



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
EL PASO

*Office of the President and Dean*

15 April 2015

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Re: Paul L. Foster School of Medicine LCME Status Report

Dear Dr. Barzansky and Dr. Hunt,

Accompanying this letter please find the LCME status report requested in your letter to Dr. Jose Manuel de la Rosa dated July 7, 2014. Also, please note that since our last LCME status report submitted March 28, 2014, the Paul L. Foster School of Medicine (PLFSOM) has undergone significant senior leadership changes and restructuring, in part related to our transition into an independent University Health Sciences Center.

On July 1, 2014, I assumed the responsibilities of Dean of the PLFSOM and President of Texas Tech University Health Sciences Center El Paso. In addition, upon the retirement of David J. Steele, Ph.D. (Senior Associate Dean for Medical Education), Richard D. Brower, M.D. was designated PLFSOM's new Associate Dean for Medical Education on September 1, 2014. Revised educational program management organizational charts are included in the status report (see attachments for the response to item B. ED-8, part 1).

We are pleased to provide the requested information regarding standards IS-16 (diversity) and ED-8 (comparability across instructional sites). Please contact me, or Dr. Brower, if you or the committee has questions or concerns.

Yours truly,

A handwritten signature in black ink, appearing to read "Richard Lange".

Richard A. Lange, M.D., M.B.A.  
President, Texas Tech Health Sciences Center El Paso  
Dean, Paul L. Foster School of Medicine

## **Paul L Foster School of Medicine (PLFSOM) LCME Interim Status Report for April 2015**

### **A. IS-16 (diversity)**

#### **1. Describe steps taken during the 2014-2015 academic year to enhance the diversity of the Paul L. Foster School of Medicine.**

Our diversity efforts are coordinated by the PLFSOM Committee on Diversity, formed in 2010, and the Office of Diversity Affairs, which opened on April 1, 2012. During AY2014-15 we have undertaken five new efforts and maintained several efforts started in prior years.

##### **a. New Diversity Initiatives in Academic Year 2014-2015**

###### ***1. Diversity Definitions***

The Dean's designated leadership group revisited our mission statement and definition of diversity to ensure it still met our community needs. We concluded that our Spanish language definition for faculty and staff was isolating rather than inclusive for some individuals. To remedy this, we are in the process of changing our diversity statement's reference from those who are "Spanish-speaking" to a broader reference to those who are "multi-lingual." This is both more inclusive and better represents the diverse needs of our community. According to the US Census Bureau Quick Facts (<https://www.census.gov/prod/2013pubs/acs-22.pdf>), 73% of the population of El Paso County speaks a language other than English at home. While Spanish is the predominant language, almost 4% of the population speaks a language other than English or Spanish at home.

###### ***2. Unconscious Bias Training for Admissions Committee members***

In preparation for the admissions interview season for AY2014-15, we initiated a policy requesting that Admissions Committee members participate in training regarding unconscious bias. Attached is a copy of the email sent to all admissions interviewers (please see attachment A1A2 Admissions Binder). This represents an expansion of our use of unconscious bias training (see section A1B9 Employment Practices below).

### ***3. Diversity Mentorship Program for MS1s***

In July of 2014, we launched the Diversity Mentorship Program for underrepresented minority (URM) first-year medical students entering with the Class of 2018. The Diversity Mentorship Program creates a forum by which URM first-year medical student mentees and faculty mentors can build a professional relationship that will aid the student in navigating medical school. The URM mentorship program is a collaboration between the Office of Diversity Affairs and the Office of Student Affairs. The first-year medical students invited to participate as mentees were those who self-identify as Hispanic/Latino, African-American/Black, or Native American/American Indian, who are socioeconomically disadvantaged (as determined by two categories on the medical school application), and/or who are educationally disadvantaged (defined as those students who are the first in their family in higher education or graduate school). We anticipate that a faculty mentor will assist their first-year medical student mentee in adjusting to medical school by sharing relevant personal anecdotes and student perspectives, providing a professional model, and serving as a contact for information regarding campus and community resources. Of the 51 students invited to participate, 35 accepted. The invitation for mentors went out to all faculty and 39 accepted. Due to attrition, we currently have 34 mentor-mentee pairs (please see attachment A1A3 Diversity Mentoring Binder for roster and timeline). The second year of this program will launch in Academic Year 2015-2016 for the incoming Class of 2019.

