

BACKGROUND INFORMATION ABOUT THE SCHOOL

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

Texas Tech University Health Sciences Center

Paul L. Foster School of Medicine

5001 El Paso Drive

El Paso, Texas 79905

915-783-5510

Web site: www.ttuhsc.edu/fostersom

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

Type: public

2009-2010 total enrollment: 39

University Officials

President	Elmo M. Cavin (Interim)
Senior Executive Assistant to the President	Pureza (Didit) Martinez
Special Assistant to the President	Cindy Gutierrez
Presidential Aide.....	Keino McWhinney
Executive Vice President for Finance and Administration.....	Elmo M. Cavin
Executive Vice President for Research	Douglas M. Stocco, Ph.D.
Vice President for Academic Services	Rial Rolfe, Ph.D., M.B.A.
Vice President for International and Multicultural Affairs.....	German R. Nuñez, Ph.D.
Vice President for Information Technology and Chief Information Officer	Chip Shaw, Ed.D.
Vice President for Medical Affairs	Steven L. Berk, M.D.
Vice President for Rural and Community Affairs	Billy Philips, M.D.

Medical School Administrative Staff

Founding Dean	Jose Manuel de la Rosa, M.D.
Associate Dean for Finance and Administration	Frank Stout
Senior Associate Dean for Medical Education	David J. Steele, Ph.D.
Associate Academic Dean for Admissions	Manuel Schydlower, M.D.

Associate Dean for Medical Education.....	Brian W. Tobin, Ph.D.
Associate Dean for Faculty Affairs and Development.....	Hoi Ho, M.D.
Associate Dean for Student Affairs	Kathryn V. Horn, M.D.
Associate Dean for Graduate Medical Education	Armando Meza, M.D.
Associate Dean for Research.....	Charles C. Miller, III, Ph.D.
Associate Dean for the Graduate School of Biomedical Sciences.....	Charles C. Miller, III, Ph.D.

Department Chairs

Basic Sciences

Biomedical Sciences	Charles C. Miller, III, Ph.D.
Center of Excellence for Cancer	Vacant
Center of Excellence for Diabetes and Obesity	Vacant
Center of Excellence for Infectious Disease..... Manjunath Swamy, Ph.D. and Premlata Shankar, Ph.D.
Center of Excellence for Neurosciences	Michael A. Escamilla, M.D., Ph.D.
Medical Education	Brian W. Tobin, Ph.D.

Clinical Sciences

Anesthesiology	Ahmed E. Badr, M.D.
Emergency Medicine	Brian K. Nelson, M.D.
Family and Community Medicine	Gurjeet J. Shokar, M.D.
Internal Medicine.....	Richard W. McCallum, M.D.
General Medicine.....	Vani Shukla, M.D.
Gastroenterology.....	Marc C. Zuckerman, M.D.
Infectious Disease	Rhonda Fleming, M.D.
Nephrology.....	Azikiwe Nwosu, M.B.B.S., Ph.D.
Pulmonary and Critical Care	Harold W. Hughes, M.D.
Rheumatology.....	Kanchan Pema, M.D.
Neurology.....	David Briones, M.D. (Interim)
Obstetrics and Gynecology.....	Bahij S. Nuwayhid, M.D., Ph.D.
Ophthalmology	Neal Adams, M.D.
Orthopaedic Surgery and Rehabilitation	Miguel E. Pirela-Cruz, M.D.
Pathology.....	Darius Boman, M.D.
Pediatrics	Prathiba Shirsat, M.D. (Interim)
Neonatology	Carlos A. Jesurun, M.D.
Psychiatry	Michael A. Escamilla, M.D., Ph.D.
Radiology	Arvin E. Robinson, M.D., Ph.D.
Surgery	Alan H. Tyroch, M.D.
Neurosurgery	Daniel Lacerte, M.D.

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

On April 1, 2010, Texas Tech University System Chancellor Kent Hance officially announced Tedd Mitchell, M.D., as the new president of the Texas Tech University Health Sciences Center. The Texas Tech University System Board of Regents approved the appointment at the following regent meeting.

On September 1, 2010, Michael J. Romano, M.D. was appointed Associate Dean for Clinical Affairs. Rial Rolfe, PhD -correct title is Senior Vice President for Academic Affairs.

Pureza (Didit) Martinez's correct title is Chief of Staff.

Keino McWhinney's correct title is Presidential Advisor.

Billy Philips, Jr. MD- correct title is Vice President for Rural and Community Health.

Brian W. Tobin, Ph.D. stepped down on February 25, 2010. The position of Associate Dean for Medical Education has been eliminated. Dr. David Steele will continue as Senior Associate Dean for Medical Education. The Chair of Medical Education has changed to Richard Brower, M.D.

Michael Escamilla's degree should read Michael Escamilla, M.D.

DEPARTMENT OF INTERNAL MEDICINE

Debabrata Mukherjee, M.D. is the Director of the Division of Cardiology.

Tamis Bright, M.D. is the Director of the Division of Endocrinology.

Maureen Francis, M.D. is the Director of the Division of General Medicine.

Paul Casner, M.D. is Director of the Division of Geriatrics.

Javier Corral, M.D. is the interim Director of the Division of Hematology Oncology.

Armando Meza, M.D. is the Director of the Division of Infectious Disease.

Mark Francis, M.D. is the Director of the Division of Rheumatology.

DEPARTMENT OF SURGERY

Daniel Lacerte, M.D. is the Director of the Division of Neurosurgery.

Alan H. Tyroch, M.D. is the Director of the Trauma Division.

Susan F. McLean, M.D. is the Director of the Division of Surgical Critical Care.

William T. Miller, M.D. is the Director of the Division of Plastic Surgery.

Miller F. Rhodes, M.D. is the Director of the Division of Otolaryngology.

Trent Filler, DDS. is the Director of the Division of Oral Maxillofacial Surgery.

The Department of Ophthalmology has been subsumed under the Department of Surgery. It is a clinical service line, rather than a formal division, at this time.

c. Provide a brief history of the medical school to date.

HISTORICAL PERSPECTIVE

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

Thus, for over thirty years, a large fraction of all Texas Tech University Health Sciences Center (TTUHSC) medical graduates have received their clinical training on the El Paso campus. During that same time, the faculty and local community have had the vision of establishing a full-fledged four year medical school in El Paso, with both basic and clinical sciences represented.

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

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

Curriculum development has been a major focus of attention since the formation of the medical school, initially under the direction of Drs. Henry Mandin and Darryl Williams. These visionary medical educators, working with the existing faculty and Health Sciences Center administration, created a framework for the development of a four year medical curriculum designed to integrate the teaching of basic biomedical sciences in a clinical context from the beginning of medical school and, at the same time, prepare students to meet the health care needs of the community. A free-standing Department of Medical Education was created, consisting of 17 full-time basic scientists and 7 full-time physicians, who have been charged with the primary responsibility of developing and implementing the “El Paso Curriculum.” These faculty members are in addition to the nearly 200 faculty members who were already on-site as part of the clinical regional campus of the TTUHSC School of Medicine.

