TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School *of* Medicine

Strategic Plan

December 2017

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Executive Summary

At the request of the President's Office, a meeting was held to examine and discuss the strategic direction of the educational program. Individuals from the 2017 LCME Self-Study Steering Committee came together to review the existing 2015 Strategic Plan and address the following questions: *What are our strategic objectives? How are we going to measure our pursuit of these objectives? What are our targets? How will we know if we have been successful? What is our strategy for addressing our key issues and implementing key decisions?* The group reviewed and discussed the Five Cs Analysis, the PEST Analysis, and the SWOT Analysis. Additionally, in the context of the President's TTUHSC Strategic Planning 2018 document (Key Issues and Decision), the group addressed: *What key issues do we face? What are the key decisions we need to make, start, stop, and continue?*

The group considered these questions and analysis while examining existing programs and initiatives and within the context of the successful LCME Site Survey Visit in March 2017. In addition, time was devoted looking to the future and determining new strategic initiatives for the medical education program. The most important discussion impacting the educational program is a process currently underway to redesign the existing *Educational Vision, Goals and Objectives* to better align with the Core Entrustable Professional Activities for Entering Residency (EPAs) that have been outlined by the Association of American Medical Colleges (AAMC). Efforts have been undertaken to create competency-based assessment within the medical education program, and EPAs provide a competency-based context that is consistent with medical schools across the country.

Other items of discussion included:

- Possible reorganization of administrative support mechanisms for clinical training;
- Rethinking of the current basic science/clinical science infrastructure for the four-year curriculum;
- Ideas for expanding the effectiveness of educational blocks focused on introducing student to clinical medicine;
- Enhanced efficiency and faculty utilization in the Department of Medical Education;
- Further expansion of interprofessional education opportunities and utilization of the Covenant Branch Campus; and
- Other program specific initiatives using technology and rural resources.

In summary, the School of Medicine will focus on the Measures and Targets depicted in Appendix B of this report, each tied to specific Key Objectives and Action Steps outlined in the TTUHSC SOM Strategic Plan, December 2017.

<u>Planning Meeting – November 13, 2017</u>

Steven Berk, MD, Executive VP and Provost, Dean
Sam Campbell, MD, Assistant Dean for Clinical Sciences Curriculum
Lauren Cobbs, MD, MEd, Associate Dean for Student Affairs
Tim Hayes, MAM, MA, Senior Director of Leadership Initiatives
Allan Haynes, Jr., MD, Associate Dean for Faculty Affairs and Development
Lara Johnson, MD, Director of Year 4 Curriculum
Bryce McGregor, MBA, Executive Associate Dean for Administration
Felix Morales, MD, Associate Dean for Admissions and Diversity
Surendra Varma, MD, Executive Associate Dean for GME/Resident Affairs
Simon Williams, PhD, Associate Dean for Academic Affairs

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School *of* Medicine

Mission

Founded in 1969, the TTUHSC School of Medicine has continually worked to address the shortage of physicians in West Texas by providing quality, innovative educational opportunities to medical students and residents who serve as competent and compassionate medical professionals for the region and the state of Texas. The **medical education** program emphasizes the principles of primary care and provides sound inter-disciplinary and inter-professional training that integrates basic sciences knowledge, clinical skill, diversity, and a humanistic approach focusing on high standards and comprehensive evaluation. The school's **medical practice**, Texas Tech Physicians, strives to utilize state-of-the-art technology to effectively meet the growing needs of a diverse and largely rural patient population through strong partnerships with clinical affiliates. Principles of teamwork, humanistic care, and cost effectiveness are embedded into the practice of medicine. The **research** strategy of the school is to develop insights into the science of medicine, treatments, prevention, and cures, and enhanced methods for managing patient illness, with an emphasis on opportunities for medical student research. Centers of Excellence and Institutes work toward defined areas of excellence where contributions on a national level can be made.

Vision

To be known for excellence in teaching, patient care, and scientific contributions that enhance the health care of communities in the region.

Key Objectives

1. ***Enhance the core mission of Medical Education through 2023.***

Action Steps

1.1. Establish and develop programs that focus on assessment and implementation of the Core Entrustable Professional Activities for Entering Residency (EPAs) outlined by AAMC by Academic Year 2020, see Appendix A.

- Incorporate EPAs into the pre-clerkship curriculum, utilizing toolkits developed by AAMC.
- Examine and consider changes to the duration of pre-clerkship curriculum and potential impact on clinical training.
- Create buy-in from faculty and residents for utilization of EPAs.
- Develop clinical assessment tools that objectively assess achievement by students.
- Incorporate the assessment of EPAs into innovative educational programs, e.g., sex and gender in medicine, ultrasound.

1.2. Evaluate, develop, and implement educational opportunities within the 4-year curriculum by Academic Year 2021.

- Establish more rigorous evaluation of each pre-clerkship block and coordinate faculty development opportunities to address effectiveness, especially related to matters identified by students.
- Reduce the number of didactic lectures in the pre-clinical curriculum and consider means for live-streaming of lectures and making them asynchronously available to students.
- Work towards the reclassification and central management of clerkship coordinators (possibly to M.Ed. level), expanding responsibilities to include closer involvement in the management of learning objectives and student outcomes.
- Enhance the implementation of Interprofessional Education (IPE) through changes in the curriculum, increased capacity/utilization of community resources, and development of standards for incorporating IPE into clinical training experiences.
- Examine ways to provide better learning opportunities within the School of Medicine for training students within the fields of emergency medicine, radiology, and other vital specialties.
- Continue to expand residency positions on TTUHSC campuses with financial support from the teaching hospitals, state expansion grants, and federal funding cap opportunities as available.
- Expand development for educators on all campuses, including faculty, residents and graduate assistants, and encourage participation in the TTUHSC Healthcare Education Scholars program (TARGET: One Masters in Health Professions Education per campus).

1.3. Improve learning experiences focused on the introduction to clinical medicine by Academic Year 2020.

- Increase faculty capacity for the Development of Clinical Skills (DOCS) course.
- Work with the Dean's administration, department chairs, and EPC to create faculty buy-in and enhance perceptions for the importance of preparing students for clinical experiences.
- Utilize clinic patients as voluntary standardized patients.
- Use selected residents for the teaching of physical diagnosis.
- Consider mechanisms to involve community physicians and mid-level educators in training.
- Better utilize campus simulation centers.

1.4. Continue the growth and development of the Covenant Branch Campus through 2023.

- Examine possibilities for expanding the number of students assigned to the campus.
- Pursue the development of new endowed chairs from Covenant Health System.
- Increase the utilization of hospital resources where needed, e.g., pediatric services, hospitalists, surgery.
- Identify and develop the leadership and clerkship directors for the campus to sustain the program as personnel changes occur.
- Expand faculty development requirements for clinical faculty appointees.

1.5. Evaluate, develop, and implement quality educational opportunities with innovative intramural and extramural curriculum by Academic Year 2021.

- Consider mechanisms to grow and expand the Family Medicine Accelerated Track and implement changes that encourage growth of the program.
- Maintain the use of integrative ultrasound in clinical training and monitor technological advances in the field of ultrasound.
- Ensure the incorporation of sex- and gender-specific medicine into curriculum and continue an annual symposium highlighting current research.
- Fully utilize simulation training facilities available at each campus.
- Encourage students and faculty involvement in the student-run free clinic on the Lubbock campus.
- Expand the use of Google Glass to aid in the assessment of communication skills and in specific learning experiences, e.g., Anatomy, Family Medicine, Surgery.
- Promote the certificate program in medical humanities to foster understanding and appreciation for the role of humanistic medicine.
- Encourage involvement in the international health elective to increase the understanding of ways to address global health disparities.
- Examine mechanisms for utilizing rural clinical resources throughout the curriculum to increase the understanding of providing health care in rural settings.

1.6. Review the Department of Medical Education (DOME) to improve overall effectiveness of the pre-clinical curriculum by Academic Year 2021.

- Examine the distribution and effectiveness of teaching responsibilities by faculty within each pre-clerkship block.
- Monitor courses taught and role of each DOME faculty member.
- Determine future plans to maintain and grow the department where appropriate as aging faculty retire.
- Modify criteria for appointment to DOME where appropriate.
- Recruit/appoint younger faculty to provide long-term sustainability of the department giving consideration to educational and research responsibilities.

1.7. Maintain and expand student services and amenities that support the overall learning environment on an ongoing basis.

- Monitor convenience of library hours and access to scholarly resources.
- Periodically review adequacy and convenience of study space.
- Provide learning resources that utilize current technology to enhance classroom learning and preparation for USMLE.
- Monitor tutoring and academic/career counseling giving consideration to the expansion of peer-assisted tutoring to Year 3.
- Periodically conduct surveys of student satisfaction with information technology services.

— Utilization of simulated clinical scenarios, both technology- and standardized patient-based.

— Student, resident, and faculty wellness programs.

1.8. Continually maintain fully ACGME-accredited residency/fellowship training opportunities at all sites.

1.9. Continue offering and improving opportunities for resident engagement and the advancement of knowledge in Quality Improvement and Patient Safety terminology and methods through 2023.

— Involvement of resident membership on Institutional and Hospital committees.

— Increased House Staff Quality Improvement Council involvement of monitoring patient safety reporting and institutional quality initiatives.

— Implementation of GME Quality Grand Rounds to support inter-specialty education of Quality Improvement and Patient Safety methods.

1.10. Use metrics to monitor and improve the quality of teaching, medical student outcomes, student and faculty satisfaction, and growth of the medical education mission. Primary metrics will include:

— AAMC Annual Graduation Questionnaire

- Overall student satisfaction (TARGET: 70%)
- Student participation in research project (TARGET: 66%)
- Student authorship of peer-reviewed paper submitted (TARGET: 39%)
- Student authorship of peer-review oral/poster presentation (TARGET: 51%)
- Median Medical School Educational Debt (TARGET: 120,000)

— Faculty satisfaction assessments, specifically focusing on overall faculty satisfaction with accomplishment of the educational mission.

— ACGME Annual Resident and Fellow Survey, specifically focusing on overall evaluation of the program and aggregated data three-year trends.

— Residency program board pass rates, specifically addressing programs below the national average for their specialty.

— USMLE Board pass rates, specifically addressing areas below the national average in any year:

- Step 1 (TARGET: ≥95%)
- Step 2-CS (TARGET: ≥95%)
- Step 2-CK (TARGET: ≥95%)
- Longitudinal Clinical Skills Exam (LCSE) (TARGET: ≥95%)

— NRMP Match rates maintained at or above the national average with special attention to:

- Challenges associated with application to highly competitive specialty programs
- Students' interviewing skills

- Correlation of match rates to USMLE Steps 1 and 2 pass rates
- Students' focus on specific programs and/or geographic areas

2. ***Continue to strengthen and grow the Texas Tech Physicians medical practice through 2023.***

Action Steps

2.1. Continually enhance the effectiveness and profitability of the practice.

2.2. Maintain practice parameters to include revenues, profits, fund balances, and accounts receivable at or above the national benchmarks as determined by the AAMC Group on Business Affairs and other recognized/reputable sources.

2.3. Improve patient satisfaction outcomes and achieve above the 80th national percentile by all clinics.

2.4. Observe annual improvements of customer service indicators to include physician third-party enrollment times, service to posting, accounts receivable, write-off percentages, and credit balances based on national benchmarks.

2.5. Use metrics to improve and grow the clinical practice. Primary metrics will include:

— Performance standards and comparative data provided by the Centers for Medicare and Medicaid Services and The Joint Commission.

— Patient satisfaction national ranking at or above 80th percentile.

— Financial performance data

- A/R Ratio < 150%
- Days in A/R ≤ 40 days
- Credit Balances > 2% of AR and < $500,000
- Annual growth of patient revenue > 2%
- Profit margin > 2%

3. ***Support and develop clinical and basic science research and foster medical student research opportunities through 2023.***

Action Steps

3.1. Continue to utilize the Clinical Research Institute as a unique resource for clinical faculty to develop clinical research programs and/or clinical trials while monitoring participation by faculty, residents, and students.

3.2. Increase the percentage of annual growth of sponsored research programs by ≥ 5%.

3.3. Maintain the growth of peer-review funded research through approved/existing Centers and Institutes at or above the TTUHSC SOM previous five-year average.

3.4. Cultivate an environment, which encourages research activities by medical students. Specifically, steps include:

— Annual recruitment of first year medical students for the Summer Research Program with >50% participation.

— Maintain research participation by at least 66% of all students by graduation.

— AAMC Graduation Questionnaire

- Student participation in research project (TARGET: 66%)
- Student authorship of peer-reviewed paper submitted (TARGET: 39%)
- Student authorship of peer-review oral/poster presentation (TARGET: 51%)

3.5. Use metrics to monitor and grow sponsored research programs. Primary metrics will include:

— Total federal research grants and contracts (TARGET: 2% annual growth)

— Other grants and contracts (TARGET: 2% annual growth)

— TTUHSC research expenditures reports (TARGET: 2% annual growth)

4. ***Continue the development of administrative and faculty leaders focused on advancing the school's mission through 2023.***

4.1. Maintain effective administrative leadership, faculty development, and faculty participation in leadership decision-making.

4.2. Recruit and retain a diverse faculty (TARGET: % of under-represented faculty ≥ 90%)

4.3. Encourage engagement with the school's leadership through a variety of opportunities, e.g., general faculty meetings, monthly department chair and regional deans meetings, faculty lunches with the Dean, new faculty orientation.

4.4. Encourage continued development of women faculty by engaging ELAM graduates in administrative leadership positions and special projects/initiatives in addition to identifying other women faculty for ELAM sponsorship.

4.5. Use metrics to monitor and improve faculty and leadership programs. Primary metrics will include:

— Overall faculty satisfaction report data, specifically Faculty Forward (TARGET: 80%)

— Number of faculty participating in faculty development courses and programs to include women faculty involved in ELAM (TARGET: one female faculty accepted into ELAM annually)

— Number of faculty pursuing advanced degrees in health professions education (TARGET: One Masters in Health Professions Education per campus)

— Diversity benchmarks as reported in the AAMC Missions Management Tool and AAMC Medical School Profile Report

- % of under-represented faculty (TARGET: ≥ 90%)
- % of female faculty (TARGET: ≥ 45%)

Core Entrustable Professional Activities for Entering Residency
(AAMC, 2014)

1. Gather a history and perform a physical examination.
2. Prioritize a differential diagnosis following a clinical encounter.
3. Recommend and interpret common diagnostic and screening tests.
4. Enter and discuss orders and prescriptions.
5. Document a clinical encounter in the patient record.
6. Provide an oral presentation of a clinical encounter.
7. Form clinical questions and retrieve evidence to advance patient care.
8. Give or receive a patient handover to transition care responsibility.
9. Collaborate as a member of an interprofessional team.
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
11. Obtain informed consent for tests and/or procedures.
12. Perform general procedures of a physician.
13. Identify system failures and contribute to a culture of safety and improvement.