### ***4. Safe Zone LGBT (Lesbian, Gay, Bisexual, Transgender) Allies Training***

Safe Zone LGBT Allies Training was launched in September 2014. The goal of the Safe Zone training is to create a welcoming environment for LGBT persons on our campus, to increase the campus community's capacity to provide culturally competent care to LGBT patients, and to identify, train and raise the visibility of allies, or advocates. Information on terminology, historical milestones for the LGBT population, relevant legislative efforts and guidelines, health disparities, and tips on how to achieve high quality clinical interactions with LGBT patients are provided during this training. At the end of the training, individuals are asked to sign an Ally Pledge and are provided with a rainbow caduceus pin, as well as a Safe Zone placard to be placed on their office or clinic door to demonstrate that they are LGBT allies.

To date, we have held three sessions. The first session, held in September 2014, was a two-hour training with medical students. Two of our MS2s who serve on the leadership board of the Gay Straight Campus Alliance (GaSCA) served as the facilitators. Ten MS1 and MS2s were in attendance (sign in sheets on file). The second session, held in January 2015, was a one-hour training with faculty and residents (sign in sheets on file), offering one CME ethics credit. Two of our Diversity Committee members, who also serve on the leadership board of GaSCA, served as the facilitators. Close to 80 faculty and residents were in attendance (sign in sheets on file). The Senior Director and Lead Analyst for the Office of Diversity Affairs, both of whom serve on the leadership board for GaSCA, facilitated the third session for staff in February 2015; 40 individuals attended (sign in sheets on file). We plan on conducting these trainings for each group on a quarterly basis. Feedback from the Safe Zone LGBT training has been overwhelmingly positive based on evaluation survey data (please see attachment A1A4 Safe Zone Binder for a sample of the evaluation survey and the pre-post data).

#### ***5. Collaboration for World AIDS Day Events***

The Office of Diversity Affairs collaborated with the Office of Global Health to provide a Candlelight Vigil in honor of World AIDS Day on December 1, 2014. Over 40 faculty, students, and staff were in attendance and the event was featured on local television channel KINT 26 (Univision). The collaborative recruited 19 Texas Tech University Health Sciences Center (TTUHSC) El Paso medical and nursing students to provide HIV/AIDS educational presentations to Silva Magnet High School and Socorro Health Professions Academy during the week of December 1, 2014. Nine sessions were provided to over 300 high school students and pre- and post-test data showed an increase in knowledge regarding the definition of HIV and AIDS, the cause of AIDS, and modes of transmission. Evaluation data also showed that most students were not aware of the increase in HIV infection rates among youth (please see attachment A1A5 World Aids Day Binder for data tables). A poster on the findings from these high school presentations was presented at the 2014 American Medical Student Association Convention in February 2015. The collaborative plans to apply for external funding to continue and expand upon these presentations for World AIDS Day 2015. These collaborative events increased student, staff, and faculty awareness of the diversity within our school and across our campus and community.

## **b. Diversity Initiatives Already in Existence**

### ***1. Annual Cultural Competence Conference***

The Annual Cultural Competence Conference, started in June 2012, is our institution's premier educational activity focusing on issues related to gender, race, cultural equity, and awareness in health professions education, patient care and research. The goal of the conference is to foster an environment that will enhance all interpersonal interactions within our health care system. To date, we have offered the conference four times.

The first and second year consisted of a keynote presentation, three plenary sessions, and a closing plenary. The first annual conference (2012) was co-sponsored by the Hispanic Center of Excellence grant. Approximately 100 individuals attended, including individuals from community-based organizations and other local educational institutions. The 2<sup>nd</sup> Annual Cultural Competence Conference (2013) had 200 in attendance (sign in sheets on file).

