Office of the Vice President for Health Affairs & Founding Dean

March 28, 2014

Dan Hunt, MD, MBA
LCME Secretary
AAMC
2450 N Street, NW
Washington, DC 20037

Barbara Barzansky, PhD
LCME Secretary
AMA
515 North State Street, NW
Chicago, IL 60654

Dear Drs. Hunt and Barzansky,

Accompanying this letter please find the status report requested of us on February 20, 2013 when
we were notified of achieving full accreditation status. We feel confident that we have addressed
the concerns leading to the citations for MS-3 (information about selection criteria and
procedures) and MS-9 (affiliation agreements). We are also pleased to provide the information
requested on areas in which we were found to be "in compliance with monitoring."

Please feel free to contact me or Dr. Steele if you, or the committee, have any questions.

Sincerely,

J. Manuel de la Rosa, M.D., Msc
Vice President for Health Affairs
Founding Dean for Paul L. Foster School of Medicine
Rick and Ginger Francis Endowed Chair
Texas Tech University Health Sciences Center at El Paso

cc. Dr. David Steele, Senior Associate Dean for Medical Education

Status Report for Texas Tech University Health Sciences Center at El Paso, Paul L. Foster School of Medicine, April 1, 2014

On October 9-12 of 2012, an LCME Ad Hoc Survey team completed a full survey visit of the Paul L. Foster School of Medicine (PLFSOM). On February 20, 2013, we were notified by way of letter from Drs. Barbara Barzansky and Dan Hunt to TTUHSC President Tedd Mitchell, that we had been approved for full accreditation. At that time we were instructed to submit a status report on two areas of Non-compliance and on seven areas found to be "in compliance, with a need for monitoring." We are pleased to provide the requested report in the pages that follow.

I. COMPLIANCE WITH NEED FOR MONITORING

A. IS-16 (diversity)

1. Please complete the following table:

School Identified Diversity Categories	First-Year Students		All Students	
	2012-2013	2013-2014	2012-2013	2013-2014
Hispanic	12	23	31	47
Border Counties	13	24	34	50
El Paso	12	19	32	44
African American	0	0	0	0
Native American	0	0	0	0

The data provided in the requested table demonstrates that we are making progress in matriculating students who reflect the diversity categories and goals of the institution. There is every indication from acceptances of offers made for the class of 2018 that this trend continues. As of March 31, 2014, for a class of 100 students, 28 Hispanics and 1 African American matched with PLFSOM through the Texas Medical Dental School Admission Service (TMDAS), and 17 applicants are from the El Paso region. The exact demographic complexion of the class of 2018 will not be known until closer to our July matriculation date.

2. **In order for the LCME to better understand the level of effort that the school is making to improve diversity, complete the table below:**

Offers Made to Students						
School Identified Diversity Categories	2012			2013		
	Declined	Enrolled	2012 Total Offers	Declined	Enrolled	2013 Total Offers
Hispanic	14	12	26	21	23	44
Border Counties	10	13	23	4	24	28
El Paso	8	12	20	4	19	23
African American	4	0	4	2	0	2
Native American	0	0	0	2	0	2

3. Provide any information on pipeline programs that may have led to potential applicants being groomed by the school but who chose to matriculate at a different medical school.

The PLFSOM has a number of pipeline programs extending from the middle school years through college undergraduate programs offered at the University of Texas at El Paso (UTEP). The latter includes summer enrichment programs and a semester-based shadowing program for pre-medical students. Because Texas Tech University does not have an undergraduate campus in El Paso, students who attend UTEP, who have participated in the PLFSOM pipeline programs, also participate in various programs designed to channel UTEP students to medical schools in the University of Texas system. This includes the creation of an appealing accelerated program TIME (Transformation in Medical Education) initiative allowing students to complete undergraduate and medical degree studies in the UT system in six years. Nonetheless, PLFSOM has succeeded in significantly diversifying our entering classes as noted in the IS-16, A1-2 tables, and we continue to promote our school and its features as a prime choice to study medicine. For the current application cycle for the class of 2018, 5 students who participated in our pipeline program matched at PLFSOM, 5 additional students are currently on our alternate list. Seven students elected to matriculate elsewhere. We continue to track educational choices of participants in our pipeline programs and we feel that any who choose to enter the health professions, regardless of the specific program or institution, constitutes a success.

4. Provide any information that may be relevant related to real or perceived barriers that the school faces in improving diversity.

We are making good progress in increasing the numbers of matriculated students who meet our diversity goals related to Hispanic students, students from the US-Mexico border region, and those who are from El Paso. Successful enrollment of African American and Native American students continues to be a challenge. African Americans and Native Americans represent 4% and 1% of the 827,398 population of El Paso respectively, compared with 12% and 1% in Texas, respectively (US Census Bureau, 6 January 2014). African Americans in the state are concentrated in eastern Texas, as well as Dallas, Houston, Fort

Worth, Austin and San Antonio. These demographics may represent barriers facing PLFSOM in attracting students from these backgrounds. Many African American students prefer to attend medical school closer to family. These students tend to be east of the "I-35 N-S corridor" some 600-800 miles east of El Paso.

In the most recent admissions cycle (August 2013 through January 2014), 287 African Americans applied to Paul L. Foster School of Medicine through the TMDAS. Of these, 150 completed the secondary application required to be eligible to interview. Thirty (30) African American applicants were invited for interviews, and of these, 23 participated in the interview process. Twenty-two were ranked high enough by the admission committee to be placed on our rank list, but 21 matched at other schools. One African American student accepted and will enroll in July. Thirty students identifying themselves as "Native American" applied and 14 completed the secondary application. Six were invited to interview and of these, 4 participated in the interview process. One of these applicants is currently on our alternate list.

In an effort to make attending PLFSOM more attractive to students whose backgrounds are consistent with our diversity goals, we have identified sources of needs based scholarship funding. This is in addition to our merit based scholarship program. These additional funds are being prioritized for students from El Paso and the Border region, Hispanics, and students from lower socioeconomic backgrounds. In our current student body (classes of 2014-17), 14 have received needs based scholarships thanks to the generosity of the Wolslager family. These scholarships, in the amount of $10,000 per year, are expressly given to students from the El Paso region. In addition, the Paso del Norte Foundation is providing financial support to two El Pasoans to encourage them to return to El Paso to practice once they complete their postgraduate training. In the class of 2017, 11 students received needs based scholarship assistance. Of these, 7 are Hispanics and 2 come from lower socioeconomic backgrounds. Additional funding has been identified to assist matriculants from the low socioeconomic levels. Our development officer has made the identification of donors who will earmark their contributions for scholarship support a top priority.

B. ED-8 (Comparability across instructional sites)

Please note: At PLFSOM all courses in years 1 and 2 are taught at a single site. In years 3 and 4 required clerkship experiences in Internal Medicine, Surgery, and Psychiatry are currently completed at University Medical Center or William Beaumont Army Medical Center (Medicine and Surgery) and El Paso Psychiatric Center or University Behavioral Health (Psychiatry). Regardless of clinical site, required clerkships all use the same syllabus, have the same objectives, and employ the same methods for assessing student performance. Final grades are assigned by the clerkship director based on input from the faculty and residents in the clinical sites where students are assigned. All faculty and residents use the same instrument to assess student clinical performance regardless of location.

Instructions: For each course or clerkship rotation offered at more than one teaching site, describe the following:

1. The mechanisms used for review and sharing of student evaluations of their educational experiences, data regarding students completion of required clinical experiences, student performance data, and any other data reflecting the comparability of learning experiences across sites. Describe specific types of data reviewed and the individuals or groups responsible for reviewing the information.

Mechanisms

<u>Student Evaluation of Experiences:</u> At the conclusion of each of the clerkships, students are asked to complete a 28-item, anonymous, on-line survey consisting of forced choice and free text questions. These surveys address the following topics: organization of experience, clarity of knowledge based and clinical experience expectations, quality of instruction by faculty members and residents (e.g., preparation for shelf examinations, oral and written feedback, supervision, observation of student interactions with patients), adherence to duty hour policies, and perceptions of the learning environment (e.g., respect, perceived mistreatment). The data derived from student surveys is analyzed by the Director of Assessment and Evaluation who generates a written report based on student responses. Data is sorted by clinical site to facilitate comparison across sites. In addition to the Director of Assessment and Evaluation, this data is reviewed by the Senior Associate Dean for Medical Education, the Year 3-4 Coordinator, the clerkship director, and the clerkship coordinator. Evaluation results are discussed in an hour long end of clerkship meeting involving the individuals listed above. If problems are noted, this group identifies action plans for addressing the problems identified through the review process. Following this review, the department chair person is provided a copy of the report and the clerkship director meets with the chair, if needed, to review problems and recommended solutions. The clerkship director also communicates directly with the "remote" site faculty coordinator about the results of the survey and confers with that individual about any problems that may have been detected—either across the clerkship or at a site specific location. As can be seen in the following table, evaluations by students are similar across sites. Correcting for small sample size and multiple comparison, we find no statistically significant differences by location in student evaluations. In the event that differences are detected, the Senior Associate Dean for Medical Education and the Clerkship Director would discuss these differences, and the Clerkship Director in turn, would discuss these differences with the site's faculty coordinator and negotiate strategies for addressing the differences.

Evaluation Results by Clerkship Training Sites AY 2013-2014 YTD

There are no significant differences between training sites based on the student evaluation data. We ran an independent samples t-test analysis with a Bonferonni correction for the number of comparisons. No item reached significance. The tables below present the means, standard deviations, and standard errors for each item specific to training site. With the exception of the items on offensive behavior and exemplary professionalism, the item response scale is a 5 point strongly agree (5) to strongly disagree (1)

scale. The items on offensive behavior and exemplary professionalism are measured on a yes(1)/no(0) scale.

SURGERY	Location	N	Mean	Std. Deviation	Std. Error Mean
the methods used to evaluate my performance provided fair measures of my effort and learning.	UMC	21	3.57	.811	.177
	WBAMC	18	3.61	1.290	.304
duty hour policies were adhered to strictly.	UMC	21	4.24	.831	.181
	WBAMC	18	4.28	1.018	.240
I had appropriate exposure to ambulatory patients.	UMC	21	4.05	.921	.201
	WBAMC	18	4.28	.752	.177
I had enough patient management opportunities.	UMC	21	4.05	1.024	.223
	WBAMC	18	3.61	1.145	.270
I was observed delivering patient care.	UMC	21	3.90	1.044	.228
	WBAMC	18	4.22	.943	.222
I received sufficient supervision during my clinical interactions.	UMC	21	3.95	1.024	.223
	WBAMC	18	4.33	.686	.162
I received sufficient oral feedback on my performance.	UMC	21	3.24	1.091	.238
	WBAMC	18	3.89	1.278	.301
I received sufficient written feedback on my performance.	UMC	21	3.05	1.117	.244
	WBAMC	18	3.61	1.290	.304
the clinical presentation schemes helped me organize my approach to patient care.	UMC	21	3.10	1.044	.228
	WBAMC	18	3.56	1.199	.283
provided appropriate preparation for the shelf exam.	UMC	21	3.19	1.078	.235
	WBAMC	18	3.67	1.138	.268
Overall, I learned useful knowledge and/or skills during this clerkship.	UMC	21	4.00	.837	.183
	WBAMC	18	4.33	.594	.140
the faculty gave me useful feedback on my clinical skills.	UMC	21	3.67	1.065	.232
	WBAMC	18	3.83	.857	.202
the faculty treat students with respect.	UMC	21	4.14	.793	.173
	WBAMC	18	4.28	.958	.226
the faculty encourage questions.	UMC	21	4.10	.700	.153
	WBAMC	18	4.33	.767	.181
the faculty show interest in student learning.	UMC	21	3.95	.805	.176
	WBAMC	18	4.28	.958	.226
the faculty uses schemes as an integral part of their teaching.	UMC	21	3.10	1.091	.238
	WBAMC	18	2.83	1.295	.305
the faculty are approachable for help.	UMC	21	3.86	.854	.186

SURGERY	Location	N	Mean	Std. Deviation	Std. Error Mean
	WBAMC	18	4.11	.900	.212
the faculty model professional behavior.	UMC	21	4.05	.865	.189
	WBAMC	18	4.17	.857	.202
the residents gave me useful feedback on my clinical skills.	UMC	21	3.48	.928	.203
	WBAMC	18	3.72	1.364	.321
the residents treat students with respect.	UMC	21	3.90	.625	.136
	WBAMC	18	4.00	1.328	.313
the residents encourage questions.	UMC	21	3.86	.854	.186
	WBAMC	18	4.22	1.353	.319
the residents show interest in student learning.	UMC	21	3.67	.913	.199
	WBAMC	18	4.17	1.339	.316
the residents use schemes as an integral part of their teaching.	UMC	21	2.67	1.238	.270
	WBAMC	18	2.83	1.581	.373
the residents are approachable for help.	UMC	21	3.62	.865	.189
	WBAMC	18	4.06	1.305	.308
the residents model professional behavior.	UMC	21	4.00	.707	.154
	WBAMC	18	3.94	1.305	.308
I experienced offensive or negative behavior.*	UMC	21	0.14	.359	.078
	WBAMC	17	0.18	.393	.095
I experienced exemplary professionalism.*	UMC	20	0.70	.470	.105
	WBAMC	18	0.33	.485	.114

* Item measured on a Yes/no scale.

