



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER,  
EL PASO

Paul L. Foster School of Medicine

# Syllabus

## Scientific Principles of Medicine (SPM)

PSPM 6011 (SPM III)

PSPM 6022 (SPM IV)

Academic Year 2022-2023

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## Course Description

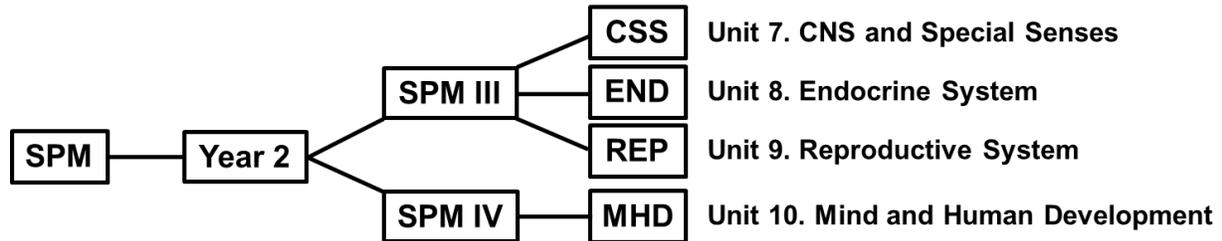
The SPM course is designed to foster the rapid acquisition, integration and application of scientific knowledge fundamental to the practice of medicine. By using diagnostic scheme algorithms as conceptual frameworks for both learning and application, the knowledge structure and diagnostic skills of an experienced clinician will be developed from the very outset of instruction. Students will explore human health and disease within individual organ-system based units that are each organized into a series of 'clinical presentations' (e.g. gait disturbance, movement disorders, headache, seizure and epilepsy) that reflect the major ways in which a person would present to a physician. By learning the basic and clinical sciences synchronously and within the context of clinical presentations, a high level of integration and clinical relevance is achieved. The use of diagnostic scheme algorithms as conceptual frameworks for structuring and applying scientific knowledge is aimed at equipping students with the skills to make highly effective evidence-based diagnoses using scheme-inductive reasoning. This pedagogical approach, as implemented in SPM, has been shown to help mitigate the temporal loss of basic science knowledge, to help students think like experts when solving clinical problems, and to dramatically improve students' diagnostic success rates. In activities such as the Worked Case Example (WCE) and Tankside Grand Rounds sessions, students will learn to communicate effectively and function effectively in teams. SPM offers a robust learning experience by employing a variety of educational methods in addition to active learning lectures. Such experiences include team based learning and self-directed learning, which rely on students maintaining professional attitudes and behaviors.

By its nature the clinical presentation-based curriculum will make students aware of the larger context and system of healthcare as many of the case based discussions incorporate consideration of risks and cost. Also, the SPM course incorporates experiences and activities, such as the Student Self-Assessment component (formative exams), that give students opportunities to assess their knowledge and identify their own strengths and deficiencies and then engage in self-directed learning to address knowledge gaps.

### SPM III (PSPM 6011):

This first semester of SPM Year 2 consists of three integrated units: 'Central Nervous System and Special Senses (CSS)', 'Endocrine System' (END) and 'Reproductive System' (REP). The sequence of CPs within each unit has been structured so that the concepts developed during the study of one topic provide the foundation for subsequent topics. Basic information is provided for each CP including its clinical significance and a schematic representation of the relationships of the potential causes. These provide the basis for discussion of each of the underlying basic science principles. Each clinical presentation includes a set of basic science learning objectives related to the appropriate scientific concepts of anatomy (gross and neuroanatomy, including medical imaging), behavioral science, biochemistry, cell and molecular biology, embryology, genetics,

histology, immunology, microbiology, nutrition, neuroscience, pathology, pharmacology and physiology. Discipline experts provide instruction using various teaching methods including lectures, laboratories, and small group discussions. Both basic science and clinical faculty participate in this component of the instructional process. A general overview of the organization of clinical presentation-based units in SPM is provide in the following schematic:



**Unit 7: Central Nervous System and Special Senses (CSS)**

Content of this unit is concentrated in the areas of disorders and abnormalities of the central nervous system and special senses. Each CP will include a brief definition, a statement of clinical significance and a schematic representation of potential causes (along with “process worksheets” to be used in “worked case examples”). There will also be basic science learning objectives related to the appropriate scientific concepts of anatomy (including gross and microscopic anatomy, embryology, neuroanatomy and radiographic anatomy), biochemistry, physiology, genetics, immunology, microbiology, pharmacology, and pathology. The following are the CPs to be covered in the CSS unit:

Week	CP	Title
1	1	Gait Disturbances
2	2	Movement Disorders
3	3	Headache
	4	Seizure and Epilepsy
4	5	Stroke and Aphasia
5	6	Delirium, Stupor and Coma
	7	Eye Redness
6	8	Diplopia and Strabismus
	9	Visual Disturbances
7	10	Hearing Loss and Tinnitus
	11	Vertigo and Dizziness
Exam Week		

