

SECTION III. MEDICAL STUDENTS
PART A: KEY QUANTITATIVE INDICATORS

Please provide the following information.

a. Mean MCAT scores for new (not repeating) first-year students

	2009-10	2010-11
Verbal Reasoning	9.12	9.33
Physical Sciences	9.35	9.60
Biological Sciences	9.95	10.02
Writing Sample (Mode)	M	M

b. Mean premedical science, non-science, and total GPA for new (not repeating) first-year students

	2009-10	2010-11
Science	3.70	3.60
Non-Science	3.75	3.71
Total	3.72	3.64

c. The number of admissions applications considered by the admissions committee, applicants interviewed, acceptances issued, and students newly matriculated for their first year of study

	2009-10	2010-11
Applications	2503	2529
Interviews	389	378
Acceptances	197	354
Matriculants	40	60

d. The number of enrolled students in the first-year class and in the total student body

	2009-10	2010-11
First Year	39	60
Total	39	99

e. Percentage of first-year students who withdrew or were dismissed from the medical school

	2009-10
First-year class	2.5

f. Total tuition and fees for entering in-state and out-of-state students

	2009-10	2010-11
In-state	14,895	14,470
Out-of-state	27,995	27,570

MS-1. Students preparing to study medicine should acquire a broad education, including the humanities and social sciences.

Ordinarily, four years of undergraduate education are necessary to prepare for entrance into medical school; however, special programs (e.g., combined baccalaureate-M.D. programs) may allow this to be reduced. General education that includes the social sciences, history, arts, and languages is increasingly important for the development of physician competencies outside of the scientific knowledge domain.

MS-2. Premedical course requirements should be restricted to those deemed essential preparation for completing the medical school curriculum

a. List all college courses or subjects, including associated laboratories, required for admission.

Successful applicants for admission to the Paul L. Foster School of Medicine at Texas Tech University Health Sciences Center at El Paso (PLFSOM) must have completed an undergraduate curriculum and must have been awarded a baccalaureate degree or its equivalent before matriculation. Ninety semester hours, including all prerequisite courses, must have been completed at a U.S. or Canadian accredited college or university.

Biology	12 semester hours
Biology laboratories	2 semester hours
General chemistry with laboratories	8 semester hours
Organic chemistry with laboratories	8 semester hours
Physics with laboratories	8 semester hours
Calculus or statistics	3 semester hours
English	6 semester hours

Grades C or better are required for all prerequisites courses or AP credit.

b. Identify any courses that are recommended but not required for admission to medical school.

Although PLFSOM has no prescribed course of study beyond the required courses identified above, the Admissions Committee will consider the breadth of the candidate's educational experience in their determination of admission. Additional recommended courses include the following:

- Humanities, Social Sciences, or Behavioral Sciences: 12 semester hours
- Coursework in Biochemistry, Biostatistics, and Cellular/Molecular Biology is also encouraged.
- Competence in spoken and written English will be necessary. A facility in conversational Spanish will be an advantage for students intending to remain in the Southwest.

MS-3. The faculty of each school must develop criteria and procedures for the selection of students that are readily available to potential applicants and to their collegiate advisors.

a. Briefly describe the process of medical student selection, beginning with receipt of the initial application forms and proceeding through preliminary screening for receipt of supplementary application materials, selection for an interview, interview process, acceptance, the formal offer of admission, and matriculation. For each step, describe how and by whom decisions are made.

Applications for admission are processed through the Texas Medical and Dental Schools Application Service (TMDSAS). Application forms and procedural information are available on the TMDSAS website at <http://www.utsystem.edu/tmdsas>. TMDSAS notifies applicants when their applications have been sent to the school.

Applications are reviewed for completeness. In addition, applications are reviewed for adherence to the admissions requirements established by the school. Those candidates whose files are complete and who are considered to be competitive for admission by the Office of Admissions, based on the admissions criteria established by the school, are invited to interview. Candidates who are selected for interview are invited for a full day of orientation to the school and interviews by members of the faculty. All doctoral level faculty members from the PLFSOM are potential interviewers, as are all voting members of the admissions committee.

These interview sessions are conducted weekly from early August to the middle of January. All successful candidates must participate in the interview process.

Following each interview session, the Admissions Committee reviews the credentials and interview evaluations for each of the candidates and makes decisions for or against admission. The decisions of the Admissions Committee are final. Based upon these decisions, a list of acceptable candidates is prepared, ranking those judged to be best qualified for the study and practice of medicine. The ranking is based on tiers of exceptional and acceptable candidates determined by a majority vote and the weighted score of each candidate within each tier derived from the results of the interview and cognitive measures. Following TMDSAS guidelines, the associate dean for admissions makes offers to exceptional candidates between November 15 and December 31. All other acceptable candidates are offered positions through the TMDSAS matching process. All candidates, whether holding an offer or not, must submit preferences to the TMDSAS match by January 10. Match results are announced on February 1. A rolling admissions process is then used to fill remaining positions up to the first day of classes.

Students who are accepted for admission receive a packet of information from the Office of Student Affairs during the spring before their matriculation. This packet contains information about the community of El Paso and the school, including lists of books and materials required, class schedules, housing opportunities, and contact information. Additionally, the packet includes information and forms regarding various requirements that the students need to complete before matriculation, such as acknowledgement of the standards for curricular completion, immunization forms, documentation of health insurance, and a criminal background check. The Office of Student Affairs assures completion of all required documentation.

The TTUHSC Registrar is the custodian of criminal background checks. Copies of reports for all matriculating students are provided to the associate dean for student affairs. All reports indicating a criminal record are forwarded to the associate dean for student affairs for review by a committee

consisting of him/herself, the associate dean for admissions, and the director of student affairs. This review will determine if the violations preclude the student from training in the clinical affiliates based on exclusion lists provided by these institutions.

b. Cite the criteria for selection and indicate how they are published and disseminated to potential and actual applicants, their advisors, and others.

Criteria for selection include scores from the MCAT; academic performance as reflected by the science GPA and overall GPA; rigor of the undergraduate curriculum, including course selection, extracurricular activities (medical and non-medical), and employment and the impact on performance and maturation; recommendations from premedical advisors or faculty; socioeconomic and disadvantaged background; personal statement and its reflection of communication skills, personal qualities, leadership, maturity, determination, and motivation for a career in medicine; and regional origin.

Added criteria for selection are included in the interview, which is designed to evaluate interest and knowledge of the health care field and motivation for a medical career, personal characteristics, and problem-solving skills. The interview can also address questions by the candidate that may have arisen during the application process.

The criteria for selection are published in the PLFSOM catalog which is disseminated through the school's admissions website: <http://www.ttuhschool.edu/fostersom/admissions/>. Brochures and other handouts are also utilized to disseminate this material in health career fairs at various Texas universities, presentations to pre-med student organizations and at meetings of the Texas Association of Advisors to the Health Professions.

MS-4. The final responsibility for selecting students to be admitted for medical study must reside with a duly constituted faculty committee.

Persons or groups external to the medical school may assist in the evaluation of applicants but should not have decision-making authority.

MS-7. The selection of individual students must not be influenced by any political or financial factors.

a. Provide a table or list of the current members of the admission committee, including each member's title and year of appointment to the committee. Identify the current committee chair (name and title). How is the chair selected and does the chair have a defined term?

Members	Title	Year Appointed
Richard Brower, M.D.	Associate Professor of Medical Education-Neurology	2010
James Brown, M.D.	Assistant Professor, Emergency Medicine	2010
Humera Chaudhary, M.D.	Assistant Professor, Radiology	2010
Martine Coue, Ph.D.	Associate Professor, Medical Education-Cell, Molecular Genetics	2009
Harry Davis, M.D.	Associate Professor, Internal Medicine	2009
Blanca Garcia, M.D.	Assistant Professor, Pediatrics	2008
Charmaine Martin, M.D.	Assistant Professor, Family Medicine	2010
John Haynes, M.D. (Chair)	Associate Professor, Emergency Medicine	2009
Kathryn Horn, M.D.	Associate Dean for Student Affairs and Associate Professor, Family Medicine	2008
Omosalewa Lalude, M.D.	Assistant Professor, Internal Medicine	2010
Kathryn McMahan, Ph.D.	Professor, Medical Education-Pharmacology	2008
Armando Meza, M.D.(Vice Chair)	Associate Dean for Graduate Medical Education, Assistant Professor, Internal Medicine	2009
Dale Quest, Ph.D.	Associate Professor, Medical Education-Pharmacology	2009
Pedro Serrato, M.D.	Assistant Professor, Internal Medicine	2008
Mary Spalding, M.D.	Professor, Family Medicine	2010
David Steele, Ph.D.	Senior Associate Dean for Medical Education, Professor, Family Medicine	2009
Brian Tobin, Ph.D.	Professor, Medical Education-Nutrition Sciences	2008
Amy Trott, Ph.D.	Assistant Professor, Medical Education-Biochemistry	2010
Susan Watts, Ph.D.	Research Assistant Professor, Emergency Medicine	2008
David Palafox, M.D.	Clinical Associate Professor, Family Medicine, (El Paso County Medical Society Representative)	2010
Ex Officio:		
Manuel Schydlower, M.D.	Associate Dean for Admissions, Professor of Pediatrics	
John Snelling, M.A.	Director of Admissions	

The Admissions Committee nominates and elects a chair and vice-chair from its membership to serve a one year term.

b. Briefly describe how admission committee members are chosen, the length of the initial appointment (if there are terms), opportunities for reappointment, and maximum length of service (if any).

Appointments to the committee are made by the dean of the Paul L. Foster School of Medicine from nominations provided by the associate dean for admissions and other faculty. Nominations by other faculty are submitted through the Office of Admissions. One member can be nominated by the El Paso County Medical Society through the Office of Admissions. Voting committee member appointments are for a three year term. For the initial committee one third of the members were appointed for one year, one third for two years and one third for three years. Members may serve two consecutive terms but then must sit out for at least one year before they are eligible for reappointment.

c. How are admission committee members trained/prepared for their duties?