Measures and Targets

Action Step	Target
1.2	One faculty member with Masters in Health Professions Education per campus
1.10	AAMC Graduation Questionnaire Metrics Overall student satisfaction: 70% Student participation in research project: 66% Student authorship of peer-reviewed paper submitted: 39% Student authorship of peer-review oral/poster presentation: 51% Median Medical School Educational Debt: 120,000
	Pass Rates USMLE Step 1: ≥95% USMLE Step 2-Clinical Skills: ≥95% USMLE Step 2-Clinical Knowledge: ≥95% Longitudinal Clinical Skills Exam (LCSE): ≥95%
2.5	A/R Ratio < 150% Days in A/R ≤ 40 days Credit Balances > 2% of AR and < $500,000 Annual growth of patient revenue > 2% Profit margin > 2%
3.4	AAMC Graduation Questionnaire Metrics Student participation in research project: 66% Student authorship of peer-reviewed paper submitted: 39% Student authorship of peer-review oral/poster presentation: 51%
3.5	Total federal research grants and contracts: 2% annual growth Other grants and contracts: 2% annual growth TTUHSC research expenditures reports: 2% annual growth
4.2	% of under-represented faculty ≥ 90%
4.5	Overall faculty satisfaction on Faculty Forward survey: 80% One female faculty member accepted into ELAM annually One Masters in Health Professions Education per campus % of under-represented faculty: ≥ 90% % of female faculty: ≥ 45%

TTUHSC School of Medicine
SWOT Analysis – 2017

Strengths
What do you do well?
What unique resources can you draw on?
What do others see as your strengths?

- LCME Institutional Site Visit confirming many areas of strength in education, student affairs, faculty development, infrastructure and administration, and overall financial stability
- Excellent, highly selective medical students with above average national USMLE scores, good graduation rate, and exceptional graduation questionnaire data in 7 out of 8 years – 98% USMLE Step 1 pass rate in 2017
- Nationally ranked #12 by the American Academy of Family Physicians for the percentage of students entering family medicine
- Nationally known innovations in FMAT, integrated ultrasound, sex and gender, campus comparability, and student collegiality
- Successful implementation of expanded clinical training through the Covenant branch campus
- High level of medical students participating in research opportunities
- Improved medical student recruitment efforts with a commitment to diversity and quality
- Medical school support of online resources for student education
- Increasing size, number, and strength of residency programs – all fully accredited
- Well trained, productive clinical faculty with broad range of specialty and primary care as evidenced by consistent annual increases in patient revenue, clinical visits, and hospital funding over the past decade
- Strength and quality of clinical services as evidenced by continued improvements in financial stability
- Successful partnerships with hospitals and community providers at all campuses
- Commitment to growth of research programs as evidenced by financial support from school/departmental administration and development of strong Centers of Excellence in a number of research areas – Clinical Research Institute encourages collaboration and participation in research by clinical faculty
- Outstanding core facilities for ongoing advancement of research
- Several nationally and internationally recognized research faculty
- SimCentral Alliance between TTUHSC at Amarillo, Amarillo College and West Texas A&M University
- Improved mechanisms for faculty orientation, development, and recognition
- #1 national ranking on AAMC Faculty Forward satisfaction survey (28 participating schools)
- Excellent utilization of ELUM faculty to expand the role of women in medical education and research

Weaknesses
What could you improve?
Where do you have few resources than others?
What are others likely to see as weaknesses?

- Uncertainty of formula funding from biennium to biennium
- Decrease in HEAF funds as a result of expansion of community campuses and increasing needs of other schools
- Limitations and uncertainty of reimbursement caused by governmental policy changes
- Lack of significant external research funding with limited numbers of both basic sciences and clinical sciences faculty engaged in research
- Limited administrative and clinical space available for expanding clinical faculty on all campuses

Opportunities
What opportunities are open to you?
What trends could you take advantage of?
How can you turn your strengths into opportunities?

- Leadership commitment and support to continue improvements of basic/clinical sciences integration, advances in technology, and delivery of curriculum, which includes forming the Department of Medical Education
- Increased number of interprofessional education opportunities for TTUHSC students
- Expansion of small group learning experiences as new facilities are constructed on each campus
- Formation of the Covenant branch campus supporting educational program expansion while creating new professional relationships within the community and increased support from the Covenant Health System
- Retirement of tenured faculty provides the ability to redefine the makeup of faculty to support the educational and research missions of the school through targeted hiring
- Sustained expansion of clinical services/locations and increased financial stability of the medical practice as evidenced by revenues, profits, and accounts receivable that creates patient loyalty and continues improvement of commercial payor mix
- Possibilities for increased revenue by allowing departments to hire faculty for clinical services only
- Increased interdisciplinary patient care and training opportunities due to the development of new centers of excellence
- Addition of Psychiatry and Surgery residency programs in Permian Basin, Surgery residency in Amarillo, an ER residency in San Antonio, and an Otolaryngology residency in Lubbock
- Continuing to build community support in the Permian Basin by Chamber of Commerce, MCH, and City of Odessa
- Expansion of clinical services through telemedicine
- Increased collaborations between TTUHSC physician faculty and TTU faculty due to the proximity of the campuses
- Reevaluation of tenure and promotion and post-tenure review processes
- Continued renovation and improvement of aging basic science laboratories to encourage current faculty research and to attract/recruit new faculty

- Identification of recurring institutional and school funding to award current faculty start-up funding for new, innovative ideas that transition into extramural funding opportunities
- Commitment to maximizing funding from DSRIP/NAIP programs
- Potential for improved faculty recruitment and retention with TTUHSC efforts to develop a child care facility

Threats
What threats could harm you?
What is your competition doing?
What threats do your weaknesses expose you to?

- State funds remaining flat while expenses and salaries increase
- Maintaining continued relationships with teaching hospitals as missions diverge
- Less discretionary funds from University Medical Center to support SOM initiatives
- Changing reimbursement environment and reduction of Medicare funding
- Inconsistent patient referral relationships and patterns
- Maintaining teaching capacity with increased student numbers, outcome expectations of learners, and a number of teaching faculty approaching retirement age
- Demand for faculty to generate revenue balanced with teaching requirements
- Faculty with many years of service but with no revenue stream and/or no/limited teaching responsibilities, affecting ability to recruit young, outstanding faculty with federal funding
- Expansion in the number of medical students statewide and nationally without concomitant or at least adequate increases in the number of residency positions
- Return on investment for basic science research

Texas Tech University Health Sciences Center

Detailed Assessment Report
2017-2018 SOM Admissions

As of: 11/09/2017 05:26 PM EST

(Includes those Action Plans with Budget Amounts marked *One-Time, Recurring, No Request*.)

Mission / Purpose

The mission of the School of Medicine Office of Admissions at Texas Tech University Health Sciences Center is to recruit a student body which reflects the goals of proven-academic ability, diversity and compassion in alliance with the TTUHSC mission statement by attracting students on the state and national levels who have the greatest potential for success despite educational, social, or economic disadvantages.

Other Outcomes/Objectives, with Any Associations and Related Measures, Targets, Findings, and Action Plans

O/O 1: Diversity of applicant pool and entering class

The School of Medicine will increase the diversity of both the applicant pool and the entering class.

Relevant Associations:

Joint Admissions Medical Program Lubbock Independent School District Surrounding rural school districts and statewide institutions.

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

5.4 Work collaboratively with key stakeholders to accomplish the mission of the institution.

Related Measures

M 1: Diversity of Global Health activites/programs/events.

The Office of Diversity of Global Health (previously International Affairs (OIA)) will present activities/programs/events to the applicants.

Source of Evidence: Presentation, either individual or group

Target:

The School of Medicine - Admissions Office will collaborate with the Office of Global Health (previously International Affairs) to promote awareness of the diverse opportunities/programs/activities available for applicant pool and under-represented minorities.

M 11: List of Joint Admission Medical Program (JAMP)

The School of Medicine Admissions Office will provide an annual report of Joint Admissions Medical Program (JAMP) participants to the JAMP Office in Austin, Texas.

Source of Evidence: Performance (recital, exhibit, science project)

Target:
The School of Medicine Admissions Office with the JAMP Council will work collaboratively to increase the number of JAMP students attending the TTUHSC summer internships that qualify for matriculation into medical schools.

M 13: Reports from TMDSAS and TTUHSC SOM-Admissions.

The Texas Medical/Dental Application Service Center (TMDSAS) will provide reports to TTUHSC School of Medicine regarding the diversity of the Applicant Pool and Entering Class.

Source of Evidence: Existing data

Target:
The School of Medicine will increase the diversity of the entering class by 15%.

M 15: Log of enrichment programs events and activities

The School of Medicine Admissions Office will provide a report of enrichment programs (i.e. EDME, PEP, SEP) activities/programs/workshops/# of participants.

Source of Evidence: Administrative measure - other

Target:
The School of Medicine will collaborate with local and surrounding high schools and undergraduate universities/colleges to promote awareness of the opportunities, programs, and activities at TTUHSC School of Medicine available to first generation, socially and economically disadvantaged, rural, and West Texas high school students.

O/O 2: Number of qualified applicants to medical school

The School of Medicine-Admissions Office will work to increase the number of qualified applicants to medical school.

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
5.4 Work collaboratively with key stakeholders to accomplish the mission of the institution.

Related Measures

M 7: Log/calendar of university visits

The School of Medicine Admissions Office will provide a calendar of all universities visits to conduct mock interviews and specialized counseling sessions.

Source of Evidence: Existing data

Target:
The School of Medicine will visit (2) universities annually to conduct mock interviews and specialized counseling sessions.

M 8: Rank list of MD/MBA applicants

The School of Medicine and Rawls College of Business will collaborate annually to develop a list of qualified MD/MBA applicants.

Source of Evidence: Administrative measure - other

Target:
The School of Medicine and Rawls College of Business will retain 70% of applicants from the first tier of offers for the MD/MBA program.

M 9: Rank list of JD/MD applicants.

In 2009, the TTUHSC SOM and TTU Law School established the dual degree JD/MD program. Publicity and promotion of the program began in all recruiting venues.

Source of Evidence: Administrative measure - other

Target:
The TTUHSC School of Medicine and the TTU School of Law will collaborate to recruit JD/MD applicants.

M 10: Rank list of the MD/PHD candidates.

The School of Medicine Admissions Office and the Graduate School of Biological Sciences will collaborate annually to develop a list of MD/PHD qualified candidates.

Source of Evidence: Administrative measure - other

Target:
The School of Medicine Admissions Office and the Graduate School of Biological Sciences will recruit a minimum of two (2) MD/PHD applicants in the MD/PHD program.

M 16: Rank list of MD/MPH applicants

The School of Medicine and the Public Health Program (under GSBS) will develop a list annually of MD/MPH candidates.

Source of Evidence: Student satisfaction survey at end of the program

Target:
The School of Medicine and the MPH program will recruit a minimum of 5-10 applicants in the School of Medicine MD/MPH program.

O/O 3: Qualifications of entering class

The School of Medicine will develop strategies to enhance the academic quality of the entering class.

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
5.4 Work collaboratively with key stakeholders to accomplish the mission of the institution.

Related Measures

M 3: Recruitment Reports of Events/Activities

The Assistant Director of Recruitment and Special Programs will submit recruitment reports on activities and events.

Source of Evidence: Existing data

Target:
SOM Admissions Office will review recruitment reports to track and assess activities and events by the Assistant Director of Recruitment and Special Programs.

M 5: School of Medicine Admissions Report

The School of Medicine Admissions Office will provide an annual report of early acceptance students.

Source of Evidence: Existing data

Target:

The School of Medicine Admissions Office will accept 5-10% of our entering class from Early Acceptance Programs: TTU Honors, Austin College, West Texas A&M University, Angelo State University and TTU/TTUHSC Undergraduate to Medical School Initiatives.

M 9: Rank list of JD/MD applicants.
In 2009, the TTUHSC SOM and TTU Law School established the dual degree JD/MD program. Publicity and promotion of the program began in all recruiting venues.

Source of Evidence: Administrative measure - other

Target:
Recruit JD/MD applicants in the School of Medicine JD/MD program.

M 12: TMDSAS and School of Medicine reports.
The Texas Medical/Dental Schools Application Service (TMDSAS)will provide reports annually to the School of Medicine Admissions Office regarding the Applicant Pool Statistics.

Source of Evidence: Existing data

Target:
The School of Medicine Entering Class will have an average GPA of 3.5 or above and an MCAT score of 29 or above or 500 or above.

O/O 4: Admissions process

The School of Medicine will develop strategies to continue to improve the efficiency and effectiveness of the evaluation, interview and admissions processes.

Relevant Associations:

The School of Medicine - Admissions Office will develop strategies to continue to improve the effectiveness of the admissions processes.

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
5.4 Work collaboratively with key stakeholders to accomplish the mission of the institution.

Related Measures

M 2: Continuous oversight of Admissions Management System
The School of Medicine-Admissions Office will continue the oversight of the Admissions Management System (AMP) to be measure updates, time frames, and implementation for maximum effectiveness and efficiency for admissions compliance.

Source of Evidence: Efficiency

Target:
The School of Medicine-Admissions Office will continue implementation and integration of internal admissions system processes.

M 4: SOM Survey Tool and Results
The School of Medicine will use the survey tool and analyze the results submitted by the applicants interviewed.

Source of Evidence: Client satisfaction survey (student, faculty)

Target:
The School of Medicine Admissions Office will conduct surveys to collect baseline

information from students on improvements needed in the admissions process.

M 6: Attendance Roster of Admissions Orientation
The School of Medicine Admissions Office will provide an attendance roster of admissions orientation and training for all SOM faculty, MSIII and MSIV students.

Source of Evidence: Existing data

Target:
The School of Medicine will conduct and evaluate annual Admissions Orientation workshops for faculty and students before interviews. (Provide on-line plus video as backup.)

O/O 5: Scholarships
The School of Medicine will collaborate with the Office of Development to increase the number and amounts of endowed scholarships.

Relevant Associations:

Partner with the Office of Development to increase the number of endowed scholarships.

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
5.1 Maintain financial stability through efficient management of fiscal resources and fundraising efforts.

Related Measures

M 13: Reports from TMDSAS and TTUHSC SOM-Admissions.
The Texas Medical/Dental Application Service Center (TMDSAS) will provide reports to TTUHSC School of Medicine regarding the diversity of the Applicant Pool and Entering Class.

Source of Evidence: Existing data

Target:
The School of Medicine will increase diversity of the entering School of Medicine class to 15% by providing significant scholarships.

M 14: Scholarship Endowment List
The School of Medicine Admissions Office will receive a list of endowment/scholarships available provided by Accounting Services and Office of Institutional Advancement.