**Unit 8: Endocrine System (END)**

This unit deals with glucose, lipids, intermediary metabolism of these entities, and the disease processes associated with their abnormalities. Other endocrine disorders and their anatomic and pathophysiological basis will also be considered. The following CPs are covered in the END unit:

Week	CP	Title
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1	1	Hypothalamus / Pituitary / Adrenal Disorders
2	2	Hypertension
3	3	Diabetes and Obesity / Metabolic Syndrome
4	4	Disorders of Thyroid Function
	5	Abnormal Serum Calcium
Exam Week		

### Unit 9: Reproductive System (REP)

This unit focuses on the male and female reproductive systems, pregnancy and infertility, sexually-transmitted diseases, and pathologies associated with the breast and genital tract. The sequence of these CPs has been structured so that the concepts developed during the study of one topic provides a foundation for subsequent topics. Students are given a brief clinical overview of each CP and its clinical significance. This serves as the foundation for the acquisition of both clinical and basic science knowledge pertinent to the CP. Gross, microscopic, and radiographic presentation of normal and abnormal anatomy are explored in laboratory and small group discussions. The following are the CPs to be covered in the REP unit:

Week	CP	Title
1	1	Men's Health
2	2	Infertility
3	3	Pregnancy
Thanksgiving Holiday		
4	4	Screening and Prevention (Cervix and Breast)
	5	Abnormal Uterine Bleeding
5	6	Pelvic Masses
	7	Pelvic Pain
Exam Week		
Winter Break (2 weeks)		

### SPM IV (PSPM 6022):

This second semester of SPM Year 2 consists of one integrated unit: 'Mind and Human Development':

### Unit 10: Mind and Human Development (MHD)

This unit transitions logically from the preceding focus on the male and female reproductive systems, and spans the arc of human development from neonatology to geriatrics. The unit concludes with CPs that explore mental health and mental illness across the lifespan. The following are the CPs to be covered in the MHD unit:

Week	CP	Title
1	1	Human Development: Infant-Toddler Part I (0-12 mo.)
	2	Human Development: Infant to Toddler Part II (12mo-24 mo.)

2	3	Sudden Infant Death Syndrome and Acute Life Threatening Events [Self-Taught]
	4	Human Development: Early Childhood (2-8 yrs.)
	5	Human Development: Pre-teen (8-12 yrs.)
	6	Abnormal Stature
3	7	Human Development: Teen
	8	Stress-Induced Fear and Anxiety Disorders I: PTSD and Dissociative Disorders
4	9	Mood Disorders
	10	Stress-Induced Fear and Anxiety Disorders II: OCD and Anxiety Disorders
5	11	Psychosis and Disordered Thought
	12	Substance Related and Addictive Disorders
6	13	Neurocognitive Disorders
	14	Sleep and Circadian Rhythm Disorders
Exam Week		

### Educational Methods and Learning Experiences

SPM offers a robust learning experience by employing a variety of educational methods including:

- Lectures (e.g. clinical scheme presentations)
- Large group interactive discussions
- Integrative team-based learning (TBL) experiences
- Laboratory exercises (e.g. Anatomy & Microbiology)
- Exposure to interprofessional education (Worked Case Example sessions and through instructions from a wide variety of professionals)
- The Student Self-Assessment (SSA) component (e.g. session-level formative quizzes, weekly formative exams)

Learning experiences are framed around each clinical presentation and consist of three main components: (1) Introduction & Diagnostic Scheme Overview, (2) Basic Science, (3) Synthesis, Integration and Worked Case Example sessions. The Introduction session is a clinician-guided overview of the clinical presentation and the underlying conceptual framework (diagnostic scheme) of scientific concepts utilized by expert clinicians to make effective diagnoses. The Basic Science sessions are designed to help students build an integrated foundation of clinically relevant scientific knowledge within the context of clinical presentations and their respective diagnostic schemes. The Worked Case Example segment emphasizes the deliberate practice of making evidence-based clinical diagnoses using basic science knowledge and scheme-inductive diagnostic reasoning; here, a high level of student engagement is promoted in a clinician-tutored small group or team-based learning format.

### Tankside Grand Rounds (TSGR)

TSGR is designed to have students integrate their basic science knowledge in the context of clinical presentation schemes and relevant findings from a donor cadaver. In addition, this

element is designed to assess students' ability to employ self-initiated learning strategies, work within a team, and communicate effectively with peers and other health-care professionals. TSGR is a team-based oral presentation activity in which anatomy teams will present their cadaveric findings to their student peers and faculty. Basic science and clinical faculty judge team presentations using the TSGR grading rubric provided in the Appendix. The course director will compile these to create a final judgement of pass or remediation required. Data for TSGR comes from the cadavers in the anatomy labs and from pathology labs held three times during the M1 year. Students will be assigned to a tank team. Two teams will be assigned to each cadaver. Teams sharing a cadaver may work together to create their presentations but each team will be expected to fully present, explain, and answer questions about their cadaver.

