SECTION IV. FACULTY
PART A: KEY QUANTITATIVE INDICATORS

Indicate the number of full-time, part-time, and volunteer faculty in basic science and clinical departments.

	Full-Time		Part-Time		Volunteer	
	Basic Science	Clinical	Basic Science	Clinical	Basic Science	Clinical
2008-2009	38	166	0	19	0	180
2009-2010	42	191	2	21	1	244
2010-2011	51	221	4	34	3	260
2011-2012*	60	251	6	34	3	275
2012-2013*	79	287	8	34	7	290

*Anticipated

SECTION IV. FACULTY
PART B: NARRATIVE DATA AND TABLES

FA-2. **There must be a sufficient number of faculty members in the subjects basic to medicine and in the clinical disciplines to meet the needs of the educational program and the other missions of the medical school.**

In determining the number of faculty needed for the educational program, medical schools should consider that faculty may have educational and other responsibilities in academic programs besides medicine. In the clinical sciences, the number and kind of faculty appointed should also relate to the amount of patient care activities required to conduct meaningful clinical teaching across the continuum of medical education.

Complete the following tables for the indicated basic science and clinical departments. See the instructions for completing the database for definition of full-time faculty. Report Pathology only once.

a. Basic Science Departments

FACULTY NUMBERS

Department*	Full-Time Faculty					Part-Time Faculty
	Prof	**Assoc Prof**	**Asst Prof**	**Inst/Other**	**Vacant†**	
Biomedical Sciences	5	3	2	1	21	
Medical Education	10	9	7		5	
Pathology		3	2		2	
Total	15	15	11	1	28	

*Add department names used at your institution

† Funded positions under recruitment or anticipated

TEACHING RESPONSIBILITIES

Department	Number of Courses Taught per Year*					
	Medical Students	**Graduate Students**	**Dental Students**	**Nursing Students**	**Allied Health Students**	**Undergraduate (baccalaureate)**
Medical Education	17	NA	NA	NA	NA	NA
Biomedical Sciences	0	NA	NA	NA	NA	NA
Pathology	0	N	NA	NA	NA	NA

*List only courses for which departmental faculty have primary and ongoing responsibility (e.g., reporting final grades to the registrar)

b. Clinical Departments

FACULTY NUMBERS

Department*	Full-Time Faculty					Part-Time	Volunteer
	Prof	Assoc Prof	Ass Prof	Instructor/ Other	**Vacant†**		
Anesthesiology	1	2	4	2	10	2	4
Dermatology							
Family Medicine	1	6	5	2	9	1	38
Internal Medicine	7	10	15	4	15	5	45
Neurology	1	1	1	1	8		
Obstetrics/Gynecology	2	4	7	5	10	1	18
Ophthalmology		3	1	1		1	1
Orthopedics	3	1	1	4	4	1	37
Otolaryngology			1				
Pathology**							
Pediatrics	7	8	15	5	16	1	38
Physical Medicine							
Psychiatry	1	3	2		4	1	19
Pub Hlth/Prev Med**							
Radiology	4	1	8		3	1	10
Surgery	4	4	3	7	9	3	20
Urology							
Other (specify)							
Emergency Medicine	3	2	13	4	7	4	14
Library				1			
Total	34	45	76	36	95	21	244

  *Replace indicated department names with names used at your institution, as needed.

**Report data for these departments here only if you reported them as clinical departments in your faculty counts for Part A of this database section.

† Funded positions under recruitment or anticipated

TEACHING RESPONSIBILITIES

Department**	Number of Courses Taught per Year*				
	Medical Students	†**Dental Students**	†Nursing Students	†Allied Health Students	Other (specify)
Family Medicine	1				
Internal Medicine	2				
Neurology	1				
Obst/Gynecology	1				
Anesthesiology	1				
Pediatrics	2				
Psychiatry	1				
Surgery	2				
Emergency Medicine	1				

*List only courses or clerkships for which departmental faculty have primary and ongoing responsibility (e.g., reporting final grades to the registrar)

**Replace indicated department names with names used at your institution, as needed.

† Faculty at the Paul L. Foster School of Medicine do not teach courses as defined above for students in these professions.

c. Briefly describe the extent to which productivity requirements in research or clinical service are affecting the school's ability to maintain its commitment to medical student education. Note if the school has had to make use of part-time and volunteer faculty, graduate students, or residents in medical student education to compensate for limited availability of full-time faculty members to participate in teaching.

The Department of Medical Education at the PLFSOM is home to all traditional basic science Ph.D. disciplines, as well as Clinician Medical Educators. The 27 full-time faculty members of the Department of Medical Education work collaboratively and interactively to teach the basic medical sciences in a clinically-relevant format. Basic Scientist Medical Educators have approximately 80% time to prepare and deliver the curriculum to first and second year medical students, and 20% time for scholarly activity. Similarly, the Clinician Medical Educators have 70- 80% time for teaching first and second year medical students and 20-30% time for clinical care and scholarly activity.

Although the creation of a Department of Medical Education dedicated to curriculum design and implementation reduces the teaching responsibilities of faculty in clinical and research departments, faculty members in these departments are enthusiastically participating in the first two years of the curriculum, particularly as small group facilitators in the Scientific Principles of Medicine course, as facilitators of Work Case Examples, and as preceptors in Medical Skills. Thus far, participation by clinical faculty has been good, but additional clinical faculty, including volunteer faculty members, need to be recruited to supplement faculty from the Department of Medical Education. The dean has appointed

an Educational Value Unit Task Force to identify strategies for quantifying and valuing educational contributions of clinical faculty as a component of their productivity requirements.

We also continue to recruit additional volunteer faculty members in the community to provide clinical experience in diverse patient care settings for our medical students as part of the Society Community and Individual (SCI) course and other elective rotations in the clinical years. A task force led by the director of the SCI course is exploring ways to expand this capacity. To optimize and coordinate efforts in identifying, recruiting and developing community physician faculty, we are recruiting a Unit Coordinator to serve exclusively as the liaison for the volunteer faculty, Department of Medical Education, and the Office of Faculty Affairs & Development.

Under faculty supervision, a few select residents have participated in clinical simulation instruction for first year medical students and in some worked case example small groups. Residents will work closely with students during their clerkship rotations in years 3 and 4.

See also Part A for this section, and information for standard IS-12.

FA-3. Persons appointed to a faculty position must have demonstrated achievements commensurate with their academic rank.

FA-7. There must be clear policies for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal that involve the faculty, the appropriate department heads, and the dean.

a. Provide a brief description of each faculty employment track.

