Planning Self-Study for Preliminary Accreditation

Task Force Report

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
EL PASO SCHOOL OF MEDICINE

Submitted April, 2007

INTRODUCTION

Historical Perspective

Texas Tech University School of Medicine was chartered as a regional medical school in 1969 and admitted its first class in 1971. El Paso, as the fifth largest city in Texas and with established residency training programs in several disciplines, was designated a regional campus of the School of Medicine in 1973. About thirty students in each third- and fourth-year class were assigned to the campus. Subsequently, nearly 60 students in each third- and fourth-year class are assigned to the El Paso campus. The numbers of residency training programs and resident physicians in training have also increased.

For over thirty years, the faculty and local community have had the vision of establishing an independent medical school in El Paso, with both basic and clinical sciences represented. Needs assessment studies demonstrated that El Paso and the entire US-Mexico border region were severely underserved in several parameters of healthcare, including primary care and specialty/subspecialty physicians. In 1999, the Chancellor of the Texas Tech University system announced that the Board of Regents had authorized the planning for a four-year medical school on the El Paso campus. The Texas Medical Association and the Texas Higher Education Coordinating Board affirmed the need for at least one additional medical school in the border region. In 2001, the Texas State Legislature approved planning for the new medical school and provided nearly $44 million in funds for expanded faculty, start-up of research activities, and a research facility built on donated undeveloped land next to the existing campus.

In 2003, the Legislature funded construction of a comprehensive medical education building and in 2005 provided additional funds to continue the planning process. In 2006, additional funds also allowed the institution to recruit its Founding Dean, Robert M. Suskind, MD. In 2007, the Texas State Legislature has included in its budget $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 El Paso School of Medicine. The final vote on this appropriation will occur on May 28, 2007

Progress in the Planning Process

The process of planning for the four-year medical school in El Paso had its formal beginning in 1999 with the announcement of the Texas Tech Chancellor of his intent to establish the school. In 2003, the new President, M. Roy Wilson, established the Medical School Planning Committee.

The Medical School Planning Committee was drawn from a broad constituency representing all campuses of the Texas Tech University Health Sciences Center system, administrators, faculty members, physicians-in-training, and students. (see Appendix for the roster of this committee.) The committee met on a monthly basis with regular meetings of subcommittees who used the LCME self-study template as the guide for planning sessions. One product of the committee was a working draft of the LCME self-study document. Another product was a recruitment plan for the additional faculty, especially in the basic sciences, that would be needed. The committee also developed a funding plan that included a request for a specific legislative appropriation earmarked for establishing the new school. The committee also

made initial contact with the LCME to make them aware of our intent to seek accreditation and to receive their advice about procedure.

With the arrival of Founding Dean Robert Suskind in October, 2006, active planning was resumed. Among the new activities were the following:

- Assembly of a cohesive administrative team with their highest priority the establishment of the new school.
- Establishment of a new Task Force to review the previous self-study documents and to make recommendations for moving forward on planning. (The membership of this Task Force is shown in the Appendix.)
- Appointment of the Self-Study Coordinator, Darryl M. Williams, MD, MPH
- Formulation of an organizational structure for the new medical school including key associate and assistant deans and offices
- Conceptualization of a unique academic structure in which medical educators would be assigned to a medical education unit that will ultimately become an academic department
- Development of a recruitment plan to provide a broader administrative structure and a faculty expanded both in work capacity and expertise
- Advancement of a new legislative appropriation request that will meet the institution's financial needs while sensitive to political realities.
- Formal request to the LCME to begin the process of application for preliminary accreditation.

Timeline for Ongoing Planning

There are several crucial activities that must be accomplished to achieve preliminary accreditation and to prepare for the charter class. Many of these activities have already been initiated, and some are nearing completion. Several are linked in that one activity must be begun or accomplished before a related activity can be started. Linked activities are reflected by shared background shading in the table.

ACTIVITY	START DATE	END DATE	IMPACT
Recruit additional administrative leadership	Ongoing	Summer, 2007	Puts organizational structure in place
Legislative appropriation approval	Ongoing	May 28, 2007	Enables further action
Notify LCME of legislative action		May 28, 2007	If funded, continues LCME review process
Initiate institutional budget based upon legislative action	Sep 1, 2007	Aug 30, 2009	Permits further recruitment, planning

Recruit basic science faculty	Ongoing	Jul, 2009	Establishes educational and research initiatives
Curriculum refined with schedules, teaching materials developed and produced	Ongoing	Aug, 2008	
Activate key committees Admissions – done Curriculum – done Grading and Promotions Governance Committees	Mar, 2007	Apr, 2007	
Committee recommendations about policies	Apr, 2007	Sep, 2007	Develops admissions materials and website Establishes subcommittees of Curriculum Committee Expands work on individual components of courses Refines grading policies
Recruit evaluation director	Mar, 2007	May, 2007	Initiates evaluation planning
Evaluation plan established	May, 2007	Jul, 2008	Ties evaluation to course content before courses finalized
Submit LCME documents for preliminary accreditation		Apr 30, 2007	Activates LCME review
LCME review and recommendations		Jun, 2007	Decision whether to advance to next step
Board of Regents formally establishes EPSOM to be effective at start of fiscal year		Aug, 2007	
EPSOM formally established and new fiscal year begins		Sep 1, 2007	
Prepare for and conduct mock LCME site visit	Jun, 2007	Sep, 2007	Prepares for LCME site visit
Host LCME site visit		Nov, 2007	Provides additional information for LCME decision

Receive LCME preliminary accreditation	Jun, 2007	Feb, 2008	Enables initiation of student recruitment process
Enroll in Texas Medical and Dental Schools Admission Service		Feb, 2008	Enables student recruitment
Recruit applicants to the charter class	May, 2008	Feb, 2009	
Seat charter class		Aug, 2009	

Self-Study Methodology

As described above, the self-study process has used two separate task forces. The first committee, which met in 2003-2005, was largely concerned with issues at the level of the entire health sciences center. Those issues included governance, funding, transition of educational programs, planning for other campuses, allocation and sharing of infrastructure resources, and the integration of institutional mission and goals. The framework of the curriculum and the organization of the faculty and student body began to emerge during those meetings, and the institution considered LCME accreditation requirements in relationship to the existing strengths and weaknesses of the program in El Paso.

The second task force, established in 2006, consisted largely of faculty and staff from the El Paso campus. The task force was organized so that five sub-committees considered the five major elements of the LCME accreditation: Institutional Setting, Educational Program, Medical Students, Faculty, and Educational Resources. They reviewed LCME accreditation requirements, identified current resources, strengths, and weaknesses of the El Paso campus, and developed responses to the LCME Self-Study for Preliminary Accreditation that took into account these matters.

Participation by Various Sectors of the Academic Community

As described above, administrators from the health sciences center, the existing school of medicine, other schools within the health sciences center, all campuses of the existing school of medicine, department chairs, faculty members, staff, resident physicians, medical students, and representatives from some clinical affiliates all participated in the process as task force and sub-committee members. With the second task force, representatives were drawn almost completely from the El Paso campus.

Methods for Disseminating the Findings and Summary Report of the Task Force

Throughout the process of developing the self-study documents, we have made efforts to inform the general faculty of the process and progress made. Most recently, the Founding Dean has held monthly informational meetings open to the entire campus community to discuss the process and to review the progress of the individual sub-committees. He has also discussed the process in a wide range of regular meetings, including those with department chairs, individual departments, and the Faculty Executive Committee. The Faculty Executive

Committee has, itself played a leadership role in obtaining faculty involvement in writing the faculty bylaws and in considering the proposed new curriculum.

Individual Task Force committee reports will be reviewed by all of the chairs of the subcommittees. That group will also develop and review the summary report derived from those reports. When they are satisfied with the report, it will be distributed in electronic and written form to all faculty members to be discussed subsequently at a general faculty meeting.

Summary

Texas Tech University Health Sciences Center and the El Paso community have spent 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, and state officials, including the Governor. We believe that we have identified the needs and the 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 community and the US-Mexico Border region.

I. INSTITUTIONAL SETTING

A. Governance and Administration

1. Describe how institutional priorities are being set. Who currently are the key individuals or groups responsible for decision-making within the school and how will the decision-making structure change as the program develops?

