

CEPC MEETING AGENDA
5:00 PM - 6:30 PM
03/11/2024

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; Neha Sehgal DO

STUDENT REPRESENTATIVES:

Lee Spencer MS1 (Voting); (Ex Officio – pending); 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; 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 Curriculum as a Whole Review – Team I

Presenter(s): Dr. Ward

ITEM II Zero Credit Course

Presenter(s): Dr. Francis

ITEM III Common Clerkship Policies AY 2024-25

Presenter(s): Dr. Francis

ITEM IV Policy Update

Presenter(s): Dr. Francis

ADJOURN

CEPC Monthly Meeting Minutes
5:00 PM - 6:30 PM
03/11/2024

MEMBERS IN ATTENDANCE:

Maureen Francis, Dale Quest, Patricia Ortiz, Jessica Chacon, Khanjani Narges, Lisa Beinhoff, Tanis Hogg, Lee Spencer, Katherine Asmis, Joshua Salisbury, Munmun Chattopadhyay, Martin Charmaine, Neha Sehgal, Marwaha Komal

MEMBERS NOT IN ATTENDANCE:

Colby Genrich, Houriya Ayoubieh, Fatima Gutierrez, Wajeeha Saeed, Nikolas Malize, Whitney Shaffer, Rowan Sankar, Rohan Rereddy, Jose Lopez

PRESENTERS/GUESTS IN ATTENDANCE:

Richard Brower, Thwe Htay, Priya Harindranathan, Prakrati Acharya, Nathan Holland, Norman H Ward

INVITED/GUESTS NOT IN ATTENDANCE:

REVIEW AND APPROVAL OF MINUTES

Dr. Francis CEPC Chair

- Having met quorum, the meeting minutes from the February 12, 2024 meeting were voted on and approved as presented.

CEPC 03/11/2024

Decision:

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

ITEMS FROM STUDENT REPRESENTATIVES

MS1/MS2/MS3/MS4

- No issues to report.

ITEM I Curriculum as a Whole Review – Team I

Presenter(s): Dr. Ward

Presented an overview of the process

*Please see attached report.

- Dr. Ward noted that the team was tasked with reviewing two Competency Domains (Knowledge for Practice and Personal and Professional Development).
- He conveyed that the team assumes that the educational program has sufficient linkages to learning objectives, based on the review of syllabi and an accompanying Excel spreadsheet detailing all courses and their connections to PGOs. He raised a question about who determines adequacy in this process: our schools, LCME, or CEPC.
- Additionally, he noted that while the review team acknowledges that the curriculum features elements that fulfill specific PGOs, it was challenging to manage the large amount of data provided via Box.
- In response to the question about the extent to which the curriculum employs various effective teaching methods to engage students in achieving learning objectives, he highlighted Medical Skills courses. These courses exemplify experiential learning with standardized patient encounters, partial task training, simulation training.



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- Additionally, individual courses offer multi-professional activities, cultural education, and opportunities for disseminating medical knowledge through scenario-based learning.
- Various active learning strategies were utilized throughout the curriculum phase, especially for the Knowledge for Practice. Team-based learning was recognized as an alternative approach for the "Worked Case Examples" sessions in SPM that was more efficient than small group discussions
- He stated that assessing PPD was more challenging. These objectives are closely linked to adversity, making it difficult for the team to determine if the learning activities were aligned with this PGO. However, a student from the team pointed out that several medical skills courses during the pre-clerkship phase are addressing this objective.
- He also noted that their review identified numerous opportunities for self-directed learning.
- In response to the question regarding the extent to which the curricular phase/whole curriculum employs a variety of effective assessment methods to ensure learners have achieved competency in each PGO, Dr. Ward provided the following information:
During the pre-clerkship phase, Medical Skills courses utilize OSCE as a primary method of assessment, among other formative and summative assessment techniques. Additionally, SPM courses employ NBME-style single best answer multiple choice exams as the primary method of assessment. In the clerkship phase, assessment methods include written assignments (such as independent learning plans) and presentations, NBME "shelf" exams, observation-based assessments, self-assessments (Op-Logs), among others.
- In response to the question of whether the school would be aware of a student's deficiencies in any of the goal/competency domains, Dr.

Ward explained that this could be determined for KP through the assessment of NBME performance and clerkship deliverables. However, he noted that assessing PPD can be more challenging as they are often situational and subjective, and may not be fully evaluated if there are no direct events prompting assessment.

- The students expressed overall satisfaction with the utility of the medical education program objectives.
- The team identified the following strengths in teaching and assessment for each competency domain and PGO:
- KP-2.1 to KP-2.3: These are consistently addressed, as they align with the primary goals of medical student education.
- Regarding KP-2.4 and KP-2.5, the curriculum frequently covers the service to underserved communities. Additionally, the presence of multi-lingual and Hispanic populations creates a unique learning environment where students are evaluated on their ability to interact with diverse populations.
- PPD 8.1-8.4, though challenging to assess individually, are demonstrated collectively through concepts such as resilience, professionalism, and stress management.
- The following recommendations have been identified:
- For PPD: New assessment strategies may need to be explored. For example, to assess PPD 8.1-8.4, students may need to be directly asked to write a narrative demonstrating these qualities: write about a time you realized you needed assistance and sought help; describe how you cope with stress at the workplace; describe how you responded to a difficult situation on rotation; what resources did you use to overcome a situation where you were uncertain of how to



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proceed. Could also consider a set of mini-interviews or simulations that include situational judgment.

- For KP 2.1 – 2.3: These competencies are well documented and integrated throughout the curriculum.
- For KP 2.4 – 2.5: Additional emphasis on population-based and cultural education is needed, which is present in the curriculum but less clearly defined in the provided materials.
- For KD 2.6: This competency requires the utilization of dissemination methods such as publications, presentations, and educational materials. While present in the curriculum, it is less formalized (Note: students must complete a SARP project as a graduation requirement.)

- Dr. Francis clarified that the comment made during the presentation, suggesting that the curriculum was developed first and then the program objectives were retrofitted, was inaccurate. She emphasized that the school had established the program goals and objectives since the initial phase of development and that they have undergone regular review by the committee. She highlighted the challenge in mapping these objectives within the curriculum management system since the change to Elentra. Additionally, Dr. Francis provided an overview of the mapping documents distributed to the team via Box in response to their concerns about difficulties in locating and reviewing them. More training is planned for future review teams to aid them in navigating the volume of the material and questions by the teams are welcome. Furthermore, she addressed the question regarding the sufficiency of PGO linkage in teaching and assessment by indicating that it falls within the purview of the committee to determine whether the current number adequately fulfills the program requirements.

- Dr. Quest moves the motion for approval.

- Dr. Khanjani seconds the motion.
- No objections: Motion was approved.

ITEM II Zero Credit Course

Presenter(s): Dr. Francis

Presented the Zero Credit Elective course

*Please see attached report.

- Dr. Francis noted that it was discovered from discussions with the registrar and financial aid office that students need to be registered at the beginning of the semester in their fourth year to receive financial aid promptly. She explained that many students opt for flexible time during June to prepare for Step 2, and then register for the exam in July or August. Similarly, during the spring semester in January, many students take time off for interviews and delay registering for courses until February. Therefore, the proposal suggests offering a zero-credit course during the first two weeks of the fall and spring terms. This course would accommodate students needing flexible time by providing a two-week elective, which is a flexible independent study.
- Dr. Ortiz inquired about who would be responsible for reading the students' reflection progress reports. Dr. Francis replied that both Dr. Sehgal and herself would be reviewing them. She concluded by stating that this process is only applicable to students who are on track with their progression.
- Dr. Khanjani moves the motion for approval.
- Dr. Ortiz seconds the motion.
- No objections: Motion was approved.

ITEM II Technical Standards Policy

Presenter(s): Dr. Francis

Presented Technical Standard Policy

*Please see attached report.

- Dr. Francis explained that the policy outlines the non-academic requirements necessary for participation in the M.D. degree program. She mentioned that while there is an institutional policy focused on technical standards, our school has a more specific one.
- The proposal suggests that students should annually review the technical standards and confirm that they have read this policy and understand that the program's technical standards must be met with or without accommodation.
- Furthermore, failure to meet the technical standards of the degree plan, without or with reasonable accommodation, could lead to non-promotion, administrative withdrawal, or dismissal from the school, with financial implications for the student.
- Members reviewed the behavioral and social skills section of the policy and agreed that the language adequately addresses situations related to this area.

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

ITEM IV Policy Update

Presenter(s): Dr. Francis

Common Clerkship Policy

- Approved asynchronously and electronically.

Adjourned

Meeting adjourned at 6:30pm

health
is
here.