Source of Evidence: Existing data

Target:
The School of Medicine will help every MD/MBA student receive a minimal $2500 annual scholarship.

Detailed Assessment Report
2017-2018 SOM Faculty Affairs and Development
As of: 11/09/2017 05:26 PM EST
(Includes those Action Plans with Budget Amounts marked *One-Time, Recurring, No Request.*)

Mission / Purpose

The mission of the Office of Faculty Affairs and Development (OFAD) is to support School of Medicine faculty in their academic growth from recruitment to emeritus status. This mission is achieved through instituting and sustaining systems and processes related to faculty life, governance, development and appreciation.

Other Outcomes/Objectives, with Any Associations and Related Measures, Targets, Findings, and Action Plans

O/O 1: Sufficiency of Faculty--Recruitment, Appointment & Retention

To recruit highly qualified, diverse and collegial faculty who are encouraged and supported in their growth of a long-term academic career at Texas Tech University Health Sciences Center (TTUHSC), School of Medicine (SOM).

Relevant Associations:

Standard Associations

LCME Updated Standards 2015

4.1 Sufficiency of Faculty: A medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the institution.

4.3 Faculty Appointment Policies: A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve the faculty, the appropriate department heads, and the dean, and provides each faculty member with written information about his or her term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

9.2 Faculty Appointments: A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.

SACSCOC 2012* Principles of Accreditation

3.7.1 The institution employs competent faculty members qualified to accomplish the mission and goals of the institution. When determining acceptable qualifications of its faculty, an institution gives primary consideration to the highest earned degree in the discipline. The institution also considers competence, effectiveness, and capacity, including, as appropriate, undergraduate and graduate degrees, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes. For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty. (See Commission guidelines "Faculty Credentials.") (Faculty competence)

Strategic Plan Associations

F. SCHOOL OF MEDICINE

4.3 Recruit and retain a diverse faculty.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

2.1 Recruit, develop, and retain faculty who enhance the reputation of the university.

Related Measures

M 1: Faculty Appointments

Faculty appointments are determined by the individual departments on each campus so that a sufficient, diverse cohort of faculty members are hired with the appropriate qualifications. Credentials on all faculty are verified at the time they are hired through official transcripts and/or a third party credentialing service. The appointments are tracked by the Office of Faculty Affairs and Development (OFAD) and presented to the Faculty Appointments Committee for determination of appropriate rank and track. Policies and procedures are in place for faculty appointment, renewal of appointment, dismissal and term of appointment.

Source of Evidence: Administrative measure - other

Connected Document

SOM OP 20.01 Faculty Appointments

Target:

Record appointments and track renewals and dismissals using the OFAD database. Maintain a record of the EEO/Affirmative Action review for each faculty offered a position for use during the accreditation.

M 2: Recruitment & Retention

Policies and practices for the HSC and SOM are maintained in an effort to achieve diversity among faculty and engage in ongoing, systematic and focused efforts of faculty recruitment. The Office of Faculty Affairs and Development (OFAD) maintains a faculty database which monitors faculty rank, ethnicity and gender.

Source of Evidence: Administrative measure - other

Connected Documents

Ethnicity and Gender FY17
Retention FY17
TX Dept of Health

Target:

Retention of 50% of the new faculty over a 5 year period and no more than 10% loss of faculty per year. Show evidence of diversity and equality by hiring male and female faculty in a variety of ethnic groups as comparable to the demographics of West Texas.

M 3: Faculty Contracts

Annual contracts (Memorandum of Appointment), Medical Practice Income Plan (MPIP) Agreements, and Outside Compensation Agreements are distributed and tracked annually. Documentation of mailing and receiving of all documents is maintained for each faculty member in an Excel spreadsheet kept in OFAD.

Source of Evidence: Administrative measure - other

Connected Document

WEAVE Data

Target:

90% of annual contracts (Memorandum of Appointment), Medical Practice Income Plan (MPIP) Agreements, and Outside Compensation Agreements are received and filed in OFAD faculty files. All documents are scanned and sent to department administrators (on all three campuses) for their files on an annual basis.

O/O 2: Faculty Scholarship

To achieve successful faculty scholarly activity and enhance research by providing professional resources and expertise.

Relevant Associations:

Standard Associations

LCME Updated Standards 2015

3.2 Community of Scholars/Research Opportunities: A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities of its faculty.

4.2 Scholarly Productivity: The faculty of a medical school demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

SACSCOC 2012* Principles of Accreditation

3.7.3 The institution provides ongoing professional development of faculty as teachers, scholars, and practitioners. (Faculty development)

Strategic Plan Associations

F. SCHOOL OF MEDICINE

3.2 Increase the percentage of annual growth of sponsored research programs.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

2.1 Recruit, develop, and retain faculty who enhance the reputation of the university.

Related Measures

M 4: Digital Measures/Grants & Scholarship

Departmental grant and scholarship activity is maintained in Digital Measures. Faculty scholarship is fostered in the medical school through various development courses, mentorship programs and other programs which may encompass scholarship in various ways throughout the year. Expectations for faculty scholarship are outlined in SOM and HSC Tenure and Promotion policies.

Source of Evidence: Administrative measure - other

Target:

Annual reporting of all scholarships and grants are archived and available for the Dean. 95% of all the departments on all three campuses (Lubbock, Amarillo & Permian Basin) submit their scholarship. The Digital Measures program allows OFAD to calculate the number of faculty who have published a peer reviewed paper/presentation and grant information for the year.

O/O 3: Feedback to Faculty

To provide feedback and communication to faculty from the leadership on academic performance and progress toward promotion and/or tenure and institutional improvement.

Relevant Associations:

Standard Associations

LCME Updated Standards 2015

4.4 Feedback to Faculty: A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on his or her academic performance and progress toward

promotion and, when applicable, tenure.
SACSCOC 2012* Principles of Accreditation
3.7.2 The institution regularly evaluates the effectiveness of each faculty member in accord with published criteria, regardless of contractual or tenured status. (Faculty evaluation)

Strategic Plan Associations

F. SCHOOL OF MEDICINE
4.8 Use metrics to monitor and improve faculty and leadership programs. Primary metrics will include: a) Faculty satisfaction report data, specifically Faculty Forward; b) Number of faculty participating in faculty development courses and programs to include women faculty involved in ELAM; c) Number of faculty pursuing advanced degrees in health professions education

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
2.1 Recruit, develop, and retain faculty who enhance the reputation of the university.

Related Measures

M 5: Faculty Evaluations
Faculty evaluations are processed annually by Department Chairs for all SOM Faculty. Mid-Cycle Reviews are offered for faculty in their 3rd year. Post-tenure Review is a required process for tenured faculty every six years. All of these evaluations provide feedback on their academic performance and progress toward promotion and tenure.

Source of Evidence: Evaluations

Connected Document
WEAVE Data

Target:
95% of all annual evaluations are completed. 100% of all post tenure evaluations are completed. Mid-cycle reviews are completed in a timely manner with feedback to the participating faculty no later than September 1.

M 6: Dean/Chair Faculty Satisfaction
In lieu of an opportunity to evaluate the Chair and the Dean of the School of Medicine, a national standardized evaluation of faculty engagement, the AAMC StandPoint Faculty Engagement Survey, will be distributed to faculty for completion every three years. Results are made available to the Dean, Faculty and Chairs. Data from the survey is used to identify areas for improvement, and responses are implemented.

Source of Evidence: Evaluations

Target:
Prepare and provide faculty the opportunity to respond to the AAMC StandPoint Faculty Engagement Survey scheduled for the Fall of 2017 or Spring of 2018. Results of the survey will be shared with Chairs, and faculty in the School of Medicine.

O/O 4: Faculty Engagement, Development & Achievement
To achieve faculty involvement in the life of the school through personal and professional development activities, provide feedback and communication, and foster, confirm and appropriately recognize accomplishments by faculty in the areas of teaching, scholarship, patient care and academic service.

Relevant Associations:

Standard Associations

LCME Updated Standards 2015

4.5 Faculty Professional Development: A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and or research to enhance his or her skills and leadership abilities in these areas.

9.2 Faculty Appointments: A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.

SACSCOC 2012* Principles of Accreditation

3.7.1 The institution employs competent faculty members qualified to accomplish the mission and goals of the institution. When determining acceptable qualifications of its faculty, an institution gives primary consideration to the highest earned degree in the discipline. The institution also considers competence, effectiveness, and capacity, including, as appropriate, undergraduate and graduate degrees, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes. For all cases, the institution is responsible for justifying and documenting the qualifications of its faculty. (See Commission guidelines "Faculty Credentials.") (Faculty competence)

3.7.2 The institution regularly evaluates the effectiveness of each faculty member in accord with published criteria, regardless of contractual or tenured status. (Faculty evaluation)

3.7.3 The institution provides ongoing professional development of faculty as teachers, scholars, and practitioners. (Faculty development)

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

2.1 Recruit, develop, and retain faculty who enhance the reputation of the university.

3.1 Develop and enhance programs to facilitate an increase in externally funded, peer-reviewed research that reflects a diversity of interests.

Related Measures

M 7: New Faculty Orientation

New faculty in the SOM are encouraged to attend the orientation which is held in the Fall. Attendance is recorded in the faculty database. New faculty are introduced to the tenure and promotion policies and procedures during orientation.

Source of Evidence: Administrative measure - other

Connected Document

WEAVE Data

Target:

50% of first time invited faculty actually attend the orientation program. 90% of the faculty attending the orientation will recommend the program to their colleagues.

M 8: New Faculty Visits

After coming on board, the Associate Dean of OFAD visits with new faculty individually to explain faculty life, tenure and promotion, mentoring possibilities, OFAD services, etc.

Source of Evidence: Administrative measure - other

Target:
85% of the new faculty on the Lubbock, Amarillo and Permian Basin campuses will meet with the Associate Dean during their first year of employment.

M 9: CME & Development

The Office of Faculty Affairs and Development offers courses for faculty through the School of Medicine (SOM), the Association of American Medical Colleges (AAMC) and other Continuing Medical Education (CME) related activities. The Teaching Academy for the SOM, which is an honorific group of faculty that have received teaching awards or excelled in teaching, periodically offers faculty development programs. Community-based physicians that teach for the SOM are given the opportunity to participate in professional development activities of the SOM.

Source of Evidence: Administrative measure - other

Connected Documents

Faculty Leadership Study Group
Lubbock Research Course Syllabus
Odessa Research Course
Simulation in Medical Education
Train the Professor Course
WEAVE Data

Target:
The Faculty Development Courses will have an 85% graduation rate. CME credit will be offered for some of the courses. The SOM will have 6 Innovations in Medical Education (IME) exhibitors at the AAMC annual meeting. The SOM Dean will financially support 2 applicants each to the AAMC Early and Mid-Career Women Professional Development Seminars and the AAMC Minority Seminar. ELAM alumni will screen women applicants for the Mid-Career and Early Career Women Faculty Professional Development Seminars and recommend applicants. Previous SOM attendees to the AAMC Minority Seminar will evaluate and select SOM supported applicants to this conference. ELAM alumni (ELUM) will recommend a nominee to the Dean for the ELAM Program. FDC, AAMC seminars and other meeting/event information are maintained in Excel spreadsheets and the faculty database.

M 10: Tenure & Promotion

Faculty promotion and tenure is recorded annually in an Excel database and in the OFAD database. Faculty are provided workshop opportunities and voice-over PowerPoints to assist them with tenure and promotion.

Source of Evidence: Administrative measure - other

Target:
75% of the faculty will attend one of the workshops for a better understanding of completion of the application. 80% of faculty will be successful upon application for tenure and 85% will be successful upon application for promotion. The data is kept in an Excel database and includes the rank the faculty are promoted to and tenure status, votes, workshop attendee lists and committee information.

M 11: Awards & Recognition

Faculty Awards from the Dean and other types of recognition are recorded in the OFAD faculty database. Faculty receiving teaching awards or recognized for their teaching skills will then be considered for membership to the Teaching Academy.

Source of Evidence: Administrative measure - other

Connected Document

WEAVE Data

Target:

Record the number of faculty recognized at the Dean's Annual Recognition Dinner at each campus (Lubbock, Amarillo and Permian Basin). Dean's, President's and other award information is also kept in the OFAD database.

O/O 5: Faculty Governance

To achieve faculty involvement in the life of the school through participation in governance and growth initiatives, and providing feedback and communication related to institutional improvement.

Relevant Associations:

Standard Associations

LCME Updated Standards 2015

4.6 Faculty/Dean Responsibility for Educational Program Policies: At a medical school, the dean and a committee of the faculty determine programmatic policies.

SACSCOC 2012* Principles of Accreditation

3.7.5 The institution publishes policies on the responsibility and authority of faculty in academic and governance matters. (Faculty role in governance)

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

1.2 Develop and enhance academic programs that reflect targeted healthcare education needs.

2.1 Recruit, develop, and retain faculty who enhance the reputation of the university.

Related Measures

M 12: Faculty and Dean Committees

Faculty are elected and appointed to Faculty and Dean Committees, respectively, on an annual basis. This information is documented in the faculty database.

Source of Evidence: Administrative measure - other

Connected Document

SOM Committees 2016-17

Target:

Ensure that all Faculty and Dean Committees are filled annually. Fill all open positions for the Admissions Committee no later than May. Maintain the SharePoint site with committee minutes which is available to all faculty and contains various minutes from the three campuses. Other committee minutes are retained and archived in OFAD.

M 13: Faculty Meetings

SOM Faculty meetings are held and documented with meeting minutes.

Source of Evidence: Administrative measure - other

Connected Document

General Faculty Meetings

Target:
Quarterly faculty meetings will be held on each campus (Lubbock, Permian Basin and Amarillo). Semi-annual meetings of the three campuses together will be held. Minutes to document the meetings and attendance will be monitored and maintained (SharePoint) through OFAD in Lubbock and the Regional Dean's offices in Amarillo and the Permian Basin.

M 14: SOM Policies
Formalized policies related to faculty are current and based on policies and procedures for the School of Medicine. These policies are updated and maintained by OFAD.

Source of Evidence: Administrative measure - other

Target:
Update the SOM policies and procedures relating to OFAD with input from various SOM committee members as needed annually. There are currently 11 policies maintained by OFAD. Upload policies to the website in a timely manner as they are updated. Maintain OFAD related policies on the OFAD website for easy access by faculty.

Detailed Assessment Report
2017-2018 SOM Research

As of: 11/09/2017 05:26 PM EST

(Includes those Action Plans with Budget Amounts marked *One-Time, Recurring, No Request.*)

Mission / Purpose

The mission of the School of Medicine Office of Research is to encourage clinical and basic science research and foster medical student research opportunities. The research strategy of the school is to develop insights into the science of medicine, treatments, prevention, and cures, and enhanced methods for managing patient illness, with an emphasis on opportunities for medical student research.