The Paul L. Foster School of Medicine received independent Preliminary Accreditation in February 2008. At that time, the LCME commended the school for its clinically relevant basic science curriculum, its history of educating third and fourth year students as part of the TTUHSC system, its exceptional facilities and educational resources, its commitment to faculty development, and its ability to recruit key administrative faculty members with experience and expertise in medical education and curriculum planning.

In July 2009, the Charter class of 40 students matriculated at the school and a second class of 60 students was seated in July 2010.

DESCRIPTION OF THE COMMUNITY

El Paso is the westernmost and sixth largest city in Texas. It lies in a different time zone from the major population centers of the state and it is closer to Los Angeles, California than it is to Houston. Similarly, it is over 300 miles from Lubbock, the administrative center of the Texas Tech University Health Sciences Center. In spite of its location in the Chihuahuan Desert, it serves as the economic center of a metropolitan area that includes Ciudad Juárez, Mexico and Las Cruces, New Mexico. The population of El Paso is over 700,000 while the population of the region is over 2.5 million. Over 80% of the population is Mexican-American, Spanish is the primary language in many households, educational achievement is low, and the level of poverty is high. Nearly 40% of the population is uninsured and lacks federal assistance from programs such as Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP). Thus, a clear need exists for expanded healthcare capabilities and for a medical education program to support the needs of the community. In addition, over the next two years, the community is expecting a tremendous expansion of personnel at the neighboring army base, Fort Bliss.

TRANSITION PLAN

The Office of Student Affairs continues to oversee 3rd and 4th year students from the TTUHSC Lubbock School of Medicine on the El Paso Campus. A final class of 3rd year Lubbock students will come to El Paso in academic year 2010-2011 and that class will complete its 4th year on the El Paso campus in 2012. When the Paul L. Foster students begin their 3rd year in the summer of 2011, they will be the only 3rd year medical students on the campus. When they start their 4th year in 2012, all the TTUHSC Lubbock School of Medicine students will have graduated and the TTUHSC Lubbock extension program will end. During this transition period, faculty of the PLFSOM hold clinical faculty positions at the Lubbock school.

LEGISLATIVE BRIDGE FUNDING

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

The school received \$32.1 million in fiscal year 2009 and has received a legislative appropriation of \$38.4 million for fiscal year 2010. The school anticipates supplementary bridge funding annually until formula funding is implemented with the establishment of a full complement of students in 2013.

SUMMARY

Texas Tech University Health Sciences Center and the El Paso community have spent 10 years in planning for a fully-accredited four-year medical school. The need has been demonstrated and much of the needed infrastructure has been put in place over the last 30 years. Support for the new school has come from a wide range of sources, including the Texas Medical Association, the Texas Higher Education Coordinating Board, the State Legislature, and other state officials, including the Governor. The existing medical school in Lubbock has provided strong support for the development of the new medical school in El Paso and we have developed a transition plan to assure that the educational experiences provided by both schools will be of high quality. We believe that we have identified not only the needs but also the requisite resources to establish a strong four-year program of medical education that will meet the requirements established by the Liaison Committee on Medical Education and will serve the needs of the community and the US-Mexico Border region.

SECTION I. INSTITUTIONAL SETTING
PART A: KEY QUANTITATIVE INDICATORS

a. Number of vacant department chair positions

2007-08	2008-09	2009-10	2010-11
3	2	2	3

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

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

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

2010-11 Vacancies: Obstetrics-Gynecology (offer pending), Pediatrics, Neurology

b. Total numbers of enrolled master's and doctoral students in graduate programs in the biomedical sciences

	2007-08	2008-09	2009-10	2010-11
Master's	2	10	10	17 est
Doctoral	3	5	5	7 est

c. Total numbers of residents and clinical fellows on duty in ACGME-approved programs at owned or affiliated clinical sites where the medical school is the program sponsor.

	2007-08	2008-09	2009-10	2010-11
Residents	165	179	186	196
Fellows	0	0	0	1

d. Total number of residents and clinical fellows on duty in ACGME-approved programs at affiliated clinical sites where the medical school is not the program sponsor.

	2007-08	2008-09	2009-10	2010-11
Residents	18	19	18	18
Fellows	0	0	0	0

Academic Year 2010-2011

e. Provide the percentage of medical students who participated or are participating in a research project with a faculty member during the indicated academic years.

2009-2010	2010-2011
100%*	100%*

*Students at the PLSOM complete a scholarly project as a graduation requirement.

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

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

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

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

The mission and goals of the new medical school have been developed to be in concert with the mission and goals of the Texas Tech University Health Sciences Center and have been endorsed by the current faculty of the El Paso campus. The statements are as follows:

VISION

Texas Tech University Health Sciences Center Paul L. Foster School of Medicine will be established and fully accredited and will rapidly progress to become nationally and internationally recognized for achievements in medical education, medical research, and patient care.

MISSION

The mission of the Texas Tech University Health Sciences Center El Paso School of Medicine is to provide exceptional opportunities for students, trainees, and physicians; to advance knowledge through innovative scholarship and research in medicine with a focus on international health and health care disparities; and to provide exemplary patient care and service to the entire El Paso community and beyond.

GOALS

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

To provide a medical education that is consistent with modern scientific principles, supportive of strong ethical principles, sensitive to the needs of the community, and committed to excellence.

To produce excellent graduate physicians who embody the principles of the medical school.

To promote new knowledge in the medical sciences through strong research programs that investigate not only the biological bases of medicine but also the humanistic, cultural and health services components of medicine.

To ground its medical education program in an environment of health services that serve as a model of excellence within the community, state, and nation.

To recruit outstanding young persons to the pursuit of careers in the disciplines of medicine.

To serve as an educational and referral resource to practicing physicians and other health care professionals within the community and region.

To promote educational achievement among the youth of the Border region.

The mission and goals of the medical school were reviewed at the Dean's Retreat in March of 2010. It was decided at that time to create a strategic planning committee (The Leadership Group) composed of associate deans and department chairpersons. A comprehensive strategic planning process is now in progress.

b. Provide an executive summary of the current medical school strategic plan, if any.

In February 2004, a 5-year strategic planning project was undertaken “to build an innovative 5-year Strategic Plan that ensures an effective El Paso campus performing quality teaching, healthcare and research for the border health community. Specifically, this entire process defines the school's desired culture, core beliefs, organizational competencies, and strategic initiatives based on institutional needs, mandates and opportunities”. The main goal of the 2004 Strategic Planning Project was to initiate the process for progression of the 2-year, regional campus to a full-service, 4-year medical school. The main issue identified was an overarching need for a culture change towards a more academic institutional mindset, where the needs to develop a scholarly environment could be balanced with the needs to provide patient care services and to produce clinical income. Mission-based budgeting, recruitment of academic chairpersons and faculty, and development of metrics that would value things other than clinical production were all seen as vital to the transformation of the existing 2-year school. “Setting the bar higher” was a significant continuing theme of the strategic planning project. The parts of the existing culture that were seen as essential to save were an orientation toward service to the El Paso community and maintenance of high standards of patient care. A transformation from a county hospital-based indigent care model to a more diversified resource mix was seen as essential for the financial health of the organization. Long-term, development of subspecialty practices was identified as an important goal, in order to develop as a regional referral center and to provide appropriately advanced training for medical students and graduate medical education. The plan was developed in 2004, for implementation in 2005.