Institutional priorities are set at both the level of the Health Sciences Center and El Paso. The President of the Health Sciences Center and Executive Vice President for Academic Affairs have both been actively involved in determining the impact of the new medical school upon the existing medical school, the other campuses of the health sciences center, and the other schools within the system so that as the El Paso contribution to clinical teaching in the existing medical school is diminished, the other campuses will be able to absorb the increased teaching load. They have also been concerned with institutional support. They recognize that many support capabilities will need to be developed independently at the El Paso School of Medicine, but there are some components such as the very large and sophisticated Information Technology service and the library system will need to be expanded in El Paso while maintaining a centralized organizational structure. The priorities in these and similar areas are established by several means. The President seeks guidance from his council of the deans of the six schools. He also seeks guidance from representatives from all campuses. In some cases these priorities must be presented for approval by the Board of Regents. Currently the individuals who are responsible for decision making at this level include Bernhard T. Mittemeyer, MD, Acting President, Elmo Cavin, Executive Vice President for Fiscal Affairs, Michael Philips, Vice President for Information Technology, and Richard Wood, Executive Director of the Preston Smith Texas Tech University Health Sciences Center Library System.

In the current organizational structure with El Paso serving as a regional (clinical) campus of the School of Medicine, the Dean of the School of Medicine, Steven L. Berk, MD, and his administrative staff also play a key role in setting institutional priorities. With the establishment of the El Paso School of Medicine, the Deans of the two schools of medicine will become co-equals with similar reporting responsibility to the President and with similar administrative responsibilities for their respective schools.

In El Paso, institutional priorities are set by three constituencies:

(a.) **Administration** establishes priorities on issues related to the health science center: El Paso campus interface, institutional, state, and federal regulations, and collaborative efforts with other agencies. Currently, many decisions related to priority setting are within the framework of the priorities of the existing medical school. With the establishment of the El Paso School of Medicine, this arrangement will cease; EPSOM will act essentially independently, and the competing medical school priorities will be set within the framework of the Health Sciences Center. Administration members include: the Regional Dean/Founding Dean, Robert M. Suskind, MD, José Manuel de la Rosa, MD. Associate Dean for External Affairs, Zenaido Camacho, PhD, Associate Dean for Academic Affairs, Larry Elkins, Assistant Vice President and Assistant Dean for Fiscal Affairs, Manuel Schydlower, MD, Assistant Dean for Medical Education, Hoi Ho, MD, Assistant Dean for Faculty Affairs, Kathryn Horn, MD, Assistant Dean for Student Affairs, and José Gonzalez-Rodriguez, MD, Assistant Dean for Graduate Medical Education.

(b.) **Chairs** of the eleven academic departments, working in collaboration with the Founding Dean and his staff, establish priorities on the group clinical practice, agreements with the major hospital affiliate, Thomason Hospital, faculty resources, and budget. The chairs play a pivotal role in the day-to-day operations of the individual departments and make important policy decisions about the fiscal, academic, research, and clinical responsibilities within the department. In the current administrative structure, the chairs function as Regional Chairs who have a reporting responsibility to the respective departmental chair in Lubbock. This insures consistency of medical education amongst the several campuses of the school required for continued accreditation by the LCME. With the establishment of the new medical school, the administrative relationship between the El Paso and Lubbock chairs will be realigned, and the El Paso chairs will function as independent administrators responsible for establishing the priorities within their departments.

(c.) **The Faculty** set priorities within their domain. El Paso faculty members have traditionally played an active role in the curriculum committee and its sub-committees and have been active in developing the strategic plan for the new curriculum. They are active in other student-related committees including the Grading and Promotions Committee and the Medical Student Admissions Committee. Nearly all faculty activities currently have their administrative center on the Lubbock campus, so with the establishment of the new four year medical school, the El Paso faculty will assume direct responsibility for establishing priorities and for the administration of those responsibilities.

2. Summarize the roles and responsibilities of the planned governance structure in the administrative functioning of the medical school.

The campus currently operates under the Regents' Rules, the Health Sciences Center Operating Policies, and the School of Medicine Faculty Bylaws. The new El Paso School of Medicine will continue to operate under the Regents' Rules and the Health Sciences Center Operating Policies, but it will use its own Faculty Bylaws and a different governance structure. In addition, the campus will use a different departmental organization in that basic science educators will be assigned to the Department of Medical Education while investigators will be assigned to the Department of Biomedical Sciences. In addition, the research activities will be organized in several "Centers of Excellence" that will be led by Center Directors who will have the same administrative responsibilities and rank as the Department Chairs.

There will be three governance bodies with three different and specific areas of responsibility. The Founding Dean will serve as the chief academic and administrative officer of the El Paso School of Medicine, but he will have at least two groups to provide advice:

The Dean's Council will be chaired by the Dean and will include Vice, Associate, and Assistant Deans, department chairs, directors of the centers of excellence and the president of the Faculty Council. The Council will meet monthly and be responsible for formulation of policies of the school of medicine, appoint standing and ad hoc committees, provide representatives to various institutional committees, and consider special issues brought to it from the dean, administrative officers, committees, or individual faculty members.

The Academic Council will be chaired by the Dean and include ten members including four members of the Dean's Council, the President of the Faculty Council, and four members elected by the Faculty Council. The responsibilities of the committee include approval of appointment of

standing and ad hoc committees, review of committee activities and communication of these activities to the faculty and administrators, and promulgation of policies and procedures for faculty appointment, tenure promotion, sabbatical leave, and dismissal.

In addition, the Faculty Council will be elected from the faculty and chaired by a President elected by the Council. There will be one representative elected from each department, center, or institute. Members will be elected to staggered two-year terms. The Faculty Council will be responsible for development, organization and modification of the curriculum with appropriate advice and consent from an appropriate representative of the Dean, establishment of requirements for student admissions, promotion, and graduation of medical students, and consideration of matters referred to it.

3. Describe mutual expectations between the medical school and the parent university (if appropriate) and between the school and its clinical affiliates, with regard to the school's mission and goals.

El Paso School of Medicine and its parent university, Texas Tech University Health Sciences Center, share expectations that the mission and goals of the new medical school will be compatible with the mission and goals of the health sciences center. Both institutions will strive to provide excellent educational opportunities and excellent patient care services within the framework of meeting the needs of the people of their respective regions. The school of medicine anticipates support from the health sciences center in terms of public and legislative advocacy as well as the infrastructure resources available to all of the schools of the health sciences center. Conversely, it is understood that the health sciences center expects the school of medicine to strive for excellence and to achieve standing as a fully-accredited medical school respected for its educational, clinical, and research activities.

EPSOM's clinical affiliates, especially Thomason Hospital, have been advised of the school's ambitions to develop as a strong academic program and are in agreement to work toward that end in supporting the clinical services and capabilities needed to achieve those ambitions. The commitment of Thomason has been demonstrated by their willingness to plan for expanded and enhanced clinical capabilities within their hospital. They have also begun to discuss ways in which they could provide financial assistance in expanding the subspecialty capabilities of EPSOM.

4. Provide a timetable for the requirement of administrative staff for the school, including the dean's office and department chairs.

Timetable for Recruitment of Key Administrative Staff

Title	Individual	Status	Anticipated Completion
Founding Dean	Robert M. Suskind, MD	Incumbent	-
Vice Dean for Academic Affairs	Zenaido Camacho, PhD	Incumbent	-
Vice Dean for External	José Manuel de la Rosa, MD	Incumbent	-

and Clinical Affairs			
Associate Deans			
Academic Affairs	Manuel Schydlower, MD	Incumbent	-
Financial and Operational Affairs	Larry Elkins	Incumbent	-
Faculty Affairs	Hoi Ho, MD	Incumbent	-
Research	To Be Named	Active Search	May, 2007
Clinical Affairs	To Be Named	Active Search	May, 2007
Medical Education	To Be Named	Active Search	June, 2007
Associate Director			
Library	Rebecca Ruddock, MLS	Incumbent	-
Assistant Deans			
Graduate Medical Education	José Gonzalez-Rodriguez, MD	Incumbent	-
Student Affairs	Kathryn Horn, MD	Incumbent	-
Chairs			
Anesthesiology	Swapna Chaudhuri, MD, PhD, Interim	Active Search	
Biomedical Sciences	To Be Named	Active Search	
Emergency Medicine	Patty Crocker, MD Interim	Active Search	
Family Medicine	Mary Spalding, MD	Incumbent	-
Internal Medicine	Manuel Rivera, MD	Incumbent	-
Medical Education	To Be Named	Active Search	
Neurology**	To Be Named	Active Search	
Obstetrics/Gynecology	Bahij Nuwayhid, MD	Incumbent	-
Orthopaedic Surgery	Miguel Pirela-Cruz, MD	Incumbent	-
Pathology	Darius Boman, MD, Interim	Active Search	
Pediatrics	Gilbert Handal, MD	Incumbent	-
Psychiatry**	James Wilcox, DO Interim	Search to be Initiated	
Radiology	Arvin E. Robinson, MD	Incumbent	-
Surgery	Alan Tyroch, MD	Incumbent	-

* Department of Medical Education to be established. The Associate Dean for Medical Education will also serve as the Chair of the Department of Medical Education.
**Currently Neurology and Psychiatry are combined but will become separate departments, so an active search for a chair for the new Department of Neurology is underway.