The format changed with the 3<sup>rd</sup> Annual Cultural Competence Conference (2014). It now includes both a keynote and a closing plenary presentation. We also added three tracks, within each of the three concurrent sessions. This tracked format allowed participants to have more session options. We had 125 individuals in attendance (sign in sheets on file) at the 3<sup>rd</sup> Annual Cultural Competence Conference (see attachment A1B1 for flyer). One hundred and seven individuals attended the 4<sup>th</sup> Annual Cultural Competence Conference in March 2015 (please see attachment A1B1 for email including flyer).

All of the conferences have offered Continuing Medical Education (CME), Continuing Nursing Education (CNE), and Certified Health Education Specialist (CHES) credits. Evaluations from all three years have been overwhelmingly positive and attendees appreciate the variety of options that are introduced in the conference. All components of TTUHSC El Paso as well as local agencies and institutions are invited to attend.

### ***2. TTUHSC El Paso Committee on Diversity***

The PLFSOM Committee on Diversity was established in 2010. The committee is comprised of faculty, residents, students, and staff. The committee meets on a monthly basis to discuss potential diversity initiatives. It is the job of the Office of Diversity Affairs to assess the need for these programs, assist in the development and implementation of the

programs. Rules of Procedure were established and enacted in August 2013 based on approval from the Faculty Council. We currently have 13 members and are in the process of recruiting two additional faculty members. As examples of the topics discussed, minutes from these meetings for 2014 are attached (please see Attachment A1B2 Diversity Committee Binder).

### ***3. TTUHSC El Paso Gay Straight Campus Alliance (GaSCA)***

GaSCA organized in November 2012. The goal is to raise awareness of LGBT issues within and outside of the health care community. This group serves as a forum for all on campus to become educated on LGBT issues and resources, specifically as they relate to health care. The leadership board is comprised of medical students, nursing students, staff, and faculty. The Alliance meets on a quarterly basis and provides information on various topics related to LGBT health and current events (please see Attachment A1B3 GaSCA Binder for sample flyers). The Alliance invites local speakers to present as well. The quarterly meetings are open to all faculty, residents, students, and staff and approximately 30-40 attend each meeting (sign in sheets on file). We are currently collaborating with the City of El Paso Community Mobilization Team – LGBT Core to create and administer a survey to develop an El Paso LGBT-friendly social service and healthcare provider list.

### ***4. Administrative Support for PLFSOM Women in Medicine and Science (WIMS) Organization***

The Office of Diversity Affairs collaborates with the Office of Faculty Affairs to provide administrative support to the PLFSOM Women in Medicine and Science Faculty (WIMS) Organization. The WIMS organization was launched in November 2013 with five interim officers and three committees: Career Development, Mentoring, and Research Collaborations. We currently have about 50 faculty members. Bylaws were adopted in June 2014. We now have our first slate of officers effective November 1, 2014 for a one-year term. The WIMS Organization holds monthly meetings sponsored by each committee. The organization sponsored their 1<sup>st</sup> Annual WIMS Professional Development Program in November 2014 with Dr. Luanne Thorndyke, Vice Provost for Faculty Affairs at the University of Massachusetts Medical School with over 40 in attendance (sign in sheets on file). Evaluation data found this event to be successful with overwhelming above average and excellent ratings for the content and speaker. Please see Attachment A1 B4 WIMS for

a copy of the bylaws, the 2014 Conference brochures, and a sample meeting flyer. Attachment A1B4 also provides a preliminary copy of their first annual report detailing their activities and accomplishments.

#### ***5. Diversity and Global Health Perspectives Lecture Series***

The monthly PLFSOM Dean's Diversity Seminar Series invites local and national speakers to present on topics related to global health and diversity such as gender-based healthcare, LGBT healthcare, cultural competence in medical education, disabilities, mental health among the Latino population, etc. The overall goal of the monthly lecture series is to encourage diversity and inclusion on our campus. As of September 2014, the Office of Diversity Affairs and the Office of Global Health have collaborated on the lecture series and it is now entitled the Diversity and Global Health Perspectives Lecture Series. Each of these offices is responsible for bringing in five speakers (please see Attachment A1 B5 for a listing of speakers and topics). Approximately 60 faculty, residents, students, and staff attend each lecture (sign in sheets on file). Overall, attendees have found these lectures to be effective and useful in their practice and in day-to-day activities.