Curriculum as a Whole Review

TEAM 1

CEPC MEETING
MARCH 11, 2024

Curriculum as a whole – Review Phase Planning

- Process: Based on a ‘top-down’ evaluation of educational program goals and objectives
- Presented over a series of four CEPC meetings
 - March through June 2024
- Conclusion with summary report by Associate Dean for Medical Education with specific findings for each competency domain
 - July 2024
- Review team evaluation to be based on the following data provided by the OME:
 - The Annual Program Evaluation Report for Pre-clerkship and Clerkship – presented in Fall 2023
 - Course/clerkship reviews presented over the last 2 years
 - Syllabi for courses and clerkships
 - Subcommittees reports – presented in fall 2023
 - Student evaluations of curriculum as a whole – 2023 GQ and Y2Q and in-house evaluations
 - Curriculum mapping report
 - Teaching
 - Assessment

Curriculum as a whole – Review Phase

Team 1

Knowledge for Practice

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

- KP-2.1 Compare and contrast normal variation and pathological states in the structure and function of the human body across the life span.
- KP-2.2 Apply evidence-based principles of foundational/ basic science to health care.
- KP-2.3 Apply evidenced-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.
- KP-2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.
- KP-2.5 Apply principles of social-behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.
- KP-2.6 Demonstrate an understanding of and engagement in the creation, dissemination and application of new health care knowledge.

Personal and Professional Development

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

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

- Dr. Norman Ward – Presenter
- Dr. Prakrati Acharya
- Dr. Dale Quest
- Dr. Nathan Holland
- Spencer Lee, Class of 2027

Curriculum as a whole – **CONTENT**

Review team to perform a structured analysis based on the following questions:

- Does the educational program have adequate learning objective linkages for each goal and its objectives? If so, by what criteria?
 - Assumed yes as assigned by the clerkships within syllabi
 - Excel spreadsheet demonstrating all courses and links to PGO's
 - No criteria exists, uncertainty as to who should defined this. School/LCME/CEPC?
- If not, are there other curriculum or program features that promote and/or ensure fulfillment of the program objective?
 - The curriculum was built before the PGOs were adopted. The curriculum has since been evolving toward alignment with the PGOs. To some extent, the linkages have been mapped from the curriculum as it exists, to the educational Program Goals & Objectives, which seems to be a retrospective process.
 - The review team is aware of curriculum features which fulfills particular PGO's however these are not clearly demonstrated within the BOX information (WCE's, ILP's, etc).

Curriculum as a whole – TEACHING METHODS

Review team to perform a structured analysis based on the following questions:

- To what extent does the curricular phase/whole curriculum use a variety of effective teaching methods in order to engage students in attaining the learning objectives?
 - The medical skills courses I...IV exemplify experiential learning with standardized patient encounters, partial task training, simulation training
 - Individual courses provide multi-professional activities, cultural education, and opportunities for dissemination of medical knowledge
 - Scenario based learning, (not well demonstrated in the BOX materials)
- What active learning strategies are used during the curricular phase?
 - WCE's – KP 2.1 - 2.6
 - Team-based learning was identified as an alternative active learning approach when capacity could not be sustained to continue the Worked Case Examples component of SPM courses as small group tutorials.
 - Uncertain regarding PPD
- Are there opportunities for self directed learning?
 - Yes, but perhaps the definition of self-directed learning that has been used in mapping elemental aspects of the courses and clerkships that comprise the curriculum, encompassed examples such as assignments and independent study, which do not fit the definition promulgated in **LCME Standard 6.3: Self-Directed and Life-Long Learning**
 - The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences that allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills from faculty and/or staff.

Curriculum as a whole – **ASSESSMENT METHODS**

Review team to perform a structured analysis based on the following questions:

- Evaluate the quality and frequency of formative assessment for assisting students in attaining the learning objectives.
 - This information is not clear from the BOX materials however includes end-of-rotation evaluations
- To what extent does the curricular phase/whole curriculum use a variety of effective assessment methods in order to ensure that learners have achieved competency in each PGO?
 - **Pre-clerkship phase:** Among other methods of formative and summative assessment, Medical Skills courses I...IV use Objective Structured Clinical Exams as a primary method of assessment. The SPM courses use NBME-style single best answer multiple choice exams as the primary method of assessment.
 - **Clerkship phase:** Some written assignments (including independent learning plans), presentations, NBME “shelf” exams, observation-based assessments, self-assessments (Op-Logs...)
- Are the assessment methods appropriate for the PGO?
 - Unclear definition for “appropriate”
 - Subjectively yes for KP, uncertain for PPD
 - Is narrative assessment used when the circumstances allow?
 - Yes, for clerkship evaluations, PPD and KP are evaluated however that data is subjective and not included
- Does the educational program adequately assess each PGO?
 - Each course does individually and once again “adequate” is not defined

Curriculum as a whole – STUDENT PERFORMANCE

Review team to perform a structured analysis based on the following questions:

- Would it be possible for a student to graduate from PLFSOM with deficiencies in any of the goal/competency domains?
 - KP – Yes, but only KP 2.4-2.6 if assessment is only performed with academic knowledge and not dissemination of knowledge nor applying knowledge to epidemiological or social-behavioral sciences
 - PPD - Yes, but only as defined by students who did not undergo or need to overcome adversity
- Would the school know if a student were deficient in any of the goal/competency domains and, if so, how?
 - KP – Only through assessment of NBME performance and clerkship deliverables
 - PPD – Situational, subjective, and may not be fully assessed if there are no direct events which would lead to evaluation
 - i.e. PPD-8.3 requires flexibility and response to difficult situations to evaluate
- Summarize student perceptions of the utility of the medical education program objectives
 - Majority “Satisfied” based on Fall 2023 Survey however with some minor exceptions (M1 and M2 SCI)

Summary of the review

*Identify **strengths** in teaching and assessment for each competency domain and PGO*

KP-2.1 to KP2.3 are consistently addressed as these PGO's coincide with the largest goals of medical student education.

In regards to KP-2.4 and KP-2.5, the curriculum often addresses the service of and understanding of underserved communities.

In addition, the multi-lingual and Hispanic populations provide a unique learning environment where students are assessed on their abilities to treat multiple populations.

PPD 8.1-8.4, while difficult to assess individually, however as a whole are demonstrated with concepts of resilience, professionalism, and stress-management.

Summary of the review

*Identify and prioritize programmatic **weaknesses** in teaching and assessment for each assigned competency domain and PGO*

- PPD
 - Cannot assess nor grade performance aside from end-of-rotation narrative evaluations which are not included in BOX materials.
 - Syllabi are less likely to address these in the clerkship
- KP
 - No true weakness

The PGOs are outcome-directed expectations for students to develop the knowledge and abilities that are expected of physicians. The 4-year MD-degree program curriculum as a whole, should align its content and methods of instruction, its methods of assessment, and student performance, with the educational program goals & objectives. It appears that a greater number of students questioned the extent that the SCI courses aligned with outcome-directed expectations for students to develop the knowledge and abilities that are expected of physicians. The extent that their dissatisfaction relates to PGO 2 (KP) and PGO 8 (PPD) is not clear.

Fall 2023

Student satisfaction with utility of PGOs to support learning <i>I am satisfied with the utility of educational program objectives to support learning</i>						
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%
M1 SPM	135	99.3	8	5.93	127	94.08
M1 MSK	135	99.3	3	2.22	132	97.78
M1 SCI	135	99.3	18	13.33	117	86.67
M2 SPM	114	95	4	3.51	110	96.49
M2 MSK	114	95	1	0.88	113	99.12
M2 SCI	114	95	20	17.54	94	82.46
M3 Obgyn	56	90.3	1	1.79	55	98.21
M3 peds	58	93.5	2	3.45	56	96.55
M3 Surgery	57	91.9	2	3.51	55	96.49
M3 FM	51	87.9	3	5.88	48	94.12
M3 Psych	51	89.7	3	5.77	49	94.23
M3 IM	51	87.9	2	3.92	49	96.08
M3 Neuro	51	87.9	6	11.76	45	88.24
M3 EM	107	89.2	4	5.71	104	94.29

Summary of the review

*Provide **ideas/recommendations** for improvement and tracking of identified weaknesses*

- PPD: in order to assess for PPD 8.1-8.4, students may need to be directly asked to write a narrative in which they demonstrated these qualities
 - “Write about a time you realized you needed assistance and sought help”
 - “Describe how you cope with stress at the workplace”
 - “Describe how you responded to a difficult situation on rotation”
 - “What resources did you use to overcome a situation where you were uncertain of how to proceed?”
- KD 2.1 – 2.3 are well documented and represented throughout the curriculum
- KD 2.4 – 2.5 require additional population based and cultural education which are evident in the curriculum however less defined in the BOX materials.
- KD 2.6 requires utilization of a some dissemination of information (publications, presentations, education materials, etc). Also within the curriculum however less formalized.

