

BACKGROUND INFORMATION ABOUT THE SCHOOL

a. Insert a copy of the school's current entry in the AAMC Directory of American Medical Education and indicate year of entry.

Texas Tech University Health Sciences Center

Paul L. Foster School of Medicine

5001 El Paso Drive

El Paso, Texas 79905

915-783-5510

Web site: www.ttuhsc.edu/fostersom

The Paul L. Foster School of Medicine at Texas Tech University Health Sciences Center in El Paso seeks to educate physicians, provide health care and perform focused research in an environment of Border and Hispanic Health. Relying on its 40 year history as a teaching clinical campus, the faculty at Paul L. Foster have crafted a curriculum organized around clinical presentations, community and cultural sensitivity, as well as clinical and communication skills. It relies on clinical locations throughout El Paso County for student and resident rotations, while providing health care to multiple diverse populations. The School has focused its research efforts on Border and Hispanic populations by creating research centers in the areas of diabetes/obesity, cancer, neurosciences and infectious diseases.

Type: public

2011-2012 total enrollment: 181

University Officials

| | |
|--|------------------------------|
| President..... | Tedd L. Mitchell, M.D. |
| Chief of Staff..... | Pureza (Didit) Martinez |
| Special Assistant to the President..... | Keino McWhinney |
| Executive Vice President for Finance and Administration | Elmo M. Cavin, M.B.A. |
| Executive Vice President for Research | Douglas M. Stocco, Ph.D. |
| Senior Vice President for Academic Affairs..... | Rial Rolfe, Ph.D., M.B.A. |
| Vice President for Information Technology and Chief Information Officer | Chip Shaw, Ed.D. |
| Vice President for Medical Affairs | Steven L. Berk, M.D. |
| Vice President for Rural and Community Health | Billy U. Philips, Ph.D. |
| Vice President for Health Affairs..... | Jose Manuel de la Rosa, M.D. |

Medical School Administrative Staff

| | |
|---|---------------------------------|
| Founding Dean and Vice President for Health Affairs | Jose Manuel de la Rosa, M.D. |
| Associate Dean for Finance and Administration..... | Frank Stout, M.B.A. |
| Senior Associate Dean for Medical Education | David J. Steele, Ph.D. |
| Associate Academic Dean for Admissions | Manuel Schydlower, M.D. |
| Associate Academic Dean for Clinical Affairs | Michael J. Romano, M.D., M.B.A. |
| Associate Dean for Faculty Affairs and Development..... | Hoi Ho, M.D. |
| Associate Dean for Student Affairs..... | Kathryn V. Horn, M.D. |
| Associate Dean for Graduate Medical Education | Armando Meza, M.D. |
| Associate Dean for Research..... | Charles C. Miller, III, Ph.D. |
| Associate Dean for the Graduate School of Biomedical Sciences | Charles C. Miller, III, Ph.D. |

Department Chairs

Basic Sciences

| | |
|---------------------------|-------------------------------|
| Biomedical Sciences | Charles C. Miller, III, Ph.D. |
| Medical Education | Richard Brower, M.D. |

Clinical Sciences

| | |
|--|--------------------------------|
| Anesthesiology | Ahmed E. Badr, M.D. |
| Emergency Medicine | Brian K. Nelson, M.D. |
| Family and Community Medicine..... | Gurjeet J. Shokar, M.D. |
| Internal Medicine | Richard McCallum, M.D. |
| Neurology..... | David Briones, M.D. (Interim) |
| Obstetrics and Gynecology | Veronica Mallett, M.D. |
| Orthopedic Surgery and Rehabilitation..... | Miguel E. Pirela-Cruz, M.D. |
| Pathology | Darius Boman, M.D. |
| Pediatrics..... | Bradley Fuhrman, M.D. |
| Psychiatry..... | Michael A. Escamilla, M.D. |
| Radiology | Arvin E. Robinson, M.D., Ph.D. |
| Surgery | Alan H. Tyroch, M.D. |

b. Indicate on a separate page any changes in administrative positions or personnel that have taken place since the directory was published.

There have been no changes in administrative positions or personnel since the publication of the directory.

c. Provide a brief history of the medical school , noting any key points in the school's historical development.

HISTORICAL PERSPECTIVE

Texas Tech University School of Medicine in Lubbock was chartered in 1969 and admitted its first class in 1971. The El Paso campus opened soon after, since the clinical practice in Lubbock at the time was not large enough to sustain the educational program on the central campus. About thirty students in each third- and fourth-year class were assigned to El Paso. Over the years, the number of students receiving clinical training at the El Paso regional campus has been as high as 60 students in each third- and fourth-

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year class. During this 40 year period, the faculty and local community nurtured a vision of establishing a full-fledged four year medical school in El Paso, with both basic and clinical sciences represented.

On May 28, 2007, the Texas State Legislature voted to appropriate \$43 million to be used during the next biennium (\$25 million in Fiscal Year 2008 and \$18 million in Fiscal Year 2009) for the establishment of the Texas Tech University Health Sciences Center (TTUHSC) El Paso School of Medicine. This positive development enabled us to begin the recruitment of additional key personnel, to accelerate curriculum planning, and to put in place the additional infrastructure needed to support an expanded faculty.

Another significant milestone in the brief history of the El Paso School of Medicine was reached on August 24, 2007, with the announcement that local businessman and philanthropist, Paul L. Foster, had donated \$50 million to endow the fledgling school. In recognition of this gift, the largest in the history of the Texas Tech University system, the El Paso School of Medicine has been renamed the Texas Tech University Health Sciences Center at El Paso Paul L. Foster School of Medicine.

Curriculum development has been a major focus of attention since the formation of the medical school. Initially, under the leadership of Drs. Henry Mandin and Daryl Williams, the existing faculty and Health Sciences Center administration, created a framework for the development of a four year medical curriculum designed to integrate the teaching of foundational biomedical sciences in a clinical context and prepare students to meet the health care needs of the community. A free-standing Department of Medical Education was created, consisting of full-time basic science and physician educators, who were charged with the primary responsibility of developing and implementing the “El Paso Curriculum.”

The Paul L. Foster School of Medicine (PLFSOM) received independent Preliminary Accreditation in February 2008. At that time, the LCME commended the school for its clinically relevant basic science curriculum, its history of educating third and fourth year students as part of the TTUHSC system, its exceptional facilities and educational resources, its commitment to faculty development, and its ability to recruit key administrative faculty members with experience and expertise in medical education and curriculum planning. A charter class of 40 students matriculated in July 2009 and was followed by a class of 60 students in July 2010, and another class of 86 in July 2011.

In June, 2011, PLFSOM was granted Provisional Accreditation status by the LCME. Once again, it commended the school for its progressive, highly integrated curriculum in years 1 and 2 and for the development of a model of clerkship education that reinforced an integrated approach to student learning in the context of patient care.

DESCRIPTION OF THE COMMUNITY

El Paso is the westernmost and sixth largest city in Texas. It lies in a different time zone from the major population centers of the state and it is closer to Los Angeles, California than it is to Houston, Texas.

Similarly, it is over 300 miles from Lubbock, the administrative center of the Texas Tech University Health Sciences Center. El Paso, with a population of some 700,000 persons serves as the economic center of a metropolitan area of over 2.5 million that includes Ciudad Juárez, Mexico and Las Cruces, New Mexico. Over 80% of the El Paso's population is Mexican-American, Spanish is the primary language in a majority of households, educational achievement is low, and the level of poverty is high. Nearly 40% of the population is uninsured and lacks federal assistance from programs such as Medicare, Medicaid, and the State Children's Health Insurance Program (CHIP). Thus, a clear need exists for expanded healthcare capabilities and for a medical education program to support the needs of the community. In addition, the community has experienced a tremendous expansion of personnel at the neighboring army base, Fort Bliss.

LEGISLATIVE BRIDGE FUNDING

State-supported medical schools in Texas receive the largest portion of their state appropriation in capitated funds based upon a formula using data from the previous academic year. This so-called "formula funding" will be incompletely implemented for PLFSOM the year after the charter class is graduated and not fully implemented until the year after the first class of 80 students is graduated (2015).

The school's direct receipts were \$32.1 million in fiscal year 2009, \$39.3 million for fiscal year 2010, and \$38.8 million in 2011. The school anticipates supplementary bridge funding annually until formula funding is implemented with the establishment of a full complement of students in 2013.

SUMMARY

Texas Tech University Health Sciences Center and the El Paso community have spent 10 years in planning for a fully-accredited four-year medical school. The need has been demonstrated and much of the needed infrastructure has been put in place over the last 30 years. Support for the new school has come from a wide range of sources, including the Texas Medical Association, the Texas Higher Education Coordinating Board, the State Legislature, and other state officials, including the Governor. The existing medical school in Lubbock has provided strong support for the development of the new medical school in El Paso and we have implemented a transition plan to assure that the educational experiences provided by both schools will be of high quality. We believe that we have identified the requisite resources to establish a strong four-year program of medical education that will meet the requirements established by the Liaison Committee on Medical Education and will serve the needs of the community and the US-Mexico Border region.

d. Complete the following table with data from the previous and current full surveys:*

| | [Previous Survey Year:2009-2010] | [Current Survey Year: 2011-12] |
|---------------------------------|----------------------------------|--------------------------------|
| Entering class size | 62 | 86 |
| Total enrollment | 99 | 181 |
| Residents and fellows | 200 | 224 |
| Full-time basic science faculty | 46 | 46 |
| Full-time clinical faculty | 219 | 204 |

(\$ in Millions)

| | [Previous Survey Year:2009-2010] | [Current Survey Year: 2011-12]** |
|--|----------------------------------|----------------------------------|
| Total revenue from tuition and fees | 0.7 | 1.5 |
| University and government appropriations | 51.8 | 62.1 |
| Research/training grants, direct | 7.5 | 9.4 |
| Indirect cost recoveries | 1.0 | 1.3 |
| Practice plan income | 78.4 | 50.6 |
| Revenue from clinical affiliates | 17.0 | 50.0 |
| Other revenues | 0.3 | 0.4 |
| Gifts and endowment | 1.2 | 1.3 |
| Total revenues | 157.9 | 176.6 |

* Indicate the year of the previous survey visit in the table. If the data come from a different year, indicate this year by an asterisk.

**Fiscal year 2011.

SECTION I. INSTITUTIONAL SETTING
PART A: KEY QUANTITATIVE INDICATORS

Please provide the following information. For U.S. medical schools, use the school's copy of the Longitudinal Statistical Summary Report (LSSR) as the data source, unless otherwise indicated. Include data for 2010-2011, if available.

a. Number of vacant department chair positions for each of the following academic years.

| | 2005-06 | 2006-07 | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 |
|-------------------|---------|---------|---------|---------|---------|---------|---------|
| # chair vacancies | NA | NA | 3 | 2 | 2 | 3 | 1 |

2007-08 Vacancies: Internal Medicine, Biomedical Sciences, Ophthalmology

2008-09 Vacancies: Pediatrics, Psychiatry (Psychiatry formed from Neuropsychiatry '09)

2009-10 Vacancies: Pediatrics, Neurology (Neurology formed from Neuropsychiatry '10)

2010-11 Vacancies: Obstetrics-Gynecology, Pediatrics, Neurology

2011-12 Vacancies: Neurology

b. Total numbers of students enrolled in medical school-sponsored undergraduate programs; Master's and doctoral degree programs in the biomedical sciences; other professional degree programs; and certificate programs.

| | 2005-06* | 2006-07* | 2007-08* | 2008-09 | 2009-10 | 2010-11 | 2011-12 |
|--|----------|----------|----------|---------|---------|---------|---------|
| Undergraduate (e.g., BA/BS)** | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Master's program(s) in biomedical sciences | N/A | N/A | 2 | 10 | 10 | 17 | 29 |
| Doctoral program(s) in biomedical sciences | N/A | N/A | 3 | 5 | 5 | 7 | 17 |

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| | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|
| Other professional degree programs (e.g., MPH, DrPH) | N/A | N/A | N/A | N/A | 2 | 6 | 5 |
| Certificate programs | N/A |

* The Paul L. Foster School of Medicine is a new medical school. It achieved preliminary accreditation status in February 2008 and provisional status in June 2011.

** The PLFSOM does not grant undergraduate degrees.

c. Total numbers of residents and clinical fellows on duty in ACGME-approved programs (for U.S. medical schools) or in RCPSC or CFPC-accredited programs (for Canadian medical schools) that are the responsibility of the medical school faculty.

| | 2005-06 | 2006-07 | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 |
|-----------|---------|---------|---------|---------|---------|---------|---------|
| Residents | 179 | 181 | 183 | 198 | 200 | 214 | 222 |
| Fellows | 0 | 0 | 0 | 0 | 0 | 0 | 2 |

d. Percentage of graduating medical students who participated in a research project with a faculty member (Source: AAMC Medical School Graduation Questionnaire)

| | 2005-06 | 2006-07 | 2007-08 | 2008-09 | 2009-2010 | 2010-2011 | 2011-12 |
|-----------------|---------|---------|---------|---------|-----------|-----------|---------|
| % participation | NA | NA | NA | NA | 100%* | 100%* | 100%* |

*Students at the PLSOM complete a scholarly project as a graduation requirement. This requirement, the Scholarly Activity and Research Program (SARP) is described in detail in Database section I, IS 13-14b and section II, ED-17-A.

e. Percentage of graduating medical students who participated in a service-learning project. (Source: AAMC Medical School Graduation Questionnaire)

| | 2008-09 | 2009-10 | 2010-11 | 2011-12* |
|-----------------|----------------|----------------|----------------|-----------------|
| % participation | NA | NA | NA | 85% |

*As a new medical school that will graduate its first class in May 2013, we do not have AAMC GQ data. The percentage participation reported above is an estimate based on class survey.

SECTION I. INSTITUTIONAL SETTING
PART B: NARRATIVE DATA AND TABLES

IS-1. Each medical school must engage in a planning process that sets the direction for the institution and results in measurable outcomes.

To ensure ongoing vitality and successful adaptation to the rapidly changing environment of academic medicine, schools need to establish periodic or cyclical institutional planning processes and activities. Planning efforts that have proven successful in medical schools and other professional or business milieus typically involve the definition and periodic reassessment of both short-term and long-range goals for the successful accomplishment of institutional missions. By framing goals in terms of measurable outcomes wherever circumstances permit, a school can more readily track progress toward their achievement. The manner in which a school engages in institutional planning will vary according to available resources and local circumstances, but all schools should be able to document their vision, mission, and goals; evidence indicating their achievement; and strategies for periodic or ongoing assessment of successes and unmet challenges.

a. Provide a brief statement of the mission and goals of the medical school. When were these last reviewed and/or revised?

The mission and goals of the new medical school have been developed to be in concert with the mission and goals of the Texas Tech University Health Sciences Center (TTUHSC) and have been endorsed by the current faculty of the El Paso campus. The mission and vision statement below was revised in 2012 as part of with our latest round of strategic planning. It was approved by the President of TTUSC in May, 2012.

Mission

The mission of the Texas Tech University Health Sciences Center Paul L. Foster school of medicine is provide outstanding education and development for a diverse group of students, residents, faculty and staff; to advance knowledge through innovation and research; and to serve the needs of our socially and culturally diverse communities and region.

Vision:

Texas Tech University Health Sciences Center Paul L. Foster School of Medicine will promote wellness and relieve human suffering through excellence in healthcare, intellectual innovation and service to the border region.

GOALS

The goals of the Paul L. Foster School of Medicine are:

1. To provide a medical education that is consistent with modern scientific principles, supportive of strong ethical principles, sensitive to the needs of the community, and committed to excellence.
2. To produce excellent graduate physicians who embody the principles of the medical school.
3. To promote new knowledge in the medical sciences through strong research programs that investigate not only the biological bases of medicine but also the humanistic, cultural and health services components of medicine.

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4. To ground its medical education program in an environment of health services that serve as a model of excellence within the community, state, and nation.
5. To recruit outstanding young persons to the pursuit of careers in the disciplines of medicine.
6. To serve as an educational and referral resource to practicing physicians and other health care professionals within the community and region.
7. To promote educational achievement among the youth of the Border region.

The mission and goals of the medical school were reviewed at the Dean's Retreat in March of 2010, and a strategic planning effort was launched at that time. The strategic plan was fully developed over a year's time and was ratified by the dean's Academic Council and the Faculty Council at the end of 2011. (Please see detailed summary below.) The dean is putting a communication plan together through the Office of Communications to disseminate the plan to the campus and we are using the WEAVE Online tool to track progress for implementation.

b. Provide an executive summary of the current medical school strategic plan, if any. Note if the strategic plan was developed independently of or in collaboration with the parent university or the health system.

Background:

Prior to the decision to create an independent 4-year school of medicine in El Paso, strategic planning for the campus was conducted as part of the overall strategic planning processes of TTUHSC and its medical school based in Lubbock. The first strategic plan for the new El Paso school was initiated in 2000 by an ad hoc planning committee and was followed by a more formal planning process in 2004 resulting in a 5-year strategic plan designed to facilitate the creation and initial accreditation of the new institution.

The 2011-2016 Strategic Plan:

As noted above, planning for the next iteration of the strategic plan was initiated by the Dean of the Paul L. Foster School of Medicine in the spring of 2010 with the creation of an executive committee and identification of working groups. The philosophy of this strategic planning effort was to begin from a "bottom-up approach", working with goals and objectives. Seven committees were assigned, and each was given responsibility for one of the 7 goals of the medical school. The committees were constituted with participation by senior administration, senior faculty, mid-level faculty, early career faculty, as well as staff representation and staff support. Committees were tasked with refinement of the goals to meet the future needs of the medical school. Further, each committee was asked to identify objectives and strategies as well as tasks to be implemented over the next 5-years in order to advance each of the seven goals of the school.

The work of these committees spanned approximately 10 months culminating in an executive leadership retreat in March of 2011. The Executive Leadership workgroup, which consisted of all Departmental Chairs and Senior Administration as well as Marketing and Communications, analyzed and established calendars for the tasks, organized by objective. This resulted in the first draft of a new 5-year Strategic Plan.

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A summary of the major objectives identified by each strategic planning committee follows:

Undergraduate Medical Education

- Develop and implement a required clerkship curriculum that is consistent with the [pedagogical] model employed in years 1-2.
- Initiate a comprehensive review of year 1-2 curriculum.
- Develop curricula, educational strategies, and assessment methods that will encourage critical thinking, student engagement, and active self-directed learning.
- Develop innovative educational technology/information technology applications for the delivery of a highly integrated core curriculum.
- Enhance the status of professionalism in the curriculum.
- Enhance the role of service learning.
- Develop and implement a curriculum on interprofessional relationships, teamwork and leadership.
- Develop strategies to establish national and international reputation [in education, assessment, and evaluation].

Graduate Medical Education

- Develop graduate medical education in a patient-centered model.
- Recognize faculty for GME teaching efforts.
- Provide formal training on the critical appraisal of the literature to postgraduate physician.
- Provide formal training on teaching skills to post graduate physicians.

Research

- Develop a strategic plan for long-term financing of the research programs.
- Develop a flexible plan for sustainable growth in research space.
- Develop a plan for translational research growth and interactions between clinicians and scientists.
- Develop strategic plan for creating community research partnerships.