The two primary faculty employment tracks are 1) tenure track and 2) non-tenure track; faculty may change from one track to the other one time. Employment tracks are implemented according to the Chapter 4 of the *Regents' Rules, and the TTUHSC Policy & Procedure 60.01,* and a copy is included in the Section IV, Appendix 1, and can be accessed at http://www.depts.ttu.edu/oppol/ and http://www.ttuhsc.edu/hsc/op/op60/op6001.pdf

TENURE-TRACK APPOINTMENT

Only full-time faculty members are eligible for tenure track appointments and may be appointed at any of the following levels: assistant professor, associate professor, and professor. However, tenure may be granted only at the associate and full professor levels after a period of probationary service (not to exceed seven years). Awarding of tenure is based upon excellent performance in teaching, scholarship, clinical service, and academically-related public service. Basic scientists, educators, and clinicians are all eligible for appointment to the tenure track.

NON-TENURE TRACK APPOINTMENT

Non-tenure track appointments may be made for full-time at the assistant instructor, instructor, assistant professor, associate professor, and professor levels.

For faculty primarily involved in research with incidental teaching and/or patient care responsibilities, the *Research Appointment* is available at the following ranks: instructor, assistant professor, associate professor, and professor.

For part-time faculty members who have less than a half-time appointment, the *Clinical Appointment* is available at the following ranks: 1clinical lecturer, clinical instructor, clinical assistant professor, clinical associate professor, and clinical professor.

b. Briefly summarize the institution-wide (medical school or university) policies and procedures for the appointment, renewal of appointment, promotion, granting of tenure (if applicable), and dismissal for all faculty members. Include a copy of the written appointment, re-appointment, tenure and promotion, and dismissal guidelines or the web URL where these policies are posted.

PLFSOM has developed Guidelines for Faculty Appointment, Tenure, and Promotion which describe promotion and tenure criteria and processes which can be accessed on-line at. http://www.ttuhsc.edu/elpaso/admin/documents/plfsom_guidelines_for_faculty_apppoinment _tenureandpromotion.pdf

These guidelines are consistent with those of the parent institution, Texas Tech University Health Sciences Center (see (http://www.ttuhsc.edu/hsc/op/op60/op6001.pdf) and the

Regents' Rules (http://www.depts.ttu.edu/oppol/). Copies of these documents are also included in Section IV, Appendix 2a-c

FACULTY APPOINTMENT

The request for appointment is made by the department chair to the Dean and is reviewed by the Committee on Faculty Appointments, Tenure and Promotion and Comprehensive Performance Evaluation. An eligible faculty candidate must have M.D., D.O., or Ph.D. from an approved or accredited institutions or some other doctoral level or terminal degree along with appropriate training and licensure/certification (if applicable) in area of specialty. Physician faculty must hold an unrestricted license or be eligible for an unrestricted license to practice medicine in the State of Texas.

RENEWAL OF APPOINTMENT

Non-tenure track faculty members receive a letter of reappointment on an annual basis. The letter also includes information about compensation for the coming year. Faculty members on the tenure track receive a contract at the beginning of their employment.

Notice of non-reappointment for non-tenure track faculty:

- If the appointment of a non-tenure track faculty is not going to be renewed, written notice of non-reappointment must be issued no less than 4 months prior to August 31 of each year.

- After 5 years of full-time service, the written notice of non-reappointment must be issued no less than 1 year prior to Aug 31 of each year.

- A reason for the decision of non-reappointment is not required. However, each faculty member is entitled to see all of his or her personnel file and to obtain a copy of the information contained therein at his or her expense.

Notice of non-reappointment of non-tenured faculty members on tenure track probationary appointments shall be given in writing in accordance with the following schedule.

- At least three months before the end of the first 12 months of service;

- At least six months before the end of the first 24 months of service; or

- At least nine months for those with more than 24 months of service.

PROMOTION

Promotion is awarded to Faculty based on academic accomplishments in teaching, scholarship, clinical service, and academically-related public service.

Primary responsibility for evaluation of the academic qualifications of candidates for promotion rests with the faculty, based on criteria described in the PLFSOM Guidelines for Faculty Appointment, Tenure and Promotion. The promotion review process includes three steps:

1. Evaluation by the department or division, which includes a vote by those faculty members who are at or above the rank to which the applicant aspires and a recommendation by the chair.

2. Review at the School of Medicine level by the members of the Committee on Faculty Appointment, Tenure & Promotion and Comprehensive Performance Evaluation who review the application and make recommendations to the Dean.

3. The Dean reviews and makes recommendation to the President. The President reviews and makes recommendations to the Board of Regents. A faculty member is awarded promotion by action of the Board of Regents.

GRANTING OF TENURE

Members of the faculty who are employed full-time in the university and who hold the rank of associate professor or professor are eligible for tenure consideration.

A tenure track faculty may apply for tenure after an appropriate probationary period (described in HSC OP 60.01, and can be viewed at http://www.ttuhsc.edu/HSC/OP/OP60/op6001.pdf)

The same 3-level review process described above for promotion applies to the tenure process. However, only tenured faculty members participate in the review. The awarding of tenure is based on excellence in performance in areas relevant to the faculty member's discipline. The general criteria are that the person must demonstrate potential for making continuous valuable contributions to the academic mission of the Paul L. Foster School of Medicine.

DISMISSAL

Examples of cause for dismissal of a faculty member include, but shall not be limited to, the following:

- Professional incompetence

- Neglect of professional responsibilities

- Moral turpitude adversely affecting the performance of duties or the meeting of responsibilities to the school, or to students or associates

- Mental or physical disablement of a continuing nature adversely affecting the performance of duties or the meeting of responsibilities to the school, or to students or associates that cannot be reasonably accommodated; and

- Unprofessional conduct adversely affecting the performance of duties or the meeting of responsibilities to the school, or to students or associates.

Due process as set forth in the policy statement embodies a course of proceeding in line with rules and principles generally recognized in the academic community. Among these is the right of a faculty during the term of his or her appointment, to request and be granted a hearing before the School Hearing & Grievance Committee, when notice of cause and request for dismissal or termination of appointment has been received by the faculty member and the Dean.

c. Explain any variation in the policies across tracks or in the application of policies across departments.

All departments must use the institutional guidelines for faculty appointment, tenure, and promotion. However, to stimulate the full development of scholarly activities and to raise quality and standards, each department has the option to develop and implement its own specific criteria for appointment, promotion and tenure. For example, the institutional guidelines set general criteria for scholarly activity while the departments set specific criteria for numbers and types of publications, curricular modules, bedside teaching etc. It shall be the responsibility of the Committee on Faculty Appointment, Tenure and Promotion and Comprehensive Performance Evaluation, and the Dean to approve these standards and guidelines and to monitor their application.

In all instances, departmental criteria and guidelines must conform to the minimal standards established by institutional policies and requirements.

FA-4. Members of the faculty must have the capability and continued commitment to be effective teachers.

Effective teaching requires knowledge of the discipline and an understanding of curriculum design and development, curriculum evaluation, and methods of instruction. Faculty members involved in teaching, course planning and curricular evaluation should possess or have ready access to expertise in teaching methods, curriculum development, program evaluation, and student evaluation. Such expertise may be supplied by an office of medical education or by faculty and staff members with backgrounds in educational science.

