

Texas Tech Health

Faculty Development EL PASO



Faculty Development Insider

Empowering Excellence in Academic Medicine

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Zuber D. Mulla, Ph.D.
Executive Director

Executive Director's Message

Dear Colleagues,
As two of our professional development programs draw to a close (the annual Institutional Faculty Development Program XXIV and the Leadership Development Academy IV), I wanted to take this opportunity to thank our program participants, speakers, peer evaluators, and the Office of Faculty Development Team. Together, we can continue to nurture our faculty's professional growth.

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INSTITUTIONAL FACULTY DEVELOPMENT PROGRAM (IFDP) XXIV

LEADERSHIP DEVELOPMENT ACADEMY IV

The Institutional Faculty Development Program XXIV, which concluded on June 30, 2026, and the Leadership Development Academy IV, completed on July 10, were both successful, with strong participation and positive outcomes across disciplines. Faculty enhanced their teaching, mentorship and leadership skills through meaningful interdisciplinary collaboration. We thank all participants and facilitators for their contributions to these impactful programs.

Congratulations to Dr. Sue Chhay and Dr. Mehri Fayazi! Dr. Chhay went above and beyond the requirements of the Institutional Faculty Development Program XXIV, while Dr. Fayazi exceeded the requirements of the Leadership Development Academy. Their dedication to professional growth and learning is truly commendable. We celebrate their outstanding achievements and commitment to excellence.

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FACULTY DEVELOPMENT OPPORTUNITIES



FACULTY TIPS CORNER

Scholarship Using Large Health Datasets – Part I: Texas Data

By Zuber D. Mulla, Ph.D.

Editorial note: This is the first article of a two-part series.

Faculty trained in epidemiology and biostatistics, or those collaborating with experts in these fields, may be interested in analyzing large health datasets and publishing their results in peer-reviewed journals. Several publicly available large health datasets from the State of Texas are listed below.

Texas Inpatient Public Use Data File (IP PUDF):

Link: [Access the Texas IP PUDF website, which contains data on discharges from Texas hospitals.](#)

This dataset contains patient information from hospital discharges in Texas. The IP PUDF is free to individuals working at Texas state universities.

The dataset must be imported into a software package such as SPSS, SAS or Excel. To protect patient identities, the Texas Department of State Health Services suppresses certain data fields in the PUDF. [For more information, please refer to the 2025 PUDF User Manual, available via this hyperlink.](#) The User Manual also serves as a data dictionary and contains the variables found in the IP PUDF.

I recommend that users of the IP PUDF who are not familiar with coding conditions/diagnoses and procedures for hospital inpatients collaborate with individuals experienced in this area. In particular, some knowledge of the *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM) will be needed to identify patients with various diagnoses or conditions if you will be analyzing PUDF records of patients that were discharged in the fourth quarter of 2015 and beyond.

If the user is interested in procedures performed on the patient during their hospital stay, familiarity with the *International Classification of Diseases, Tenth Revision, Procedure Coding System* (ICD-10-PCS) is essential if you will be analyzing data from the fourth quarter of 2015 to the present. The earlier versions (pre-fourth quarter 2015) of the PUDF I analyzed require knowledge of ICD-9-CM diagnosis and procedure codes.

After identifying a meaningful research question that can be answered using the IP PUDF, draft your study protocol. If you have collaborators, please ensure they also review the protocol and make any necessary edits. Then submit your protocol to our university's Institutional Review Board (IRB) via iRIS.

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Quick Tip.

Use the Right Expertise

- Successful analyses of the Texas Inpatient PUDF typically require training in epidemiology and biostatistics, along with collaboration from experts familiar with inpatient diagnosis and procedure coding.

Quick Tip

Learn the Dataset and Coding System

- Researchers should review the PUDF User Manual and understand ICD-10-CM (diagnoses) with ICD-10-PCS (procedures) when analyzing discharges from Q4 2015 onward.

Quick Tip

Plan for Dataset Limitations

- The IP PUDF suppresses certain variables for privacy and does not include a unique patient identifier, which can affect statistical independence.