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

09/2010

In March 2010, the Associate Deans and Chairs Retreat initiated the next strategic planning process. In September 2010, seven strategic planning subcommittees began crafting area specific strategic plan recommendations. (See section IS-1, item e below for more details).

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

The Strategic Plan will be reviewed every five years.

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

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

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

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

Strategic planning will involve administration, faculty, staff, and representatives from our major clinical affiliates. The medical school dean has created seven work groups to develop strategic plan documents in the seven goal areas defined above. Each of the working groups will be headed by an associate dean, and will consist of one each of senior, mid level and junior faculty members, two senior staff members, and a student or postdoctoral trainee for each area. We have set our annual Dean's Retreat (winter 2011) as a target date to have working documents assembled for each of the goal areas.

The Leadership Group will constitute the core of the strategic planning body and an executive committee of five key members will be selected to run the detailed operations of the planning group. Ad hoc groups will be empanelled to study specific areas for development of the plan as needed. Particular areas of concentration will include space planning and utilization, the promotion and tenure process (particularly with respect to challenges faced by non-traditional career path faculty), and competing demands on clinician time for financially productive clinical work in addition to scholarly and educational activity. Final approval of the strategic plan will be by vote of the Leadership Group and ratification by the Faculty Council.

Also see information for IS-13.

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

a. Year of initial chartering:

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

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

b. Type of charter (check one):

<input checked="" type="checkbox"/>	Not-for-profit
<input type="checkbox"/>	Commercial, for profit

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

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

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

a. Regional accrediting body (check one):

	Middle States Association of Colleges and Schools
	New England Association of Colleges and Schools
	North Central Association of Colleges and Schools
	Northwest Association of Schools and Colleges
X	Southern Association of Colleges and Schools
	Western Association of Schools and Colleges

b. Current institutional accreditation status:

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

c. Year of next regional accreditation survey:

2019

IS-4. The manner in which the medical school is organized, including the responsibilities and privileges of administrative officers, faculty, students and committees, must be promulgated in medical school or university bylaws.

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

The faculty bylaws are included in Section I, Appendix 1. In addition they can be found at:

http://www.ttuhsu.edu/elpaso/admin/documents/faculty_by_laws.pdf

b. Date of the most recent bylaws revision:

02/15/2010

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

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

IS- 5. The governing board responsible for oversight of the medical school must have and follow formal policies and procedures to avoid the impact of conflicts of interest of members in the operation of the school, its associated hospitals, or any related enterprises.

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

IS-6. Terms of governing board members should be overlapping and sufficiently long to permit them to gain an understanding of the programs of the medical school.

a. Check any units for which the governing board is directly responsible:

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

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

Year of Appointment	Length of Term
2005	2 Years

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

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

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

From its number, the board elects the chair of the board for a two-year term at the regular November or December meeting of even-numbered years. The chairperson reports to and is responsible to the board.

In case of the chairperson's death, resignation, disability, removal, or disqualification, the board elects a successor as soon as practicable. No member shall serve more than one term as chair unless the members reelect such person for each additional term by unanimous vote at a meeting at which at least six members are present.

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

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

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

CONFLICT OF INTEREST.

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

Examples from Board minutes of how real or potential conflicts of interests have been handled include:

- **May 9, 2008.** Regent Griffin abstained on a vote on a Facilities Committee item (V.B.11) regarding the lease of Texas Tech land to the University Medical Center – due to Regent Griffin's membership on the Covenant Health System board; see Section I, Appendix 4.
- **November 13, 2006.** Regent Anders abstained on a vote on an action item out of Executive Session regarding the selection of Kent Hance as the Chancellor of the Texas Tech University System – due to a prior business relationship Regent Anders had with Mr. Hance; see Section I, Appendix 5.
- **May 12, 2006.** Regents Griffin and Sitton abstained on a vote on an action item out of Executive Session regarding the approval of Plains Capital Bank as the depository

bank for Texas Tech – due to both of those regents being on the Plains Capital Board of Directors; see Section I, Appendix 6.

e. If the medical school is governed by its own board of trustees, or is overseen directly by a subcommittee of the university or health science center board, provide a separate description for appointment and renewal of its members, conflict of interest policies, and strategies for addressing actual or perceived conflicts of interest.

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

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

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

PRESIDENT'S APPOINTMENTS

The provosts, vice presidents, vice provosts, and deans of Schools and Colleges of the Texas Tech University Health Sciences Center shall be appointed by the president of the Health Sciences Center with prior approval of the chancellor and notice to the Board. Any multi-year employment contract, employment contract modification, or contract extension related to persons filling such positions shall be approved by the president with prior approval of the chancellor and notification to the Board.

FACULTY APPOINTMENTS

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

Evaluation by the department or division, which includes a recommendation by the chairperson

Review at the school level, which includes recommendation by the dean

Review by the president

Appointment of faculty, including notification by the president to the Board of Regents

IS-8. The chief official of the medical school, who usually holds the title “dean,” must have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the dean’s office.

IS-9. There must be clear understanding of the authority and responsibility for medical school matters among the vice president for health affairs, the dean of the medical school, the faculty, and the directors of the other components of the medical center and university.

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

DEAN OF THE PAUL L. FOSTER SCHOOL OF MEDICINE

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

The dean is the official representative and spokesperson for the School of Medicine.

The dean also serves as the chief academic officer of the School of Medicine. In this role, s/he is responsible for the academic program of the School. The incumbent ensures the institution is in compliance with all requirements, regulations, and guidelines that affect the accreditation of the educational program. The incumbent is responsible for assuring that the educational resources, including physical facility, qualified faculty, libraries, patient resources, and funding, are sufficient for the fulfillment of the mission and goals of the institution. The incumbent is responsible for assuring that an appropriate evaluation process and the documentation thereof are in place to provide evidence of the educational accomplishments of the institution.

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

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

The dean is responsible for assuring that health care provided within the School of Medicine is of excellent quality, safely administered, appropriately billed, and in compliance with federal and state

regulations. These responsibilities may be delegated, but the dean remains ultimately accountable for their fulfillment.