Internal Medicine	Location	N	Mean	Std. Deviation	Std. Error Mean
the methods used to evaluate my performance provided fair measures of my effort and learning.	UMC	19	3.89	.937	.215
	WBAMC	22	3.59	1.297	.276
duty hour policies were adhered to strictly.	UMC	19	4.37	.684	.157
	WBAMC	22	3.73	1.386	.296
I had appropriate exposure to ambulatory patients.	UMC	18	4.33	.840	.198
	WBAMC	21	4.05	1.071	.234
I had enough patient management opportunities.	UMC	18	4.44	.511	.121
	WBAMC	21	4.05	1.203	.263
I was observed delivering patient care.	UMC	18	4.56	.616	.145
	WBAMC	21	3.71	1.384	.302
I received sufficient supervision during	UMC	18	4.61	.502	.118

Internal Medicine	Location	N	Mean	Std. Deviation	Std. Error Mean
my clinical interactions.	WBAMC	21	3.90	1.300	.284
I received sufficient oral feedback on my performance.	UMC	18	4.22	.647	.152
	WBAMC	21	3.71	1.384	.302
I received sufficient written feedback on my performance.	UMC	18	4.17	.707	.167
	WBAMC	20	3.85	1.182	.264
the clinical presentation schemes helped me organize my approach to patient care.	UMC	18	3.72	.958	.226
	WBAMC	21	3.76	1.179	.257
provided appropriate preparation for the shelf exam.	UMC	18	3.89	.900	.212
	WBAMC	20	3.50	1.051	.235
Overall, I learned useful knowledge and/or skills during this clerkship.	UMC	18	4.44	.511	.121
	WBAMC	22	3.91	1.192	.254
the faculty gave me useful feedback on my clinical skills.	UMC	18	4.44	.511	.121
	WBAMC	20	4.10	1.071	.240
the faculty treat students with respect.	UMC	18	4.44	.616	.145
	WBAMC	21	4.38	.921	.201
the faculty encourage questions.	UMC	17	4.53	.624	.151
	WBAMC	21	4.10	1.136	.248
the faculty show interest in student learning.	UMC	18	4.39	.608	.143
	WBAMC	21	4.14	1.195	.261
the faculty uses schemes as an integral part of their teaching.	UMC	18	4.00	.840	.198
	WBAMC	20	3.50	1.147	.256
the faculty are approachable for help.	UMC	18	4.50	.618	.146
	WBAMC	20	4.05	1.191	.266
the faculty model professional behavior.	UMC	18	4.39	.608	.143
	WBAMC	21	4.29	.956	.209
the residents gave me useful feedback on my clinical skills.	UMC	18	4.39	.502	.118
	WBAMC	21	4.00	1.265	.276
the residents treat students with respect.	UMC	18	4.50	.514	.121
	WBAMC	21	4.24	1.091	.238
the residents encourage questions.	UMC	18	4.56	.511	.121
	WBAMC	21	4.10	1.261	.275
the residents show interest in student learning.	UMC	18	4.44	.616	.145
	WBAMC	21	4.10	1.300	.284
the residents use schemes as an integral part of their teaching.	UMC	18	3.89	1.023	.241
	WBAMC	19	3.53	1.349	.309
the residents are approachable for help.	UMC	18	4.56	.511	.121

Internal Medicine	Location	N	Mean	Std. Deviation	Std. Error Mean
	WBAMC	20	4.30	.923	.206
the residents model professional behavior.	UMC	18	4.44	.511	.121
	WBAMC	20	4.30	.865	.193
I experienced offensive or negative behavior.*	UMC	18	0.00	0.000	0.000
	WBAMC	22	0.05	.213	.045
I experienced exemplary professionalism.*	UMC	16	0.44	.512	.128
	WBAMC	21	0.43	.507	.111

* Item measured on a Yes/no scale.

Psychiatry	Location	N	Mean	Std. Deviation	Std. Error Mean
the methods used to evaluate my performance provided fair measures of my effort and learning.	UBH	17	4.24	.831	.202
	EPCC	14	4.14	.535	.143
duty hour policies were adhered to strictly.	UBH	16	4.75	.447	.112
	EPCC	14	4.36	.633	.169
I had appropriate exposure to ambulatory patients.	UBH	17	4.29	.985	.239
	EPCC	14	4.43	.514	.137
I had enough patient management opportunities.	UBH	17	3.88	1.166	.283
	EPCC	14	4.43	.514	.137
I was observed delivering patient care.	UBH	17	3.94	1.249	.303
	EPCC	14	4.21	.802	.214
I received sufficient supervision during my clinical interactions.	UBH	17	4.29	.849	.206
	EPCC	14	4.29	.825	.221
I received sufficient oral feedback on my performance.	UBH	17	4.18	.951	.231
	EPCC	14	4.14	.363	.097
I received sufficient written feedback on my performance.	UBH	17	4.06	.966	.234
	EPCC	14	4.00	.555	.148
the clinical presentation schemes helped me organize my approach to patient care.	UBH	17	3.65	1.222	.296
	EPCC	14	3.71	.825	.221
provided appropriate preparation for the shelf exam.	UBH	17	4.06	1.029	.250
	EPCC	14	3.93	.917	.245
Overall, I learned useful knowledge and/or skills during this clerkship.	UBH	17	4.00	1.118	.271
	EPCC	14	4.64	.497	.133
the faculty gave me useful feedback on my clinical skills.	UBH	17	4.06	1.029	.250
	EPCC	14	4.36	.497	.133

Psychiatry	Location	N	Mean	Std. Deviation	Std. Error Mean
the faculty treat students with respect.	UBH	17	4.65	.493	.119
	EPCC	14	4.57	.514	.137
the faculty encourage questions.	UBH	17	4.71	.470	.114
	EPCC	14	4.50	.519	.139
the faculty show interest in student learning.	UBH	17	4.53	.717	.174
	EPCC	14	4.50	.650	.174
the faculty uses schemes as an integral part of their teaching.	UBH	17	3.41	1.502	.364
	EPCC	14	3.93	.997	.267
the faculty are approachable for help.	UBH	17	4.41	.712	.173
	EPCC	14	4.36	.497	.133
the faculty model professional behavior.	UBH	17	4.59	.507	.123
	EPCC	14	4.43	.646	.173
the residents gave me useful feedback on my clinical skills.	UBH	17	4.24	.831	.202
	EPCC	14	4.14	.663	.177
the residents treat students with respect.	UBH	17	4.65	.493	.119
	EPCC	13	4.46	.660	.183
the residents encourage questions.	UBH	17	4.65	.493	.119
	EPCC	13	4.46	.660	.183
the residents show interest in student learning.	UBH	17	4.53	.717	.174
	EPCC	13	4.46	.660	.183
the residents use schemes as an integral part of their teaching.	UBH	17	3.41	1.622	.394
	EPCC	13	4.15	.801	.222
the residents are approachable for help.	UBH	17	4.53	.624	.151
	EPCC	13	4.31	.630	.175
the residents model professional behavior.	UBH	17	4.65	.493	.119
	EPCC	13	4.31	.630	.175
I experienced offensive or negative behavior.*	UBH	17	0.06	.243	.059
	EPCC	14	0.00	0.000	0.000
I experienced exemplary professionalism.*	UBH	17	0.53	.514	.125
	EPCC	13	0.46	.519	.144

* Item measured on a Yes/no scale.

Student Performance Data: Student performance data consists of on-line clinical assessments provided by attending faculty members and residents; student patient encounter log reports ("OpLog) recording diagnoses/complaints, procedures, level of student participation, and setting of care; performance on the end of clerkship NBME shelf examination; and finally, performance on an end of clerkship OSCE. These data are reviewed by the clerkship director, the senior associate dean for medical education, the director

of assessment and evaluation, and the year 3-4 coordinator in the Office of Curriculum, Evaluation, and Accreditation. These data are also discussed in scheduled hour long end of rotation debriefing meetings.

The following tables summarize the data collected to date for each of the sites to which students are assigned to complete their clerkship experiences.

Student Outcomes and Patient Encounter Log (OpLog) Data

Surgery	UMC		WBAMC	
Number of Students	28		19	
NBME Score Average	71.48		74.25	
Oplog Data Averages				
Number of Entries	69.54		88.84	
Level of Involvement				
• **Manage**	15.1 (19%)		18.8 (17%)	
• **Assist**	44.0 (56%)		61.6 (57%)	
• **Observe**	19.6 (25%)		28.5 (26%)	
Procedures				
• **Perform**	8.0 (26%)		11.0 (24%)	
• **Assist**	16.9 (55%)		25.1 (55%)	
• **Observe**	6.0 (20%)		9.3 (21%)	
Top 10 diagnoses	**Fracture**	115	**Abdominal wall defects (hernias)**	117
	Biliary track disease/gallstones	106	**Biliary track disease/gallstones**	79
	Gall Bladder Disease	88	**Other, GI problem**	78
	Abdominal wall defects (hernias)	87	**Fracture**	68
	Fall	76	**Appendicitis**	62

	Trauma, blunt	68	Post-operative, Care	59
	Appendicitis	66	Gall Bladder Disease	56
	Trauma, multiple	61	Other, Trauma	50
	Other, GI problem	55	Other, Musculoskeletal	48
	Laceration	51	Trauma, blunt	48

Internal Medicine	UMC		WBAMC	
Number of Students	22		28	
NBME Score Average	75.09		77.25	
Oplog Data Averages				
Number of Entries	48.05		49.53	
Level of Involvement				
• Manage	24.0 (25%)		24.6 (28%)	
• Assist	28.5 (30%)		28.6 (32%)	
• Observe	42.1 (44%)		34.8 (40%)	
Procedures				
• Perform	3.5 (46%)		1.0 (14%)	
• Assist	0.5 (7%)		0.7 (10%)	
• Observe	3.6 (47%)		5.4 (76%)	
Top 10 diagnoses	Diabetes Type II	115	Hypertension	143
	Hypertension	107	Diabetes Type II	119
	Renal Failure, Chronic	55	Renal Failure, Chronic	76
	Cirrhosis/liver failure	50	Congestive Heart Failure	61
	Congestive Heart Failure	61	Other, GI problem	58

	Chest Pain Evaluation	44	Cirrhosis/liver failure	53
	Leukemia/Lymphoma	43	Other, CA	48
	Abdominal Pain	42	Dyslipidemia	45
	Pneumonia	38	Leukemia/Lymphoma	41
	Anemia	29	Hypothyroidism	40

Psychiatry	UBH		EPCC	
Number of Students	21		29	
NBME Score Average	81.00		80.71	
Oplog Data Averages				
Number of Entries	40.29		39.48	
Level of Involvement				
• Manage	15.7 (23%)		8.6 (14%)	
• Assist	24.5 (36%)		25.9 (41%)	
• Observe	27.3 (40%)		28.6 (45%)	
Procedures				
• Perform	1.1 (69%)		3.0 (50%)	
• Assist	0.4 (25%)		1.2 (20%)	
• Observe	0.1 (6%)		1.8 (30%)	
Top 10 diagnoses	MDD (single or recurrent)	119	MDD (single or recurrent)	162
	Substance Dependence, Abuse or Withdrawal	97	Bipolar disorder	109
	Suicide attempt/ideation	75	Substance Dependence, Abuse or Withdrawal	93
	Bipolar disorder	48	SCZ, SCZ-affective	92

Dementia	46	Suicide attempt/ideation	86
Bipolar I	45	Depression	83
Depression	44	Schizophrenia	66
Anxiety disorder, generalized	44	PTSD	66
ADHD	40	ADHD	64
PTSD	38	ADHD - Subtypes	55

2. The mechanisms employed to address inconsistencies across sites in such areas as student evaluations of courses and clerkship rotations and students' grades.

There is little evidence of inconsistencies across sites. The greatest variance appears to be in the reporting of levels of involvement in procedures in the internal medicine and psychiatry clerkships. However, the numbers of required procedures for these two experiences are small and percentages are skewed. Our patient encounter data and performance data suggests that our policies regarding the use of the same syllabus, identical learning and clinical objectives, and identical methods of assessing student performance and assigning grades are effective. It should be noted that students have been able to meet required clinical encounter objectives (ED-2) through participation in the care of actual patients and it has not been necessary to resort to alternative methodologies. The clerkship directors review students patient encounter logs as part of the mid-rotation formative feedback process and take steps to ensure that students can meet clinical encounter expectations. It should also be noted that the Associate Dean for Student Affairs reviews grades assigned to students in their required clerkships to assure that these assignments are accurate and based upon published policies formulated by and the Year 3-4 committee and endorsed by the Curriculum and Educational policy Committee. As previously noted, if inconsistencies across sites are identified, they would be discussed during the end of block/clerkship debriefing sessions with the clerkship director and coordinator and he or she in turn would be responsible for taking appropriate action.

3. Describe how both rotation directors and the central authority for curriculum use outcome measures to examine and assure comparability of students' clinical experience.

The Senior Associate Dean for Medical Education interacts frequently with the clerkship directors via e-mail, phone, and in person based on the monitoring of process and outcome data. The year 3-4 coordinator and the Director of Assessment and Evaluation assist in this process by calling attention to possible variance across sites based on their intimate familiarity with emerging data trends and contact with clerkship coordinators and directors. The required clerkship directors and their respective coordinators meet monthly as members of the Year 3-4 Committee which reports in-turnto the Curriculum and Educational Policy Committee (CEPC). The CEPC is ultimately responsible for ensuring

and enforcing comparability of educational opportunities and equivalence of assessment methods and criteria for assigning clerkship grades. In the spring of each year, the clerkship directors report directly to the CEPC. In this report they discuss issues of comparability, student learning outcomes, and any changes they feel necessary to improve the clerkship experience, including comparability.

The clerkship rotation directors are responsible for meeting regularly by e-mail, phone, and in person with the designated faculty leader(s) responsible for implementing the clerkship at their respective sites. If there are concerns about comparability, these concerns are discussed and strategies for mitigating differences that may impact the learning experience are developed. Again, thus far the evidence shows that there is substantial comparability across all sites and that students have the ability to accomplish learning expectations regardless of the setting in which the student completes his/her clerkship experience.