Student Learning Outcomes/Objectives, with Any Associations and Related Measures, Targets, Findings, and Action Plans

SLO 2: The SOM will cultivate an environment, which encourages research activities by medical students.
The SOM will cultivate an environment, which encourages research activities by medical students.

Strategic Plan Associations

F. SCHOOL OF MEDICINE
3.4 Cultivate an environment, which encourages research activities by medical students. Specifically, steps include: a) Annual recruitment of first year medical students for the Summer Research Program; b) Strive

for research participation by more than 70% of students by graduation.
3.5 Use metrics to monitor and grow sponsored research programs. Primary metrics will include: a) Funding as reported in the AAMC Missions Management Tool and AAMC Medical School Profile Report; b) Other related AAMC group reports; c) Amount of other extramural funding; and d) AAMC Annual Graduation Questionnaire, specifically focusing on student research participation

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

3.1 Develop and enhance programs to facilitate an increase in externally funded, peer-reviewed research that reflects a diversity of interests.

Related Measures

M 3: Annual recruitment of medical students to participate in SOM Research Programs.

Percentage or number of students participating in the SOM Summer Research Program or Student Research Program Academic Year.

Source of Evidence: Academic direct measure of learning - other

Target:

41% of first year medical students will participate in the SOM Summer Research Program. 10 medical students will participate in the SOM Student Research Program Academic Year (for second year medical students). These targets were determined based on the five-year average participation.

M 4: Overall participation of medical students in research.

Percentage of medical students reporting at graduation that during medical school they participated in research, were an author of a presentation or were an author of a paper submitted for publication.

Source of Evidence: External report

Target:

66% of medical students will participate in research during medical school. 51% of medical students will be an author of a presentation during medical school. 39% of medical students will author a paper submitted for publication during medical school. These targets were determined based on the five-year average from the AAMC Graduate Questionnaire.

Other Outcomes/Objectives, with Any Associations and Related Measures, Targets, Findings, and Action Plans

O/O 1: The SOM will promote the growth of sponsored research programs.

The SOM will promote the growth of sponsored research programs.

Strategic Plan Associations

F. SCHOOL OF MEDICINE

3.2 Increase the percentage of annual growth of sponsored research programs.
3.3 Maintain the growth of peer-review funded research through approved/existing Centers and Institutes.
3.5 Use metrics to monitor and grow sponsored research programs. Primary metrics will include: a) Funding as reported in the AAMC

Missions Management Tool and AAMC Medical School Profile Report; b) Other related AAMC group reports; c) Amount of other extramural funding; and d) AAMC Annual Graduation Questionnaire, specifically focusing on student research participation

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

3.1 Develop and enhance programs to facilitate an increase in externally funded, peer-reviewed research that reflects a diversity of interests.

Related Measures

M 1: SOM Faculty will seek external research funding.
SOM faculty members, specifically basic science researchers, will seek extramural funding.

Source of Evidence: Academic direct measure of learning - other

Target:
75% of SOM basic science faculty members will submit external research grants.

M 2: SOM faculty will participate in scholarship.
SOM faculty will publish articles in peer-reviewed journals.

Source of Evidence: Administrative measure - other

Target:
The SOM will produce an annual increase of 5% in total peer-reviewed publications.

Detailed Assessment Report
2017-2018 SOM Student Affairs

As of: 11/09/2017 05:26 PM EST

(Includes those Action Plans with Budget Amounts marked *One-Time, Recurring, No Request.*)

Mission / Purpose

The SOM Office of Student Affairs mission is to develop, implement, and coordinate student life programs that support and further the stated mission and goals of the School of Medicine for its medical students. The specific areas of mission focus for the SOM Office of Student Affairs include, but are not exclusively limited to, academic counseling, career development, and personal wellness programs.

Student Learning Outcomes/Objectives, with Any Associations and Related Measures, Targets, Findings, and Action Plans

SLO 1: SOM OSA provides academic counseling and support services for medical students

Office of Student Affairs develops and maintains effective academic advising and support systems for students.

Strategic Plan Associations

F. SCHOOL OF MEDICINE

1.4 Maintain and expand student services and amenities that support

the overall learning environment: a) Convenience of library hours/access to scholarly resources; b) Adequacy and convenience of study space; c) Learning resources utilizing current technology to enhance learning and preparation for USMLE; d) Tutoring and academic/career counseling; e) Utilization of simulated clinical scenarios, both technology- and standardized patient-based; f) Student, resident, and faculty wellness programs

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

1.3 Provide academic and student support services which promote student success across the institution.

Related Measures

M 1: Student satisfaction with academic counseling and support services

Satisfaction rates reported by graduating seniors (and current students as collected data allows) related to support services provided by the SOM in the following areas: 1) Academic counseling 2) Tutoring

Source of Evidence: Benchmarking

Connected Document

2016 AAMC Graduation Questionnaire Annual Report for TTUHSC School of Medicine

Target:

Student satisfaction rates (graduating and/or current students) will: a) meet or exceed the national benchmark for graduating students at other U.S. medical schools. b) meet or exceed 70% overall.

Connected Document

2017 AAMC Graduation Questionnaire Annual Report for TTUHSC School of Medicine

Related Action Plans (by Established cycle, then alpha):

For full information, see the *Details of Action Plans* section of this report.

Ongoing development of tutorial services for SOM students

Established in Cycle: 2015-2016

SOM Office of Student Affairs first instituted a limited peer-assisted learning (PAL) program to offer tutorial services to Year...

Discordant Data in Class of 2017 GQ Responses

Established in Cycle: 2016-2017

The SOM received the Class of 2017 Graduation Questionnaire data in August 2017. The SOM Dean, each regional campus Dean, and th...

SLO 2: SOM OSA provides career counseling and support services for medical students

Office of Student Affairs provides career counseling and support services for medical students.

Strategic Plan Associations

F. SCHOOL OF MEDICINE

1.4 Maintain and expand student services and amenities that support the overall learning environment: a) Convenience of library

hours/access to scholarly resources; b) Adequacy and convenience of study space; c) Learning resources utilizing current technology to enhance learning and preparation for USMLE; d) Tutoring and academic/career counseling; e) Utilization of simulated clinical scenarios, both technology- and standardized patient-based; f) Student, resident, and faculty wellness programs

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

1.3 Provide academic and student support services which promote student success across the institution.

Related Measures

M 2: Student satisfaction with career counseling and support services

Satisfaction rates reported by graduating seniors related to support services provided by the SOM in the following areas: 1) Career preference assessment activities 2) Information about specialties 3) Information about alternative medical careers 4) Overall satisfaction with career planning services

Source of Evidence: Benchmarking

Connected Document

2016 AAMC Graduation Questionnaire Annual Report for TTUHSC School of Medicine

Target:

Graduating student satisfaction rates will: a) meet or exceed the national benchmark for graduating students at other U.S. medical schools. b) meet or exceed 70% for overall satisfaction with career planning services.

Connected Document

2017 AAMC Graduation Questionnaire Annual Report for TTUHSC School of Medicine

Related Action Plans (by Established cycle, then alpha):

For full information, see the *Details of Action Plans* section of this report.

Discordant Data in Class of 2017 GQ Responses

Established in Cycle: 2016-2017

The SOM received the Class of 2017 Graduation Questionnaire data in August 2017. The SOM Dean, each regional campus Dean, and th...

SLO 3: SOM OSA develops and/or maintains access to programs that support student well-being

Satisfaction rates reported by graduating seniors (and current students as collected data allows) related to support services provided by the SOM in the following areas: 1) Student programs/activities that promote effective stress management, a balanced lifestyle and overall well being 2) Student mental health services

Strategic Plan Associations

F. SCHOOL OF MEDICINE

1.4 Maintain and expand student services and amenities that support the overall learning environment: a) Convenience of library hours/access to scholarly resources; b) Adequacy and convenience of study space; c) Learning resources utilizing current technology to enhance learning and preparation for USMLE; d) Tutoring and

academic/career counseling; e) Utilization of simulated clinical scenarios, both technology- and standardized patient-based; f) Student, resident, and faculty wellness programs

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

1.3 Provide academic and student support services which promote student success across the institution.

Related Measures

M 3: Student satisfaction with wellness services

Satisfaction rates reports by graduating seniors (and current students as collected data allows) related to support services provided by the SOM in the following areas: 1) Student programs/activities that promote effective stress management, a balanced lifestyle and overall well being 2) Personal counseling 3) Student mental health services

Source of Evidence: Benchmarking

Connected Document

2016 AAMC Graduation Questionnaire Annual Report for TTUHSC School of Medicine

Target:

Student satisfaction rates (graduating and/or current students) will: a) meet or exceed the national benchmark for graduating students at other U.S. medical schools. b) meet or exceed 70% overall.

Connected Document

2017 AAMC Graduation Questionnaire Annual Report for TTUHSC School of Medicine

Related Action Plans (by Established cycle, then alpha):

For full information, see the *Details of Action Plans* section of this report.

Discordant Date in Class of 2017 GQ Responses

Established in Cycle: 2016-2017

The SOM received the Class of 2017 Graduation Questionnaire data in August 2017. The SOM Dean, each regional campus Dean, and th...

SLO 5: OSA contributes to SOM goal of successfully meeting targeted performance metrics

Office of Student Affairs, through its various student support services (e.g., academic and career counseling, student wellness programming), assists the SOM in successfully meeting targeted performance metrics in the following areas: a) Successful completion of the SOM in a timely fashion (within four or five years). b) Graduates successfully acquiring Year 1 residency training positions.

Strategic Plan Associations

F. SCHOOL OF MEDICINE

1.7 Use metrics to monitor and improve the quality of teaching, medical student outcomes, student and faculty satisfaction, and growth of the medical education mission: a) AAMC GQ; b) ACGME Annual Resident and Fellow Survey; c) Residency program board pass rates; d) USMLE Board pass rates; and e) NRMP Match rates maintained at or above the national average.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

1.3 Provide academic and student support services which promote student success across the institution.

Related Measures

M 5: Overall graduation rate

The SOM Offices of Student Affairs provide academic counseling and other student support services which contribute to students' successfully completing of the SOM curriculum in a timely fashion.

Source of Evidence: Administrative measure - other

Target:

SOM maintains a 4-year graduation rate of 85% or greater and a 5-year graduation rate of 90% or greater.

Connected Document

Years to Graduation - Class of 2017

M 6: Acquisition of PGY1 residency training positions

The SOM Offices of Student Affairs provide career counseling and support services which contribute to graduates' successful acquisition of a post graduate year 1 (PGY1) training position.

Source of Evidence: Administrative measure - other

Connected Document

TTUHSC SOM Match Statistics for Class of 2016

Target:

For graduates intending to enter post graduate training, the SOM overall match rate (post Supplemental Offer and Acceptance Program) to initial post graduate year 1 (PGY1) training positions will: a) meet or exceed the overall national match rate for allopathic U.S. seniors for that match year. b) meet or exceed 95%.

Connected Document

TTUHSC SOM Match Statistics for Class of 2017

Other Outcomes/Objectives, with Any Associations and Related Measures, Targets, Findings, and Action Plans

O/O 4: SOM OSA provides educational and development opportunities for targeted faculty

Office of Student Affairs (OSA) develops and/or provides effective educational and development opportunities for clinical faculty who participate in the SOM career advising program during Year 3 and Year 4.

Connected Document

Advising for Residency Boot Camp Evaluation Summary

Strategic Plan Associations

F. SCHOOL OF MEDICINE

1.1 Enhance educational opportunities within the traditional curriculum: a) Expand opportunities at TTUHSC for students to train within the fields of emergency medicine, radiology, and other vital specialties; b)

Continue to expand residency positions on TTUHSC campuses; and c) Expand development for educators on all campuses, including faculty, residents and graduate assistants

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

1.3 Provide academic and student support services which promote student success across the institution.

Related Measures

M 4: Degree of agreement that learning objectives were met for faculty development course

Participants' assessment of a faculty development course designed by the SOM Offices of Student Affairs (Lubbock, Amarillo, and Permian Basin) intended to orient and provide a base level of core knowledge about career advising at TTUHSC SOM and the residency application process for medical students. The six hour continuing medical education (CME) course is intended for clinical faculty on all SOM clinical campuses who serve as career advisors for Year 3 and Year 4 students. The "Advising for Residency Boot Camp" has the following explicit learning objectives: 1) Identify the current residency application process and the SOM's longitudinal career advising program. 2) Discuss role and responsibilities of advising Year 3 students during the residency application process. 3) Judge differing perspectives on how to approach the role of being a career advisor for medical students. 4) Design residency application strategies for applicants with various academic performance levels and areas of specialty interest. 5) Compare the strengths/weaknesses of different residency application strategies for applicants with various academic performance levels and areas of specialty interest.

Source of Evidence: Evaluations

Connected Document

Advising for Residency Boot Camp Evaluation Summary

Target:

75% or greater of the clinical faculty participants who complete the "Advising for Residency Boot Camp" CME course will agree the stated learning objectives for the course were met.

Connected Document

Advising for Residency Faculty Evaluation Summary February 2017

Details of Action Plans for This Cycle (by Established cycle, then alpha)

Ongoing development of tutorial services for SOM students

SOM Office of Student Affairs first instituted a limited peer-assisted learning (PAL) program to offer tutorial services to Year 1 and Year 2 students in the preclinical courses during AY 2013 - 2014. Following a leadership change in AY 2014 - 2015 at the Director of Student Affairs position, who is directly responsible for the development and management of the SOM peer tutoring system, the PAL program has grown and been expanded to be available to more students and offer additional services. As of AY 2016 - 2017, the OSA now employs a total of 32 peer tutors (twenty Year 2 students, six Year 3, and six Year 4 students) who are available to provide as needed individual tutoring as well as weekly to twice weekly open office hours in support of Year 1 - Year 3 curricular courses. All PAL services are free of charge to SOM students. Note - need and requests for individual peer tutoring support is screened and approved by the Director for Student Affairs. Update: For AY 2017 - 2018, the OSA employs a total of 30

peer tutors (nine Year 2 students, fifteen Year 3, and six Year 4 students) in support of the peer assisted learning (PAL) program. The PAL program provide the following academic support services to SOM students: as needed individual tutoring sessions for Year 1 - Year 3 students; twice weekly open office hours in support of Year 1 curricular content; once weekly open office hours for Year 2 curricular content; core clerkship specific content review and Step 2 Clinical Knowledge exam preparation support. All PAL services are free of charge to SOM students, and evaluations of the PAL program are performed on an annual basis in November.