Recommendations for Changes Curriculum Overview Analysis

As determined by the Team 1 Analysis

- Recommendations

- There should be a “recommended method for review”
 - Technical document to organize group efforts and provide clear guidance on group goals
 - Possibly one PGO reviewed by
- Standardization of PGO presentation in Syllabi
 - Review/audit of syllabi?
- Including of supplemental independent projects (ILP, WCE, Spanish program, etc) in the BOX materials as these clearly demonstrate PGO
- BOX materials limited our evaluation of PGO assessments
 - Recommend clear organization of materials in order to allow for reviewers to easily see PGO relationships or provide an indexed excel spreadsheet
 - Possibly include a content “guide” or table of contents to ensure understanding
 - If possible allow for downloading of documents

Registration/Financial Aid 4th year

- To receive financial aid at the beginning of the semester, students must be enrolled in a course/clerkship during the first block.
- Therefore, we have worked with Student Services on a solution and propose the following:
- **Fall term – Flexible Independent Study Fall**
 - 2 week elective offered only one time during the first 2 weeks of fall semester
 - It will be 0 credit hours
 - Students who are not enrolled in another course/clerkship at this time can be enrolled
 - Goal – independent study to prepare for USMLE Step 2
 - Students will upload a reflection/progress report regarding their study plan once per week to Elentra (2 total)
 - They will pass once they upload the reflections and they take Step 2
 - If they do not take step 2 during the 2 week period, they will receive a “PR” until they take the exam. Taking the exam is the requirement in addition to the two reflections.
- **Spring term – Flexible Independent Study Spring**
 - We will create a 2 week elective offered only 1 time during the first 2 weeks of spring semester
 - It will be 0 credit
 - Students who are not enrolled in another course/clerkship at this time can be enrolled
 - Goal – preparation for residency
 - Students will upload a reflection/progress report regarding the steps they are taking to prepare for residency once per week to Elentra (2 total)
 - They will pass if they upload the reflections.
-

Reflection for Fall/Spring Course

- Prompt followed by open ended comment box
 - Fall
 - Please reflect on your progress in preparation for Step 2.
 - Spring
 - Please reflect on your progress in preparation for residency



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Medical Education Program Policy

Commented [MC1]:

Policy Name:	Technical Standards for Admission, Retention, and Graduation (previously referred to as the "Standards for Curricular Completion")				
Policy Domain:	Undergraduate Medical Education	Refers to LCME Element(s):	10.5 Technical Standards		
Approval Authority:	Committee on Curriculum and Educational Policy	Adopted:	At founding	Date Last Reviewed:	11/4/2019
Responsible Executive:	Associate Dean for Medical Education (in consultation with the Associate Deans for Student Affairs and for Admissions).	Date Last Revised:	April 3, 2020		
Responsible Office:	Office of Medical Education	Contact:	Mirjana Babic M.P.A. mbabic@ttuhsc.edu		

Commented [FM2]: Update once approved

- Policy Statement:** This policy defines the non-academic requirements essential for participation in the Paul L. Foster School of Medicine (PLFSOM) M.D. degree program.
- Reason for Policy:** As per the Liaison Committee on Medical Education (LCME) publication *Functions and Structure of a Medical School* (~~November 202~~[March 2024](#)~~March 2019~~): "A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements".

Commented [MB3]: The newest version has just been published

- This policy should be read by:**
 - All PLFSOM academic officers with responsibilities relating to undergraduate medical education
 - All candidates offered admission, and all medical students who experience a change in their general abilities or skills
- Resources:**
 - This policy is administratively maintained by the PLFSOM Office of Medical Education, in consultation with the Office of Student Affairs, and the Office of Admissions.
 - Related institutional policies:
 - HSCEP OP 77.01, Admission
 - HSCEP OP 77.14, [Accessibilty and Establishing Accomodation for](#) Students with Disabilities
- Definitions:**
 - Technical Standards (previously referred to as the "Standards for Curricular Completion"):** The term 'technical standards' refers to all non-academic admissions criteria that are essential to participation in the program in question.

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



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- **Student:** For the purposes of this policy, the term “student” refers to all admitted candidates for admission, promotion, or graduation under the PLFSOM M.D. degree program.

6. **The Policy:**

- PLFSOM, as a component of the Texas Tech University Health Sciences Center El Paso, is committed to equal educational opportunity and non-discrimination consistent with [HSCEP OP 77.01](#) and [HSCEP OP 77.14](#).
- Because graduation with an M.D. degree signifies that the recipient is a physician prepared for entry into the practice of medicine within the U.S. graduate medical education and licensure framework, students in the PLFSOM M.D. degree program are expected to acquire a broad foundation of medical knowledge and skills that generally supports and permits this progression. In addition, as students interact with patients throughout their medical education, the school has an ethical responsibility for the safety of the patients with whom students and graduates will come in contact. Patient safety and well-being are therefore major factors in establishing requirements involving the physical, cognitive, and emotional abilities of candidates for admission, promotion, and graduation. As such, all students must meet certain standards with or without reasonable accommodations. More specifically, all students must possess the following intellectual, ethical, behavioral, and physical capabilities required to undertake the curriculum in its entirety (i.e., to fulfill all of the educational program’s goals, objectives, and requirements at or exceeding the competencies required by the faculty, and as consistent with LCME accreditation standard 6: “Competencies, Curricular Objectives and Curricular Design”):
 - Observation:** A student must be able to demonstrate adequate sensory function (e.g., vision, hearing and touch) to observe a patient accurately at a distance and close at hand.
 - Communication:** A student must be able to communicate with clarity and efficiency in both spoken and written form. The student must also be able to perceive communication from others whether it be written, verbal, or non-verbal including intonation, changes in mood, activity, and posture.
 - Psychomotor Skills:** A student must be able to perform the maneuvers necessary to perform a physical exam, render routine and emergent care, and safely execute the motor movements required to provide general care and emergency treatment to patients. Examples of these include, but are not limited to [cardiopulmonary resuscitation](#), [inserting an IV](#),

Commented [FM4]: [■HSCEP OP 51.01 - Equal Employment Opportunity and Affirmative Action Program](#)
[HSCEP OP 51.02 - Non-Discrimination and Anti-Harassment Policy and Complaint Procedure for Violations of Employment and Other Laws](#)
Per Dr Martin, should these be added?

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[drawing blood, bag-valve-mask ventilation](#), palpation, auscultation,
percussion, application of

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pressure, movement around the immobile patient as needed to perform procedures such as maintaining a sterile field and surgical and non-surgical procedures.

- iv. **Intellectual and Cognitive Abilities:** A student must be able to problem-solve effectively and rapidly; learn; reason; calculate; formulate and test hypotheses; memorize; process; analyze; rapidly integrate and synthesize information; and apply information in an environment of high stress and distraction.
- v. **Behavioral and Social Skills:** A student must exercise professional judgment and promptly complete all responsibilities attendant to his or her academic work, teamwork, and patient care. The student must possess the ability to develop mature, sensitive and effective professional relationships with peers, faculty, staff, and members of the healthcare team. The student must be able to give and receive constructive feedback. The student must demonstrate the ability to process feedback and utilize it to conform his or her behavior to expected professional standards. The student must manage adversity and stress in order to prevent its impacting his or her abilities in these competencies.

Within this framework, the need for a trained intermediary to observe or interpret information, or to perform procedures, is deemed to preclude essential elements of participation in, and comprehensive fulfillment of the curriculum. In addition, a student must have the physical and emotional stamina and capacity to function in a competent manner in the hospital, classroom, and laboratory settings, including settings that may involve heavy workloads, long hours, and stressful situations in order to provide patient care that is timely, safe and effective. Also, Individuals whose performance is impaired by abuse of alcohol or other substances are not suitable candidates for admission, promotion, or graduation.

- 7. If a candidate is offered and accepts an offer of admission, the candidate must then sign a form acknowledging that they have read this policy and understand that the program's technical standards must be met ~~with or~~ without accommodation or with reasonable accommodations. Requests for accommodation(s) must be submitted to the TTUHSC El Paso Academic Success and Accessibility Office (ASAO) ~~Office of Academic and Disability Support Services~~ in accordance with HSCEP OP 77.14. The deadline for admitted candidates to submit requests and supporting documentation is 30 days prior to the beginning of the first semester of enrollment. Copies of the request and

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documentation will then be forwarded to the PLFSOM Office of Student Affairs, and the [ASAO Office of Academic and Disability Support Services](#) will work with the school to assess the request in the context of the educational program's technical standards. The School

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may seek independent review by a specialist of its choice. The decision on whether or not an accommodation request will be granted is made by a committee composed of the TTUHSC El Paso assistant vice-president for [student affairs](#)/student services [and student engagement](#) or their designee, the PLFSOM associate dean for medical education, the associate dean for admissions, the associate dean for student affairs, and at least three relevantly knowledgeable faculty members or consultants selected by the dean or their designee. [Accommodations granted at the time of admission for permanent disabilities should be consistent with the applicant's ability to complete the entire degree plan, including the clerkship phase of the curriculum.](#) This committee's decisions are subject to review and approval by the dean.

8. Requests for accommodations, including requests by students related to disabilities identified and/or acquired following matriculation, are otherwise evaluated and managed according to HSCEP OP 77.14.
9. [PLSFOM students will be required to review the Technical Standards annually and attest that they have read this policy and understand that the program's technical standards must be met without accommodation or with reasonable accommodation.](#)

10. Requests for accommodation by external organizations (such as, but not limited to, the National Board of Medical Examiners) for any exams or assessments administered under their auspices are independent and additional processes for which the school is not responsible. Such requests, and any related expenses, are the responsibility of the student.