#### ***6. Spanish Lab***

Started in January 2014, the "Spanish Lab" is held on a weekly basis and is open to medical students, nursing students, residents, and faculty to informally practice their conversational Spanish skills. The labs are small groups, organized by skill level, led by one or two bilingual facilitators (volunteer staff and faculty). We currently have approximately 15 participants and 21 facilitators (sign in sheets on file). Based on weekly evaluations, participants have overwhelmingly rated these "labs" as satisfying, exceeding expectations, and applicable to their clinical practice (please see Attachment A1 B6 Spanish Labs Binder). They have found these sessions to be extremely useful in clinical practice as well.

#### ***7. Cultural Events***

##### ***a) Hispanic Heritage Month Celebration Event***

The purpose of this event is to promote awareness of Hispanic Heritage Month in our community where the majority of our patients are Hispanic/Latino. For the 1<sup>st</sup> event, we celebrated Mexico with a *ballet folklorico* dance group and mariachi band, local culinary

offerings, and 150 attendees (sign in sheets on file). The 2<sup>nd</sup> Annual Hispanic Heritage Month Celebration event was held in September 2014 with over 150 attendees. We featured the country of Spain with a flamenco dancer, musical performer, and Spanish tapas.

*b) Cultural Diversity Celebration*

The purpose of this event is to promote awareness of the diversity among all constituents on campus and to celebrate this diversity. For the first celebration (held in 2014), we had performances and over 200 attendees (sign in sheets on file). We will have our 2<sup>nd</sup> Annual Cultural Diversity Celebration in April 2015 – with native dance and music performances and ethnic food provided. Please see Attachment A1 B7 Cultural Events Binder for sample flyers.

**8. *Support for Diversity-Related Student Groups***

PLFSOM provides support for several student interest groups: The Diversity in Medicine student interest group, the local chapter of the Latino Medical Student Association and the Women in Medicine student interest group. Support includes provision of advisors, meeting organizational support, and, for the Latino Medical Student Association, financial support to host an annual event for local high school students through the Desert Mountain Area Health Education Center.

**9. *Employment Practices***

We continue to require that every faculty search be approved and certified by the Texas Tech University System Equal Employment Opportunity (EEO) office. Each departmental search committee must submit information regarding the efforts taken to ensure a diverse pool of applicants (including gender and ethnic diversity). This information is reviewed by the EEO Director/Assistant Vice Chancellor (Charlotte Bingham). No search can continue until it is certified. These processes are outlined in HSC Operating Policy 60.09 (please see Attachment A1 B9 Employment Practices Binder).

In addition, all senior leadership search committees are requested to complete the AAMC's E-Learning Seminar online: What You Don't Know: The Science of Unconscious Bias and What To Do About it in the Search and Recruitment Process ([https://www.aamc.org/members/leadership/catalog/178420/unconscious\\_bias.html](https://www.aamc.org/members/leadership/catalog/178420/unconscious_bias.html)).



Attached are examples of the emails that committee members have received for a recent search (please see Attachment A1 B9 Employment Practices Binder).

#### ***10. Holistic Admissions***

We continue to use a holistic admissions process responsive to the mission and diversity statement of our school. This includes ensuring that members of the committee are familiar with the mission and diversity guidelines and our process outcomes. Committee members are encouraged to consider how the candidate will meet our mission and diversity goals when deciding if a candidate should receive a pre-offer (please see attached Admissions Committee and Interviewer Reference Booklet in A1 B10 Holistic Admissions Binder).

