

## CEPC MEETING AGENDA

5:00 PM - 6:30 PM

05/11/2026

### 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, Darly Carmelle Ghislaine Mayer, PhD

### EX-OFFICIO:

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

### 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

### REVIEW AND APPROVAL OF MINUTES

Minutes Attached

### ANNOUNCEMENTS

Presenter(s): Dr. Francis

### ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

### ITEM I Clerkship Phase Review Summary

Presenter(s): Dr. Francis

### ITEM II Policy updates

Presenter(s): Dr. Francis

- Grading Promotion and Academic Standing Policy
- Curriculum Review Cycle Policy

### ITEM III MS4 Clerkship Syllabus Updates

**Presenter(s): Dr. Francis**

**ITEM IV Psych Sub I Director and PICU Director**

**Presenter(s): Dr. Francis**

- **Sammira Rouhani, MD for Psych Sub I Director**
- **Ankit Agarwal, MD for PICU Director**

**Adjourn**

**MEMBERS IN ATTENDANCE:**

Maureen Francis; Biff Palmer; Munmun Chattopadhyay; Natalia Sidhu; Saul Ramirez; Asiah Himawan; Sarah Ahmed; Sami Daye; Michelle Tiji; Kristina Ingles;; Stephanie Nemir; , MD; PhD; Darly Carmelle Ghislaine Mayer, PhD

**MEMBERS NOT IN ATTENDANCE:**

Alexandria Melendez-Zaidi, Katherine Asmis; Joshua Salisbury; Jose Lopez;

**PRESENTERS/GUESTS IN ATTENDANCE:**

Claudia Cortez; Priya Harindranathan; Charmaine Martin, Tanis Hogg

**INVITED/GUESTS NOT IN ATTENDANCE:**

Priya Harindranathan

**REVIEW AND APPROVAL OF MINUTES**

**Dr. Francis** Having met quorum, the meeting minutes from the April 13, 2026 meetings were voted on and approved.

Dr. Munmun Chattopadhyay moves the motion for approval of the April meeting minutes.

Sami Daye seconds the motion.

No objections: Motion was approved.

**Announcements**

**Dr. Francis**

**Additional Business**

Future meetings will address:

LCME phase review policy revisions

Additional action plans related to accreditation preparation

An additional June meeting will be scheduled to finalize outstanding LCME-related approvals.

**ITEMS FROM STUDENT REPRESENTATIVES**

**MS1/MS2/MS3/M**

**S4**

MS1 representatives expressed appreciation for the CVR remediation opportunity but noted concern that CVR scores were released only one week before the renal exam. Students suggested forming a task force to review all low-performing exams (including GIS and IMN) to identify systemic issues affecting the Class of 2028.

#### Learning Objective Discrepancy Survey Concerns

Students value the discrepancy survey but reported that a recent faculty response email caused discomfort and fear of retaliation. Dr. Francis requested that the email be forwarded to her for review.

#### CEYE Remediation Clarification

Students requested clarification on CEYE remediation, as the syllabus lacked detail. Dr. Francis confirmed that CEYE follows the standard two-attempt structure. Under the updated GPAS policy, the GPC may consider individualized remediation if both attempts are failed and the student demonstrates strength in other areas.

#### Action Items

Forward faculty email to Dr. Francis for review of the student's concern.

Committee to consider student request for a structured exam-review task force.

Follow up with Dr. Hogg if additional CEYE details are needed and the faculty email that was mentioned by MS1 class.

MS2, MS3, MS4: No issues reported.

### ITEM I Clerkship Phase Review Summary

**Presenter(s): Dr. Francis**

\*Please see attached report

Dr. Francis requested that all members reference the Education Program Goals and Objectives AY 2025–2026 pamphlet (or online version) during her presentation, noting that the material contains numerous numerical references. She acknowledged the extensive work completed on clerkship syllabi over recent months and emphasized that feedback has been incorporated by clerkship directors for the upcoming academic year.

The next phase of work requires summarizing these updates across the entire phase rather than by individual clerkship. The mandate is to evaluate how students are progressing toward the program goals and objectives (PGOs) within the eight competency domains.

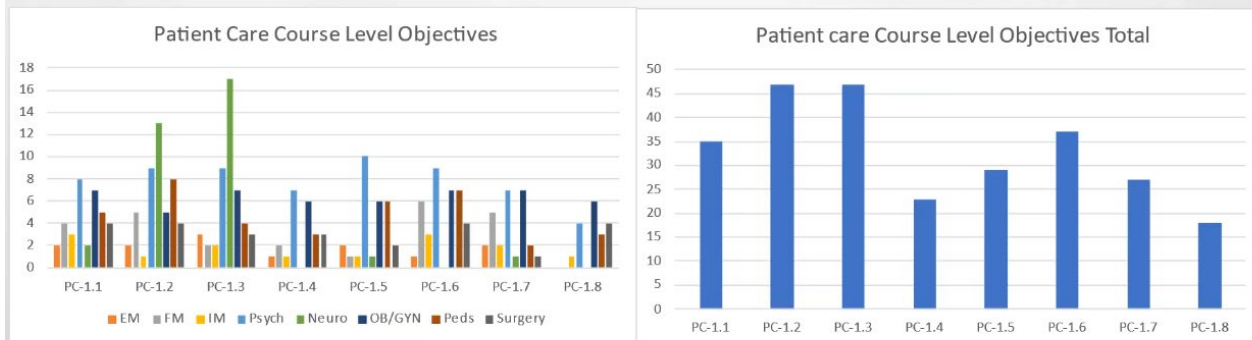
Key Objectives Reviewed:

- All clerkships must have course-level objectives explicitly linked to the PGOs.
- Each clerkship must include objectives within every competency domain covered by the PGOs.
- Each competency domain must have one or more linked assessments within each clerkship.
- Prioritization of the six ACGME competency domains is required to support transition to residency.
- Review and discussion of the distribution of teaching and assessment across the phase to identify gaps or areas requiring further study.
- Review of phase-level outcome measures to determine whether students are meeting expected levels of achievement.
- Determine whether students are adequately prepared to progress based on demonstrated competency attainment.

Dr. Francis presented two diagrams illustrating the alignment of Patient Care Program Goals and Objectives (PGOs) across the clerkship phase. The left diagram displayed the patient care PGOs by clerkship, while the right diagram showed the distribution of patient care related teaching activities across all required clerkships.

Dr. Francis highlighted that the volume of linkages in patient care is high as expected, as clerkships are primarily designed to develop students' patient care skills, including evaluating patients, managing clinical problems, and applying clinical reasoning. The diagrams were used to demonstrate the overall picture of how teaching and assessment activities map to patient care competencies throughout the phase.

# PATIENT CARE



**Coverage across clerkships – discuss 1.4 with clerkship directors as this is a challenge for some students in residency**

## 1. PC 1.8 – Procedural Skills

PC 1.8 focuses on procedural skills.

- Only select clerkships have formal procedural requirements, so lower number of linkages in this domain are expected.
- Intersessions also include general procedural instruction, though these sessions were not reflected in the current slide deck.
- Dr Francis noted that the slightly lower number of linkages in PC 1.8 is expected and not a concern at this time.

## 2. PC 1.4 – Organizing and Prioritizing Responsibilities

PC 1.4 assesses the ability to organize and prioritize responsibilities to provide safe, efficient, and effective care.

Numerically, PC 1.4 appears to be less emphasized relative to other competencies.

Additional Bootcamp activities supporting this competency in Year 4 include:

- Day in the clinic
- Night-on-call experience
- High-fidelity simulations

Dr. Francis stated that while PC 1.4 is addressed, there may be opportunities to strengthen its emphasis during third-year clerkships. She noted that all present could attest that residents must be organized and able to prioritize responsibilities to effectively manage patient care.



### Knowledge for Practice (KP) Distribution

Emphasis on Application-Based Competencies

- Teaching is weighted toward 2.2, 2.3, and 2.4, which focus on applying evidence-based practice, applying clinical sciences, and applying diagnostic/therapeutic principles.
- This distribution aligns with clerkship expectations, where students shift from acquiring knowledge to applying it in clinical settings.

