proud of these results.
- Current challenges are related to expected class size expansion. 138 students will be entering in 2025 and 150 in 2027. She stated that the new inpatient sites should be secured and this is an ongoing process. Another challenge was high turnover of the clerkship directors (slide 7).
- Clerkship phase review of AY 2021-22 was completed in May 2023 and did not indicate any major problems in the curriculum.
- She addressed the AAMC GQ survey data and reminded the members that there was a severe dip in 2021 and 2022. Dr. Francis used a fishbone diagram (slide 10) to illustrate

some issues that lead to unfavorable outcomes. She provided a brief overview of challenges that the school and students were facing during the pandemic. Dr. Francis pointed to some actions that happened after the fact. For example, frequent class meetings with MS3 students in AY 2021-2022 occurred to identify and address concerns in real time given the new curriculum and lingering effects of pandemic. Wellness initiatives started across the campus. Finally, the GQ results were shared with all stakeholders involved in the program with the goal to address any enduring issues.

- Thanks to all of these efforts, there was a significant increase in students' satisfaction rating across all the clerkships. Ob GYN, for example, had an increase of over 20 percent in 2023 GQ in comparison to 2022 (slide 12 indicated ratings for all the clerkships). Surgery and Neurology had a slower rebound in comparison with other clerkships.
- Dr. Francis addressed themes identified in GQ comment section related to strengths and areas for improvement (slide 13). She highlighted that there were many positive comments about the phase integration of the curriculum and opportunities to participate in care of unique cases here on the borderland. A few comments were made about the overload in assignments and toxic learning environment in some department. She concluded that these are closely observed through the internal surveys as well.
- Dr. Francis stated that some of the ongoing processes include attention to session level feedback provided by students and enhancement of curriculum. As an example, Dr. Sehgal is working on adding high fidelity simulations to provide students with the skills required in urgent/emergent situations. Also, she is working to increase students' exposure to ultrasound. Furthermore, early identification of students who need assistance is an imperative. Educational handoffs along with the tracking of the NBME performance and feedback to faculty are some of the steps to assist students at risk. Qualitative descriptors were added to the clinical assessment forms where applicable (slide 15).
- Dr. Francis concluded the presentation with a note that clerkship will continue with regular meetings with students to hear their concerns in real time and respond accordingly. Furthermore, she noted that in house evaluations will focus on tracking



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progress for improvement. Continued quality improvement efforts will continue in the areas of faculty development, learning environment and wellness.

- Dr. Martin added that she met with the chairs and Dr. Lange reiterated that our school has zero tolerance for mistreatment and retaliations. She stated that the process on how mistreatment will be reported to chairs is in the development phase.
- Dr. Khanjani moves the motion for approval.
- Spencer Lee seconds the motion.
- No objections: Motion was approved.

ITEM IV Policy Updates

Presenter(s): Dr. Francis

- *Timely Course, Clerkship, and Curriculum Requirement Grade Release Policy*
**Policy is attached*
- Dr. Francis explained that there were no major changes regarding the content of the policy and asked members to reaffirm the policy.
- Dr. Martin asked about the in-progress grades
- Dr. Francis said that if a student still owes a component of the clerkship for instance they were ill or they need to go to a conference to present and they missed clinical time then they get in-progress grade, and this grade is considered compliant and it is entered within four weeks. Once students complete that time their temporary grade is changed to final grade, and that also applies to the situation if a student did not pass the NBME for the first time
- Dr. Khanjani moves the motion for approval.
- Dr. Chattopadhyay seconds the motion.
- No objections: Motion was approved.
- *Off-Cycle Students and Changes to Course Policies Related to Assessment and Grading Policy*
**Policy is attached.*



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- Dr. Francis explained that the main intent of this policy is that that all students including those who are repeating or off-cycle, shall be subject to the same grading policies and standards of the same academic year.
- Dr. Ortiz asked if this policy statement applies also to the assignment requirements. Dr. Francis stated that students should be doing assignments from the current course. Updates to courses and requirements may be updated each year and students should be held to the same standards as their peers in the course/clerkship.
- Dr. Francis asked the members to reaffirm the policy.

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

- *Curriculum review cycle (and triggers for off-cycle reviews) Policy*
*Policy is attached

- Dr. Francis noted that the content of the policy mainly did not change. She addressed the section about quality improvement that was added.

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

Adjourned

Meeting adjourned at 6:39pm

CEPC 12/11/2023



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Evaluation Subcommittee Update

June, Oct '22 and Jan '23

- Annual evaluation reporting, course evaluation reporting and faculty evaluation reporting had revisions
- Outcomes tracked in annual evaluation policy was updated (outdated measures were removed, new measures related to residency match were added)
- Faculty evals: for preclerkhsip and clerkship changes in faculty evaluation number (students need to evaluate 4 faculty in preclerkhsip; previously five; new rules identified for faculty evaluation in clerkship phase LIC model)
- Course evals: event cards are issued once for all active evaluations during a period now; earlier used to be one event card per missed evaluation
- SCEC: discussion on meeting minutes to be shared with office of medical education
- The policy changes were approved by CEPC

May '23: comparison of internal evaluation questions across GQ, Y2Q, and institutional satisfaction survey. Missing questions were requested to be added in internal satisfaction survey and recommendations were sent to Office of student affairs. Office of Medical Education (OME) added question in internal surveys whenever possible.

OME added the following:

1. Pre-Clerkship

- Satisfied with the Integration of content in the pre-clerkship phase
- LE block added back to preclerkship once for end of semester

2. Clerkship

- Adequacy of safety and security at clinical sites
- Recommendations to include the following qns in Internal Satisfaction survey
- Accessibility (Office of the Dean for Students)
- Awareness of Students concerns

- Responsiveness to student problems
- Accessibility (Office of Dean for Educational programs)
- Awareness of students concerns
- Responsiveness to student problems
- Adequacy of safety and security at medical school campus
- Ease of access to technology support (Ad Hoc)

Recommendations to Student Affairs

- Satisfaction with medical school activities to prevent student mistreatment
- Adequacy of medical school actions on reports of student mistreatment
- Adequacy of education to prevent exposure to infections and environmental hazards
- Adequacy of education about procedures to follow after a potential exposure to infectious and environmental hazards

July '23

- New qn added to internal surveys based on LCME element 6.1: recommendation: School should consider incorporating “satisfaction with the utility of the educational program objectives to support learning” questions into internal, annual surveys. This was added to both clerkship and preclerkhsip evaluation once at the end of semester
- Existing assessment mappings on Elentra were created for all PGOs. Recommendations for preclerkhsip phase and clerkship to review and update the mappings

Oct '23: continued review of assessment mapping for PGOs.

Based on 2023 Y2Q review (low ratings on 2023 Y2Q), the following questions were incorporated into evaluations for MS3 block two in October 2023.