B. Academic Environment

5. Summarize the intent and expected scope of any planned graduate program(s) in basic sciences.

We intend to have an active graduate program in the basic sciences, but for the foreseeable future, our graduate school program would be a component of the School of Biomedical Graduate Studies headquartered in Lubbock. This has been a successful model for the School of Pharmacy graduate school program in Amarillo. Some courses would be provided locally on the El Paso campus, and a limited number of courses would be taught exclusively on the Lubbock campus for which student travel would be required. A much larger number of courses would be provided by the Lubbock faculty but broadcast on Texas Tech's interactive television network, HealthNet. Students could pursue either the Master of Science or Doctor of Philosophy degrees, which will be awarded by the School of Biomedical Graduate Studies in Lubbock.

We have a group of investigators interested in the cell biology of breast cancer, and we have begun to recruit a larger group of individuals with broad research interests (vide infra). It is our expectation that the majority of these individuals will bring extramural funding, and all will seek funding for their research programs. These individuals will undoubtedly also want to sponsor graduate students and post-doctoral fellows in the various basic science disciplines. At first, we expect 12 to 15 graduate students who would be funded from a number of sources including institutional funds, tuition waivers, and extramural funding. The number of post-doctoral fellows will be dependent upon the level of funding available to the new faculty members.

6. Describe the research plans of the school, including expected areas of emphasis, organization of the research enterprise (e.g., the roles of institutes or centers *vis-á-vis* departments, expectations for clinical research), and expected collaborations with other elements of the university or other organizations.

The research program of the El Paso School of Medicine will be based in research Centers of Excellence. Faculty members with research interests will be assigned to one of these centers while maintaining their academic appointments in the Department of Biomedical Science or one of the clinical departments. Initially, we plan to establish five centers of excellence: cancer, obesity and diabetes mellitus, cardiovascular disease, neurological disease, and infectious diseases/bioterrorism. As resources become available, an additional three centers devoted to international health, aging, and maternal and child health will be established. These centers will serve as the focus for both bench and clinical research. Some faculty members will not be assigned to one of the centers, but all faculty members will be expected to pursue scholarly and investigative activities. These activities may include research in medical education, community based research, or clinical trials. A strong element of collaboration will be encouraged for all research activities. In the past, the El Paso campus has collaborated with various schools on the Lubbock campus in a wide range of research and training projects. We expect this collaboration to continue. For many years we have also collaborated with the University of Texas at Houston School of Public Health El Paso campus on both research and training projects. We hope to

expand these activities. We also plan to expand our current collaborative efforts with the University of Texas at El Paso College of Health Sciences.

7. Describe how opportunities for medical students to participate in research are being planned.

Medical students will be required to participate in research. We will prepare them for developing a research project by including educational experiences in the scientific method, study design, and statistical methods in the course *Society, Community, and the Individual*. This course will also provide opportunities for community-based research. Guidance will also be provided by college masters. In our system, students will be assigned to one of four colleges of 20 students each, under the supervision of two college masters, one a basic scientist and one a clinician. Students will work directly with their college masters to identify a research project and a faculty advisor. To aid in this effort, we have developed a catalog of research opportunities for medical students that will be provided in hard copy to the students at the beginning of the academic year and also will be available on the school's web site. The catalog will be updated each year. We will develop a program of summer research fellowships for first and second year students. All students will be expected to produce a scholarly manuscript to be presented during the *Capstone Experience* at the conclusion of the fourth year. Many if not all of these manuscripts will be based upon some type of research.

II. EDUCATIONAL PROGRAM FOR THE MD DEGREE

A. Educational Objectives

1. Indicate the status of the development of educational program objectives. Was there widespread participation by current faculty members and administrators in developing the objectives? What role do you expect institutional objectives to have in educational program planning, and for student and program evaluation?

The institutional educational objectives have been established after a long-term review by several administration and faculty groups. These groups have been part of the two task forces convened to prepare for accreditation. (Please see the Appendix, pages 32-34 for the rosters of these task forces.) There have been at least three versions developed and considered by several constituencies. The first set of objectives was developed as part of the self-study process initiated by then-President M. Roy Wilson. The committee included representatives from the administrations of the health sciences center and the El Paso campus as well as faculty and resident physician representatives. These objectives were then presented to the larger steering committee and a group of department chairs and faculty members from the El Paso campus for consideration. A review committee consisting of faculty members from the El Paso campus convened to review educational objectives as well as our responses to other questions posed by the LCME in the Section on Educational Program of the self-study template.

Based upon recommendations from these groups, the objectives were modified and subsequently presented to several different faculty groups for their comment. These objectives were then reviewed by the second Task Force established to prepare our response to the LCME Self-Study

for Preliminary Accreditation. This committee developed a shorter set of objectives based upon a synthesis of our original objectives.

We plan to make the institutional educational objectives the central focus of our entire curriculum and its evaluation. Items within the evaluation for each individual course must be directly related to the course objectives, and the overall evaluation for each course must be directly related to the institutional educational objectives. This network of objectives and outcomes will be communicated to faculty members and medical students. Compliance will be expected.

2. Comment on the extent to which school-wide educational objectives are linked to physician competencies expected by the medical profession and the public.

We have developed a set of institutional education objectives that are appropriate for an individual striving to become a broadly-trained physician. Even though we have chosen to link our institutional educational objectives to MSOP, the relationship of those objectives with the competencies advanced by the Accreditation Council for Graduate Medical Education is very close and reflects similar broad categories of performance that relate to knowledge, skills, behavior, and attitude needed to provide good patient care. These various organizations (AAMC, ACGME, RCPS) have formulated their guidelines with the belief that they reflect the expectations of the profession and the public. Our learning objectives are organized around these four cardinal capabilities/competencies. We believe they are consistent with all of these competencies.

3. Describe your plans for determining the patient resources and clinical settings that will be needed for achieving the school's clinical objectives.

Our campus, as the largest clinical training program for the extant Texas Tech School of Medicine has over thirty years experience in providing patient and clinical resources for medical education. However, with the expanded needs for teaching clinical skills to first and second year students and with the expanded learning experiences for medical students in outlying clinics, we will need to assess our future teaching needs. Our current major clinical affiliation appears to be solid and will be sustained. This affiliation has been adequate to support clinical training for 60 students in each of two years. We plan to develop expanded affiliations with other hospitals in the community.

In the past, we have had sufficient space in our own outreach clinics to provide ambulatory training to students at several stages in the curriculum. During our first year of operation as a four-year school we will have sufficient capacity in our four Community Partnership communities and clinics to provide year-long experiences for the forty students in the class (ten students assigned to each clinic site with varying assignments and schedules). Subsequently, we will need to develop and expand our other outreach clinics and their respective communities. We will also need to seek expanded affiliation agreements with other clinics in the El Paso metropolitan area. Our goal will be to have no more than 10 students at each site and to have a sufficient patient load that students during their clinical years will have a good caseload of between two and four patients during each clinic assignment.

B. Structure of the Educational Program

4. Delineate the mechanisms ensuring that the educational program will provide a general professional education that prepares the students for all career options in medicine. How will you ensure that the subjects required for accreditation are included in the curriculum?

Our proposed curriculum will be heavily integrated and thus will not include courses that can be identified readily with the traditional basic science courses identified in the LCME accreditation requirements. In developing our curriculum, we have been mindful of the need to make certain that the content of these courses must be included. For that reason we have obtained sets of learning objectives for these various disciplines from various sources: professional organizations that represent these disciplines, course directors from the extant medical school in Lubbock, and basic science consultants from other medical schools and Lubbock. We have then incorporated these objectives into the individual course outlines for *Scientific Principles of Medicine* during the first two years of the curriculum. We have incorporated those learning objectives concerned with ethics, cultural competency, behavior, epidemiology and population studies, and similar topics into several other courses during the first two years, including the *Masters' Colloquia* and *Society, Community, and the Individual*. We have included those objectives related to skills such as the physical examination, history taking, and simple clinical procedures into the course *Medical Skills*. Our clinical years will provide the foundations in the core clinical specialties while providing the student opportunities to study a choice of subspecialty opportunities. We believe that we have accommodated the elements of the objectives and competencies cataloged by the major medical education organizations, and we believe that our curriculum will prepare the individual to prepare for all career options in medicine.

