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 2025-2026

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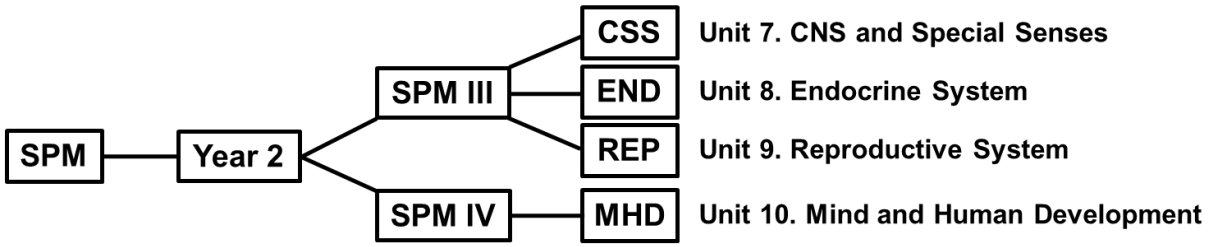
Course Description

The Scientific Principles of Medicine (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 organized into a series of 'clinical presentations (CP)' (e.g., gait disturbance, movement disorders, headache, seizure, and epilepsy) that reflect the major ways a person would present to a physician. A high level of integration and clinical relevance is achieved by learning the basic and clinical sciences synchronously and within the context of clinical presentations. 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 has been shown to help mitigate the temporal loss of basic science knowledge, help students think like experts when solving clinical problems, and dramatically improve students' diagnostic success rates.

In activities such as the Worked Case Example (WCE) and Tankside Grand Rounds (TSGR) 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 strengths and deficiencies and then engage in self-directed learning to address knowledge gaps. A general overview of the organization of clinical presentation-based units in SPM is provided in the following schematic:



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, flipped classroom, and small group discussions. Both basic science and clinical faculty participate in this component of the instructional process.

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

The 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 (PWS)" 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 4	Headache Seizure and Epilepsy
4	5	Stroke and Aphasia
5	6 7	Delirium, Stupor and Coma Eye Redness
6	8 9	Diplopia and Strabismus Visual Disturbances
7	10 11	Hearing Loss and Tinnitus Vertigo and Dizziness
Exam Week		

Unit 8: Endocrine System (END)

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

Week	CP	Title
1	1	Hypothalamus / Pituitary / Adrenal Disorders
2	2	Hypertension
3	3	Diabetes and Obesity / Metabolic Syndrome
4	4 5	Disorders of Thyroid Function 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 provide 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 5	Screening and Prevention (Cervix and Breast) Abnormal Uterine Bleeding
5	6 7	Pelvic Masses 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
	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 (e.g., Worked Case Example sessions)
- Small group interactive discussions (Open-Learning Forum –also known as Afternoon Club)
- Case-based learning
- Independent learning
- Self-directed learning
- Laboratory exercises (e.g., Anatomy)

- Collaborative learning (Anatomy using the jigsaw method, WCE)
- 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 exams, and 'flashback' 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 clinical and basic science faculty-facilitated small group or team-based learning format.

Tankside Grand Rounds (TSGR)

There is a capstone event at the end of the second year of medical school called 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 their donor cadaver or assigned clinical case. In addition, this element is designed to assess students' ability to employ self-directed learning strategies, work within a team, and communicate effectively with peers and other healthcare professionals.

Students within each team are required to both individually and collaboratively investigate their donor cadaver's/ patient's (from clinical case) listed cause of death, known co-morbidities, and/or any other pertinent findings that were discovered during the examination of their donor cadaver or patient from the clinical case. Following a self-organized team meeting and discussion, each student within their team shall engage in a self-directed learning activity that follows a unified sequence:

1) Identify learning objectives: Each student will identify independent learning needs related to the donor cadaver's known clinical presentations, diagnoses, and/or cause of death. This can include but is not limited to the biological, genetic, or pathophysiological underpinnings of the patient's disorder(s), disease epidemiology (e.g., prevalence, risk factors), clinical manifestations (e.g., signs/symptoms), differential diagnosis and diagnostic evaluations (e.g., physical exam findings, imaging/laboratory studies, and their scientific underpinnings), clinicopathological correlations, and evidence-based treatment options2) Develop SMART

(Specific, Measurable, Achievable, Relevant, Time-bound) learning objectives: Based on the above independent assessment, each student will develop one or more SMART learning objectives intended to clearly frame their individual learning needs.

3) Independent Information Analysis and Synthesis: Each student will then independently identify, analyze, and synthesize relevant information from credible sources and synthesize relevant information from credible sources to address their learning objectives. Credible sources should include primary literature (e.g., original peer-reviewed articles, case reports, autopsy reports) and secondary literature (e.g., peer-reviewed review articles and online peer-reviewed resources such as UpToDate).

