

CEPC MEETING AGENDA

5:00 PM - 6:30 PM

04/13/2026

CHAIR:

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

VOTING MEMBERS:

Dale Quest, PhD; Biff Palmer, MD; Khanjani Narges, MD, PhD; Munmun Chattopadhyay, PhD; Natalia Sidhu, MD; Alexandria Melendez-Zaidi, MD; Saul Ramirez, MD; Stephanie Nemir, MD, PhD

EX-OFFICIO:

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

STUDENT REPRESENTATIVES:

Asiah Himawan MS1 (Voting); Sarah Ahmed MS1 (Ex Officio); Sami Daye MS2 (Voting); Michelle Tiji MS2 (Ex Officio); Kristina Ingles MS3 (Voting); Samuel Aldous MS3 (Ex Officio); Katherine Asmis MS4 (Voting); Joshua Salisbury MS4 (Ex Officio)

INVITED/GUESTS:

Thwe Htay, MD; Priya Harindranathan, PhD; Claudia Cortez; Jessica Chacon, PhD; Patricia Ortiz, MD; Fernando Antonio Doval Perez;

REVIEW AND APPROVAL OF MINUTES

Minutes Attached

ANNOUNCEMENTS

Presenter(s): Dr. Francis

ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I Clerkship Phase Review

Presenter(s): Jessica Chacon, PhD; Patricia Ortiz, MD; Narges Khanjani, PhD; Biff Palmer, MD; Sarah Ahmed, MS1

- **Team 3: Emergency Medicine, M&M and OPSEF**

ITEM II Clerkship Phase Review

Presenter(s): Fernando Antonio Doval Perez, MD, Dale Quest, PhD, Munmun Chattopadhyay, PhD, Sami Daye, MS2

- **Team 4: Family Medicine Sub-I, Internal Medicine Sub-I, Ortho Sub-I, Surgery Sub-I, Pediatrics Sub-I, OBGYN-Sub-I, SICU, CVICU, MICU Transmountain, NICU, Neuro ICU**

ITEM III MS3 Syllabus Update

Presenter(s): Dr. Singh

Adjourn

MEMBERS IN ATTENDANCE:

Maureen Francis; Biff Palmer; Munmun Chattopadhyay; Natalia Sidhu; Saul Ramirez; Namrata Singh; Asiah Himawan; Sarah Ahmed; Sami Daye; Michelle Tiji; Kristina Ingles; Charmaine Martin; Stephanie Nemir; Thwe Htay, MD; Lisa Beinhoff, Narges Khanjani, PhD

MEMBERS NOT IN ATTENDANCE:

Samuel Aldous; Katherine Asmis; Joshua Salisbury; Jose Lopez; Tanis Hogg; Dale Quest;

PRESENTERS/GUESTS IN ATTENDANCE:

Jessica Chacon, PhD; Patricia Ortiz, MD; Fernando Antonio Doval Perez, MD,

INVITED/GUESTS NOT IN ATTENDANCE:

Priya Harindranathan

REVIEW AND APPROVAL OF MINUTES

Dr. Francis Having met quorum, the meeting minutes from the March 9, 2026 meetings were voted on and approved with clarifications.

Dr. Ramirez moves the motion for approval of the March meeting minutes with Clarifications.

Sami Daye seconds the motion.

No objections: Motion was approved.

ITEMS FROM STUDENT REPRESENTATIVES

MS1/MS2/MS3/MS

- 4** MS1 representatives stated concerns regarding the CVR summative exam, including misalignment between taught material and assessment items, discrepancies between formative and summative question styles, and missing asynchronous lecture recordings. Students also reported that physiology flipped-classroom sessions were ineffective, had low attendance, and represented approximately 25% of total instructional time, contributing to broader concerns and decreased trust in course faculty.
- Course leadership noted that exam questions are currently under review and may be removed; however, students expressed frustration with limited communication during the week-long review period. Students requested greater transparency regarding exam development, distribution, and expectations moving forward.
- Dr. Francis reported that faculty and administration have met to address these concerns. Dr. Chacon and other faculty are reviewing each exam item, mapping questions to instructional materials and evaluating performance data, a

process that is taking considerable time. Dr. Chacon asked whether communication to MS1 students should occur via email, and representatives confirmed that a class-wide email addressing concerns is preferred.

MS2 representatives reported that the final CBSE is scheduled for May 8, which coincides with the national transition to a new software for the USMLE Step 1 testing centers. Students requested that the CBSE be moved approximately one week earlier so they may use their score to support scheduling and eligibility before the deadline for taking Step 1 which was set at 5/13/2026.. Dr. Hogg has been made aware of this and is looking into other dates.

MS3 and MS4: No issues reported.

ITEM I Clerkship Phase Review Team 4

**Presenter(s): Dr.
Patricia Ortiz, Dr.
Narges Khanjani,
Sarah Ahmed**

*Please see attached report

Dr. Ortiz presented the review of the Emergency Medicine for the Mind and Medicine component. The rubric reflected performance ratings largely in the exceptional and acceptable ranges. The only deficiency identified was the absence of required contact information, clerkship director and coordinator details in the syllabus. The clerkship description and overall syllabus organization were considered satisfactory.

The calendar of clerkship events was rated acceptable. Although the Emergency Medicine clerkship spans the full block, the syllabus adequately outlined key activities, dates, and scheduling expectations. The standardized syllabus layout was well organized, with clearly stated objectives and integration threads. Most integration elements could be inferred, though basic science and clinical/translational areas were more difficult to identify.

All course program goals and objectives were mapped appropriately. Note there was an error on the rubric – listing geriatrics as a competency domain which it is not. . Session-level objective mapping showed that didactic sessions were mapped for the full block, though it was unclear which objectives specifically pertained to Emergency Medicine. Assignments in the syllabus were not mapped, and no session-level objectives were found in the accompanying spreadsheet for the assignments.