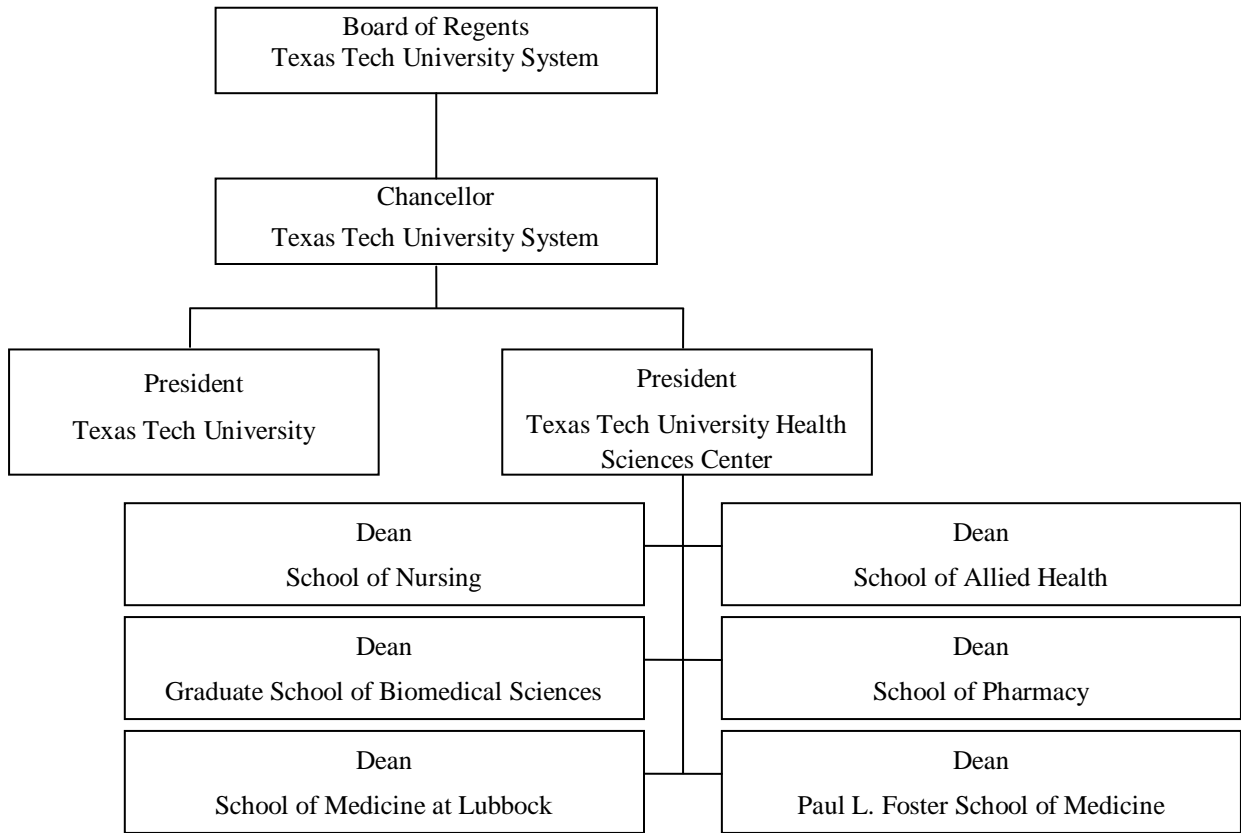
PRESIDENT OF THE TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

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

b. Supply a chart showing the relationships among the medical school and university administration, other schools and colleges, institutes, centers, etc. Include, if appropriate, the reporting relationships for the director of any teaching hospitals owned or operated by the medical school or university and for the medical faculty practice plan.

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

**Organization Chart
of the Texas Tech University System**



IS-10. The dean must be qualified by education and experience to provide leadership in medical education, scholarly activity, and care of patients.

Include here a brief resume of the dean's academic and administrative experience. In the Appendix, provide a full CV.

For a full CV please see Section 1, Appendix 7

a. Year of appointment of dean

2007

[JOSE MANUEL DE LA ROSA, MD, FOUNDING DEAN](#)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Academic Year 2010-2011

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

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

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

Publications and Peer Reviewed Presentations

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

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

On-going research interests:

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

IS-11. The medical school administration should include such associate or assistant deans, department chairpersons, leaders of other organizational units, and staff as are necessary to accomplish the missions of the medical school.

There should not be excessive turnover or long-standing vacancies in medical school leadership. Medical school leaders include the dean, vice/associate deans, department chairpersons, and others where a vacancy could negatively impact institutional stability, especially planning for or implementing the educational program. Areas that commonly require administrative support include admissions, student affairs, academic affairs, faculty affairs, graduate education, continuing education, hospital relationships, research, business and planning, and fund raising.

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

The organization chart is included in the Section I, Appendix 8.

b. List the date of appointment of each current member of the dean’s staff. Indicate if any associate/assistant dean positions are unfilled or are being filled on an interim basis.

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

c. List the percent of effort which each associate and assistant dean contributes to the administrative support of the medical school.

Name	Title	Percentage Effort
David Steele, Ph.D.	Senior Associate Dean for Medical Education	Full time
Hoi Ho, M.D.	Associate Dean for Faculty Affairs & Development	Full time
Kathryn Horn, M.D.	Associate Dean for Student Affairs	0.8 FTE
Frank Stout	Associate Dean for Finance & Administration Assistant Vice President for Fiscal Affairs	Full time
Charles Miller, III, Ph.D.	Associate Dean for Research	0.8 FTE
	Associate Dean for the Graduate School of Biomedical Sciences	0.2 FTE
Michael Romano, M.D.	Associate Dean for Clinical Affairs	0.6 FTE
Manuel Schydlower, M.D.	Associate Dean for Admissions	0.8 FTE
Armando Meza, M.D.	Associate Dean for Graduate Medical Education	0.8 FTE

d. Provide a list of current departments and indicate if the chairperson position has been filled on a permanent or interim basis. Indicate the date of appointment for each currently sitting department chairperson. Describe the status and timelines of recruitments to fill vacant chair positions. Indicate if any new departments are being planned and, if so, provide a timeline for their creation.

Name	Title	Department	Date of Appointment
Ahmed Dadr, M.D.	Chair	Anesthesiology	04/01/08
Charles Miller, III, Ph.D.	Chair	Biomedical Sciences	02/01/09
Brian Nelson, M.D.	Chair	Emergency Medicine	04/25/08
Gurjeet Shokar, M.D.	Chair	Family Medicine	03/01/10
Richard McCallum, M.D.	Chair	Internal Medicine	02/25/10
David Briones, M.D.	Interim Chair	Neurology	01/01/10
Bahij Nuwayhid, M.D.	Chair	Obstetrics & Gynecology	02/15/02
Miguel Pirela-Cruz, M.D.	Chair	Orthopaedic Surgery	03/01/01
Darius Boman, M.D.	Chair	Pathology	04/21/05
Pratibha Shirsat, M.D.	Interim Chair	Pediatrics	07/01/08
Michael Escamilla, M.D.	Chair	Psychiatry	01/01/10
Arvin Robinson, M.D.	Chair	Radiology	09/01/06
Alan Tyroch, M.D.	Chair	Surgery	05/01/03

There are three ongoing searches: 1. Pediatrics, 2. Neurology, 3. Obstetrics and Gynecology. A new Department of Neurology was created by dividing the existing Neuro-Psychiatry department into separate departments of Neurology and Psychiatry. A search committee has been selected to lead the search for a Chair of Neurology.

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

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

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

Between five year committee reviews, chairpersons are reviewed on an annual basis by PLFSOM dean in conjunction with Faculty Affairs. During these evaluations, the dean and the chairperson review and discuss the Chairperson's assessment of his/her accomplishments and future plans. Important issues discussed during this meeting are also incorporated into the final evaluation document that is stored in the faculty records of the individual chairperson.