FACULTY TIPS CORNER

Scholarship Using Large Health Datasets – Part I: Texas Data

(Continued)

Perform the proposed analyses once you have received either an approval letter from our IRB or our IRB has issued you a letter stating that your protocol does not meet the definition of human subject research. Some journals will require you to upload a decision letter from our IRB when you submit your paper that summarizes the results of your IP PUDF study. Therefore, I recommend that you submit your protocol to our IRB, even if you think the scholarship you proposed does not qualify as human subjects' research.

Summarize the results of your study in a manuscript and submit it to a peer-reviewed journal. In the discussion section of your manuscript, mention the limitations of epidemiological studies that use statewide hospital datasets that are coded using ICD-10-CM and ICD-10-PCS. For example, what is the accuracy of the codes for the conditions and procedures that you studied? In other words, what is the sensitivity, specificity, false negative rate, false positive rate, etc., of the diagnosis and procedure codes that you used to identify and classify the patients in your analysis? You will have to search the literature for possible answers to this question. For example, please see the following article by Yasmeen and colleagues: **Accuracy of obstetric diagnoses and procedures in hospital discharge data**, Yasmeen S et al. *American Journal of Obstetrics and Gynecology* 2006 Apr; 194(4):992-1001.

Another limitation of the IP PUDF, which you should mention in your discussion section, is that it lacks a unique patient identifier. It does not have a record identification number (that variable is called RECORD_ID), but the data analyst cannot tell if the same person appears more than once in this dataset. To clarify, assume that you are analyzing the 2023 PUDF. Assume patient John Doe was discharged three times in calendar year 2023 from one or more reporting hospitals in Texas. Each of Mr. Doe's records will have a different value for the variable called RECORD_ID, so it is impossible to know that Mr. Doe appears three times in this dataset. What is the problem? The statistical issue is clustering/nesting. If you have multiple records for patients, ideally, you would account for violations of statistical independence using appropriate methods, such as generalized estimating equations in regression models.

FACULTY DEVELOPMENT OPPORTUNITIES



FACULTY TIPS CORNER

Scholarship Using Large Health Datasets – Part I: Texas Data

(Continued)

What research questions can you answer using this dataset? Here are citations of some of the peer-reviewed publications that my colleagues and I co-authored in which we report the results of studies that used the Texas IP PUDF:

Multiple sclerosis and breast cancer. O'Malley PW, Mulla ZD, Nesic O.
Journal of the Neurological Sciences 2015;356(1-2):137-41. PMID: 26130448.

An imbalance-aware deep neural network for early prediction of preeclampsia.
Bennett R, Mulla ZD, Parikh P, Hauspurg A, Razzaghi T.
PLoS One 2022 Apr 6;17(4):e0266042. PMID: 35385525.

The cost of hospitalized ocular injuries in Texas, 2013-2014. Nelson PC, Mulla ZD.
Ophthalmic Epidemiology 2020;27(5):409-416. PMID: 32431222.

Outcomes of women delivering at very advanced maternal age.
Arya S, Mulla ZD, Plavsic SK. *Journal of Women's Health (Larchmt)* 2018;27(11):1378-1384. PMID: 30016194.

Anaphylaxis in the obstetric patient: analysis of a statewide hospital discharge database.
Mulla ZD, Ebrahim MS, Gonzalez JL. *Annals of Allergy, Asthma, & Immunology* 2010;104(1):55-9. PMID: 20143646.

Predictors of oophorectomy in girls hospitalized in Texas with ovarian torsion.
Pathak IS, Jurak J, Mulla ZD, Kupesic Plavsic S. *Hospital Pediatrics* 2018;8(5):274-279. PMID: 29636365

Acute myocardial infarction in pregnancy: a statewide analysis. Mulla ZD, Wilson B, Abedin Z, Hernandez LL, Kupesic Plavsic S. Acute myocardial infarction in pregnancy: a statewide analysis. *Journal of Registry Management* 2015 Spring;42(1):12-7. PMID: 25961787.