Established in Cycle: 2015-2016
Implementation Status: In-Progress
Priority: Medium

Relationships (Measure | Outcome/Objective):

Measure: Student satisfaction with academic counseling and support services | **Outcome/Objective:** SOM OSA provides academic counseling and support services for medical students

Projected Completion Date: 06/2018
Responsible Person/Group: Allison Perrin, LPC
Connected Document

Peer Assisted Learning Program (PAL) Evaluation - November 2016

Discordant Data in Class of 2017 GQ Responses

The SOM received the Class of 2017 Graduation Questionnaire data in August 2017. The SOM Dean, each regional campus Dean, and the Associate Deans for Academic and Student Affairs have subsequently reviewed the results with specific notation of the overall lower level of satisfaction reported by Class of 2017 graduates when compared to the GQ responses of SOM graduates from multiple prior consecutive years. Lower levels of satisfaction from the Class of 2017 were present in various curricular and student support related areas, in all academic years, and on all clinical campuses. Since its initial receipt, the Class of 2017 GQ data has been, and will continue to be, evaluated and analyzed to identify and address possible (real) decreases in student satisfaction levels. Aspects of the SOM's initial analysis and observations related to the Class of 2017 GQ data are included as part of the explanatory observations of this class' benchmarking data related to support services provided through the Offices of Student Affairs. The SOM has various standing committees, including a Continuous Quality Improvement Committee (composed of the SOM Dean, the regional campus Dean, and the Associate and Assistant Deans on all clinical campuses); the Educational Policy Committee (composed of basic science and clinical SOM faculty as well as student representatives from each class year); the Educational Operations Committee (composed of Year 1 and Year 2 SOM faculty); and the Clinical Education Operations Committee (composed on Clerkship Directors from all SOM clinical campuses) that are responsible for monitoring an implementing changes to the SOM curriculum, policies, and procedures as warranted. The EPC (oversight of the entire SOM curriculum), the EOC (oversight of Year 1 and Year 2 curriculum), and the CEOC (oversight of Year 3 curriculum) therefore share collective authority for the review, analysis, and initiation of action plans based on data from various inputs including, but not limited to, end of course or clerkship evaluations, performance on national licensing exams, each graduating class' Graduation Questionnaire, match rates for residency training positions, etc. Changes in curricular content and/or student support services are based on decisions from these collective committees. For AY 2017 - 2018 information from the Class of 2017 GQ will continue to be reviewed in context with other data (as referenced above) by the various SOM administrative entities described to determine the relevance of 2017 GQ data. Lastly, because the Class of 2017 data is

an isolated data set and not in alignment with information from our prior graduating seniors, the SOM will await the Graduation Questionnaire data from the Class of 2018 to assess what, if any, new trends may be present in the satisfaction levels of our graduating students.

Established in Cycle: 2016-2017
Implementation Status: In-Progress
Priority: High

Relationships (Measure | Outcome/Objective):
Measure: Student satisfaction with career counseling and support services | **Outcome/Objective:** SOM OSA provides career counseling and support services for medical students

Projected Completion Date: 12/2018
Responsible Person/Group: SOM Continuous Quality Improvement Committee, Educational Policy Committee, Educational Operations Committee, Clinical Education Operations Committee

Discordant Data in Class of 2017 GQ Responses

The SOM received the Class of 2017 Graduation Questionnaire data in August 2017. The SOM Dean, each regional campus Dean, and the Associate Deans for Academic and Student Affairs have subsequently reviewed the results with specific notation of the overall lower level of satisfaction reported by Class of 2017 graduates when compared to the GQ responses of SOM graduates from multiple prior consecutive years. Lower levels of satisfaction from the Class of 2017 were present in various curricular and student support related areas, in all academic years, and on all clinical campuses. Since its initial receipt, the Class of 2017 GQ data has been, and will continue to be, evaluated and analyzed to identify and address possible (real) decreases in student satisfaction levels. Aspects of the SOM's initial analysis and observations related to the Class of 2017 GQ data are included as part of the explanatory observations of this class' benchmarking data related to support services provided through the Offices of Student Affairs. The SOM has various standing committees, including a Continuous Quality Improvement Committee (composed of the SOM Dean, the regional campus Dean, and the Associate and Assistant Deans on all clinical campuses); the Educational Policy Committee (composed of basic science and clinical SOM faculty as well as student representatives from each class year); the Educational Operations Committee (composed of Year 1 and Year 2 SOM faculty); and the Clinical Education Operations Committee (composed on Clerkship Directors from all SOM clinical campuses) that are responsible for monitoring an implementing changes to the SOM curriculum, policies, and procedures as warranted. The EPC (oversight of the entire SOM curriculum), the EOC (oversight of Year 1 and Year 2 curriculum), and the CEOC (oversight of Year 3 curriculum) therefore share collective authority for the review, analysis, and initiation of action plans based on data from various inputs including, but not limited to, end of course or clerkship evaluations, performance on national licensing exams, each graduating class' Graduation Questionnaire, match rates for residency training positions, etc. Changes in curricular content and/or student support services are based on decisions from these collective committees. For AY 2017 - 2018 information from the Class of 2017 GQ will continue to be reviewed in context with other data (as referenced above) by the various SOM administrative entities described to determine the relevance of 2017 GQ data. Lastly, because the Class of 2017 data is an isolated data set and not in alignment with information from our prior graduating seniors, the SOM will await the Graduation Questionnaire data from the Class of 2018 to assess what, if any, new trends may be present in the satisfaction levels of our graduating students.

Established in Cycle: 2016-2017
Implementation Status: In-Progress
Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Student satisfaction with academic counseling and support services | **Outcome/Objective:** SOM OSA provides academic counseling and support services for medical students

Projected Completion Date: 12/2018
Responsible Person/Group: SOM Continuous Quality Improvement Committee, Educational Policy Committee, Educational Operations Committee, Clinical Education Operations Committee

Discordant Date in Class of 2017 GQ Responses

The SOM received the Class of 2017 Graduation Questionnaire data in August 2017. The SOM Dean, each regional campus Dean, and the Associate Deans for Academic and Student Affairs have subsequently reviewed the results with specific notation of the overall lower level of satisfaction reported by Class of 2017 graduates when compared to the GQ responses of SOM graduates from multiple prior consecutive years. Lower levels of satisfaction from the Class of 2017 were present in various curricular and student support related areas, in all academic years, and on all clinical campuses. Since its initial receipt, the Class of 2017 GQ data has been, and will continue to be, evaluated and analyzed to identify and address possible (real) decreases in student satisfaction levels. Aspects of the SOM's initial analysis and observations related to the Class of 2017 GQ data are included as part of the explanatory observations of this class' benchmarking data related to support services provided through the Offices of Student Affairs. The SOM has various standing committees, including a Continuous Quality Improvement Committee (composed of the SOM Dean, the regional campus Dean, and the Associate and Assistant Deans on all clinical campuses); the Educational Policy Committee (composed of basic science and clinical SOM faculty as well as student representatives from each class year); the Educational Operations Committee (composed of Year 1 and Year 2 SOM faculty); and the Clinical Education Operations Committee (composed on Clerkship Directors from all SOM clinical campuses) that are responsible for monitoring an implementing changes to the SOM curriculum, policies, and procedures as warranted. The EPC (oversight of the entire SOM curriculum), the EOC (oversight of Year 1 and Year 2 curriculum), and the CEOC (oversight of Year 3 curriculum) therefore share collective authority for the review, analysis, and initiation of action plans based on data from various inputs including, but not limited to, end of course or clerkship evaluations, performance on national licensing exams, each graduating class' Graduation Questionnaire, match rates for residency training positions, etc. Changes in curricular content and/or student support services are based on decisions from these collective committees. For AY 2017 - 2018 information from the Class of 2017 GQ will continue to be reviewed in context with other data (as referenced above) by the various SOM administrative entities described to determine the relevance of 2017 GQ data. Lastly, because the Class of 2017 data is an isolated data set and not in alignment with information from our prior graduating seniors, the SOM will await the Graduation Questionnaire data from the Class of 2018 to assess what, if any, new trends may be present in the satisfaction levels of our graduating students.

Established in Cycle: 2016-2017
Implementation Status: In-Progress
Priority: High

Relationships (Measure | Outcome/Objective):
Measure: Student satisfaction with wellness services |
Outcome/Objective: SOM OSA develops and/or maintains access to programs that support student well-being

Projected Completion Date: 12/2018
Responsible Person/Group: SOM Continuous Quality Improvement Committee, Educational Policy Committee, Educational Operations Committee, Clinical Education Operations Committee

Detailed Assessment Report
2017-2018 SOM: M.D.
As of: 11/09/2017 05:26 PM EST
(Includes those Action Plans with Budget Amounts marked *One-Time, Recurring, No Request.*)

Mission / Purpose

Founded in 1969, the TTUHSC School of Medicine has continually worked to address the shortage of physicians in West Texas by providing quality, innovative educational opportunities to medical students and residents who serve as competent and compassionate medical professionals for the region and the state of Texas. The medical education program emphasizes the principles of primary care and provides sound inter-disciplinary and inter-professional training that integrates basic sciences knowledge, clinical skill, diversity, and a humanistic approach focusing on high standards and comprehensive evaluation. The school's medical practice, Texas Tech Physicians, strives to utilize state-of-the-art technology to effectively meet the growing needs of a diverse and largely rural patient population through strong partnerships with clinical affiliates. Principles of teamwork, humanistic care, and cost effectiveness are embedded into the practice of medicine. The research strategy of the school is to develop insights into the science of medicine, treatments, prevention, and cures, and enhanced methods for managing patient illness. Centers of Excellence and Institutes work toward defined areas of excellence where contributions on a national level can be made.

Student Learning Outcomes/Objectives, with Any Associations and Related Measures, Targets, Findings, and Action Plans

SLO 1: Patient Care

1. Participate in competent and humane medical care of individuals, families and the larger society based on the scientific and clinical principles of health and its promotion, disease and its prevention and management, and psychosocial factors influencing the well-being of patients. 2. Assess the clinical status of patients to include obtaining a patient's history, performing a comprehensive physical examination, and assessing and describing treatment plans to address the medical and emotional needs of the patient. 3. Evaluate the clinical status of patients through proficiency in clinical reasoning, including identification of clinical problems using scientific methods, data collection, hypothesis formulation, and the retrieval, management, and appropriate use of biomedical information for decision-making.

Relevant Associations:

Standard Associations

LCME through 2014

2.1.1 ED-1-A. The objectives of a medical education program must be stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician.
2.3 ED-3. The objectives of a medical education program must be made known to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education and assessment.
2.6 ED-6. The curriculum of a medical education program must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow medical students to acquire skills of critical judgment based on evidence and experience; and develop medical students' ability to use principles and skills wisely in solving problems of health and disease.
2.7 ED-7. The curriculum of a medical education program must include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effects of social needs and demands on care.
2.8 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.
2.13 ED-13. The curriculum of a medical education program must cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.
2.14 ED-14. The curriculum of a medical education program must include clinical experience in primary care.
2.15 ED-15. The curriculum of a medical education program must prepare students to enter any field of graduate medical education and include content and clinical experiences related to each phase of the human life cycle that will prepare students to recognize wellness, determinants of health, and opportunities for health promotion; recognize and interpret symptoms and signs of disease; develop differential diagnoses and treatment plans; and assist patients in addressing health-related issues involving all organ systems.
2.16 ED-16. The clinical experiences provided to medical students by a medical education program must utilize both outpatient and inpatient settings.
2.19 ED-19. The curriculum of a medical education program must include specific instruction in communication skills as they relate to physician responsibilities, including communication with patients and their families, colleagues, and other health professionals.

General Education/Core Curriculum Associations

1 Critical Thinking Skills: To include creative thinking; innovation; inquiry; and analysis, evaluation, and synthesis of information.
2 Communication Skills: To include effective development, interpretation, and expression of ideas through written, oral, and visual communication.
3 Empirical and Quantitative Skills: To include manipulation and analysis of numerical data or observable facts resulting in informed conclusions.
4 Teamwork: To include the ability to consider different points of view and to work effectively with others to support a shared purpose or goal.
5 Personal Responsibility: To include the ability to connect choices, actions, and consequences to ethical decision-making.
6 Social Responsibility: To include intercultural competence, knowledge of civic responsibility, and the ability to engage effectively in regional, national, and global communities.

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

1.2 Develop and enhance academic programs that reflect targeted healthcare education needs.
4.1 Improve access to quality health care and education among targeted populations.

Related Measures

M 2: USMLE Step 2 CK

The United States Medical Licensing Examination (USMLE) Step 2 Clinical Knowledge (CK) is a standardized exam that assesses the ability of examinees to apply medical knowledge, skills, and understanding of clinical science and basic patient-centered skills that provide the foundation for the safe and effective practice of medicine. It uses a multiple-choice format to to test clinical knowledge along two dimensions: (1) normal conditions and disease categories, and (2) physician tasks. Such physician tasks include promoting preventive medicine and health maintenance, understanding mechanisms of disease, establishing a diagnosis, and applying principles of management. The USMLE Step 2 CK is administered to medical students by October 31 of Year Four.

Source of Evidence: Certification or licensure exam, national or state

Connected Documents

Step 2CK_2015-2016_Performance Summary
Step 2CK_2015-2016_Score Histogram
Step 2CK_2015-2016_Score Plot

Target:
Average First Time Pass Rate of 95% or greater

Connected Documents

Step 2CK_2015-2016_Performance Summary
Step 2CK_2015-2016_Score Histogram
Step 2CK_2015-2016_Score Plot

Related Action Plans (by Established cycle, then alpha):

For full information, see the *Details of Action Plans* section of this report.

USMLE Step 2CK Percentile Increase
Established in Cycle: 2016-2017
Progressive increases in the minimum passing score for USMLE Step 2CK without concomitant increases in passing standards on cler...

M 3: USMLE Step 2 CS - Communication

Administered to medical students by December 31 of Year Four, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) is a standardized exam (conducted by an external evaluator)that assesses one`s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. Step 2 CS uses standardized patients to test medical students on their ability to gather information from patients, perform physical examinations, and communicate their findings to their patients and colleagues. Three sub-components comprise the exam: (1) Integrated Clinical Encounter, (2) Communication & Interpersonal Skills, and (3) Spoken English Proficiency. Sub-components (2) and (3) are of particular interest for this measure.

Source of Evidence: Certification or licensure exam, national or state

Target:
rAverage First Time Pass Rate of 95% of greater

M 4: USMLE Step 2 CS - Integrated Clinical Encounter

Administered to medical students by December 31 of Year Four, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) is a standardized exam (conducted by an external evaluator)that assesses one`s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. Step 2 CS uses standardized patients to test medical students on their ability to gather information from patients, perform physical examinations, and communicate their findings to their patients and colleagues. Three sub-components comprise the exam: (1) Integrated Clinical Encounter, (2) Communication & Interpersonal Skills, and (3) Spoken English Proficiency. Sub-component (1) is of particular interest for this measure.

