The Paul L. Foster School of Medicine 2017 LCME Full Accreditation Survey

Self-Study Summary

The mission of the Paul L. Foster School of Medicine (PLFSOM) is to: provide an outstanding education and development opportunities for a diverse group of students, residents, faculty and staff; advance knowledge through innovation and research; and serve the needs of our socially and culturally diverse communities and regions. The PLFSOM graduated its inaugural class of 40 students in May of 2013 and since has progressively expanded enrollment to approximately 100 students per class. The school continues to enhance a highly integrated clinical presentation-based pre-clerkship curriculum that applies a four-pronged instructional strategy grounded in adult educational psychology: (1) instruction in the context of application; (2) expert guidance; (3) frequent opportunities for deliberate practice; and (4) abundant time for individual exploration and the consolidation of new learning. The clerkship phase of the curriculum builds on this foundation by pairing Year 3 clerkships in partially integrated blocks, thus facilitating instruction in clinical and professional interactions, as well as the interdependencies of the major medical specialties. PLFSOM's academic and learning environments and its educational and clinical infrastructure are benefiting from the rapid growth of the Texas Tech University Health Sciences Center El Paso (TTUHSCEP), which was established as a separate and distinct component of the Texas Tech University (TTU) System in May 2013. The PLFSOM has recently approved a new five-year strategic plan and is committed to academic excellence through growth, innovation, diversity, inclusion, and continuous quality improvement.

Progress in Areas Found to be Noncompliant with Standards at 2012 Full Survey Visit.

MS-3 (Information about selection criteria and procedures; 2017-18 element 10.3) – Finding: The school has developed selection criteria consistent with their mission. However, the selection process for interviews from the screened pool of applicants who were deemed to be eligible appears to be random.

In response to this finding, the Admissions Committee implemented a new application screening rubric that incorporates the PLFSOM's codified mission and diversity goals. The rubric assesses both cognitive and non-cognitive information from the Texas Medical and Dental School Application Service (TMDSAS) application, as well as from the school's secondary application. This process identifies candidates with (a) high affinity for PLFSOM's mission, location, and student honor code and (b) relevant personal experiences that have influenced these desired characteristics. The summed screening rubric score establishes which applicants will be invited to interview (see also the data collection instrument for element 10.3.b, paragraph 2). Thus, the selection process for admissions interviews is clear, deliberate, and orderly. Following a status update submitted on March 28, 2014, the LCME found PLFSOM to be in compliance with this element (letter of notification dated July 7, 2014).

ER-9 (Affiliation agreements; 2017-18 elements 1.4 and 5.12) – Finding: The affiliation agreement for the University Behavioral Health does not specify the shared responsibility for maintaining the learning environment nor the process and procedures for infectious exposure of medical students.

A new affiliation agreement with University Behavioral Health (UBH) was approved and signed by the appropriate institutional representatives in September 2013. Following a status update submitted on March 28, 2014, the LCME found PLFSOM to be in compliance with this element (letter of notification dated July 7, 2014). Subsequently, UBH changed its name to El Paso Behavioral Health, and that academic affiliation has been discontinued (see DCI 8.7.f - Example 3). In addition, the associate dean for student affairs created a new method for monitoring these agreements. This consists of an electronic database of all academic affiliation agreements and their expiration dates that is maintained and monitored on a weekly basis by the Office of Student Affairs. All new

agreements are developed based on the principles described in LCME element 1.4 and in the AAMC's recommended template. These processes, managed by the associate dean for student affairs, ensure that every PLFSOM academic affiliation agreement includes all the required stipulations. See DCI 1.4

Progress in Areas Found to be Compliant but Needing Monitoring at 2012 Full Survey Visit

IS-16 (Diversity; 2017-18 elements 3.3 and 7.6) – Finding: The school has defined the desired diversity of faculty, staff and students. While they have achieved diversity of staff and faculty, to date they have not effectively leveraged resources to achieve their desired diversity among their student body.

Since its first full accreditation survey in 2012, PLFSOM's continuing efforts to foster student diversity have resulted in significant progress, as demonstrated by the following table:

PLFSOM First-Year Entering Students							
Academic Year	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018*
Hispanic	5 (6%)	12 (15%)	23 (24%)	32 (31%)	24 (23%)	35 (35%)	37 (36%)
U.S.-Mexico Border Counties	7 (9%)	13 (16%)	24 (24%)	28 (27%)	26 (25%)	32 (31%)	33 (32%)
El Paso	5 (6%)	12 (15%)	19 (19%)	23 (22%)	24 (23%)	29 (28%)	25 (24%)
African American	0	0	0	1 (1%)	3 (3%)	1 (1%)	3 (3%)
Native American	0	0	0	0	0	0	0
Economically and/or Educationally Disadvantaged^	37 (46%)	46 (58%)	44 (44%)	44 (42%)	53 (51%)	40(39%)	56 (54%)
*As of 6/2/2017 ^Based on Texas Medical and Dental School Application Service categories A-C							

Through mission-driven improvements in admissions screening and selection processes, a greater number of Hispanic and U.S.-Mexico border county students have been admitted to the PLFSOM. To attract students whose backgrounds are consistent with our diversity goals, the school developed needs-based scholarship funding that complements our merit-based scholarship program. The school made progress in recruiting African American students, though at a slower rate than desired. One identified challenge is El Paso's demographics, with only approximately 4.0% of the population identifying as African American. Thus, for most African American candidates applying to the PLFSOM, family and social support resources are often located over 600 miles away in central and east Texas. In addition, through participation in the Texas Joint Admission Medical Program (JAMP), PLFSOM has expanded its commitment to developing and admitting well-qualified economically disadvantaged candidates.

ED-8 (Comparability across educational sites; 2017-18 element 8.7) – Finding: Data to ensure comparability of experience at required clerkship sites is being collected. However, meaningful data could not be generated due to the limited number of students that have rotated thus far.

Since five classes have now completed the Year 3 and 4 required clerkships, the PLFSOM is able to provide data regarding the comparability of experience at required clerkship sites. This data, reported by the assistant dean for clinical instruction to the Curriculum and Educational Policy Committee (CEPC) at the end of each block (and in aggregate at the end of the year), is used to monitor and ensure comparability of educational experiences during the required clerkships (see DCI responses to 8.3.a5/b.2, 8.6.c, 8.7.d/e/f-Example 3, and 8.8.e). Although a clerkship may involve experiences at multiple sites, there is a single syllabus and uniform learning objectives and assessments. In addition to this periodic central monitoring, clerkship directors are responsible for meeting regularly by e-mail, phone, and in person with the designated faculty leader(s) at all rotation sites. If there are operational concerns about comparability, these are discussed with the faculty at the respective sites and with the assistant dean for clinical instruction.

ED-31(Mid-course feedback; 2017-18 element 9.7) – Finding: The number of students who received mid-clerkship feedback in internal medicine and surgery was consistently low. The data that the school provided for this academic year shows that all clerkships provided mid-clerkship feedback. However, the data were based on their tracking system and there was no student evaluation to verify that, since the clerkship blocks were not yet completed.

In response to this finding, the school implemented multiple practices to ensure that students receive timely mid-clerkship feedback and these events are documented and monitored. The Year 3-4 coordinator in the Office of Medical Education monitors compliance with timely mid-clerkship feedback by reviewing the posting of completed assessment forms in the eligible students' e-portfolios. These online forms document the date mid-clerkship feedback was originally scheduled, the date the feedback session actually occurred, and the date the form was posted in the student's e-portfolio. Mid-clerkship feedback compliance rates are routinely reviewed by the assistant dean for clinical instruction with the Year 3-4 Committee, and included in reports to the CEPC after each 16-week clerkship block. For AY 2012-13, there was 100% compliance. For AY 2013-14, 10 of 12 reporting periods had 100% compliance. The remaining two had compliance rates of 88% and 93%, and the respective clerkship directors were counseled about the importance of the timely occurrence of these face-to-face meetings. On December 5, 2016, the CEPC codified these long-established practices in a new educational policy mandating that every student participate in at least 1 scheduled formative feedback session with a clerkship director at the mid-way point of each clerkship block. Data for the last two completed academic years are included in the DCI for element 9.7. Because completion rates are documented electronically, student end-of-block evaluations focus on the perceived quality and effectiveness of mid-clerkship feedback. In addition, student responses to the AAMC Graduation Questionnaire are monitored, which independently confirms high rates of compliance with the provision of mid-clerkship feedback.

ED-35 (Systematic review of curriculum; 2017-18 element 8.3) – Finding: There is a process of formal evaluation of each unit and clerkship. However, the objectives, criteria and process for review of individual academic years have yet to be specified and implemented.

The PLFSOM created a system of tiered oversight and central review designed to specifically address its innovative pre-clerkship curriculum model and faculty structure. In addition, the roles of the professional administrative and information technology staff were clarified to enhance support of the comprehensive, centrally managed curriculum review system. Following a status update submitted on March 28, 2014, the LCME found PLFSOM to be in compliance with this element with no need for further submissions (letter of notification dated July 7, 2014). Subsequently, because the pre-clerkship phase consists primarily of four highly integrated and interdependent courses that progress concurrently over the first two years, a review system that emphasizes evaluation of the first two years of its curriculum as a unit/phase was

developed. To enable a more deliberative and comprehensive curriculum review, on September 19, 2016, the CEPC adopted a new policy establishing a 3-year curriculum review cycle (see responses to DCI elements 1.1.d, 6.1.b, and 8.3). This review cycle consists of the following components:

Year 1: Evaluation of the curriculum as a whole (including the fulfillment and adequacy of the medical education program goals and objectives)

Year 2: Evaluation of the pre-clerkship phase and components (courses and other requirements)

Year 3: Evaluation of the clerkship phase and components (clerkships and other requirements)

Transition to this enhanced review cycle occurred with AY 2016-17, during which the CEPC completed the previously planned pre-clerkship course and clerkship reviews in the fall, and then, during the winter and spring, conducted a systematic review of the curriculum-as-a-whole (in the context of fulfillment of the educational programs goals and objectives). Both of these processes consisted of structured analyses based on pre-established objectives and criteria. These analyses were performed by small teams and then reviewed by the full CEPC. The new curriculum review cycle policy includes appropriate triggers for off-cycle reviews. The policy provides the CEPC with discretion to determine the review processes for each component of the cycle in order to promote creativity and adaptability.

ED-38 (Monitoring duty hours; 2017-18 element 8.8) -- Finding: Although there are policies and processes in place to limit and monitor the amount of time medical students spend in required activities, there was an increased rate of dissatisfaction with duty hours in some clerkships. Changes have been made to ensure compliance; however, students' evaluation data are not yet available to determine the effectiveness.

Processes to limit and monitor the amount of time medical students spend in required activities have been strengthened. Student evaluation data supports the effectiveness of the interventions implemented. The data accumulated over 3 academic years indicate satisfaction with duty hours in most clerkships.

"Duty hour policies were adhered to strictly"	Academic Year Average for Academic Year			Percent Agreement for Academic year		
	14-15	15-16	16-17*	14-15	15-16	16-17*
M3 Clerkships						
Family Medicine	4.3	4.4	5.5	97%	96%	99%
Internal Medicine	4.0	4.1	5.1	85%	85%	77%
Obstetrics/Gynecology	4.2	4.3	4.5	91%	94%	74%
Pediatrics	4.3	4.4	5.2	100%	93%	96%
Psychiatry	4.2	4.2	5.2	88%	89%	94%
Surgery	4.0	4.0	4.9	92%	80%	97%
M4 Clerkships						
Emergency Medicine	4.6	4.5	5.6	99%	100%	100%
Neurology	4.5	4.4	5.3	95%	99%	99%
Scale changed from 5-point (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree) to 6-point (strongly disagree, disagree, slightly disagree, slightly agree, agree, strongly agree)						

MS-31-A (Learning environment and professionalism; 2017-18 element 3.5) – Finding: The independent student analysis had shown a fairly high number of students experiencing/witnessing mistreatment. The school has taken steps to ensure an appropriate learning environment. However, students' evaluation data are not yet available to determine the effectiveness.