Texas Inpatient Research Data File (IP RDF):

The Inpatient Research Data File (IP RDF) contains information on hospital discharges in Texas.

[Please visit the Texas IP RDF website, which contains discharge data from Texas hospitals.](#)

The IP RDF allows the researcher to perform analyses more in-depth than those permitted by the IP PUDF. For example, the IP RDF contains a unique patient identifier called PAT_UNIQUE_INDEX. This is a useful variable. For example, assume you are analyzing one year's worth of IP RDF data. You have identified women who delivered an infant(s) in a Texas hospital. It is possible that a particular woman may have delivered more than once in a calendar year. You only want to include one record per patient in your study. For women who delivered more than once during the year of interest, you desire to retain only the first delivery. You can use the PAT_UNIQUE_INDEX, along with the ADMIT_START_OF_CARE

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Scholarship Using Large Health Datasets – Part I: Texas Data

(Continued)

variable (the date the patient was admitted), to restrict your sample to the record reflecting the first delivery. Additionally, the Texas Department of State Health Services does not suppress data in the IP RDF (data suppression is present in the IP PUDF).

[To download the most recent IP RDF User Manual, please follow this hyperlink.](#)

After you secure IRB approval from TTUHSC El Paso, you will need to submit an application to the Texas Department of State Health Services IRB. This IRB process is described on the IP RDF website linked above.

You will be charged a fee to lease the IP RDF. For example, assume you want to analyze 1 year of data. You will pay \$120 per variable per year. So if you want to lease the unique patient identifier, the patient's age in years, the gender variable, the race variable, the Hispanic ethnicity variable, length of stay, patient status (which can inform you if the patient died in the hospital), the principal diagnoses code, other diagnosis codes 1 through 24, the principle surgery code, and other surgery codes 1 through 24, then you will be charged for leasing 57 variables once you secure approval from the Texas Department of State Health Services IRB: $57 \times \$120 = \6840 .

Given the cost of leasing the IP RDF, you should apply for a seed grant (intramural or extramural) to fund your epidemiologic study. In 2013, I submitted a grant application to the TTUHSC Laura W. Bush Institute for Women's Health Centralized Seed Grant program in Amarillo, Texas. After peer review, my grant application was selected for \$10,000 in funding. A large portion of this grant was used to lease the 2011 IP RDF. My colleagues and I used this Texas hospital dataset to compare several outcomes in women who underwent robotic-assisted laparoscopic hysterectomy with outcomes in women who underwent laparoscopic hysterectomy. Our results were summarized in the following abstract: **Hospital outcomes of robotic versus laparoscopic hysterectomy: a Texas statewide analysis**, Lopez S, Saldivar JS, Hernandez LL, Mulla ZD, *Journal of Minimally Invasive Gynecology* 2015; Nov-Dec;22(6S): S71-S72. [Our abstract \(# 179\) is available via this link.](#)

My colleagues also used the IP PUDF and IP RDF to study the association between fetal sex pairing and selected perinatal outcomes. The results of our study were published in a peer-reviewed journal: Mulla ZD, *et al.* **Fetal sex pairing and adverse perinatal outcomes in twin gestations.** *Annals of Epidemiology* 2013 Jan;23(1):7-12.

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Scholarship Using Large Health Datasets – Part I: Texas Data

(Continued)

Final Tips

- Regardless of what dataset you are interested in analyzing, whether from the Texas Department of State Health Services or another agency, if you are required first to complete a data user agreement (DUA) before you will be granted access to that dataset, please contact our university's Contracting Department ELPContractDept@ttep.edu for guidance. Do not sign the DUA. Some years ago, TTUHSC El Paso faculty were allowed to sign DUAs.
- For more information about the IRB, visit the [Research Committee webpage](#) and then click on Institutional Review Board (on the left side of the page).
- Whether you are publishing on the IP PUDF or the IP RDF, you will need to cite the source of your data in your manuscript (please see the respective user manuals referenced above for details).