Student performance objectives were clear, and Op-Log Expectations were clear but noted that Appendix C as referred to in the rubric was not found but requirements were listed in the syllabus. Assessment mapping to PGOs were clearly mapped and noted that they could be found in Table 6.1; PC 1.5 Emergency Medicine Shift Assessment, Table 6.1 MS3 &MS4 Clinical clerkship assessment forms for all, and Assessment mapping spreadsheet for all. Mid-clerkship review, Professionalism expectations are noted in the common clerkship policies.

Op Log Entries, patient encounter requirements were met, all other items on the rubric were marked as exceptional, duty hours there were no violations but didn't physically mark the document for this item. Dr. Francis noted that

Emergency Medicine has shifts that are scattered throughout so there isn't a duty hour reporting for emergency medicine. Dr Francis noted that Emergency Medicine shifts are always done during the ambulatory weeks. Duty hours are reported by the week and she also noted that there were no duty hour violations in the ambulatory weeks. Review of student evaluation of Block & Clerkships performance was exceptional overall, most of the students agreed that they were observed delivering patient care.

Learning environment reports were found to be acceptable, due to a report in the fall when one student reported being publicly humiliated once and one student said they were subjected to offensive sexist remarks or names one time. There were no reports for the Spring on similar violations. Mistreatment reports was found acceptable. The review of additional outcome measures for the Emergency Medicine clerkship found all elements to be either exceptional or acceptable, with no red flags identified. Clerkship documentation confirmed that 100% of students were directly observed taking a history and performing a physical examination. In aggregate, students are considered prepared to advance to the MS4 year.

Dr. Parsa, Clerkship Director, noted an ongoing focus on strengthening feedback on written assignments. Regarding formative feedback overall, students reported having sufficient opportunities to receive feedback through multiple modalities and at various points throughout their rotation.

During the review of additional outcome measures for Emergency Medicine, Dr. Parsa was asked how he works with faculty and residents to ensure the quality of feedback provided to students. He reported that annual training and periodic updates are delivered to both faculty and residents to reinforce best practices in providing high-quality formative feedback.

Specific competencies related to feedback delivery were not addressed, nor were mechanisms for monitoring the consistency or quality of feedback across evaluators.

Dr. Ortiz provided additional comments and questions during the review of student feedback for the M&M Block. Overall, students reported strong satisfaction with the Emergency Medicine clerkship, noting excellent evaluations and consistently positive remarks.

Key points raised by Dr. Ortiz included:

Didactic Sessions: Students expressed interest in adding Emergency Medicine-specific didactic sessions. Dr. Ortiz asked whether this request has been considered for future curriculum planning.

Clinical Shifts: Several students requested additional EM shifts. Dr. Ortiz inquired whether, if increasing shift numbers is not feasible, this has been clearly communicated to students.

Scheduling Concerns: Many students reported last-minute scheduling changes, particularly for weekend shifts. Dr. Ortiz asked whether these concerns have been addressed and what steps are being taken to improve scheduling reliability.

Mistreatment Report: One student comment referenced a specific resident in what appeared to be an example of mistreatment. Dr. Ortiz asked whether this incident was addressed.

Dr. Martin reviewed the mistreatment reporting process. All reports are reviewed by the department chair, the clerkship director, and the residency program director. Dr. Francis added that at the end of each clerkship block, submitted reports are forwarded to the clerkship directors along with all other clerkship feedback. A Learning Environment Report is then compiled to aggregate concerns across all clerkships. This report is subsequently sent to Dr. Martin and the Dean to ensure comprehensive awareness and follow-up. Dr. Martin added that when clerkship directors receive mistreatment reports whether originating from program directors, department chairs, or other sources any follow-up actions or counseling provided should also be forwarded to the OSA office. This would help ensure timely documentation and confirmation that concerns are being addressed as close to real time as possible. It was suggested that this topic be included for discussion at an upcoming MS3/MS4 clerkship director meeting.

Dr. Khanjani presented the review of the Emergency Medicine OPSEF. A recommendation was made to include the full acronym at the beginning of the section for clarity, as well as to add missing contact information. It was also noted that the syllabus does not currently include a calendar.

Dr. Francis clarified that Emergency Medicine shifts are distributed across the blocks. The syllabus specifies only the required number of shifts and hours, and students complete these shifts during their ambulatory weeks.

Clerkship locations, were acceptable with some items noted. How clerkship locations are presented in the Emergency Medicine syllabus. One location, El Paso Children's Hospital (4815 Alameda, 915-298-5443) is currently listed under General Requirements. However, the syllabus also states that additional facilities may be added later in the year, which may create ambiguity for students.

Dr. Khanjani recommended the following improvements:

- Create a dedicated “Clerkship Locations” heading in the syllabus to clearly list all required sites.
- Move the El Paso Children’s Hospital information from the General Requirements section into this new heading for better visibility.
- Include all known locations, such as the 9-hour fire station shift, so students understand they will rotate through sites beyond the children’s hospital.
- List additional facilities in advance whenever possible, while acknowledging that some changes may occur throughout the year.

These adjustments would improve clarity and help students more easily identify all required clerkship locations.

The syllabus layout was found to be generally acceptable, she offered several recommendations for improvement:

- Placement of Grading Information: It was suggested that the “Grading Policy” section be moved toward the end of the syllabus rather than appearing in the middle, to improve flow and readability.
- Clerkship Objectives: The objectives presented in the syllabus appear to reflect the Course-Level Objectives, all of which have been appropriately linked to the PGOs.
- Session-Level Objectives are listed in the appendix but still require completion.
- Mapping Updates: Dr. Francis reported that issues with mapping certain sessions were corrected for AY 2024–25. Updated mapping has been added for the EMS ride-out, the 911 call center experience, and the social history assignment.

Dr Khanjani noted that multiple integration threads are clearly represented throughout the Emergency Medicine syllabus. These include: Professionalism, Patient safety, Communication skills, Evidence-Based Medicine (EBM), Pain

management, Quality improvement, Diagnostic imaging, Ethics, Chronic illness care, Clinical pathology. These threads demonstrate alignment with broader curricular expectations and are mentioned in the syllabus.