Before interviews start in August, all committee members receive orientation materials from the associate dean for admissions, including the Admissions Handbook for Admissions Officers and Admissions Committee Members. Committee members are also asked to attend the interviewer training sessions in July. All faculty members who are interviewers are also asked to attend this training.

d. Where does the final authority for the admission decisions reside? Describe how and by whom the final admission decision is made. Describe the circumstances surrounding any admission committee decisions or recommendations that have been overruled or rejected since the last full accreditation survey.

The final authority for the admissions decisions resides with the Admissions Committee. With a quorum of 50%, the acceptance of a candidate requires a simple majority vote by the voting members of the committee in attendance. Since the last accreditations survey, no decisions or recommendations by the committee have been overruled or rejected. Political and/or financial considerations play no role in the admissions decisions.

e. If the school currently sponsors or participates in combined professional degree programs (e.g., M.D.-Ph.D., M.D.-M.P.H., etc.), describe the role of the medical school admission committee in the initial assessment of and final decision-making about candidates for these programs.

A MD/MPH dual degree program between the PLFSOM and the University of Texas at Houston School of Public Health El Paso Regional Campus (UTSPH) is offered as an option to students who receive an early pre-match offer or later match to attend the PLFSOM. These students with admissions offers to the PLFSOM are then invited to apply for this MD/MPH track and, if interested, must then apply to the admissions office of the UTSPH. Students in this MD/MPH track are enrolled separately in both universities and receive separate degrees awarded by both institutions upon successful completion of this dual degree program. Currently the Admissions Committee has no role in choosing students for the MD/MPH track.

MS-5. Each medical school must have a pool of applicants sufficiently large and possessing national level qualifications to fill its entering class.

The size of the entering class and of the medical student body as a whole should be determined not only by the number of qualified applicants, but also the adequacy of critical resources:

- *Finances.*
- *Size of the faculty and the variety of academic fields they represent.*
- *Library and information systems resources.*
- *Number and size of classrooms, student laboratories, and clinical training sites.*
- *Patient numbers and variety.*
- *Student services.*
- *Instructional equipment.*
- *Space for the faculty.*

Class size considerations should also include:

- *The need to share resources to educate graduate students or other students within the university.*
 - *The size and variety of programs of graduate medical education.*
 - *Responsibilities for continuing education, patient care, and research.*
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a. How and by whom is the size of the entering class determined?

An academic planning committee for the four-year medical school in El Paso proposed a charter class size of 40 based on funding considerations and the need for continuing enrollment of TTUHSC School of Medicine year 3-4 students in El Paso during a 3 year transition period ending in 2012 when the charter class entered the fourth year of the curriculum. This committee further recommended an incremental increase in class size from 40 to 60 students in 2010 and 80 in 2011. These recommendations were endorsed by the Texas Tech University System Board of Regents and subsequently approved by the Texas Higher Education Coordinating Board.

In July 2010, the Higher Education Coordinating Board notified TTUHSC that Coordinating Board approval is not needed to increase the size of the PLFSOM entering class to 100 students, and plans are in progress to do so in 2012.

b. For the current academic year, provide the number of students enrolled in each curriculum year (include students repeating a year or in a decelerated curriculum).

First Year	Second Year	Total
62	37	99

c. If students in combined baccalaureate-M.D. programs or joint degree programs are not drawn from the same applicant pool as regular medical students, briefly describe the size and characteristics of the applicant pools for each such program.

Students in the MD/MPH dual degree program are drawn from the same applicant pool as regular medical students.

See also Part A, item (c.) in this section of the database.

MS-6. Medical schools must select students who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become effective physicians.

a. Briefly describe the methods used to document and evaluate the personal or professional attributes of medical school applicants.

As noted in MS-3, in the screening process applicants are evaluated not only on their cognitive merits, but also on non-cognitive or non-academic factors as well. This includes evaluations of their personal statements, letters of recommendation and other life, extracurricular or employment experiences. The interview is specifically designed to focus on non-academic criteria. Interviewers assess the applicant's medical experiences, motivation to enter medicine, knowledge of issues in medicine, personal characteristics and problem solving ability.

In late July, prior to the first interview session, the associate dean for admissions conducts a workshop for committee members and interviewers to provide orientation materials, including a copy of the Handbook, and training on the admissions process. This includes information on admission policies, how to conduct the interview, examples of questions to ask and not to ask, and how to score the interview form for consistency.

b. If a standard form is used for applicant interviews, supply a copy of the form and describe how it is used.

Interviewers use a standard form in an on-line electronic format to document the interview. Paper copies are also provided to each interviewer for their use in note taking or recording the results of the interview prior to entering information on the on-line form. The purposes of the form are to assure consistency in the interview process and to document the interviewer's consideration of non-academic personal and professional attributes that are used in the overall evaluation of the candidate. A copy of this form is provided in Section III, Appendix 1.

See also Part A, items (a.) and (b.) in this section of the database.

MS-8. Each medical school must develop programs or partnerships aimed at broadening diversity among well-prepared applicants for medical school admission.

Because graduates of U.S. and Canadian medical schools may practice anywhere in their respective countries, it is expected that schools recognize their collective responsibility for contributing to the diversity of the profession as a whole. To that end, schools should work within their own universities and/or collaborate with other institutions to make admission to medical education programs more accessible to potential applicants of diverse backgrounds. Schools can accomplish that aim through a variety of approaches, including, but not limited to, the development and institutionalization of pipeline programs, collaborations with institutions that serve students from disadvantaged backgrounds, community service activities that heighten awareness of and interest in the profession, and academic enrichment programs for applicants who may not have completed traditional pre-medical coursework.

a. Does the medical school have and/or have access to dedicated resources (an office, specific staff) who are responsible for programs and partnerships to enhance the applicant pool? If so, describe the organizational locus of these individuals (e.g. dean's office, university office), as well as the funding source and time commitment of these individuals to the effort). If such resources do not currently exist, describe plans and timetables for the creation of these resources.

The Office of Admissions of the PLFSOM has six full-time staff and is supported by state (97%) and institutional (3%) funding.

The PLFSOM has an Office for Promotion of Community Education Achievement (OPCEA) that was transferred from the Office of the Dean to the Office of Admissions on September 1, 2009. It is staffed by a full-time unit coordinator (school liaison) who reports to the director of admissions and ultimately to the associate dean for admissions. OPCEA is supported by state (73%) and institutional (27%) funding.

b. Describe the major programs currently in place at your institution intended to enhance diversity in the pool of well-prepared applicants for medical school admission. For each major program describe:

- *The type of program*
- *The length of time the program has been in place*
- *Program enrollment data for the three most recent years*
- *Funding sources for the program or partnership*

Describe general plans for additional programs.

The Office of Admissions has a two-pronged approach to enhance the applicant pool: recruitment of pre-med applicants and cultivation of a pipeline of potential future applicants.

OFFICE OF ADMISSIONS RECRUITING PROGRAM.

Full-time staff in the Office of Admissions (associate dean, director, assistant director, lead advisor & recruiter, and school liaison) regularly interacts with counterparts, pre-med advisors and students in the El Paso region and across Texas. Activities include recruiting visits, presentations at health fairs and assemblies, participating in meetings of the Texas Association of Advisors to the Health Professions (TAAHP), and representation in Councils of the Texas Medical and Dental School Application Services (TMDSAS) and the Joint Admissions Medical Program (JAMP). As participants in TMDSAS, the PLFSOM has received over 2500 applicants yearly, including students of diverse backgrounds and those identified as disadvantaged by TMDSAS. The program has been in place for three years and is funded by the Office of Admissions.

THE SHADOW-A-PHYSICIAN PROGRAM

This program provides opportunity for undergraduate pre-med students to be mentored by a practicing physician. Up to 15 students per semester are accepted from the University of Texas at El Paso (UTEP) to experience the profession of medicine from the perspective of a practicing PLFSOM physician. Seventy-five percent of UTEP students are Hispanic. Participants in this observership program receive a one-on-one interaction with physicians in a clinical setting, and are able to see patients with the physician mentor. The program is reserved for UTEP undergraduates; however, post-baccalaureate and graduate students may apply on a space-available basis. The program has been in place for three years and has enrolled 68 students over the two most recent years. The program is funded by OPCEA.

THE SUMMER ENRICHMENT PROGRAM FOR PRE-MED STUDENTS

This is a partnership between UTEP and PLFSOM and is held in early summer (late May or early June) for four weeks (8 hours a day). Students from accredited undergraduate colleges and universities who have accumulated 40-60 credit hours are eligible to apply. Class size is 20–30 students. Students from UTEP, Sul Ross State University and University of Texas Permian Basin (UTPB) are given priority. These universities are in a region of Texas with one of the lowest ratios of physicians per population (45/100,000), compared with the rest of the state (157/100,000) and the nation (220/100,000). Applicants from this region to the PLFSOM charter class were less competitive in their average MCAT (21.8), compared with the rest of Texas (26.4) and those from out-of-state (27.2). Students who reside in El Paso but attend school elsewhere are also considered. Students are provided academic enrichment preparation for their upper level coursework, and an introduction to MCAT and Critical Thinking at UTEP. In addition, the students spend mornings on the Texas Tech – University Medical Center (UMC) campus shadowing physician faculty in a variety of clinical experiences and attend a daily one hour lecture on topics related to applying to medical school, preparation for interview, library research, and perspectives on clinical experiences. This program has been in place for eight years and enrolled 112 students in the three most recent years. The program is funded by OPCEA and tuition is paid by the students to UTEP.