- I often feel isolated at school.
- I often feel as if my performance is being judged as a member of the identity group that I belong to than as an individual.
- If yes to the above an open text box comment

Pre-Clerkship Summary Report – Year 1 and 2 Committee

CEPC Meeting – 12/11/2023

Dr. Tanis Hogg

Year 1-2 Committee Composition

- Leadership:
 - Chaired by the Assistant Dean for Medical Education (Basic Science Instruction)
- Membership:
 - Pre-clerkship course directors (and directors of associated programs or components, e.g., service learning, CEYE)
 - College mentors
 - SPM unit co-directors
- Associated Medical Education Program Policy:

<https://elpaso.ttuhschool.edu/som/ome/CEPC/ documents/course-review-2023/Year1 2 Year 3 4 CommPolicy finaloctober2023.pdf>

Year 1-2 Committee Charge

- Implementing and operating the pre-clerkship phase of the curriculum (all its courses and requirements), as designed, approved, and monitored by the CEPC
 - Review and revise specific session-level content and associated session-level learning objectives (but not course-level goals or objectives)
 - Review and revise sequence of sessions within an instructional week or course unit (but not major content blocks or the instructional week template)
 - Review and revise session-level instructional methods (but not overall mix or distribution of instructional methods as specified in CEPC-approved syllabi (e.g., discussion-based method of College Colloquium)
 - Deliver all pre-clerkship courses according to their CEPC-approved syllabi
 - Report any lapses in compliance with these expectations
 - Report any developments that may interfere with any pre-clerkship course or requirement

Current Issues/Concerns

- Recruitment efforts underway to address current and forecasted instructional faculty/staff needs
- Current medical educator searches nearing completion:
 - 2 anatomists
 - 3 clinicians / college mentors
 - 1 pharmacologist
 - 1 immunologist / microbiologist
- Seeking dean's approval to open additional searches immediately:
 - Senior teacher – medical skills (Physician Assistant)
 - Senior teacher or faculty - Spanish

Current Issues/Concerns

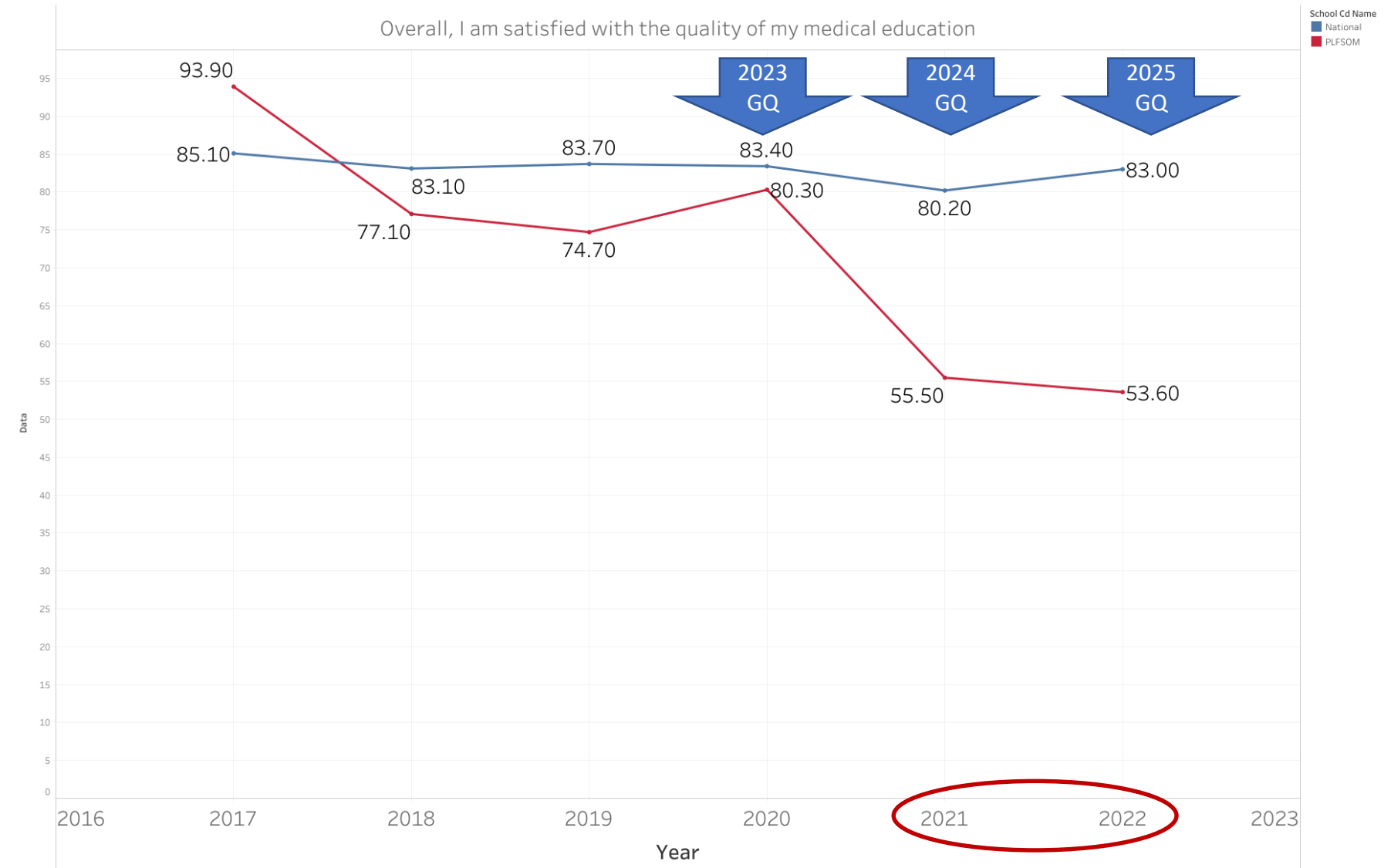
- Planned searches to accommodate class-size expansion through 2027
 - 3 additional clinician medical educators
 - 4 basic science medical educators
 - Anatomy
 - Physiology
 - Biochemistry
 - Pathology

Current
Issues/
Concerns

Y2Q Trends

Overall
Satisfaction

Q6. Please indicate the extent to which you agree with the following statement:



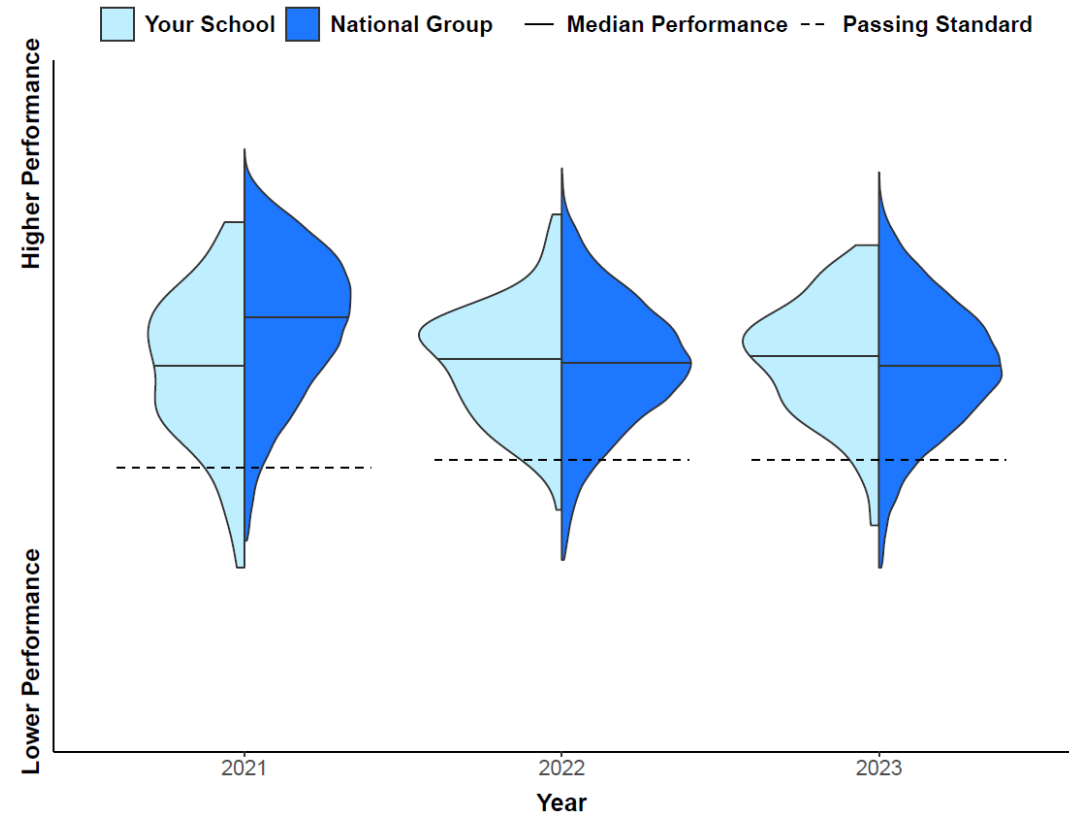
2023 Highlights and Updates

- Student performance on external benchmark exams continues to trend positively

USMLE Step 1 results (taken after pre-clerkship)

First-Time Examinees

Year	Minimum Passing Score*	Examinees Tested	School Pass Rate	National Pass Rate
2023	No Change	107	95%	92%
2022**	Increased	112	96%	93%
2021	No Change	123	91%	96%



End of Year 1 CBSE
scores are favorable
compared to national
benchmarks

SUBJECT EXAMINATION PROGRAM

COMPREHENSIVE BASIC SCIENCE EXAMINATION (CBSE)

ROSTER REPORT



044200 - Paul L. Foster School of Medicine
Reporting Group: Medical Students
Test Purpose: Other
N Scored Items: 195

Test Date(s): 08/07/2023
Order ID: D76085
N Examinees: 118

Equated Percent Correct Score Descriptive Statistics

Descriptive statistics (mean, standard deviation, lowest score, and highest score) for your scores on the examination administered on the specified test date(s) are listed below. Please refer to the Score Interpretation Guide for information about how to interpret the scores.

Score Category	Description	Mean Score	Standard Deviation	Low Score	High Score
Total	Total Test	48.9	8.9	29	77

SUBJECT EXAMINATION PROGRAM

COMPREHENSIVE BASIC SCIENCE EXAMINATION (CBSE)

2020-2021 ACADEMIC YEAR NORMS – YEAR 1 EXAMINEES



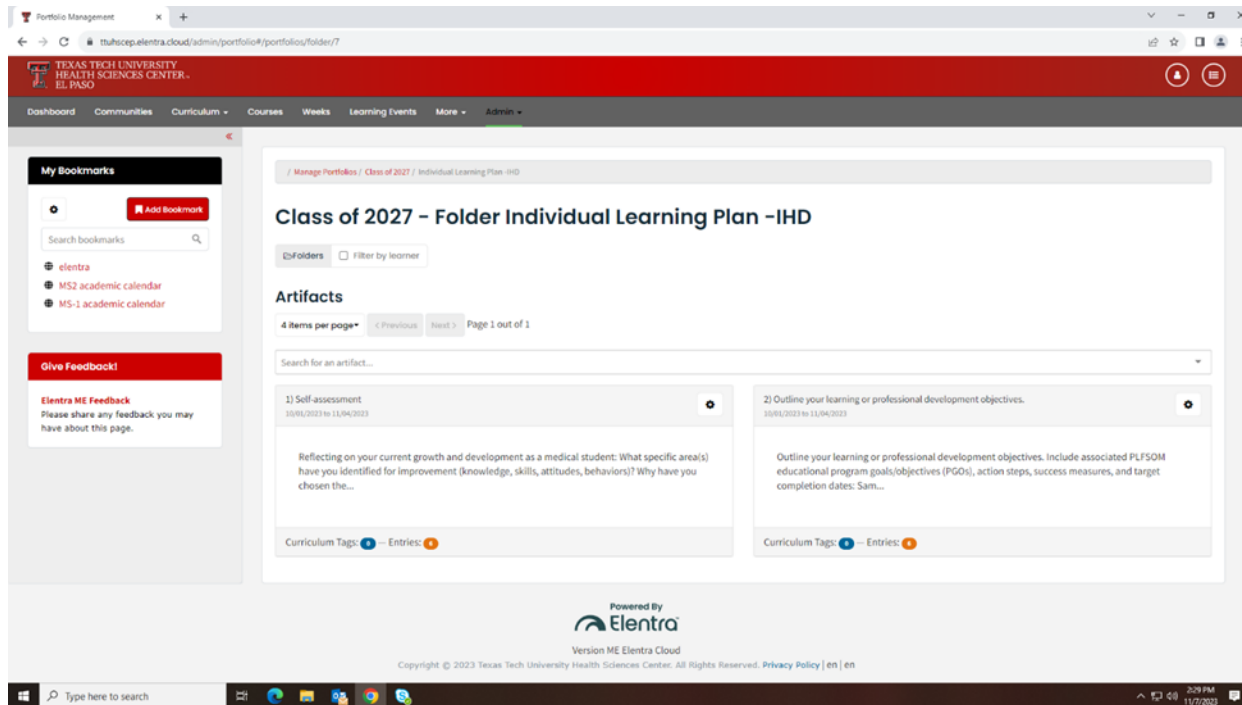
Interpreting Academic Norms

- Norms are provided to aid in the interpretation of examinee performance.
- They make it possible to compare examinees' scores with the performance of a norm group.
- Norm group characteristics:
 - Examinees from LCME-accredited medical schools with a graduation year of 2024 who took a form of this examination during the academic year from 7/1/2020 through 6/30/2021. If an examinee took CBSE multiple times for progress testing or other purposes during the first year of medical school, only the final attempt in the current academic year is included.

Equated		Equated	
Percent Correct	Percentile	Percent Correct	Percentile
Score	Ranks	Score	Ranks
100	100	50	81
99	100	49	77
98	100	48	74
97	100	47	70
96	100	46	67
95	100	45	61
94	100	44	56
93	100	43	52
92	100	42	48
91	100	41	43
90	100	40	38
89	100	39	34
88	100	38	31

2023 Highlights and Updates

- Launched longitudinal pre-clerkship ILP activity to promote self-directed and life-long learning skills (LCME element 6.3)



ELENTRA ILP STUDENT REFERENCE GUIDE

Summary: The following is a quick guide that steps through the process within Elentra for student's individual learning plan.