5. Indicate how the educational program will promote self-directed learning and development of the skills and habits of life-long learning.

Self-directed learning is an integral part of the entire curriculum. In the first and second years, the *Masters' Colloquia* call for a substantial component of self-directed learning. Some topics will be presented or initiated with a lecture by the master or by a visiting expert. In many cases the students will be expected to develop presentations, both oral and written, that require investigation of the literature or conventional understanding and the documentation of that investigation (Wikipedia and related sources not acceptable). The students will also be expected to challenge the presentations of masters and visiting guest experts. Preparation for these exercises is expected. Students will also be required to debate, either pro or con, controversial topics in the science of medicine or in medical ethics. These exercises will clearly require self-directed learning.

Small group discussions are very much a component of the *Scientific Principles of Medicine*. The student will be expected to develop skills in self-directed learning in order to keep up with the classroom pace of these classes.

The learning objectives for *Medical Skills*, and *Society, Community, and the Individual* cannot be completed within the time allotted to them in the scheduled hours of the curriculum. The student is expected to complete these learning objectives through self-directed study during the unscheduled time of the curriculum during the first two years.

6. If the school plans to use multiple, alternative instructional sites for individual courses during the first two years of the curriculum, summarize the procedures that will be used to ensure consistency of educational quality and of student evaluation for those courses.

The *Masters' Colloquia* and the small group discussions for the *Scientific Principles of Medicine* will depend upon different faculty members presenting the same topics or leading discussions devoted to the same topic. In order to assure consistency, the Masters will meet on a weekly basis to review the topic to be considered, the important points to be made, potential teaching styles, and the expectations for concepts to be evaluated. Similarly, instructors for the other classes will meet both before and after the small group sessions to review consistency in topical material, level of presentation, and inclusion of material to be evaluated. These activities will be further reviewed by the appropriate topic committee, the Supervisory Committee, and at a less frequent interval, the Curriculum Committee to make certain that the review for consistency is in compliance with institutional policy.

C. Teaching and Evaluation

7. Evaluate the adequacy of methods that will be used to evaluate student attainment of the objectives of the educational program. How appropriate is the mix of planned testing and evaluation methods?

Evaluation will be a key component of our educational program. The Director of Evaluation and his/her office, the Office of Evaluation, will play a major role in the development and refinement of the curriculum. This individual will have both training and experience in modern evaluation methods in order to provide direction to the administration and faculty in the appropriateness and adequacy of the evaluation of student performance, faculty performance as teachers and advisors, and the curriculum.

We plan to use a wide range of evaluation methods that will be compatible with the knowledge, skill, behavior, or attitude to be measured. We also plan to combine frequent formative evaluations (weekly) with infrequent summative evaluations (at the end of each course, about five times each year). We believe that this combination of evaluation methods will provide a broadly based assessment of student accomplishment and will afford individuals with different styles of learning to demonstrate their accomplishments.

Formative evaluations will primarily, but not exclusively, assess knowledge through written and oral examinations. At the same time, Masters' evaluations of individual student achievement in these exercises will require evaluation of behaviors and attitudes. This evaluation will extend considerably the dimensions of the formative assessment. Skills to be acquired will be assessed in several ways. Student performance in history taking and physical assessment will be evaluated through direct observation by faculty instructors and video tapings will be available for review, instruction, and evaluation. Standardized patients and organ-specific simulators will be used for both instruction and evaluation. Clinical procedures will be evaluated using organ-specific simulators. In addition, behaviors and attitudes will be assessed with feedback questionnaires completed by standardized patients, actual patients in clinical settings, and clinical personnel engaged in the instructional activities. This may include other students, nurses, and other clinic personnel.

Summative evaluations will incorporate OSCEs, written and oral examinations, and 360°-type evaluations.

Written reports and oral presentations will be evaluated for clarity, strength of reasoning, use of problem-solving methods, and relevance.

8. Describe plans for pre-clerkship instruction in the core clinical skills needed to perform successfully in the clerkship setting. If a standardized patient program or objective structured clinical examination process will be used, who will be responsible for it, and how will it be funded?

Core clinical skills include both patient communication skills (like history taking, and physical assessment) and basic clinical procedures (such as intubation, venipuncture, and wound suturing). All of these skills will be taught in the course, *Medical Skills*. The appropriate skills will be taught in conjunction with the related clinical topic(s) being taught in the *Scientific Principles of Medicine*. Additional clinical skills, including clinical reasoning, interpersonal communication skills, and team participation, will be emphasized throughout the curriculum in all courses. We will use several modalities for teaching clinical skills including demonstrations, computer and video instruction and simulation, system-specific simulators, and standardized patients. The immediately responsible individual for managing the standardized patient program will be the faculty director of the clinical simulation laboratory (TBN), but the program will be under the aegis of the Associate Dean for Medical Education and the Office of Medical Education. Operating costs for the program will be included as a budget item in the annual budget of the Office of Medical Education.

D. Curriculum Management

9. Describe your planning for the management of the curriculum. Summarize the expected roles of the central administration, departments, faculty at large, and students in the design, management, and evaluation of the curriculum. Describe the resources (for the associate dean and the curriculum committee) that will be provided to support the management of the curriculum

Management of the curriculum will be divided into two components: operation and policy. It will be the responsibility of the Associate Dean for Medical Education and the staff of the Office of Curriculum within the Office of Medical Education to provide support for the day-to-day operations of the curriculum. This will include scheduling of, advertising for, and memorializing pertinent meetings and faculty communications. The office will also be responsible for coordinating the curriculum including procurement of teaching venues, tracking of topic committees and maintaining committee rosters, oversight of web postings, identification.

Policy will be driven by the Curriculum Committee and by the Associate Dean for Medical Education who will share responsibility for compliance of the curriculum with outside agencies including the LCME and for responsiveness to changes mandated by these outside agencies. The committee will bear oversight responsibility to assess the resource needs (space, faculty, time) that will be required to deliver the curriculum and to convey those needs to the administration and faculty of the school of medicine and, if necessary, to the administration of the health sciences center.

E. Evaluation of Program Effectiveness

10. Describe the process that will be used to evaluate the effectiveness of the educational program and the relevant stakeholders (such as the curriculum committee, course and clerkship directors, and departments) in the educational process that will be involved.

The effectiveness of the educational program must be considered within the various constituencies that have a stake in an effective educational program: students, faculty (including the curriculum committee, course and clerkship directors, and departments), medical school administration, and the public. Evaluation indicators will often be different for each of those constituencies and will include:

Students

- Performance on formative evaluations: While student performance on formative evaluations will not be recorded as a permanent measure for the individual student, the College Masters will be well aware of trends in student performance. The Masters will provide written reports of overall student performance on formative evaluations to the topic committee chair, the Supervisory Committee, and the Curriculum Committee to be used as an assessment tool for the effectiveness of individual components of the curriculum as well as effectiveness of the overall curriculum.
- Performance on summative evaluations: Student performance on summative evaluations will be recorded and will become a part of the student's official record. This information will be available to the appropriate Masters, the Grading and Promotions Committee, and the Associate Dean for Student Affairs for purposes of awareness of student accomplishment and consideration for need of counseling and/or remediation. Aggregate information will be compiled by the Office of Evaluation and distributed to the Associate Dean for Medical Education, the Curriculum Committee, and the appropriate topic subcommittee so that the collective performance of students on a particular component of the curriculum can be used to evaluate the effectiveness of that component of the curriculum.
- Performance on external examinations: Student performance on external examinations in general will include NBME and USMLE examinations. The Associate Dean for Medical Education will be designated as the liaison officer with the NBME to receive information on individual student performance on these examinations. The results will be provided to the appropriate college masters, and will be compiled by the Office of Evaluation and distributed to the Associate Dean for Medical Education and the Curriculum Committee so that the collective performance of students can be used to evaluate the effectiveness of the curriculum. To the extent that student performance on subsets of information within these examinations is available, compiled information will be provided to the Associate Dean for Medical Education, the Curriculum Committee, and individual topic committees to be used to evaluate effectiveness of particular units of the curriculum.
- Student evaluations of the curriculum: At the conclusion of each course, the student will be required to complete an on-line, anonymous evaluation of the course. This information will be collated and provided to course topic committees, Supervisory Committee, the Curriculum Committee, and the Associate Dean for Medical Education to assist in the assessment of student satisfaction with the course.
- Student evaluations of the faculty: At the conclusion of each course, the student will be required to complete an on-line, anonymous evaluation of faculty members participating in the course. This information will be collated and provided to each faculty member as well as course topic committees, Supervisory Committee, the Curriculum Committee, the Associate

Dean for Medical Education and the Associate Dean for Faculty Affairs to assist in the assessment of student satisfaction with the faculty performance and to assist in faculty advisement if consistent concerns of performance are demonstrated.