The 2016 Association of American Medical Colleges (AAMC) General Questionnaire (GQ) data demonstrate a substantial improvement in the learning environment, with the steps taken to improve interactions between instructors and learners detailed in DCI elements 3.5 and 3.6. Between 2013 and 2016, the percentage of students reported being publicly humiliated declined from 27% to 5%, and the percentage reporting public embarrassment declined from 41% to 14%. The percentage who reported witnessing mistreatment also declined from 24% to 16%. The data in the 2016 independent student analysis (ISA) indicate that 95% of students were satisfied with the adequacy of the school's discrimination policy, and 91% were satisfied with the adequacy of the school's student mistreatment policy.

ER-6 (Resources for the clinical instruction; 2017-18 element 5.5) – Finding: The clinical teaching facilities, while currently adequate, may be insufficient to accommodate the expansion of the class size to 100 students and the school's administration is actively seeking to expand clinical affiliations with area hospitals.

The school's efforts to expand clinical teaching facilities to accommodate a class size of 100 students have been successful. To meet the educational needs of students in Years 3 and 4, our clinical affiliates now include University Medical Center (UMC), El Paso Children's Hospital (EPCH), William Beaumont Army Medical Center (WBAMC), El Paso Psychiatric Center (EPPC), the El Paso VA Healthcare System, Del Sol Medical Center, and the four Hospitals of Providence.

LCME Self-Study Process

The self-study was organized to meet the requirements for LCME accreditation. In August 2016, the twelve accreditation standards were divided among seven committees whose members and chairs were nominated by the associate dean for medical education and appointed by the dean. The committees were made up of clinical and medical education faculty, staff, administrators, and medical students (see appendix) that provided a broad perspective about the functioning of the medical school. The committee chairs were oriented on the self-study process by the Office of Medical Education, and resources were provided via a webpage (http://elpaso.ttuhsc.edu/som/curriculum/accreditation/). Committee chairs were instructed to meet with their committees and review their assigned self-study questions in accordance with the information in the Data Collection Instrument (DCI). With logistical support from the Office of Medical Education, each committee analyzed the self-study questions for their assigned standards and the relevant documentation in the DCI. Each committee then submitted a draft report to the executive committee, which was composed of the self-study committee chairs and the associate dean for medical education. Beginning on 1/31/2017, the executive committee reviewed and commented on the analyses submitted by all the committees, then returned the analyses to the self-study committees for further consideration and editing. The committees revised their analyses in response to the executive committee's comments, as well as updated information in the DCI. All edited self-study committee reports were reviewed by the executive committee a second time for further comments. Based on these comments, each committee made final edits and submitted a final version of their analysis. In total, the executive committee met on 15 occasions -- usually for two hours -- through July 2017 to complete these primary and secondary reviews. The resulting committee reports form the basis of the self-study summary, which was drafted by the executive committee chairperson in consultation with its members. This summary was then reviewed by the full executive committee and the PLFSOM dean prior to submission.

Standards and Self-Study Questions:

STANDARD 1: MISSION, PLANNING, ORGANIZATION AND INTEGRITY

1. *Evaluate the utility and success of institutional planning efforts, and summarize how planning has contributed to the accomplishment of the medical school's missions and the achievement of measurable outcomes. How effective is the medical school's system for monitoring its ongoing compliance with the*

accreditation elements? (1.1)

PLFSOM's strategic planning is systematic and aligned with its mission. The PLFSOM 2012-2016 five-year strategic plan has been effectively monitored, and measurable outcomes have been achieved -- as exemplified by the implementation of the TTUHSCEP Graduate School of Biomedical Sciences post-baccalaureate certificate program (addressing 2012-16 goal 5.2 regarding pipeline programs), and the coordinated and programmatic expansion of inter-professional education in the core curriculum (addressing 2012-16 goal 1.7 regarding inter-professional education). The preparation of a new strategic plan for 2017-2021 has been completed and metrics developed.

Monitoring of the medical school's compliance with LCME standards is managed as a shared responsibility of the dean and associate deans. The associate deans meet with the dean monthly, both individually and as a group, to review and discuss issues under their operational control – including compliance with their assigned LCME standards. The self-study identified opportunities to improve the coordination and tracking of the school's compliance reviews and action plans. A senior administrative staff position has been created in the Office of Medical Education (reporting to the associate dean for medical education) to coordinate and monitor the school's ongoing LCME compliance processes in follow-up to the accreditation survey team visit scheduled in November 2017. This director for accreditation and educational program improvement reports to the associate dean for medical education, with paramount input and direction by the dean.

2. *Evaluate the adequacy of the structures, policies, and other safeguards in place to prevent or identify conflicts of interest at the levels of the governing board, the medical school administration and faculty, and others with responsibility for the medical education program. Note whether there is evidence that these are being followed. (1.2)*

TTU Board of Regents' Rules and Operating Policies are in place to prevent and identify conflicts of interest at the levels of the governing board, medical school administration and faculty, including those involved in medical education. In addition, the TTUHSC El Paso Institutional Compliance Office has instituted policies that require regents, faculty, and relevant staff to update their conflict of interest information annually. More specifically, this applies to all faculty, student financial aid staff, procurement staff, contracting staff, information technology staff, legal staff, fund managers, members of regulatory oversight committees dealing with sponsors (including but not limited to the Institutional Review Board), compliance staff, staff members with the title of manager or higher, and any individual that has a potential conflict of interest.

Compliance with these policies is monitored by the Institutional Compliance Office, and minutes from the Board of Regents meetings demonstrate that regents recuse themselves from discussions and voting when they have a conflict of interest.

3. *Evaluate the effectiveness of mechanisms for direct faculty involvement in decision-making related to the medical education program, including the election of members of the general faculty to relevant committees. Are there sufficient opportunities outside of formal committees for faculty to learn about and comment on medical school policies and procedures? Do members of the faculty consider that they have sufficient opportunities to provide input and make themselves heard? (1.3)*

Numerous mechanisms are in place to encourage general faculty to be directly involved in decision-making related to the medical education program. The primary mechanism for faculty involvement is through participation on the educational standing committees. By design every standing committee involved in medical education includes both members of the general faculty and educational administrators.

In addition to committee work, faculty can learn about and comment on medical school policies and procedures at the PLFSOM general faculty meetings, the PLFSOM faculty council meetings, and academic department meetings. Additional mechanisms for communicating policies and procedures

include e-mail communications distributed to all PLFSOM faculty, the Faculty Handbook, and the school and institutional websites. Faculty can also comment on policies and procedures by participating in faculty surveys and program evaluations.

The 2016 Institutional faculty satisfaction survey reports that 68% of faculty agree that TTUHSC El Paso senior leadership is receptive to faculty input.

4. *Does the medical school have up-to-date affiliation agreements with the clinical partners that are used regularly for required inpatient clinical experiences? Evaluate whether agreements contain the language specified in the element and serve to ensure that the educational program for medical students remains under the control of the medical school's faculty. (1.4)*

The medical school has up-to-date affiliation agreements with the clinical partners that provide required inpatient clinical experiences. The associate dean for student affairs oversees these agreements using an electronic database of all academic affiliation agreements and their expiration dates. This database is monitored weekly by a staff member of the Office of Student Affairs.

All agreements contain language that assures the primacy of the medical education program's authority over academic affairs and the education/assessment of medical students.

5. *Are there bylaws in force for the medical school that are sufficiently clear and comprehensive in describing the responsibilities and privileges of members of the medical school administration and faculty and the roles and responsibilities of committees? Are the bylaws available to faculty? Do the bylaws support an efficient and effective governance structure for the medical school? (1.5)*

The medical school faculty bylaws are comprehensive, and the responsibilities and privileges of both the faculty and administrators are described in the bylaws. The responsibilities of all the standing committees are also described, along with the committee composition and reporting structure.

The bylaws are available online on the PLFSOM website in the electronic Faculty Handbook. All new faculty are directed to this website during faculty orientation.

The bylaws, last revised 3/20/2017, support an efficient and effective governance structure.

6. *Evaluate whether the medical school has met and maintained the eligibility requirements for initial and continuing LCME accreditation, as specified in the Rules of Procedure. (1.6)*

PLFSOM has met and maintained eligibility requirements for initial and continuing LCME accreditation as specified in the Rules of Procedure (reference the DCI for element 1.6, Supporting Data).

STANDARD 2: LEADERSHIP AND ADMINISTRATION

1. *How is the authority of the governing board for the appointment of medical school administrators and faculty being exercised? Has appropriate authority for appointments been delegated by the board to the university and medical school administration? (2.1)*

The authority of the governing board (Board of Regents) for the appointment of medical school administrators and faculty is exercised through a delegation process that is described/codified in Regents Rule 02 and HSCEP OP 10.11. The existing polices allow the university (i.e., TTUHSC El Paso) and PLFSOM sufficient autonomy and authority for appointing faculty and administrators.

2. *Comment on the responsibility and qualifications of the dean to provide leadership in the missions of the medical school. Is there a clear definition of and general understanding of the dean's authority and responsibility for the medical school and its educational program? Evaluate whether the dean has appropriate access to university and other officials, so as to support his or her ability to carry out these defined responsibilities. (2.2, 2.3)*

The dean has the responsibility to accomplish the missions of the medical school and the current dean has the qualifications to carry out those responsibilities.

The dean's authority and responsibility for the medical education program are defined in institutional policies and are understood by the dean and the faculty.

The defined reporting structure within the health sciences center and TTU system gives the dean access to appropriate officials, ensuring that she/he is able to accomplish the missions of the medical school.

3. *Comment on the temporal stability, adequacy of time commitment, and effectiveness of the medical school's central administration (associate and assistant deans and senior administrative staff). Are students satisfied with the accessibility of the medical school leadership and their understanding of students' concerns? Have vacancies in administrative and departmental leadership been filled in a timely manner without detriment to departmental or institutional functions? Note any leadership gaps that are affecting the medical school's ability to carry out its missions. (2.4)*

    The administrative staff is stable with little turn-over in the last year. Vacancies in departmental leadership have been filled quickly, reducing any detriment to departmental or institutional function.

    Adequacy of time commitment is generally sufficient. As evidenced by the percent effort listed in the DCI Table 2.4-7, the members of the senior administrative staff at Paul L. Foster School of Medicine commit all or a significant proportion of time to their administrative duties.

    Based on data from 2016 AAMC GQ, the School of Medicine's student body reports high levels of satisfaction with the central administration's accessibility, awareness of and responsiveness to their concerns. The medical students have consistently rated the administration's accessibility and understanding of concerns very highly in both the AAMC GQ and our institution's own ISA.

STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

1. *Does each medical student have the opportunity to complete at least one required clinical experience in a setting where he/she interacts with residents? (3.1)*

    All required clinical clerkship experiences take place in departments with graduate medical education (GME) programs.

2. *Evaluate whether the medical school provides a scholarly environment for faculty and students. Is there appropriate support and encouragement for medical students to participate in research? (3.2)*

    A scholarly environment exists at PLFSOM for both students and faculty. A faculty-mentored Scholarly Activity and Research Project (SARP) is required of all students. Other mechanisms that encourage and support medical student research include a laboratory specifically developed to train medical students in research techniques, mini-grants to support research projects, travel awards to attend conferences, the maintenance of a summer break with unscheduled time to engage in research, and achievement of "Distinction in Research and Scholarship" can be accomplished and noted on their diplomas. Faculty scholarship is required for faculty appointment, tenure and promotion. It is further promoted through a faculty development program, an institutional faculty mentoring program, and support resources offered by the Office of the Vice President for Research.

3. *Evaluate the medical school's efforts to promote diversity, including the clarity of diversity definitions and policies, the linkage of recruitment and retention efforts to the school's defined diversity categories, and the sufficiency of resources to support diversity efforts. Has the school demonstrated sufficient effort and been successful in achieving its desired diversity? Has the school monitored the effectiveness of its pipeline programs and have these programs contributed to the diversity of the medical school and to the national applicant pool? Is a formally-approved anti-discrimination policy in use? (3.3, 3.4)*

PLFSOM has a number of diversity programs, initiatives, and organizations in place that have all contributed to the successful recruitment and retention of the school's defined diversity categories. The school's diversity definitions are well articulated, and mission-based policies and efforts promoting diversity have resulted in an increase in the number of underrepresented minority students (39% of incoming class) and students from the U.S.-Mexico border region (32% of incoming students). The medical school demonstrates its commitment to maintaining diversity by providing monetary and human resources to support programs and organizations like the Office of Diversity, Inclusion, and Global Health, the Gay Straight Alliance, Women in Medicine and Science organization, scholarship programs, mentoring programs and faculty development. In the 2016 GQ, 94% of PLFSOM students indicated that respecting diversity was a behavior often demonstrated by the PLFSOM faculty.