Clinical Affairs

- Assess viability of community based clinics
- Restructure clinics for improved efficiency and payor base.
- Obtain capacities for EMR systems implementation.
- Increase clinical obligations and expand pediatric programs with opening of Children's Hospital.
- Define new medical and surgical subspecialties services at UMC.
- Request two new clinic buildings.
- Set realistic % of patients seen.

Student recruitment and admissions

- Promote awareness of PLFSOM as a highly desirable and competitive opportunity to acquire an outstanding medical education.
- Continue to support pipeline programs for high school and premedical students.
- Explore feasibility of establishing post-baccalaureate program by 2013.

Faculty

- Expand faculty to include clinicians to support the practice plan.
- Expand research faculty.
- Expand teaching faculty.

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- Rebuild an efficient clinical practice to become a preferred referral center for the region.
- Become an independently accredited CME provider by spring 2012.
- [Expand] community based volunteer faculty to support the educational mission.
- Foster dual faculty appointments with other institutions of higher learning to support collaborative education and research initiatives.
- Incorporate standards of professionalism at all levels.

Promote educational achievement among the youth of the border

- Endorse Higher Education Coordinating Board's "Closing the Gaps" initiative to promote college attendance.
- Create a college-going culture in the border region.
- Identify and promote the development of PLFSOM faculty who can serve as resources and liaison with schools and school systems.

This plan was reviewed and discussed by the Academic Council (the most senior faculty body composed of 10 members to include the Dean, 4 members of the Dean's council, the President of the Faculty Council and four additional members of the Faculty Council). The Academic Council ratified the work of the individual committees but noted that the mission and vision statements needed review and updating as well as noting that the entire process must be integrated with our newly adopted diversity statement. Subsequently, a committee on mission and vision was empanelled by the Dean. The mission and vision committee met multiple times over the year following a June 18, 2011 kickoff for review of the strategic plan and to update the PLFSOM mission and vision statement. The final versions of the statements were approved by the President in May 2012.

The strategic plan has been presented to each of the three Paul L. Foster School of Medicine governing councils. Faculty Council (general faculty's elected governance committee that is composed of one elected representative from each department) commented, requested updates and approved the finalized plan in late 2011. The Dean's Council (Associate Deans and Department Chairs) and Academic Councils have also reviewed and approved. The finalized Strategic Planning document is was prepared for dissemination in May 2012 as part of a coherent communication strategy. Senior leadership has begun to disseminate the document throughout the Paul L. Foster School of Medicine as well as externally to multiple audiences. The Strategic Plan public report can be found at http://www.ttuhsu.edu/elpaso/elpfiles/Strategic_Plan_2012/index.html

Coordination and follow up of the strategic plan is integrated through the "weave online" tool. Weave online is a web-based tool that helps manage quality improvement and strategic planning processes for colleges and universities, and allows for detailed assessment of institutional effectiveness. This tool requires documentation of metrics for each task/objective, and produces reports for committee chairs and senior leadership. Integration of the Paul L. Foster School of Medicine strategic plan with Texas Tech University Health Sciences Center strategic plan as well as the Texas Tech University System strategic plan is facilitated by utilization of this integrated tracking tool, which is licensed for use at all System components. The PLFSOM senior leadership is accountable for achieving the goals and objectives of the plan.

c. Date of most recent review or revision of the strategic plan:

12/2011

As described in the section above, the most recent strategic plan was initiated in March 2010, with an Associate Deans and Chairs Retreat. In September 2010, seven strategic planning subcommittees began crafting area specific strategic plan recommendations. In March 2011, the Associate Deans and Chairs met in retreat for several days to review the outcomes of the draft strategic plans submitted by each planning sub-committee. As part of this discussion, timelines were developed and individual faculty members were identified to implement strategic goals and objectives. (See section IS-1, item e below for more details).

d. How often will the plan be reviewed or revised?

The Strategic Plan will be reviewed every five years.

e. Briefly summarize or outline the planning process, including the main participants and the names or titles of individuals or groups whose approval is required to finalize and approve the plan.

The primary responsibility for ongoing planning for the Paul L Foster School of Medicine resides on the El Paso campus, although this is done in the context of previous and current planning for the whole Health Science Center (described below). The dean of the Paul L. Foster School of Medicine has empanelled a Leadership Group, composed of the associate deans and department chairpersons, to oversee the development of a new five-year strategic plan.

The intent of the process is to provide broad faculty participation through faculty retreats, meetings of department chairpersons and associate deans, and planning conferences using outside facilitators. In all of these activities, efforts were made to identify priorities and specific, measurable outcomes for patient care, education, research, administration and governance, and faculty development.

The planning process was initiated in early March 2010, when the executive leadership of the Paul L. Foster School of Medicine participated in a three day planning and evaluation retreat away from campus. The school's dean, eight associate deans, and all the department chairpersons attended or were otherwise represented. The retreat set the tone and priorities for the next strategic planning process, which was our first as an independent medical school. The dean and leaders of the education, clinical and research missions of the school articulated their visions and challenges, and sought input from the campus' leadership to begin shaping the institutional strategic planning.

The dean created seven strategic planning taskforce groups, corresponding with the seven institutional goals of the medical school, and appointed an appropriate associate dean to chair each task force. He directed the task force chairs to identify task force members who would represent the perspectives of senior, mid-level, and junior faculty, along with two senior representatives from the support staff. Task force members were discussed with, and approved by, the dean. Each task force met on multiple occasions to identify goals, objectives and tasks necessary for accomplishing strategic goals. Progress reports were included as part of the agenda for the bi-monthly meetings of the associate deans. In March 2011 the associate deans and department chairs met in a 3 day retreat to review the recommendations of each of the seven task force groups, to answer questions, set priorities, and to identify key faculty,

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administrators, and staff who would be charged with the responsibility of implementing strategic initiatives. The strategic plan was presented to the three main academic oversight bodies [Dean's Council – 11/24/2011, Academic Council – 11/28/2011, Faculty Council – 12/19/2011] for review and comment for discussion and final ratification as described above. The dean has assigned his associate deans to serve as the strategic plan implementation oversight group. This group will review the status of strategic planning implementation at least quarterly in its monthly Saturday “mini-retreats.” The most recent implementation review occurred on Saturday, February 18, 2012. The next implementation review is scheduled in July 2012.

IS-2. A medical school should be, or be part of, a not-for profit institution legally authorized under applicable law to provide medical education leading to the MD degree.

a. Year of formation:

| |
|---|
| 1928 (Texas Tech University) |
| 1979 (Texas Tech University Health Sciences Center) |
| 2003 (El Paso School of Medicine)* |

* School received provisional authorization from the Texas State Legislature. In February of 2008, the School received preliminary accreditation from the LCME and seated the charter class on July 13, 2009. The school was renamed the Paul L. Foster School of Medicine in 2007.

b. State (province) of organization or incorporation:

Texas

c. Type of charter (check one):

| | |
|-------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> | Not-for-profit corporation |
| <input type="checkbox"/> | For-profit corporation |
| <input type="checkbox"/> | Limited liability company |
| <input type="checkbox"/> | Other, describe below |

If the medical school is part of a for-profit/investor-owned company, provide the name and location of the parent company; a copy of its most recent audited financial statement; and copies of its three most recent Form 10-Ks filed with the Security and Exchange Commission, if publicly traded. Also provide a copy of its most recent annual report.

IS-3. If a U.S. medical education program is not a component of a regionally accredited institution, the parent institution for the program must achieve institutional accreditation from the appropriate regional accrediting body.

The LCME is recognized by the U.S. Department of Education as an accrediting agency for the educational programs, more specifically for the accreditation of medical education programs leading to the M.D. degree. Because the LCME is not recognized as an institutional accrediting agency, it lacks standing to accredit stand-alone medical schools as institutions of higher education.

Institutional accreditation is granted by a regional accrediting agency, and is required to qualify for federal financial assistance programs authorized under Title IV of the Higher Education Act. Some regional accrediting bodies grant “pre-accreditation” as a first step to achieving full accreditation. In such circumstances the attainment of pre-accreditation status would meet the requirements of this standard.

a. Accredited by the following regional accrediting body (check one):

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Middle States Association of Colleges and Schools |
| <input type="checkbox"/> | New England Association of Colleges and Schools |
| <input type="checkbox"/> | North Central Association of Colleges and Schools |
| <input type="checkbox"/> | Northwest Association of Schools and Colleges |
| <input checked="" type="checkbox"/> | Southern Association of Colleges and Schools |
| <input type="checkbox"/> | Western Association of Schools and Colleges |

b. Current institutional accreditation status:

Reaffirmation of accreditation in 2009 (12/09/09)

c. Year of next regional accreditation survey:

2019

IS-4. The manner in which an institution that offers a medical education program is organized, including the responsibilities and privileges of administrative officers, faculty, medical students, and committees must be promulgated in programmatic or institutional bylaws.

a. Provide a copy of the faculty bylaws that apply to the medical school, or the URL of the web site where they can be viewed.

The faculty bylaws can be found at:

http://www.ttuhsoc.edu/fostersom/facultyaffairs/documents/BYLAWS_Jan_2011.pdf

b. Date of the most recent bylaws revision:

6-18-2012

c. Describe the process of bylaws revision.

An amendment to the bylaws may be proposed by the dean, the Faculty Council (a faculty elected governing body), or by petition of five (5) percent of the voting faculty. A proposed revision in the bylaws is reviewed by an ad hoc review committee appointed by the Faculty Council. This committee is responsible for assuring that the proposed amendment is in compliance with the rules and policies of the TTHUSC Board of Regents (BOR). Once deemed consistent with BOR rules and policies, the proposal is mailed/e-mailed to all members of the Voting Faculty for review and comment. The proposed amendment and relevant comments will be discussed by the Faculty Council at its next regular meeting or a meeting called for the expressed purpose of such discussion. The Faculty Council may modify, reject, or consent to move the amendment forward. If the decision is made to move the proposal forward, it requires an affirmative vote of a majority of the Faculty Council. If the amendment has been modified from its original form, it is sent again to the Voting Faculty within one (1) week following the Faculty Council meeting and the Voting Faculty may again review the amendment and submit comments to the Faculty Council. No less than three (3) weeks later, a meeting of the Faculty Council shall be held to consider the final proposed amendment and a formal vote by the Faculty Council shall be conducted.

d. Briefly describe how the bylaws are made available to the faculty.

The Faculty Bylaws are included in the Faculty e-Handbook and can be accessed through links on the PLFSOM web site: http://www.ttuhsoc.edu/el Paso/admin/documents/faculty_by_laws.pdf. In addition, faculty members are provided printed copies of the current bylaws during faculty orientation.

IS-5. The governing board responsible for oversight of an institution that offers a medical education program must have and follow formal policies and procedures to avoid the impact of conflicts of interest of members in the operation of the institution and its associated clinical facilities and any related enterprises.

There must be formal policies and procedures to avoid the impact of conflicts of interest, such as the requirement that a board member recuse him/herself from any discussion or vote relating to a matter where there is a potential for a conflict of interest to exist. The school also must provide evidence (for example, from board minutes, annual signed disclosure statements from board members) that these policies and procedures actually are being followed. Some conflicts related to personal or pecuniary interests in the operation of the school may be so pervasive as to preclude service on the governing board.

IS-6. Terms of governing board members of an institution that offers a medical education program should be overlapping and sufficiently long to permit them to gain an understanding of its program.

a. Provide the name of the governing board with responsibility for the medical school.

| |
|---|
| Texas Tech University Board of Regents |
|---|

b. Check all units for which the governing board is directly responsible:

| | |
|---|------------------------|
| X | Parent University |
| X | Health Science Center |
| X | Medical School |
| | Other (describe below) |

c. Provide the names and the occupations/affiliations of the current governing board members, along with their dates of initial appointment. If the medical school is, or is part of, a for-profit/investor-owned company, identify any board members who are shareholders/investors in the holding company for the medical school. If the medical school is part of a for-profit/investor-owned company, does it have a subsidiary board whose members are not shareholders/investors in order to reduce opportunities for conflicts of interest? Provide the names and occupations/affiliations of the members of the subsidiary board.

The PLFSOM is a state institution.

Regent **Occupation/Affiliation**

Officers:

| | |
|-----------------------------|---|
| Jerry E Turner (Chair) | Attorney/Andrews Kurth, L.L.P. |
| Mickey L. Long (Vice Chair) | President/Westex/WLP Well Service, L.P. |

Term Expires January 31, 2013

| | |
|-----------------------------|--|
| L. Frederick "Rick" Francis | Chairman/WestStar Bank-El Paso |
| John Field Scovell | President & CEO/Woodbine Development Corporation |
| Jerry Turner | Attorney/Andrews Kurth, L.L.P. |

Term Expires January 31, 2015

| | |
|------------------|---|
| John T. Huffaker | Attorney/Shrader Smith P.C. |
| Mickey L. Long | President/Westex/WLP Well Service, L.P. |
| Nancy Neal | Registered Nurse |

Term Expires January 31, 2017

| | |
|-------------------|--|
| Larry K. Anders | Chairman & majority owner/Summit Alliance Companies |
| Debbie Montford | Chair & President/Dolph and Janey Briscoe Western Art Museum |
| John D. Steinmetz | President/Vista Bank |

Student Member (Term Expires May 31, 2012)

| | |
|------------|------------------------------------|
| Jill Fadal | Student/MD-MBA dual degree program |
|------------|------------------------------------|

d. Year of board chair's appointment and length of board chair term(s) of office

| Year of Appointment | Length of Term |
|---------------------|----------------|
| 2011 | 2 Years |

e. Summarize the procedure for appointment and renewal of university or health science center board members, including the chair. Describe the length of members' terms, the number of times that a member can be reappointed, and the staggering of appointments, if appropriate.

The Paul L. Foster School of Medicine is a component of the Texas Tech University Health Sciences Center. As such, it is governed by the Texas Tech University Board of Regents, a body composed of private citizens who are appointed by the Governor. Appointments are ratified by the Senate of the State of Texas according to statutes that define the process and guidelines for such appointments.

The Texas State Legislature, in Chapters 109, 110, and in Section 51.352, *Texas Education Code*, has delegated to the Board of Regents of the Texas Tech University System the power and authority to govern, control, and direct the policies of the Texas Tech University System, which includes the Texas Tech University and the Texas Tech University Health Sciences Center and its component schools, including the El Paso Paul L. Foster School of Medicine. Further, Texas Tech University Health Sciences Center is a separate institution and not a department, school, or branch of Texas Tech University. It is accredited as a separate institution by the Southern Association of Colleges and Universities and it is under the direction, management, and control of the Texas Tech University Board of Regents.

The Board of Regents is composed of nine members appointed by the Governor with the advice and consent of the Texas State Senate for staggered terms of six years each, the term of three members expiring on January 31 of odd-numbered years.

From its number, the board elects the chair of the board for a two-year term at the regular November or December meeting of even-numbered years. The chairperson reports to and is responsible to the board. In case of the chairperson's death, resignation, disability, removal, or disqualification, the board elects a successor as soon as practicable. No member shall serve more than one term as chair unless the members reelect such person for each additional term by unanimous vote at a meeting at which at least six members are present.

Information and details concerning the Board of Regents may be found at: <http://www.texastech.edu/bor/>.

f. Provide copies of policies and procedures intended to prevent or address conflicts of interest among board members (including recusal from discussions or decisions if a potential conflict occurs), and strategies for dealing with actual or perceived conflicts of interest if they arise. Provide examples to illustrate that these policies are being followed.

The Board of Regents maintains an extensive set of written rules and policy statements entitled, "Regents Rules." Chapter 03 of this document is devoted to personnel matters. A copy of this chapter is accessible at the following URL: <http://www.depts.ttu.edu/oppol/Chapter03.pdf>. Rule 03.01 covers the Ethics Policy and includes Section 03.01.3, which deals with conflict of interest generally: "It is state policy that state officers and employees may not have direct or indirect interests, including financial and other interests, engage in business transactions or professional activities, or incur any obligation of any nature that is in substantial conflict with the proper discharge of the officers' or employees' duties in the public interest." Section 3.03 deals with conflict of interest related to Board activity. A copy of this policy is included in Section I, Appendix 2. Regents' Rules are reviewed by the Board of Regents on an annual basis.

CONFLICT OF INTEREST

The Rules and Regulations of the Board of Regents of the Texas Tech University System outlines the guidelines for addressing a conflict of interest in Chapter 1 (see Section I, Appendix 3) which in turn references the requirements for officers and employees of the System in Chapter 3 (Section I, Appendix 2). Chapter 01 can be found at the following URL: <http://www.depts.ttu.edu/oppol/Chapter01.pdf>. In general, officers and employees are restricted from 1) accepting or soliciting gifts or services that might influence decisions or actions; 2) accepting employment that would interfere with duties or induce them to disclose confidential information; 3) accepting compensation that might impair independent judgment; or 4) using their public office for private gain. As examples, conflict of interest policies prohibit bribery, commitment of state resources for personal benefit, and nepotism. Examples from Board minutes of how real or potential conflicts of interests have been handled include:

- **Feb 24-25, 2011.** Regent Nancy Neal recused herself from discussion and approval of a consulting agreement with Arnold & Porter LLP for services involving identification of potential funding opportunities; see Section I, Appendix 1.
- **May 12-13, 2011.** Regent John Steinmetz recused himself from a vote related to a parking contract for student parking game day football parking with RaiderPark LP; see Section I, Appendix 2.
- **August 4-5, 2011.** Regents Huffaker recused himself from a vote on the disposition of a bequest and selection of the brokerage agent to handle it; see Section I, Appendix 3.

IS- 7. Administrative officers and members of a medical school faculty must be appointed by, or on the authority of, the governing board of the medical education program or its parent institution.

Briefly describe the role of the governing board in the appointment of the administrative officers and the faculty of the medical school.

As described in the Regents Rules section 02.03, the chancellor is elected by the Board of Regents and is responsible to the board. With prior approval from the board, the chancellor appoints the chief financial officer, general counsel, vice chancellors, presidents, and other TTU system administration officers.

With prior approval of the chancellor and prior notification of the board, presidents appoint provosts, vice presidents, vice provosts, and deans of Schools and Colleges. Presidents are expected to nominate all members of the faculty and staff under their jurisdiction. Similarly, the president must approve any multi-year employment contract, employment contract modification, or contract extension related to persons filling such positions.

FACULTY APPOINTMENTS

Primary responsibility for evaluation of the academic qualifications of candidates for appointment rests with the faculty. Four sequential levels exist in the appointment review process:

- Evaluation by the department or division, utilizing a search committee, which includes a recommendation by the chairperson
- Review at the school level, which includes review by the Committee on Faculty Appointments, Promotion and Tenure, as well as a recommendation by the dean
- Review by the president
- Appointment of faculty, including notification by the president to the Board of Regents in the case of a senior faculty member.

IS-8. The chief official of a medical education program, who usually holds the title "dean," must have ready access to the university president or other official of the parent institution who is charged with final responsibility for the program and to other institutional officials as are necessary to fulfill the responsibilities of the dean's office.

IS-9. There must be clear understanding of the authority and responsibility for matters related to the medical education program among the vice president for health affairs, the chief official of the medical education program, the faculty, and the directors of the other components of the medical center and the parent institution.

a. Provide a position description for the dean and, if applicable, the vice president for health affairs or equivalent.

