MSPE Appendix: Medical School Information

Official Name/Location of the Medical School

The Joe R. and Teresa Lozano Long School of Medicine, formerly known as The University of Texas School of Medicine (SOM) at San Antonio, is located in the South Texas Medical Center in San Antonio, Texas.

Medical Education Program

The CIRCLE (Curricular Integration: Researchers, Clinicians, Leaders, Educators) curriculum was a sweeping curricular reform implemented in July 2012 and represents the integrated four-year medical education program that:

- completely links course/clerkship objectives and student academic performance to measurable “Objectives and Competencies of the Medical Education Program” that are based on broad domains of medical knowledge, clinical skills, and professionalism;
- integrates the preclinical curriculum in an organ-system fashion;
- emphasizes acquisition of formal knowledge and clinical skills in a systematic and incremental manner that emphasizes thematic relationships over rote memorization;
- enhances critical thinking and self-directed learning skills;
- introduces clinical experiences very early in the medical education program; and
- mandates central oversight of the entire medical education program.

The minimum credit hours are 174.65 hours, which most students complete within a four-year period.

Preclinical Curriculum

The preclinical curriculum is taught in ten sequential learning modules and three longitudinal modules, beginning in July of the first academic year and ending in February of the second academic year.

Preclinical Learning Activities

Preclinical learning modules consist of weekly thematic content taught in a case-based format through diverse educational activities. Weekly learning activities consist of: traditional lectures; interactive lectures; interactive labs (clinical skills, clinical pathology, histopathology, anatomy dissection, and virtual anatomy labs); team-based learning sessions; synthesis sessions.

**Traditional Lectures (10%)**: A minimal number of traditional lectures deliver important background for key topics presented in the modules, and they provide foundational and conceptual knowledge that complements other educational activities within the modules.

**Interactive Lectures (35%)**: Interactive lectures are designed to engage students in thoughtful discourse through integration of case-based learning and a real-time question/audience response technology platform.

**Interactive Labs (20%)**: Interactive labs include clinical skills, clinical pathology, histopathology, anatomy dissection, and virtual anatomy lab sessions in a small-group format with faculty facilitation.
**Team-Based Learning (TBL) Sessions (20%)**: TBL sessions utilize the three-step cycle of pre-class preparation, in-class readiness assurance testing, and application exercises to reinforce high-yield topics and concepts.

**Synthesis Small-Group Sessions (15%)**: The Synthesis Case Curriculum provides clinical application of weekly module content, enhances vertical and horizontal integration of curricular material, fosters early development of clinical reasoning and clinical problem-solving skills, and serves as a platform to assess altruism competencies and communication skills.

**Longitudinal Preclinical Modules**

The three longitudinal modules include Language of Medicine, which is mostly taught in the first semester, in addition to Clinical Skills and Medicine, Behavior, and Society which occur in parallel with the sequential learning modules over a 20-month period.

**Language of Medicine (LOM)**

The LOM module serves as the common denominator of knowledge necessary for students to discuss systemic anatomy in the integrated modules that follow. Basic anatomical structure, conceptual anatomical principles, and development of the human body are learned with a strong emphasis on supervised laboratory cadaver dissection, reinforced by integrated clinical relevance and applied radiographic imaging. Regions of the body addressed in LOM include: head and neck, thorax, abdomen, pelvis, and perineum. Extremities are integrated into the Form and Function: Skin, Muscles, and Bones module at the end of the second academic year. Professionalism, ethical considerations of dissection, and the importance of communication and teamwork are additionally emphasized in this module. LOM is taught through foundational lectures, small-group instruction, peer teaching, prosection, dissection, clinical application demonstrations by specialists, and digital anatomic software. Assessment methods include multiple choice examination, laboratory practical examination, dissection, teaching observation, and online tutorials. The topics addressed in the LOM module are coordinated with the physical examination skills that students learn in the Clinical Skills module.

**Medicine, Behavior, and Society (MBS)**

The MBS module is a six-week course taught in one-week blocks throughout the preclinical curriculum. Major course themes include: professionalism; religion and spirituality; physical and mental health; resiliency and self-care; cultural competence; motor, language, cognitive, social, and emotional development; moral development; development across the life span; aging and death; human sexuality; healthcare systems, access, and disparities; and research ethics.

**Clinical Skills (CS)**

In the CS module, students begin to see patients early in the first semester of medical school, and students learn to perform a complete history and physical examination by the end of the first semester of medical school. Beginning in the second semester of medical school with the organ-system modules, history-taking and advanced physical examination skills are vertically integrated with classic pathophysiology learned during weekly sessions, and students practice generating differential diagnoses for etiologies of common clinical presentations. Students also meet one-on-one with their longitudinal preceptors on a regular basis throughout the preclinical curriculum, allowing them to progress from shadowing to interviewing and examining patients under the direct supervision of their preceptors. The CS module threads coursework throughout the entire preclinical curriculum. Using standardized and real patients, students learn medical history-taking and physical examination techniques. In addition, through didactic sessions, simulations, small-group sessions, and labs, students master medical and clinical knowledge, professional skills, and communication and interpersonal skills necessary for fostering positive physician-patient relationships.
Sequential Preclinical Modules
The first semester begins with two foundational modules followed by eight sequential organ-system modules throughout the preclinical curriculum. The organ-system modules integrate anatomy, physiology, pathophysiology, pathology, histology, and clinical skills instruction for a comprehensive, cohesive curriculum.

Preclinical Curriculum Grading System
The SOM uses a letter grading system for all preclinical modules. Grade composition across all preclinical modules adheres to common guidelines and principles. Letter grades in all preclinical modules are designed to ensure competency in key domains of medical knowledge/clinical skills, teamwork, and accountability. A final letter grade in a module is based on student performance in each of these key domains independent of one another. In order to pass a module, students must pass every component. In order to receive an A grade in a module, students must demonstrate excellence/perform A level work in every component. Students receive B or C grades when they pass all components but do not meet A level benchmarks in any one component. Such students are assigned B or C grades based on total points generated in a module.