#### **c. Assessment of Diversity Climate on Campus**

##### ***1. Diversity Climate Assessment Formative Research (AY2013-14)***

The Diversity Climate Assessment consists of semi-structured interviews and focus groups composed of PLFSOM faculty, residents, students, and staff. Data was collected between February and October 2013 to determine the diversity climate on campus. Each of the interviews/focus groups lasted approximately one hour. We conducted 8 senior faculty interviews, 8 junior faculty interviews, 2 staff focus groups, and 2 medical student focus groups. Two public health students facilitated each interview and focus group. Staff from the Office of Diversity Affairs, the public health students, and one medical student performed qualitative analysis coding and thematic analysis. A poster on the findings was presented at the 2014 AAMC Group on Diversity and Inclusion/Group on Student Affairs National Meeting in San Diego, California. A manuscript was developed and is currently being revised to submit to a peer-reviewed journal in Spring 2015.

##### ***2. Diversity Engagement Survey (AY2014-15)***

As a follow-up to the formative research of our initial Diversity Climate Assessment, we administered a Diversity Engagement Survey campus-wide in August 2014; 453 individuals completed the survey. The Diversity Engagement Survey was developed by the University of Massachusetts Medical School, the AAMC, and DataStar, Inc. as a tool to measure institutional climate and culture through the lens of diversity and inclusion. The survey is 22 items long. The Senior Director for the Office of Diversity Affairs presented the findings

from this survey at the March 2015 Faculty Council and Academic Council meetings. From these findings, modifications to existing diversity initiatives will be made and new diversity initiatives will be developed.

### ***3. TTUHSC El Paso Diversity Survey (2014-2015)***

The Offices of Diversity Affairs, Institutional Research and Effectiveness, and Assessment & Evaluation collaboratively designed an annual diversity survey to assess diversity-related information from all faculty, residents, staff, and students, and to promote awareness of diversity issues. The Annual Diversity Survey was developed through a comparison of data needs, clarification of diversity definitions, and review of existing instruments. Data from this survey will be accessible to assist with accreditation processes and inform institutional diversity strategic planning. The survey consists of 19 items and was designed to specifically ensure that PLFSOM, as well as TTUHSC EP, can monitor our success in meeting our diversity goals.

#### Attachments for item A:

- A1A2 Admissions
  - Email to Admissions Interviewers on Unconscious Bias Training
- A1A3 Diversity Mentorship
  - Diversity Mentor-Mentee pairing
  - Diversity Mentoring Time Line
- A1 A4 Safe Zone
  - Sample Safe Zone Flyer (Faculty & Resident Session)
  - Sample survey (Student Session) used for pre-post data collection
  - Student Data
  - Faculty & Resident Data
  - Staff Data
- A1 A5 World Aids Day
  - Data from School Presentations
- A1 B1 Cultural Competence Conference
  - 2<sup>nd</sup> Annual Cultural Competence Seminar Evaluation Summary
  - 3<sup>rd</sup> Annual Cultural Competence Conference Flyer

- 3<sup>rd</sup> Annual Cultural Competence Conference Evaluation Summary
  - 4<sup>th</sup> Annual Cultural Competence Conference Flyer
  - 4<sup>th</sup> Annual Cultural Competence Conference Agenda
  - Annual Cultural Competence Conference Keynote Speaker Invitation
- A1 B2 Diversity Committee
  - Diversity Committee Minutes for 2014
- A1 B3 GaSCA
  - Sample Flyers
- A1 B4 WIMS
  - PLFSOM WIMS Bylaws
  - WIMS Conference 2014 Brochure
  - Sample Flyer – March 2015 Meeting
  - Preliminary copy of WIMS Annual Report
- A1 B5 Diversity and Global Health Lecture Series
  - Guest Speaker List
- A1 B6 Spanish Labs
  - Sample Spanish Lab Satisfaction Data
- A1 B7 Cultural Events
  - Cultural Diversity Flyer 2014
  - Email for Cultural Diversity 2015 (includes flyer)
- A1 B9 Employment Practices
  - HSC Operating Policy 60.09
  - Sample Search Committee Emails on Unconscious Bias Training
- A1 B10 Holistic Admissions
  - Admissions Reference Guide 2014-2015

**2. Based on the institution's definition of diversity, report in the table below information the percentage of enrolled students, employed faculty, and staff in each of the categories included in the institution's specific definition of diversity during the 2014-2015 academic year.**

The Paul L Foster School of Medicine defines diversity as the inclusion of students who are from the US/Mexico border region, economically or educationally disadvantaged, and/or of Hispanic origin. We will also welcome and support students from other traditionally under-represented minorities. For residents, faculty and staff, diversity is defined as inclusion of those who are of Hispanic origin and those who are Spanish-speaking, as the majority of patients we serve in the region prefer to use Spanish. We will also welcome and support residents, faculty and staff from other traditionally under-represented minorities.

