



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School of Medicine

Syllabus

Scientific Principles of Medicine (SPM)

PSPM 5021 (SPM I)

PSPM 5012 (SPM II)

Academic Year 2024-2025

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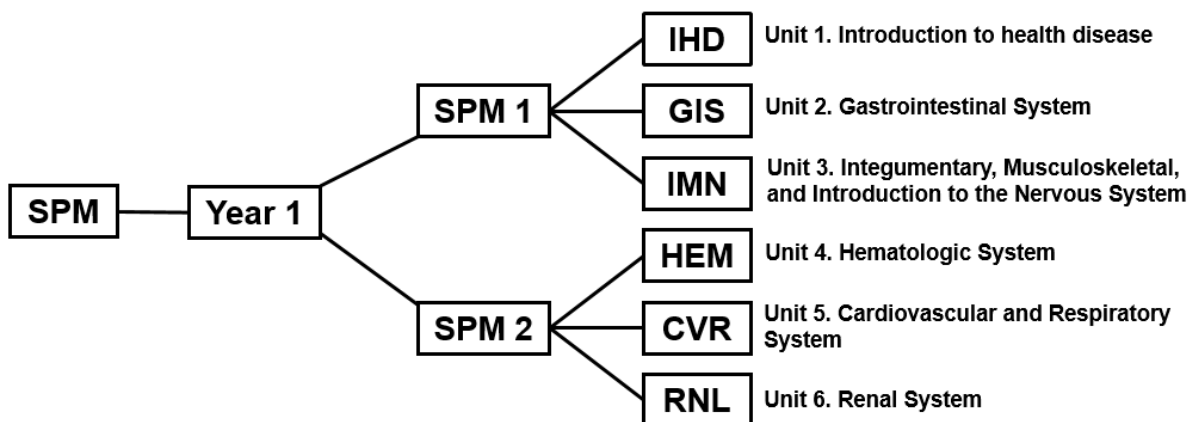
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Course Description

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-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 as members of a team.

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. A general overview of the organization of clinical presentation-based units in SPM is provided in the following schematic:



SPM I (PSPM 5021):

This first semester course of Year 1 consists of three integrated units: **'Introduction to Health and Disease'** (IHD), **'Gastrointestinal System'** (GIS), and **'Integumentary, Musculoskeletal, and Introduction to the Nervous System'** (IMN). The sequence of clinical presentations within each unit has been structured so that the concepts developed during the study of one topic provide the foundation for subsequent topics. Each week's clinical scheme presentation sets the stage for the basic science sessions and leads to the Worked Case Examples where the basic and clinical science information is applied. The scheme presentation also includes a process work sheet which details the approach an experienced clinician would utilize to efficiently diagnose and treat the problem. 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, pathology, pharmacology and physiology. Each clinician who presents a clinical presentation also prepares a process work sheet that details how an experienced clinician would think about the problem and how they would manage the differential diagnostic possibilities. These process worksheets also detail appropriate therapy for the different diagnostic possibilities. Discipline experts provide instruction using various teaching methods including lectures, laboratories, team-based learning (TBL), online learning modules and small group discussions. Both basic science and clinical faculty participate in this component of the instructional process.

Unit 1: Introduction to Health and Disease (IHD)

This 5-week unit is comprised of the following clinical presentations that introduce students to the basic foundations of health and disease:

Week	CP	Title
1	1	Periodic Health Exam and Preventative Healthcare
2	2	Well child exam/ The Child with Poor Growth
3	3	Sore Throat
4	4	Fever
5	5	Wound
Exam Week		

The molecular and cellular mechanisms underlying homeostasis, cell growth and division, quiescence, senescence and apoptosis will be introduced to provide a foundation for understanding the processes of health and disease. Biochemistry, cell biology, genetics, immunology, microbiology and pathology are featured prominently in this unit. Highlights include the student's experiences in the anatomy and microbiology laboratories.

Unit 2: Gastrointestinal System (GIS)

This 5-week unit investigates the gastrointestinal system within the context of the following clinical presentations:

Week	CP	Title
1	1	Dysphagia
2	2	Nausea and Vomiting
3	3	Abnormal Liver Function Tests and Jaundice
	4	Abdominal Distension
4	5	Diarrhea
	6	Constipation
5	7	Abdominal Pain
	8	Blood from Gastrointestinal Tract
Exam Week		

In this unit students will be introduced to the processes of motility, secretion, digestion and absorption, which form the functional basis of the gastrointestinal system. The numerous functions of the liver will be presented including those that relate to intermediary metabolism, blood detoxification, plasma protein synthesis and bile production, forming a foundation for recognizing, understanding and treating various diseases of the liver and hepato-biliary system. Within each of the clinical presentations the pathology and etiologies of region-specific diseases are explained as they relate to the underlying basic science. There are anatomy sessions that highlight the anatomical basis for each of the clinical scheme presentations.