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

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

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

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

Funds available for budgeted expenditures include:

State appropriation— During the 2009, 2011 and 2013 legislatures sessions the state anticipates funding PLFSOM via special item appropriation as we are not eligible to participate in the funding system used for fully established Texas medical schools until 2015. In this system, the State of Texas funds its eight (with the Paul L. Foster School of Medicine, nine) state-supported allopathic and osteopathic medical schools using a formula based upon a number of variables, including the size of the medical school class,

research portfolio, community service, and other factors. Appropriations are also dependent upon funds that are available to the Legislature for these purposes. Given the charter class was seated in 2009 and assuming a class of 100 is achieved by 2012, we will be eligible for full formula funding in 2016. The school received \$46.0 million for fiscal year 2009 and has received a legislative appropriation of \$54.0 million for fiscal year 2010 and \$62.6 million for fiscal year 2011.

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

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

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

University Medical Center—PLFSOM received \$49.8 million in fiscal year 2009 in public hospital support from UMC. Further it is estimated to receive \$52.0 million for fiscal year 2010. In addition the hospital is committed to expanding clinical services through the recruitment of additional specialists and sub-specialist faculty. Clinical department chairpersons will have access to funding for the purposes of adding faculty members to their rosters.

Research and educational program awards—These funds are usually project-specific and often under the administration of an individual faculty member. Previous guidelines will be used with the establishment of the new medical school.

The direct costs of the awards are awarded to individual faculty members, but our indirect cost return policy provides for a proportion of indirect costs to be returned to the department. The funds are required to be used for research, but are expended at the discretion of the chairperson. The Paul Foster campus has not had a large research program in the past. The development of new funded research programs is expected to create substantial indirect cost returns over the next five years.

Gifts and Contributions—In approximately 4 years, over \$80 million has been pledged in gifts within the local community. This sum includes a gift of \$50 million from Paul L. Foster. Thus the new medical school already has a substantial endowment in support of its educational programs and research. The amount and use of these funds will be highly dependent upon the wishes of individual donors to include scholarships, research development funds, and capital expenditures.

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

IS-12. A medical school should be a component of a university offering other graduate and professional degree programs that contribute to the academic environment of the medical school.

There should be regular and formal review of all graduate and professional programs in which medical school faculty participate, to foster adherence to high standards of quality in education, research, and scholarship, and to facilitate the progress and achievement of the trainees.

The Texas Tech University Health Sciences Center is a multi-campus system that includes the Graduate School of Biomedical Sciences (GSBS) as one of the six existing Health Sciences schools. The GSBS programs in Amarillo and El Paso each have associate deans who report to the interim Dean, Dr. Thomas Pressley. Faculty members of the Paul L. Foster School of Medicine are eligible for membership in the faculty of the Graduate School, and several faculty members who transferred from the Lubbock campus to the Paul L. Foster Medical School have retained their GSBS faculty appointments. The Paul L. Foster School of Medicine GSBS-affiliated faculty members have full responsibilities and privileges of Lubbock-based faculty membership, including the supervision of graduate students and postdoctoral fellows. It will be possible for students on the El Paso campus to enroll in the Graduate School of Biomedical Sciences and to be candidates for masters or doctoral degrees. In addition, in the future, GSBS will offer MD/PhD programs.

This multi-campus arrangement will strengthen and widen the educational scope of graduate students attending the GSBS. Graduate degrees, as is the case now, will be conducted in individual participating disciplines. However, they will have independent accreditation at each campus offering graduate training on a specific discipline. In the near future, the GSBS will be creating multidisciplinary programs such as Biotechnology, which are trans-departmental. Some graduate courses will be designed and taught on the El Paso campus; other courses offered on other TTUHSC campuses will be broadcasted live though the well-established multi-campus Texas Tech interactive educational digital network and also will be available through its store-forward capability. This arrangement will be used so that neither students nor faculty members will be required to travel extensively for course work and the students will have maximized exposure to the different expertise available though the TTUHSC graduate educational network. Thesis committees are often multi-campus in composition and may include an expert extramural member, however degrees offered will generally be campus specific.

The development of graduate programs will likely be initiated in 2011-2012, following the establishment of the research Centers of Excellence and the recruitment of sufficient numbers faculty with funded research programs to support the education of graduate students in the biomedical sciences. Charles C. Miller, III, Ph.D., Associate Dean for Research and Chair of the Department of Biomedical Sciences at the Paul L. Foster School of Medicine, serves as the Associate Dean for the Graduate School at the El Paso Campus.

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

a. Numbers of students currently enrolled in master’s and doctoral programs taught by medical school faculty.

As noted above, currently there is no independent graduate program in the biomedical sciences in El Paso. Students listed below come from a variety of programs.

Department or Program	Master’s Students	Doctoral Students
UT School of Public Health	9	0
UT El Paso	6	5
UT-Houston Medical School	2	0

b. Describe plans for the creation/expansion of graduate programs over the next three years.

In addition to our ongoing relationship with the Graduate School of Biomedical Sciences based in Lubbock, we are considering development of a PhD program in Translational Medical Sciences specifically tailored to the El Paso Paul Foster School. We assembled a working group of faculty to develop a plan for such a program in connection with a Howard Hughes Medical Institute initiative (Med-Into-Grad program) which was not funded. We have communicated with the Texas Higher Education Coordinating Board about the potential value of such a program and have received interrogatories from the Board in connection with this. While we have some uncertainty about the timetable of this undertaking, with development and accreditation of the Medical School curriculum being the first priority, we do have an evaluation process under way.

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

The Graduate School for Biomedical Sciences (GSBS) has policies in place to systematically review and evaluate graduate education programs. These policies are in Section I, Appendix 9 and are in the GSBS Catalog Student Handbook and Policy Manual (Graduate Academic Review) available on-line at: <http://www.ttuhsu.edu/gsb/docs/10-11catalog.pdf> (starting on page 44).

d. Describe the process that is or will be used for review of doctoral programs in the biomedical sciences.

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

FORMAL REVIEW

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

- A self-study prepared by the graduate faculty
- An external assessment report
- The review committee’s evaluative report and recommendations

Academic Year 2010-2011

- The program faculty's response to that report
- An action plan resulting from a post-review meeting of the review committee chairperson, program director, chairperson of the program and the GSBS Associate Dean

Reviewers consider the following areas: program overview and vision; faculty productivity; quality and quantity of graduate students and graduates; curriculum and programs of study; and recommendations and suggestions. A recent review was completed in June 2007 for the Cell & Molecular Biology Program, see Section I, Appendix 10. Every two years, between formal program reviews, each program director provides a brief summary of progress made on the specific action items identified during the review.

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

ONGOING ASSESSMENT

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

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

To address these questions, graduate faculty identify 1) the major objectives of the program, 2) the more specific outcomes derived from these objectives, and 3) the data that must be collected and analyzed to determine whether outcomes are achieved. To the extent possible, the data are supplied by the GSBS and other university sources. However, some data are collected by individual programs, e.g., aggregate data of student performance on preliminary testing, the final oral defense, etc. Collected data are maintained in the institutional WEAVE-Online application that is also utilized for accurate reporting. A plan is subsequently developed to identify outcomes that should be assessed annually over the five-year cycle between formal reviews. On an annual basis, the graduate program director or a faculty member designated by the department chairperson reviews the items in the assessment plan and reports to the GSBS regarding findings, actions taken, and any resultant improvements. A summary of the annual assessment reports, in addition to the outcomes assessment plan, are included in the next formal review process.