Diversity Category*	AY 2014-2015			
	First-Year Students	All Students	Employed/ Full-time Faculty	Senior Administrators**
US/Mexico Border Region	26%	20%		
Economically/Educationally Disadvantaged	42%	42%		
Hispanic/Latino/a	28%	20%	29%	45%
Black/African-American	0.9%	0.3%	5%	0%
American Indians/Alaska Natives/Native Hawaiians.	0%	0%	0%	0%
Spanish-Speaking†			65%	67%
Multi-lingual†			86%	86%

\* PLFSOM's definition for diversity for students differs from the definition used for faculty and staff. We have indicated inapplicable definitions by crossing out the cell in the table.

\*\*We have defined staff as senior administrators; this definition includes all individuals holding titles such as president, vice president, chancellor, associate chancellor, dean, associate dean, assistant dean, and positions with similar responsibilities.

† We collect language as part of a Diversity survey. In prior years, this was defined as Spanish speaking but in 2015 we switched to multi-lingual as our definition.

**Complete the following two tables that illustrate recruitment efforts.**

Offers of Admission Made to Medical School Applicants	AY 2013 Entering Class*			AY 2014 Entering Class*		
School-identified Diversity Category	Declined Offers	Enrolled Students	Total Offers	Declined Offers	Enrolled Students	Total Offers
US/Mexico Border Region	4	24	28	14	28	42
Economically/Educationally Disadvantaged	59	44	103	49	44	93
Hispanic/Latino/a	21	24	45	23	30	53
Black/African-American	2	0	2	4	1	5
American Indians/Alaska Natives/Native Hawaiians.	2	0	2	1	0	1

\* Entering Class refers to newly matriculated students and does not include students repeating the first year of medical school.

Offers of Employment Made to Applicants for Faculty Positions†	2013			2014		
School-identified Diversity Category	Declined Offers N=5	Faculty Hire N=48	Total Offers	Declined Offers N=7	Faculty Hired N=40	Total Offers
Spanish Speaking	*	13	13	*	2	2
Hispanic/Latino/a	*	12	12	*	3	3
Black/African-American	*	1	1	*	1	1
American Indians/Alaska Natives/Native Hawaiians.	*	0	0	*	0	0

† For this table, the data source for Spanish speaking and ethnicity is self-reported faculty data in Digital Measures. Some new faculty hires have not yet completed their DM profiles, so the numbers may be revised the next time we run the report for the same time period.

\* Information not available. We do not have firm ethnicity or Spanish speaking data on declined offers. Due to a conversion in our hiring system, data from these applications is missing.

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

- 1. Describe the role of the Curriculum and Educational Policy Committee (CEPC), the clerkship directors, and the senior associate dean for medical education in the following:**
  - a. Determining what data related to comparability across instructional sites should be collected at what intervals,**
  - b. Reviewing data on comparability across sites by clerkship and over the third year, and**
  - c. Making decisions about comparability and needed follow-up in the case of identified inconsistencies.**

The Curriculum and Educational Policy Committee (CEPC), as defined by the Paul L. Foster School of Medicine Faculty Bylaws, is the school's central and primary mechanism for faculty guidance and oversight of the curriculum and educational policy. As such, the CEPC is responsible for making determinations related to instructional site comparability and, if necessary, corrections and follow-up.

The Associate Dean for Medical Education (until September 1, 2014, the Senior Associate Dean for Medical Education) serves as Chair of the CEPC. In this capacity, and in specific regard to instructional site comparability, the Associate Dean for Medical Education generates recommendations to the CEPC regarding the data collection related to comparability across instructional sites and the intervals at which this data collection occurs. The CEPC reviews and may modify the process, and also analyzes the resulting data and renders determinations.