SUMMER CAMPS FOR HIGH SCHOOL STUDENTS

We offer summer camps for rising 10th and 11th graders from any of the six independent school districts in the El Paso area. Students must be recommended by their respective school counselors. Five camps are offered. The camp is for two weeks (Monday through Friday, all day) and is conducted on the TTUHSC campus. The curriculum consists of PreSAT prep; interactive presentations with health career professionals to gain a better insight about major careers; field trips; mock crime scene investigation experience, and Reality Store (simulation of life expenses). This program has been in place for eight years and enrolled 226 students for the three most recent years. The program is funded by OPCEA.

DEVELOPING RESEARCH AND EARLY ASPIRATIONS FOR MEDICAL SCHOLARS (DREAMS)

This is a program for fifth and sixth grade gifted students from underserved parts of the city who participate in a four-week half-day program conducted by El Paso Independent School District on the Silva Magnet High School – Jefferson Campus. Qualifications for selection include student application and resume, teacher recommendations, grades, TAKS scores and parent questionnaire. The curriculum encompasses a variety of experiences related to the healthcare field. This program has been in place for eight years. In the past three years 493 students have participated. This program is supported by the Area Health Education Center (AHEC) with funding by the Hispanic Center of Excellence of the PFSOM.

JOINT ADMISSIONS MEDICAL PROGRAM (JAMP).

This program is in a partnership between the nine medical schools in Texas (eight public and one private) with the state's 31 public and 34 private undergraduate colleges and universities. JAMP supports and encourages highly qualified economically disadvantaged students to pursue medical careers. Students who successfully complete the undergraduate portion of JAMP activities and satisfy established academic performance criteria are guaranteed acceptance into a Texas medical school [Academic Medicine 2009; 84(10): 1373-1382]. Up to 10% of the first year medical school class size is assigned to these students. JAMP has been in place since 2003. PLFSOM is currently a member of JAMP but is exempt from enrolling students in its initial years. The PLFSOM is scheduled to enroll its first JAMP students in 2012. JAMP is funded by the Texas Legislature.

c. Describe the major partnerships or community relationships in place at or planned for your institution that are intended to enhance diversity in the pool of well-prepared applicants for medical school admission. For each major partnership, describe

- *The type of partnership or community relationship*
- *The length of time the partnership or community relationship has been in place or when the partnership will be initiated*
- *The frequency of communications and modes of interaction with partners*

The major community relationships are with UTEP and UMC and support the pre-med student programs described in (b). These relationships have been in place for eight years. The frequency of communications is 1-2 times per year for planning purposes and bi-weekly during implementation or more frequently if needed. In addition, the six Independent School Districts in our area facilitate promotion of the summer camps for high school students noted in (b). This relationship has been in place for eight years. The frequency of communication is 1-2 times per year. Interactions with these community relationships occur personally in meetings, telephonically and by electronic mail.

MS-9. Each school must develop and publish technical standards for admission of handicapped applicants, in accordance with legal requirements.

Provide a copy of the school's technical standards for admission. How are these disseminated to potential and actual applicants, enrolled students, faculty, and others?

A copy of the Standards of Curricular Completion is included in the Medical Student Catalog on page 12. Please see Section II, Appendix 2.

These standards are part of an orientation booklet provided to candidates who interview for admission to the PLFSOM, sent with the acceptance packet, and are also disseminated in the catalog that is given to the students on a CD at orientation and is available on the Student Affairs website at:

http://www.ttuhsom.edu/fostersom/studentaffairs/documents/Catalog_2010_2011.pdf

Faculty, residents and others can access these standards on the website.

MS-10. The institution's catalog or equivalent informational materials must describe the requirements for the M.D. and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the school.

A medical school's publications, advertising, and student recruitment materials should present a balanced and accurate representation of the mission and objectives of the program.

MS-11. The catalog or informational materials must also enumerate the school's criteria for selecting students, and describe the admissions process.

Provide a copy of the current medical school bulletin or catalog. If there is no longer a print version of the catalog, indicate the web site URL for the corresponding material, and include a printed copy of the relevant web pages in the Appendix.

The catalog is found at the Student Affairs website:

http://www.ttuhsu.edu/fostersom/studentaffairs/documents/Catalog_2010_2011.pdf

The school's criteria for selecting students and a description of the admissions process are described in the catalog as well as on the Admissions Office web page at <http://www.ttuhsu.edu/fostersom/admissions/>.

Relevant pages are included in the Student Catalog included Section III, Appendix 2.

MS-12. Institutional resources to accommodate the requirements of any visiting and transfer students must not significantly diminish the resources available to existing enrolled students.

a. Complete the following table:

Number of:	Current Academic Year
Students transferring into second year	0

b. Describe if any students from other LCME-accredited schools are taking electives or required clerkships at your institution during the current academic year.

There are no students taking electives during the current academic year at Paul L. Foster School of Medicine.

MS-13. Transfer students must demonstrate achievements in premedical education and medical school comparable to those of students in the class that they join.

MS-14. Prior coursework taken by students who are accepted for transfer or admission to advanced standing must be compatible with the program to be entered.

a. If applicable, describe the policies and processes for selecting transfer students or students for admission with advanced standing.

Student transfers into the second year of the curriculum will not be allowed.

Applicants for transfer to the third year must be Texas residents who are enrolled in an LCME accredited school. Applicants must be in good standing and must have passed USMLE Step 1 with the score reported to PLFSOM in time for the start of third year clerkships.

Applications for advanced standing that meet the above criteria are reviewed and considered on an individual and space available basis by a task force composed of two clinical members of the Admissions Committee appointed by the chair. The task force presents its findings and recommendations to the admissions committee for consideration of acceptance.

b. Describe how the school determines whether the academic work and academic achievement of students applying for transfer or admission with advanced standing are equivalent to the academic work and achievement of students in the class that they will join.

The Advanced Standing Task Force of the Admissions Committee appraises the applicant's credentials, background and criteria in (a), and interviews the applicant for suitability and fit with the PLFSOM third year class. Detailed criteria are outlined in the Advanced Standing Admissions Application in the admissions section of the PLFSOM web-site. These include the record of academic performance, MCAT scores, USMLE Step 1 scores, personal data, medical school experience, recommendations including a letter of good standing from the dean), and reasons for requesting the transfer. The Advanced Standing Task Force reviews these materials and interviews the applicant before forwarding a recommendation to the full Admissions Committee for a vote.

c. If any transfer or advanced standing students were admitted for the current academic year, complete the following table:

	Mean Under-graduate GPA	Mean MCAT Biological Science Score	Mean MCAT Physical Science Score	Mean MCAT Verbal Reasoning Score	Modal MCAT Writing Sample
Year 2 transfers	N/A	N/A	N/A	N/A	N/A
Second-year class	N/A	N/A	N/A	N/A	N/A

MS-18. The system of academic advising for students must integrate the efforts of faculty members, course directors, and student affairs officers with the school's counseling and tutorial services.

There should be formal mechanisms for student mentoring and advocacy. The roles of various participants in the advisory system should be defined and disseminated to students. Students should have options that allow them to obtain advice about academic issues or academic counseling from individuals who have no role in making promotion or evaluation decisions.

a. Describe the academic advisory system for medical students. How and when are students in academic difficulty identified? Describe the types of assistance available to medical students experiencing academic difficulty.

There are multiple advisory options for students including the college masters (see below), the associate dean for student affairs, the senior associate dean for medical education, the director of academic support, course directors, and faculty members. The students have access to their e-portfolio which contains grades and summative evaluation information. This provides an easily accessible mechanism for an individual student to monitor their own progress, to identify weaknesses, and when necessary to seek help.

The student body in each academic year is divided into learning communities ("colleges"). Each college is headed by a "college master," a senior-level medical educator recruited expressly to serve in this role. The college masters are expected to monitor the performance of the students in their respective colleges by tracking their performance on formative and summative exams. The college masters monitor the performance of the students in their colleges by tracking formative and summative examination results. The masters have access to their individual students' e-portfolios for this purpose and receive weekly summaries on the formative exams.

The senior associate dean for medical education and the associate dean for student affairs coordinate the monitoring of test grades with the college masters in order to identify and counsel students who experience academic difficulty. The expertise of the Office of Student Affairs includes the director of academic support, an individual with a professional background in educational psychology, to help students identify individual learning styles and to work with students to improve time management, study skills, and test taking strategies to maximize academic performance. A student may choose to meet with the director of academic support to do an error analysis on each formative or summative evaluation to understand the areas that require more study. Students are able to schedule appointments with the director of academic support as well as with the associate dean for student affairs, their college masters, and the director of student affairs for individual academic counseling. When a student has been identified as at risk by the college masters, the Grading and Promotion Committee or a course director, they are instructed to meet with the director of academic support in order to formulate a plan for improvement.

To integrate these processes, there is a monthly meeting of the college masters, the director of academic support, the director of student affairs, the associate dean for student affairs, and the senior associate dean for medical education.

One of the major responsibilities of the college masters is to provide academic and career advising for medical students in conjunction with the Office of Student Affairs. The associate dean for student affairs and the Office of Student Affairs has direct responsibility for administering the resources for academic and career counseling. Students receive information on advisement during initial orientation and

periodically at each year's orientation. The college masters and the associate dean for student affairs and her staff meet frequently to coordinate academic and career counseling functions and to enhance the consistency and quality of information provided to students.

Students may also choose a faculty advisor other than the college master to advise them on academic matters. The list of advisors is included on the Student Affairs website at http://www.ttuhsu.edu/fostersom/studentaffairs/documents/Advisor_List_10_15_10.pdf. The associate dean for student affairs meets with students experiencing academic difficulties to assure that the student is aware of all resources available to them.

The associate dean for student affairs and director of academic support are ex-officio members of the Grading and Promotion committee but have no direct role in the evaluation of students. They also do not carry voting rights in the GPC.