### Coverage of 2.5 and 2.6

2.5 (social and behavioral sciences) and 2.6 (scholarly inquiry and dissemination) receive greater emphasis in:

- SARP
- Pre-clerkship curriculum
- Intersessions (including basic science updates)

**Mapping Issues Identified**

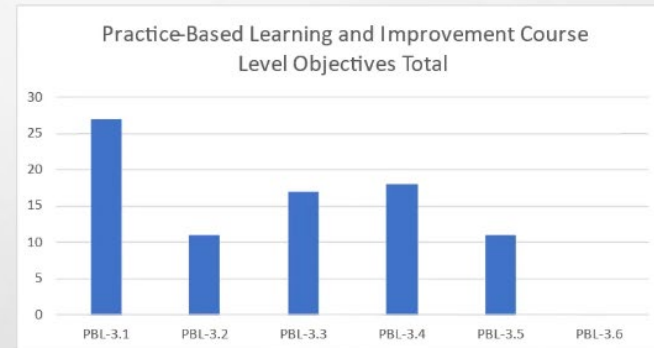
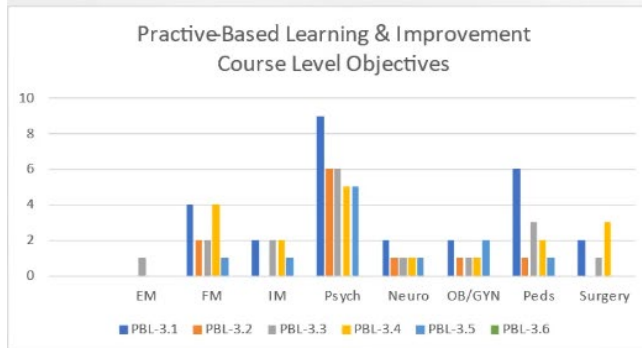
- Surgery has session-level objectives mapped to 2.4, but lacks a corresponding course-level objective.
- Internal Medicine has a similar gap for 2.6.
- These represent mapping inconsistencies that can be corrected.

**Competency 2.5 an Area for Further Review**

Dr. Francis highlighted 2.5 as a competency that may warrant additional exploration to determine whether its presence in clerkships should be strengthened.

Dr. Francis asked for any questions as she reads along that they can be brought up for discussion.

# PRACTICE-BASED LEARNING AND IMPROVEMENT



**EM has session level objective for 3.1 but no course level objective; 3.2 has coverage in Interession II and III; New activities for 3.5 coming in AY 2026-27; Noted that PCO 1.6 seems to be used in place of 3.6**

## Mapping Issues in Professionalism

### 3.1 – Identifying Gaps in Knowledge, Skills, and Attitudes

- Emergency Medicine has session-level objectives mapped to 3.1.
- However, the course does not have a corresponding course-level objective, creating a mapping inconsistency.

### 3.2 – Understanding Quality Improvement

- Competency 3.2 is covered in two intersessions (November and May).
- A recent QI workshop allowed students to work through cases related to quality improvement principles.

### 3.6 – Participating in Education of Patients, Families, Students, and Peers

- No teaching is currently mapped to 3.6.
- Upon review, this appears to be because many faculty mapped related content to 1.6 instead.

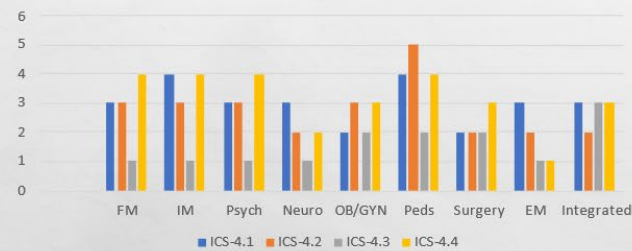
- 3.6 focuses on educating patients, families, students, trainees, peers, and other health professionals.
- 1.6 focuses specifically on counseling and educating patients and families.
- Dr. Francis noted that 3.6 likely needs revision or clarification so it is distinct from 1.6 and appropriately mapped in the curriculum.
- There is strong coverage of 1.6 (as shown on the patient care slide), but 3.6 is not represented in teaching, indicating a gap to address during PGOs revision across the phase

Interpersonal and Communication Skills:

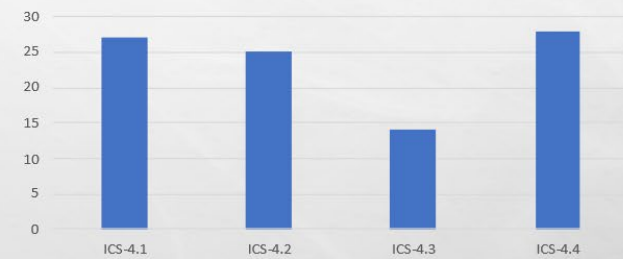
No gaps in the coverage of the teaching of interpersonal and communication skills were noted.

# INTERPERSONAL AND COMMUNICATION SKILLS

Interpersonal and Communication Skills Assessment  
PGO Links

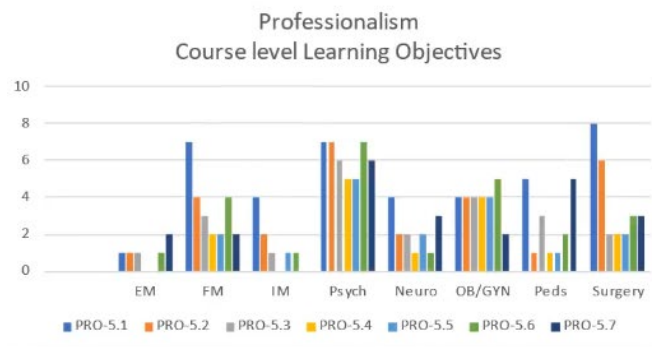


Interpersonal and Communication Skills Assessment  
PGO Links



**Strong coverage across all clerkships and Intercession**

# PROFESSIONALISM

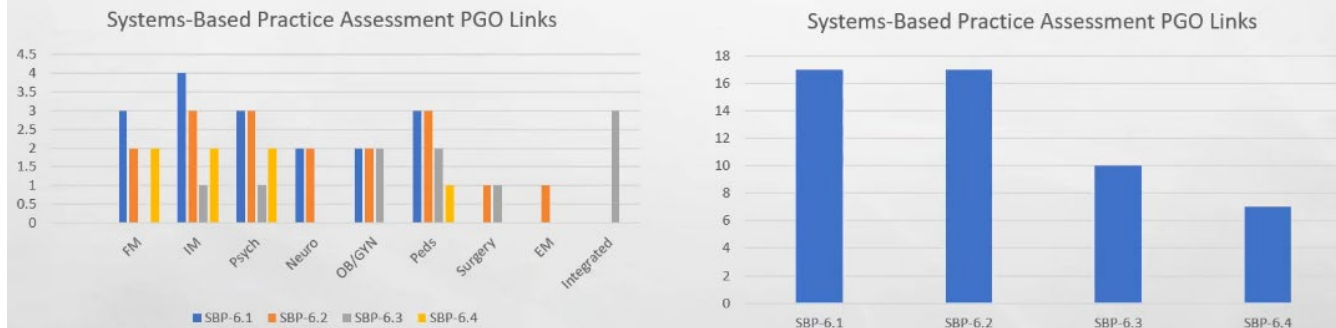


## Coverage for all PGOs - Review coverage of 5.4

### Professionalism Coverage Overview

- Professionalism competencies show consistent coverage across the phase.
- The lowest numerical areas are 5.4 and 5.5, both related to ethical principles and ethical practice.
- Dr. Francis noted that although these numbers are lower, there is still substantial teaching in these areas.
- She recommended keeping 5.4 and 5.5 in mind for later review to ensure ethical principles are being addressed thoroughly and intentionally.

# SYSTEMS-BASED PRACTICE



**PGO 6.4 – referral/consults and transitions of care are covered in Bootcamp, consider strengthening in M3**

## System-Based Practice Overall Strength

- Systems-based practice shows strong coverage across the curriculum.