During anatomy summary labs, students will perform faculty-guided examination and dissection of relevant anatomy and associated pathology. Students will be required to document their findings during the dissections and will be expected to ask anatomy staff to take photographs of significant pathology to be used during their TSGR presentations. ~~Presentations will occur on March 10, 2020 from 1-4 pm.~~ If a student has an excused absence during the TSGR presentations at the end of the second year, they will be required to individually give the entire presentation to a faculty panel. As part of the presentation, the student should be prepared to discuss his/her contributions to the presentation and answer questions on all aspects of the case.

If a group or individual receives a grade of 'remediation required' for the TSGR component, the faculty will create a remediation plan specific to the weaknesses observed. This may include presentation of another case or preparation of other elements for presentation.

## Competencies, Program Goals and Objectives, and Outcome Measures

The Paul L. Foster School of Medicine education program goals and objectives are outcome-based statements that guide instruction and assessment as you develop the knowledge and abilities expected of a physician. All elements of the PLFSOM curriculum are derived from and contribute to the fulfillment of one or more of the medical education program's goals and objectives, which can be found at [PLFSOM PGOs](#). SPM is designed to meet the following PLFSOM Medical Education Program Goals and Objectives:

Patient Care		
Educational Program Objectives		Outcome Measures
PC-1.1	Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.	<ul style="list-style-type: none"> <li>Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams)</li> </ul>
PC-1.2	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.	<ul style="list-style-type: none"> <li>Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams)</li> </ul>
PC-1.3	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.	<ul style="list-style-type: none"> <li>Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams)</li> </ul>
Knowledge for Practice		
Educational Program Objectives		Outcome Measures
KP-2.1	Compare and contrast normal variation and pathological states in the structure and function of the human body across the life span.	<ul style="list-style-type: none"> <li>Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams)</li> <li>Exam – Nationally Normed/Standardized, Subject (NBME CBSE)</li> <li>Narrative Assessment (Tankside Grand Rounds Rubric)</li> </ul>
KP-2.2	Apply established and emerging foundational/basic science principles to health care.	<ul style="list-style-type: none"> <li>Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams)</li> <li>Exam – Nationally Normed/Standardized, Subject (NBME CBSE)</li> <li>Narrative Assessment (Tankside Grand Rounds Rubric)</li> </ul>

KP-2.3	Apply evidence-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.	<ul style="list-style-type: none"> <li>• Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams)</li> <li>• Exam – Nationally Normed/Standardized, Subject (NBME CBSE)</li> <li>• Narrative Assessment (Tankside Grand Rounds Rubric)</li> </ul>
KP-2.4	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.	<ul style="list-style-type: none"> <li>• Exam – Nationally Normed/Standardized, Subject (NBME CBSE)</li> </ul>
KP-2.5	Apply principles of social-behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.	<ul style="list-style-type: none"> <li>• Exam – Nationally Normed/Standardized, Subject (NBME CBSE)</li> </ul>
<b>Practice-Based Learning &amp; Improvement</b>		
<b>Educational Program Objectives</b>		<b>Outcome Measures</b>
PBL-3.1	Identify gaps in one's knowledge, skills, and/or attitudes, and perform learning activities to address them.	<ul style="list-style-type: none"> <li>• Narrative Assessment (Tankside Grand Rounds Rubric)</li> </ul>
<b>Interpersonal and Communication Skills</b>		
<b>Educational Program Objectives</b>		<b>Outcome Measures</b>
ICS-4.2	Communicate effectively with colleagues and other health care professionals.	<ul style="list-style-type: none"> <li>• Narrative Assessment (Small-group assessment rubric)</li> <li>• Narrative Assessment (Tankside Grand Rounds Rubric)</li> </ul>
ICS-4.3	Communicate with sensitivity, honesty, compassion and empathy.	<ul style="list-style-type: none"> <li>• Narrative Assessment (Tankside Grand Rounds Rubric)</li> </ul>
ICS-4.4	Maintain accurate, comprehensive and timely medical records.	<ul style="list-style-type: none"> <li>• Narrative Assessment (Tankside Grand Rounds Rubric)</li> </ul>
<b>Professionalism</b>		
<b>Educational Program Objectives</b>		<b>Outcome Measures</b>
PRO-5.1	Demonstrate sensitivity, compassion and respect for all people.	<ul style="list-style-type: none"> <li>• Narrative Assessment (Small-group assessment rubric)</li> <li>• Narrative Assessment (Professionalism Event Card)</li> <li>• Narrative Assessment (Tankside Grand Rounds Rubric)</li> </ul>
PRO-5.3	Demonstrate accountability to patients and fellow members of the health care team.	<ul style="list-style-type: none"> <li>• Narrative Assessment (Small-group assessment rubric)</li> </ul>

