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February 20, 2013

Tedd Mitchell, MD
President
Texas Tech University Health Sciences Center
3601 4th St Stop 6258
Lubbock, TX 79430-6258



RE: Full survey visit, October 9-12, 2012

Dear President Mitchell:

The purpose of this letter is to inform you of the determinations made by the Liaison Committee on Medical Education (LCME) at its February 5-7, 2013 meeting regarding the accreditation status of the medical education program leading to the MD degree at the Paul L. Foster School of Medicine Texas Tech University Health Sciences Center and to transmit to you the enclosed report of the LCME survey team that conducted a full survey visit on October 9-12, 2012.

After reviewing the report of the full survey team, the LCME voted to grant full accreditation to the educational program leading to the MD degree at the Paul L. Foster School of Medicine Texas Tech University Health Sciences Center for the balance of an eight-year term. The program's next full survey will take place during the 2015-2016 academic year.

The Directory of Developing Medical Education Programs and Directory of Accredited Medical Education Programs, or School Directory, on the LCME Web site (<http://www.lcme.org/newschoolprocess.htm> and <http://www.lcme.org/directry.htm>) will be updated to reflect this change in status once all letters from this meeting are distributed.

DETERMINATIONS REGARDING COMPLIANCE WITH ACCREDITATION STANDARDS

I. STRENGTHS

In its review of the team report, the LCME determined that the following items are institutional strengths:

- A. *IS-1. An institution that offers a medical education program must engage in a planning process that sets the direction for its program and results in measurable outcomes.*

Finding: The mission and vision of the Texas Tech University Paul L. Foster School of Medicine is compelling. The focused efforts and progress toward creating an

increased educational and academic presence and improving the health of the border region of Texas under leadership of Dean J. Manuel de la Rosa and his team to date is impressive.

- B. *ED-5. The curriculum of a medical education program must provide a general professional education and prepare medical students for entry into graduate medical education.*

Finding: The year 1 and 2 curriculum, organized around and taught through clinical problems and diagnostic algorithms that anchor and relate basic science concepts with clinical skills and behavioral science is effectively integrated, clinically relevant and is well received by the students.

- C. *ED-21. The faculty and medical students of a medical education program must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.*

Finding: The school of medicine has made a commendable effort to integrate its mission into the curriculum through courses and experiences that immerse students in the culture and community of the Texas border region including a required medical Spanish course.

- D. *MS-24. A medical education program should have mechanisms in place to minimize the impact of direct educational expenses on medical student indebtedness.*

Finding: The school has taken impressive steps to minimize the educational debt of medical students including maintaining low tuition rates and providing ample scholarship support.

- E. *FA-4. A member of the faculty in a medical education program must have the capability and continued commitment to be an effective teacher.*

Finding: The commitment and demonstrated effort of the faculty and the administration in achieving excellence in medical education is commendable.

- F. *FA-11. A medical education program must provide opportunities for professional development to each faculty member to enhance his or her skills and leadership abilities in education and research.*

Finding: There is a robust faculty development process and a faculty mentoring system aimed at enhancing the skills of junior faculty.

II. COMPLIANCE, WITH A NEED FOR MONITORING

The LCME determined that the medical education program is in compliance with the following accreditation standards, but that ongoing monitoring is required to ensure continued compliance:

- A. *IS-16. An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds..*

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.

- B. *ED-8. The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.*

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.

- C. *ED-31. Each medical student in a medical education program should be assessed and provided with formal feedback early enough during each required course or clerkship rotation to allow sufficient time for remediation.*

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.

- D. *ED-35. The objectives, content, and pedagogy of each segment of a medical education program's curriculum, as well as of the curriculum as a whole, must be designed by and subject to periodic review and revision by the program's faculty.*

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.

- E. *ED-38. The committee responsible for the curriculum at a medical education program, along with the program's administration and leadership, must develop and implement policies regarding the amount of time medical students spend in required*

activities, including the total number of hours medical students are required to spend in clinical and educational activities during clinical clerkship rotations.

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.

- F. *MS-31-A: A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity).*

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.

- G. *ER-6. A medical education program must have, or be assured the use of, appropriate resources for the clinical instruction of its medical students.*

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.