DEAN OF THE PAUL L. FOSTER SCHOOL OF MEDICINE

The dean reports directly to the President of the Texas Tech University Health Sciences Center. In 2011, the dean of the Paul L. Foster School of Medicine was also made vice president for health affairs. The dean identifies individuals to assist in the administration of the Office of the Dean. These individuals receive untenured administrative appointments that reflect their area of responsibility. In their capacity as administrators, these individuals report directly to the dean. The dean also appoints individuals to untenured administrative positions as the chairpersons, heads, or directors of the recognized academic units of the PLFSOM. It is expected that these individuals will also maintain an academic appointment of appropriate rank within that academic unit.

The dean is the official representative and spokesperson for the school. The dean also serves as the chief academic officer of PLFSOM. In this role, s/he is responsible for the academic program of the School. The incumbent ensures the institution is in compliance with all requirements, regulations, and guidelines that affect the accreditation of the educational program. The incumbent is responsible for assuring that the educational resources, including physical facility, qualified faculty, libraries, patient resources, and funding, are sufficient for the fulfillment of the mission and goals of the institution. The incumbent is responsible for assuring that an appropriate evaluation process and the documentation thereof are in place to provide evidence of the educational accomplishments of the institution. The dean has the prerogative of delegating day-day responsibilities to an appropriately qualified individual, but remains responsible for the quality and integrity of the educational program.

The dean is responsible for the institution and administration of a research program that addresses the specific elements of the institutional mission and goals and is in concert with the vision and needs of the School and its community. This responsibility includes assurance that research conducted within the PLFSOM is in full compliance with all federal and state regulations that govern the conduct of research. The dean shall assure that the necessary processes of review and oversight are in place and functioning properly. Although these responsibilities can be delegated to an appropriately qualified individual, the dean maintains final responsibility.

The dean, working through the chief fiscal officer of the campus, is responsible for the fiscal operations of the School of Medicine. S/he or an appropriate delegate will prepare a budget according to instructions from the Legislature, the Board of Regents, and the President of the Health Sciences Center. The dean is responsible for assurances that funds are appropriately allocated and encumbered. The dean may be asked to defend this budget before appropriate State and institutional representatives.

The dean is responsible for assuring that health care provided within the PLFSOM is of excellent quality, safely administered, appropriately billed, and in compliance with federal and state regulations. These responsibilities may be delegated, but the dean remains ultimately accountable for their fulfillment.

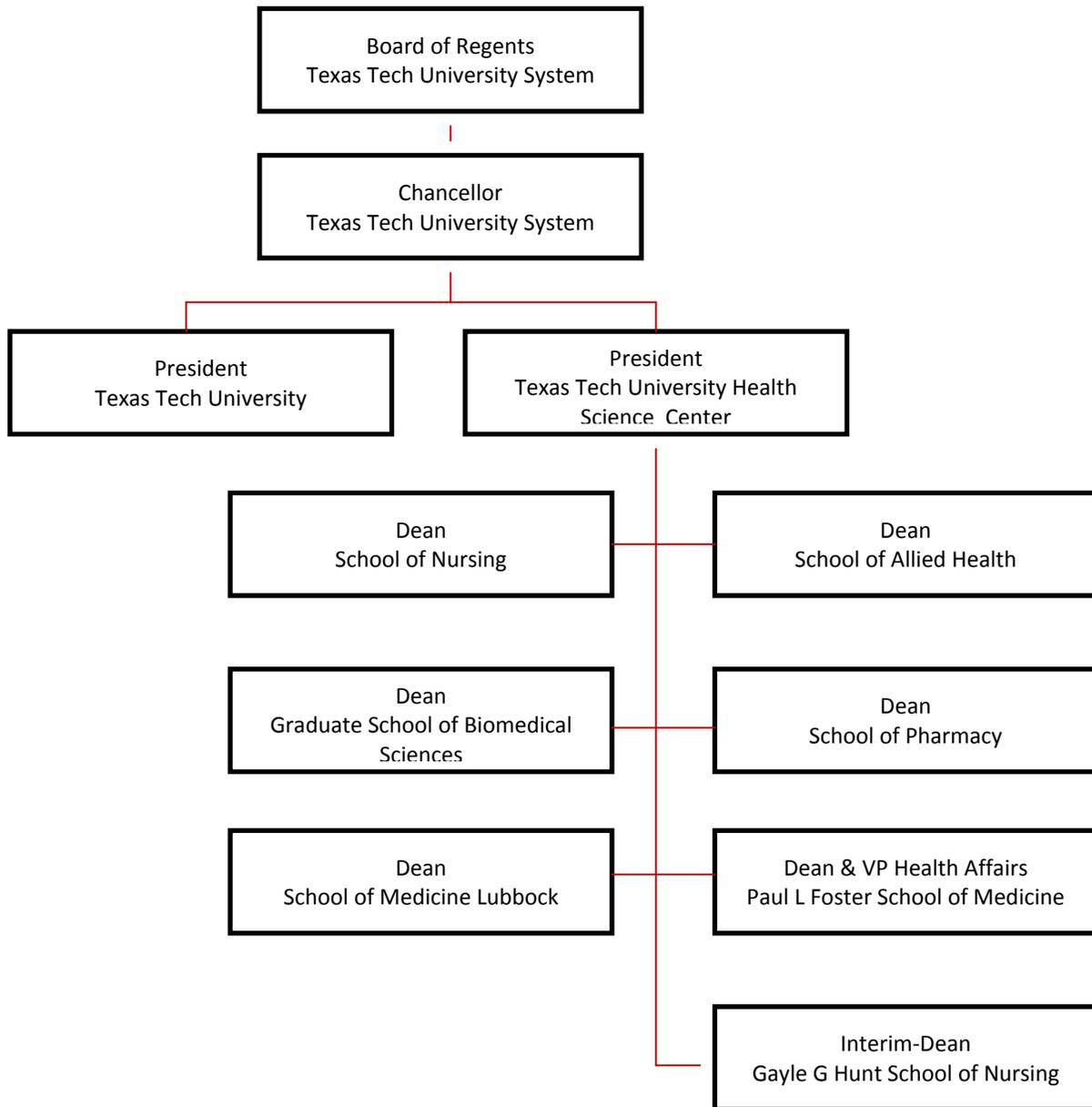
PRESIDENT OF THE TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

The president of the Texas Tech Health Sciences Center is the chief executive officer of the Health Sciences Center and all of its component schools and campuses. In those universities in which the health sciences center is a component of the parent university, this individual may have a title such as executive vice president for health affairs. However, Texas Tech University Health Sciences Center is a free-standing university. Thus, the president reports directly to the chancellor of the Texas Tech University System and also communicates directly with the Board of Regents concerning operational matters of the Health Sciences Center. The president has responsibility for oversight and evaluation of the operations of the component Schools and other organizational units of the Health Sciences Center. The dean of the Paul L. Foster School of Medicine in El Paso reports directly to the president.

b. Supply a chart showing the relationships among the members of the medical school and university administrations and the administrations of other schools and colleges, institutes, centers, etc. Include, if appropriate, information about the reporting relationships for the director(s) of any teaching hospitals owned or operated by the medical school or university and of the medical faculty practice plan. If the medical school is part of a for-profit/investor-owned company, the chart should describe the reporting relationship that the dean or other senior academic officers have with the board of directors or officers of the corporation.

An abbreviated organization chart is shown directly below. Texas Tech University Health Sciences Center does not own or operate teaching hospitals. Rather it maintains affiliations with public hospitals or hospital systems in its clinical teaching sites, including Amarillo, El Paso, Lubbock, Midland, and Odessa.

Organization Chart of the Texas Tech University System



IS-10. The chief official of a medical education program must be qualified by education and experience to provide leadership in medical education, scholarly activity, and patient care.

Provide a brief resumé of the dean's academic and administrative experience. In the Appendix, provide the dean's full curriculum vitae.

For a full CV please see Section 1, Appendix 4.

Jose Manuel de la Rosa, MD, Founding Dean

Awarded BS degree in biology/theology, University of Notre Dame, South Bend, Indiana, 1980

Awarded MD degree Texas Tech University Health Sciences Center, Lubbock, Texas, 1984

Pediatric Residency, Texas Tech University Health Sciences Center, El Paso 1984-1987

Awarded Master of Science degree in epidemiology, Harvard School of Public Health, Cambridge, Massachusetts, 1997

Instructor, Department of Pediatrics, Texas Tech University Health Sciences Center, El Paso, 1987-1989

Assistant Professor, Department of Pediatrics, Texas Tech University Health Sciences Center, El Paso, 1989-1996

Associate Professor, Department of Pediatrics, Texas Tech University Health Sciences Center, El Paso, 1996-1997

Professor (with Tenure), Department of Pediatrics, Texas Tech University Health Sciences Center, El Paso, 1997-Present

Pediatrics Residency Program Director, Texas Tech University Health Sciences Center, El Paso, 1993-1997

Assistant Dean for Graduate Medical Education, Texas Tech University Health Sciences Center, El Paso, 1993-1995

Assistant Dean for Medical Education, Texas Tech University Health Sciences Center, El Paso, 1995-1997

Regional Dean, Texas Tech University Health Sciences Center, El Paso, 1997-2006

Vice Dean for Extramural and Cultural Affairs, Texas Tech University Health Sciences Center, El Paso, 2007

Founding Dean, Texas Tech University Health Sciences Center, Paul L. Foster School of Medicine, El Paso, 2007-present

Vice President for Health Affairs, Texas Tech University Health Sciences Center, 2011-present.

Actively involved in numerous university, hospital, and medical society committees including:

- Executive Committee of El Paso County Medical Society
- Texas Medical Association (Council on Medical Education)—Delegate
- President Texas Tech Physician Associates
- University Medical Center Medical Executive Committee

Academic Year 2011-2012

Actively involved in community and civic organizations in El Paso including service on

- Board of Directors, Kellogg Community Partnership Institute for Border Community Health Education
- Recognized over a dozen times by the community for community service
- US/Mexico Border Health Commission

Actively involved in numerous professional organizations in pediatrics, medical education, and community health; Vice- President, President AAMC Group on Regional Medical Campuses

Publications and Peer Reviewed Presentations

- 11 articles
- 12 Published abstracts
- Over 40 international and national presentations and addresses (peer reviewed)

Numerous federal, state and university training grants and contracts totaling more than \$2.1 million.

On-going research interests:

- Border health care issues
- Community medicine and community health
- Poverty and health
- School based health centers
- H. pylori prevalence in Hispanic populations

IS-11. The administration of an institution that offers a medical education program should include such associate or assistant deans, department chairs, leaders of other organizational units, and staff as are necessary to accomplish its mission(s).

There should not be excessive turnover or long-standing vacancies in the leadership of the institution. Areas that commonly require administrative support include admissions, student affairs, academic affairs, educational affairs/curriculum, faculty affairs, graduate education, continuing education, relationships with clinical affiliates, research, business and planning, and fund-raising.

a. Attach a chart showing the organizational structure of the dean's office.

The organization chart is included in the Section I, Appendix 5.

b. List the percent of effort contributed by each associate and assistant dean to the administrative support of the medical school and, for each, indicate his or her date of appointment to the administrative position. Indicate if any associate/assistant dean position is being filled on an interim basis. If there are interim appointments for positions in the dean's office, describe the status of recruitment to fill the positions on a permanent basis.

| Name | Title | Date of Appointment | % Effort |
|----------------------------|--|---------------------|----------|
| David Steele, Ph.D. | Senior Associate Dean for Medical Education | 07/15/07 | 100 |
| Hoi Ho, M.D. | Associate Dean for Faculty Affairs & Development | 09/01/07 | 100 |
| Kathryn Horn, M.D. | Associate Dean for Student Affairs | 09/01/07 | 80 |
| Frank Stout | Associate Dean for Finance & Administration Assistant Vice President for Fiscal Affairs | 02/01/08 | 100 |
| Charles Miller, III, Ph.D. | Associate Dean for Research Associate Dean for the Graduate School of Biomedical Sciences | 02/01/09 | 80 20 |
| Michael Romano, M.D. | Associate Dean for Clinical Affairs | 09/01/10 | 60 |
| Manuel Schydlower, M.D. | Associate Dean for Admissions | 09/01/07 | 80 |
| Armando Meza, M.D. | Associate Dean for Graduate Medical Education | 06/15/09 | 80 |

c. Indicate the term of appointment for department chairs and the number of times that the appointment can be renewed.

Department chairpersons serve in their administrative capacities without tenure and at the discretion of the dean. According to the Faculty Bylaws, chairpersons shall be reviewed during every fifth year of their appointment by an *ad hoc* internal review committee appointed by the dean or his/her designee. During the review process, faculty will have the opportunity to discuss the leadership skills and capacity of the chairperson and may recommend continued appointment of the chairperson or not. Based on faculty feedback, objectively derived criteria, and supported by documented achievement of specified performance measures, the internal review committee will report their findings and make recommendations to the dean. There is no limit to the number of times a chair may be re-appointed if s/he has satisfactory evaluations.

d. Indicate the date of appointment for each currently sitting department chair.

| Name | Title | Department | Date of Appointment |
|-----------------------------------|---------------|-------------------------|----------------------------|
| Ahmed Badr, M.D. | Chair | Anesthesiology | 04/01/08 |
| Charles Miller, III, Ph.D. | Chair | Biomedical Sciences | 02/01/09 |
| Brian Nelson, M.D. | Chair | Emergency Medicine | 04/25/08 |
| Gurjeet Shokar, M.D. | Chair | Family Medicine | 03/01/10 |
| Richard McCallum, M.D. | Chair | Internal Medicine | 02/25/10 |
| David Briones, M.D. | Interim Chair | Neurology | 01/01/10 |
| Veronica Mallet, M.D. | Chair | Obstetrics & Gynecology | 03/01/11 |
| Miguel Pirela-Cruz, M.D. | Chair | Orthopaedic Surgery | 03/01/01 |
| Darius Boman, M.D. | Chair | Pathology | 04/21/05 |
| Bradley P. Fuhrman, M.D. | Chair | Pediatrics | 08/22/11 |
| Michael Escamilla, M.D. | Chair | Psychiatry | 01/01/10 |
| Arvin Robinson, M.D. | Chair | Radiology | 09/01/06 |
| Alan Tyroch, M.D. | Chair | Surgery | 05/01/03 |

e. List the departments that are currently without a permanent chair and the date on which the last permanent chair left office. Describe the status and timelines for recruitments to fill vacant chair positions.

The department of neurology is currently being led by an interim chair, Dr. David Briones. For many years, Dr. Briones served as chair of a combined Neuropsychiatry department. That department was split into two separate departments in 2009. As of June 2012, the search committee has shortlisted 5 candidates and will invite them all back to campus by the end of the month. The committee expects to enter into negotiations with a sole finalist by the end of July 2012.

f. Briefly describe how, how often, and by whom the performance of chairs is reviewed.

The dean, in conjunction with the Office of Faculty Affairs, reviews the performance of chairpersons annually. During these evaluations, the dean and the chairperson review and discuss the chairperson's assessment of his/her accomplishments and future plans. Important issues discussed during this meeting are also incorporated into the final evaluation document that is stored in the faculty records of the individual chairperson.

In addition to this annual process, a comprehensive review of each department is conducted at least every five years in a rotating fashion. In special circumstances, this review may occur out of sequence at the request of the chairperson or of the dean. The process has been successfully developed and implemented on the El Paso campus for the purpose of preparing for the transition from a clinical campus to a four-year medical school. All existing clinical departments on the El Paso campus have been reviewed over the last three years.

This comprehensive review includes a confidential evaluation of the chairperson by individual faculty members and a self study by the department using a template designed to obtain information about the educational, clinical (if appropriate), research, administrative, financial, and service activities of the department. The self study document is then used in a review process that includes performance assessment by an internal review committee, evaluation by external experts in the discipline, and a detailed evaluation of the performance of the department chairperson by faculty members. These evaluations provide some inferential information about the performance of the department chairperson and also provide the basis for potential corrective action plans and/or personnel interventions by the dean. The next round of reviews will be initiated in 2013.

g. Briefly describe the budgetary authority of department chairpersons, and the sources of funding for departmental budgets.

The budget of the School of Medicine is set on a biennial schedule that corresponds to the biennial sessions of the Texas State Legislature. Once the Legislature appropriates state funds, the School determines how those funds are distributed for each of the two years of the biennium. The School also develops budgets annually for each fiscal year. State funds are allocated to each department according to the priorities of the School of Medicine, the needs of the individual departments, and negotiations between the dean and the respective department chairpersons. The chairperson develops a budget using projected funds from various sources, including the appropriated funds, patient revenues, grants, contracts, and endowments. Following approval of the budget by the administration, the chairperson has budgetary authority within the framework of the budget. The chairperson also has authority over certain self-generated funds that are not budgeted in the institutional process, such as gift accounts, endowed chairperson accounts or the chairperson's portion of indirect cost returns. Unanticipated expenditures for items that are normally budgeted require negotiation with the associate dean for finance and administration.

Funds available for budgeted expenditures include:

State appropriation— During the 2009, 2011 and 2013 legislative sessions the state anticipates funding PLFSOM via special item appropriation as we are not eligible to participate in the funding system used for fully established Texas medical schools until 2015. In this system, the State of Texas funds its eight (with the Paul L. Foster School of Medicine, nine) state-supported allopathic and osteopathic medical schools using a formula based upon a number of variables, including the size of the medical school class, research portfolio, community service, and other factors. Appropriations are also dependent upon funds that are available to the Legislature for these purposes. Given the charter class was seated in 2009 and assuming a class of 100 is achieved by 2013, we will be eligible for full formula funding in 2016. The school received \$32.1 million for fiscal year 2009 and has received a legislative appropriation of \$39.3 million for fiscal year 2010 and \$38.8 million for fiscal year 2011.

Patient revenues (Medical Practice Income Plan)—Texas Tech University Health Sciences Center has a unitary practice income plan, a 501A with general guidelines that apply to all of its respective schools. Within that framework, each school has its own campus guidelines. We will continue to operate our practice plan within the structure of the HSC but with our own Paul L. Foster SOM guidelines. In general, clinically generated revenues are first applied to operating overhead and institutional development funds within the offices of the president and the dean. Remaining funds are returned to the individual departments that generated the revenues. The department chairperson administers these funds and uses them for departmental development and augmentation of faculty salaries. In the existing El Paso plan, each department applies its own methodology for returning a share of the clinically generated revenues to individual faculty members. We will continue to use this system but will review its methodology with the establishment of the new medical school.

Service contracts—the dean, the associate dean for finance and administration, and the administrative director of the medical practice income plan negotiate contracts with input from and assistance from the department chairpersons. These contracts may be for services provided to affiliated teaching hospitals and clinic facilities as well as for administrative services, such as oversight of the emergency transport system. Examples of these services include:

- Specialty services contracts (psychiatry, neurology, trauma, cardiology, emergency medicine, intensive care, etc);
- Physician recruitment;
- On-call coverage (after hours);
- General coverage (24/7 staffing);
- Neonatal transport;
- Mid-level services (PAs, FNPs);
- Professional fee billing services;
- Physician clinical staffing at FQHC clinics.