		<ul style="list-style-type: none"> <li>• Narrative Assessment (Professionalism Event Card)</li> <li>• Narrative Assessment (Tankside Grand Rounds Rubric)</li> </ul>
PRO-5.6	Demonstrate honesty and integrity in all professional and academic interactions.	<ul style="list-style-type: none"> <li>• Narrative Assessment (Small-group assessment rubric)</li> <li>• Narrative Assessment (Professionalism Event Card)</li> </ul>
PRO-5.7	Meet professional and academic commitments and obligations.	<ul style="list-style-type: none"> <li>• Narrative Assessment (Professionalism Event Card)</li> <li>• Narrative Assessment (Tankside Grand Rounds Rubric)</li> </ul>
<b>Interprofessional Collaboration</b>		
<b>Educational Program Objectives</b>		<b>Outcome Measures</b>
IPC-7.3	Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable.	<ul style="list-style-type: none"> <li>• Narrative Assessment (Small-group assessment rubric)</li> <li>• Narrative Assessment (Tankside Grand Rounds Rubric)</li> </ul>

## Grading System

SPM is a pass/fail course. Successful passing requires that the student has not only achieved a level of competency as measured by performance on summative assessments, but has also demonstrated a commitment to professional responsibility by being an active participant in the educational experience that is defined by the curriculum.

### Formative and Summative Assessments

Regular formative student assessment and feedback are an important part of the educational experience. USMLE-style formative assessments will be provided each week to allow students to monitor progress and to identify potential deficiencies that warrant early remediation through self-study. Grades on formative assessments are for diagnostic purposes only and do not count towards the student's final grade. Weekly formative assessments are listed on the Elentra calendar view under 'asynchronous learning', and will be made available during the weekly formative testing window (12 PM Friday until 5 PM Monday). Once each formative assessment is completed, students will have the opportunity to review their score along with the answers and explanations for each question. Each student will also receive an individual e-mail listing the learning objectives that are linked to questions they missed. Note that formative assessment performance reports will be automatically generated at 12 AM on Mondays unless otherwise indicated on the Elentra calendar. These reports will be used to calculate class statistics, to send out individualized lists of missed learning objectives, and to populate the formative score tables on each student's e-portfolio. Consequently, students who don't complete a formative assessment prior to the automatic reporting deadline will not receive an e-mail containing missed learning objectives and will see a score of '0' on their e-portfolio entry for that formative. Each formative assessment will be subsequently available for students to re-take and review for the duration of the pre-clerkship curriculum.

End-of-unit summative (formal) exams will be given at the end of SPM Units 7-10. These exams will be composed of two parts, a customized NBME exam and an in-house exam. The NBME questions will be drawn from the NBME retired test-bank, and the in-house exam will be created by the faculty. Both exams will be delivered in-house and proctored on campus. Students must pass both parts of the exam with a minimum score of 65%. In accordance with institutional policy, students are required to use their own laptops for all computer based assessments including end-of-unit summative exams. For more information regarding this requirement, refer to the "Bring Your Own Device" policy in the [PLFSOM Student Handbook](#).

Tardiness for a summative assessment is disruptive, unprofessional, discourteous, and strongly discouraged. Students who arrive up to 10 minutes late for an assessment will be permitted entry to the assessment area entirely at the discretion of the chief proctor and with regard to the effect that such entry may have on the students already present in the assessment environment. Students who are permitted late entry to the assessment will receive a professionalism event card and must finish at the scheduled end time. **Students who arrive more than 10 minutes late for an assessment will be denied entry and recorded as absent.** An

unexcused absence from a summative assessment will result in an initial grade of 'Fail' for the unit and an associated grade of 'DE' (Deferred) for the SPM semester course. Excused absences are granted through <https://redcap.elpaso.ttuhs.edu/redcap/surveys/?s=HRTM3YNEA8>.

Students must follow the direction of the proctoring staff. Failure to comply with proctor instructions, will result in an event card for each infraction, and if severe enough, students can face expulsion from the exam. Failure to comply with all the guidelines and instructions set forth for summative assessments may result in a failing grade for the SPM unit at the discretion of the course directors. The student can be referred to the Grading and Promotions Committee (GPC) for review of the proctoring report, course directors' recommendation and for further action as they deem advisable.

## SPM Unit and Semester Grade Determinations

The semester courses SPM III and IV must be passed in order to progress to the third year. The SPM grading and promotion policy is designed to provide students with ample opportunity to demonstrate satisfactory knowledge and skills.