The second article in this series, titled "Scholarship Using Large Health Datasets," will focus on selected publicly available national health datasets. If you have any questions or comments, please contact me at zuber.mulla@ttep.edu. Phone: 915.215.5075.

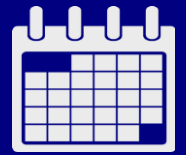


Step-by-Step Workflow for Using Texas IP PUDF/IP RDF

1. Identify Expertise and Collaborators
2. Select the Dataset
3. Access and Download Data
4. Import Data into Software
5. Understand Coding Systems
6. Define a Research Question
7. Draft Study Protocol
8. Submit to IRB (via iRIS)
9. Prepare the Dataset for Analysis
10. Conduct Statistical Analysis
11. Address Data Limitation
12. Write the Manuscript
13. Submit to a Peer-Reviewed Journal



FACULTY SPOTLIGHT



KUDOS TO OUR FACULTY



Sushma Reddy Yerram, M.D.

Assistant Professor
Department of Neurology

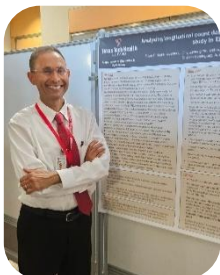
Congratulations to Dr. Sushma Reddy Yerram and the Department of Neurology for their collaboration with the University Medical Center of El Paso in achieving Level 4 Epilepsy Center certification from the National Association of Epilepsy Centers. Dr. Yerram successfully completed the IFDP XXII Program.



Rebecca Campos, M.D.

Assistant Professor
Department of Medical Education

Congratulations to Dr. Rebecca Campos on receiving the Texas Tech University System Chancellor's Council Distinguished Teaching Award on April 14, 2026. Made possible through the generosity of the Texas Tech University System supporters, this prestigious award recognizes exemplary scholarship. Dr. Campos successfully completed the Institutional Faculty Development XXII Program (IFDP).



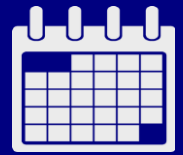
Zuber D. Mulla, Ph.D.

Executive Director for Faculty Development
Tenured Professor of Obstetrics and Gynecology

The 2026 Institutional Research Symposium took place April 28-30 at the Medical Education Building, bringing together faculty to share and celebrate research across disciplines. We're excited to highlight that Dr. Mulla's abstract, "*Analyzing Longitudinal Count Data: Statistical Pearls from a Physical Activity Study in El Paso County, Texas*," was accepted for presentation.



FACULTY SPOTLIGHT



KUDOS TO OUR FACULTY



Christina Blanco, D.N.P., R.N., WHNP-BC, FAANP

Associate Professor
Hunt School of Nursing

The Office of Faculty Development proudly recognizes Dr. Christina Blanco for two recent professional accomplishments. Dr. Blanco served as the lead author of Chapter 15, "Outcome Assessment in Women's Health," in *Outcome Assessment in Advanced Practice Nursing, 6th Edition*, published in May 2026.

In addition, Dr. Blanco was awarded a prestigious Texas Nurse Practitioner Foundation (TNPf) Scholarship to attend the 2026 Healing Politics Campaign School. The program took place July 30 – Aug. 2, 2026, at Duke University's Sanford School of Public Policy in Durham, North Carolina. Dr. Blanco successfully completed both the Institutional Faculty Development XV Program (IFDP) and the Leadership Development Academy II (LDA).



Patricia Gonce Morton, Ph.D., R.N.

Professor
Hunt School of Nursing

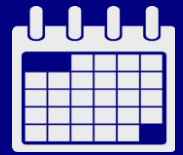
Congratulations to Dr. Patricia Gonce Morton, Professor, Hunt School of Nursing, for co-authoring a publication in the *Journal of Professional Nursing* (Building the future: The dean's strategic role in university advancement and philanthropy. J Prof Nurs 2026; 66: 189-194). Dr. Morton delivered an excellent presentation to the faculty during the IFDP XXIII, entitled "Publishing in Professional Journals: Strategies for Success."