11. Monitoring

- [At the time of admission:](#)
 - [Student attestations signifying receipt of the policy and understanding that the program's technical standards must be met with or without accommodation will be centrally monitored by the Office of Admissions.](#)
- [At the beginning of each academic year:](#)
 - [Student attestations signifying receipt of the policy and understanding that the program's technical standards must be met with or without accommodation will be centrally monitored by the Office of Student Affairs.](#)
- [Return from a leave of absence with interruption](#)
 - [If a student takes a leave of absence with interruption of enrollment, they will also be required to review the Technical Standards and attest that they have read the policy and understand that the program's technical standards must be met without accommodation or with](#)

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[reasonable accommodation. The deadline for returning students to submit requests for accommodations and supporting documentation is 30 days prior to the anticipated return date.](#)

12. [Failure to meet the technical standards of the degree plan with reasonable accommodation could result in non-promotion, administrative withdrawal, or dismissal from the school with financial implications for the student.](#)



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Common Clerkship Policies

Office of Medical Education

~~AY 2023-2024~~ AY 2024-2025

Approved by the CEPC [pending 3/13/2023](#)

Table of Contents

Office of Medical Education Contacts (MS3 and MS4).....	2
Disability Support Services.....	2
Attendance Policy.....	2
Absences in the Third Year.....	43
Absences in the Fourth Year	5
Notification of Absence (Third and Fourth Year)	5
Documentation of Absence (Third and Fourth Year)	65
Remediation and/or Make Up of NBME Exams (Third and Fourth Year)	6
AY 2021-2022 NBME's will be administered on the following dates:	76
Credentialing of Medical Students.....	6
Clinical Grading Policy	6
Class Ranking Formula.....	8
Referral to Grading and Promotions (Third Year).....	9
Referral to Grading and Promotions (Fourth Year).....	10
Common Course Requirements for Year 3 and 4.....	12
CME Requirement	17
Purpose/Goals of Requirement:.....	17
Requirement:	17
Documentation:	17
Duty Hours Policy	17
Clerkship Requirements for Reporting Duty Hours.....	18
Additional Policies	18

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Office of Medical Education Contacts (MS3 and MS4)

Name	Title	Phone	Email
Maureen Francis, MD, MS-HPed, MACP	Associate Dean for Medical Education	(915) 215-4333	Maureen.francis@ttuhsc.edu
Neha Sehgal, DOPending	Assistant Dean for Medical Education	(915) 215- 4600	Neha.sehgal@ttuhsc.edu
Lourdes Janssen	Unit Manager, Years 3 & 4	(915) 215-43963	Lourdes.Davis@ttuhsc.edu
Christy Graham	Course Coordinator, Year 3 & 4	(915) 215-4624	Christy.graham@ttuhsc.edu
Rebecca Aranda	Unit Supervisor, Hospital Clerkships	(915) 215-5034 (915) 577-7593	Rebecca.aranda@ttuhsc.edu
Gabriela Kutz	Course Coordinator, Year 3 & 4	(915) 215-5729	gabriela.kutz@ttuhsc.edu

Academic Success and Accessibility Office

~~TTUHSC EP is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to the educational opportunities in the clinical setting, please contact the Associate Director of Academic Success and Accessibility Office (ASAO) to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively so students are encouraged to register with ASAO as soon as possible. More information can be found on the ASAO website:~~

~~<https://elpaso.ttuhsc.edu/studentservices/office-of-academic-and-disability-support-services/default.aspx>~~

Commented [FM2]: This is replaced with new paragraph below.

Accessibility Services Office

TTUHSC El Paso is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to the educational opportunities in the clinical setting, please contact the **Accessibility Services Office (ASO)** to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively so students are encouraged to register with ASO **30 days prior to the start of academic year** or as soon as possible. For more information, please contact the ASO at disabilitysupport.elp@ttuhsc.edu.

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Commented [MC3]: ...register with the ASO 30 days prior to the start of the clerkship. See the Technical Standards Policy

Attendance Policy

Attendance at clinical duties and didactics is mandatory. [Attendance demonstrates accountability and professionalism. Unexcused absences will not be tolerated and may result in disciplinary action, potentially including referral to the Office of Student Affairs and the Grading and Professionalism motions Committee, a requirement to repeat a clinical block or rotation.](#)

Students have allotted institutional holidays as stated ~~in the student handbook and~~ on each academic calendar. [Academic calendars are posted on the Office of Medical Education website and can be found at: https://elpaso.ttuhsct.edu/som/dme/academic-calendars.aspx](#).

Students assigned to WBAMC will be excused from duty on institutional holidays. Students will be expected to work on Military Training Days that do not coincide with institutional holidays. If the [WBAMC](#) clinic to which the student is assigned is closed, the student will be assigned duties on [another](#) campus for the day.

Students are required to attend both the first and last days of the rotation. The only excused absences will be for interviews, illnesses (with doctor's note), or documented family emergency. Students will not be excused in order to depart for an away or international rotation.

Absences are only excused at the discretion of the Clerkship/Course Director [in conjunction with the Associate Dean for Medical Education or their designee. The absence request must be sent through the designated system in Elenra to be considered. Direct requests to the Clerkship/Course Director will not be considered.](#) ~~A commonly excused~~ absences include [urgent/emergent situations without advance notice and planned absences.](#)

[Commonly excused urgent/emergent situations include:](#)

- Illness/[urgent or emergent](#) health care appointment
- Family Emergency
- [Death in the Family](#)

[Commonly excused planned absences include:](#)

- Religious Holidays (please see the Religious Holy Days Policy ~~in the Student Affairs Handbook~~)
- Presenting at a National Conference (limited to attendance for the presentation)
- Special family events, such as "once in a lifetime events." For example, the wedding of first degree relatives (limited to the attendance for the wedding). ~~Special requests (if approved) will be counted toward the cap of excused absences and anything beyond 6 days per semester must be reviewed with the Associate Dean for Student Affairs.~~
- Cultural holidays (refer to policy)
- [Interviews for Residency \(MS4 only\)](#)

[All excused absences, including ~~Special requests \(if approved\) will be counted toward the cap of excused absences and may require make-up time at the discretion of the Clerkship Director/Administration even if < 6 days per semester. All absences totaling anything beyond 6 days or more~~ per semester must be reviewed with the Associate Dean for Student Affairs.](#)

Planned Absences

All planned absences must be reported ~~through Elentra~~ through the Clerkship Absence Line as early as possible when the student first discovers the need for the absence but no later than 2 weeks in advance unless there are extenuating circumstances. For example, it is not acceptable for a student to wait to see if their unscheduled time during ambulatory week coincides with their doctor's appointment and then request the time off after the schedules are released. If a student is requesting unscheduled time for a planned absence for a doctor's appointment, a note must be submitted from the provider stating that they were evaluated with proof of time and date. The note should **not** contain any private health information.

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Please note that time missed for planned absences that are excused must be made up during unscheduled time and cannot violate duty hours. Typically, for 3rd year, this is done in a block of time after the conclusion of 3rd year and before entering 4th year. The schedule for the make-up time is at the discretion of the Clerkship Director/s and school administration. Students should not contact faculty on their own to schedule make-up time and if they do, it will be considered a professional concern.

Attendance on the days prior to and immediately after a holiday is mandatory and absences for illness will require a note from their physician.

Absences in the Third Year

During the third year, a student is expected to attend all clinical and didactic activities. If a student will be absent for any activity, they must obtain approval ~~through the Elentra system~~ from the Clerkship Director. **If the Clerkship Director/s or administration determines that a student's absence(s) compromises the student's ability to attain the necessary competencies, they may require the student to make up days or complete alternate assignments even if the time missed does not exceed 6 days per block or 12 days during 3rd year.** If a student is required to make up time, this must be completed during unscheduled time and the hours worked must be in compliance with the duty hour policy. Typically, this is done in a block after the completion of other 3rd year requirements and before 4th year begins.

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If a student is absent more than **6 days per block or 12 days during third year (including excused absences)**, it will be reviewed by the Associate Dean for Student Affairs. Excessive absences could be a violation of the Student Code of Conduct and may be forwarded to the Grading and Promotions Committee.

In the event of an emergency that results in an absence from clerkship duties, the student must notify the Clerkship Coordinator AND ~~Elentra the Clerkship Absence line~~ Office of Student Affairs as noted above as soon as possible.

If a student begins a third year clerkship block and then takes a prolonged leave (**≥ 2 weeks**), then the student will be required to:

- Make up any clinical time missed in the next open clerkship block (this would be Block 1 of the next academic year for students who are "on cycle" and Block 2 of the next academic year for students who are "off cycle")

Commented [FM4]: Is this clear? Or should it be 14 days? I am concerned if we say 14 days that students will think this is 14 business days.

Commented [MC5R4]: It is clear. Students sometimes have a weekend call day, so 14 days call.