Faculty involved in the development and implementation of a course, clerkship, or larger curricular unit should be able to design the learning activities and corresponding evaluation methods (student and program) in a manner consistent with the school's stated educational objectives and sound educational principles.

Community physicians appointed to the faculty, on a part-time or volunteer basis, should be effective teachers, serve as role models for students, and provide insight into contemporary methods of providing patient care.

Among the types of evidence indicating compliance with this standard are the following:

- *Documented participation of the faculty in professional development activities related specifically to teaching and evaluation.*
- *Attendance at regional or national meetings on educational affairs.*
- *Evidence that faculty members' knowledge of their discipline is current.*

a. Summarize the methods used by departments or the school to assess the quality/adequacy of individual faculty teaching efforts (e.g., student course evaluations, peer review, focus group meetings with students, etc.). Describe the means by which the results of such evaluations are communicated to faculty.

The evaluation of faculty teaching performance is centralized in the Office of Curriculum, Evaluation, and Accreditation and is overseen by the Director of Assessment and Evaluation. To rate the quality of faculty teaching, students are asked to complete anonymous on-line evaluations at the conclusion of each semester or, in the case of the Scientific Principles of Medicine course, at the end of each of the 9 units that comprise that course.

In addition to quantitative measures, students are asked to complete two free text items commenting on the faculty member's major strengths and constructive recommendations for improvement.

The results of student evaluations of individual faculty members are reviewed by the Senior Associate Dean for Medical Education and the Director of Assessment and Evaluation. If clarification or elaboration is needed to better interpret the results of student evaluations, the Senior Associate Dean and Director of Assessment and Evaluation can (and do) meet with the elected members of the Student Curriculum and Evaluation Committee in focus group sessions to learn more about areas of student concern or recommendations for improvement.

In addition to the individual faculty member, the department chair and course director are given access to faculty evaluation results. Faculty members are encouraged to discuss these results with the chair, course director, or associate deans (Faculty Affairs and/or Medical Education) if the results suggest problems that need to be remedied through faculty development.

b. Describe the elements of faculty teaching skills (e.g., content mastery; ability to lecture or lead a small group; professionalism) that are formally evaluated by medical students or by peers.

Faculty members in all required courses are evaluated by medical students throughout the curriculum for their teaching skills and abilities on the following parameters utilizing a 5-point Likert scale

- Clearly communicates objectives
- Adequately addresses objectives
- Provides learning materials that enable students to meet objectives
- Presentations are well organized
- Encourages thinking about material
- Quality of public speaking
- Usefulness of AV materials
- Respectful of students
- Approachable for help outside of class
- Preparation of students for USMLE step 1 exam

An example of the faculty evaluation survey completed by students can be found in Section IV, Appendix 3 a,b.

Additional evaluations are done with faculty in the Medical Skills course as follows: at the conclusion of each weekly medical skills training session all students are asked to complete a written feedback commenting on the clinical skills learned and faculty mastery in teaching during the session, as well as training aspects that were most effective or in need of improvement. This questionnaire is administered by the Center for Advanced Teaching & Assessment in Clinical Simulation (ATACS); the results of each survey are compiled and sent to the corresponding faculty for further consideration. (Section IV, Appendix 4)

c. How are any problems identified by such evaluations by students or peers addressed? What resources are available to support the remediation of deficits in faculty teaching skills?

It is a goal of the institution to identify and, if necessary, remediate problems in a timely manner. In order to accomplish this goal, evaluations are conducted, summarized, and reviewed as quickly as possible, usually within one to two weeks of the completion of the unit and the posting of unit grades.

It is also expected that each interdisciplinary course committee reviews its own performance at the conclusion of the teaching unit. At that time, course faculty members have the opportunity to review the overall effectiveness of their effort and to identify individual instructors who performed at either extreme. Collectively, the group can plan corrective actions for both the course and for individual participants in the course.

If a faculty member receives recurring poor evaluations indicating chronic performance problems, the department chair meets with the individual faculty member to advise him/her of the concerns that

have been raised. The Chair can request the Associate Dean for Faculty Affairs & Development to review the student feedback and provide a remediation plan for that particular faculty.

If serious professional or behavioral problems are identified, the Dean is immediately notified of the problem by the Senior Associate Dean for Medical Education, the Associate Dean for Faculty Affairs and Development, the Associate Dean for Student Affairs or the department chair depending upon who was made aware of the problem.

A faculty member may appeal an adverse finding or action through the Faculty Hearing/Grievance Committee, a standing committee of the School of Medicine.

d. Briefly summarize opportunities for faculty members to participate in external workshops, meetings, or other activities related to medical student education. Describe the sources of funding available to support such activities.

Faculty members are encouraged to submit presentations to the annual AAMC meeting, the Southern Group on Educational Affairs, the International Association of Medical Science Educators (IAMSE) and other educational venues. The Dean's office has helped to defray the costs of the presentation materials and has also supported travel arrangements when no other funding source can be identified.

The Office of Faculty Affairs and Development, through the recently-awarded Hispanic Center of Excellence (HCOE) grant, provided full funding for the departments to send twelve (12) Hispanic and under-represented minority (URM) faculty members to the AAMC meeting in Boston in November 2009 for participation in activities related to medical student education. In 2010 HCOE also provided funding support to eighteen (18) faculty members and residents to attend AAMC, scientific meetings, leadership development seminars, or career development programs. This type of support is to be continued at least for the next two years.

Individual departments have different policies for support of faculty attendance at meetings related to medical education. In general, Clerkship Directors receive full funding to attend annual external workshops or conferences related to the clerkship specialty such as the Association of Clerkship Director in Internal Medicine (CDIM), the Association of Professors in Gynecology and Obstetrics (APGO), or the Association of Directors of Medical Student Education in Psychiatry (ADMSEP).

See also information for standard ED-30 in Section II of the database, and standard FA-11 in this section.

FA-5. Faculty members should have a commitment to continuing scholarly productivity characteristic of an institution of higher learning.

a. Provide the following data by department (basic science and clinical) for the most recent completed year (academic or calendar year, whichever is used in the school's accounting of faculty scholarly efforts).

Calendar Year 2009

Department	Number of:		Number of Departmental Faculty Members Who Are:		
	Articles in Peer-reviewed Journals	Books and Book Chapters Published	Members of National Study Sections or Committees	Journal Editors	PIs on Extramural Grants
Anesthesiology	2	-	3	-	3
BioMedical Sciences	57	7	4	2	6
Emergency Medicine	13	5	1	1	1
Family Medicine	7	-	1	1	1
Internal Medicine	32	2	12	6	4
Medical Education	15	8	1	4	-
Neurology	-	-	-	-	-
OB/GYN	10	1		2	-
Orthopedics	4	-	4	2	-
Pediatrics	-	-	-	1	-
Psychiatry	4	-	3	1	-
Radiology	2	–	-	-	-
Surgery	4	2	1	-	-

b. Describe how faculty scholarship is fostered in the medical school. Is there a formal mentorship program for junior faculty to assist them in their development as scholars or is a program being developed? Note any informal opportunities for mentorship or other types of support for faculty scholarly activities.