Curriculum Committee will consider performance on formative evaluations, performance on summative evaluations, performance on external examinations, student evaluations of the curriculum, and student evaluations of the faculty:

Course and Clerkship Directors will consider performance on formative evaluations, performance on summative evaluations, performance on external examinations, student evaluations of the curriculum, and student evaluations of the faculty:

Departments will consider student performance on discipline-related material, student evaluations of the curriculum, student evaluations of the faculty, and effective utilization of departmental faculty.

Individual Faculty Members will consider student performance on materials presented by that faculty member, student evaluations of the curriculum, student evaluations of the faculty, and utilization of departmental faculty.

Medical School Administration will consider performance on summative evaluations, performance on external examinations, and student evaluations of the curriculum

Public The public, including the State Legislature, needs reassurance that the quality of the students graduating from this medical school, and hence the curriculum of the school, meets expectations and is comparable with other schools, especially those receiving state support. Performance on standardized examinations is the only means available to compare the effectiveness of various medical schools.

11. If not described elsewhere, summarize the kinds of outcome measures that will be used to evaluate and improve the educational program.

In addition to measures described above, the following will be used to evaluate program effectiveness.

- Student attrition and remediation
- Graduation rates
- Student satisfaction surveys

III. MEDICAL STUDENTS

A. Admissions

1. Summarize the academic and personal characteristics you will be looking for in applicants to the medical school. Describe the particular kinds of evidence you will be examining to determine how well applicants fit your desired profile.

The characteristics that we find most desirable in medical school applicants and the evidence we will use to assess these characteristics is shown in the following table:

Desirable characteristic	Evidence that the applicant fits the profile
Resident of Texas or surrounding counties in compliance with Texas regulations concerning admission to state-supported medical schools	• Demographic data from TMDSAS • Undergraduate transcript • Other educational program transcripts • Information from interview
Strong academic performance and achievement	• Undergraduate GPA • Undergraduate science GPA • Other degrees • Other course work • Letters of reference from undergraduate advisors
Honesty	• Letters of reference from undergraduate advisors • Personal statement • Transcripts • Information from interview
Commitment to the altruistic tenets of medicine	• Letters of reference from undergraduate advisors • Personal statement • Information from interview
Committed to the importance of volunteerism and service	• Letters of reference from undergraduate advisors • Personal statement • Information from interview
Wide-ranging interests	• Letters of reference from undergraduate advisors • Personal statement • Information from interview
Reflective of and interested in the community and the population	• Letters of reference from undergraduate advisors • Personal statement • Information from interview
Comfortable with spoken Spanish	This is not a requirement for admission, but we believe that it would be a useful skill as both a learner and as a caregiver in a southwestern community

2. Describe your goals for gender, racial, cultural, and economic diversity of students and how you plan to achieve them.

Our recruitment goal is to reflect the diversity of the population we serve. We will recruit students from throughout Texas and thus we will strive to achieve the diversity reflected in the state's population, including gender, racial, cultural, and economic considerations, through several mechanisms: (1) publicizing our intent through promotional materials directed toward potential applicants, (2) continuing an existing recruitment program directed toward target populations including under-represented minorities and economically disadvantaged students, (3) continuing existing programs designed to assist disadvantaged students in the application process, (4) expanding scholarships committed to target populations, (5) using an admissions process that recognizes factors such as economic disadvantage within admissions criteria, (6) providing non-stigmatizing tutoring/remediation classes open to all students

B. Student Services

3. Summarize the resources that will be available for tutorial services and for remediation of academic problems at each stage of implementation of the educational program.

The first line of academic assistance for the student during the first two years will be the College Masters who will have responsibility to monitor the weekly formative evaluations and will be able to provide guidance and tutoring to individual students. In the event that the student needs more intensive tutoring, the master will be able to refer him/her to individual faculty members involved in teaching the current course. The master can also turn to college associates, junior faculty members affiliated with the college, for tutoring assistance.

The second line of academic assistance will be the regularly scheduled tutorial sessions offered by the faculty involved in the current course. This will be a weekly review session scheduled during the time reserved for self-study time.

The third line of academic assistance will be the peer tutoring system. We will pattern this program after the very successful program developed on the Lubbock campus using student volunteers with demonstrated academic achievement and who have participated in a short training program for tutors.

4. Describe the criteria used to establish initial levels of tuition and fees, and any plans for increases in tuition and fees as the program develops. What resources and strategies will the school have available to minimize student indebtedness?

Tuition and fees will be set according to the directives of the State of Texas concerning tuition and fees at state supported medical schools that have been established by the Legislature and promulgated by the Higher Education Coordinating Board.

5. Indicate how you will ensure that students have access to adequate student support in the following areas:

- Personal counseling and mental health services: The college masters will provide simple personal counseling, but if the student requires more complex or confidential advisement, the master will be able to refer the student to contracted professional counselors (licensed psychiatrists, psychologists, and social workers) within the community. The student may also be referred by other faculty members, other students, and the student him/herself. Contact

information will be provided to students in materials provided at orientation and on the student affairs website.

- Preventive and therapeutic health services, including immunizations and health and disability insurance: Students are assessed an annual student health services fee that entitles them to limited preventive and therapeutic health services at the Family Practice Center during regular office hours. Available services are described in written and on-line materials available to the student. In addition, students are required to possess health insurance for more complex medical services; one possible choice is a policy available through a company engaged by the school of medicine. Students are assessed an annual fee for disability insurance.
- Education of students about bodily fluid exposure, needle stick policies, and other infectious and environmental hazards associated with learning in a patient care setting: Students are instructed about environmental hazards, preventive procedures, and interventions during orientation by the school's office of safety and before clinical assignments by the hospital safety officer. Information is also contained in written and on-line material provided to the student.

C. The Learning Environment

6. Summarize your expectations of acceptable and unacceptable behavior in the teacher-learner relationship. What strategies will you be using to monitor the learning environment as the educational program develops?

The School of Medicine will have no tolerance for discrimination or harassment in the learning environment. Unacceptable behavior may include humiliation, psychological or physical punishment, use of grading or evaluation in a punitive manner, or harassment based upon gender, ethnicity, race, religion, sexual orientation, physical disability, or age. Students will be expected to report such unacceptable behavior in a timely fashion to either the Associate Dean for Medical Education or the Associate Dean for Academic Affairs. A procedure has been established to address such allegations. A code of conduct will be established to address student behavior in the learning environment. We will monitor the learning environment through the weekly meetings of the college and the master. Many courses will be team-taught with faculty observers, and the Associate Dean for Medical Education will meet with students from time to time throughout the year.

7. Briefly describe how institutional and course-specific policies regarding grading, performance standards for student achievement, and academic progress will be established.

Institutional policies regarding grading and performance standards for student achievement will be established by the Grading and Promotions Committee. These policies will be reviewed and revised on an annual basis and before classes begin for the next academic year. Course-specific policies will be established by the individual course planning committees during their planning process and before the course begins. Masters will convene to establish policies for the Masters' Colloquia.

8. Assess the adequacy and quality of student study space, lounge and relaxation areas, and personal storage facilities.

Student space will be contained in the new Medical Education Building. It is of the latest design and configured to serve 100 students. Thus, it is completely adequate and of the highest quality. Student study space will be widely distributed throughout the new Medical Education Building. There will be a multi-use space in each of the four colleges. Carrels and group study rooms will be available in the library. There will be small group rooms throughout the building that will be available for study when classes are not scheduled. Much of this space will be available after regular hours. Some library space is designed to be available even when the library is closed. The college space can be available for informal activities, and the Wellness Center will have a wide range of facilities for relaxation. The colleges will each have individual lockers and adequate storage space for the first and second year students assigned to the college.

IV. FACULTY

A. Number, Qualification, and Functions

1. Summarize your expectations regarding the educational, research, and service activities of the basic science departments. Indicate the extent to which departments will receive financial support from the central administration, and describe any plans and funding mechanisms for graduate education programs.