The data demonstrate that PLFSOM's enrichment and pipeline programs have aided in the mission-based recruitment of students for our medical school and other schools. Four students who have completed the recently implemented TTUHSCEP GSBS post-baccalaureate program (see also the response to Standard 1, item 1, above) have matriculated to the medical school, and five of the current students have interviewed (reference the DCI supporting data for element 3.3, as well as narratives and evidence for element 3.3, item a). In addition, the most recent medical school matriculation data for three of PLFSOM's high school and college student pipeline programs is summarized in the following table:

Medical School Matriculation by PLFSOM Pipeline Program Participants																	
Entry Year	2009		2010		2011		2012		2013		2014		2015		2016		Total
Training Location	PLF SOM	Other	PLF SOM	Other	PLF SOM	Other	PLF SOM	Other	PLF SOM	Other	PLF SOM	Other	PLF SOM	Other	PLF SOM	Other	
Shadow-a-Physician	1	0	0	0	0	2	4	2	7	1	5	3	3	4	6	4	42
Summer Enrichment Program	0	0	0	0	0	2	0	2	4	0	3	2	2	4	4	2	25
Summer Camps	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	2
Total	1		0		4		8		12		14		13		17		69

A formally approved anti-discrimination policy is in place and reflected in the schools documents.

The PLFSOM Independent Student Analysis (ISA) demonstrates high levels of satisfaction regarding diversity, with 94% of all medical students indicating satisfaction both with student diversity, and with administration and faculty diversity. In addition, the ISA reports that: "Student satisfaction with the environment conducive to culturally competent health care is 96%, and their satisfaction rates with the adequacy of the school's discrimination policy and the adequacy of the school's student mistreatment policy are 95% and 91%, respectively. The high levels of satisfaction and low levels of dissatisfaction in these three categories are consistent across all four classes."

4. *Evaluate whether the medical education program sufficiently and appropriately includes education and assessment related to the professional behaviors that its students are expected to acquire. Are there adequate mechanisms in place to evaluate the learning environment and to address identified problems? Do the school's clinical affiliates share the responsibility for this evaluation and for the remediation of any identified problems? (3.5)*

The teaching of and expectations for positive professional behaviors are among the major priorities of the medical education program. The teaching and assessment of professional behaviors, and the related standards set through the grading and promotion policy, are well documented across the educational program (reference DCI 3.5 Supporting Data).

The learning environment is evaluated through the course evaluation system for both pre-clerkship and clerkship phases, and for the program as a whole (for example, through the AAMC graduation questionnaire). If problems are identified, mechanisms are in place to address problems on campus.

Language supporting a positive learning environment is included in all affiliation agreements. The steps for reporting and remediating identified problems at a clinical affiliate are the same as for those occurring on-campus.

5. *Evaluate the effectiveness of the school's policies and procedures related to preventing and responding to incidents of inappropriate behavior, such as student mistreatment. Are students familiar with the school's code of professional conduct and are they familiar and comfortable with the mechanisms to report violations? (3.6)*

There are a number of policies and procedures in place that relate to preventing and responding to incidents of inappropriate behavior at the PLFSOM including student mistreatment.

Students are informed of these policies and procedures during mandatory orientation sessions held at the beginning of each of the first three years of school. These sessions include reviews of policies related to professional standards of conduct and non-discrimination. These are augmented with a workshop at the beginning of third year clerkships that elucidates what constitutes mistreatment. The 2016 ISA confirms that students are familiar and comfortable with reporting violations, with 87% reporting they know where to file a complaint against another student, staff, or faculty, 95% believing the complaint will be handled fairly and promptly, and 90% believing they could report unethical behavior without fear of retaliation. Course evaluations include questions about inappropriate behavior, with recent data provided in the following table:

Academic Year & Block	Percent of respondents agreeing with the statement:	
	"I am aware of the PLFSOM policies related to mistreatment of medical students"	"I know the procedures for reporting mistreatment of medical students"
2016-2017 Block 3 (Spring)	99%	94%
2016-2017 Block 2 (Winter)	97%	92%
2016-2017 Block 1 (Fall)	100%	97%
2015-2016 Block 3 (Spring)	95%	93%
2015-2016 Block 2 (Winter)	97%	91%
2015-2016 Block 1 (Fall)	97%	95%

STANDARD 4: FACULTY PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES

1. *Comment on the current and anticipated adequacy of faculty numbers, specialty and discipline mix, qualifications, and availability to support the medical education program and the other missions of the medical school. (4.1)*

The number of faculty is currently adequate to fulfill the PLFSOM's mission of education, clinical care, research, and public service. Maintaining an adequate pool of specialties and disciplines is challenging, in part, because El Paso is a Health Professional Shortage Area as designated by the Health Resources and Services Administration (HRSA) (https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx).

2. *Evaluate the level of scholarly productivity of the faculty in the context of the medical school's research mission and goals. (4.2)*

The research mission of PLFSOM is to advance knowledge through innovation and research and the associated goal in the strategic plan is to "Advance knowledge through innovative, peer-reviewed research." The level of scholarly productivity of the faculty meets these aims. In the 2016 calendar year, there were 268 peer-reviewed publications, 66 book chapters, 9 submissions on MedED portal, 95 faculty who were investigators on extramural grants, and 253 presentations at national meetings.

3. *Are the policies and procedures for faculty appointment, promotion, granting of tenure (if applicable), and dismissal clear, understood by the faculty, and followed? Do all faculty receive regular and sufficient information related to their responsibilities, benefits, and remuneration? (4.3)*

   The institutional policies related to faculty appointment, promotion and tenure are clearly outlined in HSCEP OP 60.01 and in the PLFSOM guidelines for faculty tenure and promotion. The policies for dismissal of tenured and non-tenured faculty are also clearly delineated in HSCEP OP 60.01.

   Information about the procedures for gaining tenure and promotion are explained during new faculty orientation and in faculty tenure and promotion workshops which occur several times each year. According to the 2016 Faculty Survey, approximately 75% of faculty found the process for tenure or promotion clear.

   Information related to responsibilities, benefits, and remuneration are initially provided in the dean's appointment letter. All faculty receive information about benefits during the annual open enrollment periods for benefits, and non-tenure track faculty receive remuneration information upon receipt of the memorandum of faculty reappointment annually.

4. *Comment on the adequacy of the policies and procedures related to provision of feedback to faculty about their academic performance and progress toward promotion and tenure (if relevant). Is the requirement to provide feedback to faculty codified in institutional policy and is the policy followed? (4.4)*

   PLFSOM has clearly delineated and formalized processes to provide feedback to faculty about their academic performance and progression towards tenure and promotion. These include the pre-tenure and pre-promotion review procedure that provides faculty members with objective feedback from their departmental peers regarding their progress towards tenure and promotion. This process is mandatory for faculty on the tenure track, and strongly encouraged for non-tenure track faculty. In addition, the annual performance evaluation is directly linked to published criteria for tenure and promotion. Department chairs assess whether a faculty member is meeting or exceeding the expectations in each domain, or needs improvement.

   The requirement to provide feedback to faculty is a formal process. According to the 2016 Faculty Survey, 76% of faculty agree that they receive feedback that helps them improve performance.

5. *Evaluate the adequacy of opportunities for professional development to enhance the teaching, assessment, evaluation, and research skills of the faculty and their knowledge of their disciplines. Is faculty development accessible/available to faculty at all sites and is faculty participation supported by the institution, including providing sufficient resources for faculty development efforts? (4.5)*

   PLFSOM provides a number of opportunities for professional development for faculty members including the institutional faculty development course, departmental faculty development, and the institutional faculty mentoring program. These efforts provide opportunities to enhance teaching, research skills, curriculum design, evaluation and assessment.

   These opportunities for faculty development are accessible and available to faculty at all sites, and many are recorded for asynchronous delivery. A community faculty development program has also been created with the goal of preparing the community-based faculty for their roles as preceptors. This consists of a 6-module faculty development program that is provided on a flash drive. Community faculty are also encouraged to participate free of charge in the PLFSOM faculty development course. In addition, community faculty are provided with free access to "Teaching Physician", a comprehensive web-based

resource that delivers videos, tips, answers to frequently asked questions, and links to in-depth information on precepting topics (with the opportunity to complete 14.5 CME credit hours). Eighty one percent of faculty are satisfied with the availability of professional development opportunities.

6. *Comment on whether the dean and a committee of the faculty are responsible for determining institutional governance and policymaking processes. (4.6)*

PLFSOM's strategic priorities are met through the functions and collaboration of three leadership groups: the Dean's Council, the Academic Council, and the Faculty Council. The dean and faculty members make up each group. Recent policymaking initiatives include the facilitation of faculty input in the development of an "Impaired Physician Policy", as well as faculty input in response to Texas Senate Bill 11 regarding the right to carry firearms on campus. In addition, the Faculty Council has recently participated in the updating and improvement of the PLFSOM Faculty Handbook. The Faculty Council gathers faculty concerns from the campus at-large and identifies priorities that are conveyed to senior leadership at the annual leadership retreat. Current priorities include faculty recruitment and retention, enhancement of campus lifestyle and amenities, and research support and infrastructure.

STANDARD 5: EDUCATIONAL RESOURCES AND INFRASTRUCTURE

1. *Evaluate the adequacy and sustainability of and the balance among the various sources of financial support for the medical school. Is there evidence that funding is sufficient for the missions of the medical school, including the conduct of a quality medical education program? Identify any constraints on the institution due to the amount of available funding or the balance among funding sources. (5.1 plus Supporting Documentation for standard 5)*

PLFSOM is a well-financed institution with approximately $221M in annual income, $213M in annual costs, and $176M in reserves that support mission-focused educational, research, and patient care activities. The PLFSOM generates revenue through tuition and fees, research grants, contracts, and patient care revenue. In addition, the school of medicine receives funds through state appropriations, gifts, and endowments. This combination of revenue provides the PLFSOM with a diversified and sustainable pool of financial resources that allows the institution to maintain the financial flexibility it requires to support a quality medical education program. The current and projected resources are adequate to support the financial stability of the medical school.

2. *Evaluate whether the dean, or the individual functioning as chief academic officer, has sufficient financial and personnel resources and appropriate authority for planning, implementing, and evaluating the medical education program. Note if any compromises in these areas have had to be made that can be attributed to insufficient resources. (5.2)*

The dean's authority to plan, implement, and evaluate the medical education program is sufficient and well-defined.

In addition, the dean's financial resources are adequate as described in question 1 above.

3. *Comment on whether there is evidence that pressures to generate revenue from tuition, patient care, and/or research are negatively affecting the faculty's time to effectively conduct the medical education program. Note if decisions about class size take into account the full spectrum of faculty responsibilities. (5.3 plus Supporting Documentation for standard 5)*

The school actively manages and mitigates the expectations of income generation on the education program. The provision of clinical services by faculty physicians and their availability to participate in medical education is a constant balance, especially for specialties that are underrepresented in the faculty. This is most apparent for pre-clerkship phase small group instruction led by clinicians. The school employs an educational value unit (EVU) system for reimbursing clinical departments for pre-clerkship

phase teaching, these EVU allotments are not factored into the clinical productivity benchmarks set for individual faculty. As a result, clinical faculty who focus on the expectations related to clinical productivity are more inclined to view teaching as uncompensated effort.

If an increase in class size is considered in the future, our analyses indicate that increases in the number of faculty and clinical sites will be required to accommodate increased enrollment.