ACADEMIC DEVELOPMENT INITIATIVE

We have a comprehensive program for fostering faculty scholarship at TTUHSC-Paul L. Foster School of Medicine. The Academic Development Initiative which includes the Faculty Mentoring Program focuses on individual faculty members and is designed to encourage scholarship and productive academic activity. The program offers many activities for faculty members from all

departments, while also encouraging faculty development at the departmental level and providing information to department chairs and other administrators to guide them in assisting junior faculty.

Faculty Mentoring Program— Prior to the implementation of our current institutional faculty mentoring program, several senior faculty members of the PLFSOM have independently taken the lead in serving as informal or situational mentors for the junior faculty, guiding them through challenges and difficulties in academia such as tenure/promotion, scholarship development, career development or conflict resolution.

The Office of Faculty Affairs & Development initiated a comprehensive faculty mentoring program in May 2010 to identify committed senior faculty members, provide them with adequate training and support for their mentor role, and establish formal linkages of senior and junior faculty mentoring teams. Faculty members are requested to complete a Faculty Mentoring Interest Inventory to indicate mentoring skills and areas of expertise. This outcomes-driven program targets junior and mid-level faculty members, Hispanic faculty, women faculty and under-represented minority group (URM) faculty in their first three years of appointment at PLFSOM. The Founding Dean who is the Chair of the Institutional Faculty Mentoring Advisory Board, appoints all 14 department chairpersons to serve as members on this advisory board. The department chairs are expected to assign a mentor in the department or requests the Office of Faculty Affairs & Development to identify a mentor for the newly-recruited faculty. The Hispanic Center of Excellence (HCOE) at the PLFSOM provides support to the faculty mentoring program, particularly for Hispanic faculty mentors and mentees as well as those of the URM. Typically, the faculty mentoring relationship ends after 12 months unless both mentor and mentee request a renewal. Either mentor or mentee can request the termination of the mentoring relationship at any time during this process. To date we have received 35 applications of faculty mentees and 17 faculty mentors. Of those, we have initiated the mentoring relationship of 17 mentors and mentees. We're continuing to receive new applications for this exciting program. The Office of Faculty Affairs & Development conducted the kick-off ceremony of the Institutional Faculty Mentoring Program on October 19th, 2010 with the participation of seventeen (17) pairs of mentee and mentor. Each faculty mentee and faculty mentor received an iPad that will be used extensively to enhance the communication between mentee and mentor and facilitate the procedure of monitoring and reporting of the mentoring partnership.

All 17 pairs of faculty mentor-mentee are expected to complete the following 12 modules of the Advanced Training in Mentoring and Leadership Development:

1. Essential principles of effective faculty mentoring
2. Faculty development programs and resources at PLFSOM
3. Paul L. Foster SOM Guidelines for Tenure & Promotion
4. Boyer's model of scholarship
5. Principles of comprehensive performance evaluation
6. Professionalism and Cultural Diversity
7. Negotiation and Conflict Resolution
8. Leadership development
9. Building a Career in Academic Medicine
10. Innovation in Medical Education
11. Academic Networking for Success
12. Hispanic Center of Excellence (HCOE) and Faculty Development program at PLFSOM

For details of this program, please refer to the attached Faculty Mentoring Manual in Section IV, Appendix 5a; the manual is also available online at: http://www.ttuhsc.edu/elpaso/admin/documents/manual_for_faculty_mentoring.pdf

The institutional faculty mentoring program is directed by the Associate Dean for Faculty Affairs and Development. Copies of the Faculty Mentoring Interest Inventory and Faculty Mentoring Agreement Form are included in the http://www.ttuhsc.edu/elpaso/admin/FacultyInfo.aspx. Section IV, Appendix 5b.

Other Programs - Besides the institutional faculty mentoring program, faculty members at PLFSOM also have access to the following six programs that are designed to support their scholarly activities:

- *Seed Grants: Research Incentive Awards*—The Associate Dean for Research has identified annual discretionary funds ($120,000.00) to be used for the encouragement of new research undertakings. This seed grant program provides small awards, generally no greater than $20,000 for one year, to faculty who wish to begin a new research program. The process is open to all investigators, but preference is given to junior faculty members and new investigators.

- *Biostatistics and Epidemiology Consulting Lab (BECL)* – PLFSOM has created BECL as a free service to all faculty within the school to assist as needed with research projects. With expertise in study design, database management, statistical analyses, graphical presentation and manuscript development, BECL is prepared to work with faculty at any stage of their research projects. BECL maintains a long range goal of acting as collaborators with research investigators within PLFSOM in externally funded research initiatives. Since inception (Summer 2009) BECL has assisted in over 50 research projects spanning 12 departments on campus. Currently, BECL is a group of two professors and three statistical programmers with plans to expand to another faculty member, PhD statistician, and two or more programmers.

- *Department Incentive Program*— to foster faculty scholarship, each department has developed an incentive program for recognizing and rewarding faculty members for their scholarly contributions and accomplishments. Departments have sponsored senior level faculty from other academic institutions to present on scholarship development and to serve as *indirect mentor* to some department faculty members. Scholarly attainments such as publication in peer-reviewed journals, presentations at national scientific meetings, and extramural research grants, are recognized and rewarded.

- *Hispanic Center of Excellence (HCOE)*—With the recently-approved funding (July 2009), the HCOE has been active in supporting Hispanic faculty by providing opportunities and funding for participation in faculty development activities, teaching enhancement courses, and other advanced training programs such as grant writing workshops. Please refer to FA-11 for details of HCOE activities that promote faculty scholarship.

- *Employee Training and Development—*PLFSOM is an institution of higher education dedicated to the pursuit of educational, research and public service objectives. To attain these objectives, PLFSOM recognizes the importance of its faculty, acknowledges their valued contributions to the accomplishment of its mission, and promotes lifelong learning for the advancement of the institution. Full and part-time faculty members, regardless of tenure

status, are eligible for this institutional *Employee Training and Development* program to develop and further enhance their professional skills in order to improve job performance. Appropriate expenses include, but are not limited to, salary, tuition and other fees, travel and living expenses, training stipends, training materials and other necessary expenses in a training or education program. The process and application form are described in TTUHSC Operating Policy 70.47. http://www.ttuhsc.edu/hsc/op/op70/op7047.pdf Section IV, Appendix 6

- *Sabbatical leave*—Sabbatical leave is available for tenured faculty after serving five years as full-time faculty. The faculty member may be authorized to spend up to six months in scholarly pursuits elsewhere at full pay or up to one year at half pay. Formal application is required as well as a favorable recommendation by the faculty sabbatical leave committee and approval by the Dean and President of the HSC. The process is completely described in TTUHSC Operating Policy 60.02 http://www.ttuhsc.edu/hsc/op/op60/op6002.pdf and included in the Appendix 7, Section IV, pages 27 and 28.