Integration Threads with Clarifications and Pending Mapping

She noted that while several integration threads are listed in the syllabus appendix, limited information is provided regarding how or why each thread is incorporated into the clerkship. Additionally, although PGO numbers (not letters) are referenced, not all threads are aligned with the list previously identified or clearly tied to specific learning activities.

Course Objective mapping by PGO, Patient care, Medical Knowledge, practice-Based Learning and Improvement, Interpersonal and Communication skills, professionalism, system-based practice Interprofessional collaboration, personal and professional development according to page 1-3 of the syllabus, objectives are linked.

The session-level objective mapping was generally acceptable. However, several recommendations were made to ensure full alignment and completeness. Mapping remains pending for the following learning activities listed in the syllabus appendix:

- General pediatric pulmonology
- Virtual and telephone medicine
- Family-centered rounds
- Vitals: recognizing when to intervene
- Acute pain management: looking at multimodal approach to apin management
- Orthopedic emergencies
- General pediatric nephrology
- The PGO is also missing in: The last objective of “Infectious Rashes” on page 13.

She noted that the objectives listed in the Curriculum PGO Links Report (Excel file) do not match the syllabus wording exactly, though the meanings are consistent. PC-1.1 appears in the syllabus but is not reflected in the Excel “Links (Drilldown)” tab. Additionally, several course objectives map to multiple PGOs, which is clear in the syllabus and appendix but not easily identifiable in the Excel file. She recommended improving consistency and clarity across documents.

Assessment was acceptable and explained in the syllabus on page 4-5, in the “Grading Policy” section but more details can be added.

Student Performance objectives was acceptable but the rubric is not there. Some expectation have ben mentioned in “General Requirements.”

She found Op-Log expectations to be clearly and effectively outlined. The requirements are explained on page 6 of the syllabus under Op-Log Entries. The syllabus also states that clerkship faculty will review students’ clinical evaluations and Op-Log entries during the mid-rotation assessment (page 5). Additionally, the minimum Op-Log entry requirements are specified on page 4 under Grading Policy.

She noted that assessment mapping was complete across all required domains. However, it was not clear what specific assessments or activities are conducted within the EM OPSEF course, as the table referenced only broad categories labeled MS1, MS2, MS3, and MS4. (Clarification: the specific assessment linkages by clerkship are found in the mapping spreadsheets)

Mid-clerkship review, was acceptable, and explained in the syllabus on page 5, in the “Mid-Rotation Assessment” part.

She noted that professionalism is referenced in the clerkship’s goals and objectives, and additional mentions appear in sections addressing professional behavior and the “Grading Policy.” However, a dedicated paragraph outlining comprehensive professionalism expectations including the elements already described in this block, is missing. She recommended adding a clear, consolidated professionalism expectations section to improve consistency and student understanding. Clarification – professionalism expectations common across all clerkships are found in the Common Clerkship Policies)

Review of comparability report Emergency Medicine II on slide 199. Op-Log entries were deemed acceptable, with a minimum requirement of 10 entries per student. The report showed that the average number of patients logged per student from AY 2022–23 through AY 2024–25 ranged from 12 to 15, exceeding the minimum requirement. Dr. Francis noted that no alternate experiences were required to meet patient-encounter expectations.

Duty hour expectations are outlined on page 4 of the syllabus. Duty hours are tracked in EX Check Me, and students are required to badge in and out. All Emergency Medicine shifts occur during ambulatory weeks, with average weekly duty hours remaining below 40 hours.

Comparability report data showed strong student agreement that duty-hour policies were followed:

- AY 2024–25 OPSEF Satisfaction Data: 81%–96% of students agreed that duty-hour policies were adhered to.
- AY 2023–24 OPSEF Satisfaction Data: Students rated adherence between 5.1 and 6.0 on a 6-point scale.

The mid-clerkship feedback data noted 100% completion across all tables.

Final grade submission timelines were also evaluated. A slide distributed on April 9 showed that for EM II (OPSEF) in AY 2024–25, final assessments were submitted 20–23 days after the end of the block. For Emergency Medicine overall, from AY 2021–22 through AY 2024–25, final assessments were submitted within 11–28 days, meeting the required 28-day deadline. Specific submission dates were not available in Elentra. Timely completion of final grades was characterized as exceptional.

If more than one site is involved, are there any issues related to comparability of experiences across sites? The syllabus lists only El Paso Children’s Hospital (EPCH) as the clerkship site, so comparability across sites is not addressed. However, the Comparability Report includes data from UMC, THOP TM, and THOP Memorial, indicating additional training locations not reflected in the syllabus. The committee noted this discrepancy and identified the comparability section as missing given the involvement of multiple sites. (Clarification – students did not do any EM shifts at THOP TM or THOP Memorial during OPSEF in AY 2024-25 which is the year under review)

Student satisfaction with Emergency Medicine II was acceptable.

AY 2024–25 (OPSEF):

- EPCH: >90% satisfaction; one item (“adequate participation in patient care”) at 89%.
- UMC: 81% satisfaction.

Clarification in the table below:

AY 2024-2025 OPSEF Student Satisfaction Data - Block 1 & 2 (scale 1 to 5)

	EPCH		THOP		UMC	
	Block 1 N=	Block 2 N=39	Block 1 N=	Block 2 N=	Block 1 N=	Block 2 N=26
Duty hour policies were adhered to in this clerkship	96% (4% neutral)	95%	NA	NA	NA	81%
I had adequate participation in patient care	89% (10% neutral, 1 % disagree)	100%				81%
Were you observed performing the relevant portions of the physical or mental status exam? Yes or No	97%	85%				77%
Were you observed taking the relevant portions of the patient history?	97%	90%				77%
I had sufficient access to patients during the required clerkship to complete the required clinical encounters/skills and to meet the clerkship objectives	92% (4% neutral, 4% disagree)	92%				81%
I was satisfied with the adequacy of safety and security at this clinical site	96% (4% neutral)	100%				81%
I was appropriately supervised in clinical settings.	93% (6% neutral, 1 % disagree)	95%				81%

Overall, EPCH showed consistently high satisfaction, with acceptable but more variable results across other sites. Direct observation, most of the student agree that they were observed delivering patient care which is acceptable. Student satisfaction with oral and written feedback was also found to be acceptable. Overall satisfaction with the clerkship was found to be acceptable.