Unit 3: Integumentary, Musculoskeletal and Introduction to the Nervous Systems (IMN)

This 7-week unit is an integrated presentation of the major basic science concepts related to the integumentary (skin, hair & nails), musculoskeletal, and nervous systems (with a deliberate focus on the peripheral nervous system). The course content is organized and explored in the context provided by a sequence of common and broadly applicable clinical presentations that include orthopedic, rheumatologic, neurologic and dermatologic issues:

Week	CP	Title
1	1	Skin Lesions: Rash-Non-Blistering
	2	Skin lesions: Rash with Blisters; Hair, Nails, and Ichthyosis
2	3	Skin Lesions: Tumors
3	4	Bone Fractures
4	5	Joint Pain
5	6	Musculoskeletal Lumps and Masses
	7	Deformity and Limp
Thanksgiving Week		
6	8	Pain
	9	Numbness and Tingling
7	10	Weakness and Loss of Motion
Exam Week		

Gross anatomy is featured during this unit by way of prosections, three-dimensional models, radiographs, computer assisted tomography, magnetic resonance imaging, angiograms, ultrasound images, and histological images. The neuroscience of movement and pain, the regulation of skeletal muscle contraction at the cellular and molecular levels, and the scientific principles of peripheral nervous system diseases are some of the themes explored in this unit.

SPM II (PSPM 5012):

This second semester course of Year 1 consists of three units: '**Hematologic System**' (HEM), '**Cardiovascular and Respiratory Systems**' (CVR), and '**Renal System**' (RNL).

Unit 4: Hematologic System (HEM)

This 4-week unit investigates the functions of the hematologic system within the context of the following clinical presentations:

Week	CP	Title
1	1	Coagulation Abnormalities
2	2	Abnormal Hemoglobin
3	3	Abnormal White Blood Cells
4	4	Lymphadenopathy
Exam Week		

Students will learn about the structure and function of the formed elements of blood as well as the components of blood plasma as they apply to health and hematologic diseases.

Unit 5: Cardiovascular and Respiratory Systems (CVR)

This 7-week unit explores the normal parameters of the cardiovascular and respiratory systems and investigates their dysfunction in the following clinical presentations:

Week	CP	Title
1	1	Abnormal Heart Sounds
	2	Cardiac Murmurs
2	3	Chest Discomfort
3	4	Syncope
	5	Palpitations
4	6	Abnormal Blood Pressure: Hypertension and Shock
5	7	Dyspnea
6	8	Cough and Wheezing
7	9	Cyanosis
	10	Hemoptysis
	11	Mediastinal Mass
Exam Week		

The faculty of the Department of Medical Education work together with cardiologists, pulmonologists, acute care physicians and other practicing specialists to present the topics using a variety of educational approaches. Several laboratory experiences are included to emphasize critical physiological concepts underlying the function of the cardiovascular and respiratory systems.

Unit 6: Renal System (RNL)

This 3-week unit focuses on fluids, electrolytes, homeostatic mechanisms and the structure and function of the kidney. The following clinical presentations are covered in this unit:

Week	CP	Title
1	1	Abnormalities of Renal Function
2	2	Disorders of Serum Sodium
3	3	Intrinsic Renal Disease
4	4	Abnormalities of Hydrogen Ion Concentration
Exam Week		

Educational Methods and Learning Experiences

SPM offers a robust learning experience by employing a variety of educational methods which are presented on site or virtually, depending on the current situation, including:

- Lectures (e.g. clinical scheme presentations)
- Large group interactive discussions
- Small group interactive discussions (Open-Learning Forum (Tuesday Afternoon Club) and Faculty Assisted Student Tutoring – FAST)
- Integrative Team-Based Learning (TBL) experiences
- Case-based learning
- Concept mapping
- Independent learning
- Self-directed learning
- 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 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 formats.

Tankside Grand Rounds (TSGR)

There will be 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. 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 health-care professionals.

Students within each anatomy team are required to both individually and collaboratively investigate their donor cadaver's listed cause of death, known comorbidities and/or any other pertinent findings that were discovered during the examination of their donor. 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) 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 options.
- 2) 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) Each student will then independently identify, analyze and synthesize relevant information from credible source to address their learning needs. 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) Each student will develop a brief PPT 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) Students should meet with their team members periodically to share their learning objectives, review progress, and to develop a coherent outline for their TSGR team presentation.