## 6.4 – Referrals, Consults, and Transitions of Care

- Competency 6.4 is particularly strong in Bootcamp, where students receive structured teaching and practice.
- In the M3 year, coverage is present but slightly less robust compared to other SBP competencies.

## Key Teaching Methods Used in Clerkships

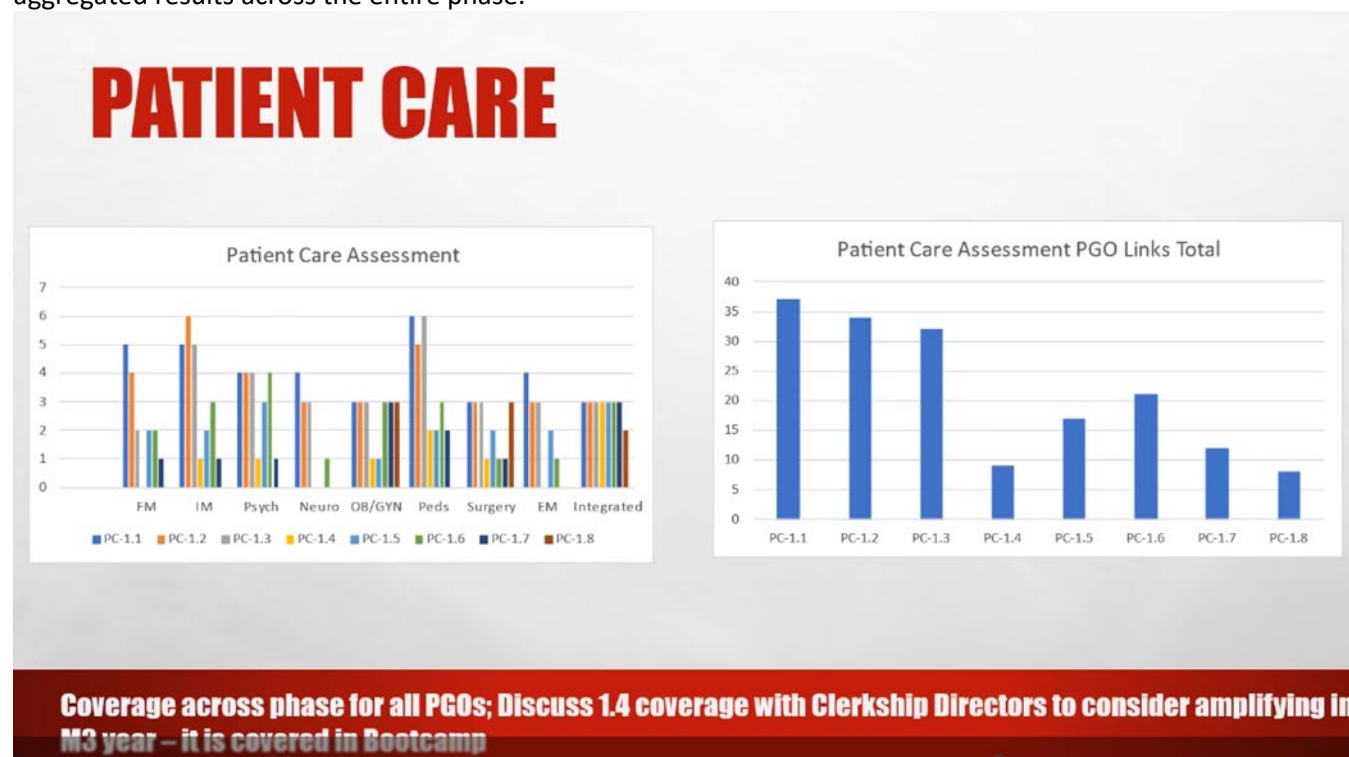
# TOP TEACHING METHODS

- CLINICAL EXPERIENCE –AMBULATORY
- CLINICAL EXPERIENCE – INPATIENT
- DIDACTICS/LECTURES
- CASE BASED INSTRUCTION
- REFLECTION/ASSIGNMENTS
- INDEPENDENT LEARNING/ASYNCHRONOUS MODULES
- SELF-DIRECTED LEARNING
- PEER TEACHING

Teaching methods were discussed. It was noted that they were as expected and there were no further questions about the top teaching methods in the clerkship.

Dr. Francis then transitioned the discussion to assessment practices, emphasizing the importance of ensuring that all evaluations accurately reflect the program's goals and objectives. This alignment is essential for determining student readiness to progress to the next phase of training.

A patient care assessment chart was reviewed, displaying performance data for each individual clerkship as well as aggregated results across the entire phase.



### Key Assessment Points

PC 1.4 – Organizing and Prioritizing Responsibilities:

Dr. Francis highlighted this competency as a continued focus area across clerkships. The data reflect how well students are managing clinical responsibilities and prioritizing tasks in real-time patient care settings.

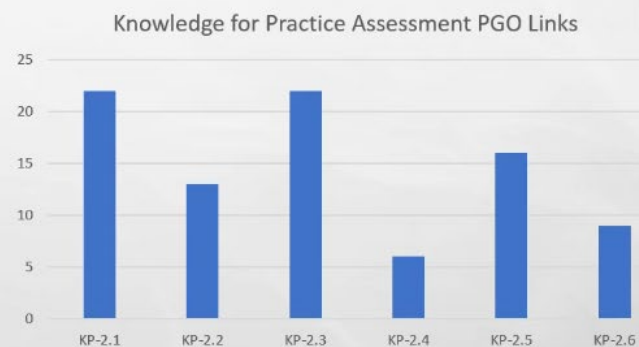
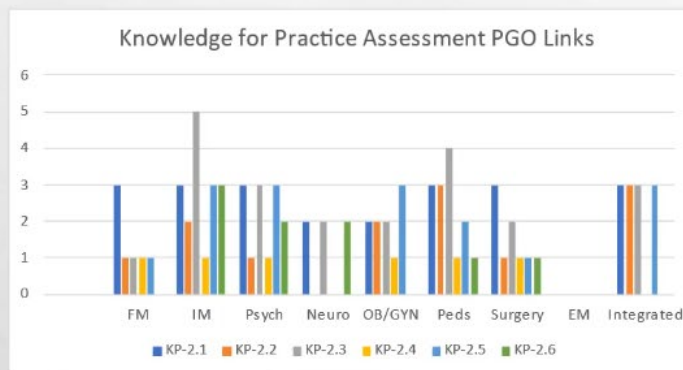
PC 1.8 – Procedures:

She noted that number of assessments is in line with the limited number of procedures medical students are required to perform during clerkships. While procedural exposure is not extensive, students do receive assessment opportunities for tasks such as urinary catheter insertion.

Dr. Francis reminded the group that although procedural volume is limited during the clerkship year, certain foundational skills are required on Day 1 of residency and these general procedures are covered during M3 required clerkships and Interession. These include:

- Initiating an IV
- Performing venipuncture
- Conducting bag-valve-mask ventilation
- Completing basic procedures such as catheter insertion and Pap smears (where applicable)
- These expectations help frame the importance of maintaining procedural assessment

