## Faculty Council Meeting Minutes
Monday, April 18, 2016
Room 1120, MEB, 1st Floor
12:00 PM – 1:00 PM

### Members in Attendance:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juan Figueroa-Casas, M.D.</td>
<td>President, Internal Medicine</td>
</tr>
<tr>
<td>Dale Quest, Ph.D.</td>
<td>Immediate Past-President, Medical Education</td>
</tr>
<tr>
<td>Heidi Lyn, M.D.</td>
<td>President-Elect, OB/GYN</td>
</tr>
<tr>
<td>Marc Orlandi, M.D.</td>
<td>Anesthesiology</td>
</tr>
<tr>
<td>Laxman Gangwani, Ph.D.</td>
<td>Biomedical Science</td>
</tr>
<tr>
<td>Susan Watts, Ph.D.</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Jennifer Molokwu, M.D.</td>
<td>Family Medicine</td>
</tr>
<tr>
<td>Darine Kassar, M.D.</td>
<td>Neurology</td>
</tr>
<tr>
<td>Rona Fagan, R.N.</td>
<td>Orthopaedic Surgery &amp; Rehabilitation</td>
</tr>
<tr>
<td>Alireza Torabi, M.D.</td>
<td>Pathology</td>
</tr>
<tr>
<td>Amelia Leony-Carrete, L.C.S.W.</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Nassim Akle, M.D.</td>
<td>Radiology</td>
</tr>
<tr>
<td>KoKo Aung, M.D., M.P.H.</td>
<td>Associate Dean for Faculty Affairs</td>
</tr>
<tr>
<td>J Manuel de la Rosa, M.D.</td>
<td>Provost, TTUHSC El Paso</td>
</tr>
</tbody>
</table>

### Members Not in Attendance:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>Jesus Peinado, M.D.</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Trent Filler, D.D.S.</td>
<td>Surgery</td>
</tr>
<tr>
<td>Rajendra Marwah, M.D.</td>
<td>Community Representative, EPCMS, non-voting</td>
</tr>
<tr>
<td>Richard A. Lange, M.D.</td>
<td>Founding President TTUHSC El Paso, Dean PLFSOM, ex-officio, non-voting</td>
</tr>
</tbody>
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### Guests:

<table>
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<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>Zuber Mulla, Ph.D.</td>
<td>Assistant Dean for Faculty Development</td>
</tr>
<tr>
<td>Sanja Kupesic, M.D., Ph.D.</td>
<td>Associate Dean for Faculty Development</td>
</tr>
<tr>
<td>Shaked Laks, M.D.</td>
<td>Diversity Committee Chair</td>
</tr>
<tr>
<td>Kathryn Horn, M.D.</td>
<td>Committee on Student Affairs Chair</td>
</tr>
<tr>
<td>Richard Brower, M.D.</td>
<td>Curriculum and Educational Policy Committee Chair</td>
</tr>
<tr>
<td>Indu Pathak, M.D.</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Sue Fuciarelli, CFO</td>
<td></td>
</tr>
<tr>
<td>Frank Stout, COO</td>
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### I. Call to Order

Juan Figueroa-Casas, M.D.
- Faculty Council President

Dr. Figueroa-Casas, President of the Faculty Council, called the meeting to order at 12:03 PM.

### II. Review and Approval of Minutes

Juan Figueroa-Casas, M.D.
- Faculty Council President

Having met quorum, the Faculty Council members unanimously agreed to approve the meeting minutes from March 21, 2016 with no changes.

### III. Dean’s Report

J. Manuel de la Rosa, M.D.
TTUHSC El Paso Provost

Dr. de la Rosa reported the following:

**Leadership Retreat:**
The TTUHSC El Paso leadership held their annual leadership retreat last month in Las Cruces. There is a follow up
Dean's Report Continued...

meeting this Saturday, April 23. The main topic of discussion of particular interest to the Faculty Council is faculty retention and recruitment. There will also be a session on Medical Education and the programs being established. Dr. Brower is aggressively pursuing multiple venues for completing the data collection for LCME.

Faculty Bylaws Review:
Dr. de la Rosa has been in discussion with the Dean about the faculty bylaws. Dr. de la Rosa requested that the Ad Hoc Bylaws Review Committee, chaired by Dr. Aung, begin their review of the bylaws with particular attention to three areas: standardization of standing committee sections; review of meeting frequency for the three councils, particularly the Dean’s council; and five-year department reviews. Dr. Lange has put together a process for departmental reviews that should begin approximately in the next six weeks. This will entail each department doing an internal review of their processes. Dr. de la Rosa hopes the department chairs will involve the Faculty Council representatives in this process. Lastly, Dr. de la Rosa requested that the Ad Hoc Bylaws review committee review the Faculty Council’s nomination process for appointing new members to each of the 14 standing committees.