C. ED-31 (mid-course feedback)

1. Describe the institutional policies and procedures that are in place to assure that students receive formal mid-clerkship feedback. How is the occurrence of mid-course feedback monitored?

Institutional Policies related to formative feedback in required clerkships is as follows. Please note that this is a formal policy adopted by the Year 3-4 Committee and endorsed by the Curriculum and Educational Policy Committee. This policy is included in the syllabus for each of the clerkships.

STUDENT FORMATIVE FEEDBACK

Every student will participate in a minimum of 1 scheduled formative feedback session with a clerkship director at the mid-way point in the block.   Your feedback session is indicated in your personal written schedule for the block.

The formative feedback is based on:

- the clinical assessment forms from faculty and residents
- review of Op-log clinical encounter entries to date
- professionalism forms

When the student meets with the clerkship director, they will discuss student's progress to date, including clinical expectations. In the event that it appears that the student is not on-track, the clerkship director will discuss strategies for meeting expectations. Alternative experiences (e.g., simulation exercises; on-line resources) will be assigned if it is unlikely that a required condition will not be encountered in the time remaining.

The outcome of the formative review session will be documented in the student's e-portfolio and consist of the following: completed (formative) evaluation form, summary of recommendations and agreements to improve performance and to meet clerkship expectations, types of patient encounters that the student needs when s/he returns to the specialty, etc. This form should be

completed at the time of the session. A copy will be given to the student. A second copy will be sent electronically to the OCEA.

The year 3-4 coordinator in the Office of Curriculum, Evaluation, and Accreditation monitors compliance with this policy by reviewing whether the on-line formative assessment form has been completed on eligible students. If the results of the formative feedback have not been posted, she contacts the clerkship coordinator to inquire about the status of such review and reminds the coordinator of the expectation that all students receive timely feedback that would enable them to remedy deficiencies.

2. Provide a table showing the percentage of students receiving mid-clerkship feedback for each of the required clinical rotations during the 2012-2013 academic year and as much of the 2013-2014 academic year as is available. Use data from an internal survey or from student evaluations of the individual clerkship.

Year 3 Required Clerkships (by block)*

Clerkship		AY 2012 - 13			AY 2013 – 14**
	Block 1	Block 2	Block 3	Block 1	Block 2
Family Medicine	100%	100%	100%	100%	100%
Internal Medicine	100%	100%	100%	100%	100%
OB/GYN	100%	100%	100%	100%	100%
Pediatrics	100%	100%	100%	92.8%	100%
Psychiatry	100%	100%	100%	100%	100%
Surgery	100%	100%	100%	100%	88%

*Please note: The data contained in this table is based on on-line formative assessments reports

**Data for the final block of the 2013-2014 academic year is not yet available.

Year 4 required Clerkships (by semester)*

Clerkship	AY 2012 - 13		AY 2013 - 14
	Fall	Spring	Fall
Emergency Medicine	100%	100%	100%
Neurology	85.7%	87.5%	88.9%

*Please note: The data contained in this table is based on on-line formative assessments reports

As can be seen from the data reported above, the overwhelming majority of students in the year 3 required clerkships receive the required formative feedback as recorded in our on-line evaluation system. Due to scheduling problems in Block 1, one student in pediatrics did not participate in a face-to-face formative session. This student was performing well and given the option of re-scheduling but was satisfied with the electronic feedback. Scheduling difficulties in the surgery clerkship resulted in two students not being given face-to-face mid-clerkship feedback. The clerkship director and coordinator—both new in their roles—have been counseled about the importance of providing formative feedback.

In year 4, the challenge reported by the clerkship directors in meeting the goal of 100% of students receiving mid-clerkship formative feedback lies in the fact that many students schedule time off for residency interviews during the first half of the year. Although students are required to make up missed clerkship time, arranging for formative feedback sessions is nonetheless difficult. In the fall of 2013, completion of mid-course feedback was complicated by the neurology clerkship director being out of town for an extended period.

D. ED-35 (*Systematic review of the curriculum*)

1. Describe the process of formal faculty review for each of the following curriculum elements. Include in the description the frequency with which such reviews are conducted, under whose auspices (e.g., the department, curriculum committee) they are undertaken, the administrative support that exists for such reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee) that receive the results of the evaluations.

Overview: Administrative Support for Curriculum Reviews

For each of the curriculum elements described below, the staff of the PLFSOM Office of Curriculum, Evaluation, and Accreditation (OCEA) provides logistical and technical support. This office is directed by the Senior Associate Dean for Medical Education and includes two doctoral level evaluation professionals, one a medical sociologist and the other a specialist in higher education leadership and evaluation, a master's degree level lead analyst, two bachelor degree level assessment coordinators and four coordinators. In addition, the IT department provides programming and lead analyst support to the OCEA. All data collection and reporting is centrally administered and coordinated.

i. Required courses in years 1 and 2 are evaluated at the end of each organ system unit for the Scientific Principles of Medicine (SPM) and Medical Skills courses. Each unit within these two required courses is approximately 7 weeks in duration. Based on data provided by the evaluation staff of the OCEA, feedback from the Student Curriculum and Evaluation Committee, and faculty experience, the SPM year 1 and year 2 course directors and the Medical Skills course directors convene end of unit debriefing sessions which include all of the faculty members who participated actively in the design and/or delivery of the unit. These reviews are also attended by the Director of Assessment and Evaluation and by the Senior Associate Dean for Medical Education. If problems are detected and/or significant changes are proposed based on the unit debrief, the course director is required to report to the Curriculum and Educational Policy Committee (CEPC). At the end of each academic year, the course directors for

SPM and Medical Skills courses presents a summary report to the CEPC which includes a description of the course goals and objectives, an overview of the teaching and learning modalities used in the course, a summary of student performance and how performance is assessed, a summary of the strengths and weaknesses of the course and a description of plans to remedy weaknesses, and a discussion of planned changes in the course for the next academic year. In addition, the course directors for these two courses provide the CEPC with a copy of the syllabus for the upcoming year. The report and syllabus must be approved by the CEPC. If not approved, the course director is given direction about what needs to be done to achieve approval.

The remaining two courses in years 1-2 are Society, Community and the Individual and the Masters' Colloquium. These two courses are evaluated by students at the end of each semester and the course directors are required to submit their reports and syllabi to the CEPC following the format described above.

ii. Required clerkships are reviewed at the end of each 16 week block in which the clerkships are implemented. These end-of-block reviews are conducted by the Senior Associate Dean for Medical Education, the Director of Assessment and Evaluation, the year 3-4 clerkship director and the clerkship coordinator. In these reviews, student evaluations and student performance are reviewed. A major function of these reviews is to monitor comparability of experiences at each clinical site where students are assigned and to review student clinical performance based on faculty and resident assessments and student performance on the NBME shelf examinations. If problems surface based on these data, strategies for resolving the problems are discussed for immediate implementation where possible.

Each clerkship director is required to report annually to the CEPC late in the spring semester. These reports follow the same general pattern as described above for years 1 and 2 with the additional step of assigning two CEPC liaisons for each clerkship block (a basic science member of the committee and a clinician member). The role of the CEPC liaison is to review early drafts of the syllabus and report to provide input on issues related to integration across the clerkships sharing a block, basic science content in the clerkships, and the vertical integration of topics from the first two years of the curriculum into years 3 and 4. The clerkship directors have found this additional step very helpful.

The CEPC must approve each course and clerkship before its next implementation for a new academic year. The most common reasons for not approving a course or a clerkship, in the few instances where this has occurred, has been for a lack of clarity about expectations, incomplete information, and inadequate documentation of how a course or clerkship contributes to meeting institutional learning objectives. The course or clerkship director is given feedback on what s/he needs to do to bring his/her course/clerkship into conformity with institutional expectations.

iii. Individual years or academic periods of the curriculum are addressed by course and clerkship directors in the course of seeking approval for their courses and clerkships through the CEPC processes. In addition, the Senior Associate Dean for Medical Education also reports to the Faculty Council on a

quarterly bases and the final report is presented as a "state of the curriculum" summarizing the year to date. Finally, the Senior Associate Dean presents an end of year 3 and 4 report to the Year 3-4 committee and to the clinical department chairs. These reviews address student outcomes, results of anonymous on-line student evaluations of their experiences, and the judgments of course/clerkship directors based upon their experience implementing their respective courses and clerkships.

iv. The entire curriculum is reviewed on two cycles, an annual review and a 5 year in-depth review that addresses broader issues. The annual review consists of a report to the Curriculum and Educational Policy Committee (CEPC) at the end of each academic year. The report includes 3 year trends in student evaluations for all required courses, cognitive load (as indicated by the amount of assigned learning materials), and contact hours (please see attached template). The report is sent to the CEPC members by the Director of Assessment and Evaluation, who is responsible for compiling the report. The report is then discussed at a CEPC meeting, with any action items determined by the committee and responsible individuals identified to ensure the action items are completed. At this point in time, all action items have been addressed through the syllabi review process. Results are reported back to the CEPC by the responsible individuals.

Every five years an additional review is conducted that includes review of institutional learning objectives, review of the evaluation process, a SWOT analysis of the curriculum, and review of the evidence supporting our achievement of institutional mission, vision, and institutional learning objectives. This five year review is also intended to critically evaluate the educational program and curriculum in the context of the institution's Strategic Plan. We are in the early stages of implementing a 5-year review. Most recently, as part of this process, the Senior Associate Dean for Medical Education led a comprehensive review of the Institutional Learning Objectives (ILOs). He reviewed the existing objectives and created a series of proposals for revision. These were thoroughly discussed by the CEPC as a first draft and changes were made based on CEPC member input. The resulting draft was then reviewed by the Year 1-2 committee consisting of members of the Department of Medical Education and the Year 3-4 Committee which is made up of required clerkship directors, Sub-Internship Directors, and selective directors. This review resulted in additional recommendations for modification and clarification and these were reviewed once again by the CEPC. The final version was then presented to the Dean's Council and faculty council. The Evaluation Committee has been assigned the task of developing strategies for assessing the accomplishment of the newly developed ILOs.

The review of the evaluation process is conducted by the Evaluation Committee which reports to the CEPC. They perform a SWOT analysis on the current system and identify action steps to be recommended to the Senior Associate Dean for Medical Education and the CEPC. For action items falling within their authority, the Evaluation Committee can make immediate changes. An example of this type of action item is the recent development and implementation of a faculty unit evaluation survey to better capture faculty attitudes and recommendations for units taught in SPM and Medical Skills.

A SWOT (strengths, weaknesses, opportunities, and threats) analysis of the four year curriculum was recently conducted under the direction of the Senior Associate Dean for Medical Education. For the

purposes of this analysis, the educational program was broadly defined to include curriculum, faculty, resources, and infrastructure. The members of the CEPC and the Year 3 & 4 curriculum committees were asked to create an independent SWOT analysis. The group then held a joint meeting where members were divided into teams with a discussion leader and each individual shared the results of his/her independent judgment. Each small group was responsible for developing a prioritized list of strengths, weaknesses, opportunities and threats for discussion with the other groups. Through these discussions consensus was achieved as to the items to include on a final SWOT analysis document.   The Senior Associate Dean for Medical Education then reported the results to the dean and associate deans sitting on the Dean's Council.

Once completed, all parts of the 5 year review will be compiled into a report by the Director of Assessment and Evaluation and provided to the CEPC and the Senior Associate Dean for Medical Education for review and action planning. The data and analysis provided by this comprehensive review will be used in ongoing quality enhancement efforts and incorporated into subsequent strategic planning initiatives directed by the Office of the Dean.

2. If there are standardized templates for such reviews, provide sample copies.

The following sample standardized review course/clerkship review templates are appended to this report:
- Course/Unit Debriefing Checklist and Action Form
- Annual Curriculum Evaluation Report
- End of Block/Clerkship Review
- Clerkship Syllabus Review Rubric

E. ED-38 (Monitoring duty hours)

1. Describe the mechanisms that exist for assessing the effectiveness of duty hour policies. Provide examples of instruments used to monitor duty hours in required clinical clerkships.

Each clerkship director is also responsible for informing attending faculty members and residents about duty hour policies and the requirement that these policies be followed. Each clerkship director is also responsible for enforcing duty hour policies in his/her clerkship. Students are never scheduled to exceed the published duty hour guidelines. These guidelines, as published in the clerkship syllabi follow:

STUDENT WORK HOURS POLICY
Preamble: The School of Medicine has the responsibility to develop and implement work hour policies for medical students, especially those on clinical clerkship rotations, in accordance with LCME ED-38. These policies should promote student health and education.
1. Students should not be scheduled for on-call time or patient-care activities in excess of 80 hours per week.

2. Students should not be scheduled for more than 16 continuous hours.

3. Students should have at least one day off each week averaged over a one month period.

4. This policy applies to all clerkships in the third year as well as required and elective fourth year courses at the Paul L. Foster School of Medicine.

5. The clinical departments will determine the frequency of overnight call, but it should not be more frequent than every 4th night.

6. It is anticipated that student attendance at clerkship seminars, conferences, and other didactic sessions will be facilitated by this policy and that provisions in this policy are not the basis for missing these sessions. Requests for excused absences from these sessions should be submitted to the clerkship director or his/her designees on an individual basis.