Other academic advising options include peer tutoring and the availability of faculty for one on one tutoring. A peer tutoring program has been developed, funded, and implemented to encourage student-driven academic assistance, under the supervision of the director of academic support. Course directors and faculty are also available to discuss student performance and provide individual help. As noted in MS-26 and MS-27, students have access to confidential health care and mental health services through providers who have no role in assessing student academic performance.

b. Describe any programs designed to assist entering medical students who may be at risk of academic difficulty in adapting to the demands of medical school.

The academic load during the first three weeks of medical school is relatively light by design. This is a period during which students participate in the language, culture, and community immersion experience as part of the Society, Community, and Individual course. This is also a period of general orientation to the curriculum, including workshops on stress reduction, time management, and learning styles. Students meet with their college master during this period as an opportunity to begin establishing a working rapport and identify student's concerns about their risk of academic difficulty.

c. Complete the following table for the most recently concluded academic year:

Number of Students Who:	First Academic Year
Withdrew or were dismissed	1
Transferred to another medical school	0
Repeated the entire academic year	2
Repeated one or more required courses	0
Moved to a decelerated curriculum	0
Took a leave of absence due to academic problems	0
Took a leave of absence for academic enrichment (including research or joint degree programs)	0
Took a leave of absence for personal reasons	0

d. Summarize the most common reasons to date for students having academic difficulty at your institution.

By the end of the first year, 5 students (13%) experienced difficulty in one or more unit in the Scientific Principles of Medicine (SPM) course, as determined by their performance on end-of-unit summative examinations. SPM is clearly the most challenging course in the curriculum. It accounts for roughly 70% of the contact time and it is the course that provides students a highly integrated approach to learning basic science concepts. In any given week, students are expected to review material presented by basic and clinical science educators from several disciplines.

Possible reasons for academic difficulty include 1) the challenge of making the transition from discipline-based, single faculty member delivered undergraduate courses to a highly integrated, multidisciplinary instruction delivered by several different faculty members each day; 2) problems with time management and prioritization; and 3) the charter class does not have the advantage of upper classmen to provide student level guidance and about how best to navigate the curriculum.

Three of the five students successfully remediated the failed units. Two students are repeating Year 1.

See also Part A, item (f.) in this section of this database.

MS-19. There must be a system to assist students in career choice and application to residency programs, and to guide students in choosing elective courses.

a. Describe the school's system for career and residency counseling, including the formal and informal activities that are or will be offered to students by year.

FORMAL ACTIVITIES

In year 1, the students are introduced to the AAMC Careers in Medicine (CIM) website at orientation. At that meeting we review the navigation process and the kind of information available. In the fall of 2010, the Office of Student Affairs initiated a series of formal workshops on career planning utilizing the CIM tools as a foundation for exploring career plans. These workshops are available to first and second year students on a voluntary basis.

During the MS 3 year, the associate dean for student affairs will provide students information on specialty selection, CV preparation, and on writing personal statements for their residency applications.

Community physicians will also be invited to give presentations on their specialties and to answer student questions.

Early in Year 3, students will be assigned a faculty advisor in the specialty they are considering. To facilitate this assignment, each student will meet with one of the Student Affairs team (the associate dean for student affairs, the director of academic support, and the student affairs director). At this meeting, career specialties, Year 4 electives and requirements, advising and other issues will be discussed. A formal record of this meeting will be kept in the Student Affairs Office. The student will be encouraged to meet with his/her advisor by December of the third year to discuss plans for the fourth year. The college master will be involved as a mentor over all four years.

Residency interviewing workshops and mock interviews will be held in the early part of Year 4 for all interested fourth year students prior to residency interviews. The advisors, Office of Student Affairs and the college masters will assist the students as they apply and interview as well as rank their programs.

INFORMAL ACTIVITIES:

Student interest groups were formed in the first year encompassing many of the specialties (surgery, family medicine, pediatrics, internal medicine, OB-GYN, emergency medicine, psychiatry, and neurology). The individual departments provide support to these student organizations. During the year, students explored the different specialties and participated in discussions with practicing physicians and residents in training. Student Affairs, through student services fees, supports these organizations' efforts to reach out to the students and to raise funds to attend regional and national meetings where students can network with others interested in the same specialties.

The college masters, associate dean for student affairs, the director of academic support and the director of student affairs are available to meet with students on an informal basis throughout the year. Tools used are CIM, "Charting the Outcomes" from the NRMP, NRMP match results (National Residency Match Process), previous match results, and ERAS (Electronic Residency Application Service) information.

Advisors are chosen from each department on a volunteer basis. Those advisors are trained by the Office of Student Affairs in order to assure that they are familiar with the CIM tools as well as practical advice on career counseling with medical students. The students will be asked to evaluate the effectiveness of

their advisors and their communication skills. Further training will be added as identified weaknesses arise.

b. Who will provide guidance for students about their intramural and extramural elective choices? Who is responsible for assisting students in their elective choices prior to their choosing a clinical specialty (e.g., during the first two years of the curriculum)?

In year 3, students are provided with selective opportunities in sub-specialty medicine (2 weeks) and subspecialty surgery (4 weeks). In addition, they will participate in two longitudinal selectives (one-half day per week for 15 weeks) in Family Medicine (e.g., sports medicine, geriatrics) and in Psychiatry (e.g., geriatric psychiatry, consultation-liaison psychiatry). Students may call upon their college master, the clerkship director, or their advisors for advice in making decisions about which selective experience to select.

Planning for intra- and extramural elective experiences in year 4 begins mid-way through year 3. The students' advisors, college master, and the associate dean for student affairs all play a role in this process. Ultimately, the associate dean for student affairs must approve the final elective schedule.

c. Who will be responsible for preparing the MSPE?

The Office of Student Affairs is responsible for preparing the MSPEs. Year one and two information is tracked on the individual student portfolio as well as through the Banner system. Each grade and narrative from the third year is entered into the individual student's MSPE as the year progresses by the Office of Student Affairs. In the fall of the fourth year, each student meets with the associate dean for student affairs to discuss the unique characteristics that they would like to include in the MSPE. After meeting with each student, the associate dean reviews the components of the MSPE and provides a summary paragraph. Each student has the opportunity to review their letter and can challenge statements of fact. If a student challenges a narrative comment by the clerkship director, they will meet directly with that faculty member to discuss revisions. After the student has reviewed the letter, it is signed by the associate dean and uploaded into ERAS.

If a student prefers that someone other than the associate dean for student affairs write their MSPE, s/he may request that this be done by either the director of student affairs or by the director of academic support.

MS-20. If students are permitted to take electives at other institutions, there should be a system centralized in the dean's office to review students' proposed extramural programs prior to approval and to ensure the return of a performance appraisal by the host program.

a. How will students' extramural elective choices be screened prior to allowing students to enroll?

As described in MS-19, the student will meet with their assigned advisor in the fall of their third year. They will discuss the electives that they are interested in as well as their plan for fourth year. The advisor must agree to the student's plan, taking into consideration the planned specialty and the student's academic progress. The student will not be allowed to take more than three electives outside of the Paul L. Foster School of Medicine. All electives will be approved through the office of Student Affairs.

PLFSOM will be part of the AAMC Visiting Student Application Service. This permits students to access high quality elective opportunities in LCME accredited schools. This system also enables the director of student affairs to track PLFSOM students' participation in extramural electives.

Also see information for MS-19.

MS-23. A medical school must provide students with effective financial aid and debt management counseling.

In providing financial aid services and debt management counseling, schools should pay close attention and alert students to the impact of non-educational debt on their cumulative indebtedness.

a. Provide the name, title and date of appointment for the financial aid director. Is this a medical school or university position? Is this a full-time or part-time position? To whom does the financial aid director report?

Diana Andrade was appointed as the full time Financial Aid Advisor for the Paul L. Foster School of Medicine in February, 2009. She interacts directly with Marcus Wilson, the Managing Director of Financial Aid, at TTUHSC in Lubbock Texas. While the Financial Aid Advisor is a medical school appointee, the managing director of financial aid is a university position at the Texas Tech University Health Sciences Center. Ms. Andrade reports to the associate dean for student affairs. They meet on a regular basis to assure students financial aid needs are addressed. The director of student affairs, the financial aid advisor, and the managing director of financial aid also communicate regularly throughout the year. Financial Aid advice is also available in Lubbock through Mr. Wilson's office. Ms. Sherry Henry is available, by phone or email, when Ms. Andrade is out of the office. She also visits the campus on a yearly basis to meet with Ms. Andrade and students as needed.

b. Where do medical students typically go to obtain financial aid services? How will they obtain such services during clinical rotations? What other student groups (e.g., allied health students, graduate students) are served by the financial aid office? How many financial aid staff members are available specifically to assist medical students?

The students can obtain information from Ms. Andrade, Financial Aid Advisor, who is located in the Office of Student Affairs in the Medical Education Building in El Paso. The students on clinical rotations can gain access to information via the internet at the following website:

<http://www.ttuhsu.edu/fostersom/studentaffairs/finaid.aspx>. They may also contact Ms. Andrade or any of the six financial aid advisors located in Lubbock by phone.

c. Describe the personnel, space, equipment, and other resources available to the financial aid office. Are these resources adequate to allow it to carry out its responsibilities? If not, please explain.

The Financial Aid space for the PLFSOM is located in the main educational building and is equipped with a desk, computer, printer, phone and fax lines and storage drawers in a dedicated office in the second floor Student Affairs suite. These resources are very adequate in carrying out the daily responsibilities of the financial aid advisor.

d. Describe the system for counseling students about debt management. When in the curriculum and in what format do formal debt management counseling sessions occur during the first two years of the curriculum? When and in what format will formal debt management sessions occur in subsequent years? How are students questions about debt management answered? What types of information (online, printed) are available to medical students?

During orientation, students are given instructions on borrowing money as mandated by the Federal Government. Students are encouraged to borrow only what money is necessary and to budget carefully to avoid accumulating high debt loans during medical school. Students are encouraged to view the AAMC's programs, such as FIRST for medical education, which they can find on the Financial Aid page of the Student Affairs website <http://www.ttuhsu.edu/fostersom/studentaffairs/finaid.aspx> (or found at: <http://www.aamc.org/programs/first/start.htm>).