III. NONCOMPLIANCE WITH STANDARDS

The LCME determined that the medical education program is currently out of compliance with the following accreditation standards:

- A. *MS-3. The faculty of an institution that offers a medical education program must develop criteria, policies, and procedures for the selection of medical students that are readily available to potential and current applicants and their collegiate advisors.*

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.

- B. *ER-9. A medical education program must have written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.*

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.

REQUIRED FOLLOW-UP

In order to address the compliance issues mentioned above, the LCME has requested that the dean submit a status report by April 1, 2014 regarding the information listed below. Please refer to the following Web page for current LCME submission requirements:
http://www.lcme.org/submission_status.htm.

STATUS REPORT DUE APRIL 1, 2014

I. COMPLIANCE, WITH A NEED FOR MONITORING

A. IS-16 (diversity)

1. Please complete the following table:

School Identified Diversity Categories	First-Year Students		All Students	
	2012-2013	2013-2014	2012-2013	2013-2014

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

Offers Made to Students						
School Identified Diversity Categories	2012			2013		
	Declined	Enrolled	2012 Total Offers	Declined	Enrolled	2013 Total Offers

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

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

B. *ED-8 (comparability across instructional sites)*

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

1. The mechanisms that are used for review and sharing of student evaluations of their educational experiences, data regarding students' completion of required clinical experiences, student performance data, and any other data reflecting the comparability of learning experiences across sites. Describe the specific types of data reviewed and the individuals or groups responsible for reviewing the information.
2. The mechanisms employed to address inconsistencies across sites in such areas as student evaluations of courses and clerkship rotations and students' grades.
3. Describe how both rotation directors and the central authority for curriculum use outcome measures to examine and assure comparability of students' clinical experiences.

C. *ED-31 (mid-course feedback)*

1. Describe the institutional policies and procedures that are in place to assure that students receive formal mid-clerkship feedback. How is the occurrence of mid-clerkship feedback monitored?
2. Provide a table showing the percentage of students receiving mid-clerkship feedback for each of the required clinical rotations during the 2012-2013 academic year and as much of the 2013-2014 academic year as is available. Use data from an internal survey or from student evaluations of the individual clerkships.

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

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

i. Required courses

- ii. Required clerkships
- iii. Individual years or academic periods of the curriculum
- iv. The entire curriculum

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

E. *ED-38 (monitoring duty hours)*

1. Describe the mechanisms that exist for assessing the effectiveness of duty hours policies. Provide examples of instruments used to monitor duty hours in required clinical clerkships.
2. Provide data from student clerkship evaluations or an internal student survey on student satisfaction with duty hours and describe how concerns from the students are addressed.

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

1. Provide data from the 2013 AAMC GQ and/or from institutional surveys on the following items:
 - a) students' awareness of and satisfaction with medical school mistreatment policies
 - b) the percentage of students experiencing mistreatment
 - c) the sources of mistreatment
 - d) the percentage of students who reported the mistreatment they experienced
 - e) the reasons students did not report mistreatment
2. Complete the attached table with data from the 2013 AAMC GQ on the types of behaviors experienced by students.

G. *ER-6 (resources for clinical instruction)*

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

II. NONCOMPLIANCE WITH STANDARDS

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

1. Describe the admissions process with a focus on how and by whom students are selected for interviews. Note also the criteria that are used as part of

screening for the awarding of an interview and how these criteria were developed.

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

B. *ER-9 (affiliation agreements)*

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

COMPLIANCE TERMINOLOGY

In reviewing the compliance determinations above, please refer to the attached memorandum for an overview of LCME compliance terminology and note the October 2011 implementation of a new category of compliance called *compliance, with a need for monitoring*, which indicates that the program is in compliance with the cited accreditation standard, but that monitoring is required to ensure continued compliance. A determination of *noncompliance* indicates that the program does not meet one or more of the requirements of the cited standard.

UNITED STATES DEPARTMENT OF EDUCATION REGULATIONS

The LCME is bound by the regulations of the United States Department of Education to document compliance with all cited LCME accreditation standards **within two years of a program's initial notification of noncompliance**. Therefore, the LCME will require timely follow-up on all determinations of *noncompliance*. Please see the "Required Follow-up" section above for details.