RESEARCH ENVIRONMENT

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

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

IS-12-A. Medical students should learn in clinical environments where graduate and continuing medical education programs are present.

In order to link medical student education to the later stages of the medical education continuum, medical students should spend time in settings where graduate and continuing medical education programs are present. It is expected that medical students will participate, where appropriate, in the activities associated with these programs. The graduate and continuing medical education programs at training sites where medical students are located should be accredited by the appropriate accrediting bodies.

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

Clinical Facility Name	Fam. Med.	Int. Med.	Ob/ Gyn	Pediatrics	Psychiatry	Surgery
University Medical Center	+	+	+	+	+	+
William Beaumont Army Medical Center		+	+			
Providence Memorial Hospital				+		
El Paso Psychiatric Center					+	

b. Describe any plans to increase opportunities for student interaction with residents over the next three years. This could be the result, for example, of starting new residency programs or affiliating with additional hospitals that sponsor residency training.

The opening of new residencies and fellowships, based mainly at UMC, will generate an expansion of training opportunities to medical students. The anesthesia core residency, the toxicology fellowship, and sports medicine training, as well as the diagnostic imaging training programs, will also contribute to educational opportunities for students.

The mother-baby inpatient medical facility, which will be physically located next to UMC and scheduled to begin operations in 2012, will enhance the educational experience by providing access to the cutting edge technologic advances in pediatric inpatient care.

c. If the medical school does not include a separate required clerkship in any of the above disciplines (for example, in the case of a longitudinal clinical track for some students), describe these students' interactions with residents, including the residents' specialties and the settings in which these interactions occur.

The clerkship experience will be separated into three 16 week blocks with two disciplines sharing a block as follows: Internal Medicine/Psychiatry, Ob-GYN/Pediatrics, and Surgery/Family Medicine.

The Paul L. Foster School of Medicine will include required clerkship experiences in the following disciplines during the third year of the curriculum: Internal Medicine (10 weeks), Psychiatry (6 weeks plus a 15 week one-half day per week longitudinal experience), Obstetrics and Gynecology (8 weeks), Pediatrics (8 weeks), Surgery (10 weeks) and Family Medicine (6 weeks plus a 15 week one-half day per week longitudinal experience). Students will work side-by side with residents in these disciplines in both inpatient and outpatient settings. The amount of time indicated for each specialty is listed in week-equivalents as the blocks are designed to provide integrated clinical learning activities as well as discipline specific activities and learning objectives.

d. Provide the number of residents who currently are the responsibility of your faculty, by training program:

Specialty of Training Program	PGY-1 Residents	Total Residents	Clinical Fellows (ACGME-approved programs)	Clinical Fellows (Non-ACGME approved programs)
Emergency Medicine	10	29	None	None
Family Medicine	8	24	None	None
Internal Medicine	14	45	None	None
OB/GYN	4	15	None	None
Pediatrics	15	40	None	None
Psychiatry	4	13	None	None
Radiology	3	8	None	1
Surgery	6	18	None	None
Transitional	4	4	None	None
Orthopaedic	6	19	None	None

e. Describe the mechanism that is or will be used for oversight and coordination of graduate medical education, including evaluation and allocation of training positions.

The Graduate Medical Education Office, in compliance with the Accreditation Council of Graduate Medical Education, has developed a set of standards for oversight of postgraduate training. Each program develops a curriculum with specific goals and objectives based on the six ACGME competencies and

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

f. For each accredited institution, provide the following information regarding ACGME Institutional Review of graduate medical education programs sponsored by the school or its major teaching hospital affiliate(s):

Institutional Sponsor	Date of Last ACGME Institutional Review	Status	Date of Next Review
TTUHSC - El Paso	October, 2007	Full Accreditation	October 2010

g. If the medical school or its clinical affiliates are accredited by the ACCME to sponsor continuing medical education for physicians, indicate each program's current accreditation status, length of accreditation granted, and year of the next accreditation review.

Program Sponsor	Accred. Status	Length of Accred. Term	Year of Next Review
Emergency Medicine	Full Accreditation	4 years	2014
Family Medicine	Full Accreditation	5 years	2010
Internal Medicine	Full Accreditation	6 years	2013
Obstetrics & Gynecology	Full Accreditation	3 years	2012
Pediatrics	Full Accreditation	4 years	2013
Psychiatry	Full Accreditation	5 years	2014
Diagnostic Radiology	Initial Accreditation	2 years	2010
Surgery	Full Accreditation	3 Years	2010
Transitional	Full Accreditation	3 years	2010

Program Sponsor	Accreditation Status	Length of Accreditation Term	Year of Next Review
TTUHSC – Lubbock	Current	5 years	July 2013
TTUHSC – PLFSOM	Preapplication process	Pending	Not applicable

h. Describe how medical students will have the opportunity to participate in continuing medical education programs. Will participation in any continuing medical education programs be expected/required?

CONTINUING MEDICAL EDUCATION

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

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

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

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

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

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

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

RESEARCH AT THE PAUL L. FOSTER SCHOOL OF MEDICINE

The Texas Tech University Health Sciences Center at El Paso, despite an over 35 year history as a two-year clinical campus, has had very little research infrastructure until the last two years. With the research effort just now developing, rather than building multiple “silo” departments (Biochemistry, Physiology, Pharmacology, etc), we have established a unitary Department of Biomedical Sciences, and have opened four programmatic Centers of Excellence in Cancer, Infectious Diseases, Neuroscience and Diabetes / Obesity.

Center directors are scientists or clinician scientists and are funded from a combination of State resources and grant funding. By autumn of 2010, we anticipate that the research programs will have \$10-15 million in federal research expenditures. We have made large strategic investments in core facilities in genomics, proteomics, histology and cytometry. We have state-of-the-art equipment in place that is among the most technically advanced in the nation and, by far, the most advanced in the region. These resources for investigators have been of great value in our recruitment of funded investigators. We are focusing in particular on development of a critical mass of human genetics investigators who can develop population cohorts and large family kindreds for research. These resources will allow for high-value genetic research on diseases that affect the local population disproportionately, and with federal underwriting, will also serve as a national treasure for large scale genomic research being conducted at other federally funded research institutions across the nation.

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

OPPORTUNITIES FOR STUDENTS IN RESEARCH AND SCHOLARSHIP

Of particular importance to medical education at our institution is the opportunity created for student involvement in research. Our medical student curriculum requires participation in a Scholarly Activity and Research Project (SARP). Please see description in IS-14.

b. Summarize current institutional efforts or programs that address research ethics, scientific misconduct, conflicts of interest, and human subjects protection. List the administrative units that oversee such programs, and describe their target audiences.