We plan to organize the basic sciences in a unique fashion. These individuals will represent the full complement of basic science disciplines and will be expected to provide the bulk of basic science instruction. Individuals with a primary interest in teaching and medical education will be assigned to the Department of Medical Education and will conduct research in medical education and evaluation. Individuals with a primary interest in biomedical research will be assigned to the Department of Biomedical Sciences. They would also be assigned to one of the research centers of excellence which will focus on a particular area of research interest. These individuals would serve primarily as investigators, but they will be called upon to provide instruction in the basic sciences.

Both of these departments will receive support from the central administration, but both will be expected to seek and obtain extramural funding in support of their research activities. We do plan to establish a graduate education program that will be a part of the Graduate School of Biomedical Sciences. At first, this will be a limited program in which administrative funds will be developed from departmental allocations from the central administration. Postdoctoral fellows will be funded from extramural sources or startup funds provided by the dean.

2. Discuss your targets for faculty numbers and distribution in the basic science departments at the time the entering class matriculates. How close are you to achieving your desired faculty complement?

We plan to have 45 faculty members in the basic sciences at the time the entering class matriculates. Of these, we project having 16 educators including 4 currently on the faculty and having 29 investigators including the 5 currently on the faculty. We have begun to recruit individuals and will increase our recruitment activities as soon as we receive notification of approval of the legislative appropriation on May 28, 2007.

3. Provide a similar summary for the educational, research, and patient care activities of the clinical departments, including institutional support for departmental activities. Also

discuss the status of recruitment of clinical faculty who will be teaching during the preclinical phase of the curriculum.

We currently have 148 full-time clinical faculty members and plan to add 20 full-time and 8 part-time faculty members by the time the entering class matriculates. The additional faculty members, along with the existing faculty will participate in teaching during the preclinical phase of the curriculum. Because the curriculum is heavily integrated, they will have considerable teaching responsibilities. Currently, the clinical faculty is actively engaged in education and patient care. We hope to expand the research activities of the clinical departments through focused recruitment and commitment of resources. The clinical departments receive and will continue to receive financial support from the central administration. This support is based in large measure on the commitment of the department to the education effort. Central support will also be provided to assist in funding of individuals with research interests and potential.

4. Describe any institutional goals for the recruitment and retention of faculty members with regard to gender, race, and ethnic background. Note any programs or policies specifically designed to facilitate the achievement of diversity goals for the faculty.

We are proud of the diversity of the existing faculty and will make efforts to maintain or expand that accomplishment. Because of the nature of the community, the school is particularly attractive to faculty members of Hispanic background. We continue to be an equal opportunity employer.

5. Evaluate the opportunities that will be available for faculty members (full-time, part-time, and volunteer) to improve their skills in teaching and evaluation. Will institutional or departmental-level assistance, such as training sessions from education specialists, be readily available?

We have a well-developed faculty development program that will be expanded with the establishment of the new school. The program includes training for faculty members at all levels of experience and includes sessions specifically focused on teaching methods, teaching skills, and evaluation. The program is available to all faculty. The program draws on external experts and internal senior faculty members. Since diverse teaching methods and evaluation are key components of the new curriculum, training in teaching and evaluation will be expanded.

B. Personnel Policies

6. Evaluate the status of policies and procedures for the appointment, promotion, granting of tenure and dismissal of faculty members. How will the degree and quality of participation in medical student education be factored into decisions about faculty retention and promotion?

We will follow the policies of the Texas Tech Board of Regents and the Health Sciences Center concerning the appointment, promotion, granting of tenure, and dismissal of faculty members. These policies recognize accomplishment in the individual faculty member's field of interest, including research, patient care and/or education. All faculty members will be expected to participate in the education enterprise, but those faculty members with a declared interest in medical education will be expected to provide contributions to the field. Thus, participation in medical student education will be an important element in the decisions concerning retention and promotion.

7. Describe the methods that will be used to provide faculty members with feedback about their academic performance and progress toward promotion. How will faculty members be informed about their job responsibilities and the expectations that they must meet for promotion?

There will be several mechanisms to provide feedback to faculty members about their academic performance. Faculty members will receive evaluation of their teaching performance by the students at the conclusion of every course in which they have participated. They will participate in an annual evaluation that includes their personal assessment of progress and an evaluation by their chair, including an assessment of their progress toward promotion. They will also receive a pre-promotion review at the midpoint of their time-in-rank. Finally, they may request a review of performance at any time. Faculty members will receive letters from the dean and the department chair at the time of their appointment. These letters will include detailed information about their job responsibilities.

C. Governance

8. Evaluate the appropriateness of current and projected mechanisms for organizational decision-making.

Organizational decision-making will be a balanced process. The dean and his administrative staff including vice, associate, and assistant deans as well as department chairs will serve on the Dean's Council, a decision-making body that will have responsibility for policy decisions and strategic planning for the institution. The Academic Council, with representatives from the Dean's Council and the general faculty will have responsibility for academic concerns and will advise the Dean about academic and educational issues. The Faculty Council will include representatives of the faculty and will be concerned with faculty matters. At the departmental level, the chairs will have administrative responsibility for their respective departments. Depending upon the size and complexity of the department, they may choose to include faculty members (such as division chiefs) in the governance structure.

V. EDUCATIONAL RESOURCES

A. Finances

1. Describe plans for assuring that revenue streams are and will continue to be sufficiently diversified to provide reasonable protections against unexpected shortfalls in any particular revenue source. How do you view the prospects for revenue growth over the next five years?

The school of medicine receives and will continue to receive revenues from numerous sources including state appropriations, patient revenues, research grants and contracts, service contracts with affiliated hospitals and agencies, endowments, and special awards. We plan to expand these sources and develop new resources. Of course, the state appropriation may diminish with time, although Texas has a long history of support for its medical schools, and we anticipate that this will continue. Budget justification recurs on a biennial basis, and we will make every effort to maintain the support of our program by the legislature. We anticipate continued increase in patient-related revenues as we make effort to improve our payer mix, increase our patient panel, enhance the complexity of services, and increase the number of clinical faculty. Of course, we

face the reality of declining payments from Medicare and Medicaid that all medical schools face. We anticipate that we will increase our research grants and contracts associated with the successful recruitment of funded investigators. In brief, we anticipate that all of our sources of revenue will remain stable or increase over the next five years.

2. Discuss strategies that will be used to balance the faculty's revenue-generating activities (from tuition, patient care, or research funding) with their academic responsibilities, to assure that the educational mission is not affected negatively.

We have structured the educational program to ensure that the education of medical students remains a high priority for the institution. College masters play a pivotal role in the educational experience of the first two years. These individuals will be experienced medical educators who will have no other obligations and will be fully supported. Similarly, basic science educators will be recruited to provide the bulk of basic science education. We will also identify a small cadre of clinicians who, while maintaining their clinical skills through direct patient care, will be assigned to the Department of Medical Education and who have the education of medical students as the first call on their time. At the same time, we will encourage faculty members with either research or patient care as their primary interest to seek extramural funding or clinical revenues to support their efforts.

3. Describe present and future capital needs, and how they will be addressed over the next five years.

With the completion of the Medical Education Building, we will have excellent space for the educational program for the foreseeable future. With successful recruitment of research faculty, we will fill our existing Biomedical Research Building I and will need additional research space. Two additional buildings are currently in the planning phase: an additional, larger research facility and an office building to house an expanded clinical faculty. We hope to fund these buildings through the use of tuition revenue bonds available through the state legislature. A time table for these construction projects remains to be established. In the meantime, we will make use of renovated space in existing facilities to meet some of our anticipated future needs.

Included in our current appropriation request is $13 million to provide equipment for research development. The Infinity Campaign should also be completed soon, and this fund will include capital funding for other equipment needs in the future.

B. General Facilities

4. Evaluate the adequacy of the current and projected general facilities for teaching, research, and service activities of the medical school. Is the opportunity for development of the type of curriculum that you desire in any way constrained by space concerns?

The new Medical Education Building has been designed with the planned curriculum in mind and includes a wide range of spaces that enable the faculty to use any teaching modality. The building is appropriately sized for the number of students we plan to enroll and has additional capacity for unanticipated needs. Our research facility is also a state-of-the-art facility designed to encourage collaborative research. It remains underutilized but will provide excellent facilities for the research faculty that we plan to recruit. Our older buildings, many of them recently renovated, will provide adequate administrative, clinical, and additional teaching space for the near future and for expanded residency training programs.