University Medical Center— PLFSOM received significant support from UMC in preceding years and we estimate this support to be over \$56M in fiscal 2012. In addition the hospital is committed to expanding clinical services through the recruitment of additional specialists and sub-specialist faculty. Clinical department chairpersons will have access to funding for the purposes of adding faculty members to their rosters.

Research and educational program awards—Awards are usually project-specific and are under the administration of an individual faculty member. Fiscal grant management may be delegated to an appropriate department or center administrator, or to the post-award office in the Office of Research.

The direct costs of grants are awarded to individual faculty members according to the rules established by the funding agency, but our indirect cost return policy provides for a portion of indirect costs to be returned to the department and to the Principal Investigator / Program Director. The indirect cost funds are required to be used for research, but are expended at the discretion of the chairperson or by an approved faculty committee. The Paul Foster campus has not had a large research program in the past, though it has followed an annual doubling trajectory over the past three years. The development of new funded research programs is expected to create substantial indirect cost returns over the next five years.

Gifts and Contributions—In approximately 6 years, over \$91 million has been pledged in gifts within the local community. This sum includes a gift of \$50 million from Paul L. Foster. Thus the new medical school already has a substantial endowment in support of its educational programs and research. The amount and use of these funds will be highly dependent upon the wishes of individual donors to include scholarships, research development funds, and capital expenditures.

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

IS-12. Medical students should have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate, and professional degree programs and in clinical environments that provide opportunities for interaction with physicians in graduate medical education and continuing medical education programs.

These academic, graduate medical education, and continuing medical education programs should contribute to the learning environment of the medical education program. Periodic and formal review of these programs culminating in their accreditation by the appropriate accrediting bodies would provide evidence of their adherence to high standards of quality in education, research, and scholarship. Whenever appropriate, medical students would be able to participate in selected activities associated with these programs in order to facilitate achievement of their personal and professional goals.

The Texas Tech University Health Sciences Center is a multi-campus system that includes the Graduate School of Biomedical Sciences (GSBS) as one of the six existing Health Sciences schools. The GSBS programs in Amarillo and El Paso each have associate deans who report to the Dean, Dr. Douglas Stocco. Faculty members of the Paul L. Foster School of Medicine are eligible for membership in the faculty of the Graduate School, and several faculty members who transferred from the Lubbock campus to the Paul L. Foster Medical School have retained their GSBS faculty appointments. In addition, seven additional faculty recruited to the medical school in the last three years have received GSBS faculty appointments. The Paul L. Foster School of Medicine GSBS-affiliated faculty members have full responsibilities and privileges of Lubbock-based faculty membership, including the supervision of graduate students and postdoctoral fellows. It is currently possible for students on the El Paso campus to enroll in the Graduate School of Biomedical Sciences and to be candidates for masters or doctoral degrees. Within the next two to three years, an independent El Paso-based GSBS will offer MS and PhD programs.

Beginning in the fall of 2012, the faculty of the Department of Biomedical Sciences will begin a new MS program in Biomedical Sciences, taught entirely on the El Paso campus. Texas Higher Education Coordinating Board approval of this expansion was granted November 21, 2011, and we are currently recruiting up to 10 students to this program. This new program is expected to develop into an independent GSBS over the next two years, and to expand degree programs to include a post-baccalaureate program and a MS degree in Clinical Research. Over the next five years we anticipate the development of PhD programs in Biomedical Sciences.

Now and after the formation of the El Paso GSBS, Texas Tech's historical multi-campus arrangement will strengthen and widen the educational scope of graduate study at all the Texas Tech University Health Sciences Center campuses. Graduate degrees, as is the case now, will be conducted in individual participating disciplines. However, the programs will have independent identity at each campus offering graduate training on a specific discipline. Some graduate courses will be designed and taught on the El Paso campus; many other courses will be offered cooperatively with other TTUHSC campuses will be offered partly through TechLink, our synchronous educational video link. This arrangement will be used so that neither students nor faculty members will be required to travel extensively for course work and the students will have maximized exposure to the different expertise available through the TTUHSC graduate educational network. Thesis committees can be multi-campus in composition and may include an expert extramural member, however degrees offered will generally be campus specific.

The GSBS is expanding multidisciplinary programs such as Biotechnology, which are trans-departmental and can be offered in person and by video-link, in a rotating-campus fashion, on all the campuses that can accommodate graduate students. The El Paso campus recently got a boost from a major economic development fund awarded to the Medical Center of the Americas (MCA) foundation, of which Texas Tech El Paso is a member, to support development of a life sciences technology and commercialization cluster. This is a 19 year, multi-million dollar per year award. As the MCA campus develops, collaborative opportunities with the Biomedical Engineering program at the University of Texas at El Paso (UTEP) and in the technology cluster will become available. Biomedical Engineering collaborations currently exist, but new facilities on the MCA campus that bring dual programs of Texas Tech and UTEP into a single building are in planning. Technology development and business incubation will be a significant part of the graduate programs here in the future.

Charles C. Miller, III, Ph.D., Associate Dean for Research and Chair of the Department of Biomedical Sciences at the Paul L. Foster School of Medicine, serves as the Associate Dean for the Graduate School at the El Paso Campus. The new program in general biomedical sciences will be a stand-alone master’s program, but is created in part to serve as the basic science core curriculum for pipeline programs we have in development to improve the competitiveness of our regional medical school applicant pool. The second new program will be a master’s degree in clinical research. This is in development in concert with a system-wide effort to train clinical investigators, the majority of whom would be post-MD trainees and junior faculty. We have access to an existing Master of Clinical Research program at the University of Texas – Houston Medical School through our Clinical and Translational Sciences Award (CTSA) affiliation, but the Tech system has a strong desire to develop our own program. Dr. Miller taught in the UT-Houston program for a decade before his recruitment to Texas Tech. The El Paso campus has 12 faculty with terminal degrees in public health disciplines or MD-MPH / MD-MS credentials. We are well supplied with talent to bring the Clinical Research program forward. Medical students will interact with graduate students in the basic science master’s programs and with clinicians in the clinical research program through their Scholarly Activity and Research (SARP) activity, and also through clinical rotations, grand rounds, seminars and other programs that occur routinely as part of the academic life of the institution. While we do not anticipate development of a free-standing PhD program in the next three years, we will have PhD students on campus and have active laboratory research programs in which PhD students enrolled in the system-wide GSBS program do their dissertation research.

Numerous Paul L. Foster School of Medicine faculty members supervise graduate students from other academic institutions in their laboratories. We also offer a collaborative MD/MPH program with the University of Texas School of Public Health.

a. Indicate the number of students enrolled in Master’s and doctoral programs taught by medical school faculty. Include degree programs in the biomedical sciences and other programs (e.g., biomedical engineering, public health) that are taught by medical school faculty.

| Department or Program | Master’s Students | Doctoral Students |
|------------------------------|--------------------------|--------------------------|
| UT School of Public Health | 16* | 5 |
| UT El Paso | 12 | 10 |
| UT-Houston Medical School | 1 | 0 |

*Please note: These numbers include but are not limited to students enrolled in the dual MD-MPH program. In this program the MD is awarded by TTUHSC PLFSOM and the MPH is awarded by UTSPH.

b. Are there university or medical school policies that require regular review of graduate education (Master's, doctoral) programs? If so, include a copy of the policy or related documents in the Appendix.

The Graduate School for Biomedical Sciences (GSBS) has policies in place to systematically review and evaluate graduate education programs. These policies are in GSBS Catalog Student Handbook and Policy Manual (Graduate Academic Review) available on-line at: <http://www.ttuhsb.edu/gsbs/documents/10-11catalog.pdf> (starting on page 44).

c. Describe the process used for review of doctoral programs in the biomedical sciences.

The process for the review of programs consists of two interrelated activities: ongoing assessment of key program outcomes and a formal review completed every five years.

FORMAL REVIEW

The formal review process for each program is completed every five years and comprises five major components:

- A self-study prepared by the graduate faculty
- An external assessment report
- The review committee's evaluative report and recommendations
- The program faculty's response to that report
- An action plan resulting from a post-review meeting of the review committee chairperson, program director, chairperson of the program and the GSBS Associate Dean

Reviewers consider the following areas: program overview and vision; faculty productivity; quality and quantity of graduate students and graduates; curriculum and programs of study; and recommendations and suggestions. A recent review was completed in June 2007 for the Cell & Molecular Biology Program. Every two years, between formal program reviews, each program director provides a brief summary of progress made on the specific action items identified during the review.

GSBS program reviews consist of two interrelated activities. The first is a formal program review, which occurs every five years. The second is continuous, ongoing assessment of key program outcomes, as identified by the graduate faculty of each program. Collection and analysis of data related to these outcomes, as well as resulting program changes, are reported to the GSBS annually. At the time of the next formal review, summaries of these annual reports are included in the self-study.

ONGOING ASSESSMENT

Continuing, ongoing outcomes assessment is primarily focused on student learning and is intended to examine two questions:

- What knowledge and skills do students need to acquire prior to graduation?
- How well does the program promote the learning of these knowledge and skills?

To address these questions, graduate faculty identify 1) the major objectives of the program, 2) the more specific outcomes derived from these objectives, and 3) the data that must be collected and analyzed to determine whether outcomes are achieved. To the extent possible, the data are supplied by the GSBS and

other university sources. However, some data are collected by individual programs, e.g., aggregate data of student performance on preliminary testing, the final oral defense, etc. Collected data are maintained in the institutional WEAVE-Online application that is also utilized for accurate reporting. A plan is subsequently developed to identify outcomes that should be assessed annually over the five-year cycle between formal reviews. On an annual basis, the graduate program director or a faculty member designated by the department chairperson reviews the items in the assessment plan and reports to the GSBS regarding findings, actions taken, and any resultant improvements. A summary of the annual assessment reports, in addition to the outcomes assessment plan, are included in the next formal review process.

RESEARCH ENVIRONMENT

Most graduate students at TTUHSC conduct research in an intimate and highly supervised environment compared to counterparts at other universities in large research programs. Many of the TTUHSC faculty members work in research laboratories directly supervising the activities of these students. There is also extensive interaction between faculty from various programs on doctoral advisory committees of individual students and a high level of commitment to the graduate programs by faculty in the basic sciences departments. The graduates of these programs have been placed in high quality postdoctoral fellowships and many graduates and postdoctoral trainees presently hold faculty appointments at medical schools and universities throughout the world.

GRADUATE MEDICAL EDUCATION

a. For each clinical facility where one or more students will take a required core clerkship (except ambulatory, community-based sites), mark a (+) if residents in ACGME-accredited programs will be involved in medical student education in that clerkship at that site; place a (-) for any clerkships offered at that site where there is no resident participation. Use the first year that required clerkships will be offered as the base year.

| Clinical Facility Name | Family Medicine | Internal Medicine | Obstetrics/ Gynecology | Pediatrics | Psychiatry | Surgery |
|--------------------------------------|------------------------|--------------------------|-------------------------------|-------------------|-------------------|----------------|
| University Medical Center | + | + | + | | + | + |
| Children’s Hospital | | | | + | | |
| William Beaumont Army Medical Center | | + | + | | | |
| Providence Memorial Hospital | | | | + | | |
| El Paso Psychiatric Center | | | | | + | |

b. If the medical curriculum does not include a separate required clerkship rotation in one or more of the above disciplines (e.g., when the curriculum includes an integrated experience for some medical students), describe these students’ interactions with residents, including the residents’ specialties and the settings in which these interactions occur.

Required clerkships in the above disciplines are part of the year 3 curriculum.

c. Provide the number of residents who are the responsibility of the medical school's faculty, by training program, including those programs at affiliated hospitals at which residents are taught by medical school faculty. (Note: If the medical school operates geographically separate clinical instructional sites/campuses, provide a separate table for each site

| Specialty of Training Program | PGY-1 Residents | Total Residents | Clinical Fellows (ACGME-approved programs) | Clinical Fellows (Non-ACGME approved programs) |
|--------------------------------------|------------------------|------------------------|---|---|
| Anesthesiology | 3 | 6 | None | None |
| Emergency Medicine | 9 | 28 | None | None |
| Family Medicine | 8 | 24 | 2 | None |
| Internal Medicine | 16 | 45 | None | None |
| OB/GYN | 4 | 15 | None | None |
| Pediatrics | 15 | 41 | None | None |
| Psychiatry | 3 | 12 | 1 | None |
| Radiology | 3 | 8 | None | 1 |
| Surgery | 6 | 18 | None | None |
| Orthopedics | 4 | 18 | None | None |

d. Describe the mechanism(s) used for oversight and coordination of graduate medical education, including the evaluation and allocation of training positions. Note any programs currently on probation, as well as any programs whose size is being substantially expanded or reduced.

The Graduate Medical Education Office, in compliance with the Accreditation Council of Graduate Medical Education, has developed a set of standards for oversight of postgraduate training. Each program develops a curriculum with specific goals and objectives based on the six ACGME competencies and diverse evaluation tools are developed to assess individual residents. Also, overall evaluation of the training program takes place annually and specific improvement goals are developed. Training position complement is determined based on the program's capacity to offer a meaningful educational experience and appropriate funding resources are secured. The office of GME via the GME Committee and Designated Institutional Officer is responsible for ensuring that all graduate programs are in compliance with ACGME standards. This office also provides general oversight of these programs and is responsible for coordination across programs, allocation of training positions, and program evaluation.

e. For each accredited institution, provide the following information regarding ACGME/RCPSC/CFPC institutional review of graduate medical education programs sponsored by the medical school or its major teaching hospital(s):

| Date of Last ACGME/RCPSC/CFPC Institutional Review | Status | Date of Next Review |
|---|--------------------|----------------------------|
| October, 2011 | Full Accreditation | 2016 |

CONTINUING MEDICAL EDUCATION

a. If the medical school or its clinical affiliates are accredited by the ACCME/RCPSC to sponsor continuing medical education for physicians, indicate each sponsoring organization’s current accreditation status, the length of accreditation granted, and the year of the next accreditation review.

| Program Sponsor | Accreditation Status | Length of Accreditation Term | Year of Next Review |
|---|-----------------------------|-------------------------------------|----------------------------|
| TTUHSC-Lubbock | Current | 4 years | 2013 |
| TTUHSC-Paul L. Foster School of Medicine* | Pending | Pending | Pending |

* The PLFSOM is in the process of applying for accreditation through the ACCME to sponsor continuing medical education programs.

b. Describe the opportunities available to medical students for participation in continuing medical education programs. Is student participation in any continuing medical education programs expected or required?

The TTUHSC CME program hosts and certifies for credit grand rounds in departments that are open for medical student participation. All conference events that are certified for CME are also open for medical students to attend at no charge to the students. These activities are advertised by fliers and on the TTUHSC CME web site.

Currently the PLFSOM conducts between 40 – 50 grand rounds and 4 -5 major conferences annually that are certified for CME. The following is a list of the departments conducting grand rounds for CME credit at the Paul L. Foster School of Medicine:

- | | | |
|----------------------------|------------------------------|-------------------|
| Anesthesiology | Medical Education | Psychiatry |
| Emergency Medicine | Obstetrics/Gynecology | Radiology |
| Ethics Committee | Research/Biomedical Sciences | Pediatrics |
| Family Medicine | Orthopaedics | Surgery |
| Pathology | Founding Dean’s office | Internal Medicine |
| Graduate Medical Education | | |

Medical students are required to attend at least 10 CME programs during their MS3 year. The CME office provides the year 3-4 coordinator a list of students attending CME events. If a student does not meet this expectation by the end of the third year, the student will be contacted by the senior associate dean for medical education and reminded of the requirement. The student will then be required to complete the expectation in year 4.

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

IS-13. A medical education program must be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.

IS-14. An institution that offers a medical education program should make available sufficient opportunities for medical students to participate in research and other scholarly activities of its faculty and encourage and support medical student participation.

The institution is expected to provide an appropriate number and variety of research opportunities to accommodate those medical students desiring to participate. To encourage medical student participation, the institution could, for example, provide information about available opportunities, offer elective credit for research, hold research days, or include research as a required part of the curriculum. Support for medical student participation could include offering or providing information about financial support for student research (e.g., stipends).

a. If not already described in the response to standard IS-1, briefly summarize institutional goals and priorities relating to research and scholarship.

RESEARCH AT THE PAUL L. FOSTER SCHOOL OF MEDICINE

Despite its 30-plus year history as a regional clinical campus, TTUHSC El Paso had very little research infrastructure until the creation of the 4 year medical school in 2005. This is changing as research is becoming a major pillar in the development of PLFSOM. As recently as 2009, NIH research expenditures stood at \$2 million. By early spring 2012, NIH funded research expenditures stood at over \$12 million.

Rather than building multiple, discipline based research “silos” (departments) we have established a unitary Department of Biomedical Sciences, and have opened four programmatic Centers of Excellence in Cancer, Infectious Diseases, Neuroscience and Diabetes / Obesity. Center directors are scientists or clinician scientists and are funded from a combination of State resources and grant funding.

We have made large strategic investments in core facilities in genomics, proteomics, histology and cytometry. We have state-of-the-art equipment in place that is among the most technically advanced in the nation and, by far, the most advanced in the region. These resources for investigators have been of great value in our recruitment of funded scientists. We are focusing in particular on development of a critical mass of human genetics investigators who can develop population cohorts and large family kindreds for research. These resources will allow for high-value genetic research on diseases that affect the local population disproportionately, and with federal underwriting, will also serve as a national treasure for large scale genomic research being conducted at other federally funded research institutions across the nation.

We are currently planning for the growth of the Centers, and have a strategic planning group looking at space requirements, core facility resource needs, etc., for the upcoming five year period.

b. Briefly describe the opportunities available for medical student participation in research, including the time periods when students may do so, the average number of students in the base year who were involved in each type of program (e.g., M.D./Ph.D., M.D./M.S., summer research, year-out research), and the funding sources that are available to support student participation. Note if there is a research requirement for all medical students (e.g., a thesis or required research/scholarly project).

The curriculum has a formal requirement for the students to participate in scholarly activity and research, through the Scholarly Activity and Research Program (SARP). This curriculum component provides the students with an opportunity to design and execute an independent scholarship or research project under the guidance of a faculty mentor. A wide variety of topics and research areas are available in three broad categories, allowing for a project to be tailored to a student's background and interests: 1) basic, clinical and translational research; 2) epidemiology, community-based, behavioral, public and environmental health; and 3) medical humanities, qualitative research and medical education research. This is a 3 credit (pass/fail) requirement, with one credit awarded for selection of a mentor and preparation of a Project Plan, one credit for execution of the project itself, and a final credit awarded for a poster summarizing the project presented at an annual student symposium held in the fall. Students can choose between one of two tracks: Track 1 concentrates execution of the project into the summer between the first and second year with a poster presented in the fall of the second year; whereas Track 2 provides the student more flexibility, allowing execution of the project anytime during the first 3 years followed by a poster presentation at the following student symposium. For both tracks, selection of a mentor and preparation of a Project Plan is due at the end of the first year. Currently, no funding from PLFSOM is allocated for this program, but students are allowed to obtain financial support (e.g., in the form of stipends or project supplies) from the resources available to the mentor or from an institutional program.