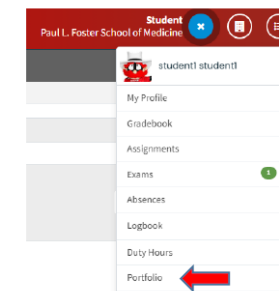
Individual Learning Plan: Student reflection on their current growth and development as a medical student.

How do I enter my reflection in Portfolio?

ILP Artifacts

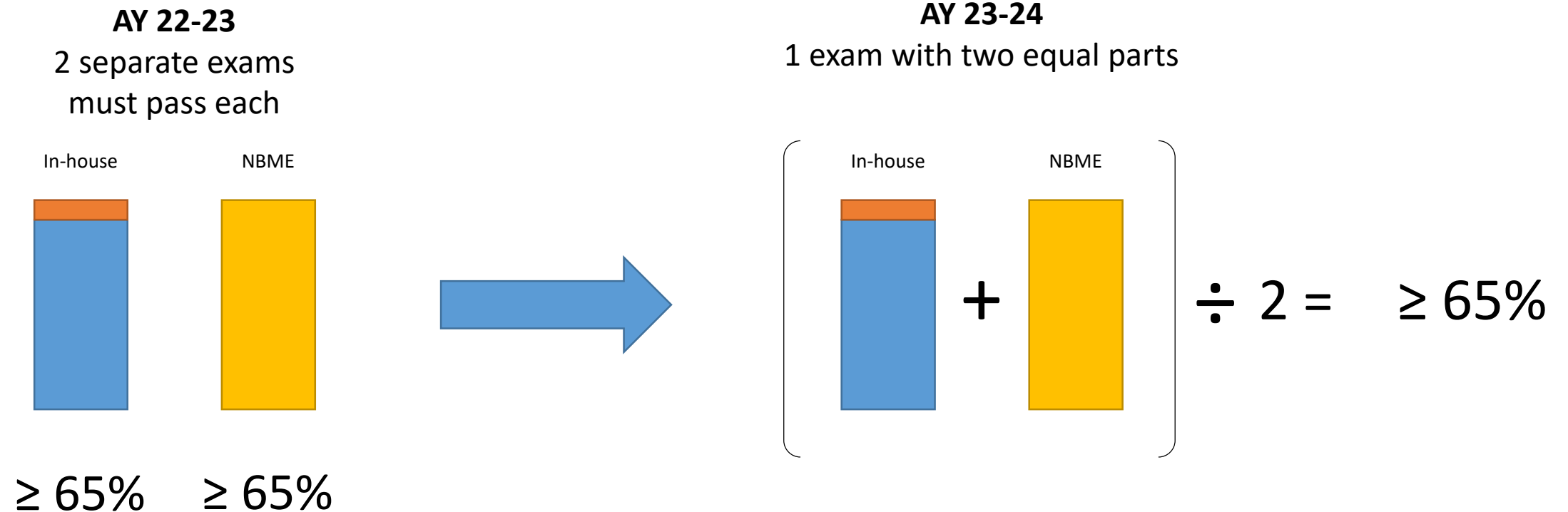
The student's self-assessment is located in the Individual Learning Plan folder(s) in the portfolio section of Elentra: <https://ttuhsc.elentra.cloud/profile/portfolio>

1. Select the "Portfolio" option from the "Profile" drop-down menu.



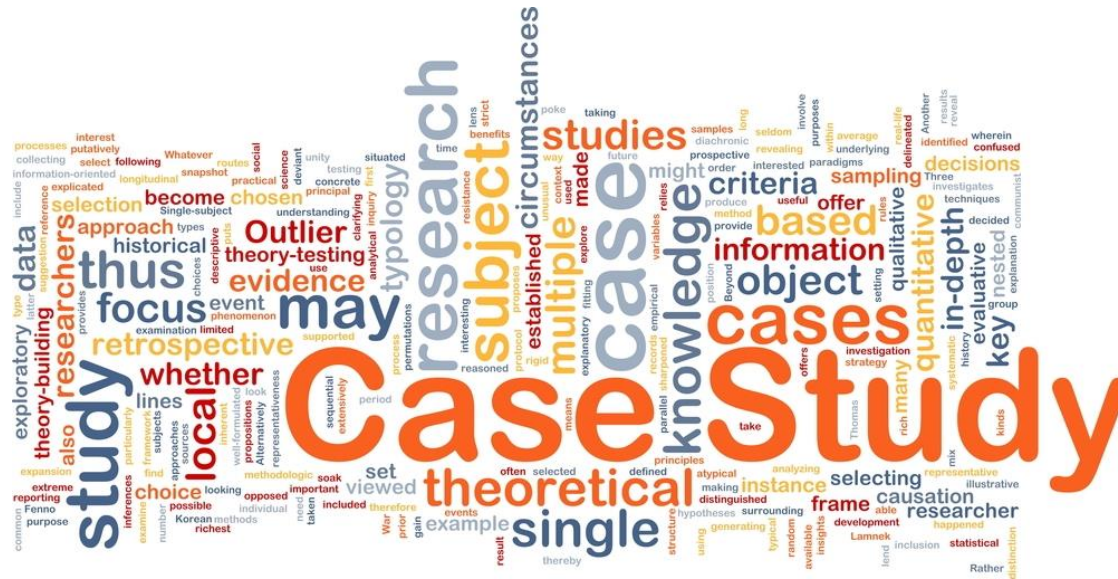
2023 Highlights and Updates

- Revised SPM summative assessment model



2023 Highlights and Updates

- SCI launched a team-based learning (TBL) pilot for 'Evidence-based Medicine / Intro to Clinical Research' activities in current MS2 Fall semester
- For MS1 2024 Spring semester, iRAT/tRAT performance in TBL activities will constitute 20% of grade, replacing mid-term exam