4. *Evaluate the adequacy of the facilities used to support the teaching and research missions of the medical school. How satisfied are students and faculty with the availability and quality of education and research space? Is the availability or quality of educational space negatively impacting the ability to implement or change the medical education program as desired? (5.4)*

The physical infrastructure capacity for teaching and research (i.e. classroom, lecture hall, conference room, and lab space) is adequate at this time. The ISA indicates that 95% of students are satisfied with the adequacy and availability of the educational space and the 2017 Faculty Survey reports that 81% of faculty respondents were satisfied with laboratory/research space. A 219,000 sq. foot building under construction and a 44,746 sq. foot building under renovation will help support the future physical infrastructure needs of medical students, researchers, faculty, and administration.

5. *Evaluate the adequacy of the resources for the clinical instruction of medical students, including patient numbers and case mix and inpatient and ambulatory teaching sites. Note if the constellation of teaching sites used for required clinical experiences collectively can accommodate the assigned number of learners in each discipline and can meet the objectives for clinical education, including the required clinical encounters specified by faculty. Does each site used for required clinical experiences have sufficient and appropriate teaching and study space, information resources, and call rooms (if applicable)? (5.5, 5.6)*

The resources for clinical instruction at PLFSOM are adequate. The patient numbers and case mix of patients at the current inpatient and ambulatory sites, as outlined in the DCI for element 5.5, provide the patient numbers and case mix necessary to meet the clinical education objectives across the core clinical disciplines and adequately prepare 100 students for graduation.

This array of teaching sites collectively meets the needs of the assigned learners in each discipline and meets course objectives and the required clinical encounters determined by the faculty. While our current needs are met, we acknowledge that we must continue to seek out and evaluate additional inpatient sites, ambulatory care sites, and expand community physician involvement in anticipation of future educational needs.

At the inpatient sites, the teaching space, study space, and information resources are adequate. Our medical students do not use call rooms because overnight shifts are designed as active duty experiences.

6. *Comment on the adequacy of security systems on campus (including at distributed campuses) and at clinical teaching sites and on institutional policies and procedures to ensure student safety. Has the institution engaged in appropriate and comprehensive emergency and disaster planning? (5.7)*

Security and safety on campus and at clinical teaching sites is adequate to ensure student safety. Features include police and/or security guards on duty 24 hours/day, card-activated door locks, security escort services, and closed circuit cameras. In addition to physical security features, administrative procedures and training programs provide students with knowledge to enhance their physical security and overall safety awareness.

Per institutional policy (HSCEP OP 76.01) and based on the National Incident Management System (NIMS), an all-hazards emergency operation plan provides a solid foundation for preparing for, responding to, and recovering from incidents impacting the campus, faculty, staff, and students. This level of comprehensive emergency and disaster planning is appropriate for the hazards that may impact the campus.

7. *Evaluate the adequacy of library and information technology resources and staff support. Are staff in these units responsive to the needs of students, faculty, and others in the medical education community and are they involved in the planning and support of the curriculum? If these units serve other schools and colleges, do medical students and faculty have sufficient access to library and information technology resources? (5.8, 5.9)*

PLFSOM students and faculty rate the library staff and resources very highly. TTUHSC El Paso libraries provide access to 27,000 electronic journals and an extensive array of print resources. The ISA reports that 98% of students find the librarians helpful, 90% are satisfied with the accessibility of the onsite resources, and 95% are satisfied with the online resources. Similarly, the TTUHSC El Paso Faculty Survey reports that 100% of the faculty are satisfied with the helpfulness of the librarians, 97% are satisfied with the onsite resources, and 92% are satisfied with the online resources.

The library staff is involved in planning and supporting the educational curriculum, most notably through the service of the Managing Director of the TTUHSCEP libraries on the CEPC. Librarians also participate in instruction for a Year 4 elective, and routinely assist students with literature searches and related library services. Library staffing is currently adequate.

Regarding information technology (IT) resources, the ISA indicates that 87% of students are satisfied with Wi-Fi reliability, 86% are satisfied with the usability of the school's website, and 92% are satisfied with the helpfulness of the Help Desk employees. 77% of faculty are satisfied with IT support.

The IT Department offers technical resources and support to the whole institution, but there are a number of technical personnel specifically assigned to support the medical school's educational mission. Members of the technical team are assigned to participate in several of the medical school's committees (e.g. CEPC) and assist in coordinating technical support services for the medical school.

Based on these findings, library and IT resources are adequate for planning and support of the medical education program.

8. *Evaluate the adequacy of processes in place to ensure that the resources, such as faculty, educational space, clinical placements, used to accommodate visiting and transfer students do not diminish the resources for already-enrolled medical students. (5.10)*

The process used for accepting transfer students to PLFSOM is well-defined. It involves both faculty and key administrators, including the associate dean for admissions, the associate dean for student affairs, and the associate dean for medical education, who assess the relevant educational resources. Only after confirming that the educational environment can support another learner does the admissions committee consider applications for transfer. This ensures that transfer students do not diminish the resources for currently-enrolled students. There is a similar process in place for visiting students.

9. *Evaluate the adequacy and quality of student study space, lounge and relaxation areas, and secure storage space at all locations; include student perceptions of quality and adequacy in your evaluation. If students participate in overnight call at any location, comment on the security, accessibility, and availability of call rooms. (5.11)*

Student study space and relaxation/lounge space is adequate. The ISA indicates that 89% of students are satisfied with the adequacy of student relaxation space and 82% with the adequacy of student study space. Year 3&4 students have expressed dissatisfaction with secure storage space for personal belongings. Consequently new secure storage space is being identified in both the clinic building (CSB) and a nearby building (AEC). No call rooms are needed for medical students; night duties are work shifts, not call shifts.

10. *Note whether the medical school has provided the LCME with the expected notifications prior to the identified changes taking place. (5.12)*

PLFSOM has responded appropriately to the LCME's expectations regarding notifications.

STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN

1. *Have outcome-based educational program objectives been developed and linked to the competencies expected of a physician? Evaluate whether the objectives are being used for the assessment of medical students' progress in achieving these competencies. Evaluate whether the educational program objectives and the objectives of individual courses and clerkships have been shared with medical students and with relevant individuals and groups responsible for curriculum planning and implementation and for medical student teaching and assessment. (6.1)*

    Outcomes-based educational program goals and objectives have been developed within the 8 physician competency domains: Patient Care, Knowledge for Practice, Practice-Based Learning, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice, Interprofessional Collaboration, and Personal and Professional Development.

    The CEPC requires that all session/activity learning objectives be mapped to these educational program goals and objectives. In turn, assessment elements are required to be linked to session/activity learning objectives. Thus, assessments reflect medical students' progress in achieving educational program objectives and attaining their overarching competencies.

    The educational program goals and objectives are disseminated to faculty, residents and fellows in both electronic and print formats. The linkage between session/activity learning objectives, educational program objectives, and the competency domains are published in the course/clerkship syllabi to ensure that the medical students are aware of them. These syllabi are also disseminated to residents, fellows, and faculty who teach and assess the medical students.

2. *Evaluate whether the faculty have defined the patient types and clinical conditions that all students are expected to encounter and the procedures/clinical skills that all students are expected to perform. Have these experiences been assigned to relevant clerkships? Is each type of patient encounter and procedure/clinical skill associated with a clinical setting and level of medical student responsibility? (6.2)*

    The faculty define the patient types and clinical conditions that all students are expected to encounter and the procedures/clinical skills that all students are expected to perform.

    Key faculty members within each clerkship establish the required patient types, clinical conditions, and procedures/clinical skills that every student should encounter. Clerkship phase requirements are reviewed as part of the continuous CEPC review cycle to ensure that every defined patient type and clinical condition is associated with an appropriate clinical setting and with an expected level of medical student responsibility. Clerkships use the student's Op Log entries to track patient encounter type, clinical setting, and procedures along with level of responsibility.

3. *Evaluate the sufficiency of self-directed learning experiences in the pre-clerkship curriculum to allow students to acquire and demonstrate lifelong learning skills. Is there enough time available for these experiences within and outside of formal class hours? (6.3)*

    The number and type of self-directed learning experiences in the pre-clerkship curriculum are sufficient to allow the students to acquire and demonstrate lifelong learning skills. Opportunities to acquire and demonstrate self-directed learning skills occur in the Society Community and Individual Course, the Scholarly Activity and Research Program, and the Clerkship Prep Courses as described in DCI element 6.3. Students are assessed on these skills during the clerkship preparation course at the end of the second year. Feedback and assessment events are appropriately linked to the self-directed learning elements, and

the school is monitoring outcomes for educational research and program improvement using the Self-Directed Learning Readiness Scale.

There is a formal educational program policy that sets limits on class hours and stipulates sufficient unscheduled time (generally three half-days per week) that students can use for self-directed learning. Data from the ISA indicate that 95% of students across all four years are satisfied with the opportunities for self-directed learning in the first and second years, and 91% are satisfied with the workload in the pre-clerkship phase of the curriculum.

4. *Comment on the adequacy of inpatient and outpatient experiences in the curriculum to allow the objectives of the educational program and the individual clerkships to be met. (6.4)*

    The inpatient and outpatient experiences during third and fourth year provide each student with broad exposure to common clinical problems and presentations across the spectrum of disease severity and settings. Clerkship objectives have been mapped to the Educational Program Goals and Objectives and the distribution of activities in the clerkships allow all objectives to be met and assessed. Planned experiences are reviewed by the CEPC according to the continuous curriculum review cycle policy.

5. *Evaluate whether sufficient time is available in the curriculum for electives that supplement required learning experiences. (6.5)*

    A broad range of elective courses is offered. Through AY 2017-18, students are required to complete 12 credit hours of elective coursework, taken as elective courses lasting two weeks (for two credit hours) or four weeks (for four credit hours). Beginning in AY 2018-2019, students will be required to complete 16 credit hours of elective coursework. The program of electives is designed to facilitate students' exposure to and understanding of medical specialties reflecting their career interests, as well as to encourage students to pursue a wide range of activities.

6. *Evaluate the availability of service-learning and community service activities and the adequacy of time students have to participate. Is there evidence that the medical school supports service-learning/community service and provides information to medical students about these opportunities. (6.6)*

    Evidence shows that the institution supports service learning at all levels. Numerous opportunities are available for medical students to participate in voluntary service-learning and community service activities. Although these activities are not required curricular components, they are highly encouraged. Student selection of service activities is self-directed and encompasses a wide-range of activities. There is evidence of student satisfaction and participation through the ISA and the AAMC GQ reports. In the ISA, 97% of students expressed satisfaction with their opportunities to participate in service learning across all four years. According to AAMC GQ 2016 data, 90% of students indicated that they participated in an experience with a free clinic for the underserved population. This approaches the 90th percentile compared to national benchmarks. Nearly two-thirds (50/80) of the class of 2016 documented nearly 2000 hours, averaging just under 40 hours per student. Over 99% of the 50 students documenting their service-learning experience rated these experiences as being "good" or "excellent."

7. *Does the medical school exist in an environment that permits the interaction of medical students with other learners, including other health professions students, graduate students, residents, and physicians engaging in continuing medical education? (6.7)*

    There are formal and informal opportunities for medical students to interact with other learners. PLFSOM students participate in joint learning exercises with nursing students from TTHUSC El Paso's Gayle Greve Hunt School of Nursing (GGHSON) and pharmacy students at the University of Texas El Paso (UTEP) during the pre-clerkship and clerkship phases of instruction. When medical students work on a ward team during the M3 and M4 years, they interact with students from other health professions in the course of patient care. Several clerkships have didactic sessions with students from other health professions and/or didactic sessions taught by health professionals from other disciplines. For example,

on the internal medicine clerkship, the students attend two colloquiums with pharmacy students and the lecture is jointly taught with a Pharm.D. All required clinical clerkship experiences take place in departments with residents. PLFSOM students are required to participate in CME activities during their clerkship years, which exposes them to physicians engaging in continuing medical education. The 2016 ISA indicates that 91% of students are satisfied with the opportunities to learn from practitioners in other health care professions, and 74% are satisfied with opportunities to interact with students at the other TTUHSC El Paso schools.

8. *Does the medical education program consist of at least 130 scheduled weeks? (6.8)*

The medical school curriculum consists of 157 weeks of instruction.