The Scholarly Activity and Research Program (SARP) has facilitated project opportunities for our inaugural class of 40 students and for the following class of 60 students. The SARP will continue to accommodate the growth of class size planned for the next several years (approximately 80 for the class of 2015 and 100 per class thereafter). We continue to actively recruit mentors both from the PLFSOM campus and other area campuses and hospitals (e.g., University of Texas at El Paso and the Army's William Beaumont Medical Center), as well as remote-site opportunities that typically provide financial support to the student (e.g., Methodist Research Foundation, University of Texas MD Anderson Cancer Center in Houston).

The SARP website, which includes a database of potential projects/mentors, is accessible to the students through their primary digital curriculum portal WebCT. Mentoring of small groups (2-3) students is encouraged and the majority of the projects currently in the database are designed to accommodate such groups.

An NIH R25 training grant proposal has been submitted as collaboration between the PLFSOM Department of Medical Education and the Departments of Electrical, Mechanical and Metallurgy Engineering at the University of Texas at El Paso (UTEP). If funded, this award will support an innovative Summer Institute that will facilitate interaction and biomedical project development between PLFSOM medical students, in fulfillment of their SARP requirement, and UTEP doctoral engineering students.

We have developed a joint MD/MPH program in combination with the University of Texas School of Public Health and currently 15 (of 16 total MPH students supervised by PLFSOM faculty) medical students are enrolled in this program. Two investigators in our Department of Biomedical Sciences also recently received a Department of Education Fund for the Improvement of Post Secondary Education

(FIPSE) grant as a joint venture with the Biomedical Engineering program at the University of Texas at El Paso. This will create a course sequence and series of rotations that will permit Biomedical Engineering graduate students and medical students to work together on joint projects and to develop truly interdisciplinary collaborative programs. Physicians have clinical and research problems in search of solutions and engineers have solutions in search of problems, so we expect this program to grow rapidly and to be of considerable value to both types of students.

c. Describe how students are informed about opportunities to participate in research.

In addition to the SARP website, which is always available to the students, an orientation to the SARP requirement is provided to entering MS-1 students before regular classes begin in the summer. Further, a series of luncheon meetings, distributed throughout Year 1, is provided to the students at which potential mentors from both clinical and basic research departments are invited to overview their research and scholarly activities. These 'meet and greet' luncheons are designed to encourage the students to start exploring ideas for projects, to choose a mentor, and begin developing a project plan. Finally, when relevant research or scholarly activities come to the attention of faculty / SARP administration, these are forwarded to the class via e-mail.

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

IS-14-A. Medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage support and student participation.

“Service-learning” is defined as a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which the service is provided, the connection between their service and their academic coursework, and their roles as citizens and professionals [Definition from Seifer SD. “Service learning: Community-campus partnerships for health professions Education.” Academic Medicine 1998;73(3):273-277].

“Sufficient opportunities” means that students who wish to participate in a service-learning activity should have the opportunity to do so. To encourage student participation, medical schools could do such things as developing opportunities in conjunction with relevant communities or partnerships, providing information about available opportunities, offering elective credit for participation, or holding public presentations or public forums. Support for student participation could include offering or providing information about financial and social support for student service-learning (such as stipends, faculty preceptors, community partnerships).

a. Is there a school requirement that medical students participate in a service-learning experience, either as part of a regular course or clerkship rotation or as a selective? If so, describe the opportunities for participation and reflection on the experience.

Service learning is not required, but encouraged and reinforced. In year 1, the curriculum begins with a three-week Language, Culture, and Community immersion experience as a component of the Society, Community, and the Individual course. As part of this experience, students are assigned as small groups to “colonias” (residential areas lacking basic living necessities) in the El Paso region. These “colonias” are associated with the community clinics to which students are assigned for early clinical experience. These student groups conduct supervised community assessments during the immersion experience, which includes reviewing census and public health data for their respective communities, surveys of community resources (schools, churches, parks, availability of social services), and key informant interviews with community members and leaders. While this is not a service learning activity per se, it does sensitize students to community needs and opportunities for helping communities address these needs. Students present the results of their community assessment in a forum at the end of the immersion block period. As documented in section IS-14-A. part ‘d’ below, students feel they are encouraged to participate in service learning and provided opportunities to do so.

To document service learning activities, we have included a folder on service learning in the student e-portfolio.

b. Briefly describe the opportunities for medical student participation in voluntary service-learning activities. Include the types of service learning opportunities that are available, the general level of student involvement.

During the 2011-12 academic year, at least 85% of the class participated in some form of service to the community including volunteering at health screenings fairs, assisting at a clinic for homeless and medically indigent persons, and tutoring/mentoring middle and high school youths at nearby schools, and providing Christmas presents as part of a “Secret Santa” initiative for over 40 children in foster care. In March 2012, 24 MS 1, 2 and 3 students participated in a medical mission trip to Honduras.

c. Describe how students are informed about opportunities to participate in service-learning activities.

Thus far, information about service learning opportunities has been made available primarily by e-mail announcements, posted fliers, and personal contact.

d. Describe how student participation in service-learning activities is encouraged, supported, and acknowledged. Include information about the sources and levels of funding available for such activities.

The results of the independent student survey indicates the following: 91% of the respondents (n = --) agreed or strongly agreed they were encouraged to pursue service learning; 87% agreed that there were sufficient opportunities to pursue service learning; 85% reported that service learning had contributed to their understanding of the “civic responsibilities as a physician;” and 92% reported that they were provided information about community and volunteer opportunities.

Although no set funding is provided by the school for service learning activities, the dean’s office has been very supportive in providing resources on case-by-case bases in providing financial and in-kind support for service activities. The director of the required year 1-2 Society, community and the Individual course is very interested in service learning and has agreed to serve as one of two “champions” for such learning. The second “champion” is a senior faculty member in the department of family and community medicine. Her participation includes 20% protected time supported by a recently awarded HRSA title VII pre-doctoral training grant.

In the January 2011, the Office of the senior associate dean for medical education sponsored a service learning forum in which students from the charter class of 2013 who participated in service learning activities during the 2009-2010 academic year gave brief presentations on the projects they participated in and discussed opportunities for medical students to become involved in these, or similar activities. This session was followed by an “appreciation” dinner funded by the Office of the Dean. This is now an annual event. The second annual Service Learning Symposium was held on the evening of March 27, 2012. Nine students presented their service learning activities. This year, two students who had just returned from the school medical mission to Honduras presented the keynote. There were 32 people in attendance.

Academic Year 2011-2012

NOTE THAT STANDARD IS-15 HAS BEEN DELETED.

IS-16. Each medical school must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of the academic community and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

Aspiring future physicians will be best prepared for medical practice in a diverse society if they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment will facilitate physician training in:

- *Basic principles of culturally competent health care*
- *Recognition of health care disparities and the development of solutions to such burdens*
- *Importance of meeting the health care needs of medically underserved populations*
- *Development of core professional attributes, such as altruism and social accountability, needed to provide effective care in a multi-dimensionally diverse society*

Each school should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Schools should consider in their planning elements of diversity including, but not limited to, gender, racial, cultural and economic diversity. Schools should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty members, staff, and others.

a. Provide a copy of all current mission statement(s) and policies at your institution that are related to assuring a diverse student body, faculty, and staff.

The Paul L. Foster School of Medicine's (PLFSOM) Mission and Vision were revised on June 18, 2011 during a meeting of our school's Mission and Vision Committee, with input from the school's Strategic Planning Executive Committee. Some of the changes made to these statements reflect our school's expectations regarding diversity:

Mission: The mission of the Texas Tech University Health Sciences Center Paul L. Foster school of medicine is provide outstanding education and development for a diverse group of students, residents, faculty and staff; to advance knowledge through innovation and research; and to serve the needs of our socially and culturally diverse communities and region.

In addition, our school's Strategic Planning Subcommittees (faculty and staff representatives) and Strategic Planning Executive Committee (senior leadership representatives) formulated strategic planning goals and objectives. There are seven strategic goals. We believe that our seventh goal, "To promote educational achievement among the youth of the border region", sets us apart from other medical schools in the sense that it expresses our commitment to serve as positive role models and raise our youth's expectations regarding their goals in life and education. Being the only professional school in a city with a largely underrepresented and disadvantaged population, we expect to fulfill this goal through five specific strategies:

1. Strategy 7.1 – Endorse the "Closing the Gaps" Initiative of the Higher Education Coordinating Board: 'Reaching out to Texas families about the importance of going to college and what it takes to be successful in college and beyond'.

Academic Year 2011-2012

- a. Sub strategy 7.1.1 – Establish liaison with the HECB to align its plan with the PLFSOM goal to promote educational achievement among the youth on the border.
- b. Sub strategy 7.1.2 – Establish liaison with other entities such as TEA, school based clinics, etc. to promote educational achievement among the youth on the border.
2. Strategy 7.2 – Create a college-going culture in the border region.
 - a. Sub strategy 7.2.1 – Reach out to El Paso families with objective-specific programming at PLFSOM developed by specialists in the field (consultant educators, sociologists, public relations, motivational speakers).
 - b. Sub strategy 7.2.2 – Reach out to superintendents and teachers in regional schools with objective-specific programming at PLFSOM to review best and appropriately rigorous curricula at the elementary, middle and high school level aimed to achieve exit level readiness for college.
 - c. Sub strategy 7.2.3 – Engage the office of Resource Development to identify potential philanthropic sources with interest in supporting this goal.
3. Strategy 7.3 – Create a coordinated approach. (Infrastructure and communication mechanism of center).
 - a. Sub strategy 7.3.1 – Engage the school to identify potential resources and funding for this objective.
4. Strategy 7.4 – Create faculty and specialty development.
 - a. Sub strategy 7.4.1 – Identify physicians with areas of expertise to meet the schools agenda and specialties.
 - b. Sub strategy 7.4.2 – Establish a cross disciplinary School Health Journal Club.
5. Strategy 7.5 – Create a directory of current pipeline programs being conducted at PLFSOM which can be shared with the school districts and community.

On July 30th, 2010, our school created a Diversity Committee with representation from students, residents, faculty, and staff. On April 17th, 2012, the Committee revised its diversity statement as follows:

DIVERSITY STATEMENT: Grounded in the compelling evidence that diversity of thought and perspective provides richer solutions to the complex challenges of meeting the health needs of our community, the Paul L Foster School of Medicine at Texas Tech University Health Sciences Center at El Paso promotes the recruitment, development and retention of a diverse body of students, residents, faculty and staff. We are mindful of the population we serve here on the US/Mexico border, with the majority being Hispanic, many of whom are underserved and disadvantaged, and we are particularly committed to the inclusion of groups that are under-represented in medicine that will enhance our ability to provide optimal health care to this population. The Paul L Foster School of Medicine defines diversity as the inclusion of students who are from the US/Mexico border region, economically or educationally disadvantaged, and/or of Hispanic origin. We will also welcome and support students from other traditionally under-represented minorities. For residents, faculty and staff, diversity will be defined as inclusion of those who are of Hispanic origin and those who are Spanish-speaking, as the majority of patients we serve in the region prefer to use Spanish. We will also welcome and support residents, faculty and staff from other traditionally under-represented minorities.

Our ADMISSIONS PHILOSOPHY, approved by the Student Admission Committee and included in our Admission Handbook, articulates our school's expectations towards recruiting and graduating a diverse body of students, in the context of our local and national responsibilities. It states:

“The Paul L. Foster School of Medicine invites applications from qualified residents of the state of Texas. Ninety percent of each entering class must be Texas residents, therefore out of state residents will be considered on an individual basis and should possess highly competitive academic credentials. Eighty students will be selected for the 2012 class. An entering class of 100 is under consideration. The admissions process is designed so that each applicant is examined for the proven academic ability and personal qualities desired in an affective and competent physician. While evidence of high intellectual ability and strong record of scholastic achievement are vital for success in the study of medicine, we also recognize the importance of the qualities of compassion, motivation, maturity, personal integrity, and effective communication as necessary traits in the medical profession. A number of both cognitive and non-cognitive factors are used in the evaluation of applicants. No single factor is used exclusively to admit or reject an applicant. Each applicant is examined for overall suitability and an effort is made to select an entering class of medical students with varied back grounds, interests and life experiences. *Ethnic background and interest in the region are among the considered factors. With equal qualifications, preference may be given to residents of El Paso and West Texas.*”

Regarding Faculty, Texas Tech University Health Sciences Center (TTUHSC) Operational Policy 60.09 ensures a standardized approach in the handling of faculty recruitment and responsiveness to affirmative action and equal employment practices. It requires the certification of each faculty search process by the Equal Employment Opportunity (EEO) Office as an administrative review of the search efforts to recruit qualified underrepresented minorities and other diverse applicants to apply for the open position. It also requires the chair of each faculty search to complete training on TTUHSC recruitment and hiring policy, process and procedures. Annually, the Compliance Office will review a random sample of faculty search processes to assess compliance with EEO and TTUHSC policies and procedures.

Regarding Staff, Texas Tech University Health Sciences Center Operational Policy 51.01 states that TTUHSC will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age, physical or mental disabilities, Vietnam Era or Special Disabled Veteran Status. TTUHSC will implement and maintain an Affirmative Action Plan as required by Executive Order 11246. TTUHSC will treat all employees equally during employment without regard to their race, color, religion, sex, national origin, age, physical or mental disabilities, Vietnam Era or Special Disabled Veteran Status. Such action shall include, but not be limited to any of the following employment transactions: hiring, upgrading, demotion, or transfer; lay-off or termination; rate of pay or other forms of compensation; and selection for training, including apprenticeship.

On January of 2012, the medical school began the process of establishing an Office of Diversity to ensure the continued promotion of diversity and cultural competence throughout the medical school. This will be done through advisory activities to various campus groups as well as the sponsorship of workshops, lectures, and seminars with focus on issues related to gender, race, cultural equity, and awareness in both professional education and patient care. On April 1st, 2012, this Office began its activities with the hiring of Ms. Jessica Calderon-Mora, M.P.H. Some of the Office of Diversity's most recent activities have included the organization of the medical school's first annual Cultural Competence Seminar on June 8th, 2012, and the organization of the Dean's Diversity Seminar Series. Both activities seek to establish

educational venues to bring nationally recognized speakers on Diversity and Health Equity to our Campus. The first Dean's Diversity Seminar Conference is scheduled for July 17th, 2012.

i. Describe the process by which these statements and policies were developed, approved, and implemented at your institution.

The school's mission and vision statements have been developed by the Mission and Vision Committee with input from the school's Strategic Planning Executive Committee. The revised statements have been presented to the Faculty Council. They will be presented to the faculty and staff at large via the Dean's Forum prior to final approval.

The school's strategic planning goals and objectives were formulated by the Strategic Planning Subcommittees (faculty and staff representatives) and the Strategic Planning Executive Committee (senior leadership representatives). The final strategic plan has been presented and approved by the Faculty Council and by the faculty and staff at large via the Dean's forum.

The Paul L. Foster School of Medicine's Diversity Statement was drafted by the school's Diversity Committee, presented to the faculty and staff at large via the Dean's Forum, and approved by the Faculty Council on June 18, 2012.

The Admissions Philosophy and Admissions Handbook are approved by the Students Admissions Committee. This is re-evaluated and revised at the beginning of every admissions cycle. A new version of the Admissions Handbook is distributed yearly to the Admissions Officers and Admissions Committee Members.

The two institutional operating policies and procedures (Ops 60.09 and 50.01) are developed by the health science center's Human Resources Department, reviewed by internal legal counsel, and presented to the Council of Deans for approval. These policies are reviewed on August 1st of each year by the Managing Director of the Texas Tech University System (TTUS) Office of Equal Employment Opportunity (EEO) and General Counsel, with recommendations for revisions forwarded to the Executive Vice President for Finance and Administration (EVPFA) by September 1 of each year.

ii. Describe how these statements and policies are made known to current and prospective applicants, students, employees, faculty, and staff.

The school's mission and vision statements are posted on the www.ttuhs.edu website. In addition, the statements are covered in New Employee Orientation, New Faculty Orientation and New Student Orientation sessions for faculty, staff and students. The mission and vision statements are published in the Faculty and Student Handbooks. Finally, poster sized copies of the mission and vision statement are posted prominently at various locations throughout the campus.

A dissemination plan is in development to make our strategic plan and goals known to current and prospective applicants, students, employees, faculty, and staff.

Our Diversity Statement will be included in the Admission, Faculty, and Student handbooks. These documents will also be posted in our website and employed during staff recruitment processes and orientation.

The Admissions philosophy and laws are included in the Admissions Handbook, which is distributed yearly to the Admissions Officers and members of the Admissions Committee. A very thorough review of the admissions process, including the admissions philosophy, is available to prospective applicants at the admissions office website, at <http://www.ttuhsu.edu/fostersom/admissions/process.aspx>. The admissions philosophy is also included in the school's catalogue, also available in the same website.

All advertisement and recruitment materials reference TTUHSC and PLFSOM as an Equal Employment Opportunity (EEO) employer. Operational policies related to recruitment and hiring of Faculty and Staff, such as the above mentioned OP 50.01 and OP 60.09 are posted online through our website. Such policies are also described in detail during student, resident, and faculty orientation. Information handbooks for student, resident, and faculty include these policies.

In addition, New Employee Orientation (NEO) specifically reviews OP 51.01 with all new employees (faculty, staff, and volunteers). Each new employee signs an acknowledgement stating that they have received the training and this acknowledgement is filed as part of the individual's permanent personnel record. Finally, each employee must complete an EEO Refresher Training (on-line) every two years. Completion of the training is documented and tracked in the Training /Staff Development database.

b. Describe how the institution defines or characterizes diversity for its students, faculty, and staff. What dimensions of diversity are considered? If different definitions apply to any of these institutional constituencies, provide each relevant definition.

The Paul L. Foster School of Medicine's Diversity Statement reads: "Grounded in the compelling evidence that diversity of thought and perspective provides richer solutions to the complex challenges of meeting the health needs of our community, the Paul L Foster School of Medicine at Texas Tech University Health Sciences Center at El Paso promotes the recruitment, development and retention of a diverse body of students, residents, faculty and staff. We are mindful of the population we serve here on the US/Mexico border, with the majority being Hispanic, many of whom are underserved and disadvantaged, and we are particularly committed to the inclusion of groups that are under-represented in medicine that will enhance our ability to provide optimal health care to this population. *The Paul L Foster School of Medicine defines diversity as the inclusion of students who are from the US/Mexico border region, economically or educationally disadvantaged, and/or of Hispanic origin. We will also welcome and support students from other traditionally under-represented minorities. For residents, faculty and staff, diversity will be defined as inclusion of those who are of Hispanic origin and those who are Spanish-speaking, as the majority of patients we serve in the region prefer to use Spanish. We will also welcome and support residents, faculty and staff from other traditionally under-represented minorities.*"

In this regard, the dimensions of diversity considered for medical students include geographical origin, socioeconomic status, and/or ethnicity. Dimensions of diversity considered for residents, faculty and staff include ethnicity and language. Students, residents, faculty and staff from other traditionally under-represented minorities in medicine are also welcome.