In the fall of 2010, the first of a series of workshops on debt management was presented during a brown bag session for first and second year students. Students were given initial instruction on budgeting for medical school and how to avoid excessive consumer debt during the four years of medical school. There will be a second workshop in the spring of 2011 that further educates students on their financial planning.

In the third and fourth years, experts in finance will be invited to give presentations to aid students in their transition to residency. Exit counseling for all students with federal loans is available on line through the Financial Aid Office.

MS-24. Schools should have mechanisms in place to minimize the impact of direct educational expenses on student indebtedness.

The LCME considers average student debt, current and the trend over the past several years; total number of students with scholarship support and average support per student; percentage of total financial need supported by institutional and external grants/scholarships; and the presence of activities at the school or university levels to enhance scholarship support as key indicators in the assessment of compliance with this standard. In addition, the LCME will consider the entire range of other activities that a school could engage in, such as limiting tuition increases and/or supporting students in acquiring external financial aid.

a. Provide a copy of your school's most recent LCME Part I-B Financial Aid Questionnaire.

See Section III, Appendix 3. "2009-2010 LCME Part I-B Student Financial Aid Questionnaire"

b. Describe current activities at the school or university levels to increase the amount and availability of scholarship and grant support. For example, is there a current fund-raising campaign devoted to increasing scholarship resources? If so, what is the goal of the campaign and the timeframe for completion?

Currently, there are a number of scholarship opportunities for our students as well as loan forgiveness programs. In the first class, 25 students received a scholarship for full tuition and fees. The school has committed to 20 similar scholarships per year, from the Paul L. Foster endowment, beginning with the second class. There is also a loan forgiveness program in conjunction with a community foundation, The Paso del Norte Foundation, awards a loan of \$20,000 per year to five students per year who plan to return to the El Paso region at the completion of their residency training. For each year the student practices in this area, one year of loan proceeds are forgiven. In the first class, seven students applied for the awards and five awards were distributed to students. The program currently has \$1.25 million dollars to use toward loans which will provide loans for the first four classes. The Office of Development is actively working to add to this fund from community resources in order to expand this opportunity beyond the first 4 classes. Securing additional funds for scholarship support is a major priority of the development staff.

See also MS-23 and Part A, items (g.) and (h.) in this section of the database.

MS-25. Institutions must have clear and equitable policies for the refund of tuition, fees, and other allowable payments.

Describe your policy for refund of tuition and fee payments to students who withdraw or are dismissed from enrollment.

TTUHSC-Paul L. Foster School of Medicine follows policies established by the Texas Tech University Health Sciences Center Bursar's Office regarding the refund of tuition, fees, or other payments. These policies comply with federal and Texas laws. Students who withdraw from the School of Medicine may be eligible for a partial refund of tuition and fees. If a student receives financial assistance, a portion of the assistance may need to be returned to the scholarship, grant, or loan source from which that assistance was received.

The Texas Education Code sets the amount of tuition and fees to be refunded to students who drop courses or withdraw from the institution. Students who drop a course within the first 12 days of a fall or spring semester, or within the first 4 days of a summer term, will receive a full refund of tuition and fees for the course or courses dropped. Students who withdraw from the Paul L. Foster School of Medicine are eligible for a prorated percentage refund on tuition and mandatory fees, if they withdraw within the first 20 class days in a fall or spring semester or within the first 6 days of a summer term.

The federal formula is applicable to any students receiving federal aid, if students withdraw on or before the 60% point in the semester. The percentage of the refund is equal to the number of calendar days remaining in the semester divided by the number of calendar days in the semester.

This formula will be used for students receiving Federal Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Student Loans, or PLUS loans.

This policy is outlined in the Texas Tech University Health Sciences Center Student Handbook that applies to all TTUHSC schools. Please see:

http://www.ttuhschool.edu/studentaffairs/documents/HSC_20092010_Approved_Handbook_080709.pdf

Students receive a copy of this handbook during orientation on a disc. The handbook can also be found through a link at the student affairs website at: <http://www.ttuhschool.edu/fostersom/studentaffairs/>.

MS-26: Each school must have an effective system of personal counseling for its students that includes programs to promote the well-being of students and facilitate their adjustment to the physical and emotional demands of medical school.

a. Describe the system being developed for personal counseling of students

At orientation, students are introduced to a student assistance program to address emotional needs. The Program of Assistance for Students (PAS) includes individual, couple, and family counseling or consultation, and a 24-hour crisis hotline. Students are entitled to 5 free visits per year that are paid for, in part, by their student services fee. Students may call any of the providers directly to make an appointment or they can call the PAS hotline for direct information about the providers. There are currently 5 providers in the El Paso area who participate in this program. These mental health care providers were recruited from the community and have no evaluative role in the school of medicine. All services are confidential. The Office of Student Affairs receives a bill from the contracted provider without the name of the student receiving the service. The above information is available in several formats including a printed material brochure available in the Student Affairs office, in the Student Affairs Handbook and on the Student Affairs website:

http://www.ttuhsu.edu/fostersom/studentaffairs/documents/pas_medical_school_brochure_jun09.pdf.

The list of providers is available in the office of student affairs or on the website as well at:

http://www.ttuhsu.edu/fostersom/studentaffairs/secure/Student.Assistance.Providers2010_2011.pdf

b. Briefly summarize any programs being designed to facilitate students' adjustment to the physical and emotional demands of medical school.

Beginning at orientation, the Office of Student Affairs introduces students to the importance of recognizing the physical and emotional demands of their education on the student and his/her family. Students are provided information about stress management, relaxation, and realistic expectations for surviving medical school. They are also introduced to cultural, recreational, and other types of activities in the El Paso region through an icebreaker activity. Drawings for prizes such as a gift certificate, product, or tickets from local businesses occur throughout the first year orientation. This encourages students to explore the El Paso community.

Although they do not provide any form of counseling or therapy, the college masters play an important role in helping students adjust to the demands of medical school. They meet with their students individually to get to know them. They are also aware of each student's background and academic progress which allows them to provide guidance and assistance at individual student meetings. Each College has a budget to off-set the cost of social events designed to foster a sense of community. For example, the colleges sponsored a Pizza and Movie lunch during the fall of 2009 and participated in a Ropes Course in July 2010. When there are upper classmen in the colleges, they will also serve as mentors to assist students in adjusting to medical school.

The Office of Student Affairs, particularly the director of academic support, provides several workshops in various areas to help students adjust to the physical and emotional demands of medical school. Before classes begin, a reading workshop is presented to assist students in adjusting to the amount and type of reading that is encountered in medical school. Another workshop focuses on test-taking strategies and is given before the first Unit Exam. The Office of Student Affairs offers a monthly Brown Bag Series

focusing on issues such as stress management, communication, handling conflict, and other issues identified by students as important to their adjustment and well being in medical school. There are several social activities that are in part sponsored by the Office of Student Affairs and the Medical Student Government, including a Thanksgiving potluck luncheon, a Winter Holiday lunch, and class parties. Spouses and families are invited to most of these events, which fosters support activities and socialization among families.

The student wellness and physical fitness center is located in the Medical Education Building. It contains a small gym with weights and aerobic equipment and a changing area with showers. There is also an area for activities such as foosball and ping pong, space for projects, a television viewing area, and a small kitchen with a sink, refrigerator, microwave, and vending machines. Each college also has its own area with lockers, a printer, small refrigerator, microwave, coffeemaker, and tables, chairs, and sofas for meetings/gatherings.

MS-27. Medical students must have access to preventive, diagnostic, and therapeutic health services.

Medical students should have timely access to needed preventive, diagnostic, and therapeutic medical and mental health services at sites in reasonable proximity to the locations of their required educational experiences. Students should be supplied with information about where and how to access health services at all locations where required training occurs. Students with school-sponsored health insurance policies should also be informed about coverage for necessary services. Medical schools also should have policies and/or practices that permit students to be excused from classes or clinical activities to seek needed care.

a. Describe the system for providing preventive and therapeutic health services, including location(s) of health care sites, hours of operation, services provided and how costs of the services will be covered.

Medical students are assessed a health care services fee of \$175 per year for which they have access to a variety of health care services. These services include routine office visits, routine radiologic studies, basic laboratory profiles, microbiology studies, and colposcopy. Immunizations, medications, hospitalization, and emergency room care are not covered. Spouses or other dependents are not covered by student health fees. This service is explained in a brochure given to students at orientation and found on the Student Affairs website at:

http://www.ttuhsoc.edu/fostersom/studentaffairs/documents/StudentHealthTTUHSC_5_2010_2011.pdf.

Health care services are provided by the Northeast Family Practice Center, operated by the Department of Family and Community Medicine, located at 9849 Kenworthy, which is approximately 10 miles from the main medical school campus. The clinic is open from 8:00am to 5:00pm Monday, Tuesday, Wednesday and Friday and 8am to noon on Thursday with after-hours phone coverage. For emergencies, it is recommended that a student go to University Medical Center of El Paso or another hospital that would be covered by their individual health insurance plan.

If a student receives care at the Family Practice Center, he or she is seen by the designated physician who does not have medical student teaching responsibilities for any of the four years. If a student chooses to receive care at University Medical Center of El Paso and is admitted to a teaching service, the faculty and one resident are assigned to their care. Those two individuals must recuse themselves from future evaluation of that student.

Students are required to have private health insurance to cover health care services, including the ones not included by the health services fee. The school offers a health insurance policy through Academic Health Plans. The information for that plan can be found at the TTUHSC student services website at:

<http://www.ttuhsoc.edu/studentervices/studenthealth.aspx>

Policies are found in the student handbook that describe a student's responsibility if they are ill and will miss a required class or clinical activity to seek medical care. As PLFSOM does not have a mandatory attendance policy for most class sessions in the pre-clerkship curriculum, students may access health care when available and convenient.

b. How will you assure that students at all sites, including required away rotations, have information about and access to needed health services?