# KNOWLEDGE FOR PRACTICE



**PGO 2.4 – look for opportunities to strengthen**

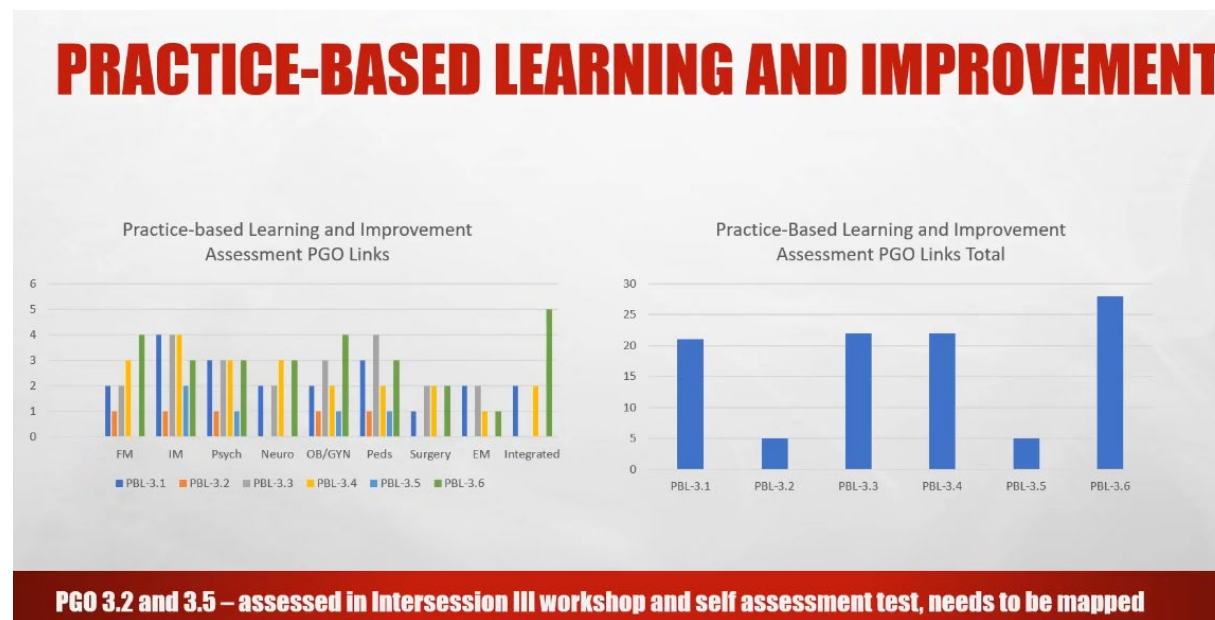
### Key Points Discussed

Assessment Linkages (KP 2.1–2.4):

Dr. Francis noted that most clerkship assessments map strongly to KP 2.1, with additional alignment to 2.2 and 2.3.

KP 2.4 (application of epidemiologic principles to identify health problems) showed lower assessment frequency.

KP 2.6 Dissemination and Application of Health Knowledge: There is some assessment activity in this area, but Dr. Francis emphasized that this competency is addressed more extensively in the pre-clerkship curriculum and through the Scholarly Activity and Research Program.

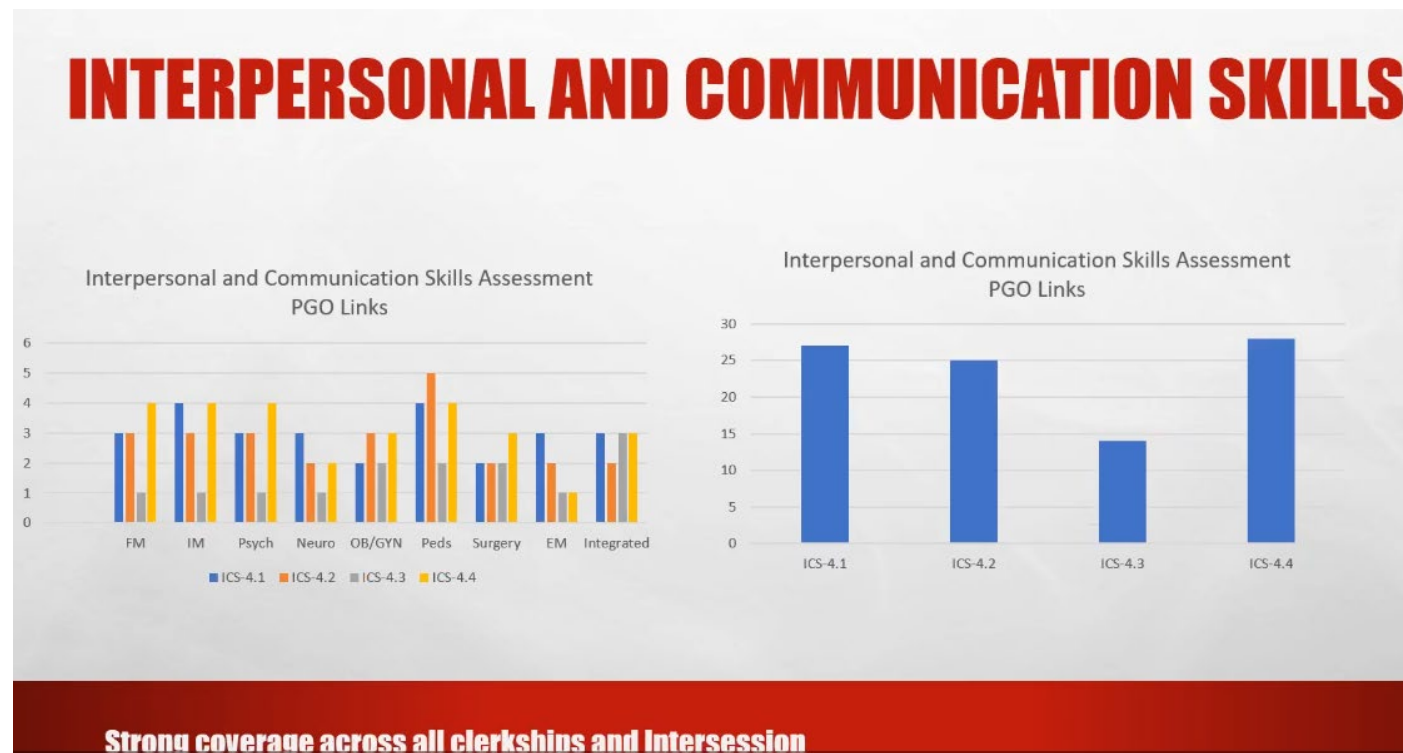


Practice-Based Learning and Improvement (PBL 3.2 and 3.5): These competencies are primarily covered during intersessions, resulting in lower representation within clerkship assessments.

Dr. Francis clarified that intersession activities were not mapped in the current dataset, which explains their absence from the assessment graph.

Identified Mapping Gaps: The absence of intersession mapping and the limited assessment opportunities for epidemiology-related competencies were noted as areas for improvement in future curriculum mapping efforts.

Dr. Francis concluded by asking if there were any questions regarding the assessment findings for PBLI. There were no further questions.



### Interpersonal & Communication Skills

Dr. Francis reported strong assessment coverage across all clerkships.

Communication skills are consistently evaluated through clinical assessment forms and OSCEs.

### Professionalism (Domain 5)



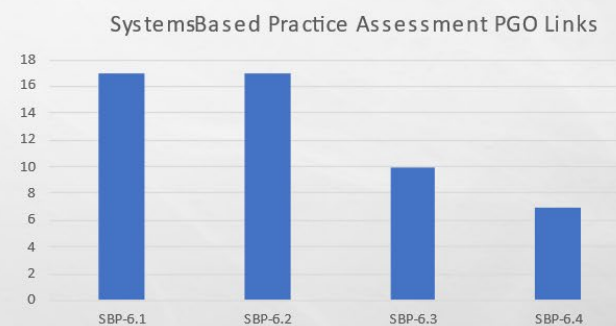
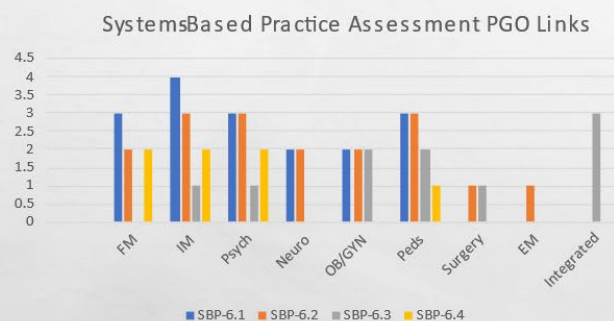
Overall professionalism assessment is robust across the phase. Lower assessment frequency was noted in:

- 5.4: Ethical principles related to providing or withholding care
- 5.5: Ethical principles related to healthcare business practices, administration, and compliance

Dr. Francis encouraged consideration of how 5.4 and 5.5 can be assessed within clerkship year.