STANDARD 7: CURRICULAR CONTENT

1. *Evaluate whether there is sufficient representation in the curriculum of topics from the biomedical, behavioral, and social sciences and of medical ethics. Does evidence support the determination of adequacy and appropriateness of content coverage? (7.1, 7.7)*

Coverage of biomedical, behavioral, social sciences, and medical ethics is adequate across the 4 years of the curriculum (as described in DCI table 7.1-1). There is good integration of social science topics and medical ethics across the MS1-4 years. This conclusion is supported by the 2017 GQ, which reported that 95% of graduates agreeing that the Behavioral Sciences courses prepared them for clinical clerkships and electives. Furthermore, 95% also reported that they had received a sufficient fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism) to prepare them for residency. PLFSOM student satisfaction with their education in most of the biomedical topics is at or above national benchmarks. Changes have been implemented to address areas of relative dissatisfaction, resulting in substantial improvement in student perceptions of their preparation in biostatistics and epidemiology, and microbiology per the 2017 AAMC GQ. Behavioral sciences appear to be a strength for the pre-clerkship curriculum, and efforts have been made to include even more content in this area in years 3 and 4. Students are satisfied with their preparation for residency in the social sciences at rates comparable to national benchmarks (reference 2017 AAMC GQ, section 12).

2. *Comment on whether the curriculum adequately covers each of the levels of care and phase of the human life cycle. (7.2)*

The pre-clerkship and clerkship curriculum includes objectives related to normal human development, adolescent medicine, geriatrics, continuity of care and end of life care leading to the conclusion that these topics are adequately covered. Similarly, all levels of care are adequately covered. Data from the ISA confirms that our students across all four years are satisfied with their education in diagnosing disease, managing disease, disease prevention and health maintenance with, respectively, 97%, 91%, 94%, and 93% of all students satisfied or very satisfied.

3. *Evaluate the adequacy of experiences that permit students to directly apply the scientific method and to become familiar with the basic principles of clinical and translational research. (7.3)*

PLFSOM students have ample experiences to directly apply the scientific method and to become familiar with the basic principles of clinical and translational research. Coursework in the pre-clerkship years lays the foundation for understanding the basic principles of clinical and translational research. Specific experiences that complement and build on each other are found in both the Scientific Principles of Medicine (SPM) and the Society, Community, and the Individual (SCI) Courses. Integrated sessions in SPM review the seminal translational and clinical research publications in the field related to the topic. Application of both the SPM and SCI coursework is accomplished through the Scholarly Activity and Research Project (SARP), in which all students are required to work with a faculty mentor to initiate,

complete, report, and present on a scholarly project by the spring of their fourth year. Changes in biostatistics and epidemiology were implemented to improve student education and satisfaction in these areas.

4. *Evaluate whether the curriculum includes sufficient learning opportunities and assessment to ensure that students develop skills in medical problem-solving and evidence-based clinical judgment. (7.4)*

The curriculum includes sufficient learning opportunities and assessments across the four years to ensure students develop skills in medical problem solving and evidence-based clinical judgment. The pre-clerkship curriculum is based on clinical presentations and basic science content is integrated and taught within the clinical presentation context. Schemes teach the student to use evidence and inductive reasoning techniques to navigate the branch points and arrive at the most likely diagnosis. Medical problem-solving skills are practiced during case-based discussion in the SPM course, particularly during worked case example sessions (which are deliberately designed as low-risk novice-level exercises).

In addition to the SPM course, students also practice medical decision making based on evidence each week in the Medical Skills Course -- when they evaluate standardized patients -- and through simulations. Using the information gleaned from the history and physical, students are expected to use clinical judgment and medical decision-making to form a list of potential diagnoses (with supporting evidence) and then outline their initial plan for the patient. The clerkship phase of the curriculum builds on the foundation laid in year 1 and 2 and deepens students' understanding of clinical reasoning and evidence-based decision making.

Assessment of medical problem solving and evidence-based clinical judgment occur across the curriculum, both in the clinical setting and in objective structured clinical examinations (OSCEs). On the 2016 GQ, 94% of our graduates agreed or strongly agreed that they had acquired basic skills in clinical decision making and the application of evidence based information to medical practice.

5. *Evaluate whether the curriculum adequately prepares students to recognize and appropriately address the medical consequences of common societal problems. Has the school identified relevant societal problems in the context of its mission and location? (7.5)*

The PLFSOM, located on the U.S.-Mexico Border, prioritizes educating students on the social determinants of health and preparing them to recognize and address the medical consequences of the societal problems that are entwined with the school's location and mission. The curriculum emphasizes these issues across the four years of the curriculum, in courses such as Society, Community, and the Individual (SCI) in year 1 and 2 and in the clinical environment in year 3 and 4 where a large portion of the patient population is underserved. Students' exposure to societal issues takes two forms: one is self-led exploration of community health issues through a community needs assessment coupled with faculty-identified societal issues. The second occurs in the clerkship years, where students learn to address the medical consequences of common societal problems while actively seeing patients. During their clerkship they perform reflective exercises on pertinent societal issues.

6. *Evaluate how well medical students are being prepared to communicate appropriately with patients and others. Is the curriculum preparing students to understand and work effectively with and identify their own biases related to patients from a variety of backgrounds? (7.6, 7.8)*

Students are well prepared to communicate appropriately across a wide range of individuals. From the beginning of their PLFSOM education, students learn about cultural traditions and how culture may influence health and illness beliefs and behaviors. Students also begin their study of medical Spanish which enhances their understanding of communication issues related to language barriers. SCI threads these topics through the MS1 and MS2 years. In addition, the Master's Colloquium Course uses group discussion and personal reflection to further address these issues as they relate specifically to gender

biases, empathy, ethics, decision-making and quality improvement. The Medical Skills Course uses scenarios with underserved and marginalized patients.

All clerkships set communication with patients and families across a broad range of socio-economic and cultural backgrounds as an objective. All assess this skill using a variety of methods including clinical assessment forms from the workplace, observed history and physical exams, OSCEs at the end of each block and comprehensive OSCEs at the end of year 2 and year 3. In the 2016 GQ, 100% of recent graduates agreed that they were prepared with the communication skills necessary to interact with patients and health professionals.

7. *Evaluate whether medical students are being prepared adequately to function collaboratively in health care teams. Are there objectives related to collaborative team care and are sufficient experiences related to these objectives included in the curriculum? (7.9)*

Interprofessional collaboration and exercises with GGHSON and UTEP Pharmacy students are clearly identifiable in the curriculum.

While there are many relevant session-level objectives, our self-study revealed that a more comprehensive mapping of the objectives specifically related to collaborative team care by phase and course/clerkship is necessary to fully determine sufficiency of experiences. During the course of the self-study, the CEPC accomplished this in the context of its review of the curriculum as a whole, through the analysis of curricular content and assessment linkages collated by the Office of Medical Education.

STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

1. *Is there a central committee responsible for the curriculum that has appropriate responsibility and authority for overseeing and approving the design, management, and evaluation of the curriculum to ensure that it is coherent, coordinated and integrated horizontally and vertically? Is this authority codified in institutional bylaws and/or policy? Is there evidence that this authority is being appropriately and successfully exercised? (8.1 plus Supporting Documentation for standard 8)*

The school's central curriculum committee, the Curriculum and Educational Policy Committee (CEPC), is codified in the Faculty Bylaws and its responsibilities include: developing and reviewing the program goals and objectives (PGOs), overseeing curricular integration, monitoring course/clerkship quality and outcomes, and monitoring the curriculum as a whole.

To ensure that the curriculum is coherent, coordinated, and integrated both horizontally and vertically, an organizational framework for curricular management has been established that includes the CEPC, the Year 1-2 Committee, the Year 3-4 Committee, and the Student Curriculum and Evaluation Committee. Recent initiatives to improve the integration and coordination of the curriculum have been implemented including twice-yearly combined meetings of the Year 1-2 and Year 3-4 Committees. An improved mechanism for monitoring the outcomes of the curriculum as a whole has also been launched, including the construction of an annual educational program evaluation report.

2. *Evaluate whether the educational program objectives are being used to guide curriculum planning, select and apportion curriculum content among instructional units, review and revise the curriculum, and evaluate curricular outcomes. As a means to determine the sufficiency and placement of content and to guide program evaluation, have the course and clerkship objectives been linked to the educational program objectives. (8.2)*

The school's codified educational PGOs are used to guide curriculum planning, review and revise the curriculum, and evaluate curricular outcomes.

The school's policies and processes for reviewing the curriculum have been enhanced each year, including the publication of an annual report that documents where in the curriculum the PGOs are taught

and assessed, and the implementation of a cyclical review process to evaluate PGO linkages to the pre-clerkship phase, the clerkships, and the curriculum as a whole.

The current curriculum mapping system is designed to monitor linkages between session/activity-level learning objectives and PGOs. Enhancements to the curriculum-management tools currently employed will continue to improve the efficiency and fidelity of the process.

3. *Is there appropriate faculty participation in curriculum design, implementation, and evaluation? Are the units of the curriculum (i.e., courses and clerkships), the segments of the curriculum (i.e., years or phases) and the curriculum as a whole being reviewed according to a predetermined schedule? Are there tools, such as a curriculum database, available to support these reviews and to allow a determination of the adequacy and placement of curriculum content? Are the results of these evaluations used by the curriculum committee, the course leadership, and the departments to inform needed change? (8.3 plus Supporting Documentation for standard 8)*

There is broad faculty participation in all phases of curriculum design, implementation, and evaluation. This is ensured through broad faculty representation on the CEPC, the Year 1-2 Committee, and the Year 3-4 Committee.

The required courses and clerkships are reviewed according to a predetermined cycle. This includes annual pre-clerkship course and unit debriefings and annual clerkship block reviews, which are conducted by the course/unit/clerkship directors in collaboration with their respective curriculum committees (Year 1-2 Committee or Year 3-4 Committee). Rubric-guided annual syllabus reviews are conducted for the required courses and clerkships prior to their approval for the following academic cycle. Finally, a comprehensive annual review of the yearly educational program evaluation report is carried out by the CEPC which is then made available to all faculty, staff, and students. The curriculum as a whole is reviewed on a 3-year cycle according to the curriculum review cycle policy.

An online curriculum management system/database is used to track and report course/clerkship elements including: (1) learning objectives and their linkages to educational program goals and objectives; (2) teaching and learning methods; (3) faculty roles and responsibilities; (4) curriculum calendar/schedule and contact hours: (5) learning materials; and (6) assessment item linkages to learning objectives.

Results of curriculum evaluations are being used by the Year 1-2 Course Committee, the Year 3-4 Committee, and the CEPC to identify problems and inform change.

4. *Evaluate the adequacy of the system of program evaluation for judging whether educational program objectives are being met and desired program outcomes are being achieved. Are appropriate data being collected from students and graduates to allow such judgments to be made and are these data being appropriately and regularly used? (8.4 plus Supporting Documentation for standard 8)*

The school employs a thorough approach to evaluating the educational program and determining whether educational program objectives and outcomes are being achieved.

This involves the review of data for both internally-set benchmarks and national norm-referenced data. Data from the USMLE Step exams, the AAMC GQ data, and residency program director survey data indicate that our student are meeting national benchmarks related to medical knowledge, skills and behaviors. Other outcome data, such as practice types and practice locations of graduates, will be included in this holistic review process as it becomes available.

5. *Evaluate the adequacy of the system to collect student feedback on courses and clerkships and on faculty, residents, and others who teach, supervise, and assess medical students. Does the system provide valid and reliable data, for example, through adequate response rates to questionnaires? How are the data used for program review and improvement? (8.5 plus Supporting Documentation for Standard 8)*

There is a centralized process for collecting student feedback on courses, clerkships, and teachers.

The feedback data for courses and clerkships are considered to be reliable indicators of the students' perceptions, as questionnaire response rates are typically above 90%. In the pre-clerkship phase, students provide at least five teaching evaluations at the end of each unit and two college master evaluations at the end of each semester. For the clerkship phase, students complete at least four teaching evaluations for each 3rd year clerkship and one evaluation per on-campus 4th year rotation.

Student evaluations of faculty and residents are shared with the assistant/associate deans for medical education as well as the relevant department chairperson and course/clerkship-director. For program review and improvement, results of course and clerkship evaluations are shared between the assistant deans for medical education and their respective Student Curriculum and Evaluation Committee to stimulate discussion and generate student perspectives on potential solutions. This feedback is shared with the respective Year 1-2 and Year 3-4 Committees during the planning phase for the subsequent academic cycle.