4) Prepare a brief presentation: Each student will develop a brief PowerPoint presentation summarizing their individual learning objective(s) related to their donor cadaver, the relevant findings they obtained from credible information sources, and appropriate references.

5) Collaborate and review: Students should meet with their team members periodically to share their learning objectives, review progress, and develop a coherent outline for their TSGR team presentation.

Student teams will present their findings to an audience of peers and faculty during the spring semester of their second year. A TSGR grading rubric (see Appendix) indicates the standards expected for the presentation, and faculty will judge the presentations using this rubric. In addition, assigned faculty will provide an assessment of each student's information-seeking skills, including the credibility of student-identified information sources.

If a group or individual receives a grade of 'Remediation Required' for this activity, the faculty will create a remediation plan specific to the weaknesses observed. This may include the development, implementation, and presentation of a revised TSGR self-directed learning plan.

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. The SPM course is designed to meet the following PLFSOM Medical Education Program Goals and Objectives:

SPM-III Course-Level Objectives

1. Integrate foundational knowledge in anatomy, physiology, biochemistry, pathology, microbiology, immunology, and pharmacology to explain normal function and disease

mechanisms across the central nervous, special sensory, endocrine, and reproductive systems (KP-2.1, KP-2.2)

2. Describe the structure, function, and development of the central nervous system (CNS), special sense organs, endocrine glands, and reproductive organs, including their vascular, neural, and hormonal regulation. (KP-2.1)
3. Explain the physiological and biochemical mechanisms underlying CNS functions (e.g., sensory and motor pathways), endocrine signaling (e.g., hormone synthesis, feedback, and receptor signaling), and reproductive processes (e.g., gametogenesis, menstrual cycle, pregnancy). (KP-2.2)
4. Analyze the pathophysiology and clinical presentation of common disorders affecting the CNS (e.g., stroke, epilepsy, neurodegeneration), special senses (e.g., hearing loss, glaucoma), endocrine system (e.g., diabetes, thyroid disorders), and reproductive system (e.g., infertility, PCOS, cancers). (KP-2.1, KP-2.3, PC-1.3)
5. Apply principles of pharmacology to the management of CNS, endocrine, and reproductive disorders, including the mechanisms of action, indications, and adverse effects of major therapeutic drug classes. (KP-2.2, PC-1.2)
6. Interpret the rationale and clinical application of diagnostic tools for evaluating CNS, endocrine, and reproductive disorders, including imaging techniques, hormone assays, and dynamic testing protocols. (PC-1.3)
7. Discuss developmental and environmental influences on neurodevelopment and reproductive health, and describe their implications in congenital and acquired disorders. (KP-2.5, KP-2.1)
8. Describe the integration of hormonal and neural pathways in maintaining homeostasis, regulating stress response, metabolism, sexual function, conception, pregnancy, and lactation. (KP-2.2, KP-2.4)
9. Formulate differential diagnoses and evidence-based management plans for patients presenting with neurologic, endocrine, and reproductive health issues. (PC-1.2, PC-1.3, KP-2.3)
10. Discuss non-pharmacological approaches to managing endocrine and reproductive conditions, including lifestyle modifications, assisted reproductive technologies, and surgical interventions. (KP-2.4, PC-1.2)

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

1. Discuss the anatomy, physiology, biochemistry, pathology, microbiology, immunology and pharmacology related to gait disturbances, movement disorders, headache, seizures, epilepsy, stroke, aphasia, delirium, stupor, coma, eye redness, diplopia, strabismus, visual disturbances, hearing loss, tinnitus, vertigo, and dizziness. (KP-2.1, KP-2.2, KP-2.3)

2. Describe the gross and microscopic anatomy of the CNS, and explain its functional organization, including the roles of major brain regions and spinal cord segments, the blood supply to the CNS and the significance of key arterial territories, and the structure and function of the blood-brain barrier. (KP-2.1)
3. Describe the organization and functional principles of sensory and motor pathways of the CNS, including the course and roles of the somatosensory and corticospinal tracts. (KP-2.1, KP-2.2)
4. Outline the key stages of CNS development from neural tube formation to maturation, and discuss genetic and environmental factors influencing neurodevelopment, as well as the potential consequences of developmental disorders. (KP-2.1, KP-2.5)
5. Describe the clinical features, underlying mechanisms, and pathological changes of common CNS disorders, including neurodegenerative diseases, cerebrovascular diseases, demyelinating diseases, infections, neoplasms, and traumatic injuries. (KP-2.3, PC-1.3)
6. Discuss the pharmacological management of CNS disorders, including the mechanisms of action, therapeutic indications, and adverse effects of major drug classes (e.g., antiepileptics, antidepressants, antipsychotics). (PC-1.2, KP-2.2)
7. Describe the structure and function of the eye, ear, olfactory (smell), and gustatory (taste) systems, including the visual, auditory, and vestibular pathways. (KP-2.1)
8. Explain the physiological mechanisms underlying hearing, balance, smell, and taste perception, including how sensory information is detected and processed. (KP-2.2)
9. Identify common disorders of the special senses (e.g., visual disorders like cataracts and glaucoma, auditory disorders like hearing loss and tinnitus, and disorders of smell and taste like anosmia and ageusia) and describe their pathophysiology, clinical features, and treatments. (KP-2.3, PC-1.2, PC-1.3)