7. Variances from this policy must be approved by the Associate Dean for Student Affairs.

An example duty hour log sheet is included below. This sheet is completed by the student on-line or by using a paper copy, as preferred by the student, and turned in to the clerkship coordinator at the end of the rotation. Students are instructed to contact the clerkship director if they feel that duty hours are being violated. Beginning in July 2014 we will be implementing an on-line "scheduler" application that will automate the process of recording scheduled hours for all clerkship activities. Students will then be required to go on-line and make adjustments if there is a modification in the assigned hours. The system will automatically alert the clerkship coordinator when a change is made. This will enable the clerkship coordinator to monitor student hours who can then alert the clerkship director of any violations and s/he can then intervene as needed.

See duty hour log sheet template below.

Duty Hour Log, PLFSOM

FOR THE MONTH OF:

Name: _____ MS Year _____3_____

Department: _____ Rotation _____

	SUN	MON	TUE	WED	THUR	FRI	SAT	
DATE:								**TOTAL HOURS WORKED**
	HRS	HRS	HRS	HRS	HRS	HRS	HRS	
WEEK 1								

	SUN	MON	TUE	WED	THUR	FRI	SAT	
DATE:								**TOTAL HOURS WORKED**
	HRS	HRS	HRS	HRS	HRS	HRS	HRS	
WEEK 2								

	SUN	MON	TUE	WED	THUR	FRI	SAT	
DATE:								**TOTAL HOURS WORKED**
	HRS	HRS	HRS	HRS	HRS	HRS	HRS	
WEEK 3								

2. Provide data from student clerkship evaluations or an internal student survey on student satisfaction with duty hours and describe how concerns from the students are addressed.

Monitoring Duty Hours

The following table displays student perceptions of the extent to which duty hour policies were adhered to during their clerkships. Student responses to the evaluation item below was captured using a 5-point Likert scale (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree).

Item: Duty hours were adhered to strictly.

	AY 2011-2012					
Year 3 Clerkship	**Block 1**	**N**	**Block 2**	**N**	**Block 3**	**N**
Surgery	3.7	9	3.8	12	3.4	14
Family Medicine	4.3	9	4.3	12	4.7	14
Internal Medicine	3.4	11	3.7	12	2.7	13
Psychiatry	5.0	11	4.7	12	4.7	13
Pediatrics	4.0	11	4.7	11	4.6	11
OB/Gyn	3.6	11	3.6	11	4.3	11

	AY 2012-2013					
Year 3 Clerkship	**Block 1**	**N**	**Block 2**	**N**	**Block 3**	**N**
Surgery	3.38	16	3.59	17	4.00	13
Family Medicine	4.31	16	4.00	17	4.38	13
Internal Medicine	3.86	14	4.13	16	4.40	15
Psychiatry	4.43	14	4.38	16	4.47	15
Pediatrics	4.45	11	4.53	19	4.38	21
OB/Gyn	3.73	11	4.11	19	4.00	21

	AY 2013-2014					
Year 3 Clerkship	**Block 1**	**N**	**Block 2**	**N**	**Block 3**	**N**
Surgery	4.55	22	4.04	24	TBD	-

Family Medicine	4.64	22	4.30	23	TBD	-
Internal Medicine	4.08	25	3.96	24	TBD	-
Psychiatry	4.40	25	4.46	24	TBD	-
Pediatrics	4.29	28	4.69	26	TBD	-
OB/Gyn	3.93	28	4.38	26	TBD	-

	Semesters							
Year 4 Clerkship	**Fall 2012**	**N**	**Spring 2013**	**N**	**Fall 2013**	**N**	**Spring 2014**	**N**
Neurology	4.8	10	4.7	19	4.8	10	TBD	-
Emergency Medicine	4.4	9	4.6	25	4.4	9	TBD	-

Students are encouraged to report perceived violations of duty hour policies to their respective clerkship director so that s/he can intervene as needed. Students have also been instructed that they can take concerns about adherence to duty hour requirements to the Associate Dean for Student Affairs if problems persist. Results of student responses to end of clerkship evaluations dealing with duty hours are discussed with the clerkship directors in the end of block reviews. The clerkship directors routinely report that in many instances student perceptions that duty hour policies are not being adhered to is based on erroneous interpretations of the policies described above. Clerkship directors have been instructed to review duty hour policies in their respective clerkship orientation periods. The data summarized in the above table suggests that students are reporting increasing satisfaction with duty hours.

F. MS-31-A (learning environment and professionalism)

In addition to 2013 GQ data we conducted a learning environment survey of all current students in January and February 2014 to gain an even broader perspective on student perceptions of mistreatment. One hundred and ninety nine (199) students responded for an overall response rate of 62%. We also convened two focus groups (one male, one female) of MS 3-4 students to learn more about student perceived barriers to reporting instances of mistreatment and to solicit student suggestions for ways to improve the overall learning environment particularly during the clerkship years. AAMC GQ data for the class of 2013 and the results of the campus wide survey are reported below. Information derived from these surveys and from focus group discussions were presented at a March 2014 leadership retreat consisting of the dean, associate and assistant deans and all department chairs.

1. Provide data from the 2013 AAMC GQ and/or from institutional surveys on the following items:

a) Students' awareness of and satisfaction with medical school mistreatment policies.

	2013 GQ (n=34)	2014 School survey M1s-M4s (n=199)	2014 School survey M4s (n=41)
Awareness of policies	94%	85%	90%
Satisfaction w/ policies	NR	92	92%

b) Percentage of students experiencing (and reporting) mistreatment.

	2013 GQ (n=34)	2014 School survey M1s-M4s (n=199)	2014 School survey M4s (n=41)
Students reporting experiencing mistreatment	50%	30%	49%
Students reporting	29%	11%	NR

c) Sources of mistreatment.

Source of mistreatment	2013 GQ (n=34)	2014 School survey M1s-M4s (n=199)
Pre-clerkship faculty	3%	13%
Clerkship faculty (in classroom)	6%	3%
Clerkship faculty (in clinical setting)	21%	38%
Resident/Intern	21%	28%
Nurse	6%	8%
Administrator	0	5%
Student	3%	30%
Other Institution Employee	3%	17%

d) Percentage of students who reported mistreatment they experienced.

	2013 GQ (n=34)	2014 School survey M1s-M4s (n=199)	2014 School survey M4s (n=41)
Students reporting	29%	11%	NR

e) Reasons students did not report mistreatment.

Reason didn't report	GQ2013 (n=34)	2014 School survey M1s-M4s (n=199)
The incident did not seem important enough to report	53%	65%
I resolved the issue myself	29%	38%
I did not think anything would be done about it	29%	19%
Fear of reprisal	29%	25%
I did not know what to do	0	10%

2. Complete the attached table with data from the 2013 AAMC GQ on the types of behaviors experienced by students.

Data from the 2013 AAMC Graduation Questionnaire Paul L. Foster School of Medicine				
Behavior	Frequency (%Reporting)			
	Never	Once	Occasionally	Frequently
Publicly embarrassed	18(52.9%)	2(5.9%)	14(41.2%)	0(0.0%)
Publicly humiliated	23(67.6%)	2(5.9%)	9(26.5%)	0(0.0%)
Threatened with physical harm	31(91.2%)	1(2.9%)	2(5.9%)	0(0.0%)
Physically harmed	33(97.1%)	0(0.0%)	1(2.9%)	0(0.0%)
Required to perform personal services	30(88.2%)	1(2.9%)	3(8.8%)	0(0.0%)
Subjected to offensive sexist remarks	23(67.6%)	5(14.7%)	5(14.7%)	1(2.9%)
Denied opportunities for training or rewards based solely on gender	29(85.3%)	2(5.9%)	2(5.9%)	1(2.9%)
Received lower evaluations or grades solely because of gender	31(91.2%)	0(0.0%)	3(8.8%)	0(0.0%)
Subjected to unwanted sexual	29(85.3%)	2(5.9%)	3(8.8%)	0(0.0%)

advances				
Asked to exchange sexual favors for grades or other rewards	32(94.1%)	1(2.9%)	1(2.9%)	0(0.0%)
Denied opportunities for training or rewarded based solely on race or ethnicity	30(88.2%)	1(2.9%)	2(5.9%)	1(2.9%)
Subjected to racially or ethnically offensive remarks	29(85.3%)	0(0.0%)	4(11.8%)	1(2.9%)
Received lower evaluations or grades solely because of race or ethnicity	32(94.1%)	0(0.0%)	1(2.9%)	1(2.9%)
Denied opportunities for training or rewards based solely on sexual orientation	31(91.2%)	1(2.9%)	1(2.9%)	1(2.9%)
Subjected to offensive remarks/names related to sexual orientation	32(94.1%)	0(0.0%)	1(2.9%)	1(2.9%)
Received lower evaluations or grades solely because of sexual orientation	32(94.1%)	0(0.0%)	1(2.9%)	1(2.9%)

The following action steps for addressing student mistreatment were agreed to at the March 4, 2014 Leadership Retreat:

1. Student mistreatment policies and reporting procedures will be thoroughly reviewed with each of the 4 classes at the beginning of each academic year.
2. These policies will be included in the clerkship syllabi for year 3-4 students as well as in the student handbook.
3. The Associate Dean for Student Affairs will present scenario based cases for discussion with faculty, residents and staff in each department at her annual meeting with each department to discuss the learning environment.
4. Human Resources personnel from University Medical Center will be invited to participate in training sessions to improve hospital staff awareness of policies, procedures and violations.

G. ER-6 (resources for clinical instruction)

1. Provide an update addressing plans for how the school will accommodate the expanded class size. Include the clinical sites for each required clerkship and the number of students rotating at each site. Note any new clinical partners that have been added and provide copies of relevant affiliation agreements.

As part of the planned roll-out of the new Paul L. Foster School of Medicine, class size has expanded from 40 students (class of 2013), to 60 students (class of 2014), to 80 students (classes of 2015 and 16), to 100 students (class of 2017). Class size is capped at 100 students per year. To meet the educational needs

of students in years 3 and 4 we are expanding capacity through negotiation with our existing affiliates—University Medical Center (UMS), El Paso Children's Hospital (EPCH), William Beaumont Army Medical Center (WBAMC), El Paso Psychiatric Center (EPPC) and University Behavioral Health (UBH). We have also negotiated additional clinical placements of students at Providence, Sierra, and Sierra East hospitals which are all Tenet Corporation facilities. The Tenet affiliation agreement is included in the appendix to this status report. The tables below illustrate the anticipated distribution of student s by week at each of our clerkship sites and the total numbers that will be rotating at each site in a given academic year beginning in 2015. Please note that all students will complete a portion of their clerkships in Internal Medicine and Surgery at University Medical Center; and that all students will complete a portion of their psychiatry clerkship at El Paso Psychiatry Center; and that all students in Neurology will complete portions of their required clerkship with our Sierra (Tenet) affiliate.

ANTICIPATED WEEKLY ASSIGNMENT OF STUDENTS BY CLERKSHIP AND BY SITE BEGINNING IN 2015-16								
Clerkship	MS Year	UMC	EPCH	WBAMC	EPPC	UBH	Providence	Sierra
Internal Medicine**	3	5		3			*2	
	4	7		*1				
Pediatrics**	3		8					
	4		5					
Surgery	3	9		2				
	4	5						
OBGYN**	3	2	4	*3			*1	
	4	1	1	*1				
Psychiatry	3				2	4		
	4							
Family Medicine***	3							
	4	8						
Emergency Medicine	4	10						
Neurology	4			2				10
TOTAL NUMBER OF STUDENTS ROTATING AT EACH SITE BY CLERKSHIP BEGINNING IN 2015-16								
Clerkship	MS Year	UMC	EPCH	WBAMC	EPPC	UBH	Providence	Sierra

Internal Medicine**	3	100		45			*30	
	4	77		*10				
Pediatrics**	3		100					
	4		50					
Surgery	3	100		30				
	4	55						
OBGYN**	3	100	100	*18			*47	
	4	10	10	*10				
Psychiatry	3				100	60		
	4							
Family Medicine***	3							
	4							
Emergency Medicine	4	100						
Neurology	4			22				100
*Additional sites needed accommodate 100 students per class.								
**The remainder of the students on the clerkship are in the TTUHSC outpatient clinics								
***Family Medicine is an outpatient experience								

II. NONCOMPLIANCE WITH STANDARDS

A. MS-3 (information about selection criteria and procedures)

1. Describe the admissions process with a focus on how and by whom students are selected for interviews. Note also the criteria that are used as part of screening for awarding of an interview and how these criteria were developed.

The admissions process incorporates a screening rubric for the primary Texas Medical and Dental School Application Service (TMDSAS) application and the secondary PLFSOM application. This rubric codifies criteria identified by the admissions committee as important to fit our mission and diversity statement in

selecting students. Subsequent to legal and statistical review, the admissions committee approved these codified screening criteria for utilization by the associate dean for admissions and his designated staff trained to screen applicants for selection to interview. These screeners are degreed members of the Admissions Office staff, experienced in the evaluation of medical school applications and versed in the identification of candidate qualifications desired and sought after by the student admission committee. They generate a pool of candidates that are acceptable for consideration toward an interview. The criteria in the screening of the primary TMDSAS application include cognitive and non-cognitive components. The cognitive components are: Science grade point average (SGPA), SGPA improvement, GPA, MCAT score, and post-baccalaureate education; the non-cognitive components are: personal statement, medical-related experiences, non-medical experiences, letters of evaluation, socioeconomic status, underrepresented minority identity, and regional origin (El Paso, Border Counties, West Texas). The criteria in the secondary PLFSOM application identify affinity with our school's mission and location, meaningfulness of influence by parent/guardian/mentor or others on applicant aspirations, affinity with our TTUHSC medical student honor code, and personal experiences or disadvantage and their significance to the applicant. A total score is derived from the primary and secondary application screens, which determines who will be invited to interview. A copy of the application analysis rubric is reproduced below:

PLFSOM Primary Application Evaluation   Year   _____
Ratings Guide

1. **SGPA** (max. 30 pts. As per guidelines)   _____

2. **SGPA** improvement (max. 3 pts. As per guidelines)   _____

3. **GPA** (max. 10 pts. As per guidelines)   _____

4. **MCAT** (Total Score)   _____

5**. Post-Baccalaureate Education** (max. 5 pts.)
      Degree _____ Discipline _____ Year _____

Other PB 2 pts.	PB Up Trend 3 pts.	PB Certificate GPA 3.5 - > = 4 pts.	Masters 4 pts.	PhD 5 pts.