See also information for standard IS-13 in Section I of the database, and Part A, item (e) in Section V of the database.

FA-6. The medical school faculty must make decisions regarding student admissions, promotion, and graduation, and must provide academic and career counseling for students.

No additional information is required for this item.

Refer to responses for standards MS-4, MS-18, MS-19, and MS-33 in Section III of the database.

FA-8. A medical school should have policies that deal with circumstances in which the private interests of faculty members or staff may be in conflict with their official responsibilities.

a. Check each area where the medical school or the university has a faculty conflict of interest policy. Include a copy of each policy in the Appendix, or provide the web site URL where the policy can be viewed.

√	Conflict of interest in research
√	Conflict of private interests of faculty/staff with academic responsibilities
√	Conflict of interest in commercial support of continuing medical education

CONFLICT OF INTEREST IN RESEARCH

TTUHSC-Paul L. Foster School of Medicine adheres to the policy established by the Health Sciences Center (HSC OP 73.09) on conflict of interest in research. This policy can be found in the Appendix, Section IV and the annual reporting form is provided in Section IV, Appendix8. These items are also available at: http://www.ttuhsc.edu/HSC/OP/OP73/op7309.pdf.

CONFLICT OF INTEREST IN ACADEMIC RESPONSIBILITIES

TTUHS-Paul L. Foster School of Medicine adheres to the policy established by the Health Sciences Center, Board of Regents Rule (BOR 03.01) on ethics. This policy is required by state law and contains guidance concerning the private interests of faculty and staff in relation to academic responsibilities. The policy on conflict of private interests of faculty/staff with academic responsibilities is provided in the Appendix 9, Section IV, and is available at: http://www.depts.ttu.edu/oppol/Chapter03.pdf

CONFLICT OF INTEREST IN CONTINUING MEDICAL EDUCATION

TTUHSC-Paul L. Foster School of Medicine adheres to the policy established by the Health Sciences Center (HSC OP 10.27) on conflict of interest in interactions with Health Care Vendor. The CME office at the school is in full compliance with the guidelines of the Accreditation Council on Continuing Medical Education (ACCME) regarding commercial support. The policy on Health Care Vendor Interactions can be found in the Section IV Appendix10. These items are also available at: http://www.ttuhsc.edu/hsc/op/op10/op1027.pdf.

b. Describe how adherence to these policies is or will be monitored.

All research personnel (students, faculty and staff) must sign a financial disclosure document each year indicating whether they or anyone in their family has a financial conflict of interest. These documents are reviewed annually by the Office of Research in Lubbock. The Institutional Compliance Office monitors the implementation of and compliance with the HSC OP 10.27 Health Care Vendor Interactions.

All faculty members who present information at CME activities are required to disclose any conflict of interest regarding commercial support. Failure to disclose conflict of interest disqualifies the faculty member from participating as a presenter at any activities of the CME program.

FA-9. Faculty members should receive written information about their terms of appointment, responsibilities, lines of communication, privileges and benefits, and, if relevant, the policy on practice earnings.

a. Describe how faculty members are notified about the following items:
- *Term and conditions of employment*
- *Benefits*
- *Compensation, including policies on practice earnings*

The Dean's letter of offer outlines terms and conditions of employment, salary, benefits and other compensation, including policies on practice earnings when appropriate. The department chair also writes a letter at the time of appointment that provides additional details on these topics and expected responsibilities within the department.

Departmental practice income policy is reviewed with each new faculty member during recruitment and at the time of appointment. Each clinical department has a written policy which is provided to the individual faculty member at the time of appointment.

All faculty members participate in a one day orientation when they first arrive at the PLFSOM. Orientation is coordinated by the Office of Human Resources, which provides detailed written information about policies concerning employment and various benefits available. Each subsequent year, the faculty member receives written notice of changes in benefits for the following fiscal year. Similarly, at the end of each fiscal year, all faculty members receive a written communication that summarizes projected compensation for the year ahead. The clinical faculty members also receive a monthly statement of their patient billings and collections.

b. Describe how and when newly hired and existing faculty members are informed about their responsibilities in teaching, research, and, where appropriate, patient care.

Each faculty member is informed about his/her responsibilities in teaching, research, and if applicable, patient care, as early as during the recruitment interview. The department chair and the Associate Dean for Faculty Affairs & Development discuss in detail with faculty applicants the various faculty appointment tracks and their associated responsibilities and expectations. The letter of offer that is written by the Dean delineates a framework of the responsibilities, while the letter from the chair discussed in detail the expectations and responsibilities in teaching, research and publication, and patient care. The letter also provides information about available supportive resources, such as laboratory space, equipment, and protected time. In addition, the chair describes in detail the line of reporting responsibility within the department and within the institution.

During the annual evaluation, existing faculty members are expected to document achievements over the previous 12 months and prepare goals and objectives for the next 12 months. During this meeting expectations regarding all faculty responsibilities are reviewed and revised as appropriate.

c. Is there is a faculty handbook? If so, provide the web site URL where the handbook can be viewed.

Paul L. Foster School of Medicine has an electronic faculty handbook (e-Handbook) and it's available at:

http://www.ttuhsc.edu/fostersom/facultyaffairs/ebook.aspx#generalinformation

FA-10. They [faculty] should receive regularly scheduled feedback on their academic performance and their progress toward promotion.

Feedback should be provided by departmental leadership or, if relevant, other institutional leadership.

a. Briefly describe any medical school or university policies assuring that faculty members receive periodic feedback on their performance and progress toward promotion and, if relevant, tenure.

TTUHSC has specific operating policies concerning feedback to faculty members about their performance and progress toward promotion. HSC OP 60.01 specifically addresses the tenure and promotion policy, including advisement of faculty members. HSC OP 60.08 describes the process required for annual review of non-tenure-track faculty. HSC OP 60.03 addresses the required, recurring, five-year review of tenured faculty members to be in compliance with Section 51.943 of the Texas Education Code. Please see the following: Section IV, Appendix 11a-d

http://www.ttuhsc.edu/HSC/OP/OP60/op6001.pdf
http://www.ttuhsc.edu/HSC/OP/OP60/op6003.pdf
http://www.ttuhsc.edu/HSC/OP/OP60/op6008.pdf
http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.51.htm

b. Describe when and how faculty members receive formal feedback from departmental leaders (chair, division or section chief) on their academic performance and progress toward promotion.