Learning-environment reports were found to be acceptable. While a few issues were noted, there was no recurring pattern, and concerns appeared to be isolated and appropriate for individual follow-up.

Mistreatment reports were exceptional, with no significant concerns identified.

Milestone performance for this clerkship was found to be acceptable.

- Observation of history-taking was exceptional, with 100% of Emergency Medicine II students observed performing a patient history.
- Observation of the physical/mental status exam was also 100%, indicating full compliance with required direct-observation expectations.
- Readiness for progression was acceptable

The clerkship confirmed active responsiveness to student feedback. Over the past 2–3 years, several improvements were implemented:

- Written Assignments: Faculty now provide detailed written feedback on all three assignments; students have expressed appreciation.
- Formative Feedback: Students receive feedback after each ED shift, on each written assignment, in real time during shifts, during the mid-clerkship review, and on observed H&Ps.
- Evaluator Training: Faculty and residents receive annual training on providing high-quality formative feedback. Resident training is tracked, and periodic updates are shared via meetings and email to reinforce expectations (e.g., use of anchors, avoiding grade inflation, proper attestation).

Intersession Review

Dr. Biff Palmer and MS1 Sarah Ahmed reviewed the 4-week Intersession course, delivered in three segments (start of fall, end of fall, and end of spring). The course introduces MS3 students to clinical activities and expectations while integrating pre-clerkship and clerkship concepts. The overall rating was exceptional.

Strengths

Strengths included a well-organized syllabus with clear subheadings, well-defined course objectives, detailed assessment descriptions, and clearly stated professionalism expectations.

Schedule Review

The “view from the moon” schedule was present and the overall layout was considered good. However, reviewers noted difficulty determining the focus of each week, and suggested adding brief weekly descriptions to improve clarity.

Clerkship objectives were well laid out, and student appreciated that the objectives clearly connected course activities to future clinical goals. Integration threads were appropriately identified and logically tied to the learning objectives in a coherent and meaningful way.

Assessment criteria were noted to be potentially subjective, but the syllabus provides clear expectations and aligns them with relevant PGOs, helping to guide both students and evaluators.

Student feedback indicated that hands-on sessions were consistently valued, while more passive sessions received more criticism. Reviewers also noted that there was no clear mechanism to assess overall student satisfaction with the course.

November student feedback showed that students felt like the colloquium session immunotherapy session and quality improvement session were not as beneficial and those were some of the more passive sessions that were included. Whereas many students felt the suturing and emergency SIM session (really anything in TECHS) was most beneficial to their learning and best use of their time.

May student feedback indicated that the Financial Aid session was poorly received, with over 50% of students disagreeing that it was useful. Students reported that most of the session involved watching a video and that the presenter’s advice felt generic. More than 40% of students also disagreed that the “Updates in Basic Science” session was useful. Students suggested that both the Financial Aid session and the Phlebotomy session be moved to the Fall Intersession for better alignment and relevance.

The learning environment was reported as overall positive, with no major issues identified. One concern was noted: during the Financial Aid session, the presenter asked students to raise their hands if they were taking out loans, which one student felt was a violation of privacy.

Suggestions for Improvement

- Scrub Training (OBGYN Simulation): Students reported that the current timing during MS3 rotations disrupts clinical time. The committee suggested moving scrub training to the Intersession week.

- Financial Aid Session: Students recommended restructuring this session due to low perceived usefulness. Suggestions included: Making it asynchronous, Offering short 1:1 or small-group meetings tailored to individual needs, or Moving the session to MS1, where it may better support early loan planning.

Kristina Ingles made a comment about Kelly in financial aid working on workbooks for MS1-MS4. Stating that they were very helpful and could be distributed to all students. Dr. Francis noted that Financial Aid office is changing their focus on their financial aid talks and have also distributed a survey.

Dr. Jessica Chacon reviewed the Bootcamp clerkship, a residency-readiness course using simulation-based and interactive training. It focuses on core clinical skills, patient care, and AAMC EPAs, emphasizing diagnostic reasoning, acute care management, communication, documentation, professional competencies, and the integration of patient safety, ethics, and wellness. Overall rating was Strong/Exceptional, focus is residency preparedness, simulations, feedback.

Strengths, were clear objectives mapped to PGOs, high-fidelity simulations, strong integration threads, and excellent student satisfaction (98.6%).

Areas for improvement are more detailed grading rubrics just identifying what the students are going to be assessed on. Feedback across sessions, and increase debriefing in some activities.

Contacts and structure was acceptable. The complete contact list was there but missing office hours or emergency contact details. The structure of the syllabus was clear and expectations were also present.

Curriculum and Objectives were exceptional clarity in objectives and strong PGO mapping. The integration threads were evident from syllabus and the course objectives were mapped to the PGOs.

Assessment was acceptable, the grading was clear in regards to pass fail, the rubric could be improved upon to be able to determine what the students are going to be assessed on. Consider adding a grading criteria that can be further clarified with rubrics for the student's clarification.

Student feedback was overall very positive. 98.6 % high perceived learning and preparedness. Her question was for the workshop directors, feedback is overall strong, but how is consistency ensured across instructors?
Can feedback be expanded in certain sessions (night on call, clinic) where students noted less debriefing?

Learning environment, had no reported mistreatment, positive professionalism culture, and overall strong faculty engagement. Comments for clerkship directors are: Continue maintaining strong positive learning culture and address isolated feedback about non-constructive feedback styles.

Readiness for progression, rated as exceptional, students felt well prepared for residency and had strong skill development.