Congratulations to our faculty for their remarkable achievements and professional recognition.



FACULTY SPOTLIGHT



From Leadership Development Academy to Sustainable Program Improvement

By: Alma Liliana Monroy Tijerina, M.D.

Participating in the Leadership Development Academy (LDA) III was a meaningful opportunity to transform a program need into an actionable and sustainable initiative. At the time, I was serving as an Associate Program Director in Psychiatry, and our residency program was working through several challenges reflected in our Accreditation Council for Graduate Medical Education (ACGME) resident survey results. As the accrediting body for residency and fellowship programs, ACGME provides survey data that offers important insight into the learning environment, resident experience, and areas for improvement.

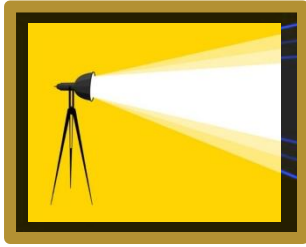
In 2024, through the LDA, I developed my Knowledge Application Project, **Mindful Exchange: Enhancing Resident Well-being and Training Success**. The project was created in response to program challenges that required more than isolated fixes. We needed protected time for residents to speak openly, for leadership to listen, and for concerns to become action. The goal was to improve residents' experience by strengthening communication, addressing program-specific learning needs, involving residents in improvement efforts, and building a more supportive culture.

The Mindful Exchange Program was designed as a recurring protected space that brings together key components of the training program: resident-led discussion, structured dialogue with program leadership, program updates, targeted education, simulation-based training, and team-building. Each session follows a defined agenda and allows residents to raise concerns, receive timely information, participate in interactive learning, and strengthen connections within the program. Resident feedback, ACGME survey results, educational performance data, and program-specific needs help guide each session and identify areas for meaningful improvement.

Since completing the LDA, I have continued to implement and expand the project. We were able to secure monthly protected time, allowing residents to participate without competing clinical responsibilities. This consistency has been essential because it reinforces that resident feedback, educational development, communication with leadership, professional growth, and the overall learning environment are all central to the success of the program.

I have always valued opportunities for formal leadership development, and I try to approach each one with openness, curiosity, and a commitment to apply what I learn in a meaningful way. The Leadership Development Academy was especially meaningful in my development as a faculty member because it connected leadership principles to a practical project directly relevant to my program, our trainees, and our educational mission.

The LDA helped me approach this project with greater structure and intentionality. It encouraged me to define the problem clearly, identify stakeholders, anticipate barriers, establish measurable goals, and think about long-term sustainability. Although the project was created in response to real challenges within the program, the LDA provided the framework to turn those challenges into an organized plan for action and improvement.



FACULTY SPOTLIGHT



Mindful Exchange: From Leadership Development Academy to Sustainable Program Improvement

(Continued)

The impact has been encouraging. The program has seen improved engagement, communication, and follow-through. This initiative led to meaningful program improvements, including positive resident feedback and progress in the same ACGME-related areas that had helped identify the original need for the project, ultimately contributing to the resolution of 11 ACGME citations. For me, this experience reinforced the value of the LDA: a Knowledge Application Project can become more than an assignment. With the right structure, support, and consistency, it can become a lasting part of the work we do.



Alma Liliana Monroy Tijerina, M.D.

Assistant Professor, Department of Psychiatry, Foster School of Medicine
Program Director – Transmountain Psychiatry Residency Program

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AAMC hosts webinars on a variety of topics for members, students, and residents. These sessions cover everything from current issues to community connections and tips for using AAMC tools. Most webinars are free (just register), and you can [check out upcoming events or watch past recordings anytime by following this link](#).

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visit the [Office of Faculty Development website](#)



Do you have a professional development tip that you would like to share with your colleagues? If so, send it to us, and we will feature it in the Office of Faculty Development newsletter. Email your tip(s) to:

[The Office of Faculty Development](#)
with the subject line *Faculty Tips*.