Detailed information regarding institutional and school-level grading procedures and transcript notations can be found in the TTUHSC-EP 'Grading Procedures and Academic Regulations' (HSEOP 59.05) policy and PLFSOM 'Grading, Promotion, and Academic Standing' (GPAS) policy. SPM assessment and grading guidelines are summarized as follows:

### 1. SPM Unit Grade (within a semester course)

Unit and Course Directors are responsible for determining student progress. To receive a grade of pass (PA) for each SPM unit, a student must achieve a minimum score of 65% on both parts of the summative exam.

One component of TBL is active participation by everyone. There will be active peer review of each group member by each member of the group. Less active members will likely receive unfavorable feedback and be encouraged to improve their preparation for the exercise.

### 2. SPM Semester Course Grade

Progress within the course will be determined by the Course Directors based on the student's performance in the Units of the course.

#### 1) *Grading*

A. **Pass (PA):** All Units must be passed.

B. **Deferred (DE):**

- a) *If one or two SPM units are failed in the first semester, the first semester course grade will initially be recorded as 'Deferred' (DE) and will be revised to 'Pass' (PA) or 'Fail' (FA) pending the outcome of unit remediation during the optional January remediation date and/or at the end of the academic year.*

- b) *If one unit is failed in the second semester, the second semester course grade will initially be recorded as 'DE' and will be revised to 'PA' or 'FA' pending the outcome of unit remediation at the end of the academic year.*
- c) In accordance with the PLFSOM '[Grading, Promotion, and Academic Standing \(GPAS\)](#)' policy, a student with 'DE' status may be referred to the GPC if it appears they are at substantial risk for academic failure.

**C. Fail (FA):**

- a) *If three SPM units are failed in the first semester, the semester course grade will be recorded as 'FA' and a recommendation will be made to the GPC for repeat of the year if the student is eligible.*
- b) *If two SPM units are failed in the first semester, the semester course grade be listed as 'DE' and the student will be given an opportunity to complete unit remediation during the optional January remediation date and/or at the end of the academic year. If an additional unit failure occurs in the second semester the student will receive a grade of 'FA' for both semesters and a recommendation will be made to the GPC for repeat of the year if the student is eligible.*

**2) Remediation**

If a grade of 'DE' (Deferred) is recorded because one or two SPM units are failed within a semester, students will be required to pass a remediation exam for each failed component of the exam. Students must pass with a score of 65% on both the NBME and in-house exams, ~~which includes the remediation exam scores and quiz score~~. If the remediation exam(s) for the failed unit(s) is/are passed, the semester course grade(s) will be converted from 'DE' to 'PA' (Pass). If the student fails to successfully remediate a failed unit, the corresponding semester course grade will be converted from 'DE' to 'FA' (Fail), and the student will be referred to the GPC with a recommendation for repeat of the year if eligible. See '[Important Dates](#)' below for a list of remediation exam dates.

**3) Grade Release**

Barring extenuating circumstances, SPM unit grades will be released within 7 calendar days of the summative assessment date. If a student wishes to challenge their unit grade, they must do so by contacting the Course Director within fourteen calendar days of the summative assessment date.

**4) Professionalism**

Be aware that formative and summative assessment items are part of a collective pool of secured assessment items designed to ensure that student proficiency meets the minimum standards necessary for the eventual practice of medicine. As such, the integrity and security of this pool must not be compromised, and students are strictly prohibited from copying, reproducing, transmitting or distributing formative or summative assessment items. Any violation of this honor code, including failure to

report a known offence, is a direct violation of the Code of Professional and Academic Conduct as described in the [PLFSOM Student Handbook](#), and could lead to academic warning, probation, or dismissal from PLFSOM.

## Important Dates

8/1/2022	CBSE Round 1
9/23/2022	SPM CSS Summative
10/27/2022	SCI III Midterm
10/28/2022	SPM END Summative
12/15/2022	SCI III Final
12/16/2022	SPM REP Summative
1/3/2023	SCI/SPM Remediation Round 1
1/4/2023	CBSE Round 2
2/16/2023	SCI IV Final
2/17/2023	SPM MHD Summative
3/3/2023	SCI/SPM Remediation Round 2
3/10/2023	SCI/SPM Remediation Round 3
3/17/2023	SCI/SPM Remediation Round 4
3/24/2023	CBSE Round 3
4/7/2023	CBSE Remediation (Optional)

### 1. Summative Examinations

CSS Summative:	23 September 2022
END Summative:	28 October 2022
REP Summative:	16 December 2022
MHD Summative:	17 February 2023

### 2. CBSE Examinations

Round 1:	1 August 2022
Round 2:	4 January 2023
Round 3:	24 March 2023
Optional:	7 April 2023

### 3. Remediation Exam Dates

Students who are deemed eligible by the Associate Dean for Student Affairs will be permitted to remediate up to two SPM unit exams or two SCI semester grades, or a combination of one SPM unit exam and one SCI semester grade, over the course of the academic year. Students are required to schedule their remediation exams via e-mail with the assessment coordinator ([erica.rivas@ttuhsc.edu](mailto:erica.rivas@ttuhsc.edu)). Eligible students may select an SPM remediation schedule that best suits their individual needs. Remediation dates and signup deadlines are specified below\*\*.