- ~~In addition to completion of~~Once the student completes the pending clinical work, ~~the the~~ student ~~must can then~~ schedule ~~all the~~ pending NBME exam/s and ~~the~~ OSCEs ~~at the next available offering.~~
 - The NBME exams must be completed within 10 business days of the student's completion of pending clinical work or within 10 days of return to duty if no significant clinical work was pending. The student is responsible to contact the Clerkship Office to schedule the exam/s. ~~dates are published in the Common Clerkship Policies. NBME exams are generally administered every 4 weeks.~~
 - ~~All pending~~The next available OSCE exams must be completed at the next available testing date which will be scheduled in collaboration with the TECHS center. The student is expected to contact the Clerkship Office to schedule the exam and must be on campus for the OSCE. ~~may be a remediation date or the scheduled OSCE at the end of the next block~~
- Didactic material that is missed can be viewed through ~~CANVAS or~~ Elentra where videos, slides and readings are posted.
 - Students can meet with faculty to discuss any questions they have about didactic material
- There may be additional make-up assignments at the discretion of the clerkship directors.
- Make-up for the clinical time missed, coursework and testing will need to be completed before beginning year 4 clerkships. ~~Students cannot be registered for 4th year until all 3rd year requirements are met. Exceptions to this can only be made with approval of both the Office of Medical Education and the Office of Student Affairs.~~

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Absences in the Fourth Year

In the fourth year, a student may have no more than **three** excused absences in a 4-week block without having to make up that time. **However**, if the Clerkship/Course Director determines that a student's absence(s) compromised the student's ability to attain the necessary competencies, they may require the student to make up days or assignments, regardless of the number of days missed. It is also at the discretion of the Clerkship/Course Director to give the student an alternate assignment to satisfy all or part of the make-up time. If a student is required to make up time, this must be completed during unscheduled time and the hours worked must be in compliance with the duty hour policy.

If a student is **absent more than 6 days in a semester** during fourth year, it will be reviewed by the Associate Dean for Student Affairs. Excessive absences could be a violation of the Student Code of Conduct and may be forwarded to the Grading and Promotions Committee.

Notification of Absence (Third and Fourth Year)

When a student is going to be absent, they are required to notify:

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1) the Clerkship Coordinator BEFORE their shift or assigned duties begin. Acceptable forms of notification are: email (preferred), phone call, or text message. Please see individual Clerkship Syllabus for Clerkship-specific contact requirements;

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2) The Clerkship Office by uploading the absence to Elentra.

Planned Absences:

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A planned absence from a clerkship phase required activity must be reported as soon as the absence is planned AND a minimum of two weeks in advance (unless there is documentation that the delay was deemed unavoidable by the Associate Dean for Student Affairs and the Clerkship Director). Non-compliance shall result in the absence being counted as unplanned and potentially unexcused. The same notification rules listed in the previous paragraphs apply.

Documentation of Absence (Third and Fourth Year)

The following absences require special documentation as they considered graded activities, are subject to the institution's Missed Graded Activities Policy as outlined in the Student Affairs Handbook. Additionally, a health care provider's note on the healthcare provider's letterhead or printed from their electronic health record is required. Failure to obtain a health care provider's note in a timely manner (within 48 hours) may result in a serious professionalism concern, failure of the activity/exam, or failure of the course/clerkship and referral to GPC.

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Commented [MC6]: There is no such policy that I can find. Is subject to the institution's Code of Professional and Academic Conduct.

Commented [FM7]: Is this in the current student affairs handbook?

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Commented [MC8]: Additionally, a healthcare provider's note on the healthcare provider's letterhead or printed from their electronic health record, with a date concordant with the date of the missed graded or required activity.

Commented [MC9]: Failure to obtain a health care provider's note in a timely manner (within 48 hours) may result in a serious professionalism concern, grade of FAIL for the activity, failure of the course/clerkship, and referral to the GPC.

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Commented [FM10]: Is this still in the handbook?

If a student is absent for any of the following, then a health care provider's note is required:

- Orientation Day (MS3 and MS4) is a **Graded Activity**. Attendance is mandatory. Therefore a health care provider's note on the healthcare provider's letterhead or printed from their electronic health record is required if Orientation is missed. The absence is subject to the institution's Missed Graded Activities Policy. Please see the Student Affairs Handbook for more information.
- Additional graded activities include OSCE's, NBME subject exams and all other activities that contribute to a student's final grade (such as presentations). A health care provider's note on the healthcare provider's letterhead or printed from the electronic health record with signature is required.
- More than two consecutive days due to illness: a health care provider's note on the healthcare provider's letterhead or printed from the provider's electronic health record is required.
- If a health care provider's note is required as noted in the sections above, failure to obtain a health care provider's note in a timely manner (within 48 hours) may result in a serious professionalism concern or failure of the clerkship
- When presenting at a national conference: a copy of the invitation to present and travel itinerary is required.
- When interviewing for residency (MS4 only): a copy of the invitation to interview and travel itinerary is required.
- Absences due to illness on the day before and after a holiday require a doctor's note.

Remediation and/or Make Up of NBME Exams (Third and Fourth Year)

1. Make-up of NBME exam due to an excused absence

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Students who miss an NBME exam due to an excused absence must make arrangements with the Clerkship Office/Office of Medical Education to make up the exam within 10 business days of the

student's return to duties on the next scheduled exam date. The student is responsible for contacting the Clerkship Office to make the arrangements before they return or within 72 hours of their return.

If a student must make-up more than one NBME from a third year block, they must all be taken promptly upon the student's return to duty within 10 business days of the student's return with spacing similar to that used in the two-week end of block exam period.

Failure to contact the Clerkship Office within 72 hours of return to duty to schedule the pending exams will result in a professionalism concern and failure to take the pending exams within the 10 day limit will result in a failure on the first attempt for the exams.

2. Remediation of an NBME exam

Third Year students who must **remediate** an NBME exam/s due to failure on the first attempt are required will need to successfully complete the exam before their Fourth Year coursework begins. Students cannot be registered for fourth year until all third requirements have been fulfilled. It is highly recommended that students who fail any NBME on the first attempt contact the Office of Student Affairs for any assistance needed.

During fourth year, all **remediation** must be completed in time for certification for graduation.

Remediations for MS3's and MS4's are available on any scheduled testing date (Year 3 or 4). Once the student decides on a date to remediate, please contact Mrs. Janssen a minimum of least one week in advance to make arrangements.

No special arrangements (additional exam dates/times) will be made.

NBME Subject Exam Vouchers:

Each third year student will receive 2 NBME subject exam vouchers for each subject exam each semester (total of 6 per semester). If a student has difficulty redeeming a voucher, they should check with the Clerkship Unit Manager, Lourdes Davis Janssen, on the 3rd floor of the CSB in the Clerkship Coordinator Office or email at Lourdes.davis@ttuhsc.edu.

Please note that assistance with redeeming vouchers is not available after hours or on weekends/holidays. It is the student's responsibility to use the vouchers in advance so that all issues can be resolved prior to a testing date.

Student who purchase vouchers on their own will not be reimbursed.

AY 20243-20254 NBME Early Testing Policy for Year 3 Clerkships's will be administered on the following dates:

Students have an option to take one or two of the NBME subject exams each semester during an early testing period. Students can also opt to keep the current scheduled dates during the 2-week testing period at the end of each block.

Commented [FM11]: Need to clarify this

Commented [MC12R11]: What happens if they do not contact the CD or OME to make up an NBME? Failure on first attempt Please get in touch with the CD or OME within ten days to make up the NBME to avoid a FAIL on the first attempt and a notation on your MSPE.

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The rules regarding optional early testing are outlined below:

1. Each student may choose to take **one** or two NBME Subject exams during the early testing period.
2. Tests will be offered on Mondays. The dates will be listed on the community page for each block. There will be multiple dates offered to allow each student an opportunity to take one or two exams early during their ambulatory rotations.
 - a. **Note: Students must choose a date during their ambulatory weeks.** For example, testing during IM wards or general surgery will not be allowed.
 - b. Clinical schedules will not be altered due to early testing. Students are required to attend all scheduled clinical shifts.
3. Students may choose any one or two of the 3 NBMEs that they would normally take at the end of the block.
 - a. Medicine and the Mind Block: Subject exams are required in Internal Medicine, Psychiatry and Family Medicine. Choose up to two.
 - b. OPSEF Block: Subject exams are required in OB/GYN, Surgery and Pediatrics. Choose up to two.
4. If a student “opts in” for early testing, **this will count as the 1st attempt for the NBME.** The score will not be erased or discarded. The score will be officially recorded in the student record.
5. Students who opt to take one of the NBME exams early will be notified of the result once the score report is received. Students can also view their results through the NBME portal.
6. Once a student sits for an early exam, they can then choose to spread out their remaining exams during the end of block testing period.
 - a. For example, during the regular 2 week testing period for Medicine and the Mind, NBMEs are administered on Friday of week 1 and Tuesday and Friday of week 2.
 - i. For example, if a student takes the NBME scheduled for the second Friday, they can ask to spread the other 2 exams out and move the Tuesday exam to Friday of week 2.
 - b. For example, during the regular 2 week testing period for OPSEF, NBMEs are administered on Tuesday of week 1 and Tuesday and Friday of week 2.
 - i. For example, if a student takes the NBME scheduled for the first Tuesday, they can ask to spread the other 2 exams out and move the Tuesday exam from week 2 to Tuesday of week 1.
7. **The early testing dates are completely optional.** If a student does not choose to take an exam early, the default will be the 3 testing dates during the 2 week exam period at the end of the block.

How to schedule an early testing date:

If you would like to schedule an early testing date, please email Lourdes Janssen at lourdes.davis@ttuhsc.edu with the following information:

1. Date chosen for early testing

Commented [FM13]: Maybe at some point, we can create an online form for them to submit through Elentra?

2. NBME subject exam chosen for early testing

*******Very Important*******

Please Note: The NBME roster will lock one week prior to the selected testing date. Once the roster locks, the exam has been ordered and the student is expected to take the exam and all of the rules related to NBME testing apply.