Each faculty member is required to submit an report of his/her accomplishments, along with goals and objectives for the upcoming year. The goals and objectives for future accomplishments are the result of the alignment of the faculty member's assigned responsibilities and institutional goals and objectives. The performance evaluation undertaken by the chair is mission-guided, objectives-directed, and promotion-oriented. It's expected to include a statement as to whether or not the faculty member is on track for promotion as well as recommendations for improvement in case the individual is not on track. The Dean also expects department Chairs to give formative evaluations with specific feedback on the faculty academic performance and progress toward promotion.

Recognizing the importance of giving feedback to faculty on their academic performance and progress toward promotion, the Faculty Council has appointed an AdHoc committee to re-evaluate the current evaluation policy and procedure and make recommendations to establish a promotion-oriented faculty valuation system. This AdHoc committee is expected to present its recommendations to the Faculty Council in November 2010.

See also information for standard FA-4 and FA-5.

FA-11. Opportunities for professional development must be provided to enhance faculty members' skills and leadership abilities in education and research.

a. Describe any centralized or departmental activities to assist faculty members in improving their skills as teachers and evaluators of medical students. Include the number of faculty who participated in such activities during the most recently completed academic year.

Describe plans to introduce faculty development programs, including timelines for program planning and implementation.

INSTITUTIONAL FACULTY DEVELOPMENT PROGRAM

The institutional faculty development Program was begun in 2003, following the establishment of the Office of Faculty Affairs and Development in July 2002. The purpose of this program is to provide a basic program of faculty development for the entire institution upon which each department or academic unit can build a program of further faculty development that is specific to its particular needs and those of its faculty.

The institutional program has five elements, some emphasizing teaching scholarship and others emphasizing research or scholarly activity, and leadership development: (a) basic orientation to the institution and its policies and procedures, (b) the core faculty development course, (c) advanced teaching and technical writing, (d) advanced teaching and clinical simulation, and (e) leadership skills for senior faculty members and administrators.

The Faculty Development Course (FDC) is a 70-hour course that extends over six months. It is offered once a year and can accommodate 24 faculty members per course. The FDC is designed to help junior and mid-level faculty members enhance their teaching skills by familiarizing them with new teaching methodologies and to develop their professional careers by teaching them about clinical or basic science research strategies. All new junior and mid-level faculty members are encouraged to attend the course within the first year of their appointment.

During the most recently completed academic year (2009-2010), 24 faculty members have enrolled in two FDCs. To date, the Office of Faculty Affairs & Development has conducted nine (9) FDCs; and more than 40% of full-time faculty members at the PLFSOM have completed this program.

The FDC Curriculum relevant to the improvement of teaching and evaluation skills is highlighted in grey in the following table.

Curriculum of the Faculty Development Course (FDC)

Topics	Purposes	Method	Hours
Adult learning & teaching methods Evaluation of teaching effectiveness Evaluation of learners Core competencies in medical education	Enhance teaching & evaluation skills	Lectures, Workshop, Application	20
Information & technology Technology in medical education Audience interactive response system	Enhance computer skills Apply interaction in medical education	Lectures, Workshop Applications	12
Oral presentation	Enhance presentation skills	Workshop Peer-reviewed live presentation	4
Evidence-Based Medicine	Teaching & practicing EBM	Workshop	6
Clinical research principles IRB	Enhance understanding in clinical research	Lectures, Workshop	6
Biomedical statistics	Introduce important concepts	Lectures Application	4
Grant Writing Poster Presentation	Provide fundamental knowledge in writing grants; skills in preparing manuscript or poster	Workshops	6
Networking for research	Develop collaborative research project	Workshop	2
Research Project presentation	Promote completion of a research project	Peer-reviewed live presentation	2
Career development Tenure-Promotion	Enhance understanding in T-P	Workshop	2
Faculty mentoring, Leadership development, Conflict resolution	Mentoring	Workshop	6
TOTAL			70

Advanced Teaching & Clinical Simulation (ATCS) is a faculty development program for clinical faculty who had previously completed the faculty development course (FDC) or currently involved in the curriculum of the PLFSOM. This program is designed to further enhance the faculty teaching skills as well as their knowledge and application of clinical simulation in medical education. This program is conducted at the Center for Advanced Teaching and Assessment in Clinical Simulation (ATACS). This facility has over 40 learning stations for training in a wide range of clinical

assessment and physical diagnosis skills. Besides providing clinical experiences, the Center also serves as the training site for basic computer and technology skills, including wireless networking, Bluetooth, personal digital assistant (PDAs), audience interactive response systems (AIRS), as well as data acquisition, collection, and analysis capability (DACA). These skills are essential for teaching and research, and this training course has been developed to prepare our faculty for the new curriculum, which employ clinical simulation as a major teaching modality. The simulation center is also used for workshops on enhancement of bedside teaching and evidence-based medicine. Fourteen (14) faculty members completed the training in the last academic year (2009).

Departmental Faculty Development Program (DFDP) is an institutional faculty development program that is designed to provide necessary support including mentoring, training, funding, and monitoring of faculty scholarly activity at the department level. In August 2010, the Associate Dean for Faculty Affairs & Development requested the department Chairs of Internal Medicine, Family Medicine, Obstetrics-Gynecology and Pediatrics to nominate two (2) *faculty champions* in each department to be trained in Clinical Simulation at the Center for Advanced Training & Assessment in Clinical Simulation (ATACS). After the training, these faculty champions take back to the department clinical simulation equipments including clinical simulators, cardiac auscultation simulators and ultrasound scanners for teaching and training students and other faculty members.We expect this program to be started in October 2010.

In addition, to support the Departmental Faculty Development Program, the HCOE Advisory Board has approved funding of more than $120,000 for seven (7) faculty proposals for career development during the last 12 months.

Leadership Skills for Senior Faculty and Administrators is a program coordinated by the Association of American Medical Colleges (AAMC) for department chairs, assistant and associate deans. In addition to providing these individuals with detailed and current information about the national policies and procedures on medical education and the practice of medicine, the program also provide valuable training on faculty mentoring, faculty development, negotiation and conflict resolution, and administrative skills. The program used recognized experts from other academic institutions as the teaching faculty to provide a greater sense of reliability, authority, and usefulness of the information. All six Associate Deans of PLFSOM attended the Executive Leadership Development program on October 2009 at Fort Lauderdale, Florida.

b. Describe any centralized or departmental activities to assist faculty members in enhancing their skills in research and grant procurement. Include the number of faculty who participated in such activities during the most recently completed academic year.