Remediation Date	Assessment Name	Signup Deadline
1/3/2023	SCI/SPM Remediation Round 1	12/21/2022
3/3/2023	SCI/SPM Remediation Round 2	2/24/2023
3/10/2023	SCI/SPM Remediation Round 3	3/3/2023
3/17/2023	SCI/SPM Remediation Round 4	3/10/2023

\*\*It is essential that students choose a schedule that allows their individual remediation requirements to be completed by the last available date. Failure to do so will lead to a grade of 'FA' for the associated SPM and/or SCI semesters.

## Course Policies and Procedures

### Attendance/Participation Policies

Students are expected to be present, to be prepared, and to be on time. Unless otherwise specified, lectures, labs and small group activities begin on the hour. The Paul L. Foster School of Medicine curriculum is modeled on the concept of 'learning communities' where each individual offers knowledge, skills and experiences that are unique and beneficial to the community. A number of SPM learning activities will rely on active student participation and teamwork, and therefore a student's absence can be detrimental to the educational experience of his or her peers. As the effective practice of medicine requires physicians to demonstrate punctuality, teamwork, trustworthiness and beneficence, similar behaviors and attitudes will be expected of our students. As outlined in the PLFSOM '[Pre-clerkship phase attendance policy](#)', failure to meet the school's overall expectations for attendance and participation can lead to a number of consequences including failure of a course and referral to the GPC for professionalism concerns.

#### **Required SPM activities**

Attendance and punctuality will be monitored for a number of required SPM activities including the following:

- Worked Case Example sessions

- Specified lab-based learning sessions (e.g., Anatomy and Microbiology)
- Specified small-group interactive or team-based learning sessions

Sessions with required attendance or participation will be highlighted by a star on the Elentra calendar view at the beginning of each unit. Accountability and responsibility are important tenets of professionalism which pertain to medical professionals at all stages of education, training and practice. In this regard, medical students are expected to demonstrate punctuality and reliability for required educational activities in the SPM course including the weekly Worked Case Example sessions.

- Students will be counted as absent from a required SPM event (such as Worked Case Example) if they have not signed in by 10 minutes after the scheduled start time.
- Students who sign in within 10 minutes after the scheduled start time will be marked as tardy.
- Sessions where attendance is required will be tracked using a Swipe-Card System, by virtual platform, or completion of online modules. A student who was recorded as tardy or absent will receive an automatically-generated notification email. The attendance record will become permanent 14 calendar days following the date of the notification email.

### ***Consequences***

Non-compliance with the SPM punctuality and attendance/participation policy will have consequences that are reflected in a student's academic record. These consequences may include: a failing grade on the basis of attendance or punctuality; required remediation or repeating of the course; documentation in the student's academic record and e-Portfolio; and reporting to the Associate Dean of Student Affairs and the PLFSOM Grading and Promotion Committee. These consequences become important during the third and fourth years when students may be considered for prestigious awards or opportunities. Professionalism cards count against the student attaining awards.

### **Professionalism 'Event Card' reporting system**

Four professionalism objectives are addressed in the SPM syllabus from the institutional learning goals and objectives:

- 5.1 Demonstrate sensitivity, compassion, integrity and respect for all people.
- 5.3 Demonstrate accountability to patients and fellow members of the health care team.
- 5.6 Demonstrate honesty in all professional and academic interactions.
- 5.7 Meet professional and academic commitments and obligations.

When a student fails to meet any of the above listed learning goals and objectives within the context of the SPM curriculum, an event card (see [Appendix](#)) will be filled out by the observing

faculty or staff member. This card will contain the student's name, the date of the incident, the reporter's name, the associated institutional learning goal(s) and objective(s) related to the incident, and a brief description of the issue (e.g. 'Student had an unexcused absence for today's anatomy session and therefore failed to meet his/her professional and academic commitments and obligations').

There are a number of situations when this may occur:

1) Worked Case Example sessions.

- An unexcused absence or tardy over the course of a unit will trigger the filing of an event card. Subsequent unexcused tardies or absences over the course of the semester will be met with similar incident reporting. Students are expected to meet all requirements for the missed activity.
- Failure to demonstrate active participation during activities.

2) Summative examinations.

- Students who are tardy for a summative examination will receive a professionalism event card.
- Leaving an NBME exam early (less than 2.5 hrs) without permission from the test proctors
- Failure to follow proctor instructions
- Disruptive behavior
- Dissemination of test items in any form. This includes written and oral.
- Suspicion of cheating
- Lack of preparation for exam (cables, etc.)

3) Leaving an NBME exam after only a few minutes. NBME sees this as cheating/suspicious behavior. The school and the student involved could be banned from taking another NBME exam for life. They can also stop letting PLFSOM administer exams as well.