Potential areas for inquiry and improvement included:

- Standardized Feedback: Consider implementing a more consistent feedback structure across all activities and faculty.
- Structured Debriefing: Expand and formalize debriefing sessions for all simulation formats to ensure consistent reflection and learning.
- Clearer Grading Criteria: Further clarify grading expectations by developing rubrics for assignments and simulation assessments.
- Enhanced Pre-Clerkship Preparation: Explore opportunities for additional pre-clerkship integration, such as pharmacology dosing refreshers and expanded simulation preparation.

Final Takeaways possible opportunities with clerkship and pharmacology faculty. Overall very well received by the students, high effective clerkship activity and strong simulation baseline.

Dr. Francis provided additional detail on the structure of the simulation weeks:

High-Fidelity Simulations:

Conducted during Week 1 and Monday/Wednesday of Week 2, each with a distinct focus.

Simulation Types:

- Rapid Response Simulation: Students work as a team to identify the problem and determine appropriate actions.
- Transition-of-Care Simulation: A morning team manages the case and hands off to an afternoon team, who must use the handoff information to address ongoing issues demonstrating the impact of effective vs. poor handoffs.

- Longitudinal High-Fidelity Case: A single patient case unfolds over several days, allowing students to practice continuity, documentation, and clinical reasoning.

Debriefing:

Standardized debriefing processes are used across simulations. Dr. Wexner (previously Dr. Segal) regularly participates in these sessions, helping ensure consistent, structured debriefing for all students.

It was noted that Night on Call feedback typically returns about a week after students finish Bootcamp. There was some concern that students may not review this delayed feedback, and the team agreed to look into ways to improve the timeliness and usefulness of this evaluation.

No further questions were raised, and the discussion for Team 3 concluded.

Dr. Ramirez moves the motion for approval.

Dr. Nemir seconds the motion.

No Objections: Motion was approved.

ITEM II TEAM 4

**Presenter(s): Dr.
Quest, Sami Daye**

*Please see attached report

The review of the three Sub-Internships Surgery, Orthopedics, and Pediatrics showed that all courses met expectations for student progression, with clear mapping to PGOs and generally strong student evaluations. Key opportunities for improvement centered on enhancing clarity, organization, and detail within syllabi, as well as addressing a few recurring student-experience concerns.

Surgery Sub-Internship

Syllabus Review: Objectives and assessments were appropriately mapped to PGOs. Recommended improvements included adding full contact information, clarifying that the rotation calendar is an example (or updating it to reflect actual schedules), specifying locations more precisely, improving visual organization, expanding grading criteria, and aligning professionalism expectations with the professionalism rubric.

Student Evaluations: Most students agreed they received adequate direct observation and useful feedback. Patient-management opportunities were generally sufficient, though ~20% felt the number of patient care experiences was inadequate.

Written Comments: Students noted a high student-to-patient ratio limiting hands-on experience and expressed a desire for more pre-clerkship preparation in suturing and laparoscopy.

Progression: Syllabus, course delivery, and evaluations indicate students are ready for graduation.

Orthopedic Sub-Internship

Syllabus Review: Rated exceptional or acceptable across all areas. Objectives and assessments were well mapped to PGOs. Suggested enhancements included adding a map, providing clearer and more detailed grading criteria, and expanding information on OP logs and the review process.

Student Evaluations: Ratings were uniformly exceptional. The only notable request was for more pre-clerkship exposure to orthopedic anatomy.

Progression: All indicators support readiness for graduation.

Pediatric Sub-Internship

Syllabus Review: Rated exceptional or acceptable. Objectives and assessments were clearly mapped to PGOs. Opportunities for improvement included adding comprehensive contact information, a calendar and map, and more detail on OP logs and the mid-clerkship review. Professionalism expectations could be strengthened with clearer emphasis and concrete examples.

Student Evaluations: Ratings were strong across all rubric categories. Overall satisfaction was 83%—not low, but the lowest among the courses reviewed and therefore noteworthy.

Written Comments: Students praised faculty and residents for being highly supportive.

Progression: Students are considered ready for graduation.

NEUROCRITICAL CARE UNIT (NSICU)

Dr. Quest reviewed this section, with Sami Daye presenting his findings. The PGO mapping was strong, with objectives and assessments clearly aligned.

Opportunities for improvement included:

- Adding more complete contact information
- Providing clearer location details
- Enhancing layout and organization, as recommended in the rubric

These items can be referenced and addressed in future revisions.

Student evaluations were exceptional across all rubric categories, indicating strong performance in teaching quality, supervision, and overall learning experience. Students were deemed ready for progression based on these results.

Syllabus quality, course delivery, and student satisfaction were all rated highly, supporting the conclusion that the course is ready for progression to graduation.

Neonatal Intensive Care Unit (NICU)

The NICU syllabus demonstrated good PGO mapping. Dr. Quest recommended several improvements, including:

- Adding pager numbers and correcting typos in the syllabus
- Providing clearer instructions on completing and submitting assignments
- Including more detail about the mid-clerkship review process

These refinements would strengthen clarity and alignment with rubric expectations. Overall the student are ready for progression to graduation.

Surgical Intensive Care Unit (SICU)

The syllabus, course objectives, and assessments were successfully mapped to the Program Graduate Outcomes (PGOs), demonstrating exemplary layout and organization. No elements were rated as unacceptable. Minor improvements were suggested, including completing the instructor contact information, adding page numbers for clarity, and reviewing the document for typographical errors.

Student evaluations were exceptional across most categories. Fewer than 90% of students strongly agreed that they observed the instructor delivering patient care. In the spring semester, 33% of responses indicated “slightly agree,” which remains within the acceptable range.

Readiness for progression was evaluated as overall ready for progression to graduation.

Dr. Chattopadhyay reviewed the following Syllabus items:

Family Medicine Sub-Internship

Coordinator phone number and emergency contact information were missing. The calendar, location details, layout, objectives, assessments, and mid-clerkship review processes were all rated as exceptional. PGO mapping for instruction and assessments was adequate. Block evaluations—including overall satisfaction and patient management opportunities—were exceptional, with the majority of students agreeing. Learning environment surveys and additional outcome data were rated as acceptable.