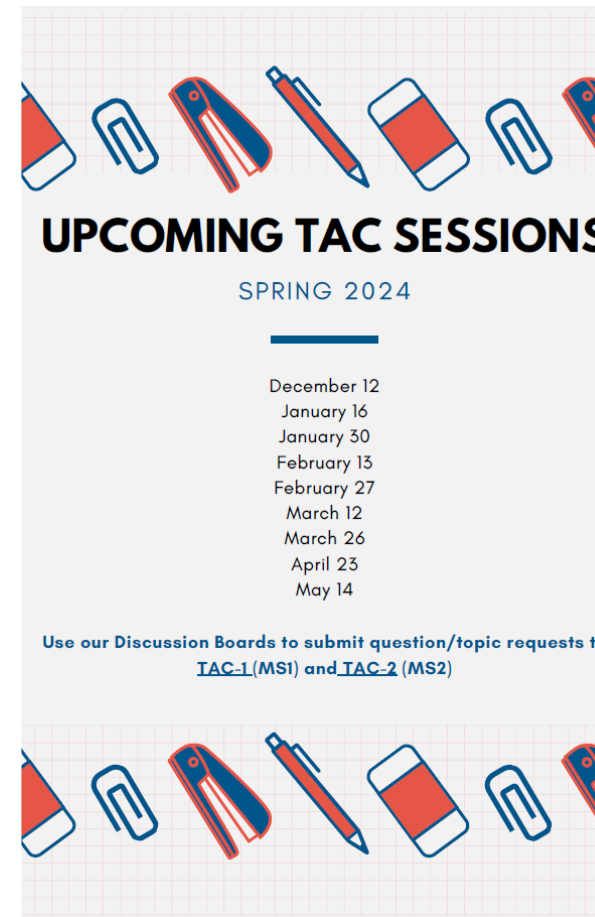
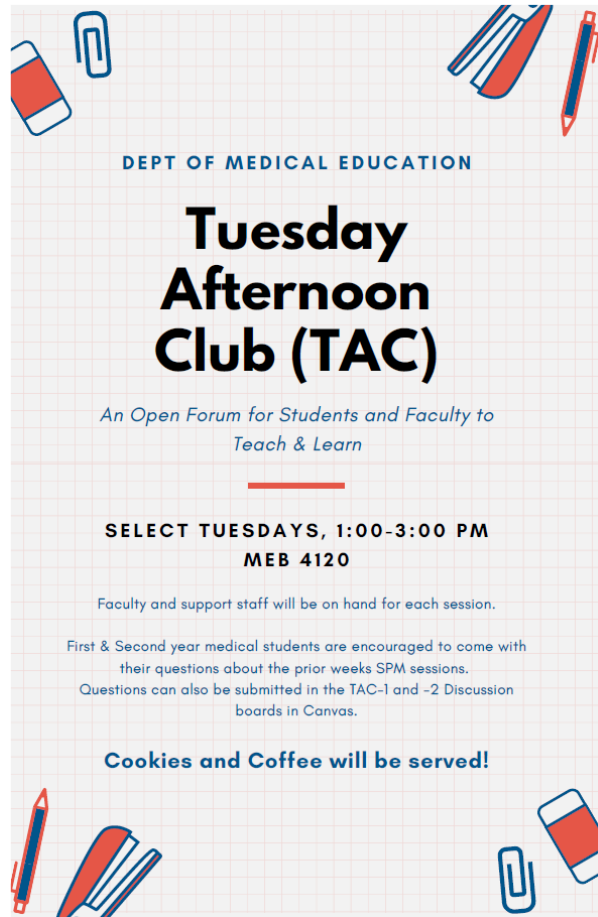
2023 Highlights and Updates

- New PhD-level SARP program director position approved and funded
- Additional funding approved to support SARP mini-grants and student conference travel



2023 Highlights and Updates

- Promoting student success through faculty communal office hours





TTUHSC EL PASO

Texas Tech University Health Sciences Center El Paso

FOSTER SCHOOL OF MEDICINE

Year 3 & 4 Committee

Report to the CEPC

PRESENTED BY: MAUREEN FRANCIS, MD, MS-HPED, MACP

DATE: DECEMBER 11, 2023

Committee Composition

Chair: Assistant Dean for Medical Education

Committee:

- Associate Dean for Medical Education
- All Clerkship Directors and Assistant Directors for clerkship phase of the curriculum
- All clerkship coordinators
- Office of Student Affairs

Meets 4th Monday monthly from 4 to 5:30

Committee Charge

The Year 3-4 Committee is responsible for implementing and operating the clerkship phase of the curriculum (all of its clerkships, courses, and requirements) as designed, approved, and monitored by the CEPC. Specifically, the Year 3-4 Committee is responsible for delivering all required clerkship phase components according to their CEPC-approved syllabi or specifications. The committee as a whole, as well as its individual members, are responsible for promptly reporting any lapses in compliance with these expectations to the Year 3-4 Committee chair and/or the associate dean for medical education. The committee and its members, are also responsible for promptly reporting any developments affecting the educational program that may prevent or interfere with the delivery of any required clerkship phase component as outlined in the CEPC-approved syllabus or specifications. The scope of this expectation is broad because the potential triggers are numerous and varied.

Standing agenda items

Mid-clerkship feedback report – monthly

- Excellent compliance
- Occasional lapses in completing the electronic form even though verbal/face to face feedback occurred as scheduled
 - Mainly in 4th year rotations

Timely submission of grades

- All 3rd year required clerkship grades in compliance
- Occasional lapse in 4th year selectives
 - 2 grades (1 SICU, 1 FM Sub I) beyond limit over last 18 months

Common Clerkship Policy and Syllabus review – each spring

Comparability report – fall and spring

At risk students – data reviewed after each semester

Student feedback reviewed – fall and spring

ADDING – monthly CQI check-in

Accomplishments

Full implementation of Longitudinal Integrated Clerkship complete

- Class of 2023 – completed phase 1 of implementation
- Class of 2024 – complete phase 2 of implementation (primary change –EM & Neuro now in Year 3)

Outcome measures reviewed in Annual Report – all positive!

Step 2 CK

Step 3

Program Director Survey

ACGME Milestone report

Current Challenges

Planning for Class Size expansion

- 138 entering in 2025 and 150 entering in 2027
- Exploring new inpatient sites
 - Internal Medicine
 - Surgery
 - OB/GYN L&D
 - Psychiatry
- Continuing outreach for outpatient sites/faculty
 - Psych, Peds, FM