Unit 8: Endocrine system (END) Objectives:

1. Discuss the anatomy, physiology, biochemistry, pathology, microbiology, immunology, and pharmacology related to the Hypothalamus gland, Pituitary gland, Adrenal gland, thyroid gland, parathyroid gland, hypertension, diabetes, obesity, and metabolic syndrome. (KP-2.1, KP-2.2, KP-2.3)
2. Describe the anatomy and location of the major endocrine glands, the vascular and neural connections of each endocrine gland, and explain the synthesis, storage, and secretion of hormones from the major endocrine glands. (KP-2.1, KP-2.2)
3. Describe the mechanisms of hormone action, including receptor binding, signal transduction pathways, and feedback regulation (both positive and negative feedback mechanisms). (KP-2.2)
4. Discuss the physiological roles of key hormones, including their effects on metabolism, growth and development, reproduction, stress response, and homeostasis, and the

interactions between the endocrine system and other physiological systems. (KP-2.2, KP-2.4)

5. Describe common endocrine disorders, including their etiology, pathophysiology, clinical presentation, diagnostic criteria, and complications. (KP-2.3, PC-1.3)
6. Explain the principles and clinical applications of endocrine diagnostic tests, including blood tests (e.g., hormone levels, glucose), imaging studies (e.g., ultrasound, MRI, CT), and dynamic endocrine testing (e.g., suppression and stimulation tests). (PC-1.3)
7. Discuss the basis of pharmacological management of endocrine disorders, including the mechanisms of action, indications, and side effects of major drug classes (e.g., insulin, thyroid hormones, glucocorticoids, oral hypoglycemics). (PC-1.2, KP-2.2)

Unit 9: Reproductive system (REP) unit Objectives:

1. Discuss the anatomy, physiology, biochemistry, pathology, microbiology, immunology, and pharmacology related to Men's health, infertility, pregnancy, screening, and prevention of cervical and breast disease, abnormal uterine bleeding, pelvic masses, and pelvic pain. (KP-2.1, KP-2.2, KP-2.3)
2. Describe the anatomy and location of the male and female reproductive organs. (KP-2.1)
3. Explain the processes of spermatogenesis and oogenesis, including the stages of gamete development and maturation. (KP-2.1, KP-2.2)
4. Describe the menstrual cycle, including the hormonal regulation by the hypothalamus, pituitary gland, and ovaries, and the phases of the endometrial cycle. (KP-2.2)
5. Discuss the roles and regulation of key reproductive hormones, including gonadotropin-releasing hormone (GnRH), luteinizing hormone (LH), follicle-stimulating hormone (FSH), estrogen, progesterone, and testosterone, and explain the feedback mechanisms involved in the regulation of reproductive hormones. (KP-2.2)
6. Describe the physiological processes involved in sexual function, conception, pregnancy, and lactation, the hormonal changes during pregnancy, and the physiological adaptations of the maternal body. (KP-2.2, KP-2.5)
7. Identify and describe common reproductive system disorders (PCOS, endometriosis, menstrual disorders, infertility, BPH, cancers, etc., including their etiology, pathophysiology, clinical presentation, diagnostic criteria, and complications. (KP-2.3, PC-1.3)
8. Explain the principles and clinical applications of reproductive diagnostic tests, including hormone assays, pelvic ultrasound, hysterosalpingography, semen analysis, and laparoscopy. (PC-1.3)
9. Discuss the basis of pharmacological management of reproductive system disorders, including the mechanisms of action, indications, and side effects of major drug classes (e.g., hormonal contraceptives, fertility drugs, hormone replacement therapy, treatments for erectile dysfunction). (PC-1.2, KP-2.2)

10. Describe non-pharmacological interventions for reproductive disorders, including assisted reproductive technologies (ART), surgical options, and lifestyle modifications. (KP-2.4)
11. Formulate differential diagnoses and management plans for patients presenting with reproductive health issues. (PC-1.2, PC-1.3, KP-2.3)

SPM-IV Course-Level and Unit 10: Mind and Human Development (MHD) unit-level objectives