Clinical Curriculum
The clinical curriculum begins in March of the second academic year and ends at graduation. The clinical curriculum allows flexibility in schedules for students to customize educational plans that suit their long-term career goals. A longitudinal “Team Care” educational experience threads curricular themes that are common across all clerkships. The monthly “Team Care” curriculum include topics such as: partner violence and child abuse, quality improvement and patient safety, professional identity formation, management of obesity, social determinants of health, management of difficult patients, physician wellness, patient-centered and cost-effective care, and the socioeconomics of medicine. The entire clinical curriculum includes 48 weeks of clerkships, eight weeks of “selectives” (four weeks of inpatient sub-internship and four weeks of ambulatory care which focuses on systems of practice), 20 weeks of “electives”, and four weeks of didactics which prepare students for their internships.

Clinical Curriculum Grading System
Beginning with the 2019 Class, a student who fails to achieve the designated passing score on one clerkship NBME Subject Test will receive a grade of “incomplete” for the clerkship. Such a student has one opportunity to retake the NBME Subject Test. Following achievement of a passing score on the repeated NBME Subject Test, a student will receive a final C grade for the clerkship. If a student fails to achieve a passing score on the repeated NBME Subject Test, he/she will receive an F grade for that clerkship and will remediate in accordance with applicable Curriculum Committee (CC) and Student Progression and Promotions Committee (SPPC) policies. A student may only receive one “incomplete” grade due to failure to achieve a designated passing score on an NBME Subject Test. A student who fails to achieve a designated passing score on a subsequent NBME Subject Test will receive an F grade for the clerkship and will remediate in accordance with applicable CC and SPPC policies.

The SOM uses a letter grading system for all clerkships except for the Emergency Medicine Clerkship. The SOM uses a pass/fail grading system for all other courses in the clinical curriculum. The Emergency Medicine Clerkship was a new clerkship for academic year 2014-2015 and relied on the NBME Advanced Clinical Emergency Medicine Subject Test as its end-of-clerkship examination. For this reason, the SOM CC approved a pass/fail grading system for the Emergency Medicine Clerkship until further analysis determines the impact of scores from this advanced examination on the final grade. In all clerkships, the same assessment tool is used at the end of
rotations to convey student performance in the broad domains of medical knowledge, clinical skills, and professionalism. The domains on this assessment tool contribute to the final grade in fairly similar proportions across all clerkships. In order to receive an A grade in a clerkship, students must achieve a final grade score of ≥ 90/100 points, AND ≥ 50th percentile compared to national scores on the NBME Subject Test, AND a final average of ≥ 3.0 (80%) on the standardized evaluations, AND passing standards in the altruism/professionalism domain on the standardized evaluations. Students can fail a clerkship based on poor academic/clinical performance, on poor NBME Subject Test performance (below 5th percentile compared to national scores), or on lapses in professionalism.

**Grade Point Average (GPA) Calculations**

A GPA is calculated at two points in the medical education program—one at the completion of the preclinical modules and the other at the completion of the clerkships. Per medical school policy, final GPAs are based on equally weighted preclinical and clinical GPAs, because students likely spend equal amounts of time in educational activities during 48 weeks of clerkships as they do in 70 weeks of preclinical coursework.

**Examination Requirements**

**Objective Structured Clinical Examination (OSCE) Requirements**

Students participate in two mandatory, summative OSCEs during the CS longitudinal module; however, students do not have to pass these OSCEs to pass the module. Students participate in mandatory but formative OSCEs in the Surgery and Medicine Clerkships. Regardless of the clerkship, students also participate in three sequential mandatory but formative OSCEs, which test core doctoring skills in patient care, communication, and professionalism, and provide more structure assessments of readiness for USMLE Step 2 CS and better opportunities for remediation.

**United States Medical Licensing Examination (USMLE) Requirements**

Students must pass the USMLE Step 1, the USMLE Step 2 CK, and the USMLE Step 2 CS in order to graduate from this medical school. The preclinical curriculum ends with the expectation that students achieve a targeted passing score on the NBME Comprehensive Basic Science Examination before they progress to the clinical curriculum. Students who have three failures of the USMLE Step 1, the USMLE Step 2 CK, or the USMLE Step 2 CS meet criteria for dismissal from this medical school.

**Other Items**

**Academic Transcripts**

The medical school and the Registrar’s Office are in compliance with the AAMC’s “Guidelines for Medical Schools Regarding Academic Transcripts.”

**Medical Student Performance Evaluation (MSPE) Composition**

One dean in the Office of Undergraduate Medical Education meets individually with each fourth-year medical student to make certain his/her academic performance matches the specialty career path. This dean and one program coordinator prepare the MSPEs for the entire class, so there is consistency in the preparation and presentation of the MSPEs. In general, the narrative comments from the clerkships are edited for grammar, but not for content. Students are permitted to review their MSPEs prior to submission to ERAS on October 1 and may request revisions for content accuracy and grammar.
## Curriculum Overview

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**Clinical Skills**

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**Clinical Skills**

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**Team Care Longitudinal Curriculum**

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**Longitudinal Elective***

*Students must complete a total of five four-week elective blocks (clinical or research) during the clinical curriculum, in addition to four weeks of mandatory fourth-year didactics.

**Clinical clerkships may be taken in any order beginning in March of the second academic year and must be completed by the end of the third academic year.

***Clinical selectives (four weeks of inpatient sub-internship, and four weeks of ambulatory care) may be completed at any time during the fourth academic year.