Clerkship Director changes

Clerkship Director Changes

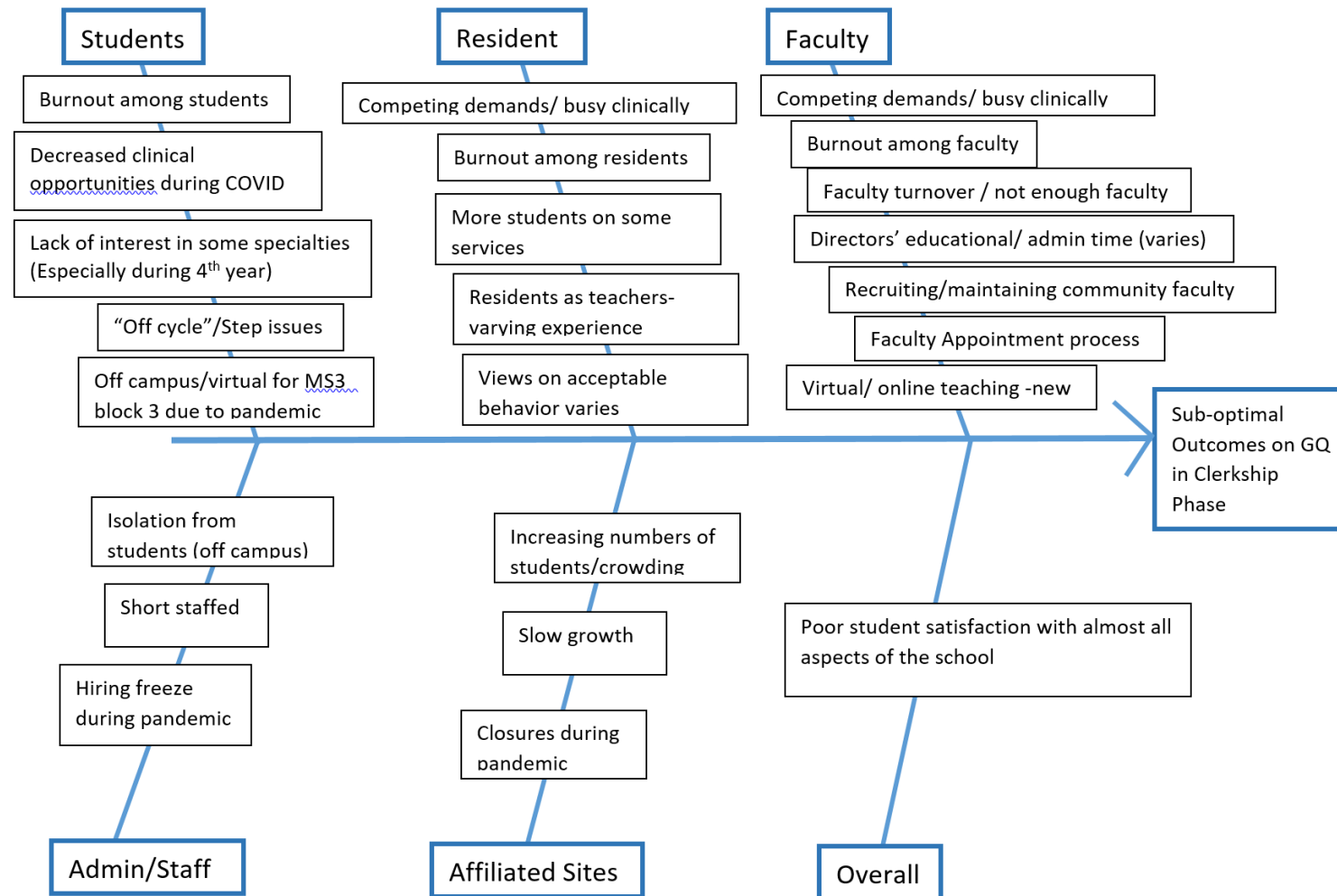
- Surgery Sub I – Dr Ng changed to Dr Nemir and now Dr Chiba
 - FM Sub I – Dr Vasquez changed to Dr Hartl
 - IM Sub I – Dr Dihowm changed to Dr Saeed and now Dr Valisha
 - Pediatric Sub I – Dr Moreno changed to Dr Rytting and now Dr Natalia Sidhu
-
- Surgery – Dr Lawrence changed to Dr Misra & Dr Nemir and now Dr Tyroch and Dr Chiba
 - Pediatrics – Dr Hernan changed to Dr Singh and Dr W and now Dr Kato & Dr Kokhanov
 - OB/GYN – Dr Rojas Mendez changed to Dr Reddy and now Dr Welshans and Dr Steffen Gutierrez
 - IM – Dr Guvvala and Dr Acharya changed to Dr Saeed and Dr Acharya
 - Neurology – Dr Sheriff added as Assistant Director
 - EM – Dr Parsa and Dr Stanko changed to Dr Parsa and Dr Popieluszko
 - FM – Dr Genrich and Dr Netley changed to Dr Genrich, Dr Netley not replaced
 - Psychiatry – Dr Ortiz and Dr Castaneda changed to Dr Ortiz and Dr Michael
-
- NICU changed from Dr Singh to Dr Kato and Dr Kokhanov
 - NSICU – Dr Vellipuram changed to Dr Cruz-Flores
 - Bootcamp – Dr Sehgal and Dr Boppana changed to Dr Sehgal and Dr Saeed

AY 2022-2023 to present - Highlights

Clerkship Directors participated in CEPC Clerkship Phase Review of AY 2021/2022 – completed in May 2023

- No major problems in the curriculum identified in the review
- Themes for improvement
 - Reduced assignments where feasible
 - Tracking ambulatory shifts in 3rd year to ensure adequate numbers and uniformity
 - Manage number of students on rotations to avoid crowding in certain areas
 - Learning environment warrants close monitoring (especially in Ob and Surgery)
 - Enhance mechanisms for early reporting to deal with issues in real time
 - Training for faculty regarding the learning environment

AAMC GQ Survey Satisfaction



What was done?

Clinical environment and patient experiences improved as pandemic came under control

- Vaccines available in February 2021 /affiliates reopened
- PPE available and clinical experiences gradually returned to baseline in 2021-2022

Frequent class meetings with MS3 students in AY 2021-2022 to identify and address concerns in real time given the new curriculum and lingering effects of pandemic

Wellness initiatives across campus

Discussions about the GQ results

- Year 3 & 4 Committee - August and September meetings 2022
 - Spent time discussing the student view of faculty which had significantly dropped
- Learning environment – reviewed and decision to address with each department
 - Clerkship directors
 - Assistant Dean also presented at Department meetings (Peds, OB/GYN and IM) and to Department Chairs
 - Dr Lange reviewed and addressed educational mission with each department during department review meetings
- Mini retreat PLFSOM – September 2023

2023 GQ Clerkship Satisfaction Ratings

Rate the quality of your educational experiences in the following clerkships:

	FSOM (% Good or Excellent)	National (% Good or Excellent)	Comments
OB GYN	78.9	79.5	Up from 55 in 2022
Pediatrics	92.3	88.4	Up from 52.1 in 2022
Surgery	55.1	83.1	Up from 40.6 in 2022
Family Medicine	79.5	85.7	Up from 30.4 in 2022
Internal Medicine	89.7	92.4	Up from 69.6 in 2022
Psychiatry	83.3	88.4	Up from 68.4 in 2021
EM (4 th year)	94.1	87.4	Up from 85.1 in 2022
Neuro (4 th year)	60.6	82.1	Up from 50.7 in 2022

- Nadir in satisfaction for the majority of clerkships was CO 2022 – students completed core clerkships in AY 2020-2021 at the height of the pandemic
- Slower recovery noted in Surgery and Neurology

Themes in GQ Comments -Clerkships

- Clinical education strengths
 - Integration of the rotations/longitudinal curriculum is a benefit (11+ comments)
 - More time to immerse and prepare for shelves/ties things together/shows how specialties are integrated/helps to develop resilience/helps to prepare for Step 2
 - Loved the continuity patient in OB
 - Clerkship Directors and Coordinators care about students
 - Patient population is diverse/unique cases/wide variety of cases/plenty of opportunities to participate in care
- Clinical education areas for improvement
 - Too many assignments
 - Want more continuity in outpatient setting/want whole day in one setting
 - Did not like taking 3 shelf exams at the end of the semester
 - Longitudinal curriculum is terrible (2 comments)
 - Decrease integration to 2 specialties (2 comments)
 - ***Learning environment in some departments toxic***

“Overall I am satisfied with this clerkship”