For the Clerkship Director(s), suggested improvements included creating longitudinal opportunities for students to build relationships with preceptors and patients, and addressing concerns that residents may be too busy to provide effective teaching and feedback.

Identified strengths included strong patient encounter opportunities.

Internal Medicine Sub-Internship

Emergency contact information was missing. The calendar could be improved with additional detail and clarity. Location information, Op-log expectations, mid-clerkship review, and professionalism were rated as acceptable, while the layout and objectives were considered exceptional. PGO mapping for instruction and assessments was adequate.

Block evaluations including overall satisfaction and patient management opportunities were acceptable, with most students agreeing. Learning environment surveys and additional outcome data were also rated as acceptable.

For the Clerkship Director(s), a suggested improvement was to reduce the number of assignments.

Identified strengths included strong ward experiences, engaged residents and faculty, and a diverse patient population.

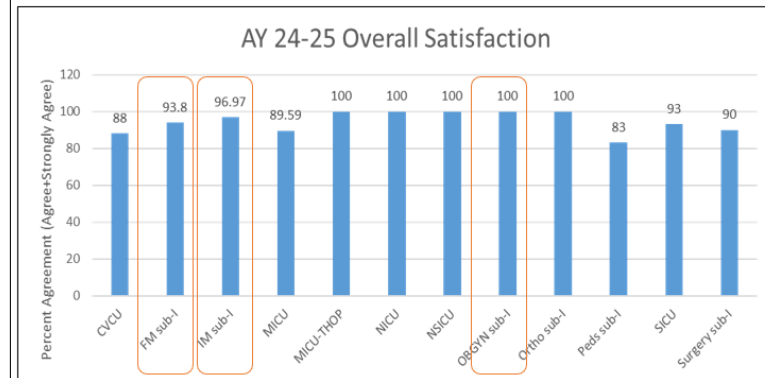
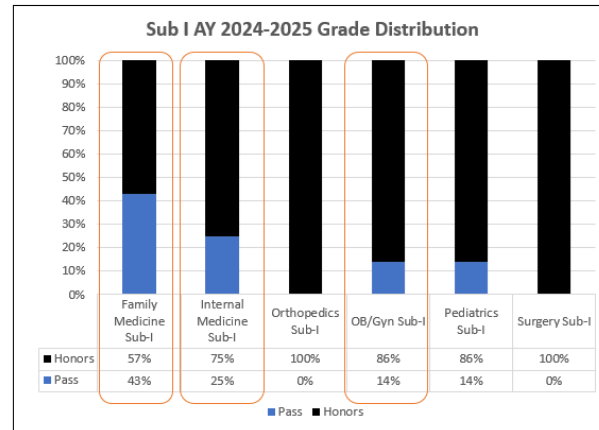
Obstetrics and Gynecology Sub-Internship

Contact information was rated unacceptable, as complete details were not provided. The calendar and location were also unacceptable due to being omitted. Layout and objectives were exceptional. Op-log expectations, mid-clerkship review, and professionalism were acceptable. PGO mapping for instruction and assessments was exceptional, though the assessment form was noted to be unreadable. Block evaluations—including overall satisfaction and patient management opportunities—were acceptable, with most students agreeing. Learning environment surveys and additional outcome data were exceptional, with no issues reported.

For the Clerkship Director(s), suggested improvements included setting clearer expectations in L&D and gynecologic surgery, and reducing or restructuring MFM requirements.

Identified strengths included a wide variety of cases, continuity with patients, hands-on experiences, and strong faculty and resident support.

Sub I AY 2024-25 Grade Distribution and Overall Satisfaction was shown in graphical distributions.



Overall satisfaction distributions showed strong performance across all clerkships. Family Medicine reported 57% “strongly agree” and 43% “agree.” Internal Medicine reported 75% “strongly agree” and 25% “agree.” Obstetrics and Gynecology reported 86% “strongly agree” and 14% “agree.”

Overall satisfaction scores were high: Family Medicine at approximately 94%, Internal Medicine at nearly 97%, and Obstetrics and Gynecology at 100%.

Dr. Doval covered the following clerkship phase review:

CVICU Sub-Internship

Contact information, including location, email, phone numbers, and office hours, was complete and accurate. Clerkship objectives, assessments, student performance objectives, and op-log expectations were rated as exceptional.

For the Clerkship Director(s), suggested improvements included reviewing the mid-clerkship review process and feedback procedures, as well as considering earlier access to online modules. Identified strengths included strong teaching, valuable patient case exposure, and supportive residents.

MICU Sub-Internship

Office hours were not provided, and a sample calendar could be added for clarity. Clerkship objectives were rated as exceptional.

For the Clerkship Director(s), suggested improvements included enhancing mid-clerkship feedback, adding a list of required noon conferences and a sample schedule, placing the syllabus on course pages, and providing earlier access to modules.

Identified strengths included engaged attendings, supportive residents, and strong patient encounter opportunities.

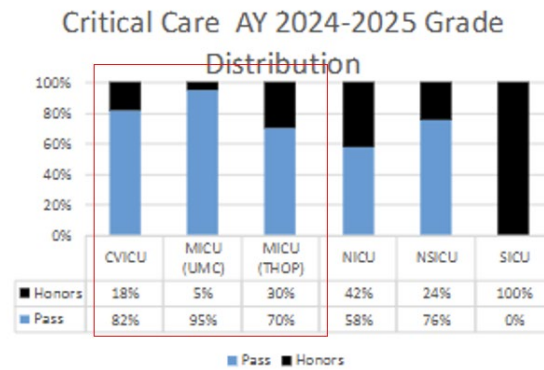
MICU-Trans Mountain Sub-Internship

Office hours were not provided, and a sample calendar could be added. The office location was listed, though clarification is needed on whether it is within the hospital. Overall layout and objectives were rated as exceptional.

For the Clerkship Director(s), suggested improvements included providing earlier access to modules and increasing opportunities for procedures.