1. Describe the physical, cognitive, emotional, and social developmental milestones for each age group from infant through adolescence, normal variations in development, factors that can influence growth and maturation, and describe the signs of developmental delays or abnormalities. (KP-2.1, KP-2.5)
2. Describe the symptoms and diagnostic criteria, the underlying mechanisms and factors responsible for common anxiety disorders, and evidence-based therapeutic approaches for anxiety disorders, including cognitive-behavioral therapy (CBT) and pharmacotherapy. (KP-2.3, PC-1.2, KP-2.5)
3. Discuss the factors contributing to the development of OCD, the characteristic symptoms, and evidence-based treatments for OCD, including exposure and response prevention (ERP) therapy and pharmacological options (e.g., SSRIs). (KP-2.3, PC-1.2)
4. Discuss the symptoms, the risk factors, and diagnostic criteria for PTSD, and evidence-based treatments for PTSD. (KP-2.3, PC-1.2)
5. Discuss the factors contributing to psychotic disorders, the symptoms of psychosis, the diagnostic criteria, and the differential diagnosis for schizophrenia and other psychotic disorders. (KP-2.3, PC-1.3)

Patient Care		
Educational Program Objectives		Outcome Measures
		•
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.	• Exam – Institutionally Developed, Written/Computer-based (Weekly SPM exams; End-of-unit SPM summative exams; Session-level formative quizzes)
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.	• Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams; Session-level formative quizzes)
PC-1.5	Recognize a patient requiring urgent or emergent care, and initiate evaluation and management.	• Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit

		SPM summative exams; Session-level formative quizzes)
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.	• Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams; Session-level formative quizzes) • Exam – Nationally Normed/Standardized, Subject (NBME CBSE) • Narrative Assessment (Tankside Grand Rounds Rubric)
KP-2.2	Apply established and emerging foundational/basic science principles to health care.	• Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams; Session-level formative quizzes) • Exam – Nationally Normed/Standardized, Subject (NBME CBSE) • Narrative Assessment (Tankside Grand Rounds Rubric)
KP-2.3	Apply evidence-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem-solving.	• Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams; Session-level formative quizzes) • Exam – Nationally Normed/Standardized, Subject (NBME CBSE) • Narrative Assessment (Tankside Grand Rounds Rubric)
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.	• Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams; Session-level formative quizzes) • Exam – Nationally Normed/Standardized, Subject (NBME CBSE) • Narrative Assessment (Tankside Grand Rounds Rubric)

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.	• Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams; Session-level formative quizzes) • Exam – Nationally Normed/Standardized, Subject (NBME CBSE) • Narrative Assessment (Tankside Grand Rounds Rubric)
Practice-Based Learning & Improvement		
Educational Program Objectives		Outcome Measures
PBL-3.1	Identify gaps in one's knowledge, skills, and/or attitudes, and perform learning activities to address them.	• Narrative Assessment (Tankside Grand Rounds Rubric; Formative Assessment Engagement Rubric; ILP) •
PBL-3.4	Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.	• Narrative Assessment (Tankside Grand Rounds Rubric; ILP)
PBL-3.6	Participate in the education of patients, families, students, trainees, peers, and other health professionals.	• Narrative Assessment (Tankside Grand Rounds Rubric; ILP)
Interpersonal and Communication Skills		
Educational Program Objectives		Outcome Measures
ICS-4.2	Communicate effectively with colleagues and other health care professionals.	• Narrative Assessment (Tankside Grand Rounds Rubric, ILP) • Peer Assessment (WCE Peer Assessment Rubric)
ICS-4.3	Communicate with sensitivity, honesty, compassion, and empathy.	• Narrative Assessment (Tankside Grand Rounds Rubric) • Peer Assessment (WCE Peer Assessment Rubric)
Professionalism		
Educational Program Objectives		Outcome Measures
PRO-5.1	Demonstrate sensitivity, compassion, and respect for all people.	• Peer Assessment (WCE Peer Assessment Rubric) • Narrative Assessment ILP (• Narrative Assessment (Tankside Grand Rounds Rubric)
PRO-5.6	Demonstrate honesty and integrity in all professional and academic interactions.	• Narrative Assessment ILP Peer Assessment (WCE Peer Assessment Rubric)

PRO-5.7	Meet professional and academic commitments and obligations.	• Narrative Assessment ILP • Narrative Assessment (Tankside Grand Rounds Rubric; Formative Assessment Engagement Rubric) • Peer Assessment (WCE Peer Assessment Rubric)

Grading System

SPM is a pass/fail course. Successful passage 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

Formative Assessments

Regular formative student assessment and feedback are important to the educational experience. USMLE-style formative assessments will be provided each week to allow students to monitor progress and identify potential deficiencies that warrant early remediation through self-study. Grades on formative assessments are for diagnostic purposes only and do not count toward 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 Thursday until 11:59 PM Tuesday).