	Class of 2024 GQ		Class of 2023 GQ		Class of 2022 GQ		Class of 2021 GQ		
% Positive ratings	AY 22-23 (Phase 2 LIC)		AY 21-22 (Phase 1 LIC)		AY 20-21*		AY 19-20		
	Block 2	Block 1	Block 2	Block 1	Block 3	Block 2	Block 3	Block 2	Block 1
Surgery	98.0%	100%	90.5%	81%	79%	81%	91%**	93%**	99%**
OB/GYN	96%	98.3%	100%	90.9%	93%**	100%**	100%**	93%**	93%**
Pediatrics	94.3%	98.2%	100%	90.5%	79%	79%	100%**	97%**	97%**
IM	100%	96%	95.7%	97.6%	90%	90%	97%**	100%**	100%**
FM	98.2%	100%	97.8%	90.7%	81%	89%	99%**	85%**	96%**
Psychiatry	96.2%	98.0%	95.6%	100%	94%	89%	93%**	96%**	96%**
Neurology	83.0%	89.6%	NA	NA	NA	NA	NA	NA	NA
EM	88.2%	95.2%	NA	NA	NA	NA	NA	NA	NA

*AY 20-21 Block 1 was virtual due to the COVID 19 pandemic

**Question revised in 20/21 (all but OB)— Prior questions was “Overall, I learned useful knowledge and/or skills”

Ongoing

Concerns about NBME testing

- Early testing (1 exam) has been a success (implemented in Spring 2022); plan to pilot option of 2 early tests at student request (Spring 2024)
-

Address session level feedback & enhance curriculum

- Intersession
 - Three sessions with low feedback – SCI session, updates in basic science, and library session
 - add high fidelity sim to give experience in dealing with urgent/emergent situation (similar to bootcamp)
- Palliative care
 - Dr Jeanne Lee more involved with additional sessions
- Increase exposure to Ultrasound in curriculum

Early identification of students and assistance

- Educational handoff
- Track NBME performance and refer to Mr Yri for assistance
- Enhance feedback to faculty about their grading

Grading

- Discuss ways to reduce bias
- Add qualitative descriptors to clinical assessment forms where appropriate

Sub I meeting held

- Work to add more responsibility for MS4
- Ensure trainings in transitions and call coverage for patient/teams and exposure to urgent/emergent situations
- Revisit ability to write orders in EHR

Critical care meeting (Sept 2022)

- Felt that SCCM modules were good alternative to in-house lectures overall
- Agreeable to testing short competency form for recognition of urgent and emergent situations

Moving forward...

Continue regular meetings with students

- Respond if possible to concerns in real time

Analyze data and track progress for improvement on In House Evaluations

- Monitor Surgery & Neurology
- Monitor and take actions to improve student confidence in their ability to begin residency

Continuous quality improvement in scheduling/continuity

Faculty and resident development

- collaborate with Departments and Faculty Development
- Retreat planned for Spring

Work closely with everyone on campus to improve the learning environment and wellness!

- Promote the joy in work
- Address mistreatment
- Collaborate with OSA on reporting and addressing issues as soon as possible

Q&A



Medical Education Program Policy

Policy Name:	Timely Course, Clerkship, and Curriculum Requirement Grade Release				
Policy Domain:	Assessment	Refers to LCME Element(s):	9.8		
Approval Authority:	Curriculum and Educational Policy Committee	Adopted:	7/11/2016	Date Last Reviewed:	7/11/2016
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:			
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu		

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

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Medical Education Program Policy

Policy Name:	Off-Cycle Students and Changes to Course Policies Related to Assessment and Grading				
Policy Domain:	Student Assessment		Refers to LCME Element(s):	9.4, 9.8, 9.9	
Approval Authority:	Curriculum and Educational Policy Committee (CEPC)	Adopted:	10/09/2017	Date Last Reviewed:	10/9/2017
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:	10/9/2017		
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu		

- 1. Policy Statement:** The CEPC seeks to ensure that all students participating in the same course/clerkship/curricular activity in the same academic year are subject to the same grading policies and standards. However, occasional adjustments to grading policies and standards are inevitable. In these instances, year-to-year policy adjustments will apply to all students in the required course/clerkship/curricular activity, including those who are repeating or participating off-cycle.
- 2. Reason for Policy:** To clarify the status of off-cycle and repeating students in relation to changes in course/clerkship policies and standards that may occur from year to year.
- 3. Who Should Read this Policy:**
 - Course and clerkship directors and coordinators
 - Members of the Committee on Student Grading and Promotion
- 4. Resources:** This policy is administratively supported and disseminated by the Office of Medical Education.
- 5. Definitions:**
 - Off-cycle: A student who is taking a required course or clerkship at a time other than as intended by the standard degree plan.
- 6. The Policy:** All students participating in the same course/clerkship/curricular activity in the same academic year, including those who are repeating or off-cycle, shall be subject to the same grading policies and standards.

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Medical Education Program Policy

Policy Name:	Curriculum review cycle (and triggers for off-cycle reviews) <ul style="list-style-type: none">- Pre-clerkship phase (Years 1 and 2) and components- Clerkship phase (Years 3 and 4) and components- Curriculum as a whole			
Policy Domain:	Curriculum management	Refers to LCME Element(s):	8.1, 8.2, 8.3	
Approval Authority:	Curriculum and Educational Policy Committee	Adopted:	9/19/2016	Date Last Reviewed:
Responsible Executive:	Associate Dean for Medical Education	Date Last Revised:	7/10/2017	
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic, M.P.A. mbabic@ttuhsc.edu	

1. **Policy Statement:** The Curriculum and Educational Policy Committee (CEPC) shall systematically review the curriculum in a continuous 3-year cycle in the following order:
 - Year 1 – curriculum as a whole (including the fulfillment and adequacy of the medical education program goals and objectives)
 - Year 2 – pre-clerkship phase and components (courses and other requirements)
 - Year 3 – clerkship phase and components (clerkships and other requirements)

Additionally, the CEPC will review any curriculum component, either phase, or the curriculum as a whole, on an 'off-cycle' basis as necessary due to any of the circumstances listed below.

2. **Reason for Policy:**
 - To describe a systematic approach to curricular revision and program evaluation activities to ensure that program quality is maintained and enhanced
 - To monitor the overall quality and outcomes of individual curriculum components (courses and clerkships) and other requirements
 - To monitor the outcomes of the curriculum as a whole, and its fulfillment of the medical education program goals and objectives
 - To ensure that medical students achieve all medical education program objectives and participate in all required clinical experiences and settings

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- To review and ensure the adequacy of the medical education program goals and objectives
3. **Who Should Read this Policy:**
- All course, SPM unit, and clerkship directors
 - All members of the Curriculum and Educational Policy Committee
 - All educational program administrators
4. **Resources:** The Office of Medical Education, the Curriculum and Educational Policy Committee, and the Year 1-2 and Year 3-4 Committees.
5. **Definitions:**
- **Pre-clerkship phase:** Years 1 and 2 of the PLFSOM medical education program
 - **Clerkship phase:** Years 3 and 4 of the PLFSOM medical education program
 - **Courses:** the required pre-clerkship phase courses
 - **SPM unit:** a physiological system-based unit of the Scientific Principles of Medicine Course
 - **Clerkships:** For the purposes of this policy, all references to the clerkships refer to the required Year 3 clerkships, the required Year 4 clinical rotations, and the required Year 4 selectives (critical care and sub-internship). It also refers collectively to the Year 4 electives as a curricular component.
 - **Annual Educational Program Evaluation Report:** This is an annual report of educational program evaluation and outcomes data prepared by the Office of Medical Education. The specification for this report are outlined in a separate educational program policy.
 - **Systematic review:**
 - For the purposes of this policy, 'systematic review' refers to a deliberate and documented process of combining and reviewing all available institutional data (including academic outcomes and program evaluations), as well as relevant and representative national benchmark data, to assess the quality and resilience of the medical education program as a whole, or of any of its phases or individual components.
 - In addition, for the purposes of this policy, 'systemic review' refers to the use of this process to identify program weaknesses and opportunities for improvement, and to develop and assert initiatives to address and monitor these findings.