6. *Evaluate the adequacy of the processes for monitoring medical student clinical encounters at the clerkship and department levels and centrally. Do the processes used for monitoring ensure that there is a reliable record that required clinical experiences or identified alternatives are completed? (8.6)*

The school employs a centralized electronic tool, 'Op Log', for students to log their clinical encounters and procedures/skills in the clerkships. Under the oversight of the CEPC, each clerkship director defines the required clinical experiences and skills, as well as alternative methods for completion if required experiences cannot be met.

Students are required to keep their Op Log entries detailed and up-to-date for all patients with whom they have had direct, hands-on clinical contact. To ensure that students are completing the required experiences, student Op Log entries are reviewed as part of the directors' mid-clerkship review. Aggregate data on students' completion of clerkship-specific required clinical encounters and skills are collected and monitored by the assistant dean for clinical instruction, both at the end of each clerkship block and at the end of the academic year. These data are reported to the school's central curriculum committee (the CEPC), as well as to the Year 3-4 Committee, as part of its curriculum review processes.

7. *Are there processes in place to ensure comparability of education and assessment across all locations for an individual course and clerkship? Evaluate whether there is effective monitoring at the department and medical school levels to identify any inconsistencies across sites and to remedy any problems that are identified. (8.7)*

To ensure comparability of education and assessment across locations, the school has a process by which faculty at different instructional locations are informed by the course/clerkship directors of the core objectives, required clinical experiences and skills, assessment methods, and the grading policy for the course or clerkship. Communication between the course/clerkship directors and faculty at each instructional site occurs at least once per block for 3rd year and once per semester for 4th year.

Comparability of learning experiences across sites (e.g., required clinical experiences, duty hours, patient volume & case mix, grading) is regularly reviewed by the assistant dean for clinical instruction and reported to the CEPC as part of the committee's assessment of site comparability. As a result of the ongoing self-study, the school implemented a new process in AY 2016-17 in which student evaluation data are identified by instructional site to facilitate comparison of student satisfaction and perspectives on their educational experiences across sites, and allowing clerkship directors to share this information with individual site leadership and faculty.

8. *Does the medical school have policies for the time that medical students spend in required activities and are these policies understood by students? Is the time medical students spend in required activities monitored? Comment on the presence and effectiveness of mechanisms for medical students to report violations of these policies and the willingness of students to utilize these mechanisms. (8.8)*

The medical school has a set of policies for duty hours modeled after the Accreditation Council for Graduate Medical Education (ACGME's) policies. The policies are clear, and students are made aware of them through a number of redundant mechanisms including the common clerkship policies, the student affairs handbook, student orientation meetings, clerkship websites, and the student affairs website.

Duty hours are monitored by clerkship coordinators via an electronic scheduling system and the students are also required to report their duty hours in the scheduling system.

Students are encouraged and expected to report duty hour violations to the clerkship director or the associate dean for student affairs. The current policy emphasizes the negative consequences students may face if they fail to report their duty hours. The self-study committee concluded that compliance may be improved if the language in the policy encouraged students to faithfully report violations without fear of retaliation. Such language is proposed for the 2018-2019 student handbook and common clerkship policy.

STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY

1. *Evaluate the adequacy of the methods used to ensure that residents and other non-faculty instructors receive and review the objectives of the courses and clerkships in which they will participate and are prepared for their specific teaching and assessment roles. Is there an effective system to centrally monitor the participation of residents and other non-faculty instructors in such preparation sessions? (9.1)*

All courses and clerkships that use residents to teach medical students have mechanisms in place to orient these instructors to the course and clerkship objectives and the associated methods of teaching and assessment.

All residents are provided with a copy of the school's educational program goals and objectives and are provided electronic access to course syllabi and the academic catalog. In addition, in the pre-clerkship phase, residents and non-faculty instructors are given an orientation to the specific objectives through provision of course syllabi (containing the relevant course/clerkship objectives), teaching materials (containing session level objectives) assessment rubrics, and an orientation to the goals and desired outcomes of the specific activity (e.g., instructor preparation guides and/or orientation meetings). In the clerkship phase, clerkship directors provide residents with the clerkship syllabus, which includes the clerkship -specific learning objectives. This process is overseen by the assistant dean for clinical instruction.

In addition, completion of the 'Residents as Teachers' course is required of all residents. The recent creation of a school-wide 'Preparation of GME Trainees for Participation in UME' policy requires each course/clerkship director to prepare residents for their specific teaching and assessment roles, with central monitoring by the CEPC.

2. *Is there an effective system in place to ensure that medical student learning experiences in clinical clerkships are provided by faculty members and that there is appropriate supervision when medical students are engaged in patient care activities? (9.2, 9.3)*

The school ensures that medical student learning experiences in the clerkships are provided by faculty members through routine monitoring of the faculty appointment status of clinicians employed at the school's primary educational sites and its affiliates. Faculty appointment status is confirmed by the individual clerkship directors and their coordinators via the central clerkship coordination office which, in turn, has on-going communication with the Office of Faculty Affairs.

Clerkship directors, in cooperation with the faculty attending physicians, are chiefly responsible for ensuring adequate supervision of students while they are engaged in patient care activities during the clerkships. For the pre-clerkship phase, course directors assume this responsibility in collaboration with

faculty preceptors. The school's 'Clinical Supervision of Medical Students' policy establishes a formal system-wide requirement that students are supervised during the clinical experiences by faculty. This policy, together with the recently approved 'Educational Program Participation by Non-Faculty' policy, delineates the scope of teaching, assessment, and supervisory responsibilities for clinical faculty and non-faculty.

3. *Evaluate the adequacy of the methods used to assess student attainment of the knowledge, cognitive and clinical skills, attitudes, and behaviors specified in the educational program objectives. Are there any limitations to the school's ability to ensure that the clinical skills of all students are being appropriately assessed and have steps been taken to address these limitations? (9.4 plus Supporting Documentation for standard 9)*

No limitations were identified regarding the school's ability to ensure that the clinical skills of all students are being appropriately assessed. DCI documentation supports the conclusion that PLFSOM maintains a continuous, comprehensive, and multidimensional program of assessment across all four years of medical school to ensure that students attain the knowledge, cognitive and clinical skills, attitudes, and behaviors described in the PGOs. This includes both formative and summative skills assessments during the pre-clerkship phase and within each integrated clerkship block, as well as a comprehensive summative OSCE at the end of the 3rd year. Despite this finding, 2015, 2016, and 2017 AAMC GQ data indicate that a few students report that they were not observed taking a history or doing a physical exam in some clerkships (with a profile consistent with national benchmarks). To collect more relevant feedback in real time (as opposed to after graduation), clerkship evaluation forms now include an item related to the assessment of clinical skills, attitudes and behaviors: "I was observed delivering patient care". The CEPC, assistant dean for clinical instruction, the clerkship director(s), and the department chairperson receive copies of the clerkship evaluation reports so that potential problems can be addressed in a timely manner. Review of that data indicates an upward trend in the most recent year.

"I was observed delivering patient care"	Percent Agreement with Item by Academic year		
	14-15	15-16	16-17
	M3 Clerkships		
Family Medicine	93%	87%	95%
Internal Medicine	86%	92%	93%
Obstetrics/Gynecology	91%	87%	86%
Pediatrics	99%	94%	99%
Psychiatry	78%	73%	86%
Surgery	75%	76%	96%
	M4 Clerkships		
Emergency Medicine	99%	91%	99%
Neurology	96%	91%	88%

4. *How effective are the processes and systems to ensure that students receive useful, comprehensive, and timely formative assessment and fair and timely summative assessment in both the pre-clerkship phase of the curriculum and in the clerkships? Is narrative assessment included as a component of courses and clerkships where teacher-student interaction permits? (9.5, 9.7, 9.8 plus Supporting Documentation for standard 9)*

As part of its curricular design, the school has an established practice of providing comprehensive and timely formative and summative assessment across the pre-clerkship and clerkship phases. There have been rare lapses in providing timely summative grading in the clerkships; in response, a recent policy was developed by the CEPC to ensure timely summative assessment. Similarly, provision of timely formative assessment has been an established practice and development of a similar policy would establish formal expectations in this regard. Student perceptions of formative and summative feedback across the curriculum suggest that the feedback is timely, useful, and fair. Nearly all students reported receiving

mid-clerkship reviews (ref. DCI table 9.7-1). In addition, student satisfaction with the effectiveness of mid-clerkship feedback is high (ref. DCI table 9.7-2)

The provision of narrative assessment has been an established practice across the curriculum, and the recent approval of a 'Narrative Assessment' policy as a result of the self-study process creates formal expectations in this regard.

5. *Are standards of achievement for courses and clerkships and for the curriculum as a whole developed and set by faculty with appropriate knowledge and expertise? (9.6)*

The school has an adequate system for ensuring that the standards of achievement for courses, clerkships, and the curriculum as a whole are developed and set by faculty with appropriate knowledge and expertise. Nevertheless, ongoing measures to keep curriculum committee members conversant in emerging national initiatives and trends along the continuum of medical education are encouraged.

6. *Comment on the adequacy of policies and processes to ensure that a single standard for promotion and graduation is applied across all instructional sites. Evaluate the fairness of due process protections in the case of an adverse academic action against a student. (9.9)*

The school, which maintains a single instructional site, has a single standard for the advancement and graduation of its medical students, as described in the Student Affairs Handbook available on the Student Affairs website. If an adverse academic action is taken against a student, the due process protections included in the policy allow a student to formally appeal any adverse action recommended by the Grading and Promotions Committee (GPC) and allow the dean to accept the student's appeal or convene an Appeals Committee for further review and deliberation. If the dean or Appeals Committee establishes that due process was not followed, the dean could send the case back to the GPC for further deliberation, with the dean deciding the final outcome.

STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

1. *Critically review the medical school's criteria for admission and the process for the recruitment and screening of applicants and the selection of students. How are the medical school's selection criteria reviewed and validated in the context of its mission and other mandates? Are the criteria for admission, including technical standards, available to potential applicants and their advisors? (10.1, 10.3, 10.5 plus Supporting Documentation for standard 10)*

The medical school has a rigorous process for screening and recruiting applicants including admission criteria related to the school's mission and location. These criteria and processes are annually reviewed and approved by the admissions committee.

The admissions department screens applicants for interviews based on the mission and mandates of our school. Applications are screened on both cognitive – science grade point average (SGPA), SGPA improvement, GPA, medical college admission test (MCAT) score and post-baccalaureate education -- and non-cognitive elements, including personal statement, medically-related experiences, non-medical experiences, letters of evaluation, socioeconomic status, underrepresented minority identity, and regional origin (i.e., El Paso, Border Counties, and West Texas). In addition, our secondary PLFSOM application is used to assess each applicant's affinity for our school's mission and location. Applicants are ranked and invited to interview according to the total of their primary and secondary application screening scores.

Criteria for admission, including technical standards, are readily available to potential applicants and their advisors through the PLFSOM admissions website and the orientation packet.

2. *Evaluate admission policies and practices and comment on whether these ensure that that admission is a faculty responsibility and that there is no conflict of interest or external influence in the admission process. (10.2)*

The admission committee is composed of faculty members. This committee determines by vote the ranking of candidates who have been deemed as acceptable for admission.

There is a conflict of interest statement, which is included in the admissions committee handbook. The current version of the admissions committee handbook reminds committee members to recuse themselves from voting on a candidate if there is a conflict of interest. Faculty and leadership are advised to direct requests for special admission consideration or information about student ranking to the associate dean for admissions who ensures that there is no conflict of interest or external influence in the admissions process, and that final authority for admissions rests with the admissions committee.

3. *Comment on whether the school has identified the personal attributes of applicants that will be considered during the admission process. Are there processes and tools in place to prepare reviewers, including members of the admission committee and interviewers, to assess these attributes? (10.4)*

The school clearly identifies the personal attributes of applicants that will be considered during the PLFSOM admission process. Faculty interviewers and the admissions committee are oriented to these desired personal attributes. To promote consistency, the current processes for preparing faculty interviewers have been enhanced by supplementing the admissions committee handbook and interviewer reference booklet with additional guidelines and examples on how to score applicants. The application screeners in the Office of Admissions perform continuous quality improvement to ensure consistency in their review process.