Source of Evidence: Certification or licensure exam, national or state

Target:
See text in knowledge section

M 8: All Campus Observed Structured Clinical Examination

Students must pass a five−station All−Campus OSCE that occurs at the end of the third year. Students must demonstrate proficiency in evaluating a patient, communicating the diagnosis and documenting their findings before entering Year 4

Source of Evidence: Academic direct measure of learning - other

Target:
All students will pass with a maximum requirement for remediation of one station

SLO 2: Medical Knowledge

1. Describe the application of the scientific method for solving problems in the basic and clinical sciences. 2. Complete both comprehensive and problem-specific physical examinations appropriate to the concerns, symptoms, and history of the patient. 3. Integrate the patient interview and physical examination findings with medical knowledge to identify the clinical problems of patients, formulate differential diagnoses, apply the scientific method and develop plans for diagnostic investigation, treatment, and management. 4. Describe the application of laboratory tests and diagnostic procedures and interpret their results. 5. Analyze clinical problems and formulate differential diagnoses, diagnostic investigations and clinical treatment and management plans by applying data from the clinical interview and clinical examination. 6. Participate in the selection and performance of basic diagnostic and therapeutic procedures.

Connected Documents

Step 2CK_2015-2016_Performance Summary
Step 2CK_2015-2016_Score Histogram
Step 2CK_2015-2016_Score Plot

Relevant Associations:

Standard Associations

LCME through 2014

2.1.1 ED-1-A. The objectives of a medical education program must be stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician.
2.3 ED-3. The objectives of a medical education program must be made known

to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education and assessment.
2.6 ED-6. The curriculum of a medical education program must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow medical students to acquire skills of critical judgment based on evidence and experience; and develop medical students' ability to use principles and skills wisely in solving problems of health and disease.
2.7 ED-7. The curriculum of a medical education program must include current concepts in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effects of social needs and demands on care.
2.8 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.
2.10 ED-10. The curriculum of a medical education program must include behavioral and socioeconomic subjects in addition to basic science and clinical disciplines.
2.11 ED-11. The curriculum of a medical education program must include content from the biomedical sciences that supports students' mastery of the contemporary scientific knowledge, concepts, and methods fundamental to acquiring and applying science to the health of individuals and populations and to the contemporary practice of medicine.
2.12 ED-12. The curriculum of a medical education program should include laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena, and critical analysis of data.
2.13 ED-13. The curriculum of a medical education program must cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care.
2.14 ED-14. The curriculum of a medical education program must include clinical experience in primary care.
2.15 ED-15. The curriculum of a medical education program must prepare students to enter any field of graduate medical education and include content and clinical experiences related to each phase of the human life cycle that will prepare students to recognize wellness, determinants of health, and opportunities for health promotion; recognize and interpret symptoms and signs of disease; develop differential diagnoses and treatment plans; and assist patients in addressing health-related issues involving all organ systems.
2.16 ED-16. The clinical experiences provided to medical students by a medical education program must utilize both outpatient and inpatient settings.
2.18 ED-18. The curriculum of a medical education program must include elective opportunities to supplement required courses and clerkships.
2.19 ED-19. The curriculum of a medical education program must include specific instruction in communication skills as they relate to physician responsibilities, including communication with patients and their families, colleagues, and other health professionals.
2.20 ED-20. The curriculum of a medical education program must prepare medical students for their role in addressing the medical consequences of common societal problems (e.g., provide instruction in the diagnosis, prevention, appropriate reporting, and treatment of violence and abuse).
2.21 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.
2.22 ED-22. Medical students in a medical education program must learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the process of health care delivery.
2.23 ED-23. A medical education program must include instruction in medical ethics and human values and require its medical students to exhibit scrupulous ethical principles in caring for patients and in relating to patients' families and to others involved in patient care.
2.28 ED-28. A medical education program must include ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills.

General Education/Core Curriculum Associations

1 Critical Thinking Skills: To include creative thinking; innovation; inquiry; and analysis, evaluation, and synthesis of information.
3 Empirical and Quantitative Skills: To include manipulation and analysis of numerical data or observable facts resulting in informed conclusions.

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

1.2 Develop and enhance academic programs that reflect targeted healthcare education needs.
1.3 Provide academic and student support services which promote student success across the institution.
4.1 Improve access to quality health care and education among targeted populations.

Related Measures

M 1: USMLE Step 1

The United States Medical Licensing Examination (USMLE)-Step 1 is a standardized exam that assesses understanding and application of basic science knowledge. In addition, it measures the scientific principles required for maintenance of competence through lifelong learning. The exam consists of multiple-choice questions which measure one`s foundation of knowledge, ability to solve problems, interpretation of graphic and tabular material, and the identification of gross and microscopic pathologic and normal specimens. The content is organized according to general principles and concepts that are important across organ systems and within individual organ systems. Each exam covers content related to anatomy, behavioral sciences, biochemistry, microbiology, pathology, pharmacology, physiology, as well as interdisciplinary issues. The USMLE Step 1 is administered to medical students at the end of Year Two.

Source of Evidence: Certification or licensure exam, national or state

Target:
Average First Time Pass Rate of 95% or greater

Related Action Plans (by Established cycle, then alpha):

For full information, see the *Details of Action Plans* section of this report.

Review of Grading procedures in Years 1 and 2
Established in Cycle: 2015-2016
Analysis of several years of student performance data has revealed specific patterns of performance that predict underperformanc...

Enhanced screening of readiness for USMLE Step 1

Established in Cycle: 2016-2017

Analysis of the detailed results for USMLE Step 1 for 2016-2017 (i.e. results for the Class of 2018), it was determined that the...

M 2: USMLE Step 2 CK

The United States Medical Licensing Examination (USMLE) Step 2 Clinical Knowledge (CK) is a standardized exam that assesses the ability of examinees to apply medical knowledge, skills, and understanding of clinical science and basic patient-centered skills that provide the foundation for the safe and effective practice of medicine. It uses a multiple-choice format to to test clinical knowledge along two dimensions: (1) normal conditions and disease categories, and (2) physician tasks. Such physician tasks include promoting preventive medicine and health maintenance, understanding mechanisms of disease, establishing a diagnosis, and applying principles of management. The USMLE Step 2 CK is administered to medical students by October 31 of Year Four.

Source of Evidence: Certification or licensure exam, national or state

Connected Documents

Step 2CK_2015-2016_Performance Summary
Step 2CK_2015-2016_Score Histogram
Step 2CK_2015-2016_Score Plot

Target:

Average First Time Pass Rate at or above the National Average and Mean Test Score at or above the national average

Connected Documents

Step 2CK_2015-2016_Performance Summary
Step 2CK_2015-2016_Score Histogram
Step 2CK_2015-2016_Score Plot

Related Action Plans (by Established cycle, then alpha):

For full information, see the *Details of Action Plans* section of this report.

USMLE Step 2CK Percentile Increase

Established in Cycle: 2016-2017

Progressive increases in the minimum passing score for USMLE Step 2CK without concomitant increases in passing standards on cler...

M 3: USMLE Step 2 CS - Communication

Administered to medical students by December 31 of Year Four, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) is a standardized exam (conducted by an external evaluator)that assesses one`s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. Step 2 CS uses standardized patients to test medical students on their ability to gather information from patients, perform physical examinations, and communicate their findings to their patients and colleagues. Three sub-components comprise the exam: (1) Integrated Clinical Encounter, (2) Communication & Interpersonal Skills, and (3) Spoken English Proficiency. Sub-components (2) and (3) are of particular interest for this measure.

Source of Evidence: Certification or licensure exam, national or state

Target:

Average First Time Pass Rate at or above the National Average

M 4: USMLE Step 2 CS - Integrated Clinical Encounter

Administered to medical students by December 31 of Year Four, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) is a standardized exam (conducted by an external evaluator)that assesses one`s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. Step 2 CS uses standardized patients to test medical students on their ability to gather information from patients, perform physical examinations, and communicate their findings to their patients and colleagues. Three sub-components comprise the exam: (1) Integrated Clinical Encounter, (2) Communication & Interpersonal Skills, and (3) Spoken English Proficiency. Sub-component (1) is of particular interest for this measure.

Source of Evidence: Certification or licensure exam, national or state

Target:
Average First Time Pass Rate of 95% or greater

M 6: Comprehensive Basic Science Exam

The CBSE is a standardized test prepared by the NBME that examines student knowledge of basic science material relevant to clinical practice. Students may take the CBSE up to three times, in March, May and June, and must obtain a score predictive of passing USMLE Step 1 before proceeding in the curriculum.

Source of Evidence: Standardized test of subject matter knowledge

Target:
All students will achieve a CBSE score predictive of passing USMLE Step One within at most three attempts. Students who fail to active this target will be counseled to delay taking the exam in order to improve their chance of passing Step One at the first attempt. For 2011-2012, the required score on CBSE was increased to 69 to account for the standard error of measurement (+/- 4) of this exam.

Related Action Plans (by Established cycle, then alpha):

For full information, see the *Details of Action Plans* section of this report.

Enhanced screening of readiness for USMLE Step 1

Established in Cycle: 2016-2017
Analysis of the detailed results for USMLE Step 1 for 2016-2017 (i.e. results for the Class of 2018), it was determined that the...

M 7: Comprehensive final block exams

Each didactic block in years 1 and 2 utilizes a comprehensive examination based on either a NBME subject exam (Anatomy and Neurosciences) or customized exam. These exams contribute between 10% and 25% of student final grades in each block. Changes for the 2010-2011 academic year have standardized the relative contribution of these exams to student grades and made passage of the comprehensive exam a requirement for passing the block.

Source of Evidence: Standardized test of subject matter knowledge

Target:
All students will obtain passing scores on eight comprehensive block final exams. Students who fail to reach this target will be required to remediate the final exam in order to pass the block. Students who accumulate sufficient low scores to activate

the SoM Promotion Policy will be required to satisfy expectations of the Student Promotions and Professional Conduct Committee.

M 8: All Campus Observed Structured Clinical Examination

Students must pass a five−station All−Campus OSCE that occurs at the end of the third year. Students must demonstrate proficiency in evaluating a patient, communicating the diagnosis and documenting their findings before entering Year 4

Source of Evidence: Academic direct measure of learning - other

Target:
All students will pass with a maximum remediation of one station

SLO 3: Practice-Based Learning and Improvement

1. Apply evidence-based care to patients and use skilled clinical reasoning and the current state of medical art and science. 2. Use analytical tools for data collection, quantitative analysis, critical reading and investigation, and apply these data to the clinical care of patients. 3. Use self-directed learning and information technology to acquire information from the basic and clinical sciences needed for patient care. 4. Demonstrate commitment to life-long learning, including self-directed study of basic and clinical science, critical assessment of the medical literature, and the use of evidence-based medicine.

Relevant Associations:

Standard Associations

LCME through 2014

2.5.1 ED-5-A. A medical education program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.
2.6 ED-6. The curriculum of a medical education program must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow medical students to acquire skills of critical judgment based on evidence and experience; and develop medical students' ability to use principles and skills wisely in solving problems of health and disease.
2.14 ED-14. The curriculum of a medical education program must include clinical experience in primary care.
2.15 ED-15. The curriculum of a medical education program must prepare students to enter any field of graduate medical education and include content and clinical experiences related to each phase of the human life cycle that will prepare students to recognize wellness, determinants of health, and opportunities for health promotion; recognize and interpret symptoms and signs of disease; develop differential diagnoses and treatment plans; and assist patients in addressing health-related issues involving all organ systems.
2.17.1 ED-17-A. The curriculum of a medical education program must introduce medical students to the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care.

General Education/Core Curriculum Associations

1 Critical Thinking Skills: To include creative thinking; innovation; inquiry; and analysis, evaluation, and synthesis of information.
3 Empirical and Quantitative Skills: To include manipulation and analysis of numerical data or observable facts resulting in informed conclusions.

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

1.2 Develop and enhance academic programs that reflect targeted healthcare education needs.
1.3 Provide academic and student support services which promote student success across the institution.
4.1 Improve access to quality health care and education among targeted populations.

Related Measures

M 3: USMLE Step 2 CS - Communication

Administered to medical students by December 31 of Year Four, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) is a standardized exam (conducted by an external evaluator)that assesses one`s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. Step 2 CS uses standardized patients to test medical students on their ability to gather information from patients, perform physical examinations, and communicate their findings to their patients and colleagues. Three sub-components comprise the exam: (1) Integrated Clinical Encounter, (2) Communication & Interpersonal Skills, and (3) Spoken English Proficiency. Sub-components (2) and (3) are of particular interest for this measure.

Source of Evidence: Certification or licensure exam, national or state

Target:
See text in Knowledge section

M 4: USMLE Step 2 CS - Integrated Clinical Encounter

Administered to medical students by December 31 of Year Four, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) is a standardized exam (conducted by an external evaluator)that assesses one`s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. Step 2 CS uses standardized patients to test medical students on their ability to gather information from patients, perform physical examinations, and communicate their findings to their patients and colleagues. Three sub-components comprise the exam: (1) Integrated Clinical Encounter, (2) Communication & Interpersonal Skills, and (3) Spoken English Proficiency. Sub-component (1) is of particular interest for this measure.

Source of Evidence: Certification or licensure exam, national or state

Target:
See text in knowledge section

SLO 4: Interpersonal and Communication Skills

1. Communicate effectively, both verbally and non-verbally, with patients and their families, colleagues, and other health care professionals about clinical assessments and findings, diagnostic testing, therapeutic interventions, prognosis, and disease processes. 2. Demonstrate an understanding of the social nature of health care and the need for respect for patients, other health care professionals, and administrative members of the health care systems.

Relevant Associations:

Standard Associations

LCME through 2014

2.10 ED-10. The curriculum of a medical education program must include

behavioral and socioeconomic subjects in addition to basic science and clinical disciplines.
2.14 ED-14. The curriculum of a medical education program must include clinical experience in primary care.
2.15 ED-15. The curriculum of a medical education program must prepare students to enter any field of graduate medical education and include content and clinical experiences related to each phase of the human life cycle that will prepare students to recognize wellness, determinants of health, and opportunities for health promotion; recognize and interpret symptoms and signs of disease; develop differential diagnoses and treatment plans; and assist patients in addressing health-related issues involving all organ systems.
2.16 ED-16. The clinical experiences provided to medical students by a medical education program must utilize both outpatient and inpatient settings.
2.19 ED-19. The curriculum of a medical education program must include specific instruction in communication skills as they relate to physician responsibilities, including communication with patients and their families, colleagues, and other health professionals.
2.21 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.
2.22 ED-22. Medical students in a medical education program must learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the process of health care delivery.
2.23 ED-23. A medical education program must include instruction in medical ethics and human values and require its medical students to exhibit scrupulous ethical principles in caring for patients and in relating to patients' families and to others involved in patient care.
2.27 ED-27. A medical education program must include ongoing assessment activities that ensure that medical students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes that have been specified in the program's educational objectives.
2.28 ED-28. A medical education program must include ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills.