Describe plans for future activities (over the next two to three years)

In addition to programs and resources within clinical departments supporting the development of faculty research and grant procurement skills, the PLFSOM offers the following programs designed to assist faculty members in enhancing their skills in research and grant procurement:

- The Faculty Development Course (FDC) described above introduces faculty members to the basic principles of clinical research, grant writing, and provides them with opportunities to apply for intramural research funding. During the most recent academic year (2008-2009), 24 faculty members had completed this development program. Please refer to the curriculum of the FDC for details.
- The Advanced Teaching and Clinical Simulation (ATCS), as described above, include workshops, materials and methods for faculty to conduct research in medical education. Fourteen (14) faculty members completed the training in the last academic year (2009).
- Several departments including Medical Education, Emergency Medicine, Anesthesiology, Family & Community Medicine and Internal Medicine have their own division of research to promote and support their faculty members in preparing and applying for intra and extramural research grant funding. The Division of Biomedical Statistics and Epidemiology, a division of the department of Biomedical Sciences, has been instrumental to support faculty in designing the research study and analyzing research data.
- *Biostatistics and Epidemiology Consulting Lab (BECL)* – PLFSOM has created BECL as a free service to all faculty within the school to assist as needed with research projects. Please refer to FA 5.b for details.

We have taken numerous steps to improve the grant writing environment at the medical school. In February 2010, at our invitation, The National Institutes of Health sent a delegation of scientific administrators to El Paso to meet with our scientists, to evaluate the research environment, and to assist and inform the scholarly community about funding opportunities and strategies. Later in the Spring, in connection with our Hispanic Center of Excellence grant, we hosted a grant writing workshop for Hispanic faculty and for faculty working on diseases of consequence to the Hispanic community.   This workshop attracted 33 participants. Most recently, in September of 2010, we recruited a Masters level pre-awards grant administrator to the Office of Research. The grants administrator assists investigators with administrative issues related to grant submission, but is also very good with the flow of writing, making the science transparent to the reviewers, etc.

The Department of Biomedical Sciences and the Office of Faculty Affairs will continue to offer the programs described above and extend their reach in the coming years.

See also information for standard ED-8, FA-4, FA-5.

FA-12. **The dean and a committee of the faculty should determine medical school policies.**
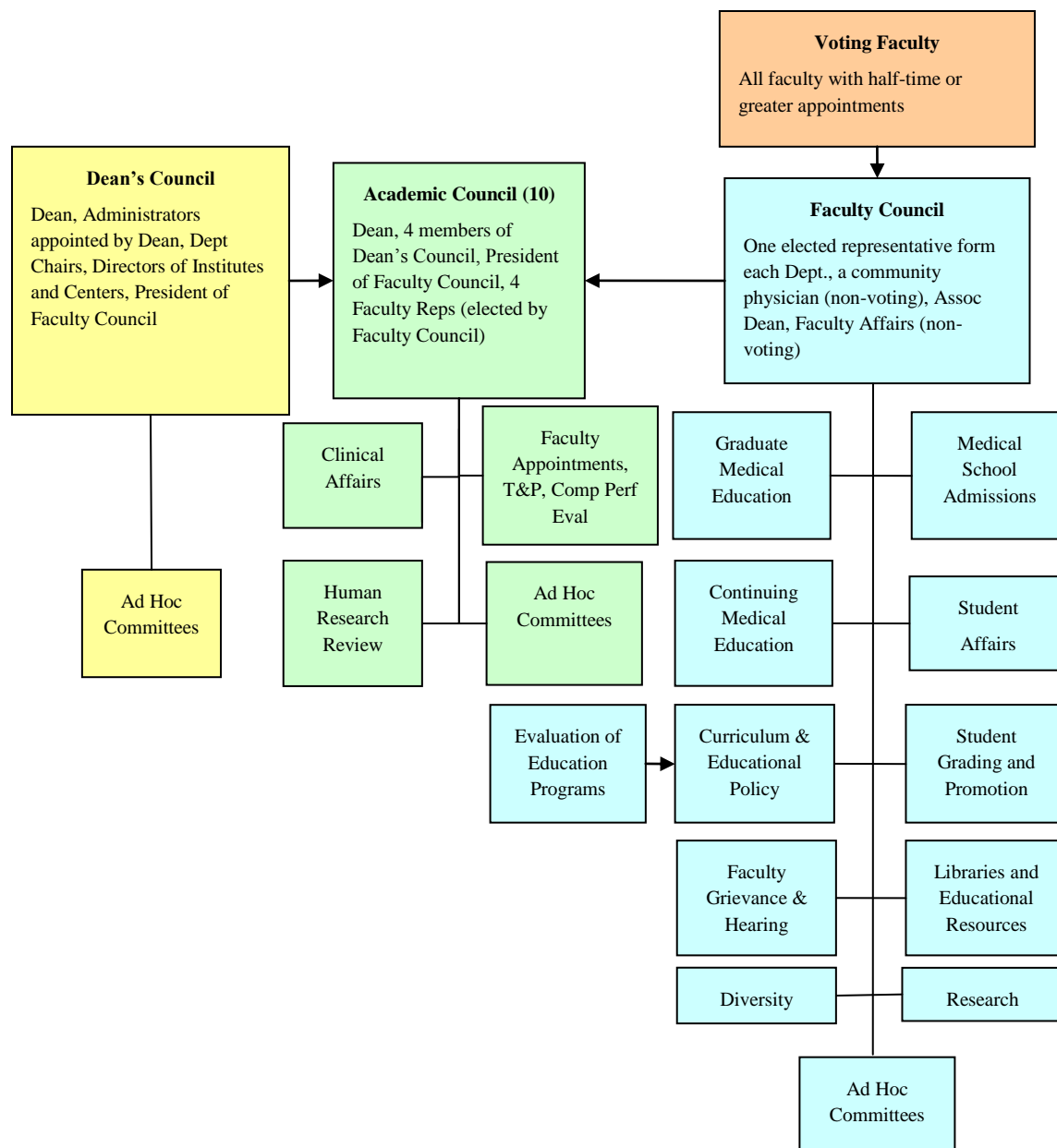
This committee, which typically consists of the heads of major departments, may be organized in any manner that brings reasonable and appropriate faculty influence into the governance and policymaking processes of the medical school.

FA-13. Schools should assure that there are mechanisms for direct faculty involvement in decisions related to the educational program.

Important areas where direct faculty involvement is expected include admissions, curriculum development and evaluation, and student promotions. Faculty members also should be involved in decisions about any other mission-critical areas specific to the school. Strategies for assuring direct faculty participation may include peer selection or other mechanisms that bring a broad faculty perspective to the decision-making process, independent of departmental or central administration points of view. The quality of an educational program may be enhanced by the participation of volunteer faculty in faculty governance, especially in defining educational goals and objectives.

a. List the major permanent committees of the medical school. Note whether each committee is charged with making recommendations (R), empowered to take action (A), or both (B).