NOTIFICATION POLICY

The LCME is required to notify the United States Department of Education and the relevant regional accrediting body of all final accreditation actions, including determinations of "Accredited," "Accredited, with Warning," and "Accredited, on Probation." The LCME will also make final determinations of "Accredited" and "Accredited, on Probation" available to the public. Note that the determination "Accredited, on Probation" is only final after a program has exercised its right to waive or undergo an official reconsideration by the LCME.

ACCREDITATION STANDARDS

To review the current list of LCME accreditation standards and their annotations, please refer to the most recent version of the *Functions and Structure of a Medical School* document, available on the LCME Web site at <http://www.lcme.org/standard.htm>. Programs asked to submit future status reports will be responsible for aligning the follow-up items in the report with the *Functions and Structure of a Medical School* document that is current at the time the status report is due.

CHANGES THAT MAY IMPACT ACCREDITATION

Accreditation is awarded to a medical education program based on a judgment that there exists an appropriate balance between student enrollment and the total resources of the institution, including faculty, facilities, and operating budget. If there are plans to significantly modify the educational program, or if there is to be a substantial change in student enrollment or in the resources of the institution such that the balance becomes distorted, the LCME expects to receive prior notice of the proposed change. Substantial changes may lead the LCME to re-evaluate a program's accreditation status. More specific information about notification requirements is available on the LCME Web site at: http://www.lcme.org/submission_significant_change.htm.

A copy of the survey report is being sent to Dean Jose Manuel de la Rosa. The survey report is for the use of the Paul L. Foster School of Medicine Texas Tech University Health Sciences Center and the university, and any public dissemination or distribution of its contents is at the discretion of institutional officials.

Sincerely,



Barbara Barzansky, PhD, MHPE
LCME Co-Secretary



Dan Hunt, MD, MBA
LCME Co-Secretary

Enc (2): New Category of Compliance with LCME Accreditation Standards and Glossary of Compliance Terminology Memorandum

Team report of the full survey of the Paul L. Foster School of Medicine Texas Tech University Health Sciences Center, October 9-12, 2012

CC: Jose Manuel de la Rosa, MD, Founding Dean and Vice President for Health Affairs,
Texas Tech University Health Sciences Center Paul L. Foster School of Medicine

ATTACHMENT: DATA FROM THE 2013 AAMC GQ ON
BEHAVIORS EXPERIENCED DURING MEDICAL SCHOOL

Behavior	Frequency (% Reporting)			
	Never	Once	Occasionally	Frequently
Publicly humiliated				
Physically harmed				
Required to perform personal services				
Subjected to offensive sexist remarks				
Denied opportunities for training based solely on gender				
Received lower evaluations or grades based solely on gender				
Subjected to unwanted sexual advances				
Asked to exchange sexual favors for grades or other rewards				
Denied opportunities for training or rewards based solely on race/ethnicity				
Subjected to racially or ethnically offensive remarks				
Received lower evaluation/grades because of race/ethnicity				
Denied opportunities for training or rewards based solely on sexual orientation				
Subjected to offensive remarks/names related to sexual orientation				
Received lower evaluations/grades because of sexual orientation				

Memorandum

SUBJECT: New Category of Compliance with LCME Accreditation Standards and Glossary of Compliance Terminology

In its review of survey reports and follow-up status reports, the Liaison Committee on Medical Education (LCME) determines a medical education program's compliance with individual accreditation standards.

Historically, the LCME has used the terms *compliance* and *noncompliance* to describe a program's conformance with accreditation standards. At its June 2011 meeting, the LCME approved a third term called *compliance, with a need for monitoring*, which falls under the category of *compliance with accreditation standards* (implemented October 2011). The LCME also adopted formal definitions for the three compliance terms. These three terms are defined below.

COMPLIANCE WITH ACCREDITATION STANDARDS

Compliance:

The required policy, process, resource, or system is in place and, if required by the standard, there is evidence to indicate that it is effective.

Compliance, with a Need for Monitoring:

- 1) The medical education program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it is effective. Therefore, monitoring is required to ensure that the desired outcome has been achieved.

OR

- 2) The medical education program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance (*formerly "area in transition"*).

NONCOMPLIANCE WITH ACCREDITATION STANDARDS

The medical education program has not met one or more of the requirements of the standard: The required policy, process, resource, or system either is not in place or is in place, but has been found to be ineffective.

Updated October 2012