In the context of the definition of diversity, describe how institutional policies related to diversity are put into practice in each of the following areas:

i. Student recruitment, selection, and retention

As stated earlier in our Admission Philosophy, our medical school is committed to recruiting and graduating a diverse class of students. The Admissions Office will examine each applicant for overall suitability and select a class with varied backgrounds, interests, and life experiences to provide a stimulating and broadening learning environment to all students. A representative of the Diversity Committee is a voting member of the Admissions Committee and assists in the selection of a diverse class.

A special effort is made to recruit applicants from West Texas and the US-Mexico border to attain a balanced student body with qualified minority students, diverse age groups and students with heterogeneous backgrounds in educational and life experiences. As stated earlier, the Paul L. Foster School of Medicine has established as one of its strategic goals enhancing the academic achievement of youth residing along the US/Mexico border. In addition, being from the US/Mexico border is one of the dimensions considered in our Diversity Statement.

One component of our Hispanic Center of Excellence grant is the development of a pipeline of students from the Hispanic population, which is largely medically underserved, in the US/Mexico Border Region served by the school. Current strategies include exposure of these students to the health care professions throughout their K-12 education and into their undergraduate experience. Examples of these activities include summer camps, college preparation programs, parental support programs and collaborations with local school districts through teacher support systems. In addition our school implements a shadowing program for local interested Pre-med undergraduates. The intent is to develop a comprehensive program which will allow for tracking of a student into medical school and beyond. More information regarding this is included below when we address our liaison activities with community organizations.

In addition to this, our medical school is a participant in the Joint Admission Medical Program (JAMP) created by the Texas Legislature. This program was created to support and encourage highly qualified, economically disadvantaged Texas resident students pursuing a medical education. The goal of JAMP is to help Texas students become tomorrow's medical professionals by providing:

- *Financial Support* through undergraduate and medical school scholarships.
- *Mentoring and personal assistance* to prepare students for medical school while attending college
- *Hands-on experience* at medical schools through summer internships
- *Guaranteed admission* to a Texas medical school if they meet all program requirements

Regarding student retention, our Office of Student Affairs has a number of programs designed to identify and assist students who may be at risk of dismissal, including those with academic difficulties because of prior economic and/or disadvantaged backgrounds. Such programs include weekly formative assessments monitored by the student's college masters and senior associate dean of medical education, a Ph.D. trained educational psychologist available to assist students with time management, study skills, test taking skills and test anxiety, and a peer tutoring program supervised by our academic support specialist.

The Hispanic Center of Excellence (HCOE) provides funding as appropriate to students who may need remediation or other assistance to ensure their progression in medical school. To date this has included additional provision of text books and other educational resources, travel support for the *Society, Community and Individual Course: Integrating Public Health and Community Medicine (SCI)* course, and tuition and travel support to attend USMLE prep courses.

ii. Financial aid

The Office of Financial Aid at the Health Sciences Center, in conjunction with the Financial Aid Liaison in El Paso, seeks to identify financial resources that minimize the impact of medical school education on the debt load of all students. Besides the scholarships that have been identified for students through the admissions process, the Paul L. Foster School of Medicine is participating in a loan repayment program with the Paso del Norte Foundation. This program forgives one quarter of the loan for each year the student practices in the Paso del Norte Region after completing residency. As stated earlier, the JAMP program also provides financial support through medical scholarships.

iii. Educational program

PLFSOM is also committed to improving the academic performance of Hispanic and other URM students by identifying individual learning styles and teaching approaches that maximize learning potential based upon individual strengths. In an effort to improve student mentoring programs, PLFSOM has established learning communities comprised of 20 students each. Students will remain within their learning community throughout their medical education. Each of these learning communities is led a senior faculty members who serve as College “Masters.”

A course entitled *Society, Community and Individual Course: Integrating Public Health and Community Medicine (SCI)* has been developed by an interdisciplinary faculty of specialists in family and community medicine, public health, epidemiology, biostatistics, environmental and occupational health, social work, psychology, medical anthropology and Spanish language instruction. The SCI course exposes students to a population perspective on health and illness. Using the Social-Ecological model of health, students learn about the social, cultural, economic, political and environmental forces that affect the health of patients, families and communities in the classroom and in community sites. Experiences in urban and rural community-based clinics expose students to the needs of a diverse population and provide practice in clinical skills, language skills, and culturally appropriate clinical practice. Students are engaged in a community assessment process before starting the community-based clinic experience so that they begin the experience with an understanding of the community, including the health issues, community assets and resources, and barriers to health. In addition, all students are required to take Spanish classes as a part of SCI.

In addition, students are strongly encouraged to engage in service learning activities. The faculty responsible for service learning assist students to identify community based organizations and projects that will increase their skills in working with underserved communities where health disparities exist. Students completing a service learning project will meet regularly with the faculty member, and will present their service learning project at an annual symposium.

iv. Faculty/staff recruitment, employment, and retention

The Health Sciences Center OP 60.09, previously mentioned, addresses diversity issues in Faculty recruitment. Advertisements for paid faculty and staff positions include the statement, “*TTUHSC is an Affirmative Action/Equal Opportunity Employer*” (faculty/staff) for prospective applicants.

PLFSOM faculty members practice medicine in a culturally and linguistically diverse environment. Our regional population is over 80% Hispanic. PLFSOM faculty themselves are from diverse cultures and ethnic groups, as are their students. Faculty must demonstrate cultural sensitivity and competence in all aspects of their practice, teaching, and community involvement. Multiple factors must be considered and managed in developing a culturally competent faculty.

To address challenges to building capacity to train, recruit, and retain under-represented minority (URM) faculty, TTUHSC PLFSOM established the Office of Faculty Affairs and Development to develop and implement services to support faculty recruitment, appointment, development, and retention. The institutional program has six elements: a basic orientation for newly-recruited faculty; the core faculty development course; the advanced teaching and technical writing course; the advanced teaching and clinical simulation course; faculty mentoring; and the leadership development course.

The Health Sciences Center OP 50.01, previously mentioned, addresses diversity issues in staff employment. There are at this time, other than the medical school’s Diversity Statement, no diversity policies related to staff recruitment and retention.

v. Faculty/staff development

Under the HCOE grant, opportunities are provided to our Hispanic and other URM faculty to develop leadership attributes through attendance at professional meetings and/or courses. Junior faculty will be encouraged to seek Fellowship opportunities which will encourage their practice of evidence based medicine. The HCOE grant funds an annual Cultural Competence Seminar as well as a quarterly Diversity Series presentation. It also sponsors the visits of nationally recognized academic leaders in cultural competence and diversity, such as the AAMC Chief Diversity Officer. PLFSOM is currently developing a program to help chairpersons and other senior-level faculty members to understand the importance of mentoring and learn how to become effective mentors. PLFSOM anticipates that departments will build on the school-wide mentoring program to develop their own processes for formal and informal mentoring of junior faculty.

The associate dean for faculty affairs and development is recruiting senior faculty members to be mentors, and these individuals will then receive specific training in mentoring, especially related to career guidance for URM faculty. Mentors will then be assigned responsibilities for junior faculty members. To the extent possible, mentoring matches will be made between senior and junior faculty members within the same discipline. At the same time, mentors will be encouraged to provide cross-disciplinary mentoring when needed to help junior faculty members take advantage of opportunities for cross-disciplinary career development.

There are multiple opportunities for staff development through participation in our Diversity Committee, such as attendance to the annual AAMC meeting and the regional AAMC Group on Diversity and

Inclusion meeting. There are at this time no policies or programs related to staff development. Staff participation in our Diversity Committee consists of two members.

vi. Liaison activities with community organizations

In order to coordinate the interaction with the educational infrastructure at the grade school, secondary school, college and graduate schools the Paul L. Foster School of Medicine has established the Office for Promotion of Community Educational Achievement (OPCEA) in the Office of Admissions. Additionally, a post baccalaureate program is under development.

A list of the Pipeline programs coordinated by our OPCEA follows:

- *Shadow a Physician:* a program that provides opportunity for undergraduate pre-medical students to be mentored by a practicing physician. Fifteen to twenty 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 Paul L. Foster School of Medicine physician. Participants in this observer-ship program receive a one-on-one interaction with physicians in the clinical setting, and are able to see patients with the physician mentor. The program is reserved for UTEP undergraduate students. However, local Pre-med students at other universities may apply on a space-available basis. This is an ongoing program throughout the year.
- *Summer Enrichment for Pre-med students:* a program in partnership between PLFSOM and UTEP held in June for four weeks. Students are provided academic enrichment preparation for their upper level coursework, an introduction to the Medical College Admission test (MCAT) and critical thinking at UTEP. Students spend mornings at the PLFSOM and its associated hospital, University Medical Center of El Paso, shadowing physicians in a variety of clinical experiences. They also attend a daily one-hour lecture on topics related to applying to medical school, preparation for interview, library research and perspectives in clinical topics. Class size is twenty to thirty students. Students from regional universities are given priority; others may apply on a space-available basis.
- *Summer Camp for High School students:* a program for rising high school students in any of the nine independent school districts in El Paso and the surrounding area. This camp is also open to the various private schools. Four camps are offered that last two weeks each. Each camp can accommodate thirty students and takes place on the PLFSOM campus. The curriculum consists of SAT preparation, interactive presentations with health career professionals, field trips, mock crime scene investigation, financial aid information and a Reality Store exercise (simulation of life expenses).
- *School visits:* done on invitation by the city's schools. Attendance at career fairs and presentations to particular classes are given such as science and anatomy classes and Pre-med clubs. Tours are also given on a limited basis for schools that request them.

In addition, the HCOE works closely with the Borderland Area Health Education Program (AHEC) to conduct several pipeline activities in our community. Activities have included, but are not limited to, health career fairs, DREAMS summer camp, Youth Health Service Corps, parent academies, Double T Career Exploration Club, Borders without Boundaries, Health Matters Summer Day Camp, and the

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continued development of HOT JOBS. Community partners have included school districts, community physicians, Rio Grande Workforce, El Paso Chamber of Commerce, and El Paso Community College.

c. Based on the institution's definition of diversity and the LCME standard that "medical schools should consider in their planning elements of diversity including, but not limited to, gender, racial, cultural and economic diversity," report in the table below information regarding the percentage of enrolled students and employed faculty and staff in each of the categories included in the institution's definition of diversity.

Please see table on next page.

| <i>Category of Diversity</i> | <i>Medical Students Classes of 2013 to 2016</i> | | <i>Residents</i> | | <i>Faculty Full time</i> | | <i>Staff Full Time</i> | |
|--|---|-------|------------------|-----|------------------------------|-------|----------------------------|-------|
| | # | % | # | % | # | % | # | % |
| <i>Geographic origin</i> | | | | | | | | |
| Texas | 253 | 96% | NA | NA | NA | NA | NA | NA |
| US/Mexico Border | 32 | 12% | NA | NA | NA | NA | NA | NA |
| Out of state | 9 | 4% | NA | NA | NA | NA | NA | NA |
| <i>Socioeconomic Status*</i> | | | | | | | | |
| Disadvantaged | 45 | 18% | NA | NA | NA | NA | NA | NA |
| Other | 184 | 83% | NA | NA | NA | NA | NA | NA |
| <i>Race/Ethnicity</i> | | | | | | | | |
| Caucasian (Non-Hispanic) | 127 | 48% | 56 | 28% | 130 | 49.4% | 72 | 8.16% |
| Black or African American (Non-Hispanic) | 0 | | 13 | 6% | 10 | 3.8% | 5 | 0.57% |
| Hispanic or Latino | 33 | 12.5% | 72 | 36% | 83 | 31.6% | 755 | 85.6% |
| Asian | 94 | 35.5% | 60 | 30% | 36 | 13.7% | 40 | 4.53% |
| Native American | 0 | 0% | 0 | 0% | 0 | 0% | 4 | 0.45% |
| Not identified | 11 | 4% | 0 | 0% | 4 | 1.5% | 6 | 0.68% |
| <i>Representation in Medicine</i> | | | | | | | | |
| URM** | 33 | 12.5% | 85 | 42% | 65 | 24.7% | 764 | 86% |
| Other | 232 | 87.5% | 116 | 58% | 198 | 75.3% | 118 | 14% |
| <i>Language***</i> | | | | | | | | |
| Spanish speaking | NA | NA | 11 | 50% | 53 | 49% | 405 | 84% |
| Not Spanish speaking | NA | NA | 11 | 50% | 56 | 51% | 79 | 16% |

Also see standards ED-21 and MS-8.

*Based on data provided by the Texas Medical and Dental Admissions Service.

**URM: "Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population." <https://www.aamc.org/initiatives/urm/>. For the purposes of our table, URM consists of African Americans, Mexican Americans, Native Americans, and main land Puerto Ricans.

*** Language status determined by an e-mailed survey with 615 full-time respondents. Of the 615, 22 were residents, 109 were faculty, and 484 were staff.

END OF SECTION I

TEXAS TECH UNIVERSITY SYSTEM
Lubbock, Texas

Minutes

Board of Regents
February 24-25, 2011

Thursday, February 24, 2011.—The members of the Board of Regents of the Texas Tech University System convened at 8:34 am on Thursday, February 24, 2011, in the Nasworthy Suite, Room 203-204, Second Floor, University Center, San Angelo, Texas, with the following in attendance:

ATTENDANCE.—

Regents present were Larry K. Anders, Chairman; L. Frederick “Rick” Francis; Jeff Harris, Student Regent; John Huffaker; Mickey L. Long; Debbie Montford; Nancy R. Neal; John Field Scovell; John D. Steinmetz; and Jerry Turner, Vice Chairman.

The following officers and staff were present: Mr. Kent Hance, Chancellor, TTUS; Dr. Guy Bailey, President, TTU; Dr. Joseph Rallo, President, ASU; Dr. Tedd Mitchell, President, TTUHSC; Mr. Ben Lock, Executive Assistant to the Chancellor and Secretary of the Board, TTUS; Mr. Pat Campbell, Vice Chancellor and General Counsel, TTUS; Mr. Jim Brunjes, Chief Financial Officer, TTUS; Mr. Elmo Cavin, Executive Vice President for Finance and Administration, TTUHSC; Mr. Kyle Clark, Vice President for Administration and Finance, TTU; Mr. Michael Reid, Vice President for Finance and Administration, ASU; Mr. Michael Molina, Vice Chancellor for Facilities Planning and Construction, TTUS; Mrs. Theresa Drewell, Associate Vice Chancellor for Facilities Planning and Construction, TTUS; TTU; Dr. James Limbaugh, Vice President for Strategy, Planning and Policy, ASU; Dr. Anthony Blose, Academic Affairs Provost and Vice President, ASU; Dr. Bob Smith, Provost and Senior Vice President for Academic Affairs, TTU; Dr. Vance Valerio, Vice President for Student Affairs and Enrollment Management, ASU; Dr. Taylor Eighmy, Vice President for Research, TTU; Dr. Michael Shonrock, Senior Vice President for Student Affairs and Enrollment Management, TTU; Dr. Kelly Overley, Vice Chancellor for Institutional Advancement, TTUS; Mr. Jodey Arrington, Chief of Staff, Office of the Chancellor, TTUS; Mrs. Kim Turner, Chief Audit Executive, TTUS; and Mrs. Christina Martinez, Assistant Secretary to the Board of Regents, TTUS.

- I. CALL TO ORDER; CONVENE INTO OPEN SESSION OF THE BOARD.—
Chairman Anders announced a quorum present and called the meeting to order.

This will not commit the University to anything beyond the three-week period for the first of the three searches.

X.B.5. TTUS: Approve amendment to Investment Policy Statement – Long Term Investment Fund.—The Board approved to amend the Investment Policy Statement as set out below for the Long Term Investment Fund (“LTIF”) to include guidelines for alternative investments.

13.2 The CIO, based on recommendations from the IAC, is authorized to hire and terminate external investment managers.

a. In the exercise of this delegation of authority, standard actions regarding legal and due diligence review shall be conducted. Certain review considerations in hiring Hedge Funds & Private Equity managers are listed in Schedule C.

The TTUS Schedule C, Alternative Investments Policy, is included herewith as Attachment No. 5

X.B.6. TTUS: Approve the Texas Tech University System Section 127 Educational Assistance Plan to provide tax benefits to eligible employees.—The Board approved the Texas Tech University System Section 127 Educational Assistance Plan to provide tax benefits to eligible employees related to the furnishing of (i) graduate educational assistance at Employer’s educational institution; (ii) tuition assistance for attendance at another State educational institution; and/or (iii) other developmental programs as approved by the Chief Financial Officer (“CFO”) of the respective institution, in accordance with the Operating Policies/Procedures of Texas Tech University System and its component institutions.

X.B.7. TTUS: Authorize a consulting agreement to provide support for federal relations.—The Board authorized the chancellor to execute an agreement with Arnold & Porter LLP, commencing March 1, 2011 and terminating December 31, 2011, to consult and support the Texas Tech University System (“TTUS”), Texas Tech University (“TTU”), the Texas Tech University Health Sciences Center (“TTUHSC”) and Angelo State University (“ASU”) in identifying and pursuing funding opportunities within the federal government and other sources.

There will be an option for the chancellor to extend the agreement for a second and third year if the results produced in the first and second year warrant an extension. The agreement will also include a provision that allows either party to terminate the agreement at will with 30 days written notice. The current consulting agreement with RH Strategies LLC is set to expire on February 28, 2011. Regent Nancy Neal recused herself from discussion and approval of this item.

Through the use of the Request for Proposals (“RFP”) process in the initial months of 2011, the firm of Arnold & Porter LLP was recommended as the best overall value out of the two proposals received and reviewed by an eight member review committee consisting of the vice presidents of research from each university, the provost of TTU and administrators from the TTUS.

The cost for this engagement is \$20,000 per month which includes a subcontract with RH Strategies LLC in the amount of \$10,000. Funding will be provided by TTU, TTUHSC, and ASU.

- X.B.8. TTUS: Report on Long Term Investment Fund Performance – 2010.—The Board accepted a report on the Long Term Investment Fund Performance – 2010, included herewith as Attachment No. 6.

X.C. REPORT OF THE ACADEMIC, CLINICAL AND STUDENT AFFAIRS COMMITTEE

Committee Chairman Anders reported that the Academic, Clinical and Student Affairs Committee met in open session on February 24, 2011 to consider those matters on its agenda and to formulate recommendations to the Board of Regents of the Texas Tech University System. Unless otherwise indicated, the actions set forth in the Minute Orders that follow were recommended by the Academic, Clinical and Student Affairs Committee and approved in open session and without objection by the Board of Regents of the Texas Tech University System.

- X.C.1. ASU: Approve changes in academic rank.—The Board approved changes in academic rank for the following faculty of Angelo State University (“ASU”) effective the 2011-2012 academic year.

TEXAS TECH UNIVERSITY SYSTEM
Lubbock, Texas

Minutes

Board of Regents
May 12-13, 2011

Thursday, May 12, 2011.—The members of the Board of Regents of the Texas Tech University System convened at 3:31 pm on Thursday, May 12, 2011, in the Matador Room, Room 227, Second Floor, Student Union Building, 15th Street and Akron Avenue, Lubbock, Texas, with the following in attendance:

ATTENDANCE.—

Regents present were Larry K. Anders; L. Frederick “Rick” Francis; Jeff Harris, Student Regent; John Huffaker; Mickey L. Long, Vice Chairman; Debbie Montford; Nancy R. Neal; John Field Scovell; John D. Steinmetz; and Jerry Turner, Chairman.