Once each formative assessment is completed, students will have the opportunity to review their scores along with the answers and explanations for each question. For the formative exams completed within the designated timeframe, 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 generated on Wednesdays 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 be able to view missed objectives in ePortfolio 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 as a practice formative and review for the duration of the pre-clerkship curriculum.

Flashback Formative Assessments

"Flashback" formatives will also be given on a weekly basis to promote spaced learning by regularly revisiting previously covered material. These formative assessments are designed to prompt students to recall and apply previously learned information, reinforce knowledge

retention, and deepen understanding. This approach ensures continuous engagement with the content and helps to mitigate knowledge attrition over time. The grades on flashback formative assessments are for diagnostic purposes only and do not count towards the student's final grade. Weekly flashback formative assessments are listed on the Elentra calendar view under 'asynchronous learning' and will be made available during the weekly formative testing window. Once each flashback formative assessment is completed within the designated timeframe, students will have the opportunity to review their score along with the answers and explanations for each question. For the flashback formative exams completed within the designated timeframe, 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 generated on Wednesdays unless indicated otherwise 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 reporting deadline will not be able to view missed objectives in ePortfolio, and will see a score of '0' on their e-portfolio entry for that formative.

"Mid-unit" narrative feedback will be provided on students' completion of their formative assessments. Regular engagement in formative assessment is a crucial pedagogical practice that fosters ongoing learning and improvement and offers specific, constructive insights into students' strengths and areas for growth. By providing timely narrative feedback to students on their overall engagement in the course's formative assessment program, we aim to incentivize best practices so our learners can obtain timely, actionable feedback that can be incorporated and addressed before the summative assessments, ultimately leading to better learning outcomes and a deeper understanding of the material.

Summative Assessments

End-of-unit summative (formal) exams will be given at the end of the SPM Units. These exams will consist of 2 components: 1) an Exam comprised of questions from the NBME test bank and 2) an Institutionally developed exam composed of questions written by faculty, with up to 5% of the exam questions drawn from previous unit/units. Up to 5% of the in-house SPM unit summative score will be drawn from anatomy lab quizzes (1% from each anatomy lab, maximum up to 5%). Summative exams will be delivered and proctored on campus. The end-of-unit exam score is determined by calculating the 50:50 weighted average of the NBME and in-house components; to pass an end-of-unit summative exam, students must achieve a minimum average 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.

Tardiness for a summative assessment is disruptive, unprofessional, discourteous, and strongly discouraged. Students who arrive late, defined as after the assessment has started, will not be permitted entry to the assessment area and recorded as absent. An unexcused absence from a summative assessment will result in an initial grade of 'Fail' (failure of unit on first attempt) for the unit and an associated grade of 'DE' (Deferred) for the SPM semester course, and they will be required to remediate during scheduled remediation dates, if criteria are met. Requests for excused absences may be made through the PLFSOM pre-clerkship absence management system.

Students must follow the directions of the proctoring staff. Failure to comply with proctor instructions will result in a professionalism card for each infraction, and if the chief proctor determines the infraction to be severe enough, students can be expelled 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. Students who fail to comply with summative assessment guidelines and instructions will be referred to their college mentor(s) and/ or student affairs. If a student repeatedly fails to comply with the guidelines and instructions set forth for summative assessments, that student can be referred to the Grading and Promotions Committee (GPC) for review of the proctoring report, course directors' recommendation, and further action as they deem advisable.

CBSE Exams

The NBME Comprehensive Basic Science Exams (CBSE) are administered during the M2 year to assess student readiness to pass the USMLE Step 1 exam. While the exams are not used to calculate either semester or unit grades, they do provide valuable student feedback. A CBSE score of 63 or higher during the Spring semester is required for eligibility to take USMLE Step 1 (refer to the Grading, Promotion, and Academic Standing (GPAS) Policy). Students can test out of the exams as early as the February test date and will not be required to take additional CBSE exams. However, students are encouraged to take additional CBSE exams that are offered in the Spring semester. Test dates are listed in the important dates section. Students who do not achieve a CBSE score of 63 or higher by the last scheduled testing date will be referred to the Grading and Promotions Committee for review of their progression plan (refer to the Grading, Promotion, and Academic Standing (GPAS) Policy).

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' (HSCEP OP 59.05) policy and subsidiary PLFSOM 'Grading Procedures and Academic Regulations' policy, as well as the 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 receive a minimum score of 65%, which is determined by averaging scores on the NBME exam and in-house exam components.

   One component of team-based learning in the worked-case example activities is active participation by everyone. There will be an active peer review of each team member by other members of the team. Less active members will likely receive constructive feedback and be encouraged to improve their preparation for and engagement in the activity.