6. **Personal Statement** (max. 5 pts.) _____

7. **Medical Related Experiences** (max. 10 pts.)

None 0 pts.	Poor 1 – 2 pts.	Fair 3 – 4 pts.	Good 5 – 6 pts.	Very Good 7 – 8 pts.	Excellent 9 – 10 pts.

8. **Non-Medical Experiences** (max. 10 pts.)

None 0 pts.	Poor 1 – 2 pts.	Fair 3 – 4 pts.	Good 5 – 6 pts.	Very Good 7 – 8 pts.	Excellent 9 – 10 pts.

9. **Letters of Recommendation** (max. 10 pts.)

None 0 pts.	Poor 1 – 2 pts.	Fair 3 – 4 pts.	Good 5 – 6 pts.	Very Good 7 – 8 pts.	Excellent 9 – 10 pts.

10. **Socioeconomic Status (max. 4 pts.)**

D 0 pts.	C 1 pt.	B 3 pts.	A 4 pts.

11. **Underrepresented Minority** (3 pts.)

No 0 pts.	Yes 3 pts.

12. **Regional Origin**

West Texas 1 pt.	Other Border Counties 3 pts.	El Paso Region 4 pts.

PLFSOM Secondary Application Essays Evaluation

1. Affinity with PLFSOM mission and location.

0 None	1	2	3	4 Highest

2. Meaningfulness of influence by parent, guardian, mentor or others on applicant's aspirations.

0 pts. None	1 pt.	2 pts.	3 pts.	4 pts. Highest

3. Affinity with TTUHSC medical student honor code.

0 None	1	2	3	4 Highest

4. Personal experiences or disadvantage and significance to applicant.

0 None	1	2	3	4 Highest

Secondary Application Total

_____

(max. 16 pts.)

2. Indicate how this information is made known to applicants and advisors.

The PLFSOM admissions office web site has an Admissions Process link which includes information about criteria utilized to select applicants for interview. This is also information provided to members of the Texas Association of Advisors for the Health Professions and to pre-med students during recruiting visits with pre-med students at colleges and universities across Texas.

ER-9 (affiliation agreements)

1. Provide a copy of the affiliation agreement with University Behavioral Health and describe the changes to the content of the agreement that have been made since the survey visit.

The new University Behavioral Health affiliation agreement was modified as follows to meet LCME requirements and to bring us in compliance with the standard:

- Language was added assuring emergency care of students while at the site but noting that the student is responsible for the financial cost of emergency care;

- Language was added describing the mutual commitment of UBH and the PLFSOM to creating and maintaining a positive learning environment consistent with the AAMC Compact between Teachers and Learners.

The modified affiliation agreements were approved and signed by the appropriate institutional representatives in September 2013. A copy of our affiliation agreement with Tenet for the placement of students in their hospitals is also included as an appendix to this report.

TTUHSC, Paul L. Foster School of Medicine LCME Status Report Appendices

ED-35: Sample Standardized Course/Clerkship Review Templates

A) <u>Course/Unit Director Checklist and Action Form</u>

Name: Date:

Role: Course/Unit:

The purpose of this check-list is to identify areas needing improvement. We will collect responses from all faculty and staff participating in the course/unit debriefing and establish a list of action items to be submitted to the Senior Associate Dean of Medical Education. Every effort will be made to address the action items during curriculum planning for the next year.

1. What are the main strengths of the course/unit?

2. Do evaluator ratings for the course/unit organization, administration and management indicate a specific need for improvement (see quantitative summary table)?

    ☐Y ☐N   If Yes, specify:

3. Were problems identified within any of the following course/unit curricular elements that require action?
    a. Learning Objectives   ☐Y ☐N   If Yes, specify:
    b. Topics Covered   ☐Y ☐N   If Yes, specify:
    c. Volume of Content   ☐Y ☐N   If Yes, specify:
    d. Quality of Materials   ☐Y ☐N   If Yes, specify:
    e. Instructional Methods   ☐Y ☐N   If Yes, specify:
    f. Distribution of Time   ☐Y ☐N   If Yes, specify:
    g. Integration   ☐Y ☐N   If Yes, specify:
    h. Other   ☐Y ☐N   If Yes, specify:

4. Were problems identified during the implementation of the course/unit that require action?
    a. Scheduling Issues   ☐Y ☐N   If Yes, specify:
    b. Assessment Issues   ☐Y ☐N   If Yes, specify:
    c. Room Issues   ☐Y ☐N   If Yes, specify:
    d. IT/ET Issues   ☐Y ☐N   If Yes, specify:
    e. Content Issues   ☐Y ☐N   If Yes, specify:
    f. Faculty Issues   ☐Y ☐N   If Yes, specify:
    g. Other   ☐Y ☐N   If Yes, specify:

5. Did the assessment results indicate that the course/unit learning objectives were satisfactorily met?

    ☐Y ☐N   If No, specify:

6. Were there any student issues related to the course/unit that require action?

    ☐Y ☐N   If Yes, specify:

7. Were there any faculty issues related to the course/unit that require action?

    ☐Y ☐N   If Yes, specify:

Follow-up: Action Items

No.	Description	Responsibility	Date Assigned	Scheduled Complete	Actual Complete	Comments
1						
2						
3						

B) Annual Curriculum Evaluation Report [Abbreviated due to length]

Annual Evaluation Report
AY [Fill in]

Table of Contents

THE FOLLOWING ANSWER SCALE is used for all quantitative indicators EXCEPT Environment (yes/no)

Course Evaluation Scale

> 0 - No Interaction
>
> 1 - Strongly Disagree
>
> 2 - Disagree
>
> 3 - Neutral
>
> 4 - Agree
>
> 5 - Strongly Agree

Course Schematic for the Academic Year
M1 & M2
Contact Hours
Student Load
Evaluation Results

COURSE
Quantitative Data Trends
Summary of Qualitative Data Themes

M3 Courses
Block

BLOCK METRICS
Quantitative Data Trends
Summary of Qualitative Data Themes (as appropriate)

CLERKSHIPS IN BLOCK

Quantitative Data Trends
Summary of Qualitative Data Themes

M4 Required Courses
Course

Quantitative Data Trends
Summary of Qualitative Data Themes (as appropriate)

C) **End of Block/Clerkship Review**

Report Date/Time:

Course

Results: *Summary Results* (n=___)

Contents

THE FOLLOWING ANSWER SCALE(S) Were USED

Course Evaluation Scale

       0 - No Interaction

       1 - Strongly Disagree

       2 - Disagree

       3 - Neutral

       4 - Agree

       5 - Strongly Agree

Block

Quantitative Results

NUMBER OF RESPONDENTS

2013-2014	2012-2013	2011-2012

ORGANIZATION, ADMINISTRATION AND MANAGEMENT

OBJECTIVES

LEARNING & TEACHING MATERIAL EDUCATION EXPERIENCE AS APPROPRIATE

Qualitative Results as appropriate

Clerkship

Quantitative Results

NUMBER OF RESPONDENTS

2013-2014	2012-2013	2011-2012

KNOWLEDGE

EVALUATION

DUTY HOURS & WORK ENVIRONMENT

PATIENT CARE & PROCEDURAL

SUPERVISION & TEACHING

ADVISORSHIP

LEARNING AND TEACHING MATERIAL

MEDICAL KNOWLEDGE

INTERPERSONAL AND COMMUNICATION SKILLS

EDUCATIONAL EXPERIENCE

CLINICAL SUPERVISION

OVERALL/SUMMARY

Qualitative Measures

- WHAT AREAS OF KNOWLEDGE TESTED ON THE NBME NEED BETTER COVERAGE DURING THIS CLERKSHIP?

- WHAT CLINICAL SKILLS AND/OR PATIENT ACTIVITIES NEED MORE EMPHASIS IN THIS CLERKSHIP?

- PLEASE DESCRIBE ANY CHANGES TO THE FIRST 2 YEARS OF MEDICAL SCHOOL THAT WOULD HAVE BETTER PREPARED YOU FOR THIS CLERKSHIP.

- PLEASE DESCRIBE UP TO 3 CHANGES THAT WOULD IMPROVE THE LEAST SUCCESSFUL FEATURES OF THIS CLERKSHIP, MAKING THIS CLERKSHIP EVEN MORE EFFECTIVE. (PLEASE DESCRIBE THE UNSUCCESSFUL FEATURE WITH ENOUGH DETAIL THAT THE ELECTIVE DIRECTOR WILL HAVE AN IDEA ABOUT HOW IT MIGHT BE ADDRESSED.)

- IN THE SPACE BELOW, PLEASE DESCRIBE 2-3 FEATURES YOU CONSIDER TO BE THE MAJOR STRENGTHS OF THIS CLERKSHIP. (PLEASE PROVIDE ENOUGH DETAIL THAT THE CLERKSHIP DIRECTOR WILL KNOW WHAT TO KEEP.)

- PLEASE DESCRIBE 2-3 CHANGES TO IMPROVE THE LONGITUDINAL SELECTIVE EXPERIENCE.

- PLEASE DESCRIBE THE STRENGTHS OF YOUR LONGITUDINAL EXPERIENCE.

- WHO WERE THE BEST FACULTY MEMBERS YOU WORKED WITH DURING THIS CLERKSHIP? PLEASE DESCRIBE THE BEHAVIORS THAT MADE THEM OUTSTANDING TEACHERS.

- WHO WERE THE BEST RESIDENTS YOU WORKED WITH DURING THIS CLERKSHIP? PLEASE DESCRIBE THE BEHAVIORS THAT MADE THEM OUTSTANDING TEACHERS.

D) <u>Clinical Block/Clerkship Syllabus Review Rubric</u>

Reviewer Name: **Date of Review:**

Block Name:
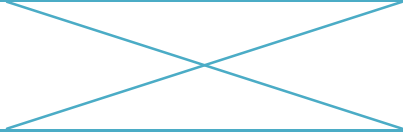
	Exceptional	Acceptable	Unacceptable	Missing
Block Information (Please circle appropriate description)				
Block Goals - what we intend students to learn as participants in an educational experience integrating experiences (clinical and didactic) cutting across the two disciplines sharing the block	Block goals are specific, identifies the extra value of the block, and worded as objectives in a format that completes the statement "the student …"	Contains block goals that are specific to the block and describes how the block provides extra value by incorporating 2 clerkships	Block Goals are too vague or confusing to provide guidance to the student	
Block Scheduling	Given his or her specific identifier, a student could use the block scheduling information to identify what his or her general schedule is for a given week.	Clearly identifies the overall organization of the block schedule.	Schedule information is confusing.	
Shared Topics	Specifically identifies all topics that have been selected to demonstrate combined approaches of the two clerkship disciplines sharing the block	Lists shared topics and learning objectives associated with all topics.	List shared topics but does not describe how the clerkship meets them; learning objectives and how they will be met are vague or absent.	

	Exceptional	Acceptable	Unacceptable	Missing
	(e.g., Falls in the elderly-Prevention addressed by family medicine and surgical management by surgery as a single shared topic); includes learning objectives and description of the rationale for the shared topic.			
Shared Activities	Specifically identifies shared learning activities (e.g., case conferences, joint rounds, seminars, morning report) in which the goal of the activity is to integrate learning across both disciplines sharing the block; makes it clear that the shared activities were designed to promote integrated learning.	Clearly identifies and describes shared learning activities	Shared activities are implied or vaguely described. Unclear why some learning activities are being shared across the clerkship disciplines sharing a block.	
Common policies		Contains all of the current policies	Policies are missing or not current	

Clerkship Name:

	Exceptional	Acceptable	Unacceptable	Missing
Contacts	Identifies: clerkship director, block directors, and coordinator. Provides phone numbers and email addresses. Indicates office location and hours. Provides emergency contact information.	Identifies: clerkship director, block directors and coordinator. Provides phone numbers and email addresses.	Identifies clerkship director, block directors and coordinator but does not provide complete contact information.	
Clerkship description	Clerkship content, instructional	Clerkship content, instructional	Teaching methods, content,	

	Exceptional	Acceptable	Unacceptable	Missing
	methods and behavioral expectations, including what students should bring to activities, are clearly stated so students know what to expect and what is expected of them	methods and behavioral expectations are clearly stated.	and/or behavioral expectations are confusing or difficult to follow.	
Clerkship Objectives	Indicates where students can find block/clerkship week/activity specific objectives and shows how they meet the institutional objectives. These function as a conceptual map for the students to see how the material relates to institutional objectives	Lists the institutional objectives that the clerkship will meet and describes how clerkship meets these objectives	Lists institutional objectives but does not describe how the clerkship meets them	
Integration threads evident from syllabus -	**Please check-mark those threads that are evident in the syllabus (including the integration threads table).** ☐ geriatrics ☐ basic science ☐ ethics ☐ professionalism ☐ EBM ☐ chronic illness ca ☐ patient safety ☐ pain management ☐ clinical patholog ☐ palliative care ☐ quality improvement ☐ clinical and/or tr ☐ communication skills ☐ diagnostic imaging			
Integration threads	Integration threads are identified and tied to learning activities. If integration thread is expected to occur as part of encounters, identifies what kind of encounters are expected to fulfill the thread	Integration threads are identified and the means of inclusion can be inferred from the rest of the syllabus	Integration topics are identified but little or no information is provided about how and/or why the thread is included in the clerkship.	