IV. PROVOST’S REPORT

J. Manuel de la Rosa, M.D.
TTUHSC El Paso Provost

Dr. de la Rosa reported the following:

SACSCOC Accreditation:
As many know, the SOM is in the process of beginning its SACSCOC Accreditation application. A continuing quality improvement or institutional effectiveness program is part of the SACSCOC review process, including review of an institutional strategic plan and each of the schools’ strategic plans. Each department has defined units that are beginning to write goals and objectives. Over the next 90 days, these goals and objectives will be assessed and how well each department has or has not met them. Then after another 90 days they will begin to design interventions to meet these goals and objectives, or change them. The PLFSOM strategic plan was presented at the retreat with two notable exceptions, which are the areas for the faculty and the areas for clinical practice. We’ll be reviewing those as part of the Assistant and Associate Deans’ meeting in May.

Library Access:
The library anticipates offering 24/7 access, beginning in June.

V. FACULTY AFFAIRS

Koko Aung, M.D., M.P.H.
Associate Dean for Faculty Affairs

Dr. Aung reported the following:

Faculty members who wish to participate in the Pre-Tenure and/or Pre-Promotion midpoint review should submit confirmation forms by the deadline of 5:00 pm today. Please pass this information on to your colleagues who might be interested.

VI. STANDING COMMITTEES

Richard Brower, M.D.

Dr. Brower reported the following:
Curriculum and Educational Policy Committee

Shaked Laks, M.D.
Diversity Committee

*See attached report

Dr. Laks reported the following:

Diversity Committee Updates
Faculty Council
April 18, 2016
Shaked Laks, MD
Diversity Committee Chair

*See attached report

VII. NEW BUSINESS
Sanja Kupesic, M.D.
Associate Dean for Faculty Development

Dr. Kupesic reported the following:

*See attached report

VIII. PRESIDENT’S REPORT
Juan Figueroa-Casas, M.D.
Faculty Council President

Dr. Figueroa-Casas reported the following:

Bylaws Review:
As noted in last month’s minutes, we ran out of time and were not able to make a formal recommendation from the Faculty Council to the Ad Hoc Bylaws Review Committee to initiate the process of review and revision of the bylaws. A motion was made and approved to charge the Ad Hoc Bylaws Review Committee with the annual review of the bylaws.
President’s Report continued...

Faculty Handbook Update:
Earlier last year a task force composed by Dr. Lyn, Dr. Watts, and Dr. Peinado was formed to update the online Faculty Handbook. The work of the task force was completed months ago. The project has not yet been presented to the Faculty Council due to a hold on website changes while Institutional Advancement updates the institutional website. Also we are waiting for the El Paso operating policy links to be available. It was recommended that the task force review their efforts to ensure there are no additional changes needed since their last meeting.

Faculty trainings:
It has been brought to the officers’ attention that many faculty members feel that the amount of mandatory training has become excessively time-consuming. This issue has been taken to the Office of Faculty Affairs and we have requested they do an inventory of all mandated trainings and reconsider the necessity of requiring each of those training requirements. Then we will investigate ways that the number of trainings can be decreased to whatever is higher priority and maybe a lower frequency and duration of other trainings.

General Faculty Meeting:
There will be another General Faculty Meeting in May or June. We have requested Dr. Lange to hold these meetings every 3 or 4 months to improve direct communication between Faculty and administration. All faculty will be notified of the date as soon as it has been scheduled.
It was noted that faculty members may not be aware that faculty council officers suggest topics for the Dean to cover at General Faculty Meetings. If there are things people in your department would like to know or be updated on, email Dr. Figueroa or any of the Faculty Council Officers.

Student Affairs Policies
The Student Affairs committee has several policies that are new or have been modified. They were distributed to the faculty council by email. In order for this policy to be adopted into the student handbook they need to be approved by the Faculty Council. A motion was made to approve the following new and revised Student Affairs Committee policies:

- Student Curriculum and Evaluation Committee Charter
- Attendance Policy
- Challenging Student Records and Grades
- PLFSOM Academic Standing Policy
President's Report continued...

IX. ADJOURNMENT

Juan Figueroa-Casas, M.D.
Faculty Council President

Dr. Figueroa-Casas, Faculty Council President, adjourned the meeting at 12:50 P.M.

FOLLOW UP:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>PERSON/DEPARTMENT RESPONSIBLE</th>
<th>TASK COMPLETED Y/N</th>
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</table>