General Education/Core Curriculum Associations

2 Communication Skills: To include effective development, interpretation, and expression of ideas through written, oral, and visual communication.

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

1.2 Develop and enhance academic programs that reflect targeted healthcare education needs.
1.3 Provide academic and student support services which promote student success across the institution.
4.1 Improve access to quality health care and education among targeted populations.

Related Measures

M 3: USMLE Step 2 CS - Communication

Administered to medical students by December 31 of Year Four, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) is a standardized

exam (conducted by an external evaluator)that assesses one`s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. Step 2 CS uses standardized patients to test medical students on their ability to gather information from patients, perform physical examinations, and communicate their findings to their patients and colleagues. Three sub-components comprise the exam: (1) Integrated Clinical Encounter, (2) Communication & Interpersonal Skills, and (3) Spoken English Proficiency. Sub-components (2) and (3) are of particular interest for this measure.

Source of Evidence: Certification or licensure exam, national or state

Target:
See text in knowledge section

Related Action Plans (by Established cycle, then alpha):

For full information, see the *Details of Action Plans* section of this report.

Developing Rapport
Established in Cycle: 2016-2017
Analysis of Step 2CS outcome revealed a concurring increase in students failing this exam on the Communication and Interpersonal...

M 4: USMLE Step 2 CS - Integrated Clinical Encounter

Administered to medical students by December 31 of Year Four, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) is a standardized exam (conducted by an external evaluator)that assesses one`s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. Step 2 CS uses standardized patients to test medical students on their ability to gather information from patients, perform physical examinations, and communicate their findings to their patients and colleagues. Three sub-components comprise the exam: (1) Integrated Clinical Encounter, (2) Communication & Interpersonal Skills, and (3) Spoken English Proficiency. Sub-component (1) is of particular interest for this measure.

Source of Evidence: Certification or licensure exam, national or state

Target:
The TTUHSC pass rate on the Integrated Clinical Encounter sub-component will be comparable to the normed pass rate for first-time test takers.

Related Action Plans (by Established cycle, then alpha):

For full information, see the *Details of Action Plans* section of this report.

Developing Rapport
Established in Cycle: 2016-2017
Analysis of Step 2CS outcome revealed a concurring increase in students failing this exam on the Communication and Interpersonal...

M 5: Assessment of Professional Behavior

Stduent professional behaviors are assessed throughout the curriculum using a set of standard forms developed in collaboration with US medical schools and the National Board of Medical Examiners. In years 1 and 2, student behaviors are assessed in the Early Clinical Experience blocks and in the Clinically Oriented Anatomy block both by faculty and by peers. In year 3, faculty, resident, peer and self evaluations are collected throughout the year in clerkships on all campuses. Assessment forms are specifically designed to evaluate professional behaviors in either the classroom or

clinical settings and specific questions address behaviors such as respect for colleagues, timeliness, preparedness, appropriateness of dress and several other topics.

Source of Evidence: Performance (recital, exhibit, science project)

Target:
This measure is being remodeled in light of a decision by the faculty to adopt a redesigned clinical evaluation form that incorporates 7 separate questions to assess student professional behavior. The faculty have introduced specific expectations of students in order to be considered to have exhibited appropriate professional behavior. Thus, for 2011-2012, the measure for professional behavior will be the average score obtained on the old professionalism forms by students in the Class of 2013. A score of 4 on this form is labeled "Just what we wanted" and thus we would expect that all students would obtain an average score of 4 or above. In practice, it is not unusual for students to obtain scores of 3 (Needs improvement), particularly early in the year and thus for practical purposes, a score above 3.75 is considered appropriate. In 2012-13, a new evaluation form was introduced that includes 7 items labeled as Professionalism. These items are scored on a 5 point scale with the mid-point being 3 (Meets Expectations). Students who receive a score of 2 can remediate this score and the score is removed once remediation is completed. Scores of 1 represent sentinel events that can be referred to the SPPCC. Expectations are set such that students should receive overall average professionalism scores of 3 or better to meet the school standard.

Related Action Plans (by Established cycle, then alpha):

For full information, see the *Details of Action Plans* section of this report.

Developing Rapport
Established in Cycle: 2016-2017
Analysis of Step 2CS outcome revealed a concurring increase in students failing this exam on the Communication and Interpersonal...

M 8: All Campus Observed Structured Clinical Examination

Students must pass a five−station All−Campus OSCE that occurs at the end of the third year. Students must demonstrate proficiency in evaluating a patient, communicating the diagnosis and documenting their findings before entering Year 4

Source of Evidence: Academic direct measure of learning - other

Target:
All students will pass with a maximum remediation of one station

Related Action Plans (by Established cycle, then alpha):

For full information, see the *Details of Action Plans* section of this report.

Developing Rapport
Established in Cycle: 2016-2017
Analysis of Step 2CS outcome revealed a concurring increase in students failing this exam on the Communication and Interpersonal...

SLO 5: Professionalism

1. Demonstrate professional integrity and exemplary behavior, including compassion, truthfulness, ethical reasoning, and altruism. 2. Demonstrate sensitivity to the diverse biopsychosocial, cultural, and spiritual needs of patients and communicate clearly,

respectfully, and compassionately with patients, their families and other health care professionals. 3. Participate in patient care that is compassionate and empathic, including pain management, substance abuse, mental health disorders, or terminal illness. 4. Demonstrate dedication to the highest ethical standards governing physician-patient relationships, including privacy, confidentiality, and the fiduciary role of the physician and health care systems.

Relevant Associations:

Standard Associations

LCME through 2014

2.6 ED-6. The curriculum of a medical education program must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow medical students to acquire skills of critical judgment based on evidence and experience; and develop medical students' ability to use principles and skills wisely in solving problems of health and disease.
2.10 ED-10. The curriculum of a medical education program must include behavioral and socioeconomic subjects in addition to basic science and clinical disciplines.
2.19 ED-19. The curriculum of a medical education program must include specific instruction in communication skills as they relate to physician responsibilities, including communication with patients and their families, colleagues, and other health professionals.
2.20 ED-20. The curriculum of a medical education program must prepare medical students for their role in addressing the medical consequences of common societal problems (e.g., provide instruction in the diagnosis, prevention, appropriate reporting, and treatment of violence and abuse).
2.21 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.
2.22 ED-22. Medical students in a medical education program must learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the process of health care delivery.
2.23 ED-23. A medical education program must include instruction in medical ethics and human values and require its medical students to exhibit scrupulous ethical principles in caring for patients and in relating to patients' families and to others involved in patient care.
2.28 ED-28. A medical education program must include ongoing assessment of medical students' problem solving, clinical reasoning, decision making, and communication skills.

General Education/Core Curriculum Associations

4 Teamwork: To include the ability to consider different points of view and to work effectively with others to support a shared purpose or goal.
5 Personal Responsibility: To include the ability to connect choices, actions, and consequences to ethical decision-making.
6 Social Responsibility: To include intercultural competence, knowledge of civic responsibility, and the ability to engage effectively in regional, national, and global communities.

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

1.2 Develop and enhance academic programs that reflect targeted

healthcare education needs.
1.3 Provide academic and student support services which promote student success across the institution.
4.1 Improve access to quality health care and education among targeted populations.

Related Measures

M 3: USMLE Step 2 CS - Communication

Administered to medical students by December 31 of Year Four, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) is a standardized exam (conducted by an external evaluator)that assesses one`s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. Step 2 CS uses standardized patients to test medical students on their ability to gather information from patients, perform physical examinations, and communicate their findings to their patients and colleagues. Three sub-components comprise the exam: (1) Integrated Clinical Encounter, (2) Communication & Interpersonal Skills, and (3) Spoken English Proficiency. Sub-components (2) and (3) are of particular interest for this measure.

Source of Evidence: Certification or licensure exam, national or state

Target:
See text in knowledge section

M 4: USMLE Step 2 CS - Integrated Clinical Encounter

Administered to medical students by December 31 of Year Four, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) is a standardized exam (conducted by an external evaluator)that assesses one`s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. Step 2 CS uses standardized patients to test medical students on their ability to gather information from patients, perform physical examinations, and communicate their findings to their patients and colleagues. Three sub-components comprise the exam: (1) Integrated Clinical Encounter, (2) Communication & Interpersonal Skills, and (3) Spoken English Proficiency. Sub-component (1) is of particular interest for this measure.

Source of Evidence: Certification or licensure exam, national or state

Target:
See text in knowledge section

M 5: Assessment of Professional Behavior

Stduent professional behaviors are assessed throughout the curriculum using a set of standard forms developed in collaboration with US medical schools and the National Board of Medical Examiners. In years 1 and 2, student behaviors are assessed in the Early Clinical Experience blocks and in the Clinically Oriented Anatomy block both by faculty and by peers. In year 3, faculty, resident, peer and self evaluations are collected throughout the year in clerkships on all campuses. Assessment forms are specifically designed to evaluate professional behaviors in either the classroom or clinical settings and specific questions address behaviors such as respect for colleagues, timeliness, preparedness, appropriateness of dress and several other topics.

Source of Evidence: Performance (recital, exhibit, science project)

Target:

See text in previous section indicating that 3.00 is the more appropriate cut off average score

M 8: All Campus Observed Structured Clinical Examination

Students must pass a five−station All−Campus OSCE that occurs at the end of the third year. Students must demonstrate proficiency in evaluating a patient, communicating the diagnosis and documenting their findings before entering Year 4

Source of Evidence: Academic direct measure of learning - other

Target:
All students will pass with a maximum remediation of one station

SLO 6: System-Based Practice

1. Describe the organization of the health care delivery system and the professional, economic, legal, and ethical expectations of physicians. 2. Demonstrate the application of the principles of behavioral and social sciences as applied to family systems and their effect on patient health. 3. Employ health care within an interdisciplinary team that is safe, effective, patient-centered, timely, efficient, and equitable.

Relevant Associations:

Standard Associations

LCME through 2014
2.5.1 ED-5-A. A medical education program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.
2.14 ED-14. The curriculum of a medical education program must include clinical experience in primary care.
2.15 ED-15. The curriculum of a medical education program must prepare students to enter any field of graduate medical education and include content and clinical experiences related to each phase of the human life cycle that will prepare students to recognize wellness, determinants of health, and opportunities for health promotion; recognize and interpret symptoms and signs of disease; develop differential diagnoses and treatment plans; and assist patients in addressing health-related issues involving all organ systems.
2.16 ED-16. The clinical experiences provided to medical students by a medical education program must utilize both outpatient and inpatient settings.

General Education/Core Curriculum Associations

4 Teamwork: To include the ability to consider different points of view and to work effectively with others to support a shared purpose or goal.
5 Personal Responsibility: To include the ability to connect choices, actions, and consequences to ethical decision-making.
6 Social Responsibility: To include intercultural competence, knowledge of civic responsibility, and the ability to engage effectively in regional, national, and global communities.

Strategic Plan Associations

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
1.2 Develop and enhance academic programs that reflect targeted healthcare education needs.
1.3 Provide academic and student support services which promote student success across the institution.
4.1 Improve access to quality health care and education among

targeted populations.
5.3 Operate and maintain a physical environment conducive to learning, research, and patient care
5.4 Work collaboratively with key stakeholders to accomplish the mission of the institution.

Related Measures

M 4: USMLE Step 2 CS - Integrated Clinical Encounter
Administered to medical students by December 31 of Year Four, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) is a standardized exam (conducted by an external evaluator)that assesses one`s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. Step 2 CS uses standardized patients to test medical students on their ability to gather information from patients, perform physical examinations, and communicate their findings to their patients and colleagues. Three sub-components comprise the exam: (1) Integrated Clinical Encounter, (2) Communication & Interpersonal Skills, and (3) Spoken English Proficiency. Sub-component (1) is of particular interest for this measure.

Source of Evidence: Certification or licensure exam, national or state

Target:
See text in knowledge section

Details of Action Plans for This Cycle (by Established cycle, then alpha)

Review of Grading procedures in Years 1 and 2

Analysis of several years of student performance data has revealed specific patterns of performance that predict underperformance on USMLE Step 1. Specifically, students who have more than one individual exam score below 70% on a particular block, or who score below 60% correct on a single exam are at high risk for underperformance on Step 1. This information is being used in reformulating the grading policy for the school in order to place more emphasis on maintenance of a high level of performance throughout the curriculum. Formative feedback methods, including the distribution of Strengths and Opportunities reports after each exam, are being enhanced to provide students with opportunities for self-improvement.

Established in Cycle: 2015-2016
Implementation Status: In-Progress
Priority: High

Relationships (Measure | Outcome/Objective):
Measure: USMLE Step 1 | **Outcome/Objective:** Medical Knowledge

Implementation Description: The Education Operations Committee will be charged with collecting and analyzing data data and formulating modifications to the policy for consideration by the Educational Policy Committee.
Projected Completion Date: 05/2017
Responsible Person/Group: Education Operations Committee
Additional Resources: Time for Data Analyst

Developing Rapport

Analysis of Step 2CS outcome revealed a concurring increase in students failing this exam on the Communication and Interpersonal Skills component. To address this

concern, the School of Medicine organized a symposium featuring a expert in OSCE design and implementation, Laura Livingston, MA from Texas A&M. Ms. Livingstson presented information of training of SPs to assess communication skills and methods for educating sgtsuents about appropriate communication skills and particularly expectations for USMLE Step 2CS. Based on the presentation, training programs and assessment methods for the School of Medicine were altered to better reflect these expectations, including the use of training videos.

Established in Cycle: 2016-2017
Implementation Status: In-Progress
Priority: High

Relationships (Measure | Outcome/Objective):

Measure: All Campus Observed Structured Clinical Examination | **Outcome/Objective:** Interpersonal and Communication Skills
Measure: Assessment of Professional Behavior | **Outcome/Objective:** Interpersonal and Communication Skills
Measure: USMLE Step 2 CS - Communication | **Outcome/Objective:** Interpersonal and Communication Skills
Measure: USMLE Step 2 CS - Integrated Clinical Encounter | **Outcome/Objective:** Interpersonal and Communication Skills

Implementation Description: Symposium organization and attendance, redesign of assessment templates and development of educational resources
Projected Completion Date: 06/2018
Responsible Person/Group: Assistant Dean for Clinical Science Curriculum
Additional Resources: Eventually this will require the hiring of standardized patient educators on all campuses, likely as part of an expansion of sim center capabilities. In, the short term, this will require the development of focused OSCE cases that specifically assess communication and interpersonal skills.