	Exceptional	Acceptable	Unacceptable	Missing
Assessment	Student can clearly tell what tests and other assignments are used for assessment. Descriptions and instructions for assignments makes it easy for the student to understand how to complete the required assignments.	Student can clearly tell what tests and other assignments are used for assessment. Grading criteria are present but not detailed. How and where to turn in assignments may be vague.	Tests and assignments are indicated but there is not sufficient detail for a student to know when they are due, how they will be assessed, and/or where and how to submit them.	
Missed Events		Clearly identifies policies for making up missed activities and tests.	Criteria for making up missed tests and assignments is vague.	
Grading	Clearly indicates the threshold for honors/pass/fail. Describes process for contesting grades and the role of the grading & promotion committee. Provides clear explanation about remediation policies.	Clearly indicates the threshold for honors/pass/fail. Indicates process for contesting grades and describes how unsatisfactory performance can be remediated.	honors/pass/fail criteria identified. Missing information on curving and remediation.	
Student Performance Objectives	Students can readily identify what constitutes success. Grading rubrics are attached to the syllabus.	Expectations for academic performance are stated in the syllabus, but what students must do to be successful is not always clear .	Expectations for academic performance are so vaguely worded it is difficult to determine exactly what a student must do in order to succeed in this clerkship.	
Clinical Presentation Schemes	Explicitly lists CPs from years 1-2 that will be reviewed as part of the clerkship experience and describes how the schemes will be incorporated into the clinical learning experience.	Identifies the CPs from years 1-2 that will be reviewed as part of the clerkship experience.	Indicates that CPs will be used but does not identify which ones.	
Patient Condition	Explicitly specifies the types of	Specifies the types of patient	Specifies the types of patient	

	Exceptional	Acceptable	Unacceptable	Missing
Expectations	patient conditions students are expected to encounter as part of the clerkship; specifies alternative ways of meeting expectation if required conditions are not available during the time the student is completing the rotation (e.g., computerized cases, simulations, required reading). Specifies who to contact if student is concerned s/he is not going to meet the requirements.	conditions students are expected to encounter as part of the clerkship; provides information about what to do if a required condition is not encountered during the clerkship.	conditions students are expected to encounter as part of the clerkship.	
Op-log Expectations	Clearly indicates expectations and policies regarding the recording of clinical encounters in the on-line patient encounter system (Op-Log); specifies expected minimum number of entries. Indicates that Op-log entries will be reviewed as part of the mid-block formative assessment and at the end of the clerkship.	Clearly identifies the minimum expected patient encounter recording requirements by presentation or other category.	Identifies minimum number of op-log patients but does not clarify expectations about presentation or other categorizing detail	
Required, Expected, and Optional Events	Syllabus clearly identifies which events are required, expected, and optional with explanations that will help students decide to attend.	Syllabus clearly identifies what events are required, expected, and optional	It is difficult to identify which events are required or optional	
Mid-Clerkship Review	Describes the mid-clerkship review in detail. Student will know what to expect from the review, who will conduct it, and	Clearly indicates that there is a mid-clerkship review during the 8th week. Indicates who will conduct it and how the student	Identifies that there will be a mid-clerkship review but provides no explanation.	

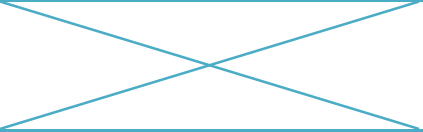|	Exceptional	Acceptable	Unacceptable	Missing
	how s/he will find the logistical details for his/her scheduled review.	will know when s/he is scheduled.		
Calendar of Clerkship Events	There is "view from the moon" calendar identifying the general topics by week or other relevant time unit	Syllabus prominently includes a general calendar for the clerkship.	The calendar is present but is either inaccurate or obscured by the formatting of the syllabus.	
Clerkship Location(s)	Clearly identifies all locations. When locations are not on campus, provides map or links to maps. In the event that locations vary by individual, provides the individual with information on how to get maps if needed.	Clearly identifies where instruction takes place for all events.	Location information is vague	
Readings	Reading list identifies required readings by author, title, page numbers and links to electronic media if appropriate. Materials are all identified at the beginning of the semester.	Identifies readings by author, title, page numbers and links to electronic media if appropriate. Clearly indicates which are required. If not available at the beginning of clerkship, indicates when materials will be available.	Identifies required reading but does not provide page numbers, links and is otherwise vague, making it difficult to find the material.	
Professionalism expectations	Identifies specific professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism, discusses why they are important, gives examples, and encourages students to reflect on professionalism.	Identifies professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism.	Includes an expectation of professionalism but discussion is vague or missing relevant elements.	

	Exceptional	Acceptable	Unacceptable	Missing
Layout	The syllabus is exceptionally attractive and usable White space, graphic elements, and/or alignment organize the material so that it is easy to find specific information. Is a useful tool and appears that the instructors expect the student to use it.	The formatting and design of the syllabus makes it easy to read, but it is not always easy to find information.	May appear busy or boring. Although important elements are present, it is hard to find specific information or details	

Comments/Questions to Ask Clerkship Director(s)

Clerkship Name:

	Exceptional	Acceptable	Unacceptable	Missing
Contacts	Identifies: clerkship director, block directors, and coordinator. Provides phone numbers and email addresses. Indicates office location and hours. Provides emergency contact information.	Identifies: clerkship director, block directors and coordinator. Provides phone numbers and email addresses.	Identifies clerkship director, block directors and coordinator but does not provide complete contact information.	

	Exceptional	Acceptable	Unacceptable	Missing
Clerkship description	Clerkship content, instructional methods and behavioral expectations, including what students should bring to activities, are clearly stated so students know what to expect and what is expected of them	Clerkship content, instructional methods and behavioral expectations are clearly stated.	Teaching methods, content, and/or behavioral expectations are confusing or difficult to follow.	
Clerkship Objectives	Indicates where students can find block/clerkship week/activity specific objectives and shows how they meet the institutional objectives. These function as a conceptual map for the students to see how the material relates to institutional objectives	Lists the institutional objectives that the clerkship will meet and describes how clerkship meets these objectives	Lists institutional objectives but does not describe how the clerkship meets them	
Integration threads evident from syllabus -	**Please check-mark those threads that are evident in the syllabus (including the integration threads table).** ☐ geriatrics ☐ basic science ☐ ethics ☐ professionalism ☐ EBM ☐ chronic illness care ☐ patient safety ☐ pain management ☐ clinical pathology, ☐ palliative care ☐ quality improvement clinical and/or translati communication skills diagnostic imaging			
Integration threads	Integration threads are identified and tied to learning activities. If integration thread is expected to occur as part of encounters, identifies what kind of encounters are expected to fulfill the thread	Integration threads are identified and the means of inclusion can be inferred from the rest of the syllabus	Integration topics are identified but little or no information is provided about how and/or why the thread is included in the clerkship.	

	Exceptional	Acceptable	Unacceptable	Missing
Assessment	Student can clearly tell what tests and other assignments are used for assessment. Descriptions and instructions for assignments makes it easy for the student to understand how to complete the required assignments.	Student can clearly tell what tests and other assignments are used for assessment. Grading criteria are present but not detailed. How and where to turn in assignments may be vague.	Tests and assignments are indicated but there is not sufficient detail for a student to know when they are due, how they will be assessed, and/or where and how to submit them.	
Missed Events		Clearly identifies policies for making up missed activities and tests.	Criteria for making up missed tests and assignments is vague.	
Grading	Clearly indicates the threshold for honors/pass/fail. Describes process for contesting grades and the role of the grading & promotion committee. Provides clear explanation about remediation policies.	Clearly indicates the threshold for honors/pass/fail. Indicates process for contesting grades and describes how unsatisfactory performance can be remediated.	Honors/pass/fail criteria identified. Missing information on curving.	
Student Performance Objectives	Students can readily identify what constitutes success. Grading rubrics are attached to the syllabus.	Expectations for academic performance are stated in the syllabus, but what students must do to be successful is not always clear .	Expectations for academic performance are so vaguely worded it is difficult to determine exactly what a student must do in order to succeed in this clerkship.	
Clinical Presentation Schemes	Explicitly lists CPs from years 1-2 that will be reviewed as part of the clerkship experience and describes how the schemes will be incorporated into the clinical learning experience.	Identifies the CPs from years 1-2 that will be reviewed as part of the clerkship experience.	Indicates that CPs will be used but does not identify which ones.	

	Exceptional	**Acceptable**	**Unacceptable**	**Missing**
Patient Condition Expectations	Explicitly specifies the types of patient conditions students are expected to encounter as part of the clerkship; specifies alternative ways of meeting expectation if required conditions are not available during the time the student is completing the rotation (e.g., computerized cases, simulations, required reading). Specifies who to contact if student is concerned s/he is not going to meet the requirements.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship; provides information about what to do if a required condition is not encountered during the clerkship.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship.	
Op-log Expectations	Clearly indicates expectations and policies regarding the recording of clinical encounters in the on-line patient encounter system (Op-Log); specifies expected minimum number of entries. Indicates that Op-log entries will be reviewed as part of the mid-block formative assessment and at the end of the clerkship.	Clearly identifies the minimum expected patient encounter recording requirements by presentation or other category.	Identifies minimum number of op-log patients but does not clarify expectations about presentation or other categorizing detail	
Required, Expected, and Optional Events	Syllabus clearly identifies which events are required, expected, and optional with explanations that will help students decide to attend.	Syllabus clearly identifies what events are required, expected, and optional	It is difficult to identify which events are required or optional	

	Exceptional	Acceptable	Unacceptable	Missing
Mid-Clerkship Review	Describes the mid-clerkship review in detail. Student will know what to expect from the review, who will conduct it, and how s/he will find the logistical details for his/her scheduled review.	Clearly indicates that there is a mid-clerkship review during the 8th week. Indicates who will conduct it and how the student will know when s/he is scheduled.	Identifies that there will be a mid-clerkship review but provides no explanation.	
Calendar of Clerkship Events	There is "view from the moon" calendar identifying the general topics by week or other relevant time unit with accurate links to the online calendar.	Syllabus prominently includes a general calendar for the clerkship and an accurate link to the online calendar.	The calendar link is present but is either inaccurate or obscured by the formatting of the syllabus.	
Clerkship Location(s)	Clearly identifies all locations. When locations are not on campus, provides map or links to maps. In the event that locations vary by individual, provides the individual with information on how to get maps if needed.	Clearly identifies where instruction takes place for all events.	Location information is vague	
Readings	Reading list identifies required readings by author, title, page numbers and links to electronic media if appropriate. Materials are all identified at the beginning of the semester.	Identifies readings by author, title, page numbers and links to electronic media if appropriate. Clearly indicates which are required. If not available at the beginning of clerkship, indicates when materials will be available.	Identifies required reading but does not provide page numbers, links and is otherwise vague, making it difficult to find the material.	

	Exceptional	Acceptable	Unacceptable	Missing
Professionalism expectations	Identifies specific professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism, discusses why they are important, gives examples, and encourages students to reflect on professionalism.	Identifies professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism.	Includes an expectation of professionalism but discussion is vague or missing relevant elements.	
Layout	The syllabus is exceptionally attractive and usable White space, graphic elements, and/or alignment organize the material so that it is easy to find specific information. Is a useful tool and appears that the instructors expect the student to use it.	The formatting and design of the syllabus makes it easy to read, but it is not always easy to find information.	May appear busy or boring. Although important elements are present, it is hard to find specific information or details	

Comments/Questions to Ask Clerkship Director(s)

A) **University Behavioral Health**

14010-0

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
PAUL L. FOSTER SCHOOL OF MEDICINE

AFFILIATION AGREEMENT
STUDENT CLINICAL EXPERIENCE

This Agreement is made and entered by and between University Behavioral Health, a *Delaware limited liability company* hereinafter called "UBH" and **TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER at EL PASO** on behalf of its Paul L. Foster School of Medicine, a Texas public institution of higher education (hereinafter called "TTUHSC,"). Both parties are also referred to as Party of Parties.

WHEREAS, *UBH* operates accredited or licensed facilities at *1900 Denver Street, El Paso, TX* and

WHEREAS, *TTUHSC* operates an accredited School of Medicine, with business address at *5001 El Paso Drive, El Paso, Texas 79905,* and

WHEREAS, the Parties desire to advance the field of medical education and aid in meeting the ever increasing demand in the State and Nation for trained health professionals, and to make available better health service to patients, and

WHEREAS, it is deemed advisable and to the best interest of the Parties to establish and affiliation for the purpose of carrying out these objectives,

NOW THEREFORE, for and in consideration of the foregoing and in further consideration of the mutual benefits, the Parties hereto agree as follows:

ARTICLE I
ORIGINAL TERM, RENEWAL, AND TERMINATION

The <u>original</u> term of this Agreement starts October 1, 2013 and ends September 30, 2014.

Thereafter, this agreement shall automatically renew on an annual basis unless thirty (30) days written notice of intent to terminate the Agreement is given by either Party to the Agreement.

Either Party may terminate this Agreement at any time, with or without cause, by giving the other Party thirty (30) days written notice of its intent to terminate the Agreement.

However, students assigned at UBH's facilities when termination notice is given shell be permitted to complete their current rotation at TTUHSC's option.

ARTICLE II
RESPONSIBILITIES OF THE PARTIES

UBH will:

1. Allow the use of its facilities for the clinical experience of TTUHSC's students.

2. Provide as requested clinical staff supervision by currently licensed professionals in the field of medicine for TTUHSC's students.