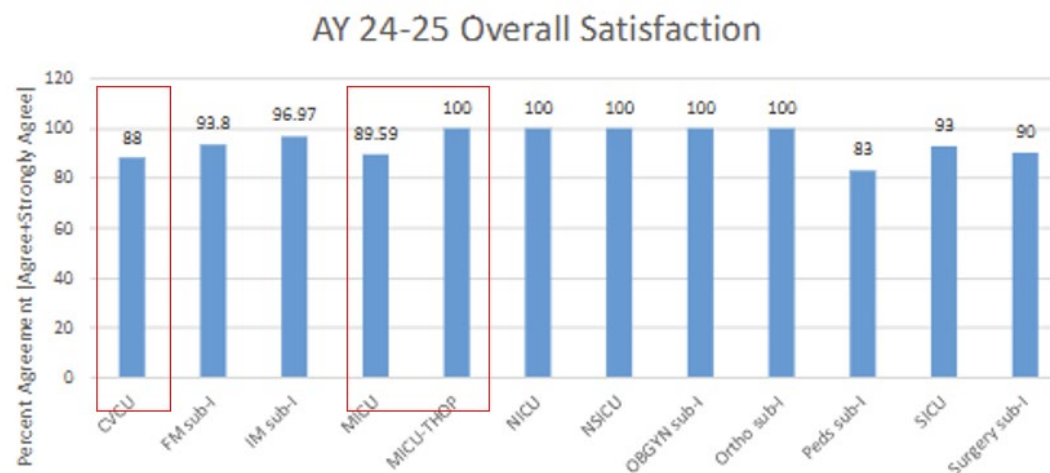
Identified strengths included exposure to complex patients, strong faculty engagement, effective communication, and high survey scores.

MS4 Selective Clerkships: Pass/Honor Rates



Dr. Doval noted that the MICU rotation reported a single-digit number of students receiving honors, whereas other rotations reflected double-digit counts.

Evaluations MS4: Sub-Is and Critical Care was shown in graphical distribution.



A minority of MS4 students reported concerns regarding the mid-clerkship review process in both surveys. It was recommended to evaluate the overall performance evaluation and feedback process to further strengthen its effectiveness. Overall, students expressed high satisfaction with the rotation and the rotation director. Opened up for questions.

Dr. Francis noted that all the feedback will get forwarded to the clerkship directors for review and distribution.

Dr. Ramirez moves the motion for approval.

Kristina Ingles seconds the motion.

No Objections: Motion was approved.

ITEM III Syllabi updates AY 2026-2027

Presenter(s): Dr. Singh *Please see attached report

Dr. Singh reported that there were no changes to the MS3 curriculum for Family Medicine, Internal Medicine, Psychiatry, OB/GYN, Pediatrics, and Surgery. Likewise, there were no critical changes to the MS4 curriculum.

Updates made to all MS3 Clerkship Syllabi included:

- Updated academic year
- Updated clerkship director and coordinator contact information
- Added AI statement
- Improved formatting
- Added the eight competencies, components, and source rubric
- Added grading assessment rubric for Honors, Pass, Fail, and Incomplete
- Revised wording throughout for clarity

She was pending some documents being sent in adobe format that would correct the missing some formatting requirements.

The following AI statement for Inclusion in all syllabi was as follows:

- TTUHSC EP may utilize institution-approved artificial intelligence (AI)-assisted tools to support teaching, learning, and grading processes. AI tools are used to enhance efficiency and consistency; however, they do not replace faculty expertise, professional judgment, or final decision-making authority. Examples of permitted AI-supported functions may include, but are not limited to assignment completion support where explicitly allowed, verification of submission completeness, preliminary rubric-aligned feedback, similarity checks, scoring assistance, and workflow efficiency improvements. Faculty are responsible for reviewing and verifying AI-generated outputs prior to assigning grades or providing final feedback.
- Student use of AI tools (including generative AI platforms) is governed by course-specific guidelines. In some assignments, AI use may be permitted; in others, it may be limited or prohibited. Students are responsible for understanding and adhering to these expectations. Any AI-generated or AI-assisted content must be appropriately disclosed and cited in accordance with course instructions to maintain academic integrity. Failure to follow course AI guidelines may constitute academic misconduct.

- Students should be aware that AI-generated content may contain inaccuracies, incomplete information, or embedded bias. Students remain responsible for the accuracy, originality, and integrity of all submitted work.
- Faculty retain full responsibility for final evaluation of student performance. Students may request clarification regarding grading processes or feedback and may appeal decisions through established institutional procedures.

Dr. Singh shared a grading rubric example that was used for all clerkships.

Competency	Honor	Pass	Needs Improvement
Medical Knowledge	MS exceeds in the ability to: - Demonstrate advanced knowledge of common conditions and treatments - Apply up-to-date evidence-based medicine consistently - Integrate evolving knowledge into clinical decision-making	MS has the ability to: - Demonstrate adequate knowledge of common conditions - Apply basic evidence-based medicine - Develop clinical reasoning	MS has difficulties in: - Knowledge gaps in common conditions - Limited use of evidence-based medicine - Applying knowledge clinically
Patient care	MS exceeds in the ability to: - Demonstrate comprehensive, longitudinal patient care planning - Consistently complete thorough history, exam, labs, and imaging interpretation - Efficiently prioritize tasks independently - Produce consistently accurate, organized, and focused notes - Develop strong differential diagnoses and evidence-based plans - Recognize and manage life-threatening conditions promptly - Communicate effectively and involves patients in decision-making - Adapt care plans appropriately to patient context	MS has the ability to: - Complete appropriate history and exam - Prioritize most daily tasks appropriately - Produce generally accurate and organized notes - Develop appropriate differentials and plans - Recognize urgent conditions with guidance - Communicate adequately with patients - Show awareness of need to adapt care plans	MS has difficulties in: - Incomplete or inconsistent history and exam - Difficulty prioritizing tasks - Notes lack clarity or organization - Weak or unfocused differential and plans - Fails to recognize urgent conditions - Ineffective communication - Limited adaptability to patient needs
Interpersonal Skills and Communication	MS exceeds in the ability to: - Document accurate medical information - Present patients in a thorough and concise manner - Easily develop rapport with the team, patients, and families	MS has the ability to: - Document medical information - Present patients - Develop rapport with team, patient, and families	MS has difficulties : - Working with the team, patients and families - Peer and team conflicts are evident - Difficulty transmitting information

The following format will help with uniformity across all clerkships. Some clerkships are still pending to use the format demonstrated.