Juan Figueroa-Casas, M.D.
Faculty Council President

*See attached policies
PLFSOM Curriculum and Educational Policy Committee

Scheduled Report to the Faculty Council
April 18, 2016

Current membership

<table>
<thead>
<tr>
<th>CEPC Roster</th>
<th>Term Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>College Masters</strong></td>
<td></td>
</tr>
<tr>
<td>Clinician</td>
<td>Blunk, Daniel Aug-16</td>
</tr>
<tr>
<td>Non-Clinician</td>
<td>Piskurich, Janet Aug-16</td>
</tr>
<tr>
<td><strong>At-Large</strong></td>
<td></td>
</tr>
<tr>
<td>Clinician</td>
<td>Francis, Mark Aug-17</td>
</tr>
<tr>
<td>Clinician</td>
<td>Cashin, Laura Oct-19</td>
</tr>
<tr>
<td>Clinician</td>
<td>Uga, Aghaegbulam Oct-19</td>
</tr>
<tr>
<td>Clinician</td>
<td>Padilla, Osvaldo Aug-18</td>
</tr>
<tr>
<td>Non-Clinician - Basic Sci</td>
<td>Gest, Thomas Aug-19</td>
</tr>
<tr>
<td>Non-Clinician - Basic Sci</td>
<td>Pfarr, Curt Aug-19</td>
</tr>
<tr>
<td>Non-Clinician - Basic Sci</td>
<td>Sundin, Olof Aug-17</td>
</tr>
<tr>
<td>Non-Clinician - Basic Sci</td>
<td>Perry, Cynthia Aug-18</td>
</tr>
<tr>
<td><strong>Ex Officio</strong></td>
<td></td>
</tr>
<tr>
<td>Assoc. Dean Med Ed, Chair</td>
<td>Brower, Richard</td>
</tr>
<tr>
<td>Assist. Dean Med Ed</td>
<td>Francis, Maureen</td>
</tr>
<tr>
<td>Assist. Dean Med Ed</td>
<td>Hogg, Tanis</td>
</tr>
<tr>
<td>Assessment and Evaluation</td>
<td>Lacy, Naomi</td>
</tr>
<tr>
<td>Assoc. Dean Student Affairs</td>
<td>Horn, Kathryn</td>
</tr>
<tr>
<td>Provost</td>
<td>de la Rosa, Manuel</td>
</tr>
<tr>
<td>Library</td>
<td>Cancellare, Andrea</td>
</tr>
<tr>
<td>Med Ed IT</td>
<td>Lopez, Jose</td>
</tr>
</tbody>
</table>
Meetings since last report, 7/20/15

• 8/10/2015
• 9/14/2015
• 10/12/2015
• 11/16/2015
• 12/14/2015
• 2/1/2016
• 2/29/2016
• 3/14/2016
• 4/4/2016
• 4/11/2016

10 meeting in the last nine months
• Monthly standing meetings
• Supplemental meetings during curriculum review ‘crunch’ (March-May)

Major CEPC activities and actions since last report, 7/20/15

• Review and approval of an extracurricular “Primary Care Track” proposed by Dr. Charmaine Martin
• Review and discussion of the AY2014-15 Annual Medical Education Program Evaluation Report
• Resolution of syllabus and grading policy details for AY2015-16
• Post-block and aggregate annual clerkship site comparability oversight (to be expanded to include assessment compliance and timeliness)
• UME Strategic Planning Task force participation and outcomes review
• SCEC concerns regarding international elective opportunities
Major CEPC activities and actions since last report, 7/20/15

- Review of psychiatry clerkship changes
- Expansion of MS4 elective options
- Exam item quality policies (MS1-2)
- Development of the ICE Clerkship Prep Course
- Review of new PLFSOM Strategic Plan for “Goal 1” (medical education)
- Discussion of LCME curriculum imperatives (SDL, CQI, ‘hot topics’)
- Review and approval of common clerkship requirements
- Development of a “Distinction in Anatomy”

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Major CEPC activities and actions since last report, 7/20/15

- Development of new MS4 critical care options
- Annual Course and Clerkship Syllabi Reviews
  - Ongoing through May
- ILO → Medical Education Program Goals and Objectives for AY2016-17 review and approval
AY 2016-2017 PLFSOM Medical Education Program Goals and Objectives