3. Provide access for TTUHSC faculty and students as part of its workforce to patients and patient medical records at its facilities as part of the students' clinical experience requirement.

4. Periodically, review the specific programmatic efforts and number of students to participate at its facilities, both factors being subject to mutual agreement of both Parties prior to the beginning of the clinical experience.

5. Maintain responsibility for the policies, procedures, and administrative guidelines to be used in the operation of its facilities.

6. Encourage its staff to participate in the educational activities of TTUHSC.

7. Participate, if requested by TTUHSC, in any annual program review activities of TTUHSC which are directed toward continuing program improvement.

8. Maintain authority and responsibility for care given to its patients.

9. Emergency Medical Care. UBH will provide emergency medical care at the student's election, up to the limit of the UBH's ability to provide emergency care for accidents and illnesses that occur on-site. However, it is understood that UBH assumes no financial responsibility for the provision of such care. Any financial responsibility remains the obligation of the student. It is expressly understood that students are not covered under UBH's worker's compensation plan or other insurance coverage normally applicable to Associates.

TTUHSC will:

1. Maintain the authority and responsibility for education programs for its students which may be conducted within UBH facilities.

2. Consider for clinical and/or adjunct faculty appointment those members of UBH's staff who contribute significantly to the academic program, subject to academic standards and rank used by TTUHSC.

3. Inform its faculty and students of the requirement to comply with UBH's policies and procedures, when in attendance at UBH's facilities, and patient confidentiality requirements, only insofar as there is no conflict with the policies, rules and regulations of TTUHSC or the laws and the Constitution of the State of Texas.

4. Provide faculty participation, if requested by UBH, and if available, on committees and task forces of UBH.

5. Maintain professional liability insurance for medical students under the TTUHSC School of Medicine Professional Medical Malpractice Self-Insurance Plan during the term of this Agreement and any extensions thereof.

6. Inform all students that they are not employees of UBH and have no claim against UBH for any employment benefits.

Mutual Responsibility:

Learning Environment – The Institution is committed to providing their students with a learning environment that is conducive to the acquisition of skills, knowledge and behaviors that will enhance development of an excellent physician. As stated in the TTUHSC Paul L. Foster School of Medicine Student Handbook, students are held to a code of conduct that promotes altruism, honesty, accountability and the maintenance of confidentiality. Faculty, residents and hospital staff also are expected to display the highest of ethical standards that promote duty, integrity and respect as stated in the AAMC Compact between Teachers and Learners of Medicine. UBH agrees to uphold these high standards. If a student violates this code of conduct, the hospital will notify the Clerkship Director responsible for the student in that clinical experience or the Associate Dean for Student Affairs. If a student notes a violation of this code of conduct by faculty, residents or UBH staff, they will report this violation to their clerkship director or to the Associate Dean for Student Affairs at the TTUHSC Paul L. Foster SOM.

Joint Commission Human Resources Provision. **SCHOOL** represents that each person performing the services under this Agreement (1) has been educated and trained consistent with applicable regulatory requirements and **FACILITY** policy; (2) is appropriately licensed, certified or registered, as applicable, to provide the services as provided herein; (3) has appropriate knowledge, experience and competence as are appropriate for his or her assigned responsibilities as required by **FACILITY**; and (4) has been oriented to applicable **FACILITY** policies and procedures. **SCHOOL** also represents that it evaluates each Student's performance, has verified each employee's health status as required by his or her duties in providing the services under the Agreement and as required by all applicable laws and regulations (collectively, "Law"), it has performed criminal background checks and/or pre-employment verification of convictions for abuse or neglect when required by Law and it has evaluated and reviewed each employee's references, when applicable. **SCHOOL** shall provide **FACILITY** with evidence of compliance with this paragraph upon request.

Sanctioned Provider. **SCHOOL** represents and warrants to **FACILITY** that neither **SCHOOL** nor any Student performing the services under the Agreement is a "Sanctioned Provider" meaning that neither **SCHOOL** nor any Student (i) is currently excluded, debarred, or otherwise ineligible to participate in the Federal health care programs, including but not limited to Medicare, Medicaid or TRICARE, as defined in 42 USC § 1320a-7b(f) (the "Federal health care programs"); (ii) is convicted of a criminal offense related to the provision of health care items or services and has not yet been excluded, debarred, or otherwise declared ineligible to participate in the Federal health care programs; and (iii) is under investigation or otherwise aware of any circumstances which may result in a Student being excluded from participation in the Federal health care programs. This shall be an ongoing representation and warranty during the term and **SCHOOL** shall immediately notify **FACILITY** of any change in the status of the representation and warranty set forth in this Section. Any breach in this representation shall be cause for **FACILITY** to terminate this Agreement immediately.

ARTICLE IV
SEVERABILITY

If any term or provision of this Agreement is held to be invalid for any reason, the invalidity of that section shall not affect the validity of any other section of this Agreement provided that any invalid provision is not material to the overall purpose and operations of this Agreement. The remaining provisions of this Agreement shall continue in full force and effect and shall in no way be affected, impaired, or invalidated.

ARTICLE V
AMENDMENT

This Agreement may be amended in writing to include any provisions that are agreed to by the contracting Parties.

ARTICLE VI
VENUE

This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Texas. Venue will be in accordance with the Texas Civil Practice & Remedies Code and any amendments thereto.

ARTICLE VII
ASSIGNMENT

Neither Party shall have the right to assign or transfer their rights to any third Parties under this Agreement without the prior written consent of the other Party.

ARTICLE VIII
INDEPENDENT CONTRACTOR STATUS

Nothing in this Agreement is intended nor shall be construed to create an employer/employee relationship between contracting Parties. The sole interest and responsibility of the Parties is to ensure that the services covered by this Agreement shall be performed and rendered in a competent, and efficient, and satisfactory manner.

IN WITNESS WHEREOF, the undersigned Parties do hereby bind themselves to the faithful performance of this contract.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO

_____ Emc
Signature

Elmo M. Cavin
Printed Name

Executive Vice President
Title

9-17-2013
Date

UNIVERSITY BEHAVIORAL HEALTH (UBH)

_____
Signature

DAVID V. MORRis
Printed Name

CFO
Title

9/27/13
Date

AFFILIATION AGREEMENTBETWEEN
Tenet Hospitals Limited, d/b/a Providence Memorial Hospital, Sierra Medical Center, and Sierra Providence East Medical Center
AND
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER Paul L. Foster School of Medicine

This Agreement is between the Texas Tech University Health Sciences Center, Paul L. Foster School of Medicine, 5001 El Paso Dr, El Paso, Texas, 79905, hereinafter referred to as "Institution" and Tenet Hospitals Limited, a Texas limited partnership, d/b/a Providence Memorial Hospital, Sierra Medical Center, and Sierra Providence East Medical Center with a primary location at 2001 N. Oregon, El Paso, Texas, 79902 collectively hereinafter referred to as "Hospital".

RECITALS

It is the desire of both parties that students enrolled at the Institution be provided the benefit of educational facilities and resources at Hospital for observational and/or practical experience in the program(s) listed and described in Addendum A attached hereto and made a part hereof. It is recognized that the Institution is authorized to enter into this Agreement as a function of its governmental powers granted and prescribed by the State of Texas. It is mutually beneficial to both the Institution and the Hospital that students are afforded opportunities for clinical education as outlined in this Agreement.

In consideration for the execution and delivery of this Agreement, and other good and valuable consideration, Institution and Hospital hereby agree as follows:

DEFINITIONS

Office of Student Affairs – This office under the direction of the Associate Dean for Student Affairs oversees student behavior and documentation. The Director of Student Affairs is the liaison between the hospital and the Institution for administrative issues for the student body.

Clerkship Director – Institution's department based physician liaisons to Hospital, who oversee the education of the medical student for their respective clerkship block. The clerkship director supervises didactic instruction, scheduling, attendance, and evaluates the clinical education experience. The Clerkship Director will be a licensed physician with a clinical appointment at the Hospital and is available via pager or telephonically while students are present within the facility.

Attending Physician or supervising provider – Designated faculty physician or resident who teaches in the educational program that is the subject of this Agreement.

TERM AND TERMINATION

1.1   Initial Term   This Agreement shall be for a period of three years, beginning upon execution of this agreement by both parties

1.2   Termination   Any party may terminate this Agreement without cause by giving the other party thirty (30) days written notice. However, such termination shall not take effect with regard to students already enrolled in a specified program until such time as those students have completed their respective program of study or until alternate clinical experiences can be arranged. If no alternative clinical experiences are available, this Agreement shall remain in effect no longer than two (2) semesters from the date of termination or until the date of graduation of students enrolled in the program at the time of termination, whichever shall occur first. It is understood that in the event that a student continues clinical training beyond the termination of the Agreement, the student is still subject to all Hospital policies and the terms under the Agreement.

RESPONSIBILITIES OF INSTITUTION

2.1   Program   The Institution shall conduct a cooperative and coordinated educational program for its students subject to the approval of Hospital and shall provide the Hospital with a course syllabus and course objectives to be carried out at the Hospital. The Institution shall maintain primacy over academic affairs and the education and assessment of medical students. Faculty instructors shall be faculty members who are appointed by the Institution and given responsibility of educating its students.

2.2   Accreditation   The Institution shall assure the appropriate accreditation applicable to its programs. The Institution shall provide evidence of accreditation to the Hospital upon its request.

2.3   Clerkship Director   The Institution shall provide its own Clerkship Directors for each educational block. The Clerkship Director shall be available via pager or telephonically while the students are present within the facility.

2.4   Attending Physician or supervising provider The Institution shall provide Attending physicians or supervising providers (see Definitions section) who shall be ultimately responsible for the supervision and direction of students and their performance at Hospital. A supervising provider must be physically present in the facility while students are present in the facility The Attending physician must be available by telephone or pager. The Institution shall maintain authority and responsibility for appointment/assignment of faculty members with responsibility for medical student teaching. The Institution's department heads and faculty shall have authority consistent with their responsibility for the instruction and evaluation of medical students. These faculty physicians shall be credentialed by the Hospital and available by pager or telephone when students are in the facility.

2.5   Certification   Attending physicians and clerkship directors will be credentialed at the Hospital in accordance with medical staff bylaws. The Office of Student Affairs will provide evidence of valid Basic Cardiac Life Support Training (BCLS) for Health Care Providers (Course C) for all students. The Institution shall immediately notify Hospital, in writing, of any changes or restrictions in current certification of any student covered by this Agreement.

2.6   Compliance with Hospital Standards   The Institution shall instruct its students to conduct themselves consistent with the mission, vision, and standards of the Hospital and to abide by the policies and regulations of the Hospital and any pertinent Federal or accreditation regulations at all times.

2.7   Orientation   Students shall attend orientation provided by the Hospital in order to familiarize them with the Hospital's facilities, procedures, policies, standards and code of ethics and to meet OSHA (Occupational Safety Health Administration) and TJC (The Joint Commission) requirements or provide proof of participation in an educational program offering equivalent content (OSHA and TJC) that is acceptable to the Hospital.

2.8   Scheduling   The Institution, through the office of Student Affairs shall furnish student assignments for the academic year to the Hospital designee. Clerkship Directors may provide individual student schedules if requested by the Hospital. The Institution shall maintain authority and responsibility for the education program for its students which may be conducted within the Hospital. The Institution will have primary responsibility over academic affairs and the education/evaluation of students.

2.9   Health Requirements   The Institution shall ensure that students comply with the health requirements (immunization screening and testing) of the Hospital as outlined and described in, but not limited to, Addendum B attached hereto and made a part hereof. The Institution shall provide written evidence of compliance upon request by the Hospital.

2.10   Occurrence Reporting   An occurrence is any happening that is not within the normal or usual operation of the Hospital or department. The student is to immediately notify the Hospital Department Manager or immediate supervisor in the event of an unusual occurrence. Proper documentation is to be completed by the student according to Hospital policies and procedures. Occurrence Reports are the property of the Hospital. The Associate Dean for Student Affairs or the Clerkship Director shall be notified of the incident so that appropriate action may be taken. Duplication of these reports or any part of the patient's medical record is not permitted by student.

2.11   Insurance

. The Institution shall maintain professional liability insurance for medical students under the TTUHSC School of Medicine Professional Medical Malpractice Self-Insurance Plan during the term of this Agreement and any extensions thereof.

2.12   HIPAA   Institution shall direct its students and faculty to comply with the policies and procedures of the Hospital, including those governing the use and disclosure of individually identifiable health information under Federal law, specifically 45 CFR parts 160 and 164. Solely for the purpose of defining the plan participants' role in relation to the use and disclosure of Hospital's protected health information, such Program Participants are defined as members of the Hospital's work force, as that term is defined by 45 CFR 160.103, when engaged in activities pursuant to this Agreement. However, such students are not, and shall not be, considered to be employees of the Hospital. In addition, any information or knowledge acquired or received during the course of activities at Hospital (including but not limited to patient data and patient care, information, Hospital's business affairs, methods of operation, and computer processing systems ("Confidential Information") is confidential. Maintaining the confidentiality of and not to disclose or use Confidential Information during and after the course of activities at Hospital ends, without Hospital's prior written consent. The information contained in medical or electronic records is the property of the Hospital and those patients have the right to expect that health records will be managed confidentially. All Hospital policies and procedures regarding patient privacy shall be maintained and any violation of those policies could result in immediate dismissal from the Hospital assignment, as well as federal, civil and/or criminal penalties could be initiated.