Research ethics refresher training is available through the institution’s participation in the CITI program. All medical students are required to do the training, and our IRB keeps track of training for faculty and staff. Additionally, ethics is a Grand Rounds topic four times per year and is addressed in Residency Conference lectures. The Associate Dean for Faculty Development, Dr. Hoi Ho, conducts a faculty development course in which faculty receive training in conflict of interest management and research and clinical practice ethics. The Texas Tech University Health Sciences Center and the Texas Tech University System have written conflict of interest and behavior expectations that are codified in policy,

and all employees are required to familiarize themselves with the policies and to attest to an understanding of the policies.

The associate dean for research provides training at faculty orientation and in the Faculty Development Course on the human subjects regulatory process (Institutional Review Board - IRB), the animal laboratory (Institutional Animal Care and Use Committee – IACUC) and Institutional Biosafety Committee (IBC). The Office of the Associate Dean for Research makes institutional policies on responsible conduct of research available to investigators, and conducts reviews of reports of irregularities in cooperation with the Institution's Institutional Compliance Office. Although the main compliance office is based on the Lubbock campus, we have a full-time IRB coordinator who reports to our director of institutional compliance and we have an institutional compliance person on campus for 2-3 days about once per month. We have established a local Research Finance Office that monitors grant accounts and expenditure procedures and the Institutional Internal Audit group conducts frequent process and accounting audits in the clinical departments as well as in the Research Centers of Excellence. All constituents of the Health Sciences Center are governed by policy, and pertinent education, review and remediation processes are in place for faculty, staff, and students.

See also information for standards FA-5 and FA-8 in Section IV of the database, and Part A, item (e.) in Section V of the database.

IS-14. Medical schools should make available sufficient opportunities for medical students to participate in research and other scholarly activities of the faculty, and encourage and support student participation.

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

a. Briefly describe the opportunities currently available for medical student participation in research, including the time periods when students may do so, the current number of students involved in each type of program (e.g., summer research, year out research), and the funding sources that are available to support student participation.

The curriculum has a formal requirement for the students to participate in scholarly activity and research, through the Scholarly Activity and Research Program (SARP). This curriculum component provides the students with an opportunity to design and execute an independent scholarship or research project under the guidance of a faculty mentor. A wide variety of topics and research areas are available in three broad categories, allowing for a project to be tailored to a student's background and interests: 1) basic, clinical and translation research; 2) epidemiology, community-based, behavioral, public and environmental health; and 3) medical humanities, qualitative research and medical education research. This is a 3 credit (pass/fail) requirement, with one credit awarded for selection of a mentor and preparation of a Project Plan, one credit for execution of the project itself, and a final credit awarded for a poster summarizing the project presented at an annual student symposium held in the fall. Students can choose between one of two tracks: Track 1 concentrates execution of the project into the summer between the first and second year with a poster presented in the fall of the second year; whereas Track 2 provides the student more flexibility, allowing execution of the project anytime during the first 3 years followed by a poster presentation at the next student symposium. For both tracks, selection of a mentor and preparation of a Project Plan is due at the end of the first year.

b. Indicate plans to increase opportunities over the next three years for students to participate in research (e.g., formation of joint degree programs, identification of additional funding opportunities for student research).

The Scholarly Activity and Research Program (SARP) has provided project opportunities for our inaugural class of 40 students and will continue to accommodate the growth of class size planned for the next several years. We are actively recruiting mentors both from the PLFSOM campus and other area campuses and hospitals (e.g., University of Texas at El Paso and the Army's William Beaumont Medical Center), as well as remote-site opportunities that carry funding (Methodist Research Foundation, University of Texas + MD Anderson Cancer Center Clinical and Translational Sciences Award (CTSA) program). In the summer of 2010, we wrote a collaborative renewal for the UT-Houston CTSA application and will be not only an affiliate of this program, but also a member institution in the Texas CTSA Consortium – the only statewide consortium of CTSA's currently in existence. The SARP website, which includes a database of potential projects/mentors, is accessible to the students through an 'e-portfolio' on their primary digital curriculum portal, WebCT. Currently, this database contains 69

projects. Mentoring of small groups (2-3) students is encouraged and the majority of the projects are designed to accommodate such groups.

We have formed a joint MD/MPH program in combination with the University of Texas School of Public Health and this currently has nine medical students enrolled. Two investigators in our Department of Biomedical Sciences also recently received a Department of Education Fund for the Improvement of Post Secondary Education (FIPSE) grant as a joint venture with the Biomedical Engineering program at the University of Texas at El Paso. This will create a course sequence and series of rotations that will permit Biomedical Engineering graduate students and medical students to work together on joint projects and to develop truly interdisciplinary collaborative programs. Physicians have clinical and research problems in search of solutions and engineers have solutions in search of problems, so we expect this program to grow rapidly and to be of considerable value to both types of students.

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

In addition to the SARP website, which is always available to the students, an orientation to the SARP requirement is provided to entering MS-1 students before regular classes begin in the summer. Further, a luncheon is provided the students in December, at which potential mentors attend for an informal 'meet and greet' to encourage the students to start exploring ideas for projects, choose a mentor, and begin developing a project plan. Lastly, when research or scholarly activities are made known to the administration, these are forwarded to the class via e-mail.

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

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

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

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

a. Is some type of service learning experience required, either as part of a regular course or as a selective? If yes, describe.

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

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

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

During the 2009-2010 academic year, at least half of the class participated in some form of service to the community including volunteering at health screenings fairs, assisting at a clinic for homeless persons, conducting needs assessment focus groups at a center for victims of domestic violence, and tutoring/mentoring middle and high school youths at nearby schools. Two students, working with a college master and a faculty member in the Department of Family Medicine and Community Medicine are in the process of developing the infra-structure for a student-run free clinic as a service learning

project. They have established learning objectives to include designing the clinic in such a way that future student participants will also be encouraged to use this setting as a venue for a variety of projects.

Thus far, no specific funding has been designated for “service learning” activities. This fall, the Department of Family and Community Medicine is preparing a HRSA Title VII grant application for pre-doctoral education. This grant will request funding to support service learning by providing funds to allow a faculty member to serve as a service learning coordinator for the entire school (20% time and effort). If we are unsuccessful in funding this application, one of the college masters has agreed to serve this role.

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

Thus far, information about service learning opportunities has been made available primarily by e-mail announcements, posted fliers, and personal contact. In the January 2011, the Office of the Senior Associate Dean for Medical Education is going to host a service learning forum in which students from the charter class of 2013 who participated in service learning activities during the 2009-2010 academic year will be invited to give brief presentations on what the projects they participated in and discuss opportunities for the new class of medical students to become involved in these, or similar activities. Our plan is to make this an annual event.

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

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

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

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

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

- *Describe the process by which these statements and policies were developed, approved, and implemented at your institution*
- *Describe how these statements and policies are made known to current and prospective applicants, students, employees, faculty, and staff*

The Paul L. Foster School of Medicine is committed to recruiting and graduating a diverse class of students. Its “Admissions Philosophy” is articulated on the PLFSOM admissions web site at: <http://www.ttuhsoc.edu/fostersom/admissions/philosophy.aspx>.

The “Admissions Philosophy” states the following:

The Paul L. Foster School of Medicine admissions guidelines call for no discrimination on the basis of race, sex, age, ethnic origin, religion, sexual preference, or disability.