All students have access to the information regarding their health care services through the Student Affairs website:

http://www.ttuhschool.edu/fostersom/studentaffairs/documents/StudentHealthTTUHSC_5_2010_2011.pdf.

There are currently no students at any other campus and no required away rotations.

MS-27-A. The health professionals who provide psychiatric/psychological counseling or other sensitive health services to medical students must have no involvement in the academic evaluation or promotion of the students receiving those services.

Describe the mechanisms that aid students to obtain assistance for sensitive health, psychiatric, or psychological care (such as substance abuse, sexually transmitted diseases, etc.), with confidence that the providers of such services will not be in a current or future position to evaluate the student's academic performance or take part in decisions regarding the student's advancement and/or graduation.

Include copies of relevant school policies and/or procedures in the Appendix.

(Please see the Student Handbook at:

http://www.ttuhsu.edu/fostersom/studentaffairs/documents/SA_Handbook_Class_of_2014.pdf

page 9 or Section III, Appendix 4).

Medical students have access to mental health counseling services through the Program of Assistance for Students described earlier. This confidential personal counseling service is provided through licensed professionals in the El Paso community who have no involvement in the academic evaluation or promotion of students. As described in MS-26, under the contractual agreements between the providers and the institution, students have up to five visits at no charge, similar to the established standard for the employee assistance program at TTUHSC. Additional visits, if necessary or desired, may be arranged on referral by the provider to another counselor and/or negotiated between the student and the provider. Students are notified of this service through information in the student handbook and in printed material provided during student orientation and on the Student Affairs website:

http://www.ttuhsu.edu/fostersom/studentaffairs/documents/pas_medical_school_brochure_jun09.pdf

Section III, Appendix 5. Students are encouraged to self refer and may also seek referrals through the Office of Student Affairs.

Since the Northeast Family Practice Clinic is the location for prevention and health care services for the students, sensitive health services are delivered by a physician who does not have an educational role. If a student should work with that practitioner in the future, the faculty member would recue themselves from any evaluative role. All such care is confidential and covered by Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) regulations, unless a student specifically requests that healthcare information be provided to institution officials.

MS-28. Health insurance must be available to all students and their dependents, and all students must have access to disability insurance.

a. Is health insurance available to all students and their dependents? If yes, briefly describe the scope of benefits and premium costs. Who pays the premium? If health insurance is not offered, what provisions are made to assure that students have access to health care?

The TTUHSC Paul L. Foster School of Medicine ensures that medical students and their families have the opportunity to obtain appropriate health insurance. Medical students are required to have health insurance for themselves that includes appropriate medical and mental health coverage, including emergency treatment and hospitalization, for each semester they are enrolled in medical school. Students must provide proof of coverage at the time of registration each year.

TTUHSC makes available during orientation information about providers of student health insurance. The current plan that is offered through TTUHSC Student Services is a plan which is administered by Academic Health Plans (www.academichealthplans.com/ttuhsc). This plan includes options for coverage of the student plus spouse and children. Benefits include emergency medical care, hospitalization, radiology and pharmacy services. Annual premium costs range from \$1,390 for the student only, \$5,239 for the student and spouse, and \$6,540 for student, spouse, and one child. Students may choose to enroll in other insurance plans or may be enrolled in a parent's or spouse's plan depending upon the provisions of these plans. The student is responsible for paying health insurance premiums.

b. Is disability insurance available to students? If yes, how are students informed of its availability? If disability insurance is not currently available, are there plans to make it available in the future?

Each student is assessed a fee of \$40 per year for the purchase of long-term disability insurance provided by Fort Dearborn Life. The amount of coverage is negotiated annually. Students may purchase additional disability insurance if they wish. The details of this coverage are provided to students in a presentation during orientation as well as by written and electronic means.

MS-29. Medical schools should follow accepted guidelines in determining appropriate immunizations for medical students.

Medical schools in the U.S. should follow guidelines issued by the Centers for Disease Control and Prevention, along with those of relevant state agencies. Canadian schools should follow guidelines of the Laboratory Center for Disease Control and relevant provincial agencies.

Briefly describe your student immunization policies and procedures. How were these policies developed? How is student immunization status monitored?

The Association of American Medical Colleges states that all students should be immunized against a number of infectious diseases for their own safety as well as the safety of others. All matriculating Paul L. Foster School of Medicine student must be compliant with the school's immunization requirements in order to register for classes.

Immunization Requirements as of 6-01-2010 include:

- Titers for Rubella, Rubeola & Varicella
- Hepatitis B Series (3 doses) at least begun prior to first day on campus. Positive titer documentation required after 3rd dose.
- TB Skin Test (TST) negative – results documented no more than three months before start date on campus. Positive TST = negative chest x ray within 3 months of visit
- Td or Tdap within 10 years – Tdap if eligible.
- H1N1 Flu vaccine &/or Seasonal Vaccine if H1N1 combined

Student immunization records are kept on file in TTUHSC Occupational Health. This office notifies students when immunization updates are due. If a student does not respond to reminders, the office of Student Affairs will contact the student and ensure the immunizations are completed.

Recommendations concerning immunizations and other preventive measures are made by the school's Infectious Diseases Advisory Committee and its Office of Health and Safety. These units review their recommendations on an annual basis or more frequently with new information and recommendations from the CDC.

MS-30. Schools must have policies addressing student exposure to infectious and environmental hazards.

The policies should include 1) education of students about methods of prevention; 2) the procedures for care and treatment after exposure, including definition of financial responsibility; and 3) the effects of infectious and environmental disease or disability on student learning activities. All registered students (including visiting students) need to be informed of these policies before undertaking educational activities that would place them at risk.

a. Describe institutional policies regarding student exposure to infectious and environmental hazards, including the following:

- education of students about methods of prevention*
- procedures for care and treatment after exposure, including definition of financial responsibility*
- effects of infectious and/or environmental disease or disability on student educational activities*

1) EDUCATION OF STUDENTS ABOUT METHODS OF PREVENTION:

At orientation upon initial entry into medical school, and annually thereafter, the Health and Safety Officer educates all students about these policies and procedures and all other safety policies required by the Occupational Safety and Health Administration (OSHA). During the first semester in anatomy lab the students are taught how to avoid a needle stick and what to do if an incident occurs. Safety procedures will be covered again by staff of University Medical Center of El Paso before the students begin clinical duties in the third year. Students are specifically advised on where to go for treatment after an exposure incident regardless of where they are working —during regular working hours to the University Medical Center of El Paso Occupational Health Clinic on campus and after hours to the University Medical Center of El Paso Emergency Room.

Students are also provided a pocket-sized laminated card with basic instructions on what to do and who to contact if they have a needle-stick injury or have been exposed to blood borne pathogens. These same guidelines are posted on the student affairs website.

2) PROCEDURES FOR CARE AND TREATMENT AFTER EXPOSURE, INCLUDING DEFINITION OF FINANCIAL RESPONSIBILITY:

The protocol for addressing these types of exposures is part of the infection-control and emergency-room standard operating procedures and includes procedures for HIV testing and monitoring. The Health and Safety Office monitors all follow up treatments.

Students who have an “exposure event” to human blood or body fluid are required to report the exposure to their supervisor and receive immediate screening and blood testing at either the University Medical Center of El Paso Occupational Health Clinic, if it is during work hours, or the University Medical Center of El Paso Emergency Room if after hours. The patient who is the source of the exposure will also be tested. Follow up blood tests will be done to check for possible disease transmission. Medications may need to be taken in some cases.

The student’s health insurance will be billed for emergency room care. Student illness or disability that results from environmental exposure, including infectious agents, will be taken on a case-by-case basis. Financial burdens are ameliorated with activation of the benefits from the student’s required disability insurance (see MS-28).

Exposures to infectious and environmental hazards are addressed in the policies and procedures of the Paul L. Foster School of Medicine. These policies are found at:

<http://www.ttuhschool.edu/el Paso/opp/numericalindex.aspx> (policy 7.07B: Needle-stick Injuries/Exposure to Body Fluids: Treatment and Reporting Policy and 7.07C Bloodborne Pathogen Exposure Protocol) and in the Medical Student Handbook on page 8:

http://www.ttuhschool.edu/fostersom/studentaffairs/documents/SA_Handbok_Class_of_2014.pdf.

3) THE EFFECTS OF INFECTIOUS AND ENVIRONMENTAL DISEASE OR DISABILITY ON STUDENT LEARNING ACTIVITIES.

If a student, through a needle-stick or exposure event or resulting disease or disability, must miss a learning activity there are several policies in place.

If a student must miss a learning activity, particularly a graded activity, he/she must first notify the office of Student Affairs who will give appropriate notice to faculty instructors. Documentation must be presented for any missed graded activity. Arrangements will be made to assist the student in making up missed materials or graded events.

If a student's disease or disability requires them to be absent for a longer period of time, he/she may choose to take advantage of either the short-term or longer term medical leave of absences that are offered. The policies for leaves of absence are found on page 29 of the Medical Student Handbook which can be found at:

http://www.ttuhschool.edu/fostersom/studentaffairs/documents/SA_Handbok_Class_of_2014.pdf

b. Briefly summarize any protocols medical students must follow regarding exposure to contaminated body fluids, infectious disease screening and follow-up, hepatitis-B vaccination, and HIV testing.

As previously described, students who have an "exposure event" to human blood or body fluid are required to report the exposure to their supervisor and receive immediate screening and blood testing at either the University Medical Center of El Paso Occupational Health Clinic if it is during work hours or the University Medical Center of El Paso Emergency Room if after hours. The patient who is the source of the exposure is also tested. Follow up blood tests are done to check for possible disease transmission. Medications may need to be taken in some cases.

c. In the course of their education, when do or will students learn how to avoid or prevent exposure to infectious diseases, especially from contaminated body fluids? When and how are they taught the procedures to follow in the event of exposure to blood-borne or air-borne pathogens (e.g., a needle-stick injury)?