### Systems-Based Practice (Domain 6)

# SYSTEMS-BASED PRACTICE



**PGO 6.4 –referral/consults and transitions of care are covered in Bootcamp, consider strengthening in M3**

Strong assessment coverage overall.

- 6.4 (referrals, consults, transitions of care) is heavily addressed in Boot Camp, but appears less frequently in M3 clerkships.

### **Top Assessment Methods Used in Clerkships**

Dr. Francis reviewed the most commonly used assessment tools across the clinical phase:

- Work-based assessments (primary method)
- Observed H&Ps
- Assignments such as: Psychiatry matrix assignment and Social history assignment
- EM discharge planning activity
- OB/GYN newborn delivery simulation
- Peer teaching (FM and Psychiatry)
- Documentation reviews (H&Ps, progress notes)
- NBME exams
- Block OSCE
- Individualized Learning Plan (ILP) project and presentation
- Reflections, including FM hospice reflection
- Coordinator assessment form

Dr. Francis clarified that these are the most frequently used assessment methods in response to a question.

**Assessment Requirements** Dr. Francis emphasized that students must be assessed on all required competencies to demonstrate achievement by the end of the phase.

No additional questions were raised.

### **Outcome Measures Review**

Dr. Francis reviewed outcome measures in the context of overall phase goals. CEPC is familiar with these outcome measures from prior presentations.

**End-of-Year OSCE data** (past 3 years): Students are graded on Interpersonal and Communication Skills (ICS) and the Integrated Clinical Encounter (ICE). Students must achieve a score of 75% or higher in each. The majority of students pass on the first attempt. For instance, last year 2024-2025, 99 students took exam, 99 passed communication (CIS) and integrated clinical encounter 94 passed (ICE) on the first attempt. All passed on the 2<sup>nd</sup> attempt.

Dr. Francis reviewed student performance data related to clerkship assessments, OSCE outcomes, NBME subject examinations, board examination performance, residency readiness, and graduation outcomes.

## NBME subject Exams



| Comparison Group (SD) | AY 24-25         | AY 23-24         | AY 22-23       | AY 21-22       |
|-----------------------|------------------|------------------|----------------|----------------|
| Family Medicine       | 76 [ 75.6 (7.2)] | 77[74.6 (7.6)]   | 77[75.8 (7.5)] | 75[75.8 (7.5)] |
| Surgery               | 75[73.6 (8.3)]   | 74[73.6 (8.3)]   | 75[74.4 (8.6)] | 72[74.4 (8.6)] |
| Internal Medicine     | 76 [74 (8.9)]    | 73[74.8 (8.8)]** | 76[74.9 (9.3)] | 74[74.9 (9.3)] |
| Psychiatry            | 86 [84.4 (6.1)]  | 86[85.1 (6.0)]   | 85[84.5 (6.3)] | 84[84.5 (6.3)] |
| Obgyn                 | 81 [79.2 (7.5)]  | 79[78.2 (7.8)]   | 79[78.2 (7.8)] | 76[78.2 (7.8)] |
| Pediatrics            | 80 [77.7 (8.1)]  | 77[77.7 (8.1)]   | 79[78.5 (8.3)] | 77[78.5 (8.3)] |

[comparison group (SD)]

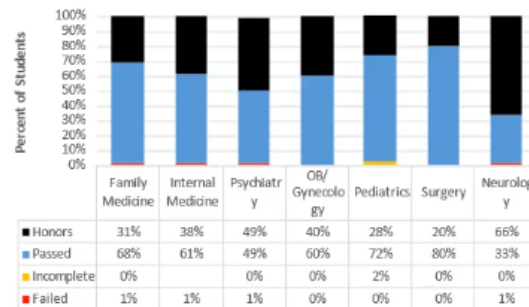
\*\*Internal Medicine Advanced Clinical Exam

Dr. Francis reviewed the honors criteria and emphasized that:

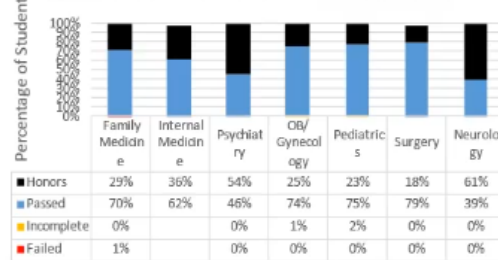
- There is no cap or quota on the number of students who may receive honors.
- Honors are criterion-based, not norm-referenced.
- Any student who meets all required benchmarks can earn honors.

# Pass & Honor Rates

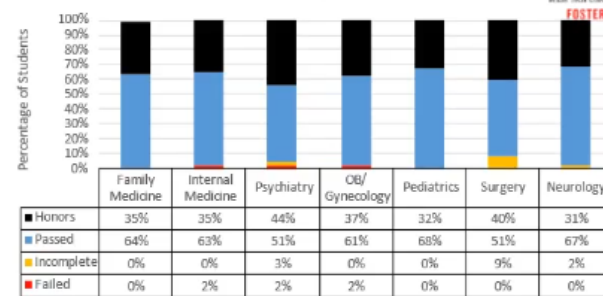
Class of 2026 MS III Grade Distribution



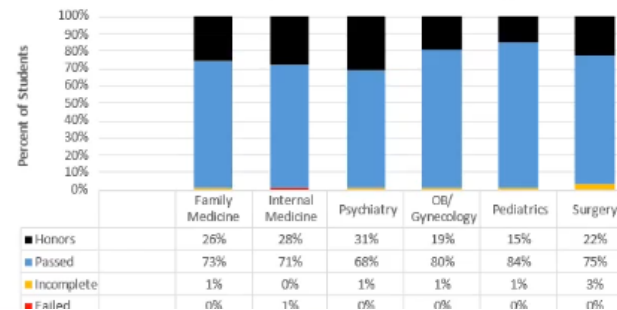
Class of 2025 MS III Grade Distribution



Class of 2024 MS III Grade Distribution



Class of 2023 MS III Grade Distribution



To receive honors, students must:

1. Achieve an NBME subject exam score at or above the established honors threshold.
2. Earn honors-level performance in half or more of the clinical competency domains.
3. Pass the Block OSCE on the first attempt.

## Class Performance

For the Class of 2026, honors rates were slightly higher compared to the Class of 2025.

Dr. Francis noted that year-to-year variation is expected and not indicative of systemic change, since honors are based solely on meeting established criteria rather than relative class performance.

### Clerkship Evaluation and Student Feedback Review

Dr. Francis presented summarized feedback from course evaluations and the Student Curriculum and Education Committee (SCEC).

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



### Suggested Improvements

**FM:** longitudinal opportunity to build relationship with preceptors and patients  
Residents: too busy to teach, to provide more effective feedback

**IM:** reduce number of assignments

**Psych:** reduce assignments

**ObGyn:** set clear expectation in L&D, gyn surgery, reduce/restructure MFM

**Peds:** more time in wards, shorten nursery, better continuity

**Surgery:** less students, more faculty/resident involvement in student teaching, setting expectations on how to get involved, professionalism issues from staff