4. *Evaluate whether information about the medical school contained in informational, advertising, and recruitment materials is accurate and current. Is this information readily available to current and prospective students, advisors, and others? (10.6)*

Faculty and staff from the Office of Admissions and the Office of Medical Education meet annually to review and update the admissions orientation booklet, brochure and the PLFSOM academic catalogue to ensure that it contains the most current and accurate information. These materials are readily available via the admissions and student affairs websites.

5. *Are the policies and procedures for transfer or admission with advanced standing clear and do they ensure that students accepted for transfer have comparable credentials to enrolled students? Is review and acceptance for transfer a faculty responsibility? (10.7)*

The current policies and procedures regarding admission of transfer students with advanced standing are well-defined. To be eligible a student must have completed their preclinical coursework and passed Step 1 to be eligible to matriculate at PLFSOM, thus ensuring they have credentials comparable to PLFSOM students. The final decision about accepting a transfer student is made by the Admissions Committee (a faculty committee).

6. *Comment on the adequacy of policies and processes related to visiting students that ensure that their qualifications are comparable to enrolled students and that their credentials are verified. Is there a process in place to maintain an accurate roster of visiting students? (10.8)*

The process for ensuring that visiting students are comparable to enrolled students is adequate.

Visiting students must be in the last year of an accredited medical school and in good standing. This is verified from their transcripts.

A roster is kept by the Office of Student Affairs that tracks all students who have applied and who are on campus at any given time.

7. *Evaluate whether the processes for assignment of students to instructional sites and/or educational tracks, as relevant, are fair and whether there are policies that allow students to request an alternate assignment. Are these processes and policies understood by students? (10.9)*

The process for assigning students to instructional sites is fair. The Office of Medical Education randomly assigns third year medical students to their instructional sites, but students may submit a request to the clerkship director for an alternate site with an acceptable reason. The clerkship director may grant the request based on the student's reason for the request if there is space available at that site. If the clerkship director denies the request, the student may appeal to the associate dean for student affairs.

Our self-study indicated that some students were not aware of the process to request an alternate clerkship assignment. Hence, to make certain the students are aware of these processes prior to the beginning of third year, this information is now included in the year 3 orientation.

STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND EDUCATIONAL RECORDS

1. *Evaluate the effectiveness of the medical school's system for early and ongoing identification of students in academic difficulty. Are there processes for counseling and remediation in place for all students? Comment on the number of students experiencing academic difficulty and the extent of student attrition in relation to the school's academic advising and support programs. (11.1 plus Supporting Documentation for standard 11)*

There are sufficient processes to identify students with academic difficulty. Identification begins at matriculation with students who have low MCAT scores or low science GPA's being provided with opportunities for counseling and remediation. This is continued during the pre-clerkship years where there are optional graded weekly student self-assessment quizzes, weekly evaluation of the formative grades, and monthly appraisal of students by college masters and the associate dean for student affairs. This group monitors self-assessments and weekly formative and summative grades on a monthly basis. For students with an identified weakness, assistance is offered, particularly if there is failure of a unit. Specialized counseling and remediation resources are available.

Monitoring of success continues during the clerkship years with support services being offered as needed. This includes a time allowance during clerkship years to attend academic counseling. Data from the 2016 GQ indicate that >85% of students are satisfied with academic counseling resources, >75% with personal counseling, and >81% with tutoring.

These efforts are effective; the number of students who have withdrawn or who have been dismissed over the last 4 academic years ranges from 1 to 2% of all medical students. In addition, the PLFSOM 4-year graduation rate of 88% is higher than the national benchmark rate of 82.5% as published by the AAMC in May 2014 (reference AAMC Analysis in Brief, Volume 14; Number 5).

2. *Comment on the effectiveness of systems for career advising, residency preparation, electives counseling, and preparation and release of the Medical Student Performance Evaluation in the context of data on student satisfaction and residency placement. Note the extent that appropriate required and optional experiences are in place to assist students in selecting a specialty and a residency. (11.2, 11.4 plus Supporting Documentation for standard 11)*

The success of the career advising system is demonstrated by the positive responses in the Graduation Questionnaire for the last 4 graduating classes. The graduates have ranked PLFSOM above the national average in satisfaction with career planning and in information about specialties. The ISA shows that 83% of students are satisfied with available career counseling across all four years and the MS-IVs report 81% satisfaction. There are a number of both required and optional experiences available to assist students in selecting a specialty and a residency starting from the first year.

Medical Student Performance Evaluations are consistently released on time. The residency match rate before SOAP for PLFSOM has been at 96% (2016) and 98% (2017) which is better than the national average of 94.6% (2016) and 95% (2017).

3. *Evaluate the effectiveness of procedures for the oversight of extramural electives, including prospective screening of potential electives that might pose risks for student and patient safety, appropriate preparation of students, and assurance that assessment and evaluation data are collected. (11.3)*

The procedures for overseeing extramural electives are safe and effective. Systems for assessing and mitigating risks are clearly delineated, and there have been no known instances of students being placed in situations of exceptional risk to themselves or to patient safety. Especially rigorous protocols apply to global health electives, where there is a greater potential for risk to personal and patient safety. The school requires an affiliation agreement for all global health/international extramural elective programs. The affiliation vetting and student preparation processes for global health electives are well-delineated, and include an evaluation of the safety of the environment, and verification of the travel safety status of the country with the U.S. State Department. Domestic extramural electives are limited to LCME accredited schools, ensuring the appropriate management and treatment of visiting students under LCME accreditation standards.

Student assessments are routinely tracked and required for course credit. Student evaluations of extramural electives are distributed and collected, and accessible to other students through a binder in the Office of Student Affairs. The tracking and accessibility of extramural elective evaluations should be improved with information technology.

4. *Comment on the adequacy of policies and processes to protect the confidentiality of student records and to provide students with access to their records in a timely manner. Are there fair and effective mechanisms for students to challenge information in their records? (11.5, 11.6)*

Policies that ensure the confidentiality of student records are in place, and the registrar is responsible for seeing that the policies are enforced. Faculty may not access student records unless their FERPA training is up to date. The students have instant access to their grades through E-portfolio.

The policy for challenging records is fair and accessible to students. The policy for challenging either a grade or a narrative can be accomplished through an informal or formal policy and is described in the Student Affairs Handbook.

STANDARD 12: MEDICAL STUDENT HEALTH SERVICES, PERSONAL COUNSELING, AND FINANCIAL AID SERVICES

1. *Review trends in tuition in relation to trends in medical student debt and in the level of scholarship support available. Evaluate the effectiveness of efforts to minimize student debt, including raising funds for scholarships and providing accessible financial aid and debt management counseling. Note if there is a clear and reasonable policy for the refund of tuition and allowable payments. (12.1, 12.2 plus Supporting Documentation for standard 12)*

From 2013 to 2016, tuition and fees have increased only 10% for incoming first year students, while the average debt of our graduates has increased 16%. Our tuition is lower than most medical schools, and approximately 70% of our students receive scholarships, stipends, or grants for medical school, with 67% receiving more than $25,000. We offer more than $1.2 million annually in scholarships to the incoming first year students. Of our 2016 graduates, 20% have no outstanding loans for their medical school education. For those with debt, the median medical education debt is $150,000, which is below the national average of $180,000.

Efforts to minimize debt include the establishment of three new named scholarships and two new student centered funds in the last 2 years along with the existing scholarship resources. In addition, a number of required and optional educational events offered by Student Services educate students on debt management. Data from the 2017 AAMC GQ indicate that 78% of students are satisfied with debt

management counseling (81% for 2016 – results consistent with national benchmarks), and the ISA reports that at least 97% of students are satisfied with the information that they receive about financial aid options and the efficiency of the financial aid process.

There is a clear and reasonable policy for refunding tuition and payments, which is based on state law.

2. *Evaluate the adequacy, availability, and confidentiality of student support in the following areas, including the satisfaction of students at all sites with these services:*
    a. *Personal counseling and programs to facilitate students' adjustment to medical school. (12.3)*

    The PLFSOM is consistently at or above the national average for student satisfaction with regard to personal counseling services, mental health services and well-being programs. The Program of Assistance for Students (PAS) providers are off-campus which enhances confidentiality, and student participation with personal counseling through the program is anonymous; no identifying information is revealed by providers. Student wellness is addressed through several avenues including required Masters Colloquium sessions, an optional 8-week Mindfulness Based Stress Reduction program, and workshops sponsored by the Medical Student Teaching Center. Additionally, the institution has a Physician/Student Wellness Committee to address mental health issues in students. Students are satisfied with the wellness programs as documented in the ISA.

    b. *Preventive and therapeutic health care services. (12.4)*

    Students may utilize the designated Family Medicine Clinic where a physician dedicated to student health is available Monday through Friday. Alternatively, the student may use their insurance to see a provider of their choice in the community. Overall student satisfaction is 80% regarding access to health care services. Students are made aware of the health clinic through a printed brochure during orientation and information is posted on the Student Affairs website. There are policies in place for ensuring confidentiality when students seek health services. There is also a policy allowing for excused absences when related to health issues, as long as appropriate notifications have been made.

    c. *Health and disability insurance. (12.6)*

    The students have adequate access to health insurance coverage through the partner Academic Health Plans or their own insurance. In the ISA the students reported 80% satisfaction with availability of health insurance. Disability insurance is provided to all students through a mandatory fee. In the student survey, students are satisfied with the availability of disability insurance.

    d. *Immunizations as specified in school of medicine policies. (12.7)*

    The Office of Occupational Health provides immunizations or boosters, including influenza vaccine, to students. Vaccines that are required prior to matriculation may be obtained at this office at the student's expense. The Office of Occupational Health also monitors student immunization status. Students report a high level of satisfaction with accessibility to immunizations and records (e.g., over 90% for first 3 classes and 86% for fourth year students).

3. *Evaluate whether existing policies and processes ensure that a health professional who provides health services and/or psychiatric/psychological counseling to a medical student will have no role in that student's assessment or promotion and that the confidentiality of student health records is maintained. (12.5)*

Current policies and processes ensure that a health professional who provides health services and/or psychiatric/psychological counseling to a medical student has no role in that student's assessment or promotion. The physician designated for student health care has no involvement in the academic

assessment or in decisions about the promotion of that student. Student mental health services are located in the community outside of the institution. Students may call the counselor of their choice directly to schedule an appointment. These community mental health providers are not associated with Texas Tech and consequently do not participate in medical student education or assessment in any manner.

The health records of medical students seen at Texas Tech Physicians at Hague are part of the medical school's EMR. The student records at Texas Tech Physicians at Hague are kept confidential and subject to the same policies that protect health information of all patients (HIPPA). The mental health providers identify the patient as a PLFSOM student and send a de-identified bill to the office of student affairs. Confidentiality is regulated by federal guidelines.

4. *Evaluate the effectiveness of policies and educational programs addressing medical student exposure to infectious and environmental hazards. Are students, including visiting students, appropriately educated about methods of prevention and about the steps to take in the case of exposure? Do medical school policies include all required elements? (12.8)*

Our policies regarding exposure to infectious and environmental hazards are clearly defined and are included in the Student Handbook. The components of prevention, care and treatment of exposure, and financial responsibility are included in the policies and practices of the school. The effects of disease and disability are discussed in a general manner with the classes and specifically if it arises with a student. The self-study revealed that although our policies address medical student exposure to infectious and environmental hazards they do not address their effects on medical student learning activities. The associate dean for student affairs is reviewing examples of policies from other schools, and the PLFSOM intends to implement a policy that addresses this concern in the fall of 2017.

All students, including visiting students, are given in person training during orientations on our policy regarding exposure to infectious and environmental hazards and provided a security picture hangtag to remind them of the process. The ISA shows that students in each class are satisfied with the education about prevention and exposure to infectious and environmental hazards and are satisfied with their knowledge of the protocol if exposed.

Self-Study Summary (Strengths and Challenges)

Each identified strength and challenge (along with a list of relevant accreditation elements) is followed by an explanatory statement that outlines current strategies and plans for the future.