2. SPM Semester Course Grade

Student progress within the course will be determined by the course directors based on the student's performance in the course units.

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 initially will 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's 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 the student will be referred to the GPC.

   b) *If two SPM units are failed in the first semester*, the semester course grade will 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 the student will be referred to the GPC.

2) Remediation

If a grade of 'DE' (Deferred) is recorded because one or two SPM units are failed in a semester, students will be required to pass a remediation exam consisting of 50:50 weighted NBME and in-house components as described above for the regular unit

summative exams. The scores from the anatomy lab quizzes will not contribute to the in-house component of the remediation exam's summative score. The minimum passing score for an SPM unit remediation exam is 65%. 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. See "Important Dates" below for a list of remediation exam dates.

3) *Grade Release*
Barring extenuating circumstances, SPM unit grades will be released within 14 calendar days of the summative assessment date. If a student is concerned about their final grade or a component of their final grade, they are advised to follow the procedures outlined in the Grade Appeal and Complaint Policy

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, discussing, 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 Institutional Student Handbook, and could lead to academic warning, probation, or dismissal from PLFSOM.

Important Dates

1. Summative Examinations

CSS Summative:	Friday, September 26, 2025
END Summative:	Friday, October 31, 2025
REP Summative:	Friday, December 19, 2025
MHD Summative:	Friday, February 20, 2026

2. NBME CBSSA & CBSE Examinations

Exam Date	MS2 Assessment Name c/o 2027	Sign-up Deadline
August 4, 2025	CBSSA Round 1	N/A
January 6, 2026	CBSSA Round 2	N/A
February 27, 2026	CBSE Round 1	February 20, 2026
March 13, 2026	CBSE Round 2	March 6, 2026
March 27, 2026	CBSE Round 3	March 20, 2026

April 10, 2026	CBSE Round 4	April 3, 2026
April 24, 2026	CBSE Round 5	April 17, 2026
May 8, 2026	CBSE Round 6	May 1, 2026

***Note that effective Aug 1, 2023 the NBME has implemented new policies regarding CBSE exams: (1) Students are allowed to take a maximum of 5 CBSE exams; and (2) Students must wait for at least 2 weeks between consecutive CBSE administrations. Students are advised to consider these policies when scheduling their CBSE exams between February and May.**

3. Remediation Exam Dates

Students who are deemed eligible 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.saenz@ttuhsc.edu). Assessment Coordinator requires a minimum of five business days' notice from students regarding their intended remediation exam date. Students with an excused absence will be permitted to reschedule their remediation exam. Students who have an unexcused absence or arrive late for the remediation exam will receive a score of zero and be referred to the Office of Student Affairs.

Eligible students may select a remediation schedule that best suits their individual needs. Remediation dates and signup deadlines are specified below**:

Remediation Date	**Signup Deadline**
January 5, 2026	December 26, 2025, 12 PM
March 6, 2026	February 27, 2026, 12 PM
March 16, 2026	March 9, 2026, 12 PM
March 20, 2026	March 13, 2026, 12 PM

**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, be prepared, and 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. Several SPM learning activities rely on active student participation and teamwork; therefore, students' absence can be detrimental to the educational experience of their 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 consequences including failure of a course or referral to the GPC for professionalism concerns. Referral to the GPC may lead to dismissal.

Required SPM activities

Attendance and punctuality will be monitored for required SPM activities, including the following:

- Worked Case Example sessions
- Specified lab-based learning sessions (e.g., Anatomy)

Sessions with required attendance or participation will be labeled on the Elentra calendar view at the beginning of each unit. Accountability and responsibility are important tenets of professionalism that 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.

Attendance expectations, procedures for reporting absences or tardiness, and policies regarding make-up work are outlined in the Pre-Clerkship Phase Attendance Policy, which governs required attendance for SPM and other pre-clerkship courses. Students are responsible for reviewing and adhering to this policy. [Pre-Clerkship Phase Attendance Policy]

Consequences

Non-compliance with the SPM punctuality and attendance/participation policy will have consequences reflected in a student's academic record. These consequences may include: a failing grade based on 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.

Professionalism Card reporting system

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

PRO-5.1	Demonstrate sensitivity, compassion, integrity, and respect for all people.
PRO-5.6	Demonstrate honesty in all professional and academic interactions.

PRO-5.7 Meet professional and academic commitments and obligations.

Exemplary Professionalism Recognition Cards

When a student demonstrates exceptional initiative in meeting the SPM curriculum's learning goals and objectives, faculty or staff may complete a Professionalism Card (see Appendix) to formally recognize their efforts. The card will include the student's name, the date of the observed behavior, the reporter's name, the relevant institutional learning goal(s) and objective(s), and a brief description of the exemplary conduct (e.g., "Student was well-prepared and led the team discussion and peer teaching during today's Worked-Case Example activity, exceeding expectations in fulfilling their professional and academic responsibilities").