### Identified Strengths

**FM:** patient encounters

**IM:** wards, residents, faculty, patient population

**Psych:** Residents, volume and variety of patients

**ObGyn:** variety of cases, continuity patient, hands on, faculty, residents

**Peds:** number and variety of cases, faculty, residents

**Surgery:** Variety of cases, hands on, great teachers

### Areas Identified for Ongoing Improvement:

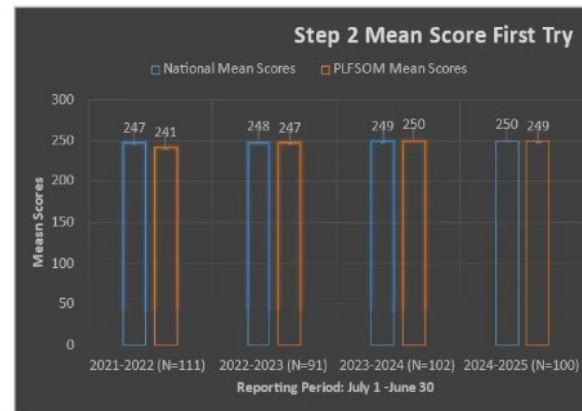
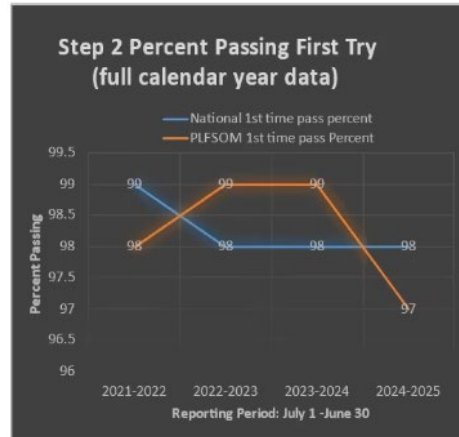
- Family Medicine longitudinal opportunities remain under review for enhancement.
- Faculty and resident teaching effectiveness continue to be addressed through resident-as-teacher training initiatives and faculty development activities.
- Surgery and OB/GYN clerkships continue efforts to improve clarity of operating room expectations and student orientation. Dr. Nemir suggested broadening the pool of faculty involved in teaching. Dr. Francis explained a recent issue in which a former clerkship director modified rotation assignments for one semester. As a result, students were unable to meet required OPLOG entries, and alternative assignments had to be created. Dr.

Tyroch subsequently restored the original assignment structure to ensure students could meet required clinical experiences. The feedback is from 2024-2025 so we are still pending feedback from 2025-2026 to see if there is a pattern.

- Learning environment concerns within operating room settings are being actively addressed in collaboration with hospital leadership and department faculty and the Office of Student Affairs.
- Neurology scheduling concerns and Emergency Medicine shift distribution issues have been corrected.
- Requests for increased pediatric inpatient exposure were discussed; limitations remain due to hospital pediatric ward structure and patient volume. Pediatrics currently has 1 week of inpatient wards and has high satisfaction for this rotation with students.
- Committee discussion emphasized balancing required procedural exposure with individualized faculty teaching opportunities during surgery rotations.

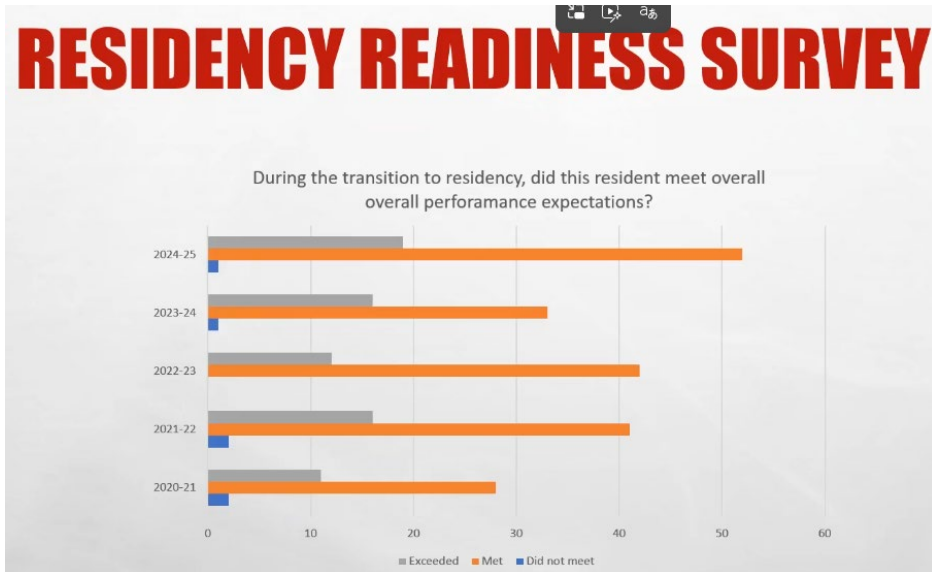
CCSE - students take this immediately after finishing required clerkships, so the Class of 2027 already took the exam last week and we're really happy with results. Class of 2025 the average was 229, passing is 218. The score is used to give students formative feedback and to let them know where they stand before they go into their study period for Step 2.

## STEP 2



The PLFSOM orange performance line is compared to the national blue – please note the scale of the graph; the difference in outcomes compared to national is minimal. In 2024–25, our pass rate was 97%, compared to the 98% national rate consistent with the typical one-point variation seen in prior years. Mean scores show a similar pattern: in 2024–25, our mean score was 250, closely aligned with the national mean of 249, which is generally where national performance trends. Overall, results reflect stable performance with normal year-to-year fluctuations.

Step 3 performance is not reported annually, the most recent available data is from the Class of 2022, where our pass rate was 99% on first attempt, compared to the 97% national rate. While scores were slightly lower, overall performance remained strong and within expected year-to-year fluctuations.



Students generally meet or exceed expectations within the first six months of residency. In 2024, one student did not meet expectations; in 2023, one student; and in both 2021 and 2022, two students each. Over the past five years, this totals six students who did not meet expectations in the initial six-month period. Importantly, not meeting expectations at this early checkpoint does not indicate removal from residency, but rather identifies students who may require additional support. The school receives identified data from this survey, and if a student underperforms, Dr. Martin and Dr Francis review each student's record to determine whether any early indicators were present. When such indicators are identified, the program uses that information to strengthen early interventions. In the majority of cases, there was something in the student's record that could be addressed proactively, and the program incorporates those findings into ongoing improvement efforts. The positive takeaway is that 98–99% of graduates met or exceed expectations over the past 5 years within their first six months of residency.

| Residency Match Metrics for Paul L. Foster School of Medicine Graduates, 2018-2025                                                                           |               |               |               |               |               |               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|--|
|                                                                                                                                                              | Class of 2020 | Class of 2021 | Class of 2022 | Class of 2023 | Class of 2024 | Class of 2025 |  |
| Number of students successfully matching                                                                                                                     | 99%           | 100%          | 99%           | 97%           | 98%           | 98%           |  |
| % Students remaining in El Paso                                                                                                                              | 1%            | 2%            | 2%            | 16%           | 11%           | 14%           |  |
| % Students remaining in Texas                                                                                                                                | 52%           | 44%           | 67%           | 59%           | 59%           | 59%           |  |
| % Matching in primary care                                                                                                                                   | 53%           | 46%           | 44%           | 48%           | 42%           | 35%           |  |
| % Matching in military                                                                                                                                       | 0%            | 0%            | 1%            | 0%            | 0%            | 0%            |  |
| Source: Texas Higher Education Coordinating Board (THECB) CBM009 Graduation Report, 2018-2025; Accreditation Council for Graduate Medical Education (ACGME). |               |               |               |               |               |               |  |

Match outcomes continue to reflect the overall strength of the program. For the Class of 2025, the match rate was 98%, which is an excellent result and consistent with prior years. For the Class of 2026, final numbers from Dr. Martin are not yet available; however, early indications suggest another very strong year, with students matching into highly regarded programs and competitive placements. These outcomes reinforce the program's continued success in preparing students for residency and securing strong match results.