Students receive training as stated above from their initial orientation to medical school as well as on a yearly basis.

MS-31. In the admissions process and throughout medical school, there should be no discrimination on the basis of gender, sexual orientation, age, race, creed, or national origin.

a. Include a copy of the school's anti-discrimination policy.

The policy is found on page 8 of the Student Handbook Code of Professional and Academic Conduct that applies to all students at TTUHSC. This is given to the students at orientation and is found on the student affairs website at:

http://www.ttuhschool.edu/studentaffairs/documents/HSC_20092010_Approved_Handbook_080709.pdf

This is an excerpt from page 8 of the Student Handbook:

D. Policy on Non-Discrimination

The University brings together, in common pursuit of its educational goals, persons of many backgrounds and experiences. The University is committed to the principle that in no aspect of its programs shall there be differences in the treatment of persons because of race, creed, national origin, age, sex or disability and that equal opportunity and access to facilities shall be available to all. Non-discrimination is observed in the admission, housing, and education of students and in policies governing discipline, extracurricular life and activities.

For more information, visit <http://www.ttuhschool.edu/hsc/op/op51/op5101.pdf>, Equal Employment Opportunity Policy and Affirmative Action Plan.

b. Describe any circumstances where medical school applicants or students may receive differential consideration on the basis of gender, sexual orientation, age, race, creed, or national origin.

The Paul L. Foster SOM Catalog begins with the school's policy on non-discrimination stating:

“The Paul L. Foster School of Medicine is committed to a policy of equal opportunity. It will not discriminate on the basis of race, color, sex, age, religion, sexual orientation, national origin or physical handicap.”

There is no circumstance where an applicant or a student would receive differential consideration on the basis of gender, sexual orientation, age, etc.

MS-31-A. Medical schools must ensure that the learning environment for medical students promotes the development of explicit and appropriate professional attributes (attitudes, behaviors, and identity) in their medical students.

The medical school, including faculty, staff, students, and residents, and its affiliated clinical teaching sites, share responsibility for created an appropriate learning environment. The learning environment includes formal learning activities as well as attitudes, values, and informal “lessons” conveyed by individuals with whom the student comes into contact. These mutual obligations should be reflected in agreements (for example, affiliation agreements) at the institutional or departmental levels.

It is expected that each medical school should define the professional attributes it wishes students to develop in the context of the school’s mission and the community in which it operates.

Examples of professional attributes could come from such resources at the American Board of Internal Medicine Project Professionalism, or the AAMC Medical School Objectives Project. Such attributes should also be promulgated among the faculty and staff associated with the school, with suitable mechanisms available to identify and promptly correct recurring violations of professional standards. As part of their formal training, students should learn the importance of demonstrating the attributes (attitudes, behavior, professional identity) of a professional and understand the balance of privileges and obligations that the public and profession expect of a medical doctor.

In addition to defining the attributes of professionalism expected of the academic community, the school and its faculty, staff, students, and residents should regularly assess the learning environment to identify positive and negative influences on the maintenance of professional standards and conduct, and develop appropriate strategies to enhance the positive and mitigate the negative influences.

a. Provide a list or table of the professional attributes that medical students are expected to develop over the course of their education. Describe how the list of desired attributes was developed, including any groups responsible for their approval (faculty as a whole, curriculum committee, student government, etc.). Describe how the list of desired attributes is being made known to students, faculty members, residents, and others?

From the student handbook:

[MEDICAL STUDENT CODE OF PROFESSIONAL AND ACADEMIC CONDUCT](#)

Medical professionals are expected, not only by patients but also by society as a whole, to possess certain attributes, which include, but are not limited to:

- Altruism, whereby they subordinate their own interests to take care of their patients
- High ethical and moral standards
- Honesty, integrity, trustworthiness, caring, compassion and respect in their interactions with patients, colleagues and others.
- Accountability, not only for their own actions, but also for those of their colleagues, which is the basis for the autonomy of the profession.
- Maintaining confidentiality concerning the patient and the patient’s records.

The Paul L. Foster School of Medicine TTUHSC expects medical students to exhibit these attributes.

MEDICAL STUDENT HONOR CODE

In my capacity as a Paul L. Foster School of Medicine medical student, I will uphold the dignity of the medical profession. I will, to the best of my ability, avoid actions which might result in harm to my patients. I will protect the dignity of my patients and the deceased, and will protect their confidential information in accordance with the prevailing standards of medical practice. I will not lie, cheat, or steal. I will enter into professional relationships with my colleagues, teachers, and other health care professionals in a manner that is respectful and reflective of the high standards and expectations of my profession. I will not tolerate violations of this code by others and will report such violations to the appropriate authorities.

These are the attributes published in the PLFSOM Student handbook. The students are also expected to be familiar with the **TTUHSC Code of Professional and Academic Conduct** which can be found in its entirety on the PLF Student Affairs website at:

http://www.ttuhsoc.edu/student-services/documents/HSC_20092010_Approved_Handbook_080709.pdf.

This statement was adapted from the TTUHSC Code of Professional and Academic conduct. It was modified from the AAMC Medical Student Objectives Project.

The policy was approved by the Student Affairs committee, the Curriculum and Education Policy Committee and the Faculty Council. The students received a copy of the handbook at orientation on a CD and it is on the Student Affairs website.

These attributes and policies are also published in each course syllabus that is distributed to all students and all faculty that are involved with those courses.

b. Where in the curriculum do or will students learn about these attributes and the importance of attaining and regularly demonstrating them? Provide examples of formal instructional efforts where students learn or will learn about the professional behaviors and attitudes expected of them.

During year 1 and 2 students discuss professionalism issues in the Master's Colloquium course. As described in the course syllabus: "The Goal of the Masters Colloquium is to promote critical thinking and reflective mindfulness in discourse and decision making, respectfulness, empathy, and integrity in relations with others, and engaged, responsible citizenship in the community. "

The syllabus describes the following pertinent contact hours:

Year 1

Communication, Culture and Empathy - 10 weeks

Ethics and Medical Jurisprudence - 13 weeks

Year 2

Professionalism – 3 weeks

During the third and fourth year, professionalism will continue to be stressed. The final plan for how that will be integrated into the didactics and the evaluation system is still in discussion.

c. Briefly summarize the methods that are being or will be used to evaluate students' attainment of appropriate professional attributes. Include copies of any evaluation instruments. Describe how identified deficiencies are or will be remediated?

Students are assessed by their college masters during the Masters Colloquium by their reflective essay assignments as well as their interactions during the course. Medical Skills also assesses student's attributes and receives direct feedback from faculty and standardized patients in regards to this. Students meet with the course directors to discuss areas of concern.

In the small group sessions of Scientific Principles of Medicine and Society, Community and the Individual, students are assessed on their attendance, preparation, participation, respectful behaviors, and acceptance of differing points of view. A copy of this instrument can be found in Section III, Appendix 6 referred to above.

Throughout Society, Community and the Individual, students work with faculty in clinical settings. Unprofessional behavior is discussed as it arises with plans for remediation. Copies of the assessment instruments employed for the clinical component of this course can be found in Section III, Appendix 7.

d. Describe any formal efforts that are being developed to identify positive and negative influences on student professional behavior, particularly in the clinical environment. Summarize any mechanisms by which students, faculty members, or house staff will be able to report observed incidents of unprofessional behavior. Describe to whom reports of unprofessional behavior will be made.

During the early clinical experiences provided students in years 1 and 2 as part of the Society, Community, and Individual course, clinic preceptors are encouraged to contact the course directors with any concerns they may have about student professionalism or ethical conduct. In addition, the assessment form they complete on each student, as cited above, includes several items related to professionalism. The course director reviews these assessments and will counsel students who have been identified as having problems in this domain. Serious breaches or continued problems will be referred to the associate dean for student affairs for review, investigation, and further actions.

The Year 3-4 Task Force is addressing issues of professionalism in the clinical environment as part of their planning for the implementation of the clerkship curriculum. A draft version of an instrument that is currently under review can be found in Section III, Appendix 8.

If a student has multiple episodes of unprofessional conduct, it would be discussed at the Grading and Promotion committee and could impact a students' progress through the curriculum.

e. Who will be responsible for ensuring that appropriate canons of professional behavior established by the medical school are maintained in all educational settings? Describe any policies or procedures (such as excerpts from affiliation agreements) establishing the shared responsibility for an appropriate learning environment in clinical settings.

Medical Students are precepted by the faculty of TTUSHC Paul L. Foster School of Medicine.

The faculty are expected to know the commitment they have to maintaining a learning environment that is supportive of the students (as described in the Compact between Teacher and Learner). Each clinical department has this compact posted on their wall to remind all staff and residents of the expected environment. The same wording is being included in the affiliation agreements at the major teaching hospitals.

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If there is concern that the learning environment is compromised, the student could bring this to the attention of the clerkship director or the associate dean for student affairs to investigate. This would be addressed in the Student Mistreatment Policy.

Also see information for standard MS-32.

MS-32. Each medical school must define and publicize the standards of conduct for the teacher-learner relationship, and develop written policies for addressing violations of those standards.

The standards of conduct need not be unique to the school but may originate from other sources such as the parent university. Mechanisms for reporting violations of these standards -- such as incidents of harassment or abuse -- should assure that they can be registered and investigated without fear of retaliation.

The policies also should specify mechanisms for the prompt handling of such complaints, and support educational activities aimed at preventing inappropriate behavior.

a. Supply a copy of any formal medical school or university statements of the standards of conduct expected in the teacher-learner relationship. Describe the means by which students, residents, faculty (full-time, part-time, and volunteer), and staff are informed about the policy.