The following officers and staff were present: Mr. Kent Hance, Chancellor, TTUS; Dr. Guy Bailey, President, TTU; Dr. Joseph Rallo, President, ASU; Dr. Tedd Mitchell, President, TTUHSC; Mr. Ben Lock, Executive Assistant to the Chancellor and Secretary of the Board, TTUS; Mr. Pat Campbell, Vice Chancellor and General Counsel, TTUS; Mr. Jim Brunjes, Chief Financial Officer, TTUS; Mr. Elmo Cavin, Executive Vice President for Finance and Administration, TTUHSC; Mr. Kyle Clark, Vice President for Administration and Finance, TTU; Mr. Michael Reid, Vice President for Finance and Administration, ASU; Mr. Michael Molina, Vice Chancellor for Facilities Planning and Construction, TTUS; Mrs. Theresa Drewell, Associate Vice Chancellor for Facilities Planning and Construction, TTUS; Dr. Kelly Overley, Vice Chancellor for Institutional Advancement, TTUS; Mrs. Kim Turner, Chief Audit Executive, TTUS; Dr. James Limbaugh, Vice President for Strategy, Planning and Policy, ASU; Dr. Anthony Blose, Academic Affairs Provost and Vice President, ASU; Dr. Bob Smith, Provost and Senior Vice President for Academic Affairs, TTU; Dr. Vance Valerio, Vice President for Student Affairs and Enrollment Management, ASU; Dr. Taylor Eighmy, Vice President for Research, TTU; Dr. Juan Muñoz, Senior Vice President, Division of Institutional Diversity, Equity & Community Engagement and Vice Provost, Division of Undergraduate Education & Student Affairs, TTU; Mr. Jodey Arrington, Chief of Staff, Office of the Chancellor, TTUS; Dr. Steven Berk, Dean, School of Medicine-Lubbock, TTUHSC; and Mrs. Christina Martinez, Assistant Secretary to the Board of Regents, TTUS.

- I. MEETING OF STANDING COMMITTEES.—Took place prior to the Meeting of the Board. (Refer to IX. for items approved.)

- II. CALL TO ORDER; CONVENE INTO OPEN SESSION OF THE BOARD.—
Chairman Turner announced a quorum present and called the meeting to order.
- III. EXECUTIVE SESSION.—At approximately 3:31 pm, the Board recessed and convened into Executive Session as authorized by Sections 551.071; 551.073; and 551.074 of the *Texas Government Code* in the Matador Room, Room 227, Second Floor and in the Masked Rider Room, Room 220, Second Floor, Student Union Building, 15th Street and Akron Avenue.
- IV. OPEN SESSION.—At approximately 5:52 pm, the Board continued in open session in the Matador Room, Room 227, Second Floor, Student Union Building, 15th and Akron Avenues, Lubbock, Texas, to consider items as a Committee of the Whole and Meeting of the Board.
 - A. REPORT OF EXECUTIVE SESSION.—Chairman Turner called on Vice Chairman Long to present motions regarding items discussed in Executive Session.

Vice Chairman Long announced there were three motions resulting from Executive Session.

1. Regent Long moved that President Mitchell be authorized within the parameters set forth in Executive Session to execute a Memorandum of Understanding with various donors to construct a School of Nursing satellite campus facility in Abilene, Texas, in order to facilitate acceptance of the gift of the facility by the Board of Regents upon the completion of construction. Regent Montford seconded the motion.
2. Regent Long moved that President Bailey be authorized to enter into and execute a revised and restated lease agreement between Texas Tech University, Texas Tech University Alumni Association, and RaiderPark, LP, for football game day and student parking within the parameters set forth in Executive Session. Regent Anders seconded the motion. Regent Steinmetz recused himself for the consideration of and vote on this matter.
3. Regent Long moved that president Bailey or his designee be authorized to accept the gift of software from Schulmberger Information Solutions to Texas Tech University, within the parameters set forth in Executive Session. Regent Neal seconded the motion.

No action was taken on other matters that were discussed in Executive Session, which included:

TEXAS TECH UNIVERSITY SYSTEM
Lubbock, Texas

Minutes

Board of Regents
August 4-5, 2011

Thursday, August 4, 2011.—The members of the Board of Regents of the Texas Tech University System convened at 4:19 pm on Thursday, August 4, 2011, in the Matador Room, Room 227, Second Floor, Student Union Building, 15th Street and Akron Avenue, Lubbock, Texas, with the following in attendance:

ATTENDANCE.—

Regents present were Larry K. Anders; Jill Fadal, Student Regent; L. Frederick “Rick” Francis; John Huffaker; Mickey L. Long, Vice Chairman; Debbie Montford; Nancy R. Neal; John Field Scovell; John D. Steinmetz; and Jerry E. Turner, Chairman.

The following officers and staff were present: Mr. Kent Hance, Chancellor, TTUS; Dr. Guy Bailey, President, TTU; Dr. Joseph Rallo, President, ASU; Dr. Tedd Mitchell, President, TTUHSC; Mr. Ben Lock, Executive Assistant to the Chancellor and Secretary of the Board, TTUS; Mr. Pat Campbell, Vice Chancellor and General Counsel, TTUS; Mr. Jim Brunjes, Chief Financial Officer, TTUS; Mr. Elmo Cavin, Executive Vice President for Finance and Administration, TTUHSC; Mr. Kyle Clark, Vice President for Administration and Finance, TTU; Mr. Michael Reid, Vice President for Finance and Administration, ASU; Dr. James Limbaugh, Vice President for Strategy, Planning and Policy, ASU; Dr. Brian May, Interim Provost and Vice President for Academic Affairs, ASU; Dr. Bob Smith, Provost and Senior Vice President for Academic Affairs, TTU; Dr. Vance Valerio, Vice President for Student Affairs and Enrollment Management, ASU; Dr. Taylor Eighmy, Vice President for Research, TTU; Dr. Steven Berk, Dean, School of Medicine-Lubbock, TTUHSC; Mr. Michael Molina, Vice Chancellor for Facilities Planning and Construction, TTUS; Mrs. Theresa Drewell, Associate Vice Chancellor for Facilities Planning and Construction, TTUS; Dr. Kelly Overley, Vice Chancellor for Institutional Advancement, TTUS; Mrs. Kim Turner, Chief Audit Executive, TTUS; Mr. Jodey Arrington, Chief of Staff, Office of the Chancellor, TTUS; Mr. Gary Ratliff, Associate Vice Chancellor for Cash Investments, TTU; Mr. Kirby Hocutt, Athletics Director, TTU; Mr. Tyler Patton, President, SGA, TTU; and Mrs. Christina Martinez, Assistant Secretary to the Board of Regents, TTUS.

- I. ADMINISTER OATH OF OFFICE TO NEW STUDENT REGENT.—Prior to the start of committee meetings, Chairman Turner called on Vice Chairman Long to

- a. Bayer CropScience will pay for utility costs for space on a monthly basis. The facility is metered and will be billed to Bayer CropScience. Utilities include electric, natural gas, water, and sewer.

5) Housekeeping

- a. Bayer CropScience will utilize Texas Tech University's housekeeping services and will be charged on a monthly basis for these services.

6) Parking

- a. The number, cost, and annual process will need to be defined.

XV.D.5. TTUSA, TTU, TTUHSC, ASU: Authorize presidents to execute contracts relating to oil and gas leases on state land.—The Board delegated authority to the presidents of Texas Tech University, Texas Tech University Health Sciences Center, and Angelo State University to negotiate and execute contracts, and any subsequent contract renewals, relating to oil and gas leases on state land.

XV.D.6. TTUS: Authorize the sale of the working interests gifted through the estate of Willis Phillips to the Texas Tech University System.—The Board authorized the sale of the working interests gifted through the Willis Phillips estate to the Texas Tech University System ("TTUS"), accept the proposal of the broker, EnergyNet.com, Inc., and appoint the chancellor, or his designee, to enter into all agreements necessary to market and sell this working interest. **Regent Huffaker recused himself from the consideration and vote of this item during both the Finance and Administration Committee meeting and the Committee of the Whole.**

A Request for Proposal ("RFP") was issued for a response by prospective brokers of working interests. After review of the proposals, EnergyNet.com, Inc. of Amarillo, Texas is recommended for selection.

XV.D.7. TTU: Report on Responsibility Center Management.—The Board accepted a report on Responsibility Center Management, included herewith as Attachment No. 13.



Jose Manuel De la Rosa
Vice President for Health Affairs
and
Founding Dean
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jmanuel.delarosa@ttuhsc.edu
(915) 783-5510

PERSONAL

Date of Birth: May 18, 1958

Family: Maureen Anne Cannon, Wife
6 Children

Home Address: 10816 Vista Lomas
El Paso, Texas 79935

Office Address: Office of the Founding Dean
Texas Tech University HSC Paul L. Foster School of Medicine
5001 El Paso Drive, Suite 3200
El Paso, Texas 79905
(915)783-5510

EDUCATION/TRAINING

| | | |
|------|------|---|
| 2006 | | ACE Fellowship |
| 2006 | | AAMC Dean's Fellowship |
| 1997 | M.S. | Harvard School of Public Health, Boston, Massachusetts, Epidemiology - Clinical Effectiveness Program |
| 1987 | | Texas Tech University Regional Academic Health Sciences Center, El Paso, Texas, Pediatric Residency |
| 1984 | M.D. | Texas Tech University Regional Academic Health Sciences Center, Lubbock, TX |
| 1980 | B.S. | University of Notre Dame, South Bend, Indiana, Biology/Theology |

ACADEMIC APPOINTMENTS

9/1997-Present Professor (with Tenure) of Pediatrics, Texas Tech University Health Sciences Center-El Paso.

9/1996-9/1997 Associate Professor of Pediatrics, Department of Pediatrics, Texas Tech University Regional Academic Health Sciences Center-El Paso

1/1993-9/1996 Assistant Professor of Pediatrics, Department of Pediatrics, Texas Tech University Regional Academic Health Sciences Center-El Paso

9/1993-4/1994 Executive Director, Institute for Border Community Health Education 4824 Alberta Avenue, Suite 209, El Paso, Texas 79905

1/1993-Present Adjunct Faculty, College of Health Sciences, University of Texas at El Paso, El Paso, Texas 79968

9/1991-1/1993 Clinical Assistant Professor, Department of Pediatrics, Texas Tech University Regional Academic Health Sciences Center-El Paso

1989-1991 Assistant Professor, Department of Pediatrics, Texas Tech University Regional Academic Health Sciences Center-El Paso

1987-1989 Instructor, Department of Pediatrics, Texas Tech University Regional Academic Health Sciences Center-El Paso

1986-1987 Chief Resident, Department of Pediatrics Residency Program, Texas Tech University Regional Academic Health Sciences Center-El Paso

PROFESSIONAL APPOINTMENTS

05/01/11-Present Vice President for Health Affairs, Texas Tech University HSC Paul L. Foster School of Medicine-El Paso

9/19/07-Present Founding Dean, Texas Tech University HSC Paul L. Foster School of Medicine-El Paso

10/16/2006-9/18/2007 Associate Dean, Texas Tech University HSC Paul L. Foster School of Medicine-El Paso

5/19/1997-10/16-2006 Regional Dean, Texas Tech University Health Sciences Center-El Paso

1/7/97-5/18/97 Interim Regional Dean, Texas Tech University Health Sciences Center-El Paso

1/1996-5/18/97 Assistant Dean for Medical Education – TTUHSC-El Paso

9/1995-1/1996 Interim Assistant Dean for Medical Education, Texas Tech University Health Sciences Center-El Paso

10/1993-9/1995 Assistant Dean for Graduate Medical Education, Texas Tech University Health Sciences Center-El Paso

10/1993-7/1997 Residency Program Director, Transitional Year Program, Texas Tech University Regional Academic Health Sciences Center-El Paso

1/1993-10/1995 Director of Medical Education, Institute for Border Community Health Education, El Paso, Texas

9/1991-1/1993 Medical Director, Centro Medico Del Valle, 300 S. Zaragoza, El Paso, Texas 79907

10/1990-9/1991 Acting Director, Pediatric Residency Program, Texas Tech University Regional Academic Health Sciences Center-El Paso

6/1990-9/1991 Director, Ambulatory Pediatric Clinic, Texas Tech University Regional Academic Health Sciences Center-El Paso

COMMITTEES

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER COMMITTEES

| | |
|------------------------|---|
| 10/2001-11/2001 | Dean of School of Medicine Search Committee |
| 1999-Present | Chair of the TTPA Finance Committee |
| 1998-Present | Board of Directors Texas Tech Physicians Associates |
| 1998-Present | Dean's Faculty Appointments Committee |
| 1998-1999 | TTUHSC Admissions Committee |
| 1997-Present | Professional Liability Committee |
| 1997-Present | Risk Management Committee |
| 1997-Present | Chair of Dean's Advisory Committee |
| 1999-Present | Minority Staff Association – TTU & TTUHSC |
| 1999-Present | Office of Border Health Parents & Partners Steering Committee |
| 1999-2000 | TTUHSC 25 th Anniversary Committee |
| 1996-Present | Advisory Committee for W.K. Kellogg Foundation “Community Partnerships” |
| 1996-1997 | Search Committee for the Dean, School of Medicine |
| 1996-1997 | Search Committee for Director of Registration, Financial Aid and Student Services |
| 1996-1997 | Search Committee for Executive Director for HealthNet |
| 1995-Present | Regional Chairs Committee |
| 1995-1997 | Grading and Promotions Committee |
| 1995-1997 | Educational Policy Committee |
| 1995-1997 | Search Committee for the Associate Provost and Special Assistant to the President |
| 1994-1995 | LCME Site Coordinator, Chairman Graduate Medical Education Subcommittee |
| 1994-1997 | Faculty Development Leave Committee |
| 1993-Present | Graduate Medical Education Committee |
| 1993-Present | Continuing Medical Education Committee |
| 1993-1997 | (ICGME) Inter-Campus Graduate Medical Education Committee-(Chair from 1995-1997) |
| 1992-1993 | Curriculum Education Resources Committee |
| 1991-Present | Residency Review Task Force |
| 1991-1993 | Ambulatory Clinic Policy Committee |
| 1990-1991 | Faculty Development Leave Committee |
| 1986-1988 | Joint Risk Management Committee |

TEXAS TECH UNIVERSITY COMMITTEES

| | |
|-------------------------|---|
| 6/2002-Present | Diversity Strategic Planning Committee |
| 4/2002-Present | Chair, TTUHSC Four Year Medical School Task Force Committee |
| 2001-Present | TTUHSC Facilities & Planning Steering Committee – Research Building TTUHSC Chancellor Search Committee |
| 10/1999-6/1/2000 | Presidential Search Committee |
| 1999-2002 | Raiders Rojos Alumni Association Board of Directors |
| 1999-Present | Minority Staff Association |

UNIVERSITY MEDICAL CENTER COMMITTEES

| | |
|---------------------|---|
| 2001-Present | Medical Management Committee |
| 2000-Present | Thomason Leadership Committee |
| 1997-Present | Board of Managers (Ex-Officio) |
| 1997-Present | Medical Executive Committee (Ex-Officio) |
| 1997-2002 | Executive Steering Committee |
| 1997-Present | Professional Affairs Committee (Ex-Officio) |
| 1987-1991 | Utilization Review Committee |
| 1990 | Chairman, Utilization Review Committee |
| 1987-1989 | Quality Assurance Committee |
| 1987-1989 | Cancer Committee |
| 1986-1987 | Risk Management Committee |

COMMUNITY COMMITTEES

| | |
|---------------------|---|
| 2000-Present | Catholic Diocese Foundation Board |
| 2000-2006 | Cathedral High School Advisory Board of Directors |
| 2001-2006 | El Paso Leadership Research Council |
| 2002-2006 | University of Texas at El Paso Advisory Board |
| 1999-Present | Border Health Institute Governing Board |
| 1999-2001 | Special Senate Interim Committee on Border Affairs (Senator Eliot Shapleigh) |
| 1999-Present | AMA Section on Medical Schools |
| 1998-Present | Legislative Committee of the El Paso County Medical Society |
| 1997-Present | Executive Committee of the El Paso County Medical Society |
| 1997-Present | Town Gown Liaison Committee (County Medical Society) |
| 1997-Present | United States-Mexico Border Health Association Member (Officer 1998-1999) |
| 1997-Present | Advisory Committee Cancer Center of Texas |
| 1997-Present | El Paso County Medical Society |
| 1997-2002 | President, University of Notre Dame Club of El Paso (Alumni) |
| 1997-2001 | Rio Grande Cancer Foundation Board |
| 1996-1999 | Board of Directors, El Paso Psychiatric Center |
| 1996-1997 | El Paso Children's Health Center Advisory Committee |
| 1995-Present | Public Relations Committee of the El Paso County Medical Society |
| 1995-1997 | El Paso Agua Posse Board of Directors |
| 1994-1996 | University of Texas at El Paso Institutional Effectiveness Advisory Committee (S.A.C. Accreditation) |
| 1994-1996 | Texas Comprehensive School Health Initiative |
| 1994-1996 | El Paso Primary Health Care Task Force (County Government) |
| 1993-1993 | El Paso Community Immunization Partnership |
| 1991-1993 | School Centered Health Education and Services for Rural Communities, a Kellogg Nursing Project Advisory Committee |
| 1991-1992 | Advisory Committee Health Education Training alliance of Texas (HETCAT) |
| 1990-1992 | Board of Directors, Kellogg Community Partnership Institute for Border Community Health Education |
| 1990-1991 | Paso del Norte Area Health Education Center (PDN AHEC) |
| 1988-1989 | High Risk Infant Tracking Committee |
| 1987-1989 | Chairman, Lower Valley Task Force (County Government) |
| 1987-1989 | Region XIX Early Childhood Intervention Project |

1987-1989 President, University of Notre Dame Club of El Paso (Alumni)
1987-1988 Child Protective Team, Texas Department of Health

PROFESSIONAL SOCIETIES

2002–Present Texas Medical Association (Council on Medical Education)
1999-Present Delegate Texas Medical Association (El Paso County Medical Society)
1999-Present Executive Committee of El Paso County Medical Society
1999-2006 American College of Physician Executives
1999-Present American Medical Association (Section on Medical Schools)
1999-Present Hispanic Serving Health Professional Schools Advisory Board (Officer 2001)
1998-2006 El Paso County Medical Society Editorial Board
1998-2001 El Paso Rotary Club
1997-2004 National Hispanic Medical Association Board of Directors (1998-2001)
1991-2001 Texas Child Access to Community Health (T-CATCH)
1990-Present Texas Pediatric Society
1990-2004 American Academy of Pediatrics, Section on School Health (Executive Committee Member)
1989-2001 Texas Medical Association, Section on School Health (Committee Member 1999)
1988-Present American Academy of Pediatrics, Section on School Health (Section Member 1994)
1987-Present El Paso County Medical Society
1987-Present Texas Medical Association
1987-1991 Southern Medical Association
1984-Present American Academy of Pediatrics

ABSTRACTS

O’Rourke K, Redlinger T., Goodman K., McPherson RS, Campos A, **de la Rosa, M.** “Helicobacter pylori: basic mechanisms to clinical cure 2002”. November 10-13, 2002, Maui.