Academic Year 2010-2011

ORGANIZATIONAL CHART OF THE PLFSOM FACULTY

Voting Faculty

All faculty with half-time or greater appointments

Dean's Council

Dean, Administrators appointed by Dean, Dept Chairs, Directors of Institutes and Centers, President of Faculty Council

Academic Council (10)

Dean, 4 members of Dean's Council, President of Faculty Council, 4 Faculty Reps (elected by Faculty Council)

Faculty Council

One elected representative form each Dept., a community physician (non-voting), Assoc Dean, Faculty Affairs (non-voting)

Clinical Affairs

Faculty Appointments, T&P, Comp Perf Eval

Graduate Medical Education

Medical School Admissions

Ad Hoc Committees

Human Research Review

Ad Hoc Committees

Continuing Medical Education

Student Affairs

Evaluation of Education Programs

Curriculum & Educational Policy

Student Grading and Promotion

Faculty Grievance & Hearing

Libraries and Educational Resources

Diversity

Research

Ad Hoc Committees

Permanent Committees of the El Paso School of Medicine

Committee	Number of Members	Appointed or Elected by:	Reports to:	Authority (R/A/B)
Medical School Admissions	19	Dean with recommendations by Faculty Council	Faculty Council	B
Curriculum and Educational Policy	14	Dean with recommendations by Faculty Council	Faculty Council	B
Evaluation of Education Programs	14	Dean	Committee on Curriculum and Educational Policy	B
Student Grading and Promotion	19	Dean with recommendations by Faculty Council	Faculty Council	B
Graduate Medical Education	15	Dean with recommendations by Faculty Council	Faculty Council	R
Student Affairs	9	Dean with recommendations by Faculty Council	Faculty Council	R
Continuing Medical Education	12	Dean with recommendations by Faculty Council	Faculty Council	B
Faculty Appointments, Tenure and Promotion, and Comprehensive Performance Evaluation	12	Dean	Academic Council	R
Libraries and Educational Resources	19+ medical student and resident representation	Dean with recommendations by Faculty Council	Faculty Council	R
Human Research Review (Institutional Review Board)	12	Dean	Academic Council	B
Clinical Affairs	11	Dean Faculty Council	Academic Council	B

Committee	Number of Members	Appointed or Elected by:	Reports to:	Authority (R/A/B)
Diversity	14	Dean with recommendations by Faculty Council	Faculty Council	R
Research Committee	18	Dean with recommendations by Faculty Council	Faculty Council	R
Committee on Hearing & Grievance	20	Dean	Academic Council	R

If the committee structure still is evolving, describe the planned committee structure with the timeline for implementation.

All 14 standing committees are in place and operational.

b. Describe how the dean obtains input from department heads and faculty members regarding institutional planning and decision-making. Note how often the dean meets with department heads, members of the dean's staff, and other medical school leadership groups (e.g., Executive Committee, Faculty Council).

The Dean of the School of Medicine is assisted by three Councils (Dean's Council, Academic Council, and Faculty Council) which have input in determining medical school policies; each is made up of faculty members of different ranks.

The **Dean's Council** is made up of the dean, the associate deans, heads of all academic units (chairs and directors of centers and institutes) and the president of the Faculty Council. They meet on a monthly basis or more frequently for consideration of special issues. The Dean's Council has the responsibility to "participate by discussion, study, advice, and counsel in the formulation of policies of the School of Medicine".

The **Academic Council** is made up of the dean, four members of the dean's council, the president of the Faculty Council, and four faculty members elected by the Faculty Council. They meet at least quarterly. The Academic Council is the central body for communication between the administration and the faculty. They review and accept or reject recommendations made by Standing Committees reporting to them.

The *Faculty Council* consists of representatives from all departments and meets at least monthly. This Council is the forum for presenting, discussing, considering, and making recommendation about faculty-related and/or education-related issues. Providing oversight for various Standing Committees, Faculty Council may accept or reject recommendations made by Standing Committees reporting to them.

	Number of Members	Appointed or Elected by:	Reports to:	Authority (R/A/B)
Dean's Council	22	Dean	Dean	B
Academic Council	10	Dean Faculty Council	Dean Faculty Council	B
Faculty Council	18*	Voting Faculty	Faculty, Academic Council	B

* 15 voting members and 3 non-voting members

See also information for standard IS-4 in Section I of the database.

FA-14. The full faculty should meet often enough for all faculty members to have the opportunity to participate in the discussion and establishment of medical school policies and practices.

a. List the number and type of general faculty meetings held during the past year. Were these meetings in person or "virtual" (such as web casts)? What major items have been on the agenda at these meetings?

General Faculty Meetings are held bi-annually in accordance with the By-laws approved by the PLFSOM faculty. Accordingly, two meetings were held in the 2009-2010 academic year. These were "live" meetings presided over by the dean and the President of the Faculty Council. Agenda items included "the state of the medical school," status of planning for years 3-4, ACGME reviews and preparation, and updates on LCME preparations.

These general faculty meetings can be held more frequently as deemed appropriate by the Dean, the Faculty Council and also the Faculty at large.

b. How are faculty members informed about upcoming meetings? Describe how faculty who are not present learn about the discussion at or outcomes of these general faculty meetings.

The Faculty members are informed largely by e-mail followed by reminders about upcoming meetings. The members of the Faculty Council also serve as points of communication of upcoming events to their respective department faculty colleagues. When appropriate, electronic messages and/or posters are posted on the monitor displays that are placed at each building on the campus. The minutes of the meetings are available on the web-site for those who're unable to attend. The Office of Faculty Affairs & Development provides secretarial and logistic support for these activities.

c. Describe any special meetings of the faculty held in the past two years (e.g., faculty retreats related to the educational program or strategic planning), including the goals, level of participation, and outcomes of these meetings.

Retreats and strategic planning meetings are held on a regular basis with key leadership members. The dean hosted associate deans retreat 2008, 2009, and 2010 to review the PLFSOM vision and mission, and to define strategic planning and milestones. In addition, departments also hold their own faculty retreats to identify department strengths and weaknesses in patient care, teaching, research and other academically-related services, and to formulate an action plan to address new challenges. In January 2010, a faculty "summit" was convened to form design teams for the purposes of developing comprehensive plans for the year 3-4 curriculum of the medical school. Approximately 50 faculty members representing all clinical disciplines and the Department of Medical Education participated in this event. Recently, the dean, associate deans and department chairs attended the retreat on March 2010 to begin setting the stage for a major strategic planning initiative that is now underway. Faculty forums, based on Town Hall meetings are also held on a regular basis to get input from faculty members and also to disperse information on various issues such as tenure-promotion, post tenure comprehensive evaluation or faculty by-laws amendments.

 d. In addition to meetings, what other mechanisms (e.g., written or electronic communications) exist to inform faculty members about medical school matters?

In addition to e-mails regularly sent from the dean to address the Faculty regarding current events, the founding dean also sends out a weekly communiqué titled "Tech View" to inform and update general faculty on new developments that are related to the medical school.

Included is the link to Tech View announcing the re-establishment of the Hispanic Center of Excellence (HCOE) at the Paul L. Foster SOM and the award of $2.6 million to expand Hispanic faculty recruitment programs, build and enhance faculty development opportunities, facilitate research related to health issues predominant in our region, and strengthen our community presence among our underserved and disadvantaged populations.

http://www.ttuhsc.edu/fostersom/fostersom_milliongrant.aspx

END OF SECTION IV