Determinations by the CEPC are transmitted to and implemented by the Clerkship Directors. In general, transmission of curriculum and educational policy determinations to the Clerkship Directors occurs via three coordinated paths: annual reviews of each clerkship (at which the Clerkship Directors present and respond directly to the CEPC), regular monthly meetings of the Year 3-4 Clerkship Directors Committee (Chaired by the Assistant Dean for Clinical Instruction, who is also an ex officio member of the CEPC), and via ad hoc communication directly between relevant Clerkship Directors and the Associate Dean for Medical Education or the Assistant Dean for Medical Education for Clinical Instruction.

The critical roles and relationships are outlined in the attached “Summary Table in Response to Item B. ED-8 (Comparability Across Instructional Sites), part 1” (B1 Roles Binder). Also, three associated organizational charts provide an overview of the current key personnel, committees and lines of communication for curriculum management, including policy determinations and oversight regarding instructional site comparability. In the following narrative, these orienting materials are clarified and our progress and processes related to instructional site comparability are explained. Several changes in educational leadership structure have occurred since our last LCME status report.

Prior to AY2013-14, the CEPC monitored instructional site development and comparability in the context of annual individual clerkship reviews. In presentations to the CEPC, Clerkship Directors are responsible for familiarizing the CEPC with the general characteristics of the instructional sites and for addressing any issues related to the comparability of instruction by site. The CEPC can comment upon or otherwise act regarding instructional sites characteristics and comparability during these annual reviews. Comparability issues are then addressed at an operational level via the Year 3-4 Clerkship Committee (consisting of the Clerkship Directors and Coordinators, and which until September 1, 2014, was chaired by the Senior Associate Dean for Medical Education – and subsequently by the Assistant Dean for Medical Education for Clinical Instruction). Please see the attached organizational charts in section B1 Roles Binder.

Since our last status report, annual clerkship reviews have continued, and a new and more structured supplemental process for instructional site comparability has been developed and embodied in a comprehensive “Annual Evaluation Report for AY2013-14”. The school’s Director of Assessment and Evaluation prepared this report under the direct supervision of Dr. David J. Steele, who was then the Senior Associate Dean for Medical Education. The data from the Annual Evaluation Report related to instructional site comparability was presented and analyzed by the Directors of the MS3 clerkships utilizing multiple sites at the CEPC meeting in August 2014. To demonstrate the robustness of this process, at this meeting the CEPC identified an issue involving inadequate dissemination of the psychiatry clerkship syllabus to all clerkship sites, and this was promptly corrected (see attached e-mail dated February 27, 2015, in which the Clerkship Director, Dr. David Briones, verifies that the problem was rapidly corrected and that the issue is being monitored – see B1 Roles Binder). The complete Annual Evaluation Report for AY2013-14 was presented to the

CEPC at its subsequent meeting in September of 2014, and members were encouraged to further review and comment upon this document. The data related to site comparability specifically includes patient encounter/“OpLog” data and NBME Subject Exam scores for each instructional site for each of the MS3 clerkships utilizing multiple sites (Internal Medicine, Surgery and Psychiatry) – see attached documentation (B2 Minutes Binder).

For AY2014-15, we have continued to refine and augment our processes related to instructional site comparability. Under the direction of our new Associate Dean for Medical Education, the same data related to instructional site comparability was collated for the initial 16-week clerkship block of AY2014-15. This data was reviewed and compared to the data from the above-referenced AY2013-14 Annual Evaluation Report at the CEPC meeting on March 9, 2015. In addition, for each of the MS3 clerkships utilizing multiple sites, the CEPC reviewed the students’ top ten most frequently encountered diagnoses by clerkship site, as well as the final clerkship grades. The CEPC determined that all sites provide for broad exposure to the intended clinical discipline, consistent with the clerkship objectives, and are associated with comparable NBME Subject Exam scores and final grades.