5. Discuss the adequacy of security systems on each campus and at affiliated sites.

Security systems on campus are appropriate for needs of faculty, staff, and students. We will continuously monitor our needs and adjust our security system accordingly. Security systems in our affiliated hospitals are appropriate for current demands in healthcare facilities.

C. Clinical Teaching Facilities

6. Analyze the clinical resources that will be available to the medical school for pre-clerkship clinical training. Discuss the adequacy of patient volume and mix, availability of clinical preceptors, and needs or plans for the use of standardized patients. Describe your plans for identifying clinical sites to be used for required clerkships.

Clinical resources that will be available for pre-clerkship clinical training include our four Community Partnership clinics. These facilities will be adequate for the charter class, but we will need to identify additional clinics as the class increases in size. These may include our existing pediatric and family medicine clinics as well as affiliated community clinics. Patient volume and mix in our existing clinics reflect a busy family medicine practice and will be adequate for pre-clinical students. Each clinic is staffed by a faculty member of the Department of Family Medicine who serves as preceptor. Standardized patients will be used in the course entitled *Medical Skills*. We will develop a roster of standardized patients using the methods we have employed to develop OSCEs. We will continue to use the inpatient and outpatient facilities for required clerkships that we have used for students assigned to the campus in the existing medical school program in past years.

D. Information Resources and Library Services

7. Assess the readiness of the library to support the developing educational program. Evaluate the quantity and quality of the print and non-print holdings of the library as a resource for medical students, graduate students, and faculty members.

The current library facility has provided support for medical students, residents, and faculty members for over thirty years and remains an HSC entity. With expansion of space into a second facility, there will also be expansion of holdings to support medical students during the first two years as well as an expanding research and graduate education program. The library also will have complete access to the print and non-print holdings of the Texas Tech HSC library system. With the current experienced and highly qualified library staff and its expansion, the library should be prepared to meet the expanded needs of the developing educational program.

8. Comment on the adequacy of information technology services, particularly as they relate to medical student education. Are resources adequate to support the needs of the developing educational program?

The Information Technology Service has provided support to the campus for many years. It has expanded its various support capabilities during that time. The services will be expanded further with the opening of the Medical Education Building. IT has experience in teaching and will offer instruction in computer use. These capabilities should be adequate to support the developing educational program.

9. Evaluate the usability and functional convenience of the library. Are hours appropriate? Is assistance available? Is study space adequate? Are resources, such as computers and audiovisual equipment, adequate?

The medical library will be housed in two locations: the current facility in the Regional Academic Health Center building and the planned facility in the Medical Education Building. This arrangement was reached as a conscious decision to recognize the modern transition in library holdings from paper to electronic archives and to maximize teaching space in the Medical Education Building. Journal stacks will continue to be located in the current library space, while recent editions of journals and electronic capabilities will be headquartered in the new facility. This arrangement will provide availability to the clinical literature for clinical faculty who will continue to be located in the Regional Academic Health Center Building and the adjacent Texas Tech Medical Center. The basic science and medical education collections in the new facility should be readily available to medical students and the basic science faculty. We anticipate that both facilities will be usable and convenient. Library hours extend to 10 PM and to the weekends. Generally, we have found this schedule to meet the needs of medical students, but if there is increased demand because of the addition of first and second year students, the hours could be expanded with agreement from the medical library director. There is ample study space for individual students available in both facilities, and there are several small, enclosed rooms available in the new library for group study. We have planned adequate internet connections, both hard-wired and wireless, in the new library space. Additional audiovisual equipment including slide projectors, computers, and electronic projectors will be available in the new space. Knowledgeable library staff including reference librarians are available during usual business hours while library assistants will be available after hours and until closing.

10. How will the library and information technology staff contribute to the education of medical students and the professional development of faculty members in the following areas?

- Teaching specific skills, such as instruction in computer usage and bibliographic search

Both the library and IT have provided instructional opportunities in the past. These will continue. A broad overview of library resources and instruction will be provided during medical student orientation, especially for first year students. Additional library and IT information will be included as part of the curriculum of the course *Society, Community, and the Individual*. For faculty members, there is a component of the basic faculty development course devoted to library resources and use of the medical library.

- Retrieving and managing information

Reference staff members are always available without appointment to meet with individual faculty members, resident staff and medical students or groups of students about bibliographic searches. A formal course, entitled *Biomedical Information Management* is offered at least once each year (more often, depending upon demand) and provides instruction in the retrieval and management of biomedical information.

- Curriculum planning

Both the Associate Director of the library and the Director of the IT Department will be *ex officio* members of the Curriculum Committee. This will enable them to anticipate the library

and IT needs for satisfactory execution of the curriculum. At the same time, they will be able to advise the committee and the participating faculty of new technology and possible new applications for library and IT resources in the curriculum.

SUMMARY

1. Briefly summarize the timetable for program development, noting any critical resources or anticipated challenges in achieving full implementation of the program. How much flexibility does the institution have to modify the proposed timetable if unanticipated delays arise?

The current timetable for program development begins with the submission of self-study materials for consideration by the LCME and concludes with the seating of the charter class of medical students. Other landmarks along the way are reflected in the following table:

Date or Time Frame	***Event***	***Outcome***
April 30, 2007	Submit LCME self-study	Review by LCME with decision about site visit
April, 2007 to July, 2009	Further development of curriculum and educational materials Additional planning for second, third, and fourth years of curriculum	Ready for seating of charter class
May 28, 2007	Legislative approval of special appropriation	Begin recruitment of additional basic science and clinical faculty
May, 2007 to July, 2009	Recruitment of new faculty	Fulfill faculty needs for implementing the educational program
June, 2007	LCME makes decision about site visit	Sets in motion preparation for site visit and additional preparation for potential opening
September, 2007	Medical Education Building completed	"Moth balled" until January, 2009
November 11-13, 2007	LCME site visit	Identification of compliance/non-compliance
February, 2008	Notification of LCME decision on preliminary accreditation	Approval/disapproval of program If approved, further planning activated If disapproved, application put on hold for at least one year
February, 2008	Notify Texas Medical and Dental	Begin to recruit medical school

	School Application Service of approval	applicants
February, 2008 to February, 2009	Accept applications and interview potential candidates	Selection of charter class
July, 2009	Seat charter class	Begin the curriculum Begin data collection for next step in accreditation process

The four areas in which we may encounter challenges in achieving full implementation of the program are: finances, facilities, faculty, and LCME compliance.

We have a broad base of financial resources for the proposed medical school including state funding, tuition, grants and contracts, and patient revenues. We need additional funding from a special appropriation that is currently under consideration by the legislature to expand the faculty and administrative staff and to provide funds for equipment and other faculty support. We fully anticipate receiving those funds; information provided to us by legislative staff has been encouraging.

Within a few months, the Medical Education Building will be completed and "moth balled" until we near the projected seating of the charter class. This building will complete our initial requirements for facilities in that we will have sufficient space for the educational enterprise, adequate research laboratory space for an initial cadre of investigators, office space for clinical faculty in our existing buildings, new office space for basic science educators in a building which will undergo renovation in the near future, and space for the planned administrative staff.

We have begun recruitment for key educators including college masters, director of the center for medical education, and basic science educators. We will recruit additional basic science and clinical educators as soon as we obtain the additional funding from the legislature described above. We are confident that we will be able to fill our available positions with sufficient time that they will be able to prepare and refine the curriculum before the seating of the charter class. Nonetheless, this remains one of the greatest challenges we face in achieving full implementation of the program.

Finally, we must be able to respond fully to the LCME. While we have devoted considerable effort to the planning process for the new medical school, undoubtedly we will face concerns raised by the LCME in their review of the Self-Study as well as the presumed site visit. Hopefully, we will have the resources and commitment to respond fully to those concerns.

2. Identify the school's anticipated strengths and how they will be achieved. Note any particular outcome measures that will serve as the basis for assessing institutional progress and academic success.

The El Paso campus of the Texas Tech School of Medicine is located in an ethnically diverse community and has taken pride in its long history of promoting diversity (ethnic, cultural, racial, and gender-related) among its faculty, resident physicians, and medical students. As the El Paso School of Medicine, we plan to continue our efforts and expand our achievement of diversity within all of these constituencies.

At the same time, it is our goal to recruit outstanding medical students and faculty members as evidenced by academic achievement, career goals, and recognition. We hope to establish a medical school that is recognized as a national leader in medical education, clinical service to the populations of the border region, and research that is focused on the healthcare concerns of the border population.

Many of these healthcare concerns are related to issues associated with public health and to solutions for these issues associated with common approaches by medicine and public health as complementary disciplines. We hope to develop in our students an interest in public health.