- a. For example,
 - i. Absence on the early testing date related to illness will require a doctor's note.
 - ii. "No Show" on the day of the scheduled exam will count as a failure on the first attempt.
- b. If you change your mind and decide that you do not want to take an exam early after you initially signed up, you must notify Mrs. Janssen one week prior to the scheduled test date – that is the Monday prior by 5 PM.

NBME Testing Rules:

The subject examinations are secure exams subject to all rules set forth by the National Board of Medical Examiners. These rules can be found on the NBME website at:
<https://www.nbme.org/common-questions/exam-rules-and-conduct>.

All students are expected to arrive on time and to be prepared to begin the exam at the scheduled time.

- a. Late arrival <10 minutes past scheduled start time:
 - a. This will result in an event card placed in the student's ePortfolio.
- b. Late arrival > 10 minutes past the scheduled start time:
 - a. Student will not be permitted to enter the exam room or take the examination.
 - b. The student will receive a score of "0" for the exam. It will counted as the first attempt for the subject exam. Remediation of the exam will be required.
- c. Students are responsible to check their Elentra schedule for room assignments for the exams. Changes in the room assigned may occur due to other events at the university.

Year 4 testing dates are scheduled as follows:

- Friday, July 7th
- Friday, August 4th
- Friday, September 1st
- Friday September 29th
- Friday, October 13th
- Friday, October 27th
- Friday, November 10th
- Wednesday, November 22nd
- Friday, December 1st

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- ~~Friday, December 22nd~~
- ~~Friday, February 2nd~~
- ~~Friday, March 1st~~
- ~~Friday, March 29th~~
- ~~Friday, April 26th~~
- ~~Thursday, May 23rd~~

Third year testing dates are as follows:

Block 1

- ~~Medicine and the Mind OSCE—October 24 & 25~~
- ~~OB/Peds/Surgery/EM/FM OSCE—October 26 & 27~~
- ~~OB/Gyn NBME—October 25~~
- ~~Psych NBME—October 28~~
- ~~FM/Surgery NBME—October 31~~
- ~~IM/Peds NBME—November 3~~

Block 2

- ~~IM/FM/Psychiatry OSCE—April 22–23~~
- ~~OB/Peds/Surgery OSCE—April 24–25~~
- ~~Surgery NBME—April 23~~
- ~~FM NBME—April 26~~
- ~~IM and Peds NBME—April 30~~
- ~~Psychiatry and OB NBME—May 3~~

Early Testing Dates

Block 1

- ~~Monday, August 7~~
- ~~Monday, August 14~~
- ~~Monday, August 21~~
- ~~Monday, August 28~~
- ~~Tuesday, September 5~~
- ~~Monday, September 11~~
- ~~Monday, September 18~~
- ~~Monday, September 25~~

Block 2

- ~~Tuesday, January 16~~
- ~~Monday, January 22~~

- Monday, January 29
- Monday, February 5
- Monday, February 12
- Monday, February 19
- Monday, February 26
- Monday, March 4
- Monday, March 11
- Tuesday, March 19
- Monday, March 25

~~Remediations for MS3's and MS4's are available on any scheduled testing date (Year 3 or 4). Once the student decides on a date to remediate, please contact Mrs. Janssen at least one week in advance to make arrangements.~~

Credentialing of Medical Students

All medical students must maintain compliance with occupational health requirements in order to participate in clinical rotations. This is monitored by the Office of Student Affairs.

In addition, many health care facilities and offices require students to be credentialed to attend procedures and/or care for patients. The Office of Medical Education will work closely with Student Affairs and the individual clerkships to file the paperwork necessary for each facility. It is each student's responsibility to answer emails and comply with required appointments (such as for fingerprinting at WBAMC) and to complete all required paperwork in a timely manner. If students fail to comply with deadlines and are unable to attend a rotation as a consequence, it may be reflected in the student's final assessment as a professionalism issue. Please note that the Office of Medical Education and the appropriate clerkship will notify students if there are facilities that are **not approved** for medical student rotations. The students should not perform clinical duties or procedures at any facility that is not approved even if their community preceptor goes to that facility.

If a student does not complete the required credentialing process, then they may NOT enter that facility and work as a medical student.

Clinical Grading Policy

Student clerkship performance is based on the clerkship director's judgment as to whether the student honors, passes, or needs improvement on each of 8 competencies described by the PLFSOM discipline performance rubric. The final clerkship performance assessment is conducted at the end of the rotation based on the student's level of performance across the block at that point in time. Students are not penalized for lower levels of performance early in their rotation. It is expected that over the course of the block, student performance will have improved in many or all categories, based on constructive feedback and growing familiarity with the clinical discipline and patient care. **In other words, the final assessment**

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is not an average of the student's performance, ~~over the entire rotation but represents their final level of achievement.~~ Competency grades are based on clinical assessments by faculty and residents, clerkship assignments and activities and professionalism as outlined in the clerkship syllabi. Clinical assessments are carefully reviewed by the clerkship directors and considered in relation to all students in the cohort and their use in the final grade is at the discretion of the clerkship director.

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Commented [FM14]: Update based on the Year 3&4 meeting discussion

Possible Final Grades are Honors, Pass, Fail, ~~and~~ In Progress (PR) and Deferred (DE) unless otherwise specified. There is no cap or quota on the number of students eligible for Honors designation. The overall grade is based on the 8 competency scores as described below, the NBME score and the OSCE score. No student who "needs improvement" in any competency on the final clerkship evaluation is eligible for honors.

A student who fails Professionalism may receive a Pass or a Fail overall at the discretion of the course/clerkship director, regardless of the scores on all other items.

Third and Fourth Year Required Clerkships

Overall grade is based on the assessment in each of the 8 competencies, NBME score (See Table 1 for clerkship designated thresholds for pass and honors), OSCE performance (if applicable), and professionalism

- **Honors**, if all of the following are true:
 - Passes NBME exam, if applicable, at or above the clerkship designated score for honors on first attempt
 - Passes OSCE, if applicable, on first attempt
 - Minimum of 4 of the 8 individual competencies rated as "Honors" on the final clerkship evaluation
 - No individual competency rated as "needs improvement" on the final assessment.
- **Pass** if all of the following are true:
 - Passes NBME exam, if applicable, at or above the clerkship designated score for pass on the first or second attempt
 - Passes OSCE, if applicable, on first or second attempt
 - Minimum of 6 of the 8 individual competencies rated as pass or better on the final clerkship evaluation
 - No more than 2 individual competencies rated as "needs improvement" on the final clerkship assessment
 - Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the final clerkship evaluation.
- A **failing** clinical assessment is assigned if **any** of the following are true.
 - 3 or more individual competencies rated as "needs improvement" on the final clerkship assessment
 - NBME Exam, if applicable, below the designated clerkship score for pass after 2 attempts
 - Failure on final exam (other than NBME), if applicable, after 2 attempts
 - Fail on OSCE, if applicable, after 2 attempts

- Professionalism concern deemed by the course director significant enough to warrant a Fail on the final evaluation.
- If a student receives a final grade of “needs improvement” in 3 or more competencies in any of the clerkships, they will be referred to the Grading and Promotions Committee (GPC).
- If a student fails 3 NBME’s or 2 OSCE’s on the first attempt within the third year, they will be referred to the Grading and Promotion Committee and a notation will be made on the MSPE (Medical Student Performance Evaluation)

An **In Progress** grade (**PR**) will be assigned any student who has not completed required assignments or examinations or who has not fulfilled all clinical experience obligations, pending completion of the required work. This is a temporary grade used when the student’s work has been satisfactory in quality and the work in a course extends beyond the semester or term due to factors that are beyond the student’s control, for example due to illness or prolonged excused absence.

A Deferred grade (DE) is a temporary grade that is given only when a student’s work is unsatisfactory in a component of the course/clerkship and the work in a course extends beyond the semester or term based either on course policy or on a remediation plan established for the student by the school’s Grading and Promotions Committee. For example, failure of the first attempt on an NBME or OSCE would result in a temporary grade of DE. If the NBME and/or OSCE is successfully remediated, the DE will be changed to PA. If the attempt at remediation of the NBME or OSCE is not successful, then the DE will convert to FA and the student will be referred to the Grading and Promotions Committee as per the GPAS policy.

Table 1: Clerkship Designated Scores for Pass and Honors

Clerkship	PLFSOM Equated Percent Correct Score required for PASS (>designated score)	PLFSOM Equated Percent Correct Score required for HONORS (>designated score)
Family Medicine	65	80
Surgery	61	80
Psychiatry	73	87
Internal Medicine	60	80
Pediatrics	65	84
OB/GYN	67	83
Neurology (4 th year)	68	85
Emergency Medicine (4 th year)	68	82

*

Please note:

1. Third year students in Class of 2025⁴ who complete the requirement for EM and Neurology during their 3rd year will not be required to take these subject exams. Students who are on a prior degree plan and who did not complete these requirements during their 3rd year will need to take EM and Neurology during their 4th year and will be required to take the subject exams.