O’Rourke K, Redlinger T., Goodman K., McPherson RS, Campos A, **de la Rosa, M.** Impact of household crowding on H. Pylori seroprevalence among children living on the US/Mexico border. Am J Epidemiol 151:S3, 2000.

Goodman KJ, O’Rourke K, Redlinger T, McPherson RS, Wang C, Campos A, **de la Rosa, M.** Helicobacter pylori infection in infants from a U.S.-Mexico border region. Int J Med Microbiol 2001; 291:154.

Goodman KJ, O’Rourke K, Redlinger T, McPherson RS, Wang C., Campos A, **de la Rosa, M.** Helicobacter pylori infection in infants from a U.S. – Mexico border population. Gut 2001; 49(Suppl. 11):A33.

Goodman KJ, O’Rourke K, McPherson RS, Wang C, Redlinger T, Campos A, **de la Rosa, M.** US-

Mexico cohort study of Helicobacter pylori infection in children. Am J Epidemiol 155:S43, 2002.

Keitheri Cheteri M, * Goodman KJ, McPherson RS, O'Rourke K, Redlinger T, Campos A, **de la Rosa, M.** US-Mexico cohort study of Helicobacter pylori infection in children. Am J Epidemiol 155:S43, 2002.

Keitheri Cheteri M, * Goodman KJ, McPherson RS, O'Rourke K, Redlinger T, Campos A, **de la Rosa, M.** Which socioeconomic indicators influence the incidence rate of Helicobacter pylori infection in infants from a US-Mexico border population? Epidemiology 13:S176, 2002.

Goodman KJ, O'Rourke K, McPherson RS, Wang C, Redlinger T, Campos A, **de la Rosa, M.** US-Mexico cohort study of Helicobacter pylori infection in children. Epidemiology 13:S171, 2002.

O'Rourke, K, Redlinger, T, Vanderslice, J, **de la Rosa, JM;** Conducting a Successful School-Based Vaccination Program (abstr). Salud Sin Fronteras...Health Without Boundaries, The effects of Poverty on Children's Health Conference, Oct. 1997.

"School Based Clinical Pediatrics". XIII Pan American Conference on Medical Education Sponsored by the Pan American Federation of Associations of Medical Schools (PAFAMS/FEPAFEM) and Central American Association of Schools of Medicine (ACAFAM). (June 1991)

Brown, J, Handal, G, **de la Rosa, JM;** School Based Clinics and Pediatric Education XIII PanAmerican Conference on Medical Education of the Pan American Federation of Associations of Medical Schools (FEPAFEM/PAFAMS). Jan. 1991.

Hooper, L, **de la Rosa, JM,** Zuckerman, MJ, Ho H, Scoles B, Polly, SM. Blastocystis Hominis Infection in a Pediatric Population on the U.S. – Mexico Border (abstr). Clin Res 1988;36:13A

Zuckerman, MJ, Ho, H, Hooper, L, **de la Rosa, JM,** Scoles, B, Polly, SM. Blastocystis Hominis Infestation (abstr). International Congress of Infectious Disease Abstract Book. 1988;173

Geraci, Wainscot, **De la Rosa:** Evaluation of a New Rapid Streptococcal Essay. Section of Emergency Medicine of the Southern Medical Association. February 1, 1988.

ARTICLES

De la Rosa, JM; "Evolving Healthcare Roles for the Nurse Practitioners in the Rural Colonies of the U.S. Mexico Border". Texas Journal of Rural Health Volume XVI, Number 2, 1998.

***De la Rosa,** Brown, Kromer" A Multidisciplinary Community Based Primary Care Track: A Dry Run". Academic Medicine, May 1994, Vol. 69, #5, p. 425-426.

*Sklaire, Block, Bradford, **de la Rosa, J.M.,** Newton, Yankus. "Residency Training and Continuing Medical Education in School Health". Pediatrics, September 1993, Vol. 92, #3. p. 495-497.

***De la Rosa, JM;** "Elementary School Based Primary Pediatric Care". American Academy of Pediatrics

Section on School Health School Health Newsletter. 92.

De la Rosa, JM; “Paso del Norte Forges a Rural School Health Link”. The AHEC Bulletin Winter Issue 87-88.

POSTERS

O’Rourke K. Redlinger T., Goodman K., McPherson RS, Campos A, **de la Rosa, M.** “Epidemiology of *H.pylori* infection from birth through age two years in children living on both sides of Rio Grande.” November 10-13, 2002, Maui.

O’Rourke K. Redlinger T., Goodman K., McPherson RS, Campos A, **de la Rosa, M.** “Effect of the mother’s infection status on the *H.pylori* acquisition rate in a US-Mexico cohort followed from birth: her education level matters more.” November 10-13, 2002, Maui.

O’Rourke K. Redlinger T., Goodman K., McPherson RS, Campos A, **de la Rosa, M.** “Correspondence of *H.pylori* antibody status and urea breath test status in a US-Mexico cohort followed from birth.” November 10-13, 2002, Maui.

“Impact of Household Crowding on *H. Pylori* seroprevalence among children living on the U.S./Mexico Border”. Society for Epidemiologic Research. Seattle, Washington June 15-17th, 2000.

“Multilevel Interdisciplinary Medical Education in a Rural Colonia”. American Association of Medical College (AAMC), Research in Medical Education (RIME). New Orleans, LA. October, 1998.

“Community Health Workers in Health Professions Education”, 122nd Annual Meeting. American Public Health Association. October 30-31, 1994.

A Multidisciplinary, Community Based Curriculum: A Dry Run, Health Resources Service Administration”. “The Education of the Generalist Physician: State of Art”. Washington D.C. November 30-December 1, 1993.

“A Transitional Year Journal Club”. American Association of Medical Colleges (AAMC) 104th Meeting. November, 1993.

“School Based Clinics and Pediatric Education”. American Association of Medical Colleges (AAMC), Southern Group on Educational Affairs (SGEA). Poster session. Houston, Texas. April, 1991

Poster Session “Elementary School Based Clinics”. Jan. 29, 1991. San Jose, Costa Rica. January, 1991, XIII Pan American Federation of Associations of Medical Schools (FEPAFEM)

BOOK CHAPTERS

Forward in “Bending the Rules”. B. Ting. 2000

“Tuberculosis and Other Infectious Diseases in Adolescent Immigrants”. Book Chapter; Adolescent Medicine State of the Art Reviews (AMSTA) Vol. 11, No. 2, June 2000.

– “Personal Profile”. M.D. News El Paso/Southwestern New Mexico. August 1998.

– “Local Hero”. Pulse. 1998

REVIEWER

American Association of Medical Colleges. In Progress, Research in Medical Education (RIME) - (1996 to 2001)

Texas Higher Education Coordination Board Peer Reviewer for Nursing, Allied Health and other Health Related Grant Programs (2000)

Peer Review Group for Centers of Excellence (1999)

Health Research and Services Association (HRSA), U.S. Public Health Services Office of Disadvantaged Assistance, Center of Excellence. (1999)

Academic Medicine-In Progress (1996-1997)

U.S. Department of Education Fund for Improvement of Secondary Education (FIPSE)-1994

PRESENTATIONS

INTERNATIONAL

“Establishing a Hispanic Health Agenda Across Borders”; Hispanic Serving Health Professions Schools’ Border Research Symposium I; December 7th – 8th, 2001, El Paso, Tx.

“El Futuro de la Educacion Medica en los Estados Unidos”. Two Countries, Three Cities, One Mission Conference. Asociacion de Medicos Egresados, Universidad Nacional Autonoma de Mexico. October 5th-7th, 2001, Cd. Juarez, Chihuahua, Mexico.

“Helicobacter Pylori Infection in Infants from a U.S. – Mexico Border Population”, XIVth International Workshop on Gastrointestinal Pathology and Helicobacter Pylori. Strasbourg, France. September 5th-8th, 2001.

“Helicobacter Pylori Infection in Infants from a U.S. –Border Region”, 11th International Workshop on Campylobacter, Helicobacter and Related Organisms. Freiburg, Germany, September 1st –5th, 2001.

“Cooperative and Comparative Efforts in Starting New Schools”, 2002, El Paso, Tx.

“The Impact of Household Crowding on H. Pylori Seroprevalence in Children”, H. Pylori: Basic Mechanisms to Clinical Cure Symposium. Bermuda, March 26-29, 2000.

“Cross Cultural Issues in Border Communities”. International Health Medical Educators Council. Mexico 1995.

“School Based Clinical Pediatrics and Education”. XIII Pan American Conference on Medical Education sponsored by the Pan American Federation of Associations of Medical Schools (PAFAMS/FEPAFEM) and Central American Association of Schools of Medicine (ACAFAM). San Jose, Costa Rica. January 28, 1991

“Pruebas Rápidas de Diagnostico en Infecciones de Vias Aereas Superiores?”. III Congreso Inter-American de Infectologica. Mexico City, Mexico. August, 1990

“Rapid Strep: An Analysis of the Reliability of a New Rapid Streptococcal Assay”. Annual Winter Conference Section of Emergency Medicine Southern Medical Association. Acapulco, Mexico. February 1, 1988.

NATIONAL

“Accomplishments of U.S./Mexico Research Symposium I”, Hispanic Serving Health Professions Schools, Inc.’s United States-Mexico Research Symposium II, July 19th –21st, 2002, Albuquerque, NM.

“U.S.-Mexico Cohort Study of Helicobacter Pylori Infection in Children”, Society for Epidemiologic Research Meeting. Palm Desert, June 18th-21st, 2002.

“Healthy Hispanic Communities”. Sixth Annual National Hispanic Medical Association Conference. Washington, D.C. March 22nd- 24th, 2002.

“Leadership for Hispanic Health Award Banquet” National Hispanic Medical Association Fourth Annual Conference. Washington D.C. February 19, 2000.

“Multilevel Interdisciplinary Medical Education”. Association of American Medical Colleges. New Orleans, LA. September, 1998.

“Joint Civilian Orientation Conference”. Washington, D.C. May 4-11, 1997

Prototype for Recruitment of Indigenous Population in the Health Care System. Fifth International Conference on Desert Development. Lubbock, Texas. August 14, 1996.

Institute for Border Community Health Education. Second National Primary Care Conference. Dallas, Texas. September 12, 1994.

“Models of Interdisciplinary Community-Based Education Progress”. Second Congress of Health Professions Educators Association of Academic Health Centers. Washington, D.C. June 8, 1994.

“Teaching Community Health Centers”. National association of Community Health Centers 24th Annual Community Health Institute. New Orleans, LA. August 31, 1993.

“The Kellogg Community Health Center Partnerships – The El Paso Experience”. National Association of Community Health Centers 24th Annual Community Health Institute. New Orleans, LA, August 30, 1993.

REGIONAL

“United States Catholic Conference Border Issues Listening Session on Border Health Care Issues”, Catholic Diocese. El Paso, Texas. May 29, 2001.

“Geographic Preference As A Creative Search Technique”. Dallas, Texas. TACHE 2001 Conference, November 28th, 2001 to December 1st, 2001.

“Border Health Institute Presentation”, West Texas/Southern New Mexico Building Bridges Conference. El Paso, Texas. October 10, 2000.

Senate Committee on Border Affairs Testimony. Austin, Texas. July 10, 2000.

“Primary Care Update” Department of Family Medicine. Lubbock, Texas. November, 1998.

“Annual South Central I Regional Conference” Omega Delta Phi; Keynote Speaker. Lubbock, Texas. November, 1998.

“Stratified Health Care in a Rural Setting”. Texas Rural Health Association. Austin, Texas, September 12, 1996.

“Kellogg Community Initiative”. Texas Association of Advisors for the Health Professions. Lubbock, Texas. February 19, 1994.

“El Paso’s School Based Health Centers”. Texas School Health Association. Austin, Texas. February 4, 1994

“School Based/Linked Clinics and Health Services”. Texas Pediatric Society. Austin, Texas. October 1, 1993.

“School Based Clinics and the School Nurse”. Texas Association of School Nurses Annual Meeting. El Paso, Texas. November 13, 1992.

“Strategies for Meeting Health Education Needs of Border Colonias”. Joint Annual Meeting of the Association of Borderland Scholars and the Rocky Mountain Council for Latin American Studies. El Paso, Texas. February 20, 1992.

“Rural Health Care in America”. Partners of the Americans (Kellogg Group of International Fellows). El Paso, Texas. March 1989.

“Pediatric Practice Along the Border – The Same but Different”. Texas Pediatric Society Resident Career Day. Houston, Texas. June, 1988.

LOCAL/REGIONAL

“Helicobacter Pylori Infection in a US/Mexico Border Population-Baseline Data From a Cohort Study”, Texas Public Health Association Meeting. El Paso, Texas March 25-27th, 2001.

“Children’s Health Issues” Presentation for Junior League of El Paso, El Paso, Texas, September 11, 2000, Junior League of El Paso Headquarters.

“Blue Ribbon Task Force on Uninsured” Sponsored by the Senate Chamber, Senator Eliot Shapliegh, El Paso, Texas, June 27, 2000, San Elizario Clinic.

“Center for Biomedical and Human Health Research” Press Conference with UTEP. El Paso, Texas. June 20th, 200, at the El Paso Del Norte Foundation.

“XV Bi-national Conference: Pediatric Development”. El Paso, Texas November 19th & 20th, 1999.

“REACH” Awards Luncheon. YWCA. El Paso, Texas. November 2, 1999.

“Public Health for the Millennium” West Texas Public Health Association Regional Conference. El Paso, Texas October 27, 1999.

“Community Health Workers Making S-CHIP Happen”. HETCAT. El Paso, Texas. September 1999.

“District 7 Breakfast Group: TTUHSC Presentation”. El Paso, Texas. May, 1999.

“Hispanic Chamber of Commerce – Membership Relations Division”. El Paso, Texas. March, 1999

“Texas Tech University’s Dads and Moms Association”- El Paso, Texas. August, 1998.

“Nursing Assessment of the School Aged Child – A Pediatric Assessment Course”. Lower Valley Nurses Association in conjunction with the University of Texas at El Paso School of Nursing, Semester I & II. Sept – May, 1988.

“The Healing Touch in Medical Care”, HIV Conference. El Paso, Texas, May, 1998.

“Input of Post Secondary Education Institutions on Children’s Health”. El Paso, Texas. April 1998.

“REACH” 1998 YWCA Career Day Seminar. El Paso, Texas. February 11, 1998.

“Medical School is Real”. Ysleta Independent School District. June , 1996.

“Attention Deficit Disorder”. Benito Martinez Elementary PTA. May 26, 1994.

“Attention Deficit Disorder”. Escontrias Elementary PTA. April 28, 1994

“Medicine as a Career”. University of Texas at El Paso, School Centered Health Education Report. February 26, 1993

“Problemas de Salud en el Valle” Poor People Health Conference. El Paso, Texas. May 22, 1992

“Update on Cerebral Palsy”. Partnership Assisting Texans with Handi-caps (P.A.T.H.)

“Medical School is Real”. Ysleta Independent School District. June, 1996.

Annual Development Disabilities Conference. March 23, 1991.

GRANTS

“Migrant Health Workers Database”. \$250,000 Health Research and Services Association (HRSA).

Clinic Health Education Learning Program (Clinic HELP). \$100,000 Paso Del Norte Foundation. September 1, 1998.

“Community Health Care Program – Parental Education”. \$30,000 Johnson & Johnson. September 1992.

“Education for Schools Nurses in Pediatric Assessment Methods”. \$5,000 Paso Del Norte AHEC. October 1, 1998-September 30, 1989.

“Medical Students in the Community”. \$15,000 Paso Del Norte AHEC. Oct. 1, 1988-Sept. 30, 1989.

CURRICULUM DEVELOPMENT ACTIVITIES

| | |
|---------------------|--|
| 2005-Present | TTUHSC Paul L. Foster School of Medicine Integrated Curriculum. Scientific Principles of Medicine Course |
| 2005-Present | TTUHSC Paul L. Foster School of Medicine Integrated Curriculum. Society, Community, and Individual Course |
| 2005-Present | TTUHSC Paul L. Foster School of Medicine Integrated Curriculum. Medical Skills Course |
| 2005-Present | E TTUHSC Paul L. Foster School of Medicine Integrated Curriculum. Masters Colloquium Course |
| 1997 | Faculty Development Lecture Series-Joint Series. University of Texas at El Paso/Texas Tech |
| 1993 | Director of Medical Education Institute for Border Community Health Education, a W.K. Kellogg funded Health Initiative Developed a Primary Care Track (approved September 20, 1993) Texas Tech University Health Sciences Center |
| 1991 | Physician Advisor, Early Nursing Career Orientation Hispanic Sixth Grade Students on the US/Mexico Border Advisor on Curriculum Content. |
| 8/1987 | Physician Recognition Award for CME |
| 1987-1991 | School Based Continuity Care Clinics Curriculum Development Texas Tech University Health Sciences Center. |
| 1990-1991 | Acting Director, Pediatric Residency Program Texas Tech University Health Sciences Center-El Paso |

1989-1990 Curriculum Supervisor-Pediatric Residency Program.
1988-89 Supervisor-Medical Student Community Pediatric Rotation Paso del Norte Area Health Education Center (PDN-AHEC) Curriculum Development.
1987-1989 Curriculum Development and Instruction for “Pediatric Assessment Methods for School Nurses” University of Texas at El Paso School of Nursing Department of Continuing Education.
1984 Curriculum Development and Implementation “Upward Bound”, Summer Institute Texas Tech University Regional Academic Health Sciences Center.

HONORS

2001 S.E.E.D. Award – Hispanic Chamber of Commerce “Moving Forward”
9/1999 Texas Tech University Minority Faculty Staff Association (MFSA) Outstanding Merit Award
10/1992 Johnson & Johnson Crystal Award for Community Health
12/1990 Early Childhood Intervention (ECI) – Physician Recognition Award
4/1989 Certificate of Excellence, in Appreciation for Devotion to Socorro School Children
1986-1987 American Academy of Pediatrics Fellowship in Pediatrics
6/1987 Basil K. Bryne Award for Clinical Competence
8/1987 Physician Recognition Award for CME

CONSULTANT

1997 - Present Texas State Board of Medical Examiners
1994 School Health Services Consultant, American Academy of Pediatrics Committee on School Health
1994 Grant Reviewer FIPSE (Funds for Improvement Post Secondary) U.S. Department of Education
1990-1992 Pediatric Consultant, Texas State Board of Medical Examiners
1987-1992 Medical Consultant, Region XIX, E.C.I.
1991 Medical Consultant, Ysleta I.S.D. Instructional Skills Class

LICENSE/CERTIFICATIONS

G8073 Texas State Board of Medical Examiners – Expires 8/31/11
BD0163218 Drug Enforcement Administration (DEA) – Expires 6/30/12
30060625 Texas Controlled Substance Registration (DPS) Expires 2/28/12
039284 American Board of Pediatrics – Recertified – July 11th, 2002 (2004 through 2013)
1/1/90 Advanced Trauma Life Support Pediatric Advanced Life Support Instructor

TTUHSC EL PASO OFFICE OF THE VICE PRESIDENT FOR HEALTH AFFAIRS AND FOUNDING DEAN PAUL L. FOSTER SCHOOL OF MEDICINE