Enhanced screening of readiness for USMLE Step 1

Analysis of the detailed results for USMLE Step 1 for 2016-2017 (i.e. results for the Class of 2018), it was determined that the screening procedures for approving students to take the exam had failed to identify some students at risk of not passing the exam. Therefore, several enhancements were introduced into the program for ensuring preparedness: 1. Increased advising meetings with advising staff for at-risk students 2. Introduction of additional screening tools (practice exams) 3. Enhanced centralized tracking of all student performance data to increase likelihood of identification of at risk students 4. Stringent use of cut-off dates for approving delays for at risk students 5. Enactment of grading policy and promotion policy changes that altered recommendations for repetition of second year and removed the compensatory nature of block grading 6. Establishment of administrative position for assessment and program evaluation specialist. Although some aspects of this program have not been fully implemented, results on this exam for 2017-2018 are significantly better, suggesting that these changes have begun to have the desired effect. It should be noted that curricular redesign may be the most effective means of addressing this specific area of concern.

Established in Cycle: 2016-2017
Implementation Status: In-Progress
Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Comprehensive Basic Science Exam | **Outcome/Objective:**

Medical Knowledge
Measure: USMLE Step 1 | **Outcome/Objective:** Medical Knowledge

Implementation Description: All steps described above have been implements as of September 2017 with the input of relevant committees (Educational Policy Committee and Student Promotion and Professional Conduct Committee)

Projected Completion Date: 06/2018

Responsible Person/Group: Associate Dean for Academic Affairs and Assistant Dean for Assessment and Program Evaluation

Additional Resources: 30% time for Assistant Dean and 20% time for administrative staff

Budget Amount Requested: $21,000.00 (recurring)

USMLE Step 2CK Percentile Increase

Progressive increases in the minimum passing score for USMLE Step 2CK without concomitant increases in passing standards on clerkship NBMEs was identified as one reason for the relatively high number of students who failed to pass Step 2 CK at the first attempt. Consequently, the Clinical Education Operations Committee and subsequently the Educational Policy Committee approved an increase in the minimum passing score for clerkship NBMEs from the 5th to the 10th percentile. This item was also approved by the student body, who made a specific request for additional formative feedback about their progress towards these elevated targets. To address these requests, the school has increased the number of practice exams provided to each student in each clerkship (from 1 to 3), increased access to the Firecracker platform for complementary learning and implemented a comprehensive tracking system to enable formative feedback to be provided by clerkship directors on all campuses.

Established in Cycle: 2016-2017

Implementation Status: In-Progress

Priority: High

Relationships (Measure | Outcome/Objective):
Measure: USMLE Step 2 CK | **Outcome/Objective:** Medical Knowledge | Patient Care

Implementation Description: Full integration of Firecracker into clerkships, increased provision of practice exams on defined timelines

Projected Completion Date: 06/2018

Responsible Person/Group: Clinical Education Operations Committee, Assistant Dean for Clinical Sciences Curriculum, Assistant Dean for Assessment and Program Evaluation

Additional Resources: Firecracker access for MS3 students ($30,000), additional tokens for Clinical Mastery Series Examinations ($50,000)

Budget Amount Requested: $80,000.00 (recurring)

Priority # 1- Increase Enrollment and Promote Student Quality

We will grow and diversify our student population in order to improve higher education participation and supply a well-equipped, educated workforce for the state of Texas.

Goals	Fall 2015	Fall 2016 Actual	Fall 2016 Target	Variance to Target	Fall 2017 Target	Fall 2020 Target	Fall 2025 Target
TTUHSC	4,498	4,625	4,781	(312)	4,875	5,055	5,320
Health Professions	1,364	1,376	1,380	(4)	1,380	1,425	1,450
Lubbock	645	643	640	3	640	645	645
Amarillo	47	50	50	--	50	50	50
Permian Basin	156	157	160	(3)	160	160	160
Distance Education	516	526	530	(4)	530	570	595
Biomedical Sciences	196	195	173	22	205	220	160[1]
Lubbock	109	133	112	21	139	147	100
Amarillo	45	44	46	(2)	46	48	50
Abilene	16	18	15	3	20	25	10
El Paso	26	-	-	-	-	-	-
Medicine	666	690	658	32	720	720	720
Lubbock	519	515	501	14	500	500	500
Amarillo	97	103	107	(4)	110	110	110
Permian Basin	50	43	50	(7)	50	50	50
Covenant		29		29	60	60	60
Nursing	1,656	1,756	1,950	(194)	1,950	2,050	2,200
Lubbock	293	338	400	(62)	400	400	425
Abilene	113	106	225	(119)	225	225	250
Permian Basin	27	30	75	(45)	75	75	100
Distance Education	1,223	1,282	1,250	32	1,250	1,350	1,425
Pharmacy	616	608	620	(12)	620	640[2]	680[3]
Amarillo	290	289	291	(2)	291	240	240
Abilene	145	139	148	(9)	148	145	152
Lubbock	35	34	36	(2)	36	60	60
Dallas	146	146	145	1	145	195	228
School of Public Health[4]	NA	NA	NA	NA	NA	NA	110
Lubbock	NA	NA	NA	NA	NA	NA	60
Amarillo	NA	NA	NA	NA	NA	NA	10
Abilene	NA	NA	NA	NA	NA	NA	40

Priority # 1- Increase Enrollment and Promote Student Quality *(cont.)*

[1] The public health program is currently housed within the Graduate School of Biomedical Sciences where exiting MPH students are counted for enrollment. Upon successful accreditation, the MPH program and students will transfer to the School of Public Health.
[2] Increase is from expansion to four-year program in Dallas.
[3] Increase linked to MS in Pharmaceutical Sciences
[4] School of Public Health first class is proposed for 2025

We will grow and diversify our student population in order to improve higher education participation and supply a well-equipped, educated workforce for the state of Texas.

Goals	2014-15	2015-16	2015-16 Target	Variance to Target	2016-17 Target	2019-20 Target	2024-25 Target
Student Success							
TTUHSC Degrees Awarded (Annually)	1,887	1,998	1,912	86	1,91	2,000	2,200
Health Professions							
Graduation Rate for traditional professional programs	93%	91%	>90%	1 pt.	>90%	>90%	>90%
Biomedical Sciences							
Doctoral-Time to Degree (yrs.)	4.9	4.66	<5.0	(0.34 pt.)	<5.0	<5.0	<5.0
Medicine							
Percentage of students entering primary care specialty[1]	53.4%	56.0%	>45%	11.0 pts.	>45%	>45%	>45%
Nursing							
First Time Licensure Pass Rate[2]	90.45%	93.42%	>87%	6.42 pts.	>87%	>87%	>87%
Pharmacy							
First Time Licensure/certification exam pass rate	95.1%	88.4%[3]	>95%	6.6 pts	≥90%	≥90%	≥90%

Priority # 2- Strengthen Academic Quality and Reputation

We will attract and retain the best faculty in the country in order to enhance our teaching excellence and grow our number of nationally recognized programs.

[1] Targets match state average, but are higher than the national average
[2] Targets match state average, but are higher than the national average
[3] Pharmacy North American Pharmacist Licensure Examination or NAPLEX reset in 2015 for lower projected success rate and new competencies added. TTUHSC School of Pharmacy scores in 2016 exceed state and national scores

Goals	2014-15	2015-16	2015-16 Target	Variance to Target	2016-17 Target	2019-20 Target	2024-25 Target
Percent of FTE Faculty who are Tenured or Tenure-track	26.9%	26.0%	30%	(4 pts.)	30%	30%	30%
Health Professions							
First Time Licensure/Certification Exam Pass Rate	94%	96%	>90%	6 pts.	>90%	>90%	>90%
Percent of Faculty Recognized by Professional Organizations[1]	20.25%	47.29%	20%	27.29 pts.	45%	50%	55%
Biomedical Sciences							
Qualifying Exam Pass Rate	100%	100%	100%	--	100%	100%	100%
Student Publications/ Presentations (3 year average)	1.45	1.4	1.4	--	1.5	1.6	1.7
Medicine							
First Time Pass rate USMLE (Step 1)	95%	94%	>95%	(1 pt.)	>95%	>95%	>95%
First Time Pass rate USMLE (Step 2 - Clinical Knowledge	96%	95%	>95%	--	>95%	>95%	>95%
First Time Pass rate USMLE (Step 2-Clinical Skills	96%	96%	>95%	1 pt.	>95%	>95%	>95%
Percent of Faculty Recognized by Professional Organizations[2]	26.98%	29.25%	25%	4.25 pts.	25%	25%	25%

Priority # 2- Strengthen Academic Quality and Reputation (cont.)

We will attract and retain the best faculty in the country in order to enhance our teaching excellence and grow our number of nationally recognized programs.

[1] Faculty holding advanced certifications

[2] Faculty holding fellowship status in a professional organization, society, or association

Goals	2014-15	2015-16	2015-16 Target	Variance to Target	2016-17 Target	2019-20 Target	2024-25 Target
Nursing							
Number of Faculty Recognized by Professional Organizations[1]	21	22	22	--	22	25	30
Pharmacy							
Pharmacy Curriculum Outcomes Assessment Composite Score	52	63	≥55	8	≥55	≥60	≥70
Number of Faculty Recognized by Professional Organizations[2]	21	21	>20	--	25	30	45

Priority # 3- Expand and Enhance Research and Creative Scholarship

We will significantly increase the amount of public and private research dollars in order to advance knowledge, improve the quality of life in our state and nation, and enhance the state's economy and global competitiveness.

[1] Faculty holding fellowship status with the American Academy of Nursing, American Association of Nurse Practitioners, or Academy of Nursing Education Fellow

[2] Faculty holding board certification or fellowship status in a professional organization

Goals[1]	2015	2016	2016 Target	Variance to Target	2017 Target	2020 Target	2025 Target
Total Research Expenditures	$40.1 M	$39.9 M	$40.5 M	($0.6 M)	$40.7 M	$43.2 M	$47.7 M
Total External Research Awards	$18.6 M	$14.3 M	$23 M	($8.7 M)	$14.6 M	$15.5 M	$17.1 M
Total National Institute of Health (NIH) Awards	$10.9 M	$8 M	$11 M	($3 M)	$8.2 M	$8.7 M	$9.6 M
Total Cancer Prevention Research Institute of Texas (CPRIT) Awards	$1.5 M	$2 M	$2.5 M	($0.5 M)	$2 M	$2.1 M	$2.4 M
Total External Grants Submitted	249	276	265	11	281	298	329
Total NIH Grants Submitted	126	106	130	(24)	108	114	126
Percent FTE Tenured and Tenure-track Faculty with External Grants	25.5%	25.6%	25%	0.6 pts.	26%	27%	30%
Number of Publications by all TTUHSC faculty	399	426	420	6	435	460	510
Number of Publications in which TTUHSC Students are Authors[2]	72	65	80	(15)	65	75	80
Internal Seed Grants for Research	$426 K	$541 K	$200 K	$341 K	$522 K	$586 K	$647 K
Invention Disclosures – Technology Commercialization (TTUS)	38	22	40	(18)	22	24	26

Priority # 4- Further Outreach and Engagement

We will expand our community outreach, promote higher education and continue to deliver quality, affordable healthcare to underserved Texans in order to improve our communities and enrich their quality of life.

Goals[3]	2015	2016	2016 Target	Variance to Target	2017 Target	2020 Target	2025 Target

[1] Based on calendar years

[2] Includes all students from the SON, SOHP and the GSBS but excludes professional students from the SOP and SOM. These professional students will be collected for upcoming years.

[3] Based on calendar years

Total Number of Outpatient and Inpatient Visits in State-owned and Affiliated Facilities	530,889	540,150	535,000	5,150	535,000	550,000	560,000
Unreimbursed Cost of Uncompensated Care	$58.43 M	$39.02 M	$60 M	($20.98 M)[1]	$40 M	$40 M	$45 M
Number of Students Participating in Global Health Initiatives	140	143	140	3	140	150	150
Number of People Served by West Texas AHEC							
Students and other community members who participated in health career promotion activities	57,289	62,980	58,434	6,980	64,240	65,525	66,836
Current Students in a Health Professions Program that participated in a Community Based Education Site	701	961	715	246	975	1000	1100
Health Professionals served by Continuing Education Events	8,637	8,846	8,809	37	8,700	8,750	8,800
Health Occupations in Texas (HOT) Jobs website revolving users	8700 (baseline)	63,722[2]	8,874	55,022	65,000	66,300	68,000

Priority # 5- Increase and Maximize Resources

We will increase funding for scholarships, professorships, and world-class facilities and maximize those investments through more efficient operations in order to ensure affordability for students and accountability to the State of Texas.

Goals	2015	2016	2016 Target	Variance to Target	2017 Target	2020 Target	2025 Target

[1] Shortage due to methodology redefinition

[2] Prior to 2016, website was maintained by an outside vendor that reported 8700 for the baseline number. It is now maintained internally which allows us to capture data accurately which resulted in the significant change in user numbers.

Administrative Cost as Percent of Total Expenditures	5.23%	4.47%	5.25%	(0.78 pts.)	5.25%	5.25%	5.25%
Total Endowment Assets (TTUS)[1]	$207.38 M	199.41 M	$217.75 M	($20.08 M)	$217.75 M	$297.89 M	$440.75 M
State Appropriated as a Percentage of Total Institutional Revenue	26.97%	26.62%	27.5%	(0.88) pts.	28%	26%	26%
Total Institutional Revenue	$593.49 M	$655.53 M	$615.46 M	$40.07 M	$669.55 M	$717.27 M	$804.57 M
Total Funds Raised Annually (TTUS)	$38.7 M[2]	$11.8 M	$20 M	($8.2 M)	$25 M	$30 M	$35 M

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Goals	2015	2016	2016 Target	Variance to Target	2017 Target	2020 Target	2025 Target
Fall Enrollment	4,498	4,625	4,781	(312)	4,875	5,055	5,320
Total Research Expenditures	$40.09 M	$39.9 M	$39 M	$.9 M	$40.7 M	$43.2 M	$47.7 M

[1] Investments are managed by the Texas Tech University System.
[2] Includes a $25 M gift for the School of Public Health

Total National Institute of Health (NIH) Awards	$10.9 M	$8 M	$10 M	($2 M)	$8.2 M	$8.7 M	$9.6 M
Total Cancer Prevention Research Institute of Texas (CPRIT) Awards	$1.5 M	$2 M	$3 M	($1 M)	$2 M	$2.1 M	$2.4 M
Total Number of Outpatient and Inpatient Visits State-Owned and Affiliated Facilities	530,889	540,150	531,000	9,150	535,000	550,000	560,000
Total Endowment Assets (TTUS)	$207.38 M	199.41 M	$219.49 M	($20.08 M)	$217.75 M	$297.89 M	$440.75 M
Administrative Costs as % of Total Expenditures	5.23%	4.47%	5.25%	(0.78 pts.)	5.25%	5.25%	5.25%