Commented [FM15]: FM: 2021 guidelines recommend 68 as passing; prior guidelines were 61; 68 is the 16th%; 65 is the 9th %. Note – Dr Genrich said that he would like to keep as is at 65

Commented [FM16]: FM 2021 guidelines recommend 79 to 90 as honors cutoff

Commented [FM17]: Surgery: 61 is the recommended cut-off and range for honors is 78 to 90. Dr Tyroch said he would like to keep as is.

Commented [FM18]: Psychiatry: 72 recommended with honors range 86 to 92; note 72 is the 4th %, 73 is 5th % and 74 is the 7th %. Can leave as is or raise to 74? I wouldn’t recommend going down to 72 as 6% is recommended for preparation for step 2.

Commented [FM19]: Medicine 2023 guidelines suggest 62 as passing with honors range of 77 to 90; 62 is the 11th % and 60 is the 7th %. Can leave as is or raise to 62?

Commented [FM20]: Pediatrics: 2023 guidelines suggest 66 as passing and range of 83 to 93 for honors; 66 is the 10th % and our current cutoff of 65 is the 8th %; Can leave as it is or raise to 66?

Commented [FM21]: OB/GYN: 2022 guidelines suggest 67 as passing and honors range of 82 to 94

2. Each Fourth Year Elective has its own ~~specific~~ grading assessment forms [based on the eight core competencies and linked to the PLFSOM Program Goals and Objectives](#). Final grades possible are Honors, Pass, and Fail. Please refer to the syllabus for each elective for more information on the specific grading policy.

3. Pass/Fail Grading :

a. [During third year, Intersession, Emergency Medicine, and the Family Medicine Longitudinal \(OPSEF Block\) are graded as Pass/Fail.](#)

~~2-b.~~ [During fourth year, the Bootcamp is graded as Pass/Fail.](#)

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Class Ranking Formula

Class rank will be calculated at the completion of third year clerkships and will be included in the student's MSPE prepared by the Office of Student Affairs. The ranking will be based on competency grades, professionalism, NBME scores and OSCE performance. Contribution of each element will be as follows:

- 40% based on competency grades from 8 third year clerkships in Knowledge for Practice, Patient Care, Interpersonal and Communication Skills, Practice Based Learning and Improvement, System-based Practice, Interprofessional Collaboration and Personal and Professional Development. Input from each clerkship will be proportional based on number of credit hours/year.
- 10% based on performance in the end of block OSCEs
- 40% based on NBME subject exam scores from the 6 third year clerkships. Note that NBME exams are not required in Emergency Medicine and Neurology during third year,
- 10% based on competency grades in Professionalism from all 8 third year clerkships

Referral to Grading and Promotion

It is the responsibility of each student to familiarize themselves with the Grading, Promotion and Academic Standing Policy (GPAS). The GPAS Policy can be found [on the UME Program Policies and Forms web page](#) at the following link:

https://elpaso.ttuhsu.edu/som/ome/CEPC/documents/secure/GPAS_Policy_11.22.2022.pdf <https://elpaso.ttuhsu.edu/som/ome/cepc/policies.aspx>

Commented [MC22]:

Commented [MC23R22]: This is not the most updated GPAS policy, there is July 2023 version.

Commented [FM24R22]: Thank you!

Op-Log Policy

1. [Students are required to complete](#) Op-Log entries on **all** patients with whom they have direct, "hands-on" clinical contact—e.g., take all, or significant part of the patient's history, conduct a physical examination, perform or assist in diagnostic or treatment procedure, write orders, participate in treatment decisions, etc. A student will also be expected to complete Op-Log entries on patients seen with an attending or resident where clinical teaching and learning through observation is an explicit goal of the encounter.

2. Students will document each problem/diagnosis addressed by the student at the time of the encounter e.g., if a patient has the following diagnoses listed on his/her record—DM type 2, Hypertension, and Osteoarthritis, but the student only addresses the OA during the encounter, OA is the only problem that would be recorded in Op-Log for that encounter. If the student addresses more than one problem in a given encounter, then they should list the diagnosis primarily addressed at the visit first, and then the others diagnoses in order following this.
3. **Students are expected to record their encounters in OP-Log on at least a weekly basis.** Regardless of where the assessment falls in a week, students must have their Op-Log recordings up-to-date at least 24 hours prior to scheduled mid-block of clerkship formative assessment and by 5:00 pm the Monday of NBME week.
4. For hospitalized patients, a student will complete an entry at the time they assume care of the patient and each day that they have direct “hands on” contact.
5. **Timely, complete, and accurate clinical encounter Op-Log entries will be a component of the clerkship assessment. Students who do not meet expectations in the documentation of their clinical experiences will not be eligible for “Honors” designation.**
6. Students will not document “incidental” patient-encounters. Each clerkship will operationally define “incidental encounters for its purposes.
7. Each clerkship has identified mandatory conditions that students must encounter during the clerkship. If a student does not see a patient with the mandatory condition or procedure at the designated level of involvement, then an alternate assignment must be completed to fulfill the requirement. Please see the Op Log sections in each syllabus.
 - a. Note that the required diagnosis must be listed first in the Op Log in order to fulfill the requirement.
 - b. Each encounter logged can only be used to satisfy one requirement. For example, if a student sees a patient with chest pain who has DM and HTN, this entry will only satisfy the chest pain requirement. It will not satisfy 3 requirements.
 - c. For specific diagnoses (such as colic or child abuse), this can be adjusted at the discretion of the clerkship director.
8. We expect that students will document a minimum number of encounters per clerkship. Please note that these are minimum expectations, and as such a student may not qualify for Honors if they only meet the minimum expectation (Honors designation indicates a student went above and beyond).
9. Deliberate falsification of Op-Log entries is an honor code violation.

COMMON REQUIREMENTS

Year 3:

1. Intersessions

- a. There will be three intersessions in the third year
 - i. One week prior to the start of Block 1
 - ii. One week prior to the start of Block 2
 - iii. Two weeks at the end of the academic year after the conclusion of Block 2
 - iv. The entire class will participate in the activities. Content will integrate the experiences in the clinical rotations during Year 3 with concepts from the Year 1 & 2 coursework.

- b. This is a 4-credit course required for graduation.

~~c.~~ Dates for Class of 2025

~~i.~~ May 22 to 26, 2023

November 6 to 9, 2023

~~ii.~~ May 6 to 17, 2024

~~d.~~ c. Attendance and participation in the intersession activities is **mandatory**.

~~e.~~ d. Please refer to the Intersession Syllabus for complete details and to review the objectives, a sample calendar and assessments.

2. End of Block OSCE grading

- a. Students at the end of each block are required to take and pass on OSCE exam.
 - i. The exam typically consists of 5 to 6 cases. The cases combine clinical skills/reasoning from the block clerkships.
 - ii. The OSCE may also include skill demonstration stations (see specific clerkship/block syllabi)
 - iii. Grading of the OSCE Standardized Patient cases
 1. The student will receive two sub-scores
 - a. Integrated clinical encounter- consisting of:
 - i. Standardized Patient Checklist covering key elements of history and physical examination
 - ii. SOAP note in the standard format with a focus on the assessment and plan and organization of the note
 - iii. Additional elements, such as oral case presentations to assess clinical reasoning
 - b. Communication and Interpersonal Skills
 - i. Uniform checklist across all cases with focus on fostering the relationship, gathering the information,

providing information, helping the patient make decisions, and supporting emotions

2. Must pass each category (Integrated clinical encounter AND Communication and Interpersonal Skills) averaged across the 5 cases.
 3. Minimum passing score 70% each for CIS and ICE component for each case
- iv. Remediation
1. If a passing score in either category or both (CIS and ICE) is not achieved, the student will be required to repeat the case/cases that not meet the minimum passing score
 2. If a passing score on either category or both is not achieved on the second attempt, the student will be referred to Grading and Promotions for failure of the clerkship.

3. End of Year 3 OSCE

- a. Background
- i. Cases are designed to elicit a process of history taking and physical examination that demonstrates the examinee's ability to list and pursue various plausible diagnoses. Clinical reasoning will be evaluated.
- b. The EOY OSCE is scheduled during the May Intersession.
- c. Objective
- i. Demonstrate competency in history, physical examination skills, and diagnostic reasoning appropriate to the level of the student
 - ii. Accurately document a focused history, physical examination, assessment and corresponding clinical reasoning in the record.
 - iii. Make informed decisions about the initial diagnostic work-up for each scenario and document in the record.
 - iv. Demonstrate communication skills in providing patient education and counselling when appropriate to the situation.
 - v. Demonstrate sensitivity, compassion, integrity, and respect for all people.
- d. Scoring and Grading
- i. The student will receive two sub-scores
 1. **Integrated clinical encounter**- consisting of:
 - a. Standardized Patient Checklist covering key elements of history and physical examination
 - b. SOAP note in the standard format with a focus on the assessment and plan and organization of the note
 - c. Additional elements, such as oral presentation, may be added to assess clinical reasoning
 2. **Communication and Interpersonal Skills**

- a. Uniform checklist across all cases with focus on fostering the relationship, gathering the information, providing information, helping the patient make decisions, and supporting emotions.
 - i. Note: there will be modifications for pediatric cases and telephone encounters
 - e. Must pass each category (Integrated clinical encounter AND Communication and Interpersonal Skills) across all 6 cases
 - i. **Minimum passing score 75%**
 - f. **Remediation**
 - i. If a passing score in either category or both is not achieved, the student will be required to repeat all stations of the examination.
 - ii. If a passing score on either category or both is not achieved on the second attempt, the student will be referred to Grading and Promotions.
 - g. Successful completion of remediation is required to begin Year 4 coursework.