Outcome measures that we will use to assess our success in these areas are:

- Recruitment of diverse faculty and student body – We will measure this outcome by the numbers and characteristics of individuals recruited to our student body and faculty and by the positive changes toward diversity on an annual basis.
- Recruitment of an academically strong charter class and subsequent classes – We will measure this outcome by the admission credentials (MCAT scores, GPA, science GPA, academic achievements, extramural activities, and life experiences) of the charter class against their state and national counterparts and of subsequent classes on an annual basis.
- National awareness and acceptance of innovative curriculum – We will measure this outcome (most obviously) by the LCME acceptance of our proposal for preliminary accreditation, but subsequently by opportunities to present and receive commentary about our curriculum in national settings and to assess the results of that curriculum (*vide infr*a)
- Above average performance of students on national examinations (NBME, USMB) – We will measure this outcome by noting the performance (means, ranges, and other measures of central tendency) of our students and compare that performance with that of other populations of students.
- Establishment of combined MD/MPH program – We will measure this outcome by the accomplishment of this goal and by the subsequent acceptance of this combined program by the LCME.
- High level of participation by future students in MD/MPH program – We will measure this outcome by tracking the number of students entering and completing the combined program on an annual basis.
- Transition to program with strong research programs in identified areas of investigation related to the US-Mexico Border – We will measure this outcome by assessing the number of active investigators participating in our defined centers of excellence and their productivity measured by scholarly presentations, publications, grants, patents, invited lectureships, awards, and similar markers conventionally used to recognize research accomplishment.
- Successful extramural funding by members of research centers of excellence – We will measure this outcome by tracking the level of extramural funding and the various sources of that funding along with comparisons with other medical schools in the state, region, and nation and with comparisons with other medical schools of similar vintage.

APPENDIX
EL PASO SCHOOL OF MEDICINE
SELF-STUDY DOCUMENT
FOR
PRELIMINARY ACCREDITATION

TASK FORCE REPORT

INDEX OF ITEMS

ITEM **PAGE**

APPENDIX

List members (with institutional titles/positions) of the self-study task force.

TASK FORCE ONE:
(This Task Force was convened by President M. Roy Wilson in 2003 to use the LCME self-study document as a planning tool for the proposed medical school.)

Members:

M. Roy Wilson, MD, MS*----------President, TTUHSC
Roderick Nairn, PhD*----------Executive Vice President, Academic Affairs, TTUHSC
Elmo Cavin----------Executive Vice President, Fiscal Affairs, TTUHSC
Michael Phillips, PhD----------Vice President, Information Technology, TTUHSC
Richard V. Homan, MD----------Dean, TTUHSC SOM
Lynn Bickley, MD----------Associate Dean, Curriculum, TTUHSC SOM
Terry McMahon, MD----------Associate Dean, Student Affairs, TTUHSC-SOM
José Manuel de la Rosa, MD----------Regional Dean, El Paso Campus, TTUHSC SOM
Steven Berk, MD----------Regional Dean, Amarillo Campus, TTUHSC SOM
Donald Loveman, MD----------Regional Dean, Odessa Campus, TTUHSC SOM
Manuel Schydlower, MD----------Assist. Dean, Student Affairs, El Paso
Hoi Ho, MD----------Assist. Dean, Faculty Affairs, El Paso
Larry Elkins----------Assist. Dean, Fiscal Affairs, El Paso
Theresa Knott, MLS*----------Associate Director, Libraries, El Paso
Fanny Brown, PhD----------Director, Student Evaluation, El Paso
Darryl M. Williams, MD, MPH----------Director, Curriculum Planning, El Paso
Harry "Pete" Davis, MD----------Curriculum Committee, El Paso
Abdoul Hayee*----------Medical Student President, TTUHSC SOM
Billy Elder, MD*-------- ----------House Staff President, El Paso
*** No longer affiliated with the institution**

TASK FORCE TWO:
(This task force was convened in 2006 by Robert L. Suskind, MD, Founding Dean, to review the work of Task Force One and to modify their responses to the LCME Self-Study format for Preliminary Accreditation.)

Institutional Setting

Antonio Jesurun, MD, Professor, Pediatrics; Chair, Faculty Executive Committee (Chair)
Bahij S. Nuwayhid, MD, Professor and Chair, Obstetrics/Gynecology
Mary Spalding, MD, Associate Professor and Chair, Family Medicine
Manuel Schylower, MD, Professor, Pediatrics, Assistant Dean, Student Affairs
James M. Brown, MD, Assistant Professor, Emergency Medicine
Robert J. Hastings, MA, Faculty Associate
Carmela Morales, MD, Assistant Professor, Internal Medicine
Claudia Suarez-Martinez, MD, Assistant Professor, Obstetrics/Gynecology
Namrata Singh, MD, Assistant Professor, Pediatrics
Gundmundur Thordarson, PhD, Assistant Professor, Pathology

Blanca Garcia, MD, Assistant Professor, Pediatrics

Educational Program

Harry "Pete" Davis, MD, Associate Professor, Medicine (Chair)
Miguel A. Pirela-Cruz, MD, Associate Professor and Chair, Orthopaedic Surgery
James A. Wilcox. DO, Associate Professor and Acting Chair, Neurology/Psychiatry
Fannie Brown, PhD
Kathryn Horn, MD, Associate Professor, Family Medicine
Kanchan Pema, MD, Assistant Professor, Internal Medicine
Arturo Rodriguez, MD
Pratibha Shirsat, MD, Associate Professor, Pediatrics
Heidi Lyn, MD Assistant Professor, Obstetrics/Gynecology
Rajkumar Laksmanaswamy, PhD, Assistant Professor, Pathology
Amado Ramirez, MD, Assistant Professor, Pediatrics
Susan McLean, MD, Assistant Professor, Surgery
Luis Eraso, MD, Assistant Professor, Internal Medicine
Lorenzo Aragon, Assistant Professor, Family Medicine
Merle Ipson, MD, Assistant Professor, Pediatrics
Carmen Prieto-Jimenez, DM, Assistant Professor, Pediatrics
Cenan Michael Antowan, MD, Assistant Professor, Pediatrics
Silvia Didia, MD, Assistant Professor, Internal Medicine

Medical Students

Paul Casner, MD, Professor, Internal Medicine (Chair)
Alan Tyroch, MD, Professor and Chair, Surgery
Darius Boman, MD Professor and Acting Chair, Pathology
Hoi Ho, MD, Professor, Internal Medicine, Assistant Dean, Faculty Affairs
Christopher Powers, JD, MD, Assistant Professor, Obstetrics/Gynecology
Randall B. Cox, OD, Instructor, Internal Medicine/Ophthalmology
Alison L. Days, MD Assistant Professor, Pediatrics
Fausto Rodriguez, MD, Assistant Professor, Radiology
Jackson Ombaba, MD, Assistant Professor, Surgery
Walter Imagawa, PhD, Assistant Professor, Pathology
Johanan Levine, MD, Associate Professor, Neurology/Psychiatry

Faculty

José Gonzalez-Sanchez, MD, Associate Professor, Obstetrics/Gynecology (Chair)
Gilbert Handal, MD, Professor and Chair, Pediatrics
Matthew Walsh, MD, Professor and Chair, Emergency Medicine
Frank Talamantes, PhD, Professor, Pathology
Pedro Serrato, MD, Assistant Professor, Internal Medicine
Derek Cunningham, OD, Instructor, Internal Medicine/Ophthalmology
Armando Meza, MD, Associate Professor, Internal Medicine
David Palafox, MD, Assistant Professor, Emergency Medicine
Brian K. Nelson, MD, Professor, Emergency Medicine
Susan Watts, PhD, Assistant Professor, Emergency Medicine
David Briones, MD, Professor, Neurology/Psychiatry

Educational Resources

Steve Wagner, Faculty Associate, Director Medical Practice Income Plan (Chair)
Manuel Rivera, MD, Professor and Chair, Internal Medicine
Swapna Chaudri, MD, PhD, Associate Professor and Acting Chair, Anesthesiology
Larry Elkins, Assistant Dean for Fiscal Affairs
Ricardo Perez, MD, Assistant Professor, Family Medicine
Roan G. Fagan, RN, Faculty Associate, Obstetrics/Gynecology
Hector Pacheco, MD, Associate Professor, Orthopaedic Surgery
Joanna M. Wojciechowska, MD. Pediatrics
Ramaswami Kalamegham, MD, Pathology
Azikiwe Nwosu, MD, Internal Medicine

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