Applicants will be evaluated not only on their cognitive merits, but also on non-cognitive and non-academic areas. This will include evaluations of their personal statements, letters of recommendation, and other life, extracurricular, volunteer, or employment experiences. The interview is specifically designed to focus on non-academic criteria. Interviewers will assess the applicant's medical experiences, motivation to enter medicine, knowledge of issues in medicine, personal characteristics and problem solving ability.

No single factor will be used exclusively to admit or eliminate an applicant to the Paul L. Foster School of Medicine. The Admissions Office will examine each applicant for overall suitability and select a class with varied backgrounds, interests, and life experiences to provide a stimulating and broadening learning environment for all students.

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

At this point in time, the Paul L. Foster School of Medicine does not have a formal definition of diversity. The newly appointed Committee on Diversity is drafting a definition of diversity for the PLFSOM that will serve as a guide in developing programs and policies designed to help the institution accomplish diversity goals. However there are several programmatic efforts in place which do address diversity. Please see below.

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

- ***Student recruitment, selection, and retention***
- ***Financial aid***
- ***Educational program***
- ***Faculty /staff recruitment, employment, and retention***
- ***Faculty development***
- ***Liaison activities with community organizations***

PLFSOM plays a significant role in the reduction of health disparities through its initiatives in community, border, and rural health care. The PLFSOM service area covers 100,885 square miles—roughly half the land mass of Texas. Programs in a new four year medical school—the only medical school located on the U.S.-Mexico border—will take advantage of geography, culture, and diversity to take border health, Hispanic education, and professional development to new levels. The PLFSOM admissions policy gives geographic preference to students from the border area. Our ultimate goal is to strengthen the nation’s capacity to produce culturally competent health workforce whose ethnic diversity represents the US population.

HISPANIC CENTER OF EXCELLENCE

The Paul L. Foster School of Medicine strives to achieve excellence in teaching and research in health care services, especially related to underserved populations and health disparities on the US-Mexico border. To that end, The Paul L. Foster School of Medicine is the recipient of a federal grant entitled Hispanic Centers of Excellence. Specifically, our Hispanic Center of Excellence will expand the institution’s efforts to prepare underrepresented area populations for academic success, to prepare underrepresented area populations for careers in medicine and other health disciplines, and to increase the numbers of practioners to proportions more closely reflecting the regional population. The main focus is aimed at improving the academic achievements of students and facilitating the advancement of Hispanic faculty members. Activities include expanded recruitment programs, developing “pipeline” of students from the Border region, building and enhancing faculty development opportunities, resident leadership development, exposure to culture and medicine, facilitating research related to health issues predominant in our region, and strengthening our community presence among our underserved and disadvantaged populations.

STUDENT RECRUITMENT, SELECTION, AND RETENTION

A special effort is made to recruit applicants from West Texas and the US-Mexico border to attain a balanced student body with qualified minority students, diverse age groups and students with heterogeneous backgrounds in educational and life experiences. PLFSOM has established as one of the

schools goals enhancing the academic achievement of youth residing along the US-Mexico border. In order to coordinate the interaction with the educational infrastructure at the grade school, secondary school, college and graduate schools the PLFSOM has established the Office for Promotion of Community Program of Community Educational Achievement (OPCEA). Additionally, a post baccalaureate program is under development.

STUDENT PIPELINE STRATEGIES

One component of the HCOE grant is the development of a pipeline of students from the Hispanic population, which is largely medically underserved, in the West Texas Region served by the school. Current strategies include exposures to health professions from K- 12 and college undergraduates. Examples of activities include summer camps, college prep programs, parental support programs, and collaborations with local school districts through teacher support systems. Also, we are implementing a shadowing program for local interested pre-med undergraduates. The intent is to develop a comprehensive program which will allow for tracking of a student into medical school and beyond.

All of these programs will take advantage of geography, culture and diversity, to improve border health, Hispanic education and professional development for the benefit of the region, state, and nation.

FINANCIAL AID

The Office of Financial Aid at the Health Sciences Center in conjunction with the Financial Aid Liaison in El Paso seek to identify financial resources that minimize the impact of medical school education on the debt load of all students. Besides the scholarships that have been identified for students through the admissions process, the Paul L. Foster School of Medicine is participating in a loan repayment program with the Paso del Norte Foundation. This program forgives one quarter of the loan for each year the student practices in the Paso del Norte Region, after completing residency. Students are also encouraged to apply for the Texas Medical Association's Minority Scholarship, which is awarded to one student at the Paul L. Foster School of Medicine.

EDUCATIONAL PROGRAM

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

An interdisciplinary faculty of specialists in family and community medicine, public health, epidemiology, biostatistics, environmental and occupational health, social work, psychology, medical anthropology and Spanish language instruction have developed a course entitled Society, Community and Individual Course: Integrating Public Health and Community Medicine (SCI). The SCI course exposes students to a population perspective on health and illness. Students learn about the social, cultural, economic, political and environmental forces that affect the health of patients, families and communities. Experiences in urban and rural community-based clinics expose students to the needs of a diverse population and provide practice in clinical skills, language skills, and culturally appropriate clinical practice.

The conceptual threads of SCI are to:

- Allow students to learn basic Spanish
- Expose students to culture of US-Mexico border
- Teach principles of public health and evidence based medicine
- Enable students to learn about organizational aspects of practice
- Enable students to practice community and preventive medicine
- Allow students to work and interact with other members of the health care team
- Allow students to gain an understanding of the role of the family in health and illness
- Allow students to learn about family experience with the US health care system
- Allow students to learn about the utilization of folk, alternative, complimentary medicine in the border and the utilization of medicine from Mexico

FACULTY /STAFF RECRUITMENT, EMPLOYMENT, AND RETENTION

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

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

Under the HCOE grant, opportunities are provided to our Hispanic and other URM faculty to develop leadership attributes through attendance at professional meetings and/or courses. Junior faculty will be encouraged to seek Fellowship opportunities which will encourage their practice of evidence based medicine. PLFSOM is currently developing a program to help chairpersons and other senior-level faculty members to understand the importance of mentoring and learn how to become effective mentors.

PLFSOM anticipates that departments will build on the school-wide mentoring program to develop their own processes for formal and informal mentoring of junior faculty.

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

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

Category of Diversity	First Year Students	All Students	Faculty	Staff
	Class of 2014	Classes of 2013 and 2014	Full Time only (clinical and basic science)	Administrative Leadership (Director level and Above)
<i>Sex</i>				
Male	58%	38%	64%	33%
Female	42%	62%	36%	67%
<i>Race/Ethnicity</i>				
Caucasian (Non Hispanic)	58%	46%	54%	21%
Black or African American (Non Hispanic)	0%	0%	3%	5%
Hispanic or Latino	10%	16%	29%	72%
American Indian/Alaska Native	0%	0%	0%	0%
Native Hawaiian or Other Pacific Islander	2%	0%	0%	0%
Asian	24%	35%	14%	2%
Not identified	6%	3%	0%	0%

Also see standards ED-21 and MS-8.

END OF SECTION I