Written below are some examples of situations when this may occur:

1. *Worked Case Example sessions:*
   - "During today's Worked Case Example, the student arrived thoroughly prepared, actively contributed to the clinical reasoning process, and respectfully engaged peers to deepen group discussion. Their leadership promoted a collaborative and inclusive learning environment."
   - "The student demonstrated exemplary professionalism by arriving early, organizing team materials, and facilitating peer understanding of complex immunology concepts. Their initiative greatly enhanced the group's learning experience."

2. *Summative examinations:*
   - "In preparation for the unit summative exam, the student demonstrated outstanding professionalism by organizing a faculty-led review session and sharing high-quality, evidence-based study materials with classmates."
   - "The student showed exceptional dedication by proactively seeking faculty feedback on formative assessments and using that input to guide a focused and ethical approach to exam preparation."

3. Scholarly Activity and Research:
   - "The student prepared an abstract and poster for a local, regional, or national conference, in collaboration with faculty, demonstrating strong communication skills and professionalism during interactions with faculty and attendees. They responded to feedback constructively, acknowledged collaborators appropriately, and served as a role model by encouraging peers to submit their own scholarly work."

   - "The student demonstrated exemplary professionalism by contributing significantly to an original research project in collaboration with TTUHSC El Paso faculty. They consistently met deadlines, communicated effectively with the research team, and

maintained high ethical standards throughout the project. Their dedication and scholarly rigor resulted in the acceptance of a peer-reviewed original research article, highlighting their commitment to advancing scientific knowledge and representing the institution with distinction."

4. *Other examples, including Afternoon Club participation:*
    - "The student has maintained perfect attendance throughout the unit, consistently arriving on time and engaging actively in all large- and small-group sessions. Their reliability sets a strong example for peers."
    - "The student regularly attends Afternoon Club sessions and has taken on a leadership role in organizing tutoring groups and supporting classmates academically. Their initiative reflects a strong commitment to academic community-building."
    - "This student went above and beyond by preparing a mini-presentation for Afternoon Club to clarify a difficult concept from the week's lectures, demonstrating both mastery and a willingness to help others succeed."

Professionalism Concern Cards

When a student fails to meet any of the above-listed learning goals and objectives of the SPM curriculum, a professionalism 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.

Written below are some examples of situations when this may occur:

Worked Case Example sessions.

- The student arrived late to the Worked Case Example session without prior notice and did not engage in the group discussion, impacting the team's ability to complete the activity effectively."
- "The student was unprepared for the Worked Case Example session and was unable to contribute meaningfully to the case discussion, missing an opportunity to fulfill their academic responsibilities to the team."

Summative examinations.

- "The student exhibited a lack of preparation, demonstrated by forgetting essential items such as a charging cable, laptop, or student ID."
- "The student failed to follow proctor instructions, reflecting a disregard for exam protocols and expectations."
- "The student left an exam without permission from the test proctors."

- "The student demonstrated disruptive behavior during the session, which negatively impacted the testing environment for others."

***Other examples, including Afternoon Club**:*

In the case of alleged academic misconduct, a student will also be referred to the Grading and Promotions Committee and/or the Student Conduct Committee. This includes but is not limited to the following scenarios:

a. Dissemination of test items in any form. This includes written and oral.
b. Possession of a prohibited item such as a cell phone
c. Cheating

Unspecified SPM sessions:

Any faculty member may submit a professionalism card (exemplary or unprofessional) when a student fails to meet, or excels at, one or more professionalism institutional learning goals and objectives.

Excused absences

If a student is unable to attend or be punctual for a required session, they may be granted an excused absence under the criteria set forth in the PLFSOM's Pre-clerkship phase attendance policy. ’

Students wishing to obtain an excused absence must submit a request to the Pre-Clerkship Absence / Leave Request (maxient.com) (refer to the PLFSOM's Pre-clerkship phase attendance policy’ for more details.

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

Narrative Evaluations and Feedback

Examples of evaluation rubrics used for professionalism Cards and Tankside Grand Rounds, are provided in the Appendix. 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.

Students will also receive mid-unit narrative feedback on formative participation and performance. An example of an evaluation rubric used for the mid-unit narrative feedback on formative participation and performance is provided in the Appendix.

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-ttuhsc.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). 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(s), failure to act professionally may result in a grade of "FA" (Fail) for SPM regardless of the student's academic performance, in accordance with 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 the Grading and Promotions Committee and possible dismissal from PLFSOM.