2.13   Confidentiality   The Institution shall instruct the students that any and all information obtained shall be confidential and shall be treated as same and consistent with Hospital policy. All parties, including Institution employees, faculty and students agree that all information and communications obtained, reviewed, made, or produced under this Agreement shall be kept strictly confidential and shall not be disclosed to any person other than authorized representatives of the Hospital, unless such communications or information is available in the public domain independent of its relation to this Agreement or unless required to be disclosed by a court of competent jurisdiction. No part of the patient's chart or medical record may be duplicated or printed utilizing electronic media. All students shall sign the Non-Disclosure Agreement. The Institution hereby agrees to abide by the privacy provisions outlined in Addendum C attached hereto and made a part hereof.

2.14   Compensation   Institution shall be solely responsible for the payment of any and all compensation, wages, reimbursements, benefits, or other stipends, which may accrue or become due and owing to

its students as a result of the program or this Agreement. The parties contemplate that no such monetary compensation shall accrue or become due and owing to students.

2.15   Electronic Media   The Institution shall instruct the students that use of any electronic devices with photographic, auditory and/or recording capabilities must be in accordance with the Hospital's *"Photographing, Videotaping, and other Recording of Patients"* policy. Students who violate this policy shall be removed from the premises and the electronic device(s) shall be subject to immediate seizure. Upon such occurrence, the student shall not be allowed to continue their clinical program and shall be barred from participating in any future programs at the Hospital with no exceptions.

2.16   Background Checks   The Institution shall conduct background checks on its students using the following criteria: 1) Social security number verification; 2) Criminal search in accordance with the "Background Screening" outlined in Addendum B attached hereto and made a part hereof; 3) Violent sexual offender and predator registry search; 4) Office of Inspector General (OIG) list of excluded individuals/entities; 5) General Services Administration (GSA) list of parties excluded from federal programs; 6) US Treasury Department Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN); and 7) Employment verification is only to be conducted for students who are or have been certified and/or licensed.   The Institution shall complete the background investigation prior to the individual's assignment to the Hospital and needs to be completed on admission to the program and every five years there after. The individual will be unable to participate in the clinical rotation until this requirement is completed.   The Institution shall provide an individualized clearance record stating students have been evaluated for clearance of the criteria listed above. The cost of the background investigation is the responsibility of Institution.

2.17   Grounds for Exclusion   The following findings in the background investigation will be grounds for exclusion from the Hospital without exception: 1) Inclusion on the list of ineligible persons, 2) Crimes against persons, 3) Any incident listed on the "Background Screening" policy (Attachment B).

2.18   Student Statements   Institution shall require each Student to sign a Statement of Responsibility in the form attached hereto as Addedum D, and a Statement of Confidentiality in the form attached hereto as Addebdyn C.

RESPONSIBILITIES OF HOSPITAL

3.1   Student Access   Hospital shall allow students the use of its facilities for observational and/or practical experience to meet the requirements of TTUHSC Paul L. Foster SOM subject to the terms of this Agreement.

3.2   Facilities   Hospital shall make available to the Institution such use of classrooms, libraries and teaching aids as may be reasonably necessary for the implementation, training, and education of the students at no cost to the Institution. Availability of all facilities shall be as reasonably determined by Hospital and shall at all times be subject to Hospital requirements.

3.3   Status   Institution agrees that the students shall not be considered the employees or agents of Hospital, for any purposes. In this regard, the Institution represents, warrants, and agrees that with respect to the students: 1) the training shall be for the benefit of the students; 2) the students shall not displace regular Associates of the Hospital; 3) the students shall be advised that they shall not be entitled to a job at the conclusion of the program with the Hospital or otherwise; and 4) the students shall be advised that they are not entitled to payment of any wages for the time spent in the program or payment for any meals, transportation, other sums, costs or expenses whatsoever.

3.4   Emergency Medical Care   The Hospital will provide emergency medical care at the student's election, up to the limit of the Hospital's ability to provide emergency care for accidents and illnesses that occur on-site. However, it is understood that the Hospital assumes no financial responsibility for the provision of such care. Any financial responsibility remains the obligation of the student. It is expressly understood that students are not covered under the Hospital's worker's compensation plan or other insurance coverage normally applicable to Associates. Students shall be subject to the normal admissions and/or payment procedures common to all patients at the Hospital.

3.5   Patient Care   The Hospital shall serve as the primary responsible party related to patient care. In accordance with the Institution's educational program, the Hospital shall make available patient care facilities, medical records, equipment and supplies normally used in the Hospital as may be reasonably necessary for clinical instruction and patient care. The Hospital shall provide materials and personal protective equipment for students use in patient care as mandated by OSHA and CDC guidelines for bloodborne pathogens. A Hospital staff member shall implement interventions that supersede those of the student when necessitated by compromised patient care standards or hospital policy.

3.6   Peer Review   At Hospital's option, or as otherwise required by law, Hospital shall initiate reports to the Institution when a student is suspected of unprofessional conduct, unsafe care or other "reportable conduct." Indications of chemical dependency shall be reported to the Associate Dean for Student Affairs so that appropriate action may be taken.

3.7   Periodic Reviews   The Hospital will conduct periodic reviews of academic programs and

policies according to Hospital policies.

3.8   Dismissal   Student(s) may be barred from participation in the program at the Hospital's request in accordance with the terms and conditions of this Agreement.

Mutual Responsibility

4.0   Learning Environment - The Institution is committed to providing their students with a learning environment that is conducive to the acquisition of skills, knowledge and behaviors that will enhance development of an excellent physician. As stated in the Paul L. Foster School of Medicine Student Handbook, students are held to a code of conduct that promotes altruism, honesty, accountability and the maintenance of confidentiality. Faculty, residents and hospital staff also are expected to display the highest ethical standards that promote duty, integrity and respect as stated in the AAMC Compact between Teachers and Learners of Medicine. _The Hospital_ agrees to uphold these high standards. If a student violates this code of conduct, the hospital will notify the Clerkship Director responsible for the student in that clinical experience or the Associate Dean for Student Affairs. If a student notes a violation of this code of conduct by faculty, residents or hospital staff, they will report this violation to their clerkship director or to the Associate Dean for Student Affairs at the PLF SOM. The student may also utilize the anonymous compliance hotline to report behavior that violates the code of conduct.

MISCELLANEOUS

5.1   Non-Discrimination Policy   Each student shall possess the physical and academic ability to benefit from the education provided at Hospital. There shall be no discrimination on the basis of religion, age, gender, disability, race, color, or national origin in the admission process of the program by either party. Both parties shall provide reasonable accommodation for any disabilities identified in accordance with their appropriate policies and procedures.

5.2   Applicable Law   This Agreement shall be governed and construed in accordance with the laws of the State of Texas. Venue for any legal proceedings shall be in El Paso County, Texas.

5.3   Waiver   No purported waiver by any party of any default by the other party of any term or provision contained herein shall be deemed to be a waiver of such term or provision unless the waiver is in writing and signed by the waiving party. No such waiver shall in any event be deemed a waiver of any subsequent default under the same or any other term or provision contained herein.

5.4 Assignment: Successors This Agreement may not be assigned in whole or in part by either party without the prior written consent of the other party. Each and all of the provisions of this Agreement shall be binding upon and inure to the benefit of the parties, and except as otherwise specifically provided in this Agreement, their respective successors and assigns.

5.5 Notices Any notice, required or permitted under this Agreement shall be mailed by certified mail, return receipt requested. A party may change its address by giving notice in compliance with this section.

5.6 Captions The captions and section numbers appearing in this Agreement are inserted only as a matter of convenience. They do not define, limit, construe or describe the scope or intent of the provisions of this Agreement.

5.7 Partial Invalidity If any provision of this Agreement shall be construed to be illegal or invalid, it shall not affect the legality or validity of any other provisions hereof, and the illegal or invalid provision shall be deemed stricken and deleted herefrom to the same extent and effect as if never incorporated herein, but all other provisions shall continue to the extent that they substantially reflect the Agreement contemplated by the parties.

58 Entire Agreement This Agreement supersedes all previous Agreements and constitutes the entire Agreement of whatsoever kind or nature existing between or among the parties respecting the within matter, and no party shall be entitled to benefits other than those specified therein. This Agreement may be executed in two or more counterparts, each and all of which shall be deemed an original and all of which together shall constitute but one and the same instrument.

5.9 Amendment or Modification Any amendment or modification to this Agreement shall be in writing and signed by both parties.

5.10 Funding This Agreement is conditional upon, subject to and contingent upon funding being available for the term in question and the Institution shall have no cause of action against Hospital in the event that Hospital is unable to perform its obligation under this Agreement as a result of suspension, termination, withdrawal or failure of funding to Hospital. In the event that Hospital shall not obtain funding, this Agreement shall be void.

5.11 Authority to Execute All signatures to this Agreement warrant their authority to execute this document.

5.12 Force Majeure Neither party shall be responsible for any delay, damage, failure, or inability to perform resulting from causes not within the control of the party and which the party is unable to prevent through reasonable diligence.

5.13 <u>Indemnification</u> Each party shall be responsible only for its own acts and omissions under this Agreement.

5.14 <u>Third Parties</u> Nothing in this Agreement, express or implied, is intended to confer any rights, remedies, claims, or interests upon a person not a party to this Agreement.

5.15 <u>Compliance</u> The Institution represents and warrants that it shall not contract with any individual(s) or entity that is excluded from participation under the OIG or any other governmental program. The Institution shall notify Hospital immediately in the event that the Institution, or any individual(s) it contracts with, is excluded from participating under the OIG or any other governmental program. The Institution represents and warrants that neither it nor its employees, agents, or assigns have been: (a) convicted of a criminal offense related to healthcare (unless such person or entity has implemented a compliance program as part of an agreement with the federal government); or (b) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation under 42 U.S.C. 1320a-7, the OIG List of Excluded Individuals/Entities and/or the GSA list of debarred contractors. The Institution shall notify Hospital within three (3) days of the time the Institution receives notice of any action being taken against the Institution or its employees, agents, or assigns which results in the Institution's exclusion from participating in the Federal health care programs. The Institution acknowledges that Hospital may terminate this Agreement without penalty or further payment upon the resolution of a pending criminal charge or proposed disbarment or exclusion which results in a conviction, disbarment or exclusion of the Institution or its employees, agents, or assigns.

5.16 <u>Code of Conduct</u> The Institution hereby acknowledges that Hospital has adopted a Code of Conduct for the purpose of identifying and rectifying compliance issues as they may arise. The Institution hereby represents and warrants that it and its employees, agents, or assigns shall comply with the Code of Conduct and shall meet all applicable Hospital compliance guidelines. The Institution shall inform students that they are subject to the Hospital's Code of Conduct Policy. .

5.17 This agreement is meant to meet the guidelines of outside accrediting agencies and both parties agree to revisit and or edit it as needed to satisfy those guidelines.

(THIS SPACE INTENTIONALLY LEFT BLANK)

The parties hereto agree to the terms stated above and acknowledge such by signatures below.

Hospital:
Tenet Hospitals Limited
d/b/a Providence Memorial Hospital
d/b/a Sierra Medical Center
d/b/a Sierra Providence East Medical Center

By: _____
Name: J. Eric Evans
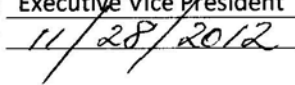Title: Authorized Signatory
Date: _____11/15/12_____

Institution:
Texas Tech University Health Sciences Center,
Paul L. Foster School of Medicine

By: _____
Name: Elmo M. Cavin
Title: Executive Vice President
Date: 11/28/2012

ADDENDUM A

Program(s)	
COLLEGE OF:	Texas Tech University Health Sciences Center (TTUHSC) Paul L. Foster School of Medicine
Program:	Medical Students of TTUHSC Paul L. Foster School of Medicine.
Program Requirement:	Institution will assign a Clerkship Director who has ultimate responsibility for medical students assigned to his/her specialty.

ADDENDUM B

HEALTH AND BACKGROUND SCREENING ATTESTATION

SCHOOL NAME

HEALTH OF PROGRAM PARTICIPANTS. School affirms the Program Participant(s) listed below have completed the following health screenings or documented health status as follows:

1. Tuberculin skin test within the past 12 months or documentation as a previous positive reactor or a chest x-ray taken within the past 12 months; and

2. Proof of Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR; and

3. Varicella immunity, by positive history of chickenpox or proof of Varicella immunization; and

4. Proof of Hepatitis B immunization or completion of a certification of declination of vaccine, if patient contact is anticipated.

BACKGROUND CHECKS. School has conducted a retrospective background check on all students assigned to the program and members of staff/faculty responsible for supervision and/or instruction prior to their participation in clinical activities. Unless Hospital is notified in writing, all background checks are negative. The background check included the following:

1. Social Security number verification.

2. Criminal Search (7 years)

3. Violent Sexual Offender & Predator registry

4. HHS/OIG/GSA

5. Other:_____

ATTENDING STUDENTS:

1. _____

2. _____

STAFF:

1. _____

2. _____

School acknowledges this information will be available to all Tenet affiliates as reasonably necessary.

SCHOOL:

_____

Name: _____

Title: _____

Date: _____

ADDENDUM C

CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable federal law and the Agreement between _____. _____ ("School") and _____ ("Hospital"), to keep confidential any information regarding Hospital patients and proprietary information of Hospital. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Hospital, except as required by law or as authorized by Hospital. The undersigned agrees to comply with any patient information privacy policies and procedures of the School and Hospital. The undersigned further acknowledges that he or she has viewed a videotape regarding Hospital's patient information privacy practices in its entirety and has had an opportunity to ask questions regarding Hospital's and School's privacy policies and procedures and privacy practices.

Dated this _____ day of _____, 20___.

_____
Program Participant

ADDENDUM D

STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of _____ ("Hospital"), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Program operated by _____ ("School") at Hospital unless such injury or loss arises solely out of Hospital's negligence or misconduct.

Dated this ____ day of _____, 20__.

_____

Program Participant

_____

Witness