Student teams will be scheduled to present their findings to an audience of peers and faculty during the spring semester of their second year. Students will be supplied with a TSGR grading rubric indicating the standards expected for the presentation, and faculty will judge the presentations using this rubric provided in the Appendix. In addition, assigned faculty will provide an assessment of individual 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](#). 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"> • Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams; Session-level formative quizzes)
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"> • Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Exam – Institutionally Developed, Written/Computer-based (Weekly SPM formative exams; End-of-unit SPM summative exams; Session-level formative quizzes)

		<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Narrative Assessment (Tankside Grand Rounds Rubric; Formative Assessment Engagement Rubric)
PBL-3.4	Locate, appraise and assimilate evidence from scientific studies related to patient's health problems.	<ul style="list-style-type: none"> • Narrative Assessment (Tankside Grand Rounds Rubric)
PBL-3.6	Participate in the education of patients, families, students, trainees, peers, and other health professionals.	<ul style="list-style-type: none"> • Narrative Assessment (Tankside Grand Rounds Rubric)
Interpersonal and Communication Skills		
Educational Program Objectives		Outcome Measures
ICS-4.2	Communicate effectively with colleagues and other health care professionals.	<ul style="list-style-type: none"> • Narrative Assessment (Tankside Grand Rounds Rubric) • Peer Assessment (WCE Peer Assessment Rubric)
ICS-4.3	Communicate with sensitivity, honesty, compassion and empathy.	<ul style="list-style-type: none"> • Narrative Assessment (Tankside Grand Rounds Rubric) • Peer Assessment (WCE Peer Assessment Rubric)
		<ul style="list-style-type: none"> •
Professionalism		
Educational Program Objectives		Outcome Measures
PRO-5.1	Demonstrate sensitivity, compassion and respect for all people.	<ul style="list-style-type: none"> • Peer Assessment (WCE Peer Assessment Rubric) • Narrative Assessment (Professionalism Event Card) • Narrative Assessment (Tankside Grand Rounds Rubric)

		<ul style="list-style-type: none"> •
PRO-5.6	Demonstrate honesty and integrity in all professional and academic interactions.	<ul style="list-style-type: none"> • Narrative Assessment (Professionalism Event Card) • Peer Assessment (WCE Peer Assessment Rubric)
PRO-5.7	Meet professional and academic commitments and obligations.	<ul style="list-style-type: none"> • Narrative Assessment (Professionalism Event Card) • 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

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. Once each formative assessment is completed, students will have the opportunity to review their score along with the answers and explanations for each question. For the formative exams, 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 at 12 AM on Mondays 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 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 first year of the pre-clerkship curriculum.

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, our aim is to incentivize best practices so our learners can obtain timely, actionable feedback that can be incorporated and addressed prior to the summative assessments, ultimately leading to better learning outcomes and a deeper understanding of the material.

"Flashback" formatives will also be given on a weekly basis to promote spaced learning by regularly revisiting previously covered material. These formative assessments, 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.

End-of-unit summative (formal) exams will be given at the end of the SPM Units. These exams will consist of 2 components: 1) Exam comprised of questions from NBME test bank and 2) Institutionally developed exam composed of questions written by faculty, with up to 5% of the exam including cumulative material from previous units. 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 averaged 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 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 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 I and II, in addition to the CEYE, must be passed in order to progress to the second 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](#)' (HSCOP 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 receive a minimum score of 65%, which is determined by averaging scores on 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 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

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 initially will 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 or two units are 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 [‘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 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 a recommendation will be made to the GPC for repeat of the year if the student is eligible. Similarly, if a student fails one unit in the first semester and goes on to fail two units in the second semester, a grade of ‘FA’ will be recorded for both semesters and a recommendation will be made to the GPC for repeat of the year if the student is eligible. Note that the above rules apply even if a student remediates a unit failure during the optional January remediation window.
- c) *If a student fails three SPM units in the second semester* they will receive a grade of ‘FA’ for that semester and a recommendation will be made to the GPC for repeat of the year or semester if the student is eligible. The grade for the first semester will remain as ‘PA’.

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 both components of the exam. 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 with a recommendation for repeat of the year if eligible. See [‘Important Dates’](#) below for a list of remediation exam dates.

Students on probation and repeating a pre-clerkship year will be subject to more stringent rules that apply to both fall semester and end-of-year reviews: For details, refer to section 10 of the [Grading, Promotion, and Academic Standing \(GPAS\)’ policy](#).

3) *Grade Release*

Barring extenuating circumstances, SPM unit grades will be released within 14 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 receiving their summative grade.

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 [Institutional Student Handbook](#), and could lead to academic warning, probation, or dismissal from PLFSOM.