# GRADUATION RATE

| Academic Year | Total Number Graduates | Number of Graduates in each category |                        |                        |                     | Graduation Rate* |        |        |        | # graduates who took additional time for academic enrichment (including research or a joint degree program) |
|---------------|------------------------|--------------------------------------|------------------------|------------------------|---------------------|------------------|--------|--------|--------|-------------------------------------------------------------------------------------------------------------|
|               |                        | # Graduated in 4 years               | # Graduated in 5 years | # Graduated in 6 years | # Graduated 7 years | 4-year           | 5-year | 6-year | 7-year |                                                                                                             |
| AY 2024-25    | 109                    | 94                                   | 12                     | 2                      | 1                   | 80%              | 90%    | 90%    | 96%    | Four students took LOA for academic enrichment/research                                                     |
| AY 2023-24    | 114                    | 87                                   | 22                     | 4                      | 1                   | 79%              | 88%    | 95%    | 91%    | Three students took LOA for academic enrichment/research                                                    |
| AY 2022-23    | 87                     | 70                                   | 14                     | 2                      | 1                   | 67%              | 91%    | 90%    | 87%    | Three students took LOA for academic enrichment/research                                                    |
| AY 2021-22    | 90                     | 77                                   | 11                     | 2                      | 0                   | 77%              | 88%    | 86%    | 86%    | One student took LOA for academic enrichment/research                                                       |

Graduation rates have shown steady improvement over the last 3 years after a low in AY 2022-2023. The table reflects four-, five-, six-, and occasional seven-year graduation timelines. For the Class of 2025, the four-year graduation rate was 80%, with additional students completing in later years. Variations in graduation timing are often due to students taking a leave of absence for academic enrichment or research, or, in some cases, for academic reasons. For the years referenced, most of the students who extended beyond four years did so primarily for enrichment or research opportunities rather than academic difficulty. Dr. Khanjani asked if students were allowed to stay for 7 years. Dr. Francis stated that it is very unusual for students to require more than six years to graduate. In rare cases, students have extended their timeline due to illness or other extraordinary circumstances for which additional time is permitted. These situations remain uncommon and are reviewed individually.

## Key Findings:

- Students demonstrated strong performance in communication skills and integrated clinical encounter assessments.
- The majority of students passed clinical skills assessments on the first attempt, with all remaining students successfully passing after remediation.
- Clerkship subject examination averages were generally at or above national averages.
- Step 2 performance remains strong, with pass rates and mean scores comparable to national benchmarks.
- Step 3 first-time pass rates remained high.

- Residency readiness survey results indicated that nearly all graduates met or exceeded expectations during the first six months of residency training.
- Match rates for recent graduating classes remained excellent.
- Four-year graduation rates have improved over the last 3 years after a low in AY 2022-23, with many delayed graduations related to research or academic enrichment activities rather than academic deficiencies. This requires continued monitoring and CQI efforts.

## DISCUSSION

| Teaching Methods |                                                                            | Assessment Methods |                                                                                                | Review? |
|------------------|----------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------|---------|
| PC 1.4           | Clinical experience<br>Lectures, simulation (1)<br>Online modules          | PC 1.4             | Clinical assessment form- Surgery<br>NBME (IM)<br>Pediatric observed H&P                       |         |
|                  |                                                                            | KP 2.4             | NBME – FM, IM, OB/GYN, Psychiatry<br>Clinical assessment form - Surgery                        |         |
| KP 2.5           | Clinical experience<br>Lecture<br>Case-based instruction<br>Online modules |                    |                                                                                                |         |
| PBLI 3.6         | Not linked – 1.6 used consistently                                         |                    |                                                                                                |         |
| PROF 5.4         | Clinical experience<br>Online modules                                      | PROF 5.4           | NBME – FM, IM, OB/GYN, Pediatrics, Psychiatry<br>Clinical assessment card- Surgery, Pediatrics |         |
|                  |                                                                            | PROF 5.5           | EM shift assessment<br>NBME IM<br>Clinical assessment – Pediatrics<br>Observed H&P - Nursery   |         |
|                  |                                                                            | SBP 6.4            | Clinical assessment form – FM, IM, Peds,<br>Psychiatry<br>NBME – IM, Psychiatry                |         |

There are several areas the team may want to examine more closely to determine whether additional enrichment or curricular strengthening is needed. These discussions will follow, but it is important to consider them in the context of our overall outcome measures. Our students continue to perform well on their board examinations, including strong pass rates and solid performance on the end-of-year OSCE, which now functions as the required clinical skills (CS) exam. Previously administered as a practice assessment, it is now our formal exam for this competency.

All indications show that students are performing well not only on these internal and external assessments but also once they transition into residency. Feedback from residency programs continues to affirm that our graduates are well-prepared and successful in meeting early residency expectations.

The committee reviewed the distribution of learning objectives across courses and clerkships, noting the varying frequency with which different objectives were cited. Members agreed that while all objectives must be covered somewhere in the curriculum, they do not need to be covered equally. The priority is ensuring that students receive the experiences they need. Outcome measures indicate that students are performing well, suggesting that the current structure is largely effective.

Some objectives appeared less frequently and may warrant a closer look, though this does not necessarily imply that changes are required. The goal is to determine whether any areas would benefit from enrichment. It was acknowledged that pre-clerkship and clerkship phases may emphasize different competencies, so variation across phases is expected and appropriate.

The group discussed potential overlap between Objectives 3.6 and 1.6, noting that faculty often select 1.6 when linking activities. Objective 3.6 includes peer teaching, which is not explicitly part of 1.6. While assessments exist for peer teaching, the teaching component itself may be under-represented due to the way activities are coded. As the objectives will be revised in the next academic year, the committee will need to determine how best to capture peer-teaching expectations moving forward. A suggestion was made to reach out to clerkship directors to identify opportunities to add 3.6 where appropriate.

Objective 1.4, organizing and prioritizing responsibilities to provide efficient and effective care was highlighted as an area that may benefit from additional attention. Current teaching methods include clinical experiences, lectures, one simulation, and online modules. However, translating concepts from lectures or modules into practice can be challenging. Clinical experiences remain the primary venue for developing this competency. On the assessment side, only one clerkship (Surgery) currently rates students on this objective, suggesting an opportunity to strengthen assessment alignment across clerkships.

The committee noted that Objective 1.4 organizing and prioritizing responsibilities to provide efficient and effective care is an area that may warrant closer review. While some teaching and assessment methods exist, overall coverage remains limited. Beyond the Surgery clerkship's assessment form, reinforcement comes from the NBME Internal Medicine exam and the Pediatrics observed H&P checklist, but these represent only a small portion of the overall assessment structure.

Given that this competency is one of the more areas where interns may struggle, it may be appropriate for clerkship directors to take a closer look at whether additional teaching or assessment opportunities should be incorporated.

Objective 2.5 was also reviewed. Although the number of linked assessments is lower, the teaching coverage appears robust. This objective is addressed through clinical experiences, lectures, case-based instruction, and online modules, providing a well-rounded mix of instructional methods. Given this breadth of teaching exposure, the lower assessment count may not be a concern, and 2.5 may be appropriately covered as is, even if its numerical representation appears smaller in the mapping.

Objective 5.4, which focuses on demonstrating and applying ethical principles related to the provision and withholding of care, was also reviewed. Teaching for this objective is linked to clinical experiences as well as online modules, providing students with both experiential and foundational exposure to ethical decision-making. On the assessment side, coverage is strong: ethical principles appear across five of the six NBME exams, and both the Surgery and Pediatrics clerkships include clinical assessment items that specifically address ethical reasoning and application. Based on this distribution, Objective 5.4 appears to be well supported through a combination of teaching and assessment methods.

Objective 5.5, which also relates to ethics but focuses on business-related practices, health administration, and compliance, was reviewed as well. While some of these concepts may be more aspirational for medical students given the complexity of business and administrative processes in healthcare the objective is included in the curriculum and is assessed. Coverage appears across several areas: the EM Shift assessment includes items related to this competency, it is tested on the Internal Medicine NBME, and it appears on the clinical assessment forms in both Pediatrics and Surgery. This suggests that although the content is advanced, students are receiving exposure and being evaluated on foundational aspects of these principles.

Objective 6.4, which addresses describing appropriate processes for referring patients, maintaining continuity of care, and managing transitions between providers and settings, was highlighted as an important area for review. Transitions of care represent a major patient-safety priority, and ensuring students have adequate exposure to these processes is essential for residency readiness. While there is substantial coverage in the fourth-year Boot Camp, third-year exposure is more limited. Current teaching and assessment connections include clinical assessment forms in Family Medicine, Pediatrics, and Psychiatry, as well as relevant content on the Psychiatry NBME. These touchpoints provide some reinforcement, but the committee noted that transitions of care remain a critical competency and may warrant further attention to ensure consistent preparation across clerkships.