<table>
<thead>
<tr>
<th>Competency Domain:</th>
<th>Patient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Goal:</td>
<td>“Provide patient-centered care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.”</td>
</tr>
<tr>
<td>1.1</td>
<td>Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.</td>
</tr>
<tr>
<td>1.2</td>
<td>Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.</td>
</tr>
<tr>
<td>1.3</td>
<td>For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.</td>
</tr>
<tr>
<td>1.4</td>
<td>Organize and prioritize responsibilities in order to provide care that is safe, efficient, and effective.</td>
</tr>
<tr>
<td>1.5</td>
<td>Recognize a patient requiring urgent or emergent care, and initiate evaluation and management.</td>
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<tr>
<td>1.6</td>
<td>Describe and propose treatments appropriate to the patient’s condition and preferences.</td>
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<tr>
<td>1.7</td>
<td>Accurately document history, physical examination, assessment, investigatory steps and treatment plans in the medical record.</td>
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<tr>
<td>1.8</td>
<td>Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.</td>
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<tr>
<td>1.9</td>
<td>Provide preventative health care services and promote health in patients, families and communities.</td>
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<table>
<thead>
<tr>
<th>Competency Domain:</th>
<th>Knowledge for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Goal:</td>
<td>“Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.”</td>
</tr>
<tr>
<td>2.1</td>
<td>Compare and contrast normal variation and pathological states in the structure and function of the human body across the life span.</td>
</tr>
<tr>
<td>2.2</td>
<td>Apply established and emerging foundational/basic science principles to health care.</td>
</tr>
<tr>
<td>2.3</td>
<td>Apply evidenced-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.</td>
</tr>
<tr>
<td>2.4</td>
<td>Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.</td>
</tr>
<tr>
<td>2.5</td>
<td>Apply principles of social-behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.</td>
</tr>
<tr>
<td>2.6</td>
<td>Demonstrate an understanding of and potential for engagement in the creation, dissemination and application of new health care knowledge.</td>
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<thead>
<tr>
<th>Competency Domain:</th>
<th>Practice-Based Learning and Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Goal:</td>
<td>“Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.”</td>
</tr>
<tr>
<td>3.1</td>
<td>Identify and perform learning activities to address gaps in one’s knowledge, skills and/or attitudes.</td>
</tr>
<tr>
<td>3.2</td>
<td>Demonstrate a basic understanding of quality improvement principles and their application to analyzing and solving problems in patient and/or population-based care.</td>
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<tr>
<td>3.3</td>
<td>Accept and incorporate feedback into practice.</td>
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## AY 2016-2017 PLFSOM Medical Education Program Goals and Objectives

<table>
<thead>
<tr>
<th>Competency Domain:</th>
<th>Overall Goal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4</td>
<td>Locate, appraise and assimilate evidence from scientific studies related to patients’ health problems.</td>
</tr>
<tr>
<td>3.5</td>
<td>Obtain and utilize information about individual patients, populations or communities to improve care.</td>
</tr>
<tr>
<td><strong>Interpersonal and Communication Skills</strong></td>
<td>“Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.”</td>
</tr>
<tr>
<td>4.1</td>
<td>Communicate effectively with patients and families across a broad range of socio-economic and cultural backgrounds.</td>
</tr>
<tr>
<td>4.2</td>
<td>Communicate effectively with colleagues and other health care professionals.</td>
</tr>
<tr>
<td>4.3</td>
<td>Communicate with sensitivity, honesty, compassion and empathy.</td>
</tr>
<tr>
<td>4.4</td>
<td>Maintain comprehensive and timely medical records.</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td>“Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles.”</td>
</tr>
<tr>
<td>5.1</td>
<td>Demonstrate sensitivity, compassion, integrity and respect for all people.</td>
</tr>
<tr>
<td>5.2</td>
<td>Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient privacy, autonomy and informed consent.</td>
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<tr>
<td>5.3</td>
<td>Demonstrate accountability to patients and fellow members of the health care team.</td>
</tr>
<tr>
<td>5.4</td>
<td>Demonstrate and apply knowledge of ethical principles pertaining to the provision or withholding of care.</td>
</tr>
<tr>
<td>5.5</td>
<td>Demonstrate and apply knowledge of ethical principles pertaining to health care related business practices and health care administration, including compliance with relevant laws, policies, regulations and the avoidance of conflicts of interest.</td>
</tr>
<tr>
<td>5.6</td>
<td>Demonstrate honesty in all professional and academic interactions.</td>
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<tr>
<td>5.7</td>
<td>Meet professional and academic commitments and obligations.</td>
</tr>
<tr>
<td><strong>Systems-Based Practice</strong></td>
<td>“Demonstrate an awareness of, and responsiveness to, the larger context and system of health care, as well as the ability to call on other resources in the system to provide optimal care.”</td>
</tr>
<tr>
<td>6.1</td>
<td>Describe the health system and its components, how the system is funded and how it affects individual and community health.</td>
</tr>
<tr>
<td>6.2</td>
<td>Demonstrate the ability to identify patient access to public, private, commercial and/or community-based resources relevant to patient health and care.</td>
</tr>
<tr>
<td>6.3</td>
<td>Incorporate considerations of benefits, risks and costs in patient and/or population care.</td>
</tr>
<tr>
<td>6.4</td>
<td>Describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings.</td>
</tr>
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## Interprofessional Collaboration

<table>
<thead>
<tr>
<th>Competency Domain</th>
<th>Overall Goal</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>“Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care”</td>
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</table>

| 7.1 | Describe the roles of health care professionals.                        |
| 7.2 | Use knowledge of one’s own role and the roles of other health care professionals to work together in providing safe and effective care. |
| 7.3 | Function effectively both as a team leader and team member.             |
| 7.4 | Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members. |

## Personal and Professional Development

<table>
<thead>
<tr>
<th>Competency Domain</th>
<th>Overall Goal</th>
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<tbody>
<tr>
<td></td>
<td>“Demonstrate the qualities required to sustain lifelong personal and professional growth.”</td>
</tr>
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</table>

| 8.1 | Recognize when to take responsibility and when to seek assistance.          |
| 8.2 | Demonstrate healthy coping mechanisms in response to stress and professional responsibilities. |
| 8.3 | Demonstrate flexibility in adjusting to change and difficult situations.    |
| 8.4 | Utilize appropriate resources and coping mechanisms when confronted with uncertainty and ambiguous situations. |
| 8.5 | Demonstrate the ability to employ self-initiated learning strategies (problem definition, identification of learning resources and critical appraisal of information) when approaching new challenges, problems or unfamiliar situations. |
GOAL 1:

1. To provide a medical education that is consistent with modern scientific principles, supportive of strong ethical principles, sensitive to the needs of the community, and committed to excellence.
   1.1. Build upon and enrich the clinical presentation-based pre-clerkship curriculum through a renewed emphasis on educational strategies and assessment methods that encourage active and engaged learning, self-directed learning, and critical thinking.
   1.2. Develop systems for the continuous renewal and improvement of the clinical case materials used in the pre-clerkship curriculum, and for the promotion of continuous study and application of foundational biomedical sciences in the clerkship curriculum.
   1.3. Implement innovative educational technology/information technology applications to facilitate and enhance our highly integrated core curriculum, its supplemental tracts and electives, and its student assessment and program evaluation functions.
   1.4. Establish a rational benchmark-based plan/checklist for determining our educational capacity and potential for class size expansion.
   1.5. Improve academic performance tracking, early identification of struggling students, and remediation systems in the pre-clerkship and clerkship phases of the curriculum.
   1.6. Expand the implementation of curricula incorporating the emerging principles and goals of interprofessional education.
   1.7. Strengthen our commitments to student-centeredness and the development of broadly knowledgeable, capable and caring physicians through continued support of the colleges and other academic support systems.
   1.8. Enrich and expand extensions of the core curriculum such as electives, supplemental tracks, dual-degree programs, service learning opportunities, and research opportunities.
   1.9. Promote and enhance our reputation for educational program innovation and excellence through an expanded commitment to medical education research and scholarship.
   1.10. Refine and continuously emphasize curricular elements that promote each student’s growth in professionalism, ethical behavior and integrity.
   1.11. Expand the student wellness program to include development of peer support groups and on-campus health services to include medical and mental health care.
   1.12. Continue to provide and expand access to facilities (such as student lounge, gym, medical student call room, study rooms, etc.) that promote student wellness and effective learning environments.
   1.13. Provide comprehensive career planning services for all four years in medical school with an emphasis on the clerkship phase students.
PLFSOM Strategic Goal 1: Medical Education

To provide a medical education that is consistent with modern scientific principles, supportive of strong ethical principles, sensitive to the needs of the community, and committed to excellence

• Process was integrated with 2015 PLFSOM UME Strategic Planning Task Force and coordinated with review and approval by the Curriculum and Educational Policy Committee and the Student Affairs Committee (SAC)

• Involved extensive review of educational program performance and survey data, as well as a facilitated retreat in October 2015

• The UME Task Force process was inclusive and broadly representative of the leadership and faculty

• Elements 1.1-1.10 relate to UME TF and CEPC input

• Elements 1.11-1.13 relate to SAC input
Diversity Committee Updates
Faculty Council

April 18, 2016

Shaked Laks, MD
Diversity Committee Chair

Committee Members

• We currently have 16 members:
  • 8 Faculty members
    • 7 from PLFSOM
    • 1 from GGHON
  • 2 Medical students
  • 3 Residents
  • 3 Staff members

• The Provost and the Associate Dean for Medical Education have agreed that we transition to an institution-wide Council in Summer 2016 that would be comprised of 3 nested committees by school for accreditation purposes. Bylaws reflecting this will be developed in the next several months.
LCME Accreditation

- The Office of Diversity Affairs and the Office of Global Health were merged on August 1, 2015 under the direction of Jessica Calderón-Mora.

- The staff from the Office of Diversity, Inclusion, and Global Health are working with those involved with LCME accreditation on documentation to ensure that we are collecting appropriate data from all events and activities.

- The program’s next full survey will take place during the 2017-18 academic year.

Diversity and Global Health Perspectives Lecture Series and Film Series

- There will be 5 diversity-related speakers and 5 global health-related speakers per year for the lecture series.

- There will be approximately 6 diversity-related films and 6 global health-related films per year for the film series.
Update on 5th Annual Cultural Competence Conference

• This conference was held Friday, February 26, 2016 at the Wyndham Hotel

• Keynote: Impact of Racism on Healthcare provided by Camara Jones, MD, MPH, PhD, Senior Fellow at the Satcher Health Leadership Institute, Morehouse School of Medicine and President-Elect of the American Public Health Association

• 2 tracks:
  • Obstacles in the Way of Achieving Diversity
  • Emerging Healthcare Needs in Diverse Populations

• Approximately 110 in attendance, consisting of faculty, residents, students, and staff, individuals from UTEP, NMSU and local community organizations

Save the Date

6th Annual Cultural Competence Conference to be held Friday, February 24, 2016 at the Wyndham Hotel
Scholarship in Diversity