4. Comprehensive Clinical Sciences Examination (CCSE)

- a. Each student is **required** to take the CCSE at the end of Year 3 during the May Intersession to determine readiness to take USMLE Step 2 CK.
- b. The Associate Dean for Student Affairs or their designee will discuss with the student if the score is of concern and decide on a plan of action.
- c. COMPLETION OF YEAR 3 is required~~highly encouraged~~ before taking USMLE STEP 2 CK.
 - i. Please note that missing time to take Step 2 CK during Block 3 will result in an unexcused absence. Please see the attendance policy on page 2.
 - ii. Unexcused absences may result in disciplinary action, potentially requiring a student to repeat a clinical block or rotation.

Year 4:

5. 1. Critical Care Core Curriculum

- a. This is a series of online interactive modules available through the Society for Critical Care Medicine that address core topics that represent foundational knowledge and apply across critical care settings. Examples of topics addressed include: airway management, and interpretation of arterial blood gases, and common causes of shock. (See specific syllabi)
- b. Completion of assigned modules and quizzes is required.
- c. If modules are not completed by the end of the rotation, the student will receive a grade of In Progress until all modules are completed in a satisfactory manner.

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Failure to complete these modules by the assigned deadline could result in a “needs improvement” in the professionalism competency on the final assessment.

2. Graduation expectation

- a. When a student registers for year 4 of the curriculum, it is expected that they will complete their course/clerkship requirements within two semesters and graduate the following May. If the student is off cycle and begins their fourth year in January, then they will be expected to graduate in December of the same year.
- b. After registration for year 4 of the curriculum, voluntary/discretionary delay of graduation is not permitted.

Year 3 and Year 4:

1. Documentation in the Electronic Medical Record

- a. It is a privilege for our medical students to document in the electronic record at Texas Tech Health Sciences Center El Paso and our affiliated hospitals and clinics.
- b. Student notes entered in any electronic health record as part of a clerkship experience or requirement must be completed by the student in a timely fashion and routed to the appropriate resident and faculty.
- c. Delinquent notes in all electronic health records, including EHRs at our affiliated institutions, must be resolved promptly.
 - i. Failure to respond to requests by medical records at the clinical site of the rotation may result in a professionalism concern leading to a final grade of “needs improvement” and/or failure of the clerkship.
 - ~~ii. prior to clearance for graduation.~~ The student’s diploma will not be released until all delinquent records are cleared,

2. Reminder of Important Dates

- a. USMLE Step 1
 - i. Students **must** take Step 1 prior to the start of third year orientation and clerkships.
 - 1. If a student receives their score and does not pass, please refer to the GPAS policy available at:
<https://elpaso.ttuhsc.edu/som/ome/cepc/policies>.
~~https://elpaso.ttuhsc.edu/som/ome/CEPC/documents/secure/GPAS_policy_2019MARCH.pdf~~

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- ii. Students returning from a Leave of Absence must take and receive a passing score on Step 1 prior to the start of the clerkships. Please see the GPAS Policy and the Student Handbook.
- b. USMLE Step 2 CK
 - i. Students must take their first attempt at Step 2CK **before October 31 of their 4th year**. Students who do not meet the deadline will be suspended from 4th year clerkships/courses until they take the examination.
 - ii. Obtaining a passing score on Step 2 CK is a graduation requirement. Please refer to the GPAS policy for additional details, available at: https://el Paso.ttuhsc.edu/som/ome/CEPC/documents/secure/GPAS_policy_2019MARCH.pdf <https://el Paso.ttuhsc.edu/som/ome/cepc/policies>.

CME Requirement

The CME Requirement is a prerequisite to graduation!

Purpose/Goals of Requirement:

- Expose students to the full continuum of medical education including Continuing Medical Education;
- Provide students opportunities to broaden their clinical training by participating in approved Type 1 CME events;
- Reinforce the fact that all physicians are expected to be active, life-long learners and to take responsibility for maintaining and expanding their knowledge base.

Requirement:

- **A minimum of 10 documented Type 1 credits must be completed by March 1 of the MS 4 year;**
- Credits must be earned in at least three (3) different disciplines (e.g., Internal Medicine and IM sub-specialties, Surgery and surgical subspecialties, OB-GYN, Pediatrics and pediatric sub-specialties, Psychiatry, Family Medicine, etc.);
- At least 5 of the credits must involve “live” sessions;
- Clerkship required learning activities that “happen” to carry CME credit (e.g., the Lactation Curriculum in OB-GYN) **will not count** toward meeting the CME requirement **except** for Grand Rounds Sessions that have been approved for Type 1 credit by the CME office that students are required to attend as part of a rotation.

Documentation:

- Student participation in PLFSOM CME approved events will be documented via medical student sign-in sheet;

- Students are required to provide acceptable documentation (e.g., certificates of completion, transcript of credits, and/or photo of sign-in sheet) to Christy Graham in the Office of Medical Education;
- Mrs. Graham will update students quarterly about their individual status in meeting requirement

Duty Hours Policy

Preamble: The School of Medicine has the responsibility to develop and implement work hour policies for medical students, especially those on clinical clerkship rotations, in accordance with LCME Element 8. These policies should promote student health and education.

1. Students should not be scheduled for on-call time or patient-care activities in excess of 80 hours per week.
2. Students should not be scheduled for more than 16 continuous hours (except as noted in #8 below).
3. Students should have 10 hours free of duty between scheduled duty periods.
4. Students should have at least one day off each week averaged over a one-month period.
5. Students should not have more than 6 consecutive nights on night float duty.
6. This policy applies to all clerkships/rotations in the third and fourth year at Paul L. Foster School of Medicine.
7. It is anticipated that student attendance at clerkship seminars, conferences, and other didactic sessions will be facilitated by this policy and that provisions in this policy are not the basis for missing these sessions. Requests for excused absences from these sessions should be submitted to the clerkship director or his/her designees on an individual basis.
8. During 4th year **required** clinical rotations, such as the Sub-Internship selectives, the clerkship director may require overnight call to prepare students for internship and residency. In this case, call rooms must be available for the student's use at the facility and duty hours must not exceed 24 hours of continuous scheduled clinical assignments. Up to 4 hours of additional time may be used for activities related to patient safety, such as transitions of care. The clinical departments will determine the frequency of overnight call, but it should not be more frequent than every 4th night.
9. Duty hours are counted from Sunday to Saturday each week.
10. Variances from this policy must be approved by the Associate Dean for Student Affairs.

Clerkship Requirements for Reporting Duty Hours

Students must report their duty hours in the online scheduling system within 48 hours of the end of each event. Failure to enter duty hours more than 3 times in a Clerkship will result in a concern notation on the student's professionalism evaluation (completed by the Clerkship Coordinator).

Duty hours are tracked through the EZ Check Me system. Students must check in when they arrive on shift, and check out as they are leaving. If something goes wrong with the app, it is the student's responsibility to report this to the clerkship coordinator.

Additional Policies

There are a number of policies dictated by the Office of Student Affairs. Students are expected to be familiar with all policies in the Student Affairs Handbook

(<http://elpaso.ttuhsu.edu/fostersom/studentaffairs/SAHandbook2014Revised.pdf>) with special attention paid to the following:

Commented [FM25]: Will need to update with EZ Check system

Commented [MC26]: Need newest version to be uploaded by Mari Cotera with link to policies below

[Dress Code](#)

- [Needle Stick Policy](#)
- [Mandatory Student Health Insurance Requirement](#)
- [Working with Affiliated Entities- Student Drug Screening](#)
- [Student Mistreatment](#)
- [Title IX Policy](#)
- [The Institutional Handbook](#)
- [Grade Appeal Policy](#)
- [Technical Standards](#)
- [Standards of Behavior in the Learning Environment](#)
- [Medical Student Code of Professional and Academic Conduct](#)
- [Observance of Religious Holidays Religious Holy Days](#)
- [Missed Graded Activities](#)
- [Evaluation Policy](#)
- [Off Cycle Policy](#)

Students are expected to be familiar with policies regarding the Training and Educational Center for Healthcare Simulation (TECHS) and to abide by these policies when attending sessions in the TECHS Center.

Commented [MC27]: Old Compact between Learners and Teachers, do not use anymore?

Commented [MC28]: Mandatory Student Health Insurance Requirement
Working with Affiliated Entities- Student Drug Screening
Student Leaves of Absences and Suspensions
Student Mistreatment Policy
Title IX Policy
Needle Stick Policy
Grade Appeal Policy
Observance of Religious Holidays
Technical Standards 2024
The Institutional Handbook
Off-Cycle Student and Changes to Course Policies Related to Assessment and Grading (2017)
Off-cycle Entry Into Year 3 (May 2023)
Faculty and Resident Evaluation and Reporting (February 2023)

Commented [FM29R28]: Some of these are updated and maintained on the OME webpage and we can link to the source – for example the off cycle and evaluation policy.