Variations in clerkship grade distribution by site were determined by the committee to be largely related to the small number of students in each site cohort and the less-than-random distribution of high performing students (particularly with regard to NBME Subject Exam performance). Variations in the top ten most frequently encountered diagnoses were determined by the committee to be insignificant and related to variations in student reporting of this information. To date, no substantial or persistent inconsistencies across PLFSOM clerkship instructional sites have been identified by the CEPC. In addition, the CEPC has approved a plan for continuing review of the clerkship site comparability data, as described above, after each MS3 clerkship block as well as in aggregate after each academic year. At the CEPC’s request, the inclusion of additional site-specific data (specifically including duty hours) will be piloted in future reviews, as will additional quantitative analyses currently under consideration by the Director of Evaluation and Assessment. At an operational level, issues related to comparability continue to be addressed via the Year 3-4 Clerkship Committee, now chaired by the Assistant Dean for Clinical Instruction who reports directly to the Associate Dean for Medical Education, and who is an ex officio member of the CEPC.



With the accumulation of experience and data since the matriculation of our inaugural class in 2009, instructional site comparability awareness and review procedures have continually progressed, resulting in a centrally managed system featuring tiered and interactive organizational oversight and operational control.

Attachments for item B, part 1 (please see B1 Roles Binder):

- Summary table in response to item B. ED-8 (Comparability Across Instructional Sites), part 1.
- Curriculum management organizational charts
  - Organizational Chart 1: PLFSOM Curriculum Leadership
  - Organizational Chart 2: CEPC, Office of Medical Education and Dept. of Medical Education Roles in YR1-2/'Pre-Clerkship' Curriculum Management
  - Organizational Chart 3: CEPC, Office of Medical Education and Clerkship Director Roles in YR3-4/'Clerkship' Curriculum Management.
- E-mail from Dr. Steele (Sr. Assoc. Dean for Medical Education) dated August 19, 2014, outlining concerns identified at the CEPC meeting on August 11, 2014, regarding a Psychiatry Clerkship site comparability issue, and an e-mail from the Psychiatry Clerkship Director dated February 27, 2015, verifying rapid correction and a plan for monitoring this issue.

**2. Provide sample minutes from the CEPC over the past two years illustrating the committee's role in ensuring comparability across instructional sites.**

See attachments for item B, part 2 (please see B2 Minutes Binder):

- CEPC April 8, 2013 meeting agenda and minutes
  - This meeting included annual clerkship reviews for AY2013-14.
- CEPC May13, 2013 meeting agenda and minutes
  - This meeting included completion of annual clerkship reviews for AY2013-14.
- CEPC June 9, 2014 meeting agenda and minutes
  - This meeting included the annual clerkship reviews for AY2014-15
- CEPC July 14, 2014 meeting agenda and minutes
  - The LCME standard regarding clerkship instructional site comparability was reviewed (see notes for agenda item VI. LCME Progress Report Issues).
- CEPC August 11, 2014 meeting agenda and minutes

- This meeting included presentation, analysis and discussion of MS3 clerkship instructional site comparability data (as extracted from the Annual Evaluation Report for AY2013-14, see below).
- CEPC September 2014 meeting agenda, minutes and associated Annual Evaluation Report for AY2013-14.
  - This meeting included a presentation to the CEPC regarding the reorganization of the Office of Medical Education effective September 1, 2014.
  - The complete Annual Evaluation Report for AY2013-14 was distributed to the CEPC for review and comment (copy included).
- CEPC March 9, 2015 meeting agenda, minutes and relevant attachments
  - Prior to the CEPC's March 2015 meeting, we electronically re-distributed the Annual Evaluation Report for AY2013-14 from the September 2014 meeting, along with an overview of the issue of instructional site comparability. so as to inform newly appointed members.
  - Comparability data from the first integrated clerkship block for AY2014-15 was reviewed and compared to that from the comprehensive Annual Evaluation Report for AY2013-14.
  - No substantial or persistent inconsistencies were identified
  - The CEPC reviewed and approved a plan to review this data after each clerkship block and then in aggregate after each academic year.