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6. **The Policy:** The Curriculum and Educational Policy Committee (CEPC) shall systematically review the curriculum in a continuous 3-year cycle in the following order:

- Year 1 – curriculum as a whole (including the fulfillment and adequacy of the medical education program goals and objectives)
 - Resources:
 - Educational Program Goals and Objectives (EPGOs)
 - The Annual Educational Program Evaluation Report
 - Academic Catalog
 - Course and Clerkship Syllabi
 - Table of course, clerkship, and assessment linkages to the EPGOs
 - Year 1-2 and Year 3-4 Committees, Evaluation Committee, and Student Curriculum and Evaluation Committee
 - Any other educational program data as deemed necessary by members of the CEPC
 - Process:
 - The CEPC has discretion to determine and modify the processes for systematic review of the curriculum as a whole.
 - Beginning in the Fall Semester the CEPC will determine and document the processes for systematic review of the curriculum as a whole. The process shall be completed prior to the beginning of the next academic year.
 - The process shall include:
 - Critical review of the resources listed above
 - Assessment of the program's fulfillment of each of the EPGOs
 - Specific identification of program strengths and weakness relative to its EPGOs
 - Directives for corrective actions and monitoring as indicated/necessary
- The outcomes of the review shall be included in the minutes of the CEPC and be reported to the Faculty Council.
- Year 2 – pre-clerkship phase and components (courses and other requirements)
 - Resources:
 - The resources will be essentially the same as listed above for the systematic review of the curriculum as a whole, but with specific

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attention to the structure and functions of the pre-clerkship phase (years 1 and 2) and its curricular components.

- Process:
 - The CEPC has discretion to determine and modify the processes for systematic review of the pre-clerkship phase and its curricular components.
 - Beginning in the Fall Semester the CEPC will determine and document the processes to be followed. The process shall be completed prior to the beginning of the next academic year.
 - The outcomes of the review shall be included in the minutes of the CEPC and be reported to the Faculty Council.
- Year 3 – clerkship phase and components (year 3-4 clerkships and other requirements)
 - Resources:
 - The resources will be essentially the same as listed above for the systematic review of the curriculum as a whole, but with specific attention to the structure and functions of the clerkship phase (years 3 and 4) curriculum components.
 - Process:
 - The CEPC has discretion to determine and modify the processes for systematic review of the clerkship phase and its curricular components.
 - Beginning in the Fall Semester the CEPC will determine and document the processes to be followed. The process shall be completed prior to the beginning of the next academic year.
 - The outcomes of the review shall be included in the minutes of the CEPC and be reported to the Faculty Council.
- Quality improvement initiatives identified during the phase review process will be tracked centrally and progress will be reported back to the CEPC according to the identified timeline.

Between curriculum phase reviews and prior to the start of each academic year, the CEPC shall receive interim reports from the Assistant Dean for Basic Science Instruction (for the pre-clerkship phase), and the Assistant Dean for Clinical Instruction

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(for the clerkship phase), describing proposed modifications to the courses and clerkships, and the CEPC may conduct additional problem-focused reviews on an 'off-cycle' basis as it deems necessary due to any of the following circumstances:

- For courses/clerkships/other graduation requirements:
 - A change is made in curricular content or assessment plan affecting

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one or more course or clerkship.

- *For example: A new faculty member proposes to the Year 1-2 Committee that content related to a particular basic science topic is reduced, simplified, or eliminated, and other faculty members and/or the Assistant Dean for Medical Education for Basic Science Instruction identifies this as a significant risk to the course's fulfillment of its approved syllabus.*
- A change is made in the sequencing of curricular content affecting one or more course or clerkship.
 - *For example: An SPM course unit director proposes that a unit of the SPM course, or a clinical presentation within a unit of the SPM course, be shifted elsewhere in the unit – or to another unit (affecting the instructional plans for the other pre-clerkship courses).*
 - The availability or function of the educational spaces or other resources regularly utilized by one or more course or clerkship changes to the extent that modification of its approved instructional methods or assessment plan is required. *For example: A major affiliated hospital decides to close a unit or program upon which a required clerkship is reliant.*
- As requested by the Dean, the Associate Dean for Medical Education, or the CEPC as a whole, based on a change in a curricular component's outcomes/performance.
 - *For example: There is an abrupt drop in student performance on one or more SPM course end-of-unit exams, or on one or more Clerkship-associated NBME subject exams.*
 - *For example: There is an abrupt drop in student satisfaction with a particular curriculum component based on internal program evaluations and/or the AAMC Graduate Questionnaire*
- Phase (pre-clerkship, clerkship):
 - A change is made in curricular content or assessment plan affecting the structure and outcome measures of either the pre-clerkship or clerkship phase.

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- A change is made in the sequencing of curricular content affecting the structure and outcome measures of either the pre-clerkship or clerkship phase.
 - For example: ~~The changes is proposed in the sequence of the units in year 1 or material covered in a unit is moved from year 1 to year 2. AY2014-15 (and currently being implemented) related to adjusting the pre-clerkship phase calendar in order to allow an earlier start of the clerkship phase.~~
- The availability or function of the educational spaces or other resources regularly utilized by one or more course or clerkship changes to the extent that modification of the structure of the curricular phase (including the relationships between its components) is required.
 - For example: *There is a fire in the anatomy lab, instruction must be relocated and reconfigured for 1-2 years.*
- As requested by the Dean, the Associate Dean for Medical Education, or the CEPC as a whole, based on changes in the outcomes associated with the phase.
 - For example: *There is an abrupt change or developing trend in student performance on USMLE Step 1 that suggests inadequate performance of the pre-clerkship curriculum. For example: AAMC GQ data suggests a precipitous decline in the clerkship phase learning environment and/or clinical instruction.*
- Curriculum as a whole:
 - The PLFSOM educational program goals and objectives are modified.
 - For example: *A new educational program objective is proposed to specifically address the acquisition of skills in the performance of common clinical procedures.*
 - A change in a course, clerkship, other graduation requirement, or curriculum phase, reduces or eliminates content and/or assessment elements identified as essential to fulfillment of an educational program objective.
 - As requested by the Dean, the Associate Dean for Medical Education, or the CEPC as a whole, based on changes in the outcomes associated

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with the performance of the curriculum as a whole.

- *For example: The PLFSOM graduation rate trends downward
and/or becomes inconsistent with national benchmark data.*
 - *For example: Poor performance by PLFSOM
graduates as evidenced by USMLE Step 3
and/or feedback from GME program directors.*

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~~and/or becomes inconsistent with national benchmark data.~~

• ~~For example: Poor performance by PLFSOM graduates as evidenced by USMLE Step 3 and/or feedback from GME program directors.~~

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