- Presentation on GaSCA at 2016 Consolidated Association of Pride, Inc. Conference on February 27, 2016
  - Presented by 2 medical students who sit on GaSCA Leadership Board

- Presentation at 3rd Annual LGBT EEO Event with the Department of Veterans Affairs, El Paso on June 1, 2016

- Collaboration with Senator Rodriguez’s office for “Understanding Trans” Event providing a cultural sensitivity training about transgender patients to health care professionals around the community on June 2, 2016

On-Going Diversity Initiatives

- Annual Cultural Competence Conference
- Diversity and Global Health Perspectives Lecture and Film Series
- Cultural Events:
  - Hispanic Heritage Month Celebration
  - Cultural Diversity Celebration
- Spanish Lab
- Diversity Mentorship Program
  - Available for MSIs, MSIIs
- TTUHSC El Paso Gay Straight Campus Alliance (GaSCA)
- Safe Zone LGBT Allies Training
- Collaboration for World AIDS Day Events
- Support for diversity-related student groups
- Welcome letter to matriculants – through Student Affairs
  - Initiated Spring 2013
Recently Added Diversity Initiatives

- 2nd Annual Diversity Survey
  - Administered April 12 – 29, 2016

- Holidays Around the World
  - Inclusive Celebrations, such as Lunar New Year event

- Involvement with Admissions
  - Welcome letter to accepted students – through Admissions
    - Initiated Spring 2016

- Unconscious Bias Training across Campus

Unconscious Bias Training

- LCME Secretariat noted unconscious bias as a barrier to diversity and will be reviewing training opportunities when evaluating programs
- Taskforce established and comprised of Diversity Committee members, WIMS leadership, and ODIGH staff
- Recommendations include:
  - One-hour training
  - Program geared towards everyone on campus
  - Included as a Diversity and Global Health Perspectives Lecture
  - Included as a WIMS session
  - Included as a Plenary session for 6th Annual Cultural Competence Conference
  - Included in departmental resident lecture series, campus grand rounds, and stand-alone training
THANK YOU

For detailed information on any of the mentioned initiatives, please contact the Office of Diversity, Inclusion, and Global Health:

Jessica Calderón-Mora  
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915.215.4806  
jessica.calderon-mora@ttuhsc.edu

Mayra Morales  
*Lead Analyst*  
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mayra.morales@ttuhsc.edu

QUESTIONS?
Outcomes of PLFSOM Faculty Mentoring

![Bar chart showing outcomes before, during, and 1 year after IFMP for presentations, publications, and research projects.]

Institutional Faculty Mentoring Program: 4th Cohort

<table>
<thead>
<tr>
<th>Mentees</th>
<th>Mentors</th>
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<tbody>
<tr>
<td>Sushila Arya, MD</td>
<td>Sanja Kupesic, MD, Zuber Mulla, PhD</td>
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<tr>
<td>Sandra Lopez, MD</td>
<td>Sanja Kupesic, MD, Zuber Mulla, PhD</td>
</tr>
<tr>
<td>Patricia Mendez Rojas, MD</td>
<td>Sireesha Reddy, MD</td>
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<tr>
<td>Dolgor Baatar, MD, PhD</td>
<td>Thomas Gest, PhD</td>
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<tr>
<td>Brad Bryan, PhD</td>
<td>Zeina Nahleh, MD</td>
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<tr>
<td>Safa Farrag, MD</td>
<td>Zeina Nahleh, MD (research); S. Kupesic, MD</td>
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<tr>
<td>Suzanne Gonzalez, PhD</td>
<td>Peter M. Thompson, MD</td>
</tr>
<tr>
<td>Cynthia Perry, PhD</td>
<td>Frank Henry Wians, Jr, PhD, MT (ASCP)</td>
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<tr>
<td>Gerardo Vazquez, MD</td>
<td>Navkiran Shokar, MD</td>
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<tr>
<td>Jesus Diaz, MD</td>
<td>Gurjeet Shokar, MD (administrative) &amp;</td>
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<td></td>
<td>Richard McCallum, MD (research)</td>
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<tr>
<td>Stormy Monks, PhD</td>
<td>Susan Watts, PhD</td>
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<tr>
<td>Silvina Tonarelli, MD</td>
<td>Irene Sarosiek, MD</td>
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<tr>
<td>Victor Olivas, MD</td>
<td>Brian Davis, MD</td>
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<tr>
<td>Lisa Hartman, MD</td>
<td>Raj Lakshmanaswamy, PhD</td>
</tr>
</tbody>
</table>
Upcoming Sessions: This Year

• Beginners’ Writing Interest Group (03/31/2016)
  ✓ Targeting junior faculty
  ✓ Eight sessions: two hours each, every other week
  ✓ Facilitated by senior faculty
  ✓ Support of two medical writers from the Office of I.A. plus lead analyst from the Office of Faculty Development

• Advanced Writing Interest Group
  ✓ Revising and re-submitting manuscripts
**Student Curriculum and Evaluation Committee Charter**

**Charter:** The Student Curriculum and Evaluation Committee (SCEC) is a student organization sponsored by the Office of Medical Education. This committee’s major purpose is to assist in the gathering and interpreting of student perspectives and recommendations in support of the Paul L. Foster School of Medicine’s efforts related to continuous educational program improvement and accreditation.