4) Unspecified SPM sessions: any faculty may submit an event card (good or bad) when a student fails to meet, or excels at, one or more professionalism institutional learning goals and objectives.

The approved process for reporting on professionalism is summarized as follows:

- 1) Faculty or staff submits event cards to the Course Coordinator.
- 2) Course Coordinator collects event cards, creates a list of students who received event cards, and sends the list to the Course Directors and the Unit Associate Director.
- 3) Information contained in event cards will be entered into Elentra and e-portfolio.
  - Information from the TTAS system will be recorded in each student's e-portfolio. This will allow the generation of an electronic report at the end of the semester which will be sent to the Course Director and College Mentors.
- 4) The following actions will be taken depending on the number of "negative" event cards filed against a student over the course of a semester:
  - a) First occurrence: Course Coordinator sends an email to the student informing that an event card has been filed.
  - b) Second occurrence:
    - Course Coordinator sends an email to the College Mentor requesting to meet with a student who received two or more event cards over the course of a semester.
    - College Mentor meets with the student to discuss professionalism expectations.
  - c) Third occurrence: Dept. of Medical Education sends student to Associate Dean for Student Affairs (ADSA) to discuss these lapses in professionalism.
  - d) Students with 5 or more event cards/absences (excused or unexcused) may be sent to GPC and may face dismissal. Depending on the severity of the infraction (Tardiness vs. Cheating on an exam, Falsifying preceptor documentation, etc.) may result in students being sent to GPC or Student Conduct Board after a single episode.

Documentation:

- 1) At the end of the semester (or earlier when warranted), the College Mentor will review all advisory sessions or professionalism comments and discuss negative trends with the student.
- 2) College Mentors from the students' college, the ADSA, and the Director of Academic Support will meet to discuss each student's progress on a monthly basis. This meeting will include reviewing documentation of any advisory meetings between the College Mentors and the student and/or any documentation of exemplary professionalism. At the end of the first year, a formative summary will be generated per student and posted on the student's e-portfolio with a plan for improvement or acknowledgement of progress, meeting expectations, etc.
- 3) At the end of year two, the same group will meet to review all narratives and the committee authors a paragraph for each student commenting on the student's

professionalism to date. The statement will be forwarded to the student e-portfolio and will be used in its entirety in the pre-clerkship paragraph of the Medical Student Performance Evaluation (MSPE).

Students have the right to challenge an event card issuance as stated in the policy on challenging student grades, within 10 days of the infraction (please see Student Affairs Handbook).

### Excused absences

If a student is unable to attend or be punctual for a required session (whether delivered on site or online), he or she may be granted an excused absence in accordance with the criteria set forth in the PLFSOM 'Pre-clerkship phase attendance policy'. Excused absences are granted through <https://redcap.elpaso.ttuhschool.edu/redcap/surveys/?s=HRTM3YNEA8>.

No credit will be given for any graded exercise missed without a valid excuse.

### Narrative Evaluations and Feedback

During the course students will receive periodic written formative feedback on their cognitive and non-cognitive abilities and skills within small group settings (Worked Case Example sessions). Examples of evaluation rubrics used for Worked Case Example sessions and Tankside Grand Rounds are provided in the [Appendix](#). Narrative evaluations will become part of the student's e-Portfolio and may be discussed on occasion with the Course Director, College Mentor and/or Associate Dean for Student Affairs. In the event that the rubrics undergo modification during the academic year, copies of the revised forms will be provided to students in advance of the associated activity.

### Textbooks

Required and recommended reading assignments are listed on the associated session pages in the Elentra calendar. Unless otherwise noted, textbook reading assignments will be available through the TTUHSC-EP electronic library. A curated list of relevant electronic textbooks is also available through the TTUHSC-EP Library at:

<https://elpaso-ttuhschool.libguides.com/PLFSOMtextbooks>

### Professionalism, Plagiarism and Copyright Policies

Professionalism is a core competency in Medicine. In SPM, as with all other courses in the Paul L. Foster School of Medicine, we expect students to adhere to the Standards of Professional Conduct and the Medical Student Honor Code as outlined in the PLFSOM Student Handbook and the TTUHSC-EP Institutional Handbook (available on the Office of Student Affairs website under '[PLFSOM Student Handbooks](#)'). In particular, students must not copy, recreate, post or

share SPM exam questions (formative or summative). Students who have delayed testing or remediation must not discuss the content of SPM exams with their peers prior to testing. Students must not submit false claims of attendance for required SPM sessions or attempt to sign-in for another student. Students must not attempt to obtain an excused absence for a required activity or examination through misrepresentation. Students must adhere to published policies related to plagiarism and copyright protection. Depending on the nature of the problem and as determined by the course director, failure to act professionally may result in a grade of Fail for SPM regardless of the student's academic performance according to the PLFSOM '[Grading, Promotion, and Academic Standing \(GPAS\)](#)' policy. A student who witnesses academic misconduct or other unprofessional behavior is obligated to report that violation or risk facing disciplinary action. Violations of professionalism could result in referral to Grading and Promotions Committee and possible dismissal from PLFSOM.