Important Dates

1. NBME Summative Examinations

IHD Summative:	6 September 2024
GIS Summative:	18 October 2024
IMN Summative:	18 December 2024
HEM Summative:	6 February 2025
CVR Summative:	3 April 2025
RNL Summative:	7 May 2025
CEYE:	22-23 May 2025

2. 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 (kendrfar@ttuhsc.edu). Eligible students may select an SPM/SCI/CEYE remediation schedule that best suits their individual needs. Remediation dates and sign-up deadlines are specified below**:

Remediation Date	Signup Deadline
6 January 2025	27 December 2024, 12 PM
5 June 2025	30 May 2025, 12 PM
6 June 2025	30 May 2025, 12 PM
12 June 2025	6 June 2025, 12 PM
13 June 2025	6 June 2025, 12 PM
19 June 2025	13 June 2025, 12 PM
20 June 2025	13 June 2025, 12 PM

Note that students needing to remediate the comprehensive end-of-year exam (CEYE) will also need to factor this into the above Spring remediation schedule. CEYE remediation must take place over two consecutive days.

**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 student's 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 a number of consequences including failure of a course or referral to the GPC for professionalism concerns. The referral to GPC may lead to dismissal, if determined by the GPC.

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)

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 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 sessions) if they have not signed in by 10 minutes after the scheduled start time.
- Students have **10** calendar days after absence is recorded to challenge its status as unexcused. If absence is not challenged, then it will remain unexcused.
- 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. A student who was recorded as tardy or absent will receive an automatically-generated notification email. The attendance record will become permanent **10** 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. Understanding these consequences is crucial, as they may impact students' eligibility for prestigious awards or opportunities. Professionalism cards are a factor in award considerations, and repeated lack of professionalism could lead to GPC recommending dismissal.

Professionalism 'Event Card' reporting system

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

- 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.

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 worked-case example activity and therefore failed to meet their 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 will trigger the filing of an event card. Subsequent unexcused tardies or absences will be met with similar incident reporting. Students are expected to remain present and participate in the entire activity.
 - Failure to engage in active participation.
- 2) Summative examinations.

- Students who are tardy for a summative examination will receive a professionalism event card.
- Lack of preparation (forgetting charging cable, laptop, student ID)
- Failure to follow proctor instructions
- Disruptive behavior
- Leaving an exam without permission from the test proctors

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:

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

3) 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.

Excused absences

If a student is unable to attend or be punctual for a required session, they may be granted an excused absence in accordance with the criteria set forth in the PLFSOM '[Pre-clerkship phase attendance policy](#)'.

Students wishing to obtain an excused absence must submit a request to the [PLFSOM absence management system](#).

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

Narrative Evaluations and Feedback

Examples of evaluation rubrics used for Event Cards, Tankside Grand Rounds and Formatives 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.

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://el Paso-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, 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.

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, please contact the Office of Accessibility Services (OAS), by calling 915-215-4398, 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 OAS as soon as possible. More information can be found on the OAS website:

<https://el Paso.ttuhsc.edu/student services/accessibility/>

Appendix

Faculty Roster: SPM Year 1 Unit Directors

Unit 1 – Introduction to Health and Disease (IHD):

Namrata Singh, MD

Blanca Garcia, MD

Jessica Chacon, PhD

Unit 2 – Gastrointestinal System (GIS):

Curt Pfarr, PhD

Komal Marwaha, MD, PhD

Angelica Padilla, MD

Ghislaine Mayer, PhD

Marc Zuckerman, MD (IM)

Unit 3 – Integumentary, Musculoskeletal and Nervous Systems (IMN):

Jessica Chacon, PhD

Rebecca Campos, MD

Thomas Greiner, PhD

Karim Elsharkawy (Ortho)

Unit 4 – Hematologic System (HEM):

Curt Pfarr, PhD

Jessica Chacon, PhD

Angelica Padilla, MD

Unit 5 – Cardiovascular and Respiratory Systems (CVR):

Nathan Holland, PhD

Komal Marwaha, MD, PhD

Mariela Lane, MD

Biff Palmer, MD

Unit 6 – Renal System (RNL):

Nathan Holland, PhD

Mariela Lane, MD

Biff Palmer, MD

Fernanda Payan-Schober, MD (IM)

Event 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 professional and academic commitment, as well as 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 professional and academic commitment by completing all formatives on time, but there are areas for improvement as indicated by scores below 65%. Let's work together to address these gaps and enhance your understanding. Scoring below 65% indicate a need for better strategies to enhance commitment and address knowledge gaps. Let's work together to ensure improved performance on future assessments.

3. Did not complete formatives:

Not completing formatives is concerning as it indicates a lack of academic and professional commitment and utilizing the opportunity 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.