Strengths:

- Expanding academic and learning environments, and infrastructure (3.1, 3.2, 3.3, 5.1-5.11, 6.7, 7.9)

  o The rapid development of PLFSOM's academic environment and infrastructure is directly related to its pivotal role as the centerpiece of TTUHSCEP, a newly established, well-funded, and expanding academic health sciences center. The addition of a new co-developed teaching hospital (The Hospitals of Providence – Transmountain), the construction of additional library, classroom, auditorium, and other learning spaces with the MSB2, the ongoing renovation of existing academic and administrative spaces (including the doubling of clinical simulation facilities), and the expansion of IT services, all contribute to a well-resourced and dynamic educational environment. Opportunities for research collaborations and interprofessional educational are enhanced by the ongoing expansion of TTUHSCEP's Gayle Grieve Hunt School of Nursing, and Graduate School of Biomedical Sciences – as well as the planned addition of a dental school in the next five years. Within PLFSOM, new residency and fellowship programs are creating new opportunities for the education of medical students, and for their subsequent graduate medical

training. In addition, the establishment of a distinct Office of Faculty Development supports a growing and increasing diverse faculty. The addition of new senior administrative staff, at both the medical school and institutional levels, to oversee continuous quality improvement ensures programmatic compliance, improvement, and strategic alignment *(Aligned 2017-2021 PLFSOM strategic plan objectives: 1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 3.4, 4.1 and 4.2)*

- Mission-based admissions and recruitment of medical students (3.3)

  o Implementation of new policies and practices since PLFSOM's last accreditation survey have resulted in substantial improvements in student diversity. This new programmatic strength will be maintained through existing policies, practices, and monitoring *(Aligned 2017-2021 PLFSOM strategic plan objectives: 5.1, 5.2, 5.3, 6.4, 7.1, and 7.2)*.

- Feedback to faculty (4.4)

  o The feedback provided to faculty regarding their academic performance and progress towards promotion and/or tenure is an institutional strength that will be maintained through existing policies, practices, and monitoring *(Aligned 2017-2021 PLFSOM strategic plan objectives: 6.3)*.

- Faculty professional development (4.5)

  o The school's diversified and highly accessible faculty development resources, which include multiple components focused on faculty participation in teaching, assessment and curriculum design, is a programmatic strength associated with a high level of faculty satisfaction. Institutional support for the maintenance and improvement of this program was emphasized in 2015, through the establishment of a distinct Office of Faculty Development, supported by the appointments of an associate dean and an assistant dean for faculty development *(Aligned 2017-2021 PLFSOM strategic plan objectives: 1.3, 3.4, 4.2, and 6.2)*.

- Information technology (IT) resources and application development (5.9)

  o The school benefits from both dedicated and shared institutional IT resources that provide robust operational support, as well as internal development of complex applications to support the specific needs of an innovative and evolving curriculum. Due to the rapid evolution of academic IT, representatives from IT regularly participate in curriculum committee meetings, and the school supports multiple IT design and development teams *(Aligned 2017-2021 PLFSOM strategic plan objectives: 3.4 and 4.1)*.

- Curriculum featuring early and pervasive integration of clinical reasoning (6.1, 7.4)

  o PLFSOM's highly integrated clinical-presentation based pre-clerkship curriculum systematically incorporates medical problem solving as the context for instruction from day one. The school intends to maintain and improve this design through its existing curriculum review and improvement processes, bolstered by enhanced automated mapping and analysis, and an improved system for CEPC reviews *(Aligned 2017-2021 PLFSOM strategic plan objectives: 1.1)*.

- Service learning (6.6)

  o The school's continually developing program of encouragement and support for voluntary student engagement in service learning has resulted in high levels of student participation and satisfaction. A dedicated program staff and the existing monitoring and evaluation systems serve to maintain this curricular strength *(Aligned 2017-2021 PLFSOM strategic plan objectives: 7.1 and 7.2)*.

- Longitudinally integrated pre-clerkship Spanish language instruction (7.6)

  o Ability-appropriate instruction in basic medical Spanish is an integral component of the PLFSOM curriculum pre-clerkship phase that directly contributes to a mission-based emphasis on cultural

competence and health care disparities. The school intends to maintain the current design and support of Spanish instruction.

- Continuous curricular improvement and responsiveness to student feedback (8.3, 8.5)

  o The school has tiered and interdependent systems of curriculum committees and review processes, centrally directed by a paramount CEPC. These systems are enhanced by regular student evaluations and direct participation via a Student Curriculum and Evaluation Committee. Consequently, student participation and satisfaction are high. This programmatic strength will be maintained through established policies, practices, and monitoring *(Aligned 2017-2021 PLFSOM strategic plan objectives: 1.1).*

Challenges related to performance:

- Accreditation compliance monitoring (1.1)

  o The self-study examined PLFSOM's accreditation compliance monitoring in the context of the LCME's recently elaborated expectations for continuous quality improvement (CQI), and identified the need for more coordinated and systematic processes, with the establishment of enduring systems for compliance CQI. The findings of the current self-study will establish the agenda for a centrally managed continuous compliance and improvement processes. To support this transition, the school has hired a new Ed.D.-credentialed Director for Accreditation and Educational Program Improvement, who is assisting with the school's survey preparation and who will coordinate the institutional responses to its outcomes. This director is situated in the Office of Medical Education, under the direct supervision by the associate dean for medical education, with oversight and input by the dean.

- Management of affiliation agreements (1.4)

  o The monitoring and updating of existing academic affiliation agreements is challenging. The findings of the self-study committee indicate that this is due to ongoing updates, administrative delays, and the variable structure and wording of the existing agreements. The associate dean has implemented a new tracking system with appropriate staff support. The management and quality of affiliation agreements is subject to follow-up in the context of LCME compliance monitoring (see above).

- Sufficiency of faculty – numbers and discipline mix (4.1)

  o Concurrent with increasing student enrollment, the number of full-time faculty has increased over the last few years. However, challenges arise in pre-clerkship and clerkship years when clinicians are needed as instructors. The school is aggressively recruiting to fill budgeted but vacant faculty positions, and, once accomplished, this will alleviate the challenge. *(Aligned 2017-2021 PLFSOM strategic plan objectives: 1.1, 3.1, 3.2, 4.2, 6.1, 6.2, 6.3, and 6.4).*

- Clarification of policies and procedures for the provision of feedback, evaluation, and periodic reappointment of non-salaried community-based volunteer faculty (4.3, 4.4)

  o Although not directly addressed by the self-study, the self-study executive committee acknowledges that there are challenges with monitoring and reappointment of non-salaried community-based volunteer faculty. Implementation of term limits is under review by the associate dean for faculty affairs and the dean. *(Aligned 2017-2021 PLFSOM strategic plan objectives: 4.2, 6.2).*

- Identification and management of bottlenecks in the clerkships – 'surge capacity' (4.1, 5.5)

- o The self-study identified the management of clerkship "bottlenecks" as a challenge. These capacity issues arise when a disproportionate number of off-cycle and repeating students are added to the clerkships. The school is developing new resources and educational capacity through its affiliation with The Hospitals of Providence (THOP), particularly THOP-Transmountain, and other community-based healthcare facilities. Policy revisions regarding eligibility for off-cycle learning is under review by the associate dean for student affairs. *(Aligned 2017-2021 PLFSOM strategic plan objectives: 1.1, 3.1, 3.2, 4.1, 4.2, 6.1, 6.2, 6.3, 6.4, and 7.2).*

- Quality and consistency of learning objectives and curricular mapping (8.3)

  - o With the implementation of an internally developed curriculum management system with AY 2016-17 (CHAMP), the school has acquired a powerful new tool for curriculum reporting and analysis. This will facilitate a policy-driven systematic review of the pre-clerkship phase of the curriculum during AY 2017-18, and of the clerkship phase in AY 2018-19 – with the specific goal of improving the quality and consistency of learning objectives and curricular mapping.

- Integration of systems for recording final grades in Banner (repository of record) (9.8)

  - o New policies confirm an expectation for the timely posting of grades. The pre-clerkship phase is consistently fully compliant and, with very few exceptions, students can access final grades for the required clerkships on time through e-portfolio. The transfer of final grades from the clerkship assessment system to Banner (the school's repository of record) has been identified as a CQI issue. The Office of Medical Education and IT are actively pursuing solutions to ensure the timely posting of all course/clerkship final grades in Banner.

- Clarification of policies regarding educational opportunities for students with infectious or environmental disease or disability (12.8)

  - o The self-study revealed that PLFSOM does not have a policy that directly addresses the effects of infectious and environmental disease or disability on medical student learning activities. The associate dean for student affairs is reviewing policies from other schools, and the school intends to define and initiate a policy that addresses this concern in the fall of 2017.

Challenges related to changing circumstances:

- Expanding academic and learning environments, and infrastructure (3.1, 3.2, 3.3, 5.1-5.11, 6.7, 7.9)

  - o The educational program's integration of new academic facilities, new sites for clinical instruction, new residencies, and new clinical and research programs requires substantial planning and support. These needs are being proactively addressed through existing curricular committee structure and policies, and through the concurrent expansion of the senior administration and the educational program support staff (Aligned PLFSOM 2017-21 strategic plan objectives: 1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 3.4, 4.1, and 4.2).

- Development of established and new revenue streams (5.1)

  - o Recent reductions in state funding, consistent with national trends, represent a challenge to all Texas medical schools. PLFSOM is well financed and has substantial reserves, and this advantageous status will be maintained through the expansion of existing and new revenue streams – especially growth of the school's clinical enterprise. Recruitment of budgeted open faculty positions, expansion of clinical sites (e.g., the new facilities at THOP-Transmountain), and the addition of a new senior leader for clinical operations, will develop the existing and new clinical revenues necessary to sustain the educational mission if state support declines *(Aligned PLFSOM 2017-21 strategic plan objectives: 1.1, 2.1, 3.1, 3.2, 4.2, 6.1, 6.2, 6.3, and 6.4)*.

- Curricular management (8.1)

- o The school has a faculty committee, the CEPC, which oversees the medical education program as a whole, and has responsibility for the overall design and management of the curriculum. Due to increasing program complexity and oversight expectations, the workload of this committee has gradually increased. To address this, the committee has approved a new three-year curriculum review cycle, which is intended to facilitate more deliberative and impactful reviews. Also, expansion of the committee by two positions will be proposed during the next revision of the PLFSOM Faculty Bylaws. These steps, along with an increase in incentives tied to committee-related service, are expected to substantially address this challenge *(Aligned 2017-2021 PLFSOM strategic plan objective: 1.1)*.

Appendix

Self-Study Executive Committee

Sue Watts, Ph.D., Committee Chair, LCME Executive Committee, Director of Research and Associate Professor of Emergency Medicine

KoKo Aung, M.D., M.P.H., Associate Dean for Faculty Affairs, Vice President of Faculty Affairs at TTUHSC El Paso, Professor of Internal Medicine

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Robin Dankovich, Ed.D., Director of Accreditation and Educational Program Improvement

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Edward Michelson, M.D., Chair and Professor of Emergency Medicine

Manuel Schydlower, M.D., Associate Dean for Admissions, Professor of Pediatrics

Kathryn Horn, M.D., Assistant Vice President of Student Services at TTUHSC El Paso, Associate Dean of Student Affairs, Associate Professor of Family Medicine

Standards 1 & 2 Committee (Mission, Planning, Organization & Integrity; Leadership & Administration)

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Standard 3 Committee (Academic & Learning Environments)

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Jerzy Sarosiek, M.D., Ph.D, Associate Chair for Research, Professor and Director of Internal Medicine

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Standard 4 Committee (Faculty Preparation, Productivity, Participation & Policies)

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Tammy Salazar, Ph.D., Director of Academic and Disability Support

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Calvin Shanks, Senior Director of the Department of Safety Services

Lieutenant Tony Quintela, TTUHSC El Paso Police

Lieutenant George Stoltz, TTUHSC E l Paso Police

Lisa Badillo, Managing Director of Contracting Services

Jose Lopez, MSCIS, Associate Director of Academic Technology, Information Technology

John Goeldner, M.B.A., Director of Medical Education

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Standards 6 & 7 Committee (Competencies, Curricular Objectives & Curricular Design & Curricular Content)

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