Student Mistreatment Statement

Texas Tech University Health Sciences Center El Paso affirms the right of its students to a prompt and fair resolution of a complaint or grievance involving allegations of inappropriate behavior by other Texas Tech Health El Paso students or personnel toward students. Texas Tech Health El Paso does not tolerate either retaliation for reports made in good faith nor false reporting. TTUHSC El Paso strives for a positive and supportive learning environment. Any student experiencing mistreatment by faculty, staff, or other students is encouraged to report it directly to Course Director(s) or use the "Submit Student Mistreatment report link" below to submit a report.

The links to submit a Student Mistreatment Report and to the "Student Mistreatment Policy" and "Student Complaint or Grievance Policies and Procedures" can be found below:

- Submit Student Mistreatment report link
- Student Mistreatment Policy
- Student Complaint or Grievance Policies and Procedures

- To report sexual misconduct or harassment, please follow the link below:
- TITLE IX REPORTING

- HSC OPP 51.02 - Non-Discrimination & Anti-Harassment
- HSC OPP 51.03 Sexual Misconduct

Office of Accessibility Services (OAS)

TTUHSC EP is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to this course and your program, and to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting, please contact the Office of Accessibility Services (OAS), by calling 915-215-4398. Accommodations are not provided retroactively, so students are encouraged to register with OAS as soon as possible. More information can be found on the OAS website: https://elpaso.ttuhsc.edu/studentservices/accessibility/

Statement of Accommodation for Pregnant and Parenting Students:

To support the academic success of pregnant and parenting students and students with pregnancy related conditions, Texas Tech University Health Sciences Center El Paso offers reasonable modifications based on the student's particular needs. Any student who is pregnant or parenting a child up to age 18 or has conditions related to pregnancy are encouraged to communicate their needs with their faculty and/or program for academic support. Students may also contact Norma Fuentes, the Manager of Accessibility and Student Advocacy, to discuss support options. She will work with the institution's designated Pregnancy and Parenting Liaison to ensure equal access to the University's education program or activity. Please email norma.fuentes@ttuhsc.edu or call 915.215.4398. Students may also submit a Pregnancy & Parenting Support form to request assistance.

For more information, please refer to Texas Tech University System Regulation 07.15 – Pregnancy and Parental Status.

Appendix

SPM III and IV Course Director

Komal Marwaha, MD, PhD

SPM III and IV Course Co-Director

D.C. Ghislane Mayer, PhD

Faculty Roster: SPM Unit Directors

Unit 7 – CNS and Special Senses (CSS):
Isabel Victoria Narvaez Correa, MD (Neuro)
Dale Quest, PhD
Mariela Lane, MD
Thomas Greiner, PhD

Unit 8 – Endocrine System (END):
Tanis Hogg, PhD
Dale Quest, PhD
Tamis Bright, MD (IM)
Mariela Lane, MD
Komal Marwaha, MD, PhD

Unit 9 – Reproductive System (REP):

Harvey Greenberg, MD (OB/GYN)
Elizabeth Dimitrievich, MD (OB/GYN)
Komal Marwaha, MD, PhD
Angelica Padilla, MD
Ghislaine Mayer, PhD

Unit 10 – Mind and Human Development (MHD):
Blanca Garcia, MD (PED)
Patricia Ortiz, MD (Psychiatry)
Tanis Hogg, PhD
Dale Quest, PhD

Professionalism Card

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

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 gross and microscopic findings	Some correlation of gross and microscopic findings with cause of death is attempted	Minimal correlation between cause of death and gross and microscopic findings is attempted	No correlation between cause of death and gross and microscopic findings is attempted
Information sources	Credible and up-to-date information sources are utilized, appropriately referenced, and logically incorporated into the presentation	Some credible and up-to-date information sources are referenced; however, their incorporation into the presentation could be improved.	Information sources are referenced and incorporated into the presentation; however, their credibility and/or currency raise uncertainty.	Information sources are either not credible, not current, or not evidently utilized in the creation of 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:

Example Rubric for Mid–Unit Narrative feedback based on weekly formative participation

1. Completed all formatives on time and received a score of 65% or greater:

Consistently completing all formative assessments on time and achieving scores above 65% demonstrates your academic commitment and strong dedication to identifying knowledge gaps and actively working to address them. Keep up the great work!

2. Completed all formatives on time and received a score of less than 65%:

You have shown academic commitment by completing all formative on time, but there are areas for improvement, as indicated by scores below 65%. Let us work together to address knowledge gaps and enhance your understanding.

3. Did not complete formatives:

Not completing formatives is concerning as it indicates a lack of academic commitment and utilizing the opportunities to identify the potential gaps in your knowledge. It is crucial to actively participate in all assignments to enhance your learning experience and performance in the course. Let us discuss strategies to ensure your full participation moving forward.