The committee then considered whether any of the identified objectives or others not yet discussed should be referred back to the clerkship directors and the Year 3–4 Committee for deeper review. Members noted that such a referral would not imply that changes are required; rather, it would allow clerkship leaders to examine whether current teaching and assessment practices are appropriate and sufficient. The group acknowledged that the curriculum already demonstrates strong coverage overall, but the option remains open to request further exploration of specific objectives if the committee feels additional scrutiny would be beneficial. Dr. Ramirez noted that it may still be worthwhile to review the PGOs to determine whether there are opportunities for refinement or improvement. The committee was then asked whether the limited set of six PGOs identified should be sent back to the clerkship directors and the Year 3–4 Committee for further review. This would allow those groups to take a closer look and determine whether any refinements or enhancements are warranted. Members noted that such a review would be quick and focused, and that referring the objectives back does not imply that changes must be made. The option remains equally valid to determine that the current coverage is sufficient and that no additional review is necessary.

Dr. Khanjani asked whether the clerkship directors would receive a copy of the slides, noting that having access to the materials would help them review the selected PGOs if the committee decides to refer them back for further examination. Dr. Francis noted that if the committee chooses to send the selected PGOs back to the clerkship committee, it would allow for a more detailed review. The clerkship directors would be able to examine the materials presented, explore the underlying details, and consider what potential changes might entail or what revisions they might propose. She added that this level of deeper analysis would be necessary if the committee decides to move forward with referring the objectives back for further consideration.

Sami Daye agreed with the plan to leave Objective 3.6 out of the referral for now, as previously advised. He recommended that at minimum 5.5 and 6.4 be sent back for further review, noting that he could think of several examples of activities already occurring in the curriculum that appear to support these objectives. He suggested that having the clerkship directors examine these areas more closely could help determine whether the current mapping accurately reflects the teaching and assessment taking place. Samuel Aldous noted that several activities supporting PGOs—such as the ethics and compliance simulation in the offset blocks, required sign-out activities in Surgery, and the iPATH assignments in Internal Medicine are not currently reflected in the mapping. He suggested sending the objectives back so clerkships can identify missing linkages and ensure existing work is accurately captured.

Dr. Francis agreed, emphasizing that the goal is to ensure clerkships receive appropriate credit without adding new assignments unless a true gap exists. She expressed hope that only minimal adjustments would be needed and invited any final comments before moving on.

Dr. Ramirez suggested that Objective 1.4 could potentially be mapped to the OSCE, noting that students already demonstrate prioritization of differentials and treatment plans in that setting. Dr. Francis agreed, noting that this may simply require looking at the mapping from a different perspective and ensuring Objective 1.4 is fully captured if the OSCE already assesses students' ability to prioritize differentials and treatment plans. A committee member added that this work already aligns with the goal, emphasizing that it is largely a matter of ensuring we give ourselves credit for what is already being done. Dr. Francis agreed and thanked the group for the point before inviting any final comments. Samuel Aldous was then recognized.

It was noted that the group appears to be in agreement about sending the selected PGOs back to the clerkship directors for review. The goal would be to identify any existing activities that are not currently receiving credit and add those linkages where appropriate. The committee clarified that PBLI 3.6 would be excluded from this review, with only the remaining objectives forwarded for further examination. Dr. Nemir noted that the clerkship directors are welcome to review the objectives. Dr. Francis agreed, adding that they may also be able to suggest potential rewording of PGOs when revisions occur in the future. She acknowledged this as a helpful point.

## ACTIONS

- MAKE CHANGES AND UPDATES TO THE SYLLABUS AS SUGGESTED
- CONSIDER REMOVING PGO 3.6 OR REWORD TO MAKE DISTINCTION FROM 1. 6
- SEND PGO TEACHING AND ASSESSMENT BACK TO CLERKSHIP COMMITTEE FOR INDICATED ELEMENTS FOR FURTHER EVALUATION AND SUGGESTED ACTION
- CONTINUE CQI ON MAPPING

The committee reviewed the pending action items. All previously suggested changes from the earlier team reviews have already been sent to the clerkship directors, and the updated syllabus now includes revised contact information and clarified assessment tables. The group agreed that PBLI 3.6 may be considered for removal or rewording during future revisions. In addition, the committee discussed sending the PGO teaching and assessment table back to the clerkship directors for further review to ensure accurate mapping and suggest any necessary changes/enhancements to 1.4, 2.4,

2.5, 5.4, 5.5, and 6.4 - noting that this would likely involve updating linkages rather than making substantive curricular changes. A motion was then requested to proceed.

Dr. Ramirez moves the motion for approval.

Dr. Sidhu seconds the motion.

No Objections: Motion was approved.

## **ITEM II Policy Updates**

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

### **GPC Appeals Policy Revision**

Dr. Francis presented proposed revisions to the Grading and Promotions Appeals (GPAS) process in response to LCME-related discussions and institutional review.

Approved Revisions Included:

Creation of a standing Appeals Committee consisting of:

- Three faculty members
- One alternate member

Appeals Committee members may not serve simultaneously on the GPC.

Appeals will evaluate:

- Compliance with due process and institutional policy
- Whether sufficient evidence supports the GPC decision
- Students may present statements to the Appeals Committee.
- Students may bring a support person or attorney in an advisory capacity only.
- A secondary appeal may be submitted to the Dean of the School of Medicine following Appeals Committee review.

### **Committee Action:**

The committee approved the revised appeals policy with clarification specifying appointment by the Dean of the School of Medicine. Additional revisions related to integration of the Spanish course into GPAS policy will be addressed asynchronously at a later date. Dr. Sidhu asked for clarification, if it's the Dean of Student Affairs or the Dean for the school of medicine. It was clarified that it is the Dean for the school of medicine and will be changed to on number 2 to show Dean of the school of medicine.

Sami Daye moves the motion for approval.  
Dr. Quest seconds the motion.  
No Objections: Motion was approved.

#### Policy on Phase Reviews

The committee briefly discussed the policy regarding phase reviews. It was noted conducting these reviews annually would enhance monitoring for LCME compliance. However, further clarification is needed regarding how the reviews should be structured specifically:

- How to separate the process into detailed (“deep dive”) syllabus reviews
- Whether these deep-dive reviews must occur annually
- Whether only the phase reviews, similar to the recent PGO review, require an annual cycle

Additional work is needed to refine the structure and requirements of this policy. A revised version will be brought to a future meeting for further discussion. The committee acknowledged that this policy would not be reviewed at today’s meeting.

#### **ITEM III MS4 Syllabus Updates**

**Presenter(s): Dr.  
Francis**

\*Please see attached report

#### Fourth-Year Syllabus Updates

Dr. Francis reviewed proposed updates to fourth-year course syllabi.

#### Approved Updates Included:

- Standardization of grading rubrics across Sub-Internship rotations
- Removal of outdated ICU online quiz requirements
- Alignment of ICU requirements with current SCCM modules
- Addition of coaching and self-assessment forms for Pediatrics Sub-Internship mid-rotation feedback
- Reduction of Pediatrics Sub-Internship required OP log entries from 20 to 12, emphasizing quality and longitudinal patient engagement
- Increased expectations for student management responsibility within Sub-Internship experiences

Committee Action:

The committee approved all proposed syllabus updates with no questions.

Dr. Ramirez moves the motion for approval.

Dr. Nemir seconds the motion.

No Objections: Motion was approved.

#### **ITEM IV Psych Sub I Director and PICU Director**

**Presenter(s): Dr.  
Francis**

\*Please see attached report

Approval of New Clerkship/Sub-Internship Directors

PICU Rotation Director

Dr. Francis introduced Dr. Agarwal as the proposed PICU rotation director as pediatric critical care services expand and prepare to resume student rotations.

The committee approved Dr. Agarwal as PICU Rotation Director.

Samuel Aldous moves the motion for approval.

Dr. Nemir seconds the motion.

No Objections: Motion was approved.

Psychiatry Sub-Internship Director

Dr. Francis introduced Dr. Rouhani as the proposed Psychiatry Sub-Internship Director.

The committee approved Dr. Rouhani as Psychiatry Sub-Internship Director.

Samuel Aldous moves the motion for approval.

Dr. Mayer seconds the motion.

No Objections: Motion was approved.

**Adjourned at 6:23pm**