The Student Curriculum and Evaluation Committee:

- Advises the Associate Dean for Medical Education, the Assistant Deans for Medical Education, the Director of Assessment and Evaluation, and the Course/Clerkship Directors regarding the design and implementation of the medical school curriculum based on student experience.

- Seeks to provide balanced representation of student perspectives regarding the educational program, to assist the Office of Medical Education and the Curriculum and Educational Policy Committee in the interpretation of course and faculty evaluations, and to offer constructive recommendations for improvement regarding all aspects of the educational program.

- Supports and facilitates broad student participation in course and faculty evaluations so as to maximize the reliability and credibility of the results.

- Provides leadership in the preparation of independent student self-studies as required for LCME Accreditation processes.

- Provides representation to the faculty Curriculum and Educational Policy Committee (CEPC) in accordance with the PLFSOM Faculty Bylaws.

Paul L. Foster School of Medicine delegates to the Association of American Medical Colleges (AAMC) Organization of Student Representatives (OSR) are selected from the SCEC.

For each class, each college elects two Student Curriculum and Evaluation Committee members to serve for one year, and members may be re-elected. The students elected for year two will continue to serve in Year 3 and 4 unless the student decides to resign or if the committee requests a replacement. Replacements would be voted on by the original college.

Students who serve on the Student Curriculum and Evaluation Committee may not be on academic watch level 2 or warning as determined by the Grading and Promotion.
Committee (see Academic Standing Policy) dependent on the maintenance of good academic standing as collaboratively determined by the Associate Dean for Student Affairs and the Associate Dean for Medical Education. Members who resign or are ineligible to serve who are determined to be at academic risk shall be replaced by special election by the relevant College.
Attendance Policy
Attendance at clinical duties and didactics is mandatory. Unexcused absences will not be tolerated and may result in disciplinary action, potentially including a requirement to repeat a clinical block or rotation. Students have allotted institutional holidays as stated in the student handbook and on each academic calendar.

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

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

Absences are only excused at the discretion of the Clerkship/Course Director. Commonly excused absences include:

- Illness
- Family Emergency
- Death in the Family
- Religious Holidays (please see the Religious Holy Days Policy in the Student Affairs Handbook)
- Presenting at a National Conference
- Interviews for Residency (MS4 only)

Absences in the Third Year
During the third year, a student is expected to attend all clinical and didactic activities. If a student will be absent for any activity, they must obtain approval from the Clerkship Director. If the Clerkship Director determines that a student’s absence(s) compromises the student’s ability to attain the necessary competencies, they may require the student to make up days or complete alternate assignments. If a student is required to make up time, this must be completed during unscheduled time and the hours worked must be in compliance with the duty hour policy.

If a student is absent more than 4 days per block or 12 days during third year, it will be reviewed by the Associate Dean for Student Affairs. Excessive absences could be a violation of the Student Code of Conduct and may be forwarded to the Grading and Promotions Committee.

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

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

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

**Notification of Absence (Third and Fourth Year)**

When a student is going to be absent, they are required to notify: 1) the Clerkship Coordinator BEFORE their shift begins. Acceptable forms of notification are: email (preferred), phone call, or text message. Please see individual Clerkship Syllabus for Clerkship-specific contact requirements; 2) The Office of Student Affairs by emailing pfabsence@ttuhsc.edu.

**Documentation of Absence (Third and Fourth Year)**

If a student is absent:

- **Orientation Day** (MS3 and MS4) is a **Graded Activity**. Therefore a doctor’s note on the healthcare provider’s letterhead or prescription paper is required if Orientation is missed. The absence is subject to the institution’s Missed Graded Activities Policy. Please see the Student Affairs Handbook for more information.
- **More than two consecutive days due to illness**: a doctor’s note on the healthcare provider’s letterhead or prescription paper is required.
- **When presenting at a national conference**: a copy of the invitation to present and travel itinerary is required.
- **When interviewing for residency** (MS4 only): a copy of the invitation to interview and travel itinerary is required.
Challenging Student Records or Grades Revised 3.25.16

Students have the right to challenge records, grades, and information directly relating to them.

1. An initial meeting will be informal and participants will include: the custodian of the challenged records or information, and the student.

   Students are encouraged to address concerns as close to the awarding of the grade or narrative as possible. If the matter is not addressed within the academic year of the awarded grade or narrative, the student will present a reason for the delay to the Associate Dean for Student Affairs who will decide if the grade/narrative may still be challenged.