The AAMC “Compact between teachers and learners” was adopted by the faculty of the PLFSOM as our commitment to a positive learning environment. The compact is found in the Student Handbook on page 16 available at:

http://www.ttuhsom.edu/fostersom/studentaffairs/documents/SA_Handbok_Class_of_2014.pdf. Students are made aware of this compact at orientation. Copies are also posted throughout the campus. This policy was proposed in the Student Affairs Committee and then approved by the Curriculum and Educational Policy Committee and the Faculty Council. All faculty will complete a training module that describes the commitment of faculty to learner and related policies. The associate dean for student affairs will also present these expectations to each department on an annual basis.

b. Provide a copy (or web site URL) of any formal or informal policies and procedures for handling allegations of student mistreatment, including avenues for reporting such incidents and mechanisms for investigating them.

The policy on “Student-Faculty Dispute Resolution” can be found on page 31 of the student handbook:

http://www.ttuhsom.edu/fostersom/studentaffairs/documents/SA_Handbok_Class_of_2014.pdf

c. Describe any educational programs provided or materials developed by the school or other university officials to avoid or prevent student mistreatment.

The faculty completes a training module that familiarizes them with the commitment elucidated in the AAMC Compact between teacher and learner. They are also made aware of the policies that apply to student mistreatment.

MS-33. The medical school must publicize to all faculty and students its standards and procedures for the evaluation, advancement, and graduation of its students and for disciplinary action.

Attach a copy of, or web site URL for, the medical school's standards and procedures for the evaluation, advancement, and graduation of students, and the procedures for disciplinary action. Describe the means by which these standards and procedures are publicized to faculty members and students.

Student Handbook – Grading policy begins on Pg 22 to 26 found at this website:

http://www.ttuhsu.edu/fostersom/studentaffairs/documents/SA_Handbok_Class_of_2014.pdf

The Grading and Promotion policy described in the Student Handbook was proposed by the Student Affairs Committee with input from the Course Directors and the Curriculum and Education Policy Committee. The policy was approved by the Curriculum and Education Policy Committee and then approved by the full Faculty Council.

The Student Handbook is discussed at orientation and students are directed to the website for future reference.

MS-34. There must be a fair and formal process for taking any action that adversely affects the status of a student.

The process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the student to respond, and an opportunity to appeal any adverse decision related to promotion, graduation, or dismissal.

a. Summarize the due process protections in place at the medical school when there is the possibility of the school's taking an adverse action against a medical student for academic or professionalism reasons. Include a description of the process for appeal.

Students failing a unit exam in year one or two will meet with the associate dean for student affairs. If they fail a second unit in a semester this would constitute a fail for the semester. Each student is reviewed by the Grading and Promotion committee on an annual basis to recommend progression in the curriculum. If a student has a failed semester or if they have failed three units over two semesters, the Grading and Promotion Committee will discuss that student. The student would be expected to meet with the committee to discuss their academic difficulties and a proposed plan to remediate those deficiencies. Grading and Promotion Committee decisions are forwarded in writing to the student and to the dean of the School of Medicine. The student has the option of appealing the decision to the Grading and Promotion committee at that point. If there is no appeal, the dean may accept the recommendation of the committee or amend it. If amended, that would be forwarded to the chair of the GPC and the student. The student has the option again at this point to appeal the decision to the dean. The appeal must be in writing and cite the grounds for the appeal. An appeal may only be based on a claim that due process of the Grading and Promotion Committee policies were not followed.

The dean may decide the issue alone or appoint an Appeals Committee comprised of 3 members of the senior faculty to determine whether a basis for appeal exists. The Appeals Committee meets with the student, who may have an attorney or other representative present if that student has notified the associate dean for student affairs of their desire to do so.

At the conclusion of the hearing, the Appeals Committee shall forward its recommendation to the dean. The decision of the dean is final. The student and the chair of the Grading and Promotion Committee will be notified in writing of the final decision by the dean.

If the student is accused of misconduct, as defined in the Student Affairs Handbook: Code of Professional and Academic Conduct, then an Ad Hoc committee (Student Conduct Board) will be appointed by the associate dean for student affairs to hear the case. If the Ad Hoc committee finds that misconduct has occurred then the Grading and Promotion Committee will consider further action. If the Ad Hoc committee does not find misconduct then no further action occurs.

b. Describe the means by which these protections are made known to medical students.

Medical Students are notified of the Student Handbook and the Student Affairs Handbook: Code of Professional and Academic Conduct at orientation. Both handbooks are found at the website for Student Affairs: <http://www.ttuhschool.edu/fostersom/studentaffairs/>. The associate dean for student affairs also reviews these policies with the students during an annual class meeting that is held early in the academic year.

MS-35. Student records must be confidential and available only to members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

Describe the general content of the medical student's academic record files. Where are student academic records maintained? Who, other than the student, is authorized to examine or review such records?

The official record of matriculation and course registration are maintained by the registrar in Lubbock. Course grades are maintained on a web based program WebRaider. Every student has access to their own transcript and matriculation information. The associate dean for student affairs, the director of student affairs and the director of academic support can view this website.

Each student also has electronic access to their test scores, evaluations and other information in their individual e-portfolios. College masters have access to their students' e-portfolios. The associate dean for student affairs, the director of academic support and the senior associate dean for medical education have access to all students' e-portfolios. Grading and promotion committee members have access to grades and evaluations at the time of student progress review. FERPA is adhered to both in the electronic version and in any written documents.

MS-36. Students must be allowed to review and challenge their records.

a. Describe the procedure students must follow in order to review or challenge their records. How do you assure that students have access to their records in a timely manner?

Students have access to their own records in two manners. First, they can access their transcript and official grades on WebRaider. These are the records that are maintained by the registrar in Lubbock. Grades are posted within 30 days of completing a course.

Secondly, they have access to their own grades on individual evaluations, both formative and summative, on their student e-portfolio. These grades are posted within one week of completing the graded activity.

Students have the right to challenge records, grades, and information directly relating to them.

- 1) An initial meeting will be informal and participants will include: 1) the custodian of the challenged records or information, and 2) the student,
- 2) If a student still wishes to challenge records, grades, or information directly relating to him or her they must notify the custodian of the record, grade, or information. The notice must be in writing and specifically identify the item challenged and the basis for the challenge. The custodian must respond in writing to the student within seven (7) SOM working days and forward a copy of the challenge and response to the associate dean for student affairs.
- 3) If the written response is unsatisfactory to the student, a formal hearing will be conducted.
 - a) The hearing will be conducted within five (5) working days following the request for the hearing.
 - b) The hearing will be conducted by an institutional official or other party who does not have a direct interest in the outcome of the hearing. The appointment of the official or party will be made by the associate dean for student affairs.
 - c) The student will be afforded a full and fair opportunity to present evidence relevant to challenging the content of the educational records in order to ensure that they are not inaccurate, misleading or otherwise in violation of the privacy or other rights of the student. The hearing also provides an opportunity for correction or deletion of any inaccurate, misleading or otherwise inappropriate data contained in the records, and/or for insertion into the records, a written explanation of the student respecting the content of the challenged records.
 - d) The decision of the hearing must be rendered in writing to all involved parties within five (5) working days after the conclusion of the hearing.

b. Describe the means by which the medical school's policies and procedures regarding students' access to, review of, and challenges to student academic records are made known to faculty and medical students.

The policy to challenge grades is on page 29 of the Student Handbook which students may review on line at: http://www.ttuhsu.edu/fostersom/studentaffairs/documents/SA_Handbok_Class_of_2014.pdf

Faculty have approved this policy through the Student Affairs Committee, the Curriculum and Education Policy Committee and the Faculty Council. This information will also be included in faculty modules on the learning environment.

c. Does each required course provide students with an opportunity to review their performance, and if necessary, appeal an examination or course grade?

Each course posts their grades on the student e-portfolio and course directors communicate with students via email to notify them when grades are posted. Students are welcome to discuss examination concerns or course grades with the course director, the senior associate dean for medical education, or the associate dean for student affairs.

MS-37. Schools should assure that students have adequate study space, lounge areas, and personal lockers or other secure storage facilities.

a. Describe the quantity, quality, and accessibility of medical student study space, lounge, and recreation and relaxation areas. Do medical students share such space or facilities with students in other programs?

Students have a large student lounge in the medical education building (MEB) that includes areas for relaxation, exercise, and a kitchen. This encompasses 2,700 square feet of space. This space is shared with the third and fourth year students from the TTUHSC School of Medicine.

There is study space in the library in the MEB that includes 4 small study rooms for a total of 490 sq ft, a reading room of 450 sq ft and an instruction room of 264 sq ft. School of Nursing students, allied health and the community of the medical school may use the study spaces within the library during usual business hours. Students have access to the MEB building 24 hours a day for studying, which includes many small group rooms that may be used for studying when there are no classes assigned to that room. During the day, School of Nursing students may also access these rooms but after 10 PM, only medical students have access to the building. Students also have access to the second library in the Administration building that is available to all HSC students and residents. In the fall of 2010, the School of Nursing moved into its own leased building.

b. Summarize the storage facilities for students' personal possessions and valuables (e.g., microscopes, computing equipment), both at the main or home campus and at other teaching sites.

Each student has a locker in their college area for storage of their personal items and computers if needed. They are not issued microscopes because they have computer access to the virtual microscopes (Bacus).

When the student is in a community clinic, they leave their belongings in the preceptors' office. During clinical rotations, there is an identified area for personal belongings whether in the hospital or the clinics.

c. Describe any plans for enhancing or enlarging student study and relaxation space as the size of the student body increases.

The Medical Education building was built in 2008 for the expected class size of 80 students per year and could accommodate a class size of up to 100 students per year without difficulty. There are no plans to expand study and relaxation space at this time as study and relaxation space are fully adequate to accommodate the needs of up to 100 students per class.

END OF SECTION III