Competencies should be written using the following example given by all clerkship directors.

Knowledge for Practice (KP) Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.	1. The student should recognize common psychiatric disorders seen in a variety of settings, ranging from the chronically, mentally ill to ambulatory patients. The conditions the student will be asked to evaluate and help manage include the following (PC 1.1-1.7, 1; KP 2.3- 2.4; PBL&I 3.1- 3.5): • Schizophrenia Spectrum and other psychotic disorders • Anxiety Disorders • Neurocognitive Disorders • Depressive Disorders • Bipolar and Related Disorders • Personality Disorders • Substance-Related and Addictive Disorders • Neurodevelopmental Disorders • Somatoform disorders • Other disorders/conditions 2. The student will be exposed to emergency psychiatry and will participate in risk assessments. The student should know the following (PC 1.1-1.9; KP 2.4-2.5; PBL&I 3.1- 3.5; SBP 6.2, 6.4, IC 7.2-7.4): a. Suicidal/homicidal patient b. Crisis intervention c. Treatment methods in emergencies 3. The student should be able to recognize common psychiatric disorders seen in children and adolescent patients, including conditions not previously listed such as neurodevelopmental disorders and disruptive mood dysregulation disorder (PC 1.1-1.7; KP 2.3-2.4; PBL&I 3.1- 3.5). 4. The student will become proficient in conducting a complete psychiatric evaluation, mental status exam, biopsychosocial formulations, scales or instruments, and laboratory methods used in psychiatry (PC 1.1-1.7; KP 2.3-2.6; PBL&I 3.1- 3.5; Prof 5.1- 5.7; SBP 6.1-6.4; PPD 8.5) 5. The student will work to become proficient in developing a treatment plan, including appropriate suggestions for pharmacotherapy and/or psychotherapies (PC 1.2, 1.5, 1.6; KP 2.2, 2.4) 6. The student will also have exposure to forensic psychiatry and psychiatric syndromes associated with medical illnesses. (PC 1.3, 1.5; KP 2.1, 2.2, 2.5; IC 7.2)
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A review of all clerkship syllabi to determine consistency in how competencies and grading criteria are presented. It was noted that Internal Medicine, Psychiatry, Obstetrics, Neurology, and Surgery include both competency grids and detailed grading criteria in the standardized format expected. These clerkships already align with the required structure.

For all remaining clerkships, competencies and criteria for Honors/Pass/Fail are present in the syllabi; however, they are not provided in the grid format used by the clerkships listed above. The content is available but requires reformatting to match the standardized structure.

Review of the longitudinal ultrasound curriculum implemented in the fourth year. The curriculum previously required students to complete two one-minute reflection papers as part of the experience.

During this year's review, it was determined that the reflection papers were not adding meaningful educational value. Students perceived them as busy work, and faculty reported that the reflections were not useful for assessment or instructional purposes. As a result, the decision was made to discontinue the reflection paper requirement for the current academic year.

Surgery 26-27 syllabus updates were submitted as follows:

New selective added in Burn Unit, Ophthalmology, and Endocrine surgery.

Specification of one assessment required for each week of rotation for a total of 5 minimum (This is correction)

Dr Singh briefly discussed other changes in M3 and M4 year.

Dr. Singh stated that a vote could proceed contingent upon clarifying the format of the competencies, their alignment with the PGOs, and ensuring clear presentation of what constitutes Honors/Pass/Fail. Dr. Francis clarified that the clerkship directors are not determining Honors/Pass/Fail grading within these documents, as those standards were already established under the Common Clerkship Policy updates, which have been completed.

It was clarified that Dr. Singh was referring specifically to the tables used for the clinical assessment forms, which outline Needs Improvement, Meets Expectations, and Exceeds Expectations, rather than referring solely to the clinical competencies. Dr. Francis added that, for Neurology, the OP-Log is located in Appendix A of the syllabus, but additional clarification may be needed to determine whether its placement reflects a clerical oversight or an intentional substitution/update.

The committee voted to receive a summary of the changes by email and to proceed with an asynchronous vote. An email will be sent to CEPC members for review and vote, and several of the proposed updates reflect feedback that emerged during the clerkship reviews already.

Dr. Martin noted at the start of the presentation that faculty are responsible for assigning grades and that students have the right to appeal. A request was made to include a reference to the Grade Appeal and Complaint Policy in that introductory statement so students are consistently directed to the correct policy and process for submitting an appeal. Dr. Francis clarified that this statement is an institutional requirement included across all schools' syllabi and therefore cannot be modified. She also added that as the use of AI becomes more common, faculty may use AI as an aid, but the final responsibility for grading and evaluation rests solely with the faculty.

Dr. Singh noted that she would follow up with Neurology and the clerkship directors.

Dr. Ramirez noted that there were significant changes proposed for Internal Medicine. Dr. Francis asked whether these changes required further discussion, emphasizing that syllabus revisions are not typically accepted after the deadline, which was today. The proposed IM update involved reducing the number of assignments per student, which Dr. Francis clarified is not a radical change. She reminded the group to ensure that no gaps are created in assessment coverage for the PGOs, and that any removed assignments must still leave adequate evaluation measures in place. It was asked whether this update could be added to the grid Dr. Singh will be sending out for review.

No voting was completed. An updated IM entry will be sent to Dr. Singh, and once that revision is incorporated, CEPC members will cast their votes asynchronously.

**Adjourned at
6:40pm**