2. If a student proceeds to still wishes to challenge records, grades, or information directly relating to him or her they must notify the custodian of the record, grade, or information. The notice must be in writing and specifically identify the item challenged and the basis for the challenge. The custodian must respond in writing to the student within seven (7) SOM working days and forward a copy of the challenge and response to the Associate Dean for Student Affairs.

3. If the written response is unsatisfactory to the student, a formal hearing will be conducted in accordance with the procedures described below.

   a. The hearing will be conducted within five (5) working days following the request for the hearing.

   b. The hearing will be conducted by an institutional official or other party (Hearing Officer) who does not have a direct interest in the outcome of the hearing. The appointment of the official or party will be made by the Associate Dean for Student Affairs.

   c. The student will be afforded a full and fair opportunity to present evidence relevant to challenging the content of the educational records in order to ensure that they are not inaccurate, misleading or otherwise in violation of the privacy or other rights of the student. The hearing also provides an opportunity for correction or deletion of any inaccurate, misleading or otherwise inappropriate data contained in the records, and/or for insertion into the records, a written explanation of the student respecting the content of the challenged records.

   d. The Hearing officer will also confer with the custodian of the grade prior to making a decision. The hearing officer may call other witnesses or seek additional information as warranted.

   e. The decision of the hearing must be rendered in writing to all involved parties within five (5) working days after the conclusion of the hearing.

5. The decision of the hearing officer is final.

Revision:

4-6. If the
Academic Standing

I. Definition of Good Standing

Good standing is a designation that indicates a student is eligible for promotion, to continue participation in the curriculum, and to transfer to another institution. Academic and professionalism issues do not automatically result in revocation of the status of good standing. The Grading and Promotion Committee (GPC) will examine serious academic and professionalism issues to determine whether this impacts the standing of the student.

II. Remediation and/or Disciplinary Actions

The GPC will determine whether any academic or professionalism disciplinary action that may impact a student’s eligibility to be promoted or to continue in the curriculum will result in the loss of good standing. Revocation of status of good standing becomes effective only after the student has exhausted all appeals processes. When the terms of the disciplinary action are satisfied, the GPC may restore the status of good standing with the student remaining in academic watch or warning (see below). Remediation is not considered a disciplinary action unless the GPC explicitly deems it as such.

III. Academic Watch or Warning

Paul L. Foster School of Medicine uses two internal categories called: “academic watch” or “academic warning,” neither of which, in and of itself, result in the loss of good standing. Even while maintaining the designation of good standing, failures within the curriculum may result in the GPC placing the student in a status of “academic watch” or “academic warning.”

A. Academic watch indicates that a student is potentially at risk of not meeting requirements for promotion as a result of academic failures and/or breaches of professional behavior.

1. Academic Watch – Level 1 – A student has failed one unit of SPM or is at risk of failing another course. Students who have failed two components of a third year block may be placed on academic watch. Students at this level will be discouraged from participating in any leadership and extracurricular activities.

2. Academic Watch – Level 2 – A student has failed two units of SPM or is at risk of failing another course. Students who fail a clerkship would be placed on Level 2. Students at this level will be required to resign from any leadership activities. While they may have extracurricular activities they will be warned of the risk of moving to academic warning and repeat of the year.
3. A student may also be placed on academic watch as a result of professionalism issues, Step failure, failure of a clinical skills summative evaluation, or failure to successfully complete a curriculum component or an administrative requirement. The GPC will decide the level of academic watch.

B. **Academic Warning** indicates a student has failures that require the student to repeat the year.

C. It should be noted that both academic watch and warning are internal designations and will not appear on the transcript, MSPE, or other official document that is shared externally.

D. Corrective measures instituted by the GPC to address issues of academic watch or warning may include, but are not limited to, remediation programs (internal or external), repetition of a specific course, or repetition of the curriculum of an entire year (see Grading and Promotion Policy). When external remediation programs are prescribed, students will be responsible for attendant financial costs. Additionally, standard tuition and fee charges will apply to any repeated course work.

E. Students in the status of academic watch or warning will remain under the purview of the GPC for one year after successful completion of all remediations and any failure of any component of a course or a clerkship may bring those students’ issues back before the GPC. The GPC considers the complete academic and professional history of all students presenting to the committee.

F. Students in the status of academic watch or warning who intend to take a leave of absence must meet with the Associate Dean of Student Affairs for direction. For most leaves, students must receive approval of the GPC prior to the leave and receive direction from the GPC upon their return. The Office of Student Affairs may allow a medical leave or a leave for extenuating circumstances in the setting of academic watch or warning without the approval of the GPC, but the GPC must be informed by the Office of Student Affairs and may require such students to appear before the committee prior to school re-entry.

IV. **Removal from Academic Watch or Warning**

A. A student will be removed from Academic Watch or Warning by the GPC when remediations are completed or when a student has shown adequate progression by time and performance.

B. A student may petition the GPC to be removed from Academic Watch or Warning if they feel they have completed the remediations and have demonstrated adequate progression.
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