### Disability Support Services

TTUHSC El Paso is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to this course, and your program, please contact the Academic Success and Accessibility Office (ASAO), to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively, so students are encouraged to register with the ASAO as soon as possible. Please note: faculty are not allowed to provide classroom accommodations to a student until appropriate verification from ASOA has been provided to the school and disseminated to the appropriate faculty member(s). For additional information, please visit the ASAO website: <https://el Paso.ttuhs c.edu/student services/office-of-academic-and-disability-support-services/default.aspx>.

# Appendix

## Faculty Roster: SPM Unit Directors

### **Unit 7 – CNS and Special Senses (CSS):**

Dale Quest, PhD

Diana Pettit, PhD

Sushma Yerram, MD (Neuro)

### **Unit 8 – Endocrine System (END):**

Cynthia Perry, PhD

Dale Quest, PhD

Tamis Bright, MD (IM)

Tanis Hogg, PhD

### **Unit 9 – Reproductive System (REP):**

Rebecca Campos, MD

Jorge Cervantes, MD, PhD

Jennifer Molokwu, MD (FM)

### **Unit 10 – Mind and Human Development (MHD):**

Diana Pettit, PhD

Rebecca Campos, MD

Blanca Garcia, MD (PED)

Dr. Namrata Singh, MD

Event Card

<b>Student Name:</b>
<b>Faculty/Staff/Student Name:</b>
<b>Date:</b>
<b>Course (Circle One):</b> SPM SCI Medical Skills College Colloquium SARP Other
<b>Description of Event:</b>
<b>Did this demonstrate exceptional professionalism? (Circle One)</b> Yes No
<b>Did this demonstrate a lapse in professionalism? (Circle One)</b> Yes No
<b>Suggestions for improvement?</b>

## Tankside Grand Rounds Grading Rubric

CATEGORY	4	3	2	1
Presentation skills	Professional level presentation	Satisfactory presentation	Adequate presentation, but lacks detail	Poor quality presentation which lacks detail
Picture utilization	Pictures labeled as to site, supportive of findings, with good understanding of their significance	Pictures labeled as to site, supportive of findings, and explanations show some lack of understanding	Pictures labeled as to site, not supportive of findings, and lack of understanding of their significance.	Pictures not labeled as to site, not supportive of findings and no understanding of their significance
Comprehension	Students are able to accurately answer almost all questions about the case	Students are able to accurately answer most questions about the case	Students are able to accurately answer a few questions about the case	Students are unable to accurately answer questions about the case
Preparedness	Students are completely prepared and have obviously rehearsed	Students seem pretty prepared but might have needed a couple more rehearsals	The students are somewhat prepared, but it is clear that rehearsal was lacking	Students don't seem at all prepared to present.
Content	Shows a full understanding of the case	Shows a good understanding of the case	Shows a good understanding of parts of the case	Does not seem to understand the case very well
Basic science content	Able to clearly explain basic science content relevant to their case	Explains some of the basic science content relevant to their case	Not much basic science material is explained, but can answer basic science questions	Not much basic science in presentation and /or can't answer basic science questions correctly
Collaboration with peers	Evidence that the group has worked together to complete the presentation	Group has worked together to prepare the presentation, but only a few can answer questions about the case	A few of the group worked together to prepare and present the case; others did not participate	Group did not work together to prepare or present the case.
Scheme utilization	An appropriate scheme is utilized and incorporated logically into the presentation	An appropriate scheme is utilized and partially incorporated into the presentation	Scheme utilization is limited and incorporation into the presentation is minimal.	No evidence of utilization of a scheme and/or no incorporation into the presentation
Correlation of findings with cause of death	Cause of death is very well correlated with	Some correlation of gross and microscopic	Minimal correlation between cause of death and gross and	No correlation between cause of death and gross and

	gross and microscopic findings	findings with cause of death is attempted	microscopic findings is attempted	microscopic findings is attempted
Recent reference materials	Major diagnoses are researched and the results are incorporated logically into the presentation	Major diagnoses are researched and somewhat logically incorporated into the presentation	Evidence of active use of research materials is limited and incorporation into the presentation is minimal	No evidence of research into the major diagnoses and/or no incorporation into the presentation
Slides easy to read and follow	Order of presentation is logical and slides are easy to read and not crowded	Order of presentation is logical, but slides are crowded or hard to read	Presentation is hard to follow and/or slides are crowded or hard to read	Presentation does not make sense and/or slides are crowded or hard to read

Notes for faculty (questions to ask – not to share with students)

Comments for the team to receive: