THE UNIVERSITY OF NEW MEXICO

HLC Accreditation
Evidence Document

Title: Data Collection Instrument for Full Accreditation Surveys

Office of Origin: Health and Sciences Center

Description: The Liaison Committee on Medical Education's (LCME) Data Collection Instrument for the UNM Health and Science Center. This third party accreditation gives exhaustive information on the HSC and its consistency with established standards.

Date: 2017

LCME®
LIAISON COMMITTEE ON MEDICAL EDUCATION

DATA COLLECTION INSTRUMENT FOR FULL ACCREDITATION SURVEYS

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For Medical Education Programs with
Full Accreditation Surveys in the 2017-18 academic year

LCME® *Data Collection Instrument*, for Full Accreditation Surveys in AY 2017-18

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STANDARD 1: MISSION, PLANNING, ORGANIZATION, AND INTEGRITY

A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

STANDARD 1 SUPPORTING DOCUMENTATION

Table 1.0-1 | Faculty and Enrollment		
Provide the requested faculty and enrollment data from the academic year (AY) of the program's previous full survey self-study, and for the AY used to prepare for the current full survey.		
	AY of Previous Self-study 2009-2010	AY 2016-2017
Entering class size	82*	105**
Total medical student enrollment	319*	420**
Number of residents and fellows	549*	599**
Number of full-time basic science faculty***	69	65#
Number of full-time clinical faculty	646****	833*****

*2009-2010 at: https://hsc.unm.edu/assets/doc/databook/2009-10/03.pdf
**2016-2017 at: https://hsc.unm.edu/assets/doc/databook/2016-17/school-of-medicine-student-enrollment.pdf
*** Includes all full-time faculty in four basic science departments and the Health Sciences Library and Informatics Center. Does not include Department of Pathology.
**** Includes all full-time faculty and joint VA faculty in fourteen clinical departments, including the Department of Pathology.
***** Includes all full-time faculty and joint VA faculty, in fifteen clinical departments, including the Department of Pathology and the Department of Dental Medicine, which was created in 2011.
# Encouraging clinical science departments to hire basic scientists has been one strategy for building the School of Medicine's (SOM's) Translational Science initiatives. This strategy has been very effective and assists junior faculty to develop into physician scientists. Twenty-three basic scientists with appointments in clinical departments participate in Undergraduate Medical Education, the Biomedical Science Graduate Program, mentoring of graduate students, and collaborative research endeavors. For several years, there has been only modest growth of basic science faculty in the basic science departments. In contrast, there has been a greater increase in basic science faculty in clinical departments. From 2010 to 2017 the number of fulltime Ph.D, M.B.B.S/Ph.D., M.D./Ph.D., Pharm.D., Sci.D., and other non-MD doctoral faculty with primary appointments in clinical departments increased from 150 to 197. Eighteen faculty members with primary appointments in clinical departments also have secondary appointments in one of the four basic science departments. Therefore, to consider only faculty members with primary appointments in basic science departments understates the full complement of basic scientists on the faculty.

1. Provide maps illustrating the location of affiliated hospitals and any regional campuses.

A map of the UNM North Campus, showing the locations of proximal University of New Mexico Hospitals, is available at: http://ppd.unm.edu/assets/documents/campus-maps/visitormapnorth_alpha.pdf
See appendix 1.0 SOM North Campus Map.pdf

A map of the greater Albuquerque area, showing the locations of the UNM Sandoval Regional Medical Center, Presbyterian Hospital, Presbyterian Rust Medical Center and the Raymond G. Murphy Albuquerque Veterans' Administration Medical Center.
See appendix 1.0 Map Affiliated Hospitals.pdf

STANDARD 1 NARRATIVE RESPONSE

a. Provide the academic year during which the program conducted the self-study for its previous full LCME survey visit.

The academic year during which the SOM conducted the self-study for its previous full LCME survey visit was 2009-2010.

b. Provide a brief history of the medical school, noting key points in its development.

A national physician shortage in the late 1950s led to a call to create new medical schools to produce critically needed physicians. The state of affairs in New Mexico was particularly serious. Only nineteen New Mexican students were accepted into medical school nationwide in the fall of 1958; New Mexico ranked 49th out of 50 states relative to the opportunity for its citizens to receive a medical education; and a study by the Western Interstate Commission on Higher Education, "The West's Medical Manpower Needs", concluded that by 1970 there would be a critical shortage of doctors in New Mexico. In response to this dire prediction, a number of New Mexico's professional and political leaders launched an active effort to create a medical school. In 1957, University of New Mexico (UNM) President Tom Popejoy began the process of starting a new medical school, feeling that this was the best solution to the state's growing doctor shortage. Following a report by the Liaison Committee of the AAMC and AMA in 1960 favoring the creation of a new medical school at UNM, the New Mexico Legislature agreed to fund a new medical school to provide medical training for New Mexico residents and to address the medically underserved areas of the state.

A two-year School of Medicine was approved by the UNM Board of Regents and the New Mexico State Legislature in 1961. The first class of 24 students began their first year of studies on September 14, 1964. By the second year, it was clear that a full four-year program would be required to fill New Mexico's educational and health care needs. Once again, the New Mexico State Legislature was supportive, and by the time the first class had finished its second year, the commitment to a four-year program was firm. The SOM graduated its first class in 1968. The SOM also received full accreditation by the Liaison Committee on Medical Education that same year. Between 1972 and 1978, the graduating class size steadily increased to 67. The SOM also has had responsibility for training house officers, graduate students, fellows and allied health students.

With initial funding from the Kellogg Foundation, the SOM's innovative Primary Care Curriculum (PCC) was initiated in 1977, and accepted its first ten students in 1979. Over the next seventeen years, the problem based PCC, which was taught in parallel with the traditional curriculum, transformed medical schools nationwide and worldwide. A grant from the Robert Wood Johnson Foundation in 1993 led to the creation of a new school-wide hybrid problem-based learning/integrated organ systems curriculum. Between 1978 and 2010, the class size remained stable at 75.

In partnership with the UNM College of Arts & Sciences, the SOM began planning a new Combined BA/MD Degree Program in 2002. It has been continually funded by the New Mexico State Legislature since its inception in 2006. The BA/MD program recruits students from rural, underserved and underrepresented communities. The objective of this new program was and has remained to train more health care providers for a state that has continued to have significant shortages of health professionals. Students in the Combined BA/MD Degree Program earn a baccalaureate degree through the College of Arts & Sciences in a challenging four-year curriculum specifically designed to prepare them for medical school and, ultimately, to practice medicine in New Mexico. Upon successfully completing the undergraduate academic and eligibility requirements, students transition to the SOM to complete their doctor of medicine degree. In June 2009, the LCME approved the expansion of the class size from 75 to 103 to accommodate the students in the new BA/MD Program.

Since the last LCME survey in February 2010, the first cohort of BA/MD students completed their undergraduate degrees, entered the SOM in Fall, 2010, and entered residency programs in 2014. Early indications are that BA/MD

graduates are fulfilling the promise of the program to provide practicing physicians for New Mexico, particularly in primary care fields. Approximately half of graduates from the first four cohorts are considered underrepresented in medicine and approximately half also are now serving in residencies in New Mexico. All five BA/MD students who have completed all medical training, through residency, have returned to New Mexico to practice.

Since the graduation of its first medical class in 1968, approximately 8,000 physicians have graduated from the UNM medical school and its residency programs. Thirty-eight percent of currently active physicians who graduated from the SOM are licensed to practice medicine in New Mexico; 39% of currently active physicians who completed their residency at the SOM are licensed to practice medicine in New Mexico, and almost two-thirds of currently active physicians who both graduated from the SOM and completed their medical residency at the SOM are licensed to practice in New Mexico. Roughly half of all SOM-trained MDs in New Mexico practice in the primary care specialties of family medicine, internal medicine, obstetrics & gynecology, or pediatrics. Overall, physicians who trained at the SOM comprise 37% of all currently active physicians in the state*.

**Sources: UNM SOM Location Report and AAMC State Physician Work Force Data Book, published November 2015. AAMC publishes Work Force Data books every two years. The current book reports on 4,908 active physicians in the state of New Mexico in 2015: https://members.aamc.org/eweb/upload/2015StateDataBook%20(revised).pdf*

1.1 STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT

A medical school engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

1.1 NARRATIVE RESPONSE

a. Provide the mission and vision statements of the medical school.

SOM Mission Statement
The mission of the University of New Mexico School of Medicine is to advance the health of all New Mexicans by educating and increasing the diversity of health professionals, leaders and scientists; providing outstanding and compassionate medical care; advocating for the health of all New Mexicans and pursuing new knowledge and excellence of practice.

SOM Vision Statement
The Vision of the University of New Mexico School of Medicine is to be a transformative community where students become leaders in the delivery of excellent and compassionate health care, partners in the crafting of health policy, and champions of public health; where leaders are lifelong learners; where knowledge and discovery encompass the human experience and are applied to healing and promoting the well-being of our state's people; where scientists, health care providers, and the public collaborate to translate research into real health benefits; where achieving health and health care equality is a common goal; and where diversity is our foremost strength.

SOM Core Values
We commit to these core values in our decision-making, the prioritization of resources, and fulfillment of our mission:

- Excellence and Accountability in the conduct of education, research, patient care, and community engagement;
- Compassion in patient care and for the lives and conditions of all New Mexico's people;
- Diversity that values the unique characteristics of all people and that is actively sought at all levels within our academic community;
- Integrity, Professionalism, and Ethical Behavior that embodies the principles of altruism, beneficence and justice; promotes patient care, learning, research and productivity through relationships based on courtesy, civility and respectful communication; and is worthy of the trust and respect given to us as teachers, scholars and healers;
- Social Responsibility demonstrated by discovery and teaching about the social, economic, and cultural contexts of New Mexico people's health; commitment to health promotion and disease prevention; and by self-evaluation of the access to and quality and distribution of our health care professionals and services; and
- Creativity and Innovation that translates biomedical research into individual and community health benefits and medical education into population health literacy, that accelerates health technology diffusion to all corners of the state, and that transforms the science of clinical care into a healing art and the integration of academic and local knowledge into an improved quality of life for all New Mexico people.

HSC Mission Statement
Our mission is to provide an opportunity for all New Mexicans to obtain an excellent education in the health sciences. We will advance health sciences in the most important areas of human health with a focus on the priority health needs

of our communities. As a majority-minority state, our mission will ensure that all populations in New Mexico have access to the highest quality health care.

HSC Vision Statement
The University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress in health and health equity than any other state.

In order to realize our Vision and Mission, we will achieve the following goals:

1. Improve health and health care to the populations we serve with community-wide solutions
2. Build the workforce of New Mexico by providing a premier education and transformative experience that prepares students to excel in the workplace
3. Foster innovation, discovery and creativity; and translate our research and discoveries into clinical or educational practice;
4. Provide the environment and resources to enable our people and programs to do their best
5. Deliver a well-integrated academic health center that provides high quality of care and service while being accessible to all New Mexican
6. Nurture and embrace an environment of diversity, integrity and transparency

HSC Values Statement:

The UNM Health Sciences Center's most important value is a steadfast duty to improve the health of all New Mexicans. We will serve our patients and the public with integrity and accountability. We will strive as an institution and as individuals to recognize, cultivate and promote all forms of diversity; to fully understand the health needs of our communities; and to advance clinical, academic, and research excellence. We are committed to perform our duties with compassion and respect for our patients, learners, and colleagues; and always to conduct ourselves with the highest level of professionalism.

b. Describe the process used by the medical school to develop its most recent strategic plan, including the school's mission, vision, goals, and associated outcomes. How often is the strategic plan reviewed and/or revised?

The UNM SOM has an effective and successful planning process that aligns short-term measurable goals with the broader SOM mission. The SOM's priorities are set through a highly collaborative process that includes the development of a rolling 5-year strategic plan and annual action plans. The SOM strategic plan, which is aligned with the broader, overarching goals of the UNM Health Sciences Center (HSC) strategic plan, sets forth the goals, strategies, tactics and measurable outcomes in each of the medical school's programmatic (i.e. education, research and clinical) and cross-cutting (i.e. diversity, professionalism, community) areas. Each programmatic area holds focused retreats every 1-3 years that inform the development of the SOM strategic plan and annual action plans. The most recent strategic plan (See appendix 1.1-b SOM Strategic Plan.pdf, also available at https://som.unm.edu/assets/doc/strategic-plan.pdf) was developed at the SOM Leadership Retreat on March 29, 2017 with the oversight and active participation of the Dean. The agenda and discussion topics were developed by the Executive Vice Dean and Senior Associate Deans (See appendix 1.1-b Agenda SOM Retreat.pdf). Nominal Group Technique, based on the discussion topics, generated potential objectives and tactics that were further refined and prioritized by attendees.

The 114 invitees to the March 2017 retreat comprised a broad, representative cross-section of SOM faculty and staff. They included SOM deans (senior, associate and assistant), department chairs, institute program directors, education leaders, junior and senior faculty from all mission areas, administrators and financial officials, HSC vice chancellors, New Mexico Medical Group's (NMMG) administrators and financial officials; University of New Mexico Hospitals' (UNMH and Sandoval Regional Hospital) CEOs, medical directors, and financial officials.

The goals of the strategic plan are implemented through completion of specific objectives, each with measurable metrics/deliverables that comprise the action plans of the Senior Associate Deans for Education, Research, Clinical Affairs, and Academic Affairs; department chairs; center and institute directors; and the Executive Vice Dean (EVD)

together with the administrative units that report to the EVD, such as the Finance Office. The action plans, which are submitted to and approved by the Dean, guide and prioritize each unit's allocation of human and financial resources, and provide the framework for each faculty member's annual performance plan.

The SOM Strategic Plan and Annual Action Plan can be found at https://som.unm.edu/assets/doc/strategic-plan.pdf. An Executive Summary of the Strategic Plan is provided in the Supporting Documents and appendix 1.1-b SOM Exec Summ Strategic Plan.pdf.

c. Describe how, when, and by whom the outcomes of the school's strategic plan are monitored.

The HSC and SOM have a robust and effective system for assessing progress towards achieving the short and long-term goals of the strategic plan. Since 2012, a single, coordinated strategic plan has been developed for the entire HSC that includes the four colleges (including the SOM), the hospitals, and the medical group. The Strategic Plan consists of strategic goals (perpetual aspirations) along with a number of strategies (3-5 year aspirations) and tactics (1 year objectives). Measurements for success (metrics) of the overall strategic plan, each strategy, and each tactic are also included in the plan. Annually, the strategies and tactics are reviewed and updated. This review and update includes 1-2 day retreats of the core leadership group of the HSC and retreats of each school/college and the health system. The Executive Vice Chancellor works closely with the Deans, the hospital and medical group CEOs, and Executive Vice Dean of the SOM in tracking annual metrics related to the strategic plan. Progress and measurements of the HSC Strategic Plan are reported annually to the Board of Regents.

The SOM's incentive system is closely aligned with its strategic plans and goals. Progress of the chairs, center directors, and institute directors toward achieving the goals and metrics/deliverables of their action plans is evaluated semiannually by the Dean and Executive Vice Dean, with input from the Senior Associate Deans for Education, Research, and Academic Affairs; the Assistant Dean for Diversity; and the HSC Vice Chancellor for Clinical Affairs. These evaluations are incorporated by the Dean into the annual performance reviews of the chairs, center directors, and institute directors. The overall success of the senior associate deans in achieving the programmatic objectives of the SOM action plans is evaluated by the Executive Vice Dean and is likewise incorporated into their annual performance reviews by the Dean. The performance of the Executive Vice Dean is evaluated by the Dean with input from the Senior Associate Deans, Chairs, and administrative staff. Success in achieving the objectives and measurable metrics/deliverables of the performance and action plans is a key determinant of annual compensation.

The SOM planning process has been very successful. It provides the basis for aligning resources with goals and translating the institutional goals into actions by departments and programs. The SOM's successes in strategic planning, implementation, and outcome evaluation are demonstrated by two examples from the 2010-2015 SOM Strategic Plan: (i) create a curriculum and educational environment that model and promote health equity and (ii) create an interprofessional culture, leadership and educational opportunities that prepare learners to collectively provide just and excellent care associated with optimal health outcomes. Both of these initiatives have been implemented by the step-wise completion and evaluation of specific metrics/deliverables in successive annual action plans. Details of these two examples are provided in Appendices 1.1-c Health Equity.pdf, 1.1-c Health of NM.pdf and 1.1-c IPE.pdf, 1.1-c IPE Dir Job Posting.pdf, 1.1-c IPE Retreat Minutes.pdf and in the Supporting Documentation for Element 1.1.

d. Describe the process used and resources available for quality improvement activities related to the medical education program. For example, is there an office or dedicated staff to support quality improvement activities at the levels of the medical school or university?

In 2013-2014 the SOM developed a continuous quality improvement (CQI) process for monitoring ongoing compliance with LCME Standards and accreditation elements. Under guidance from the Dean and the Senior Associate Dean for Education, five ad hoc sub-committees of the Curriculum Committee were formed that correlated with the existing LCME standards. These were the Institutional Setting, Educational Program for the MD Degree, Medical Students, Faculty and Educational Resources subcommittees. Each sub-committee was charged with ongoing review of their standards, making an annual presentation to the Curriculum Committee of progress, and reporting any identified concerns. The sub-committees were revised and expanded to six in 2015 in response to the implementation of new standards.

After evaluation by the Dean, the Senior Associate Dean for Education, and the chairs of the ad hoc sub-committees it was concluded that the initial CQI process was too informal. Therefore a new structure was implemented in anticipation of the 2017-1018 LCME site visit. Major developments in the new CQI program included the creation in December, 2016, of the new position of CQI Director for LCME Standards (Dr. Jeffrey Griffith, Ph.D , 0.1 FTE), and the subsequent drafting of a formal CQI plan that was approved by the Dean, the Senior Associate Dean for Education, and the Executive Vice Dean. The plan is provided in Appendix 1.1-d UME CQI Initiative.pdf. The plan specifies which elements are monitored, how often compliance with the elements is reviewed, the data that are used to monitor compliance, and the individuals and groups that receive the results.

The Director has the responsibility and authority to manage the LCME CQI process. The Director, in collaboration with several offices, programs and faculty committees, leads the process of identifying accreditation elements at risk and coordinating actions in response to the results.

The six accreditation subcommittees that were created in 2015 monitor and analyze of the SOM's compliance with standards. These subcommittees are chaired by the CQI Director (Standards 1 and 2), the Senior Associate Dean for Faculty Affairs and Career Development (Standards 3 and 4), the Director of HSLIC (Element 5), the Associate Dean for Undergraduate Education (Elements 6 and 7), the Chair of the Curriculum Committee with the Director of Program Evaluation, Education and Research (PEAR) (Standards 8 and 9), and the Associate Dean for Student Affairs (Standards 10, 11 and 12).

Dr. Jeffrey Griffith, Ph.D. was appointed CQI Director by the Dean in December, 2016. The CQI Director reports to the Senior Associate Dean for Education. The Position Description of the CQI Director is provided in Appendix 1.1-d LCME CQI Director Pos Des.pdf. Dr. Griffith is particularly well suited for this role. When he was Executive Vice Dean of the SOM (2007-2012), he oversaw the last LCME accreditation review. He served as a member of the LCME Executive Committee, Vice Chair of the LCME Steering Committee and Chair of the LCME Institutional Setting Subcommittee for the 2008-2009 institutional self-study. He previously had served as a member of the LCME Executive Committee, Facilities Subcommittee and the Undergraduate Medical Education Subcommittee for the 2002-2003 institutional self-study, and as a member of the LCME Site Visit Committee for the 1995-1996 institutional self-study. As Executive Vice Dean Emeritus, he served on the Executive Committee that oversaw the 2011-2012 accreditation review of the SOM Physician Assistant Program. And as a faculty member at the SOM for over 35 years and a department chair for 10 years, he participated in other internal and external program reviews. Dr. Griffith's CV is provided in Appendix 1.1-d Griffith CV.pdf

e. Describe how the medical school monitors ongoing compliance with LCME accreditation elements. The response should address the following questions:

    1. Which elements are monitored (e.g., all standards, a subset of standards)?

The SOM CQI Plan specifies that all elements are reviewed at least once between accreditation surveys.

    2. How often is compliance with elements reviewed (mid-cycle, yearly, at some other interval)?

The schedule for reviewing compliance with each element is included in Appendix 1.1-d UME CQI Initiative.pdf. How often each element is monitored is dictated by the perceived level of risk, how quickly key metrics can improve or decline, and the anticipated duration of remedial interventions.

    3. What data sources are used to monitor compliance?

Several entities within the SOM routinely and proactively collect data concerning compliance with the accreditation elements. These include the Graduate Questionnaire, Independent Student Analysis (ISA), the Office of Medical Student Affairs, the Office of Program Evaluation, Education and Research (PEAR), the Curriculum Committee, the Clerkship Directors Committee, and the Health Sciences Library and Informatics Center (HSLIC).

The Dean, Executive Vice Dean, Senior Associate Dean for Education, and the Associate Deans for UME and Medical Student Affairs also obtain direct feedback from students about their overall experience during informal

lunches. The Dean hosts medical student meet- and-greet lunches every one to two months. Dr. Roth hosted five lunches during the 2016-2017 school year. Ten students accepted the invitation for each session. Representative examples of topics Dean Roth discussed with students during his lunches have included issues and concerns around students' experiences of professionalism, student debt, student services, and their general experiences as students. Dr. Roth also solicits student suggestions on how to make things better.

Similarly, Executive Vice Dean, Martha McGrew, M.D., invited first year medical students to small group luncheons throughout the 2016-17 academic year. Discussions focused on what was going well, what was challenging, and any input the students wanted to offer. Dr. McGrew had lunch with a total of 56 students. After each luncheon, Dr. McGrew shared the themes with Dr. McGuire, the Associate Dean for Undegraduate Medical Education. Some common themes included: (i) quality of teaching and commitment by faculty: Students gave kudos to Dr's Hartley, McGuire, Bear, Samedi, Lockhart, Czuchlewski, and Shuttleworth; Dr. McGrew sent handwritten thank-you notes to these valued faculty members; (ii) learning Communities: students offered very favorable comments with regards to mentoring, career advisement and overall logistic support; this information was related to learning community mentors when Dr. McGrew met with them; (iii) student debt: at this very early point in their career the students generally noted that they didn't think debt would affect their choice of specialty; and (iv) preparing for Step I USMLE. Dr. McGrew encouraged students to practice wellness as part of these lunch discussions, including exercise, eating well, spending time with family and friends, pursuing hobbies, and asking for support and guidance as needed.

4. What individuals or groups receive the results?

The CQI Director monitors and analyzes the findings of the accreditation subcommittees and reports their conclusions and recommendations to the Dean, Executive Vice Dean, Senior Associate Dean for Education, the Education Office Administration, and all appropriate committees, eg the Curriculum Committee.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.1

1. The strategic goals and objectives of the medical school.

SOM Strategic Plan available at https://som.unm.edu/assets/doc/2017-som-strategic-plan.pdf
HSC Strategic Plan available at https://hsc.unm.edu/assets/doc/hsc-strategic-plan.pdf
The Mission and Values Statements for the SOM available at: SOM at https://som.unm.edu/about/core-values.html
The Mission and Values Statements for the HSC available at: https://hsc.unm.edu/about/mission.html

Also available at:
See Appendix (*as referenced in narrative above*) Appendix 1.1-b SOM Strategic Plan
See Appendix 1.1-1 HSC Strategic Plan.pdf

2. An executive summary of the most recent medical school strategic plan.

See Appendix (*as referenced in narrative above*) 1.1-b SOM Exec Summ Strategic Plan.pdf

3. Two examples of outcomes based on recent strategic goals/objectives, and a description of the actions or activities undertaken to evaluate the outcomes. Also, note if the desired outcomes have been achieved.

The SOM's successes in strategic planning, implementation and outcome evaluation are demonstrated by the two following examples from the 2010-2015 SOM Strategic Plan: (i) create a curriculum and educational environment that model and promote health equity (described in Appendix 1.1-c Health Equity), (ii) create an interprofessional culture, leadership and educational opportunities that prepare learners to collectively provide just and excellent care associated with optimal health outcomes (described in Appendix 1.1-c IPE.pdf)

See Appendix (*as referenced in narrative above*) 1.1-c Health Equity

See Appendix (*as referenced in narrative above*) 1.1-c Health of NM.pdf
See Appendix (*as referenced in narrative above*) 1.1-c IPE.pdf
See Appendix (*as referenced in narrative above*) 1.1-c IPE Retreat Minutes.pdf
See Appendix (*as referenced in narrative above*) 1.1-c IPE Dir Job Posting.pdf

4. One example of an action taken resulting from CQI monitoring of LCME accreditation elements.

An example of a recent improvement/intervention that has resulted from monitoring of Elements is in career advisement (Element 11.2). These improvements/interventions are described in Appendix 1.1-4.

1.2 CONFLICT OF INTEREST POLICIES

A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

1.2 NARRATIVE RESPONSE

a. Place an "X" next to each unit for which the primary institutional governing board is directly responsible:

	University system
X	Parent university
X	Health science center
X	Medical school
	Other (describe):

b. If the institutional primary board is responsible for any units in addition to the medical school (e.g., other colleges), is there a separate/subsidiary board for the medical school?

In order to facilitate the work of the Board of Regents, the President of the Board appoints members to standing committees each year and appoints chairs and vice-chairs of each committee. The President of the Board consults with the Board of Regents concerning committee appointments. The standing committees are Audit, Finance and Facilities, Academic and Student Affairs, Advancement, and Health Sciences. Each committee consists of three Regent members and such community and University members, as the President of the Board deems appropriate. The Regents' Health Sciences Center Committee has been designated pursuant to Regents' Policies 3.4, 3.5, 3.6 and 3.7 to provide oversight of research and educational matters related to the Health Sciences Center. The Chancellor makes regular reports to the Regents' Health Sciences Center Committee regarding matters of importance to the HSC, including the SOM. There is no separate or subsidiary board for the medical school.

Regents' Policies 3.4-3.7 are available at:
http://policy.unm.edu/regents-policies/section-3/3-4.html
http://policy.unm.edu/regents-policies/section-3/3-5.html
http://policy.unm.edu/regents-policies/section-3/3-6.html
http://policy.unm.edu/regents-policies/section-3/3-7.html

Also provided:
See Appendix 1.2-b Regents Policy 3.4.pdf
See Appendix 1.2-b Regents Policy 3.5.pdf
See Appendix 1.2-b Regents Policy 3.6.pdf
See Appendix 1.2-b Regents Policy 3.7.pdf

c. Is the medical school part of a for-profit, investor-owned entity? If so, identify any board members, administrators, or faculty members who are shareholders/investors/administrators in the holding company for the medical school.

The medical school is a not-for-profit entity.

d. Place an "X" next to each area in which the medical school or university has a faculty conflict of interest policy:

X	Conflict of interest in research

X	Conflict of private interests of faculty with academic/teaching/ responsibilities
X	Conflict of interest in commercial support of continuing medical education

e. Describe the strategies for managing actual or perceived conflicts of interest as they arise for the following groups:

UNM and the UNM SOM have robust policies, procedures, and standards in place to prevent, identify, and manage perceived conflicts of interest at the levels of the governing board, the medical school administration and faculty, and others with responsibility for the medical education program. Listed below are the strategies for managing actual or perceived conflicts of interest of the following groups:

1. Governing board members

Regents Policy Manual 1.8: Regent Code of Conduct and Conflicts of Interest Policy. Members of the UNM Board of Regents cannot (i) accept favors or gratuities of significant economic value from any firm, person, or corporation that is engaged in, or attempting to engage in, business transactions with the University; (ii) maintain a financial interest in a firm or corporation with which the University is engaged in business, nor participate directly or indirectly in any decisions relating to any transaction between the University and a business entity, (iv) and not use their positions to enhance their direct or indirect financial interest. Regents also must comply with state conflict of interest laws as well as University policies. Regents are required by the Financial Disclosure Act, Section 10-16A-1, et seq., NMSA 1978, to file a report with the New Mexico Secretary of State concerning the Regent's financial interests. A copy of such report is also filed by the Regent with the University Counsel. If a Regent fails to file an annual certification or fails to comply with the Code, the Board of Regents gives written notice to the Governor of the State of New Mexico. The Regents make any such notice public. Violation of the Code by a Regent are grounds for removal of that Regent pursuant to Article XII, Section 13 of the Constitution of New Mexico. Policies on Regents'COI are provided in the Supporting Documentation for this Element.

2. University and medical school administrators

Administrative Policies and Procedures Manual - Policy 3720: Conflicts of Interest. The University has established principles for identifying potential conflicts and required procedures for reviewing and addressing those potential conflicts that occur to assure that they do not improperly affect the University's educational, research and public service missions, or violate state or federal laws. Subject to specific University administrative policies, employees must avoid any conflict of interest that may affect their independent judgment in the impartial performance of their duties and may not use their positions to enhance their direct or indirect financial interest or use confidential information learned as employees for anyone's private gain. University employees as well as individuals and firms proposing business transactions with the University must disclose in advance and in writing any direct or indirect financial interest employees may have in a transaction with the University. Normally employees with a direct or indirect financial interest in a transaction may not participate in any University decisions related to such transaction. This policy applies to all employees (faculty and staff) of the University, to public and student members of University advisory boards and committees, and other volunteers serving in an official capacity. For the purposes of this policy, the term "employee" includes all of these individuals. Transactions in which the University President has any financial interest must be approved by the Board of Regents. University and medical school administrators must also comply with state conflict of interest laws.

At the beginning of each fiscal year the University President, the executive vice presidents, and all other vice presidents must file a Financial Disclosure Statement with the Office of University Counsel and with the Executive Vice President for Administration, on the form promulgated by the Secretary of State under the Financial Disclosure Act, 10-16A-1, NMSA 1978. Policies on Administrators' COI are provided in the Supporting Documentation for this Element. In addition, all deans, associate deans, IRB chairs, vice chancellors/vice presidents, chancellor, hospital CEO, and other high-ranking officials must fill out an institutional COI form annually. Any potential institutional COIs are sent to the institutional COI committee (COIC) for potential management plan or recommendations.

3. Medical school faculty

Conflicts of interest in research. Faculty Handbook E110: Conflict of Interest in Research. Conflicts of interest in research, education, and clinical activity are under the purview of the Conflicts of Interest Committee. Adherence to the policies on COI in research is enforced by requiring disclosure of all conflicts of interest prior to the submission of any proposal for grant funding, and by the official compliance/scientific review duties of the Institutional Review Board (IRB) and the Institutional Animal Care and Use Committee (IACUC). Disclosures are submitted electronically through the Huron Click COI system. Potential conflicts are reviewed by the COIC, which makes a decision of either "conflict" or "no conflict". Conflict decisions typically include management of the conflict through a management plan. Management plans require that the investigator agrees with the stipulations of the plan. The Management COI Committee determines investigators' adherence with their management plans on an annual basis. In rare cases where the decision is that the conflict cannot be managed, the research is not allowed to proceed. Investigators are required to update the COIC of any change in their disclosure within 30 days of the change. Policies on medical school faculty COI in research are provided in the Supporting Documentation for this Element.

Conflict of private interest of faculty/staff with academic responsibilities. Monitoring, managing, and reporting these conflicts are responsibilities of the department chairs and deans. There are disclosure requirements in the policies referenced below. Consequences for intentional violation of the policies may include sanctions up to and including dismissal. Policies on medical school faculty COI of private activities are are provided in the Supporting Documentation for this Element.

Conflict of interest in commercial support of continuing medical education. The CME COI policies for individual presenters are covered by the Conflict of Interest Policy for Program Planners, Speakers and Authors of Continuing Medical Education (CME) Activities as referenced below. The UNM HSC policy for managing private healthcare industry interactions at the HSC (detailed below) includes information regarding commercial support of CME. This policy incorporates the ACCME Standards for Commercial Support. Monitoring adherence is the responsibility of the Associate Dean for CME. Policies on COI in support of medical education are provided in the Supporting Documentation for this Element.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.2

1. Policies and procedures intended to prevent or address financial or other conflicts of interest among governing board members, administrators, and faculty (including recusal from discussions or decisions if a potential conflict occurs).

Link to COI policies available at: https://hsc.unm.edu/research/coi/policies-and-regulations/unm-coi-and-related-policies/index.html

Members of the UNM Board of Regents are subject to the "Regent Code of Conduct and Conflicts of Interest Policy," is available at: http://policy.unm.edu/regents-policies/section-1/1-8.html
Also provided in Appendix 1.2-1 Regents COI Policy 1.8.pdf

UNM Regents Conflict of Interest in Research Policy is available at: http://policy.unm.edu/regents-policies/section-5/5-10.html
Also provided in Appendix 1.2-1 Regents COI Policy 5.10.pdf

UNM Faculty Conflict of Interest in Research Policy available at: http://handbook.unm.edu/policies/section-e/e110.html
Also provided in Appendix 1.2-1 UNM COI Policy E110.pdf

Additional reporting requirements due to revised regulation, 42 CFR Part 50, Subpart F available at: https://hsc.unm.edu/research/coi/common/pdf/additional-coi-reporting-req-v-5-26-15.pdf
Also provided in Appendix 1.2-1 HSC Investigators COI.pdf

The policies on managing potential conflicts between private interests and professional commitments are the Policy for HSC Faculty Outside Professional Activities and the Policy for Managing Private Healthcare Industry (PHCI)

Interactions at the UNM HSC Clinical Care and Educational Missions available at:
https://hsc.unm.edu/research/coi/common/pdf/hsc-faculty-outside-activities-policy-10nov30.pdf and
https://hsc.unm.edu/research/coi/common/pdf/phci-interactions.pdf
Also provided in Appendix 1.2-1 HSC Outside Activities.pdf and 1.2-1 PHCI UNM HSC.pdf

A guidance document of management approaches for HSC investigators that have outside business interests that may conflict with their research activities available at: https://hsc.unm.edu/research/coi/common/pdf/guidance-doc-for-hsc-investigators-with-outside-business-1-8-14.pdf
Also provided in Appendix 1.2-1 HSC COI Guidance.pdf

The policy for faculty members who conduct speaking events available at:
https://hsc.unm.edu/research/coi/common/pdf/vendor-sponsored-events-11-15-10.pdf
Also provided in Appendix 1.2-1 HSC COI Vendor Events.pdf

The policy for managing interactions between equipment vendors and suppliers and faculty, staff and trainees of the HSC is Policy for Managing Private Biomedical Research Industry (PBRI) Interactions at the UNM HSC: Equipment Vendors and Suppliers available at: https://hsc.unm.edu/research/coi/common/pdf/policy-vendors-hsc-final-revisions.pdf
Also provided in Appendix 1.2-1 PBRI Interactions UNM HSC.pdf

The policy on conflict of interest for program planners, speakers and authors of continuing medical education activities available at: https://app.box.com/s/1en9o616lrb916kpt4ah6ppvpz3mgpjc
Also provided in Appendix 1.2-1 CME COI Policy.pdf

The policy related to institutional COI available at:
https://hsc.unm.edu/research/coi/institutional-coi/policy/index.html
Also provided in Appendix 1.2-1 UNM HSC Institutional COI

2. Documentation, such as minutes illustrating relevant recusals or affirmations, that conflict of interest policies are being followed.

Several specifics confirm that HSC COI policies are being followed: (i) A few conflict management plans are put in place each year by the COIC. A separate "management COI" committee reviews all management plans put in place by the COIC annually to make sure they are being followed. Minutes for this meeting are kept. (ii) There was an internal audit by HSC compliance in 2015. (iii) the Vice Chancellor for Research hired a third party consultant who evaluated HSC COI processes and procedures early in 2016. Redacted minutes from two recent meetings of the HSC Conflict of Interest Committee are provided in Appendix 1.2-2 HSC COI Minutes Ex 1.pdf and Appendix 1.2-2 HSC COI Minutes Ex 2.pdf.

1.3 MECHANISMS FOR FACULTY PARTICIPATION

A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

1.3 SUPPORTING DATA

Table 1.3-1 | Standing Committees Source: School-reported

List all major standing committees of the medical school and provide the requested information for each, including whether members are *all appointed* (A), *all elected* (E), or whether the committee has *both appointed and elected members* (B), and whether the committee is charged with making *recommendations* (R), is *empowered to take action* (A), or *both* (B).

Committee	Reports to	Total Voting Members	Total *Faculty* Voting Members	Membership Selection (A/E/B)	Authority (R/A/B)
Dean's Advisory Committee (Committee of Chairs)	Dean	20	20	A	R
Committee on Admissions	Dean, Faculty	35	16 regular + 8 volunteer faculty members	B	B
Curriculum Committee	Dean, Faculty	32	21	E	B
Committee on Graduate Student Education	Dean, Faculty	14	14	E	B
Research Allocation Committee	Dean, Faculty	10	10	A	B
Graduate Medical Education Committee	Dean, Faculty	22	14	B	B

1.3 NARRATIVE RESPONSE

a. Summarize how the selection process for faculty committees ensures that there is input from the general faculty into the governance process. How are individuals whose perspectives are independent from that of departmental leadership or from that of central administration included in standing committees? Note whether committees include elected members or members nominated or selected through a faculty-administered process (e.g., through a "committee on committees").

The SOM Bylaws, shown at https://app.box.com/s/tai7svy0cedkbhcwu1r57ag2m9mbaw0e (i) ensure direct faculty involvement in decision-making related to the medical education program, including the election of members of the general faculty to relevant committees; (ii) ensure input into the governanace from individuals whose perspectives are independent from that of departmental leadership and the Dean and Chancellor; and (iii) stipulate that the Faculty "shall define and implement the mission and goals of the School of Medicine and shall have the responsibility of review and final action in regard to the following:

- Organizing and modifying the curricula.
- Setting requirements for student admission, promotion and honors.

- Approving candidates for Associate, Bachelors, Masters and Doctoral degrees.
- Providing an educational environment and guiding policies conducive to the professional and academic development of our students."

The SOM Bylaws further specify the memberships and selection processes of all standing committees.

i. The Dean's Advisory Committee (Committee of Chairs) consists of the Chairpersons of the Departments of the UNM SOM or their designates. All department chairs are appointed by the Dean.

ii. The Committee on Admissions consists of members of the faculty and others representing the communities of interest of the SOM. Members are nominated by faculty, department chairs and other interested individuals, recommended by the Associate Dean for Admissions, and confirmed by the Dean. The Associate Dean for Admissions, who is appointed by the Dean, is a member of the Committee.

iii. The Curriculum Committee is an integrated body with rotating membership. Members of the Curriculum Committee consist of SOM Voting Faculty, medical students and residents who represent the different areas of the teaching program in proportions appropriate to assure wide understanding of the issues at hand, flexibility, a lack of bias, and full representation across the institution. The composition of the Curriculum Committee and the selection process (i.e., nominated or elected by peers) of its different member categories is provided in Appendix 1.3-a Curriculum Comm SOPs.pdf and at https://app.box.com/s/dbcijyfspmfrro3xfm7tw75aokv85wok. Election for at-large members are held as members rotate off or leave on their own, typically once per year. The chair of the Curriculum Committee and the Associate Dean for Undergraduate Medical Education solicit interested faculty candidates. The candidates' nominations are approved by and submitted through their Department Chairs. The list of candidates are sent to and voted on by all SOM faculty. Following the vote, the names are provided to the Dean for final approval.

iv. Members of the Committee on Graduate Student Education are nominated by department chairs and appointed by the Senior Associate Dean for Research. All are voting members.

v. The Research Allocation Committee is chaired by the Senior Associate Dean for Research, who is appointed by the Dean. The committee is composed of no fewer than six members of the SOM Voting Faculty appointed by the Senior Associate Dean for Research. All are voting members.

vi. The membership of the Committee on Graduate Medical Education is required by the ACGME to include program directors, program coordinators, residents, hospital representation (UNMH and VA) and QI leadership. There is also a public member. The four residents are appointed by the Resident Council. The remaining members are appointed by the Associate Dean for Graduate Medical Education to attain a representation of different types of specialties, including active and experienced program directors. All nominations are confirmed by the Dean. All are voting members. The chair only votes in the event of a tie.

The same approach is used to select members of ad hoc committees that are not specifically governed by the Bylaws. An example is the Committee on Student Promotions and Evaluation (CSPE). Full-time faculty at the rank of Professor or Associate Professor, nominated by other faculty or self-nominated, are appointed by the Associate Dean of Students, and then approved by a simple majority of voting faculty of the Curriculum Committee, independent of the Dean (See Appendix 1.3-a CSPE Membership.pdf) https://app.box.com/s/70qbpqxun1agdxeazf7irqzhu6fu6yyq.

b. Describe how faculty are made aware of policy and other types of changes that require faculty comment and how such input from faculty is obtained. Describe some recent opportunities for faculty to provide such input.

SOM Faculty have many mechanisms and opportunities to learn about and comment on the development and implementation of new medical school policies and procedures. Drafts of most new policies and procedures are distributed first to the Committee of Chairs of the SOM for comment and revision. Revised drafts are then reviewed and further revised either by focus groups/ad hoc committees or input from the general faculty. Amended documents are distributed to the faculty for final input before they are voted on by the voting faculty. The Committee of Chairs also has the role of bringing faculty matters to the attention of the SOM leadership.

One recent example of this was the change in the pass rate for Phase I blocks from 70% to 75%. A white paper was written by a subcommittee of the Curriculum Committee and distributed to all faculty for comment. Three town halls, led by the Associate Dean for Undergraduate Medical Education, the chair of the Phase I Block chair Committee, and the Chair of the Curriculum Committee, were held for questions and answers. Following this, the proposed change was sent to all faculty and the vote was affirmative for the change.

A second, less complex example of the Faculty's mechanisms and opportunities to develop and implement new medical school policies is a recent revision of the SOM Bylaws. The Dean requested a complete review of the SOM Bylaws to ensure that they were in compliance with current University and Regential policy and SOM practice. In addition, there was an initiative to extend electronic voting to all faculty business, rather than just changes to the Bylaws. As specified by the Bylaws, an ad hoc committee reviewed and refined the proposed revisions, which were then approved by the Committee of Chairs. The revised draft of the Bylaws was distributed to the general faculty for review and comment, and discussed at a general faculty meeting on June 29th. The final revised draft of the Bylaws was voted on and approved by the general faculty on August 2, 2017.

In addition, the Dean and Executive Vice Dean have regular meetings – at least annually – with each department's faculty members to apprise them of the state of the SOM and to hear their concerns and opinions. These meetings also provide an opportunity to make faculty aware of policy changes and other issues and to obtain their input. The Dean and the Executive Vice Dean, as well as the senior associate deans, are also accessible to faculty members via face-to-face meetings, email, and telephone.

The Dean, in his role as Chancellor, also has townhall format meetings with faculty and staff where updates on the SOM and HSC are provided, and where attendees can provide input and ask questions. There are also a minimum of four general faculty meetings each year at which the Dean presides (see next section).

Furthermore, there are annual strategic/leadership retreats focused on research, education and clinical activities, as well as ad hoc retreats focused on current needs and issues. The objective of these retreats is to make faculty aware of policy changes and other types of changes or issues and to obtain their input. Recent examples include:

SOM Strategic Planning Leadership Retreat on March 29, 2017
SOM Health Professional Retreat on June 26, 2017
SOM Research Retreat on August 11, 2017
UME Phase I retreat on May 18, 2017
HSC Retreat on December 2, 2016

Over the last three years, the SOM also sponsored retreats for the Departments of Family and Community Medicine, Internal Medicine, Obstetrics and Gynecology, Radiology and Neurology. These departmental retreats produced strategic goals for the departments and leadership statements to guide the selection of new department chairs. On June 24, 2017, the Department of Surgery held a strategic planning retreat, and a strategic planning retreat is scheduled in February of 2018 for the Department of Obstetrics and Gynecology. The next SOM education retreat will be in May 2018, focusing on Phase II and clerkship education.

c. List the number and type of general faculty meetings held during the past academic year. Indicate whether these meetings were held "virtually" or in-person. Describe the means by which faculty were made aware of meeting agendas and outcomes.

There are a minimum of four general faculty meetings each year, as required by the SOM Faculty Bylaws. They are held in-person at 3:30-4:30 on the third Thursday starting in February. The faculty receive e-mail notification with the agenda in advance of each faculty meeting. Meetings require personal attendance; they are not webcasts.
The topics are frequently education-driven: two meetings include a required faculty vote on the awarding of degrees to the graduates of the several educational programs within the SOM. Changes in education, research, clinical and academic policies are discussed and voted on, as appropriate. A recent example is the revision to the SOM bylaws in August 2017, to permit electronic voting. General discussion about faculty related topics occur each session. New faculty members also are introduced during these meetings. Notes are taken at each meeting to maintain a record of topics discussed.

d. Describe any mechanisms other than faculty meetings (such as written or electronic communications) that are used to inform faculty about issues of importance at the medical school.

The Dean engages with faculty in a variety of ways, including meetings with individual departments, lunches with faculty and students, and rounding with chairs and hospital-based units. The Dean also communicates with faculty through regular emails, periodic town halls, and quarterly forums to discuss high-priority issues and address any questions from faculty and staff. The Dean periodically sends email communications to the entire SOM community when issues of importance arise, e.g., his response to the proposed restrictions on immigration and the Joint Venture with Lovelace Rehabilitation Hospital. Other mechanisms include the School of Medicine website, special bulletins provided by leadership, and departmental communications. In addition, the Office of Advancement and Alumni Relations publishes UNM Medicine, which contains a letter from the Dean and also highlights the achievements of current students, faculty, and alumni.

The faculty are also a central point of focus of the MISSION: Excellence journey. MISSION: Excellence is a cultural transformation to make UNM the best place to receive care, work and learn. The journey began due to feedback from SOM faculty who wanted more input into how decisions were made, better alignment and accountability, and more empowerment and recognition for their many contributions. UNM HSC has partnered with the Studer Group, a nationally recognized company that coaches organizations around the country, to implement best practices and tools to align goals, actions and processes across all levels of the organization. MISSION: Excellence is working to create a clinical and teaching environment in which: (i) providers, nurses, staff and leadership work in collaborative teams to provide the safest, highest quality, efficient care and best experience for their patients; (ii) every member of the care team has a meaningful voice in their work environment; and (iii) every member of the care team shares a culture of trust, respect and accountability in which every individual feels valued. As part of MISSION:Excellence, quarterly leadership training is provided for all UNM Health System and SOM faculty leadership. The purpose of this training is to provide key updates on issues impacting our organization, role out key initiatives, address questions and improve the skills of the leadership team.

1.4 AFFILIATION AGREEMENTS

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school's faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum the following:

- The assurance of medical student and faculty access to appropriate resources for medical student education
- The primacy of the medical education program's authority over academic affairs and the education/assessment of medical students
- The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury
- The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment

The medical school has up-to-date affiliation agreements with the clinical partners that are used regularly for required inpatient clinical experiences. These agreements contain the language specified in the element and serve to ensure that the educational program for medical students remains under the control of the medical school's faculty.

1.4 SUPPORTING DATA

Table 1.4-1 | Affiliation Agreements

For each inpatient clinical teaching site used for the inpatient portion of required clinical clerkships, provide the page number in the current affiliation agreement where passages containing the following information appear. Add rows as needed.

1. Assurance of medical student and faculty access to appropriate resources for medical student education.
2. Primacy of the medical education program's authority over academic affairs and the education/assessment of medical students.
3. Role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching.
4. Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.
5. Shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment.

		Page Number(s) in Agreement				
Clinical teaching site	Date agreement signed	(1) Access to resources	(2) Primacy of program	(3) Faculty appointments	(4) Environmental hazard	(5) Learning environment
UNM Sandoval Regional Medical Center	6/5/14	Pages 2, 5-6	Pages 2	Page 2,5	Page 3,8	Page 2
University of New Mexico Hospitals	8/12/09	Page 1-2	Pages 3	Page 3	Pages 2-3	Page 1
NM VA Health Care System	10/30/09	Pages 28-30/62	Page 21-22/62, 30/62	Page 23/62	Page 29-31/62	Page 28/62
Lovelace Health System, Inc.	12/19/14	Pages 3 - 4	Pages 3	Page 2	Page 4	Page 1
Presbyterian Healthcare Services	8/3/04	Pages 1 - 2	Page 3	Page 3	Page 2 - 3	Page 1

Affiliation Agreements for inpatient clinical teaching sites are in Appendices 1.4.1.AA.1-1.4.1AA5.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.4

- The signed/executed affiliation agreement for each clinical teaching site at which students complete the inpatient portions of required (core) clinical clerkships and/or integrated longitudinal clerkships. This does not include clinical teaching sites only used for electives or selectives or those used for ambulatory teaching.

See Appendix 1.4-1 AA UNM SRMC.pdf
See Appendix 1.4-1 AA UNM Hospitals.pdf
See Appendix 1.4-1 AA VA Health System.pdf
See Appendix 1.4-1 AA Lovelace Health Care.pdf
See Appendix 1.4-1 AA Presbyterian Health.pdf

Note: Each affiliation agreement should be saved as a separate document and named according to the following convention: 1.4._AA_Site Name.

1.5 BYLAWS

A medical school promulgates bylaws or similar policy documents that describe the responsibilities and privileges of its administrative officers, faculty, medical students, and committees.

1.5 NARRATIVE RESPONSE

a. Provide the date of the most recent revision of the bylaws that apply to the medical school.

The date of the most recent revision of the School of Medicine Bylaws is 8/02/2017.

b. List the topics that are included in the bylaws that apply to the medical school (e.g., committees, definition of faculty)

The following is a list of the topics that are included in the bylaws that apply to the School of Medicine:

- Definition of faculty
- Responsibilities of faculty
- Administration
- Meetings
- Committees
- Departments
- Appointments, Promotion, Tenure, Sabbatical and other academic Leave, Retirement
- Approving candidates for degrees

c. Describe the process for changing bylaws, including the individuals and groups that must approve changes.

The Bylaws may be amended by the following processes:
Either the Dean or a petition signed by at least seven percent (7%) of the Voting Faculty may propose an amendment to the Bylaws. In the event that an amendment is proposed, the Dean appoints an ad hoc Bylaws Review committee to review the proposed amendment and to report back to the Dean. If the Dean and the ad hoc Bylaws Review Committee find the amendment is not in conflict with the Faculty Handbook, they provide their recommendations to the Voting Faculty and the proposed amendment is communicated in written or electronic form to the Voting Faculty. The proposed amendment is discussed at a regular or special meeting of the Faculty. Modification, rejection or consent to move the proposed amendment forward may occur as a result of this meeting. The proposed amendment in final form is communicated in written or electronic form to the Voting Faculty within one week following the faculty meeting at which it was discussed. No less than three weeks later, a meeting is held to debate the final proposed amendment. Following this meeting, a mail or electronic ballot of the Voting Faculty is conducted. Adoption of the proposed amendment requires an affirmative/favorable vote of at least two-thirds of the votes cast, with the additional requirement that at least one-third of the voting faculty cast ballots. Distribution: The Dean keeps a copy of the Bylaws and upon their amendment distributes copies to all members of the SOM and thereafter as new members join the faculty.

d. Briefly describe how the bylaws are made available to the faculty.

The bylaws are available on the SOM website: https://app.box.com/s/tai7svy0cedkbhcwu1r57ag2m9mbaw0e
Also provided in Appendix 1.5-d SOM By-laws.pdf

Note: the full bylaws that apply to the medical school should be available in the survey team's home room during the survey visit or available online.

1.6 ELIGIBILITY REQUIREMENTS

A medical school ensures that its medical education program meets all eligibility requirements of the LCME for initial and continuing accreditation, including receipt of degree-granting authority and accreditation by a regional accrediting body by either the medical school or its parent institution.

The UNM SOM meets and has maintained the eligibility requirements for initial and continuing LCME accreditation, as specified in the *Rules of Procedure*.

1.6 SUPPORTING DATA

a. Provide the state in which the institution is chartered/legally authorized to offer the MD degree.

The UNM SOM is chartered to offer the MD degree in the State of New Mexico.

b. Place an "X" next to the institutional (regional) accrediting body that accredits the medical school or parent institution:

	Middle States Association of Colleges and Schools
	New England Association of Schools and Colleges
X	North Central Association of Colleges and Schools
	Northwest Commission on Colleges and Universities
	Southern Association of Colleges and Schools
	Western Association of Colleges and Schools

c. Provide the current institutional accreditation status.

The University of New Mexico has been continuously accredited through the Higher Learning Commission (previously the North Central Association) since 1922. The HLC accreditation covers all of UNM's campuses and programs. The institution's last comprehensive accreditation review occurred in April 2009, resulting in a full 10-year reaffirmation of accreditation (http://accreditation.unm.edu/)

d. Provide the year of the next institutional accreditation survey.

The next institutional accreditation survey will occur in 2019.

STANDARD 2: LEADERSHIP AND ADMINISTRATION

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

2.1 ADMINISTRATIVE OFFICER AND FACULTY APPOINTMENTS

The senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the governing board of the institution.

2.1 NARRATIVE RESPONSE

a. Briefly describe the role of the primary institutional governing board in the appointment of members of the medical school administration, including the dean, the dean's staff, and members of the faculty. Note if the governing board has delegated the responsibility for some or all of these appointments to another individual (e.g., the university president, provost, medical school dean).

The Board of Regents is the University of New Mexico's primary institutional governing board. It is composed of seven members who are appointed by the Governor of New Mexico, with the consent of the Senate, for staggered terms of six years except for the student regent who is appointed for a two-year term. The Governor and the Secretary of Education are designated as ex-officio, non-voting members, and the Presidents of the Faculty Senate, Staff Council, Associated Students of UNM, Graduate and Professional Student Association, Alumni Association, and UNM Foundation are non-voting advisors.

The President of the University is its Chief Executive Officer and reports directly to the Board of Regents. The President is responsible for implementing the policies adopted by the Board of Regents. The Board delegates authority to the President to carry out his or her responsibilities to manage the University and to adopt administrative policies and procedures consistent with Regents' policies. As set forth in Regents Policy Manual 3.3: Appointment and Termination of Key Administrators, the President informs the Board of Regents prior to appointing, dismissing, setting compensation, and amending or not renewing the contract of all Executive Vice Presidents, Vice Presidents, and the University Counsel. The President also informs the Board of Regents in connection with the appointment, termination, and compensation of other senior or key administrative positions as appropriate, depending on the circumstances surrounding the appointment, termination or change in compensation.

The University President hires the Chancellor for Health Sciences and has authority to dismiss him or her only with the consent and approval of a majority of the Board of Regents. The Dean of the School of Medicine, as well as the chief administrative and medical officers of the UNM Hospital, Sandoval Regional Medical Center and the University of New Mexico Medical Group, are appointed by, and may be removed by the Chancellor for Health Sciences (Dr. Roth currently serves as both Dean of the School of Medicine and Chancellor for Health Sciences). New faculty are recommended by departmental search committees, selected by the department chair and approved by the Dean of the School of Medicine or his/her designee, currently the Executive Vice Dean. Department chairs, the Executive Vice Dean and members of the Dean's senior administrative staff (Table 2.4-7) are recommended by institutional search committees and approved by the Dean of the School of Medicine after input from the Executive Vice Dean.

2.2 DEAN'S QUALIFICATIONS

The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.

2.2 NARRATIVE RESPONSE

a. Indicate whether the dean has ultimate responsibility for all missions of the medical school or if some of these (e.g., patient care) are under the authority of another administrator.

The Chancellor for Health Sciences provides leadership and has administrative responsibility for all activities, operations, and programs of the Health Sciences Center, consistent with University policies. The Dean is the presiding/principal officer of the SOM. The role of the Dean is inclusive of all three missions areas: teaching, research, and patient care. The Dean acts as executive officer and representative of the SOM faculty, and with regard to educational policy prepares plans for the consideration of the SOM faculty, carries into effect the plans which it adopts, and performs such other duties as properly fall within the scope of the office. The Dean (or his/her designee) is also the Chair of the Board of the UNM Medical Group (UNMMG). The UNM Medical Group, Inc., is a not-for-profit 501(c)(3) corporation, organized in 2007. It is the faculty practice of the UNM SOM. UNMMG strives to be a national leader in the delivery of high quality and innovative academic medicine and support excellence in the clinical, education and research missions of the UNM SOM.
Dr. Roth became Dean of the SOM in 1994, Executive Vice President for Health Sciences in 2006, and Chancellor for Health Sciences (which is also an Executive Vice President) in 2010 while retaining the title and responsibility of Dean of the School of Medicine. In his role as Chancellor, Dr. Roth also serves as the CEO of the Health System, the clinical arm of the Health Sciences Center. In order to ensure that University policies and procedures are properly followed and administered within the SOM and that the SOM enjoys effective and responsive leadership and management, the Dean created the administrative position of Executive Vice Dean, now held by Martha Cole McGrew, MD. The Executive Vice Dean is appointed by and serves at the Dean's discretion. The position description of the Executive Vice Dean and Dr. McGrew's CV are included in Appendix 2.2-a EVD Position Description.pdf and Appendix 2.2-a EVD McGrew CV.pdf..

Programmatic leadership is through the Senior Associate Deans for Education, Research, Clinical Affairs and Academic Affairs, who are supported in their mission by several associate and assistant deans. The Executive Vice Dean, Senior Associate and Assistant deans and department chairs are appointed by and serve at the discretion of the Dean of the SOM.

b. Provide a brief summary of the dean's experience and qualifications to provide leadership in each area of the medical school's missions for which he/she has responsibility.

Dr. Roth is highly qualified to provide leadership in all the missions of the medical school. Dr. Roth's first academic appointment was in 1981 as Assistant Professor of Family Practice in the Department of Family, Community and Emergency Medicine. He rose through the ranks and in 1991 became the first chair of the new Department of Emergency Medicine. Dr. Roth has held several administrative positions at the SOM, including Interim Chief Medical Officer and Associate Dean for Clinical Affairs; Director of Ambulatory Care Services; Director of the Center for Disaster Medicine; and Director of the University Clinicians Program.

Dr. Roth was appointed Interim Dean in February 1994, when Leonard Napolitano, PhD, retired. Dr. Roth was appointed Dean of the School of Medicine in March 1995 following a national search. He was appointed Executive Vice President for Health Sciences in 2006, Chancellor in 2010 and Chief Executive Officer of the UNM Health System in 2012. From 2010-2011 he also served as UNM's Acting President. He currently serves on the Association of Academic Health Centers Board of Directors and recently completed his term on the Liaison Committee on Medical Education. He is former Chair of the AAMC Council of Deans Administrative Board. In 2015, he received

the New Mexico Governor's Lifetime Achievement Award. Dr. Roth is currently the longest serving Dean in the country. Dr. Roth's CV is provided in Appendix 2.2-b Executive Dean Roth CV.pdf.

c. Describe the process used to evaluate the dean, including the interval at which this evaluation takes place.

The President of the University, in consultation with the Board of Regents, sets the annual goals of the Chancellor for Health Sciences in performing his job duties. The President of the University performs an annual evaluation of the Chancellor for Health Sciences' performance with respect to these goals in consultation with the Board of Regents, including input from faculty and institutional leadership. The President considers the role of Dean during the evaluation of the Chancellor. The policy procedures utilized for the appointment, periodic review, and terms of office of deans and their administrative equivalents at the University of New Mexico are described in section C35 of the UNM Faculty Handbook and provided in Appendix 2.2-c Appoint Continuation Deans.pdf.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.2

1. Dean's abbreviated curriculum vitae.

See Appendix 2.2-b Executive Dean Roth CV.pdf

2.3 ACCESS AND AUTHORITY OF THE DEAN

The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the medical education program and to other institutional officials in order to fulfill his or her responsibilities; there is a clear definition of the dean's authority and responsibility for the medical education program.

2.3 NARRATIVE RESPONSE

a. Summarize the dean's access to university and health system administrators. Provide examples to illustrate how the dean's access to these administrators has ensured that the needs of the medical education program are included in planning activities at these levels.

The dean has direct access to university and health system administrators which ensures the needs of the medical education program are included in university and Health Sciences Center, including UNM Health System, decisions and plans. As described previously, Dr. Roth serves as both Dean of the School of Medicine and Chancellor for Health Sciences. As shown below by the organizational chart of the UNM HSC, the Chancellor reports directly to the President of the University and the Board of Regents. The Chancellor for Health Sciences provides leadership and has administrative responsibility for all activities, operations, and programs of the HSC and the UNM Health System. (The clinical elements of the HSC are collectively administered as the UNM Health System.) As such, the leaders of the UNM Health System, UNM Hospital, UNM Sandoval Regional Medical Center and UNM Medical Group are all direct reports to the Chancellor. Thus, the Chancellor has full access to university and health system administrators.

Dr. Roth's access to university and health system administrators has ensured that the needs of the medical education program have been included in planning activities. For example, The University of New Mexico administration and Board of Regents have actively supported the planning, approval, development and construction of the Domenici Health Education Center, Phases 1, 2 and 3 to support the SOM's medical education program. In response to the changes in enrollment, teaching methods and technology, the planning for the Domenici Health Education Center began over 15 years ago as a single-phase development. Due to state funding issues, the project was developed in three phases.

The SOM faculty, key staff, and students met with the planners and architects for all three phases. The needs that they outlined were included in the designs of the various buildings. The Dean conveyed these needs to the President and Regents, which resulted in the President and Regents ranking these as high priority capital projects. The Dean worked with the President and the Regents to obtain state funding approval from the Legislature, the State's Higher Education Department, and the State Board of Finance.

In Phase 1, a large auditorium was constructed to support medical education classes, student orientation, continuing medical education, and events. This phase also included classrooms, meeting rooms, a modern bookstore, and a food and coffee kiosk and a student lounge. Phase 2 responded to the growing requirement for simulation space by adding a new enlarged simulation center, as well as a new human anatomy lab. Phase 2 also included student study rooms and gathering areas.

Phase 3, which is already being used will be fully completed in early 2018. It includes two new state-of-the-art studio/active learning classrooms for the medical education, an enlarged testing center to facilitate student block exams, and an addition to the simulation center. Also, a new fitness center has opened and a cafeteria is scheduled to open in March of 2018. The Domenici Education Center realizes the concept of a community that supports the mental and physical health of its members, and creates a sense of community to assist with student and faculty recruitment and retention.

b. Describe the dean's authority and responsibility for the medical education program based on the position description provided in the supporting documentation and/or codified in the bylaws.

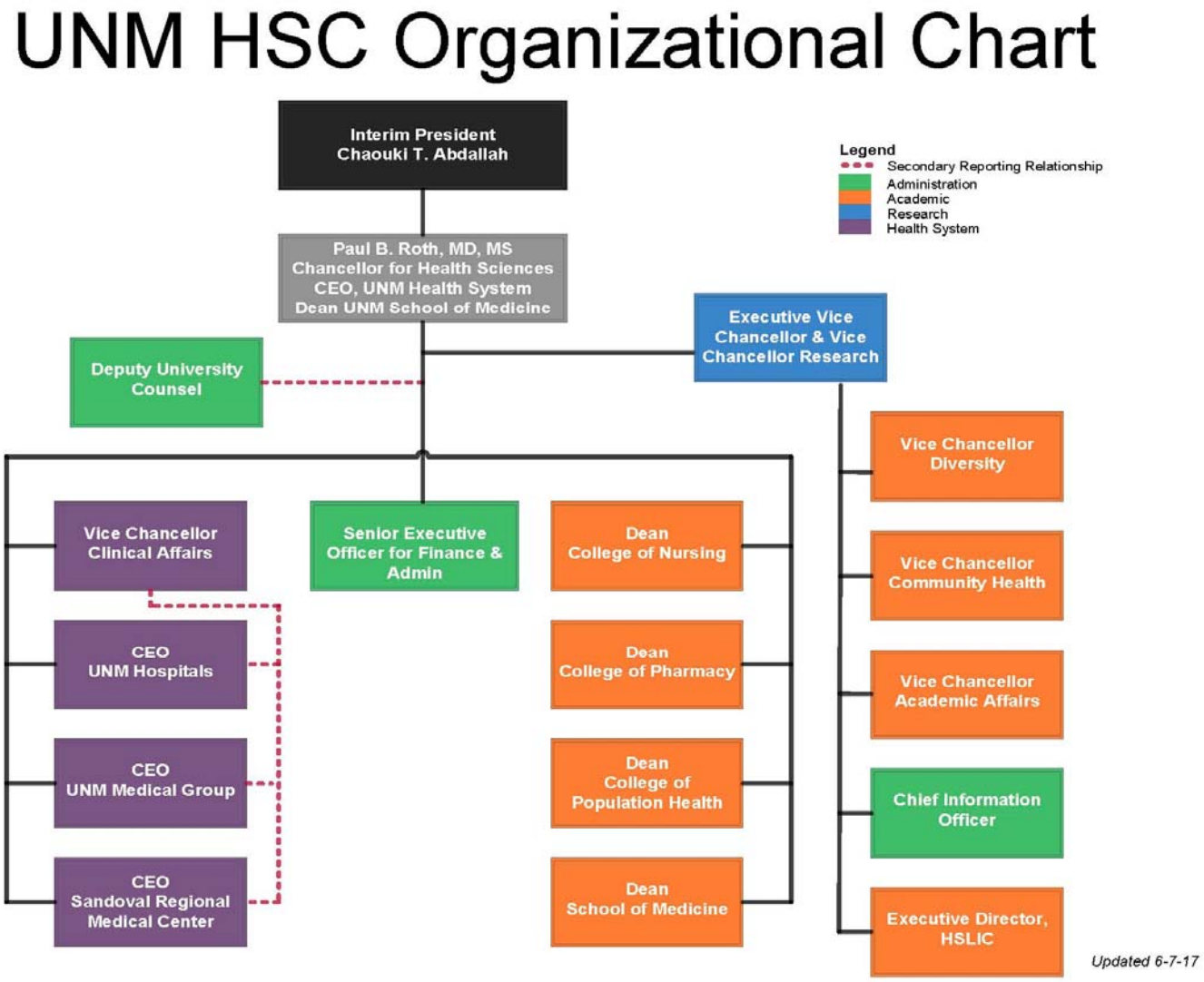
The SOM bylaws are provided in Appendix 1.5-d SOM By-laws.pdf and at: https://app.box.com/s/tai7svy0cedkbhcwu1r57ag2m9mbaw0e. The Bylaws state: "The Dean is the presiding/principal officer of the School. The Dean shall act as executive officer and representative of the School of Medicine Faculty, and with regard to educational policy shall prepare plans for the consideration of the School of Medicine Faculty, shall carry into effect those plans which it adopts, and shall perform such other duties as properly fall within the scope of the office."

As described previously, Dr. Roth serves as both Dean of the School of Medicine and Chancellor for Health Sciences. In the latter connection, Regents Policy Manual 3.4 (see Appendix 1.2-b Regents Policy 3.4.pdf) further specifies that the Chancellor for Health Sciences serves as the chief academic officer for the Health Sciences Center and is responsible for coordinating, developing, and improving the educational and research programs at the HSC. The Chancellor for Health Sciences ensures that all HSC educational and research programs meet the standards of the State of New Mexico and all relevant and applicable accreditation bodies.

Position descriptions for the Chancellor for Health Sciences, Dean of the School of Medicine and excerpts from the faculty bylaws describing the dean's role and authority regarding the medical education program are provided in in Appendices 2.3-b Dean Pos Des Excpts Bylaws.pdf.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.3

1. Organizational chart illustrating the relationship of the medical school dean to university administration, to the deans of other schools and colleges, and to the administrators of the health science center and affiliated teaching hospitals (if relevant). If the medical school is part of a larger non-academic entity (not-for-profit or for-profit/investor-owned), the chart should include the relationship of the dean or other senior academic officer to the board of directors or officers of that entity.



2. Dean's position description. If the dean has an additional role (e.g., vice president for health/academic affairs, provost), include that position description, as well.

Position description of the Dean and Chancellor are provided in Appendix 2.3-2 Deans Pos Description.pdf

3. Relevant excerpts from the faculty bylaws or related documents describing the dean's role and/or authority regarding the medical education program.

Excerpts from the faculty bylaws are provided in Appendix 2.3-3 Excerpts Faculty Bylaws.pdf

2.4 SUFFICIENCY OF ADMINISTRATIVE STAFF

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

2.4 SUPPORTING DATA

Results from the 2016 and 2017 AAMC Graduation Questionnaire (GQ) indicate that UNM SOM student satisfaction with the accessibility, awareness and responsiveness of the Office of the Associate Dean for Students are an average of 9.0% (range 4.3-13.2%) higher than the national averages.

Table 2.4-1 | Office of the Associate Dean of/for Students

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students who were *satisfied/very satisfied* (aggregated) with the Office of the Associate Dean of/for Students.

	GQ 2016		GQ 2017	
	School %	National %	School %	National %
Accessibility	90.6	79.3	83.8	79.5
Awareness of student concerns	84.9	72.9	78.0	72.7
Responsiveness to student problems	84.7	71.5	79.1	72.1

The results from Independent Student Analysis (ISA) are consistent with the 2016 and 2017 AAMC GQ. The average percentage of students who were "satisfied/very satisfied" with the accessibility, availability, awareness and responsiveness of the Office of the Associate Dean for Students, and students' access to their personal academic records, are 86.7%, 95.5%, 85.9%, 85.8% and 84.7%, respectively.

Table 2.4-2 | Office of the Associate Dean of/for Students

Provide data from the Independent Student Analysis (ISA), by curriculum year, on the percentage of students who were *satisfied/very satisfied* (aggregated) with the Office of the Associate Dean of/for Students. If requested ISA data are not available, enter N/A as appropriate. Add rows as needed for additional survey questions relevant to the topic.

	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Accessibility	83.0	86.7	87.5	89.7
Availability and approachability of OMSA Staff (Office Medical Student Services)	96.6	95.3	96.2	94.0
Awareness of student concerns	90.4	78.6	79.5	91.0
Responsiveness to student problems	95.0	76.8	86.5	84.8
Students' access to their personal academic records	83.8	84.6	86.8	83.6

Results from the 2016 and 2017 AAMC Graduation Questionnaire (GQ) indicate that UNM SOM student satisfaction with the accessibility; awareness and responsiveness of the Office of the Associate Dean for Medical Education also are an average of 8.5% (range 17.4 to -1.10%) higher than the national averages.

Table 2.4-3 | Office of the Associate Dean for Educational Programs/Medical Education				
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students who were satisfied/very satisfied (aggregated) with the Office of the Associate Dean for Educational Programs/Medical Education.				
	GQ 2016		GQ 2017	
	School %	National %	School %	National %
Accessibility	88.3	73.7	73.2	74.3
Awareness of student concerns	86.1	70.0	69.1	70.1
Responsiveness to student problems	84.9	67.5	73.6	68.4

The results from Independent Student Analysis (ISA) are consistent with the 2016 and 2017 AAMC GQ. The average percentage of students who were "satisfied/very satisfied" with the accessibility, awareness and responsiveness of the Office of the Associate Dean for Medical Education are 89.9%, 87.4 and 85.8%, respectively.

Table 2.4-4 | Office of the Associate Dean for Educational Programs/Medical Education				
Provide data from the Independent Student Analysis (ISA), by curriculum year, on the percentage of students who were *satisfied/very satisfied* (aggregated) with the Office of the Associate Dean for Educational Programs/Medical Education. If requested ISA data are not available, enter N/A as appropriate. Add rows as needed for additional ISA survey questions relevant to the topic.				
	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Accessibility	87.5	91.0	86.9	94.3
Awareness of student concerns	89.6	87.3	85.3	87.3
Responsiveness to student problems	89.3	79.2	88.1	86.7

The organizational chart for the SOM leadership, including Department Chairs and Dean's Office Administrative Staffing is shown in Appendix 2.4-1.

Table 2.4-5	Department Chair Staffing		
Provide the requested information regarding current department chairs. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed.			
Name of Department	**Name of Incumbent**	**Date Appointed**	**Date Incumbent Left**
Anesthesiology	Hugh Martin, M.D.	June, 2012	
Biochemistry/Molecular Biology	Karlett Parra, Ph.D.	July, 2012	
Cell Biology/Physiology	Oscar Bizzozero, Ph.D.	October, 2012	
Dental Medicine	Gary Cuttrell, D.DS., J.D.	July, 2011	
Dermatology	Aimee Schmidt, M.D.	January, 2017	
Emergency Medicine	Steven McLaughlin, M.D.	November, 2012	
Family and Community Medicine	David Rakel, M.D.	September, 2016	
Internal Medicine	Mark Unruh, M.D.	September, 2016	
Molecular Genetics/Microbiology	Vojo Deretic, Ph.D.	July, 2006	
Neurology	Christopher Calder, M.D. (interim)		January 2016
Neurosciences	Daniel Savage, M.D.	July, 1997	
Neurosurgery	Howard Yonas, M.D.	July, 2006	
Ob/Gyn	Eve Espey, M.D.	March, 2014	
Orthopaedics	Robert Schenk, M.D.	September, 2006	
Pathology	Douglas Clark, M.D.	October, 2013	
Pediatrics	Loretta Cordova de Ortega, M.D.	October, 2008	
Psychiatry	Mauricio Tohen, M.D.	February, 2013	
Radiology	Gary Mlady, M.D.	July, 2015	
Surgery	John Russell, M.D.	November, 2006	

Table 2.4-6 | Number of Department Chair Vacancies		
Indicate the number of *vacant/interim* department chair positions for each of the listed academic years (as available). Use January 1st of the given academic year.		
AY 2015-16	AY 2016-17	AY 2017-18
1	3	1

2015-2016: Family and Community Medicine
2016-2017: Family and Community Medicine, Internal Medicine, Neurology
2017-2018: Neurology

Table 2.4-7 | Dean's Office Administrative Staffing

Provide the requested information regarding members of the dean's office staff. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed.

Name of Incumbent	Title	% Effort dedicated to administrative role	Date appointed	For acting/interim dean's office staff, date previous incumbent left
Martha McGrew, M.D.	Executive Vice Dean	80%	January, 2015	
Bronwyn Wilson, M.D.	Sr. Associate Dean, Faculty Affairs & Career Development	80%	July, 2012	
Donna Sigl, M.D.	Assistant Dean, Faculty Affairs & Career Development	25%	January, 2017	
Brenda Pereda, M.D.	Assistant Dean, Diversity	25%	July, 2017	
Corey Ford, M.D.	Sr. Associate Dean, Research	50%	March, 2015	
Craig Timm, M.D.	Sr. Associate Dean, Education	80%	March, 2012	
Paul McGuire, Ph.D.	Associate Dean, Education- UME	80%	November, 2012	
Betty Chang, M.D.	Associate Dean, Education -GME	70%	July, 2013	
William Rayburn, M.D.	Associate Dean, Education - CME	80%	July, 2013	
Sheila Hickey, M.D.	Associate Dean, Student Affairs	60%	October, 2013	
Robert Sapien, M.D.	Associate Dean, Admissions	50%	July, 2011	
Marlene Ballejos, Ph.D.	Assistant Dean, Admissions	100%	January, 2011	
Marcy Osgood, Ph.D.	Assistant Dean, UME	50%	July, 2012	
Shelly McLaughlin, M.A.	Assistant Dean, Health Professions	50%	July, 2016	
Gary Smith, Ph.D.	Assistant Dean, Faculty Development in Education	60%	July, 2014	
Teresa Vigil, M.D.	Assistant Dean, Student Affairs	50%	Dec, 2016	
Gena Dunivan, M.D.	Assistant Dean, GME	25%	July, 2017	

2.4 NARRATIVE RESPONSE

The SOM administration is extremely stable. Dr. Roth, who has served as Dean of the School of Medicine since February, 1994, was appointed Executive Vice President for Health Sciences in 2006, and Chancellor for Health Sciences in 2010. Dr. McGrew was appointed Executive Vice Dean, January, 2015. She has been a faculty member at the SOM for 27 years. As of this writing (July 18, 2017), the 17 assistant, associate and senior associate deans named in Table 2.4-7 have held their current positions an average of 3.4 years. As described above, the Dean's administrative team works collaboratively and effectively to implement the goals and objectives of the SOM Strategic Plan and Action Plans. Based on this history of collegiality, productivity and success, it is concluded that the Dean's administrative team is appropriate and has adequate time commitment for the size and complexity of the SOM.

Departmental leadership is also stable. Of the 19 department chairs, five have held these positions for 10 or more years, and eight for 3-8 years. Four new chairs and one interim chair were appointed in 2015-2017. Two of the vacancies resulted from promotion of the chair to higher leadership positions in the SOM, two from retirements and one from a resignation. Chair vacancies have been filled expeditiously, one by internal appointment, one following an internal search and two after national searches. Only one current chair has an interim appointment. Two or three additional retirements are expected within the next 3-5 years. Basic science chairs are appointed for a three-year term with a two-year extension contingent on performance. The "3+2" appointment is renewable every five years. Clinical chairs are appointed without term. However, in the event that a clinical chair is appointed without an external search, there is a provisional three-year appointment, after which the chair may be reappointed without term, contingent on performance.

a. If any members of the dean's staff hold interim/acting appointments, describe the status of recruitment efforts to fill the position(s).

No members of the dean's staff currently hold interim/acting appointments.

b. If there are any department chair vacancies, including interim/acting chairs, describe the status of recruitment efforts to fill the position(s).

The position of Chair of the Department of Neurology was posted for a national search in August 2017, the search committee has been created, and applications are being solicited.

c. Briefly describe how, how often, and by whom the performance of dean's office staff and department chairs is reviewed.

The chairs' progress in achieving the objectives of their action plans is evaluated semiannually by the Dean with input from the Executive Vice Dean; Senior Associate Deans for Education, Research, and Academic Affairs; the HSC Executive Physician-in-chief; and the Director of the Office of Finance. In addition, the Dean receives quantitative data on each department's activities in education (e.g., hours teaching), research (e.g., extramural funding, publications), clinical activity (e.g., RVUs vs. benchmarks) and financial management (e.g., performance vs. budget). These evaluations are incorporated into the chairs' annual performance reviews by the Dean of the SOM. The Dean reviews this information in a one hour private meeting with each chair.

Likewise, the overall success of the senior associate deans in achieving the programmatic objectives of the SOM action plans is evaluated by the Executive Vice Dean and incorporated into their annual performance reviews. Associate and Assistant Deans' performance are similarly reviewed annually by the relevant Senior Associate Deans. The performance of the Executive Vice Dean are evaluated by the Dean of the SOM with input from the Senior Associate Deans, Chairs and administrative staff. Success in achieving the objectives of the performance and action plans is a key determinant of annual compensation.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.4

1. Organizational chart of the dean's office.

See appendix 2.4-1 Org Chart Deans Office.pdf

2.5 RESPONSIBILITY OF AND TO THE DEAN

NOT APPLICABLE to UNM SOM

The dean of a medical school with one or more regional campuses is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus is administratively responsible to the dean.

Note: Only schools operating one or more regional campus (es) should respond to element 2.5. See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definition of regional campus.

2.5 SUPPORTING DATA

Table 2.5-1 | Regional Campus(es)		
Provide the requested information for each regional campus. Add rows as needed.		
Campus	Location	Name and Title of Principal Academic Officer

2.5 NARRATIVE RESPONSE

a. Describe the role of the medical school dean/designated chief academic officer in overseeing the conduct and quality of the medical education program at all regional campuses. Provide examples of how this individual monitors the adequacy of faculty at regional campus (es) and works with the principal academic officer(s) at each campus to remedy any deficiencies.

b. Describe the reporting relationship between the medical school dean/chief academic officer and the principal academic officer at each regional campus.

c. Describe the reporting relationships of other campus administrators (e.g., student affairs).

d. Describe the ways in which the principal academic officer(s) at regional campus (es) are integrated into the administrative and governance structures of the medical school.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.5

1. Position description for the role of principal academic officer at a regional campus.

2.6 FUNCTIONAL INTEGRATION OF THE FACULTY

NOT APPLICABLE to UNM SOM

At a medical school with one or more regional campuses, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and data sharing).

Note: Only schools operating one or more regional campus (es) should respond to element 2.6. See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definition of regional campus.

2.6 NARRATIVE RESPONSE

a. Describe the means by which faculty members in each discipline are functionally integrated across regional campuses, including activities such as faculty meetings/retreats and visits by departmental leadership. Provide examples of the occurrence of such activities in the past two years.

b. Describe how institutional policies and/or faculty bylaws support the participation of faculty based at regional campuses in medical school governance (e.g., committee membership).

c. List the following:

   1. faculty or senior administrative staff based at regional campuses serving on the medical school's curriculum committee
   2. faculty or senior administrative staff based at regional campuses serving on the medical school's admission committee
   3. faculty or senior administrative staff based at regional campuses serving on the medical school's executive committee

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 2.6

1. Organizational chart(s) illustrating the relationship of pre-clerkship course site directors to course directors (if relevant).

2. Organizational chart(s) illustrating the relationship of clerkship site directors to clerkship directors (if relevant).

STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

3.1 RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION

Each medical student in a medical education program participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited program of graduate medical education.

3.1 SUPPORTING DATA

Table 3.1-1 | Resident Involvement in Core Clinical Clerkships

List each clinical facility at which one or more medical students take a required core clinical clerkship (other than ambulatory, community-based sites). For each clerkship, place a "Y" to indicate that residents in an ACGME-accredited program are involved in medical student education, or an "N" to indicate that residents are not involved in medical student education in that discipline. If there is no clerkship in that discipline at that site, leave the cell blank. Add rows as needed.

Facility Name	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Neurology
University of New Mexico Hospital	Y	Y	Y	Y	Y	Y	Y
Veterans Affairs Medical Center		Y				Y	Y
Sandoval Regional Medical Center	N		Y			Y	
Presbyterian Medical Center			N				
Lovelace Medical Center			Y				

3.1 NARRATIVE RESPONSE

a. Provide the percentage of medical students in the current academic year who will complete one or more third-year/third-academic period clerkships at a site where residents participate in medical student teaching/supervision. For schools with regional campuses, provide these data by campus.

All medical students (100%) will complete 6 of the 7 required third-year clerkships at sites where residents participate in teaching and supervision. The majority of medical students on the Family Medicine Clerkship will not interact with residents as the clerkship experience is at sites with community faculty who do not generally have residents.

b. If some or all students do not have the opportunity to complete one or more clerkships where residents participate in medical student teaching/supervision, describe other (non-clerkship) required clinical experiences where students would have the opportunity to interact with residents.

All students have exposure to resident physicians during nearly all of the clinical clerkships.

c. If residents are not present at any of the sites where required clinical experiences are conducted for some or all students (e.g., at a longitudinal integrated clerkship site, a rural clerkship site, or a regional campus), describe how medical students learn about the expectations and requirements of the next phase of their training.

The Family Medicine Clerkship is the only required third-year clerkship where residents are generally not present. Medical students have ample opportunity to work with resident physicians in all of the other required clerkships in Phase II where they have the opportunity to learn about the expectations and requirements for residency training.

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 the research and other scholarly activities of its faculty.

3.2 SUPPORTING DATA

Table 3.2-1 | Student/Faculty Collaborative Research

Provide school and national data from the AAMC Graduation Questionnaire (GQ) on the percentage of students reporting participation in a research project with a faculty member.

GQ 2014		GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %	School %	National %
98.3	69.3	94.6	69.4	94.3	74.1	97.3	77.3

Table 3.2-2 | Research Opportunities

Provide the total number and percentage of medical students involved in each type of research opportunity for the indicated academic years.

	AY 2015-16	AY 2016-17
MD/PhD program	5	2
Summer research program	1	1
Year-out for research	0	1
Research elective	13	56
Other: (describe)		

3.2 NARRATIVE RESPONSE

a. Are medical students required to complete a scholarly/research project at some point in the curriculum? If yes, please describe.

Completion of a research/scholarly project has been a graduation requirement at the School of Medicine since the incoming class of 1993. Students are introduced to project requirements and resources during their first year and have until graduation to complete all components. In 2012 the Office of Academic Resources & Support (OARS) took over coordination of the research program, in order to offer relevant counseling and coaching with research implementation, including methodology and troubleshooting. Two senior staff with doctoral degrees in the OARS office directly counsel and coach students on research. As all medical students are required to complete a research/scholarly project, opportunities to work with a faculty mentor are ensured. The OARS office contacts all School of Medicine (SOM) faculty and compiles an updated list of mentors each year. Students contact the potential faculty mentors directly and complete a project plan with their input. Students can receive “walk-in” counseling on developing a research question, literature reviews and reviewing the project plan. Students with earned masters or PhD degrees with a thesis component can request exemption from required research, however, most of these students continue with alternative faculty-mentored research while in medical school. Students can also apply for a more research-intensive experience by applying to the Community of Scholars, which requires two additional abstracts and the writing of a grant application, in addition to the standard research requirements for the SOM. More information about this program follows.

Community of Scholars (CoS)
During the summer of 2014 two UNM medical students created an expanded research program with additional requirements, including completing a manuscript for publication, writing a grant proposal, and submitting two abstracts for national meetings. After obtaining preliminary approval from the Curriculum Committee in July of 2014, the "Community of Scholars" (CoS) started with the incoming School of Medicine Class of 2018. Concurrently a faculty advisory committee was formed. In August of 2014, advisory committee members and the two founding students interviewed interested candidates, selecting 12 for admission to the inaugural cohort.
The first year the CoS met monthly and participated in research activities. Two students left the program leaving 10 in the 2018 cohort. Members of this cohort helped recruit students from the Class of 2019. Twelve students were admitted, and 2 left during their first year. In spring of 2017, the 20 students in the first two cohorts were surveyed.

Eleven of 20 CoS students responded: seven grants have been awarded, 12 oral presentations and posters have been presented at regional or national meetings, nine manuscripts are being prepared, one manuscript has been published, and one patent applied for. All 20 CoS students in the Classes of 2018 and 2019 have maintained high academic standards in addition to their expanded research activities. There are an additional 13 students from the Class of 2020 in the CoS program (15 were accepted in August of 2016, two withdrew.) The students in the Classes of 2018 and 2019 have been key in mentoring incoming students, creating a stronger program with each passing year.

b. If students are not required to complete a research project, briefly describe the opportunities for medical students to participate in research, including how medical students are informed about research opportunities.

Not applicable.

c. Describe the funding and other resources available to support medical student participation in research.

Funding of $1250 is available to each student toward completion of their research and travel for presentation of results.

d. Describe how faculty scholarship is fostered in the medical school. Is there a formal mentorship program to assist faculty in their development as scholars? Describe the infrastructure and resources available to support faculty scholarship (e.g., a research office, support for grant development, seed funding for research project development).

The School of Medicine faculty have access to a Faculty Mentor Development program developed by the NIH funded Clinical & Translational Sciences Center (CTSC). There are on-line training programs to effectively train mentors, and there are several research development programs for faculty including the certificate in Clinical and Translational Science, Master's of Science in Clinical Research Program, and Junior Faculty Mentoring and Career Development resource page. There are several intramural funding opportunities including the Research Allocation Committee training grants and CTSC Pilot funds Dr. Richard Larson is the Vice Chancellor for Research and oversees these programs which are available to all Health Sciences Center faculty. The CTSC also offers biostatistical support, and infrastructure for community engagement and community health research, drug rescue, repurposing and repositioning, molecular discovery, informatics, and clinical trials support. Descriptions of these programs are provided at the following web page: https://hsc.unm.edu/research/ctsc/training/index.html

Individual departments such as the Department of Internal Medicine, also have Vice Chairs for Research and seed money set aside to support local research as well as trainings and consultations to aid faculty in their scholarship. Departments encourage faculty scholarship when helping faculty to build their careers and work towards promotion and national networking and recognition.

3.3 DIVERSITY/PIPELINE PROGRAMS AND PARTNERSHIPS

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

As part of our vision and strategic plan to address health disparities, the school aims to train students who represent the state's population. As such, our school-defined diversity categories include women and underrepresented groups in medicine (URM) of New Mexico (Hispanic, American Indian/Alaska Native, African American, Vietnamese) relative to the diverse cultures and needs of New Mexico's population. In addition, having a rural background (e.g., education or domicile outside of Bernalillo County, Rio Rancho and Corrales) and economic disadvantage are additional school defined diversity categories. At the University of New Mexico (UNM) School of Medicine we are committed to enhancing diversity and inclusion capacity. We are a mission driven institution where we measure excellence by our ability to advance the health of all New Mexicans by educating and increasing the diversity of health professionals, leaders and scientists.

The 2010 letter of accreditation noted four areas of institutional strength: one of which related to diversity:
Under the leadership of Dean Paul Roth, the school of medicine's commitment to improve the health of the people of New Mexico, evidenced by the Health Equity curriculum and the efforts to enhance the diversity of the future medical workforce, is exemplary.

Efforts to sustain diversity have continued to be prioritized. Diversity was elevated to the Vice Chancellor level in 2011 with Dr. Romero-Leggott serving as Vice Chancellor for HSC Diversity. Since 2010, the office has grown in depth and breadth with the addition of significant resources. Additional faculty and staff have been hired compared to 2010 including 6 Diversity Directors, a SOM Assistant Dean, and an Internal Medicine Vice Chair for Diversity & Inclusion. These Diversity Leaders (See Appendix 3.3 Diversity Leadership Table.pdf) have been integral to the innovation, development, implementation, and success of the programs, partnerships, collaborations and initiatives that work to meet the mission of the SOM and HSC. Of note, the majority of Directors' Diversity efforts/FTE are at least 50% supported by their department chairs showing tremendous support for diversity across the SOM.

3.3 SUPPORTING DATA

Table 3.3-1 | Diversity Categories and Definitions*

Provide definitions for the diversity categories identified in medical school policies that guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Note that the medical school may use different diversity categories for each of these groups. If different diversity categories apply to any of these groups, provide each relevant definition.

Medical Students	Faculty	Senior Administrative Staff**
1. Gender: Female 2. Underrepresented Minority: • African American • American Indian/Alaska Native • Hispanic • Vietnamese 3. Rural***	1. Gender: Female 2. Underrepresented Minority: • African American • American Indian/Alaska Native • Hispanic	1. Gender: Female 2. Underrepresented Minority: • African American • American Indian/Alaska Native • Hispanic

4. Economic Disadvantage****		

***Diversity Categories and Definitions**

Our school-defined diversity categories include women and underrepresented groups (based on AAMC definition) in medicine for New Mexico (Hispanic, American Indian/Alaska Native, African American, Vietnamese) relative to the diverse cultures and needs of New Mexico's population.

**Senior Administative Staff include the School of Medicine Department Chairs and Deans listed in the School's Organizaitonal Chart. All Senior Administrative Staff in the School of Medicine are faculty.

***Rural** is defined as and determined by the rural location of the student's high school education or domicile at the time of their application to medical school at UNM. New Mexico addresses located outside of Bernalillo County or the towns of Rio Rancho and Corrales are considered rural. This category is applied to in-state applicants only.

****Economic Disadvantage** is defined as and determined by the results of the Free Application for Federal Student Aid (FAFSA). https://hsc.unm.edu/academicaffairs/financialaid/som/

Table 3.3-2 | Offers Made to Applicants to the Medical School

Provide the total number of offers of admission to the medical school made to individuals in the school's identified diversity categories for the indicated academic years. Add rows as needed for each diversity category.

	2016 Entering Class			2017 Entering Class		
School-identified Diversity Category	# of Declined Offers	# of Enrolled Students	Total Offers*	# of Declined Offers	# of Enrolled Students	Total Offers*
Totals for Entering Class	21	103	131	27	103	133
Gender:						
Female	10	50	64	16	55	74
Male	11	53	67	11	48	59
Underrepresented Minority (URM):						
African American	0	3	3	3	4	8
American Indian/Alaska Native	6	4	10	4	4	8
Hispanic	5	37	45	8	32	40
Vietnamese**	-	-	-	0	1	1
Non-URM	10	59	73	12	63	77
Rural	10	45	57	12	39	50
Urban	5	56	66	15	62	76
Economic Disadvantage	8	37	47	5	37	42
Unclassified	13	66	84	22	66	91

* Total Offers also include rescinded and deferred offers

**Vietnamese data collected as of 2017 Entering Class

(See Appendix 3.3-2 Activities Diversity Support.pdf)

Table 3.3-3 | Offers Made for Faculty Positions

Provide the total number of offers of employment made to individuals in the school's identified diversity categories for faculty positions. Add rows as needed for each diversity category.

	AY 2015-16			AY 2016-17		
School-identified Diversity Category	# of Declined Offers	# of Faculty Hired	Total Offers	# of Declined Offers	# of Faculty Hired	Total Offers
Total	*	157	*	*	178	*
Gender:						
Female	*	72	*	*	94	*
Male	*	85	*	*	84	*
Underrepresented Minority:						
African American	*	1	*	*	2	*
American Indian/Alaska Native/	*	1	*	*	1	*
Hispanic	*	18	*	*	22	*
non-URM	*	143	*	*	152	*

*NOTE: Prior to April 3, 2017 the UNM Applicant to Hire System did not have the system capability to collect data for declined offers, only accepted offers were tracked and available. UNM recognized this deficiency and the new Applicant to Hire system, initiated April 3, 2017, now tracks declined offers. The new system will collect and categorize information on "declined offers" (e.g., accepted another position at UNM, accepted position outside UNM, compensation/salary range, location of worksite, research support, and other), which will facilitate evaluation of the hiring process for recruitment of diverse faculty to the UNM School of Medicine. A report of the number of applicants (accepted and declined offers) processed through the new system will be reported for the period of April 3, 2017 through December 31,2017. Please note that this report will reflect only the applicant hires both initiated and completed in the new system.

Table 3.3-4 | Offers Made for Senior Administrative Staff Positions

Provide the total number of offers of employment made to individuals in the school's identified diversity categories for senior administrative staff positions. Add rows as needed for each diversity category.

	AY 2015-16			AY 2016-17		
School-identified Diversity Category	# of Declined Offers	# of Staff Hired	Total Offers	# of Declined Offers	# of Staff Hired	Total Offers
Gender:						
Female	0	0	0	0	3	3
Male	1	2	3	1	3	4
Underrepresented Minority:						
African American	0	0	0	0	0	0
American Indian/Alaska Native	0	0	0	0	0	0
Hispanic	0	1	1	0	0	0
non-URM	1	1	2	0	0	0

Table 3.3-5 | Students, Faculty and Senior Administrative Staff

Provide the requested information on the number and percentage of enrolled students, employed faculty, and senior administrative staff in each of the school-identified diversity categories (as defined in table 3.3-1 above).

School-identified Diversity Category	First-Year Students* N (%)	All Students* N (%)	Employed/ Full-time Faculty** N (%)	Senior Administrative Staff** N (%)
Total	105	420	910	35
Gender:				
Female	51 (48.6)	208 (49.5)	444 (48.8)	11 (31)
Male	54 (51.4)	212 (50.5)	466 (51.2)	24 (68.6)
Underrepresented Minority:				
African American	1 (1.0)	10 (2.4)	11 (1.2)	0
American Indian/Alaska Native	2 (1.9)	13 (3.1)	7 (0.7)	0
Hispanic	41 (39.0)	147 (35.0)	121 (13.3)	7
Vietnamese***	-	-	-	-
non-URM	61 (58.1)	170 (59.5)	670 (73.6)	30 (85.7)
Rural	46 (43.8)	183 (43.6)	-NA-	-NA-
Urban	59 (54.1)	237 (56.4)	-NA-	-NA-
Economic Disadvantage	92 (87.6%)	372 (88.5%)	-NA-	-NA-

* Student data reflect the 2016-2017 Academic Year. Total student numbers were obtained from the UNM Databook https://hsc.unm.edu/about/databook/ verified against UNM Official Enrollment Reports http://oia.unm.edu/facts-and-figures/official-enrollment-reports.html

** Full-time Faculty and Senior Administrative Staff data as of August 2, 2017

*** System capability efforts for collection of Vietnamese data will initiate in AY 2017-2018.

Table 3.3-6 | Pipeline Programs and Partnerships

List each current program aimed at broadening diversity among qualified medical school applicants. Provide the average enrollment (by year or cohort), target participant group's) (e.g., college, high school, other students), and a description of any partners/partnerships, if applicable. Add rows as needed.

Program	Year Initiated	Target Participants	Average Enrollment (students/yr)	Partners
Premedical Enrichment Program (PrEP)	2007	Educationally disadvantaged New Mexican students who have completed a bachelor's degree, who exhibit exceptional non-cognitive characteristics, but who are not eligible for direct admission into medical school due to MCAT scores or undergraduate GPA	7 s/yr.	HSC Office for Diversity, Department of Biochemistry and Molecular Biology, Office of Academic Resources and Support
Combined BA/MD Program	2006	High School students graduating from a New Mexico or Navajo Nation high school, 70% Rural, 30% Urban	28 /yr	UNM School of Medicine, UNM College of Arts & Sciences
Biomedical Research	2009	Undergraduates	2 (2009) 16 (2010) 30 (2011)	UNM Clinical and Translational Research Center (CTSC),

Education Program's Undergraduate Pipeline Network (UPN)			22 (2012) 21 (2013) 24 (2014) 30 (2015) 28 (2016)	UNM Comprehensive Cancer Center's CURE Program, UNM INBRE, NM CARES Center, UNM Native Enviornmetal Health Equity Center, , Intellicyte Inc., National Research Mentoring Network (NRMN), UNM Office of Research, BUILDing Scholars Program
New Mexico Clinical Education Program (NM ClinEd)	2006	Pre-med students currently in college as a junior, senior or graduate. New Mexico Resident. 3.0 GPA and above.	3 /yr	Erica Garcia, MD Ann Mercer, MD
Dream Makers Health Career Program	2002	Middle and High School Students with an interest in pursuing a health career	151 /yr	
Health Career Academy Albuquerque (HCA)	2006	Educationally and economically disadvantaged New Mexico resident preparing to enter their sophomore, junior or senior year of high school. Must have an expressed interest in pursuing a health career and meet a minimum GPA of 2.5.	15 /yr	UNM Health Sciences Center, UNM Department of Mathematics and Statistics, UNM College Prep Programs, UNM Advisement Center Dual Credit, CLN Kids, Southwest Creations Collaborative, Partnership for Community Action
Health Career Academy Silver City (HCA)	2014	Educationally and economically disadvantaged New Mexico resident preparing to enter their sophomore, junior or senior year of high school. Must have an expressed interest in pursuing a health career and meet a minimum GPA of 2.5.	19 /yr	UNMHealth Sciences Center, Hidalgo Medical Center, Southwest Center for Health Innovation, New Mexico Area Health Extension Cooperative (AHEC), UNM College of Nursing, UNM College of Pharmacy, UNM School of Medicine
Health Career Academy Santa Fe Indian School (HCA)	2015	Educationally and economically disadvantaged New Mexico resident preparing to enter their sophomore, junior or senior year of high school. Must have an expressed interest in pursuing a health career and meet a minimum GPA of 2.5.	16 /yr	UNMHealth Sciences Center, Santa Fe Indian School, Santa Fe Community College, Gerald J. and Dorothy R. Friedman Foundation, UNM College of Nursing, UNM College of Pharmacy, UNM School of Medicine
MCAT+ Albuquerque	2006	Educationally and economically disadvantaged New Mexico resident currently enrolled in college as a junior, senior, or college graduate.	18 /yr	UNMHealth Sciences Center, UNM School of Medicine
MCAT+ Silver City	2014	Educationally and economically disadvantaged New Mexico resident currently enrolled in college as a junior, senior, or college graduate.	9 /yr	UNMHealth Sciences Center, UNM School of Medicine, Hidalgo Medical Center, Southwest Center for Health Innovation

Undergraduate Health Sciences Enrichment Program (USHEP)	2002	Educationally and economically disadvantaged New Mexico resident who has been accepted and entering their first year of a post-secondary college/university. Must have an expressed interest in pursuing a health career and meet a minimum GPA of 2.5.	16/yr	UNMHealth Sciences Center, UNM Department of Mathematics and Statistics, UNM College Prep Programs, UNM Advisement Center Dual Credit, CLN Kids, Southwest Creations Collaborative, Partnership for Community Action
Building Outstanding STEM-H Students	2007, HSC affiliation began in 2015	Educationally and economically disadvantaged, URM K – 12 students.	200 /yr	UNM Health Sciences Center, N M Black Organizing History Committee, NMOffice of African American Affairs, UNM College of Engineering, Foundations for Success, LLC
The Perry Outreach Program	2013	Female high school students from rural and low-income urban high schools in New Mexico	40 /yr	UNM Department of Orthopedics & Rehabilitation, UNM Department of Mechanical Engineering, the Perry Initiative (for the first event); Sandia Orthopedics Alumni Society; Acumed and Summit Medical

3.3 NARRATIVE RESPONSE

a. Describe the programs related to the preparation, recruitment, and retention of medical students, faculty, and senior administrative leadership from school-defined diversity categories.
   1. The funding sources that the medical school has available
   2. The individual personnel dedicated to these activities
   3. The time commitment of these individuals
   4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean's office, a university office)

The University of New Mexico's SOM and Health Science Center (HSC) has developed robust programs, policies and practices to support and sustain a diverse student body and health care work force. We honor our mission to enhance diversity and inclusion as a driver of institutional excellence and health equity. We actively seek and celebrate the workflow benefits that come from all aspects of difference that foster respect, and value for all.

MEDICAL STUDENTS

- **HSC Racial/Ethnic Minority (R/EM) Student Recruitment Plan andToolkit**

  As part of the UNM HSC Strategic Plan and in collaboration with stakeholders across the institution, the HSC Office for Diversity (OfD) developed a comprehensive plan for the recruitment of R/EM students in 2015. While each HSC program has specific needs related to successful student recruitment, specific strategies can be applied uniformly across the institution. The **HSC R/EM Student Recruitment Plan and Toolkit** represents the framework for implementation of best practices to improve student diversity across all HSC programs. Both the Recruitment Plan and Toolkit were presented and approved by SOM/HSC leadership.

  The initial Toolkit included the following recommended practices:
  - Coordinate outreach and recruitment activities, and introduce methods to plan and track contact with prospective students through admissions.
  - Assure diversity and inclusion among admissions committee members, and ensure all members receive unconscious bias training
  - Review and refine marketing agendas to promote diversity and inclusion by assuring optimal representation of New Mexico's diverse populations, and highlighting career opportunities in diverse communities across the state.

  The Toolkit was updated for the 2017-18 academic year to reflect the high priority areas identified in the initial evaluation and SWOT analysis seen below. Please refer to the UNM HSC R/EM Student Recruitment Plan for additional resources on best practices. The **UNM HSC R/EM Tookit and Recruitment Plan** can be found here: https://hsc.unm.edu/programs/diversity/

Funding Source	HSC Office for Diversity
Personnel Time commitment Organizational Locus	Director, Leadership, Martha Muller, MD (10%), HSC Office for Diversity (Initial development and dissemination) Director, Evaluation, Melissa Gonzales, PhD (10%) HSC Office for Diversity (iterative evaluation of implementation, SWOT analysis and revisions)
Monitoring and Evaluation	The Student Recruitment Toolkit was evaluated in 2016 by on-line survey (68% response rate), and SWOT analysis. The SWOT analysis prompted interventions to enhance usability of the Student Recruitment Toolkit. Recommended interventions to improve student recruitment include:

	1. Formalize methods for providing and tracking consistent follow-up with qualified R/EM student recruits 2. Include R/EM student recruiters in outreach and admissions processes. 3. Reinforce unconscious bias training of all admissions committee members. Add an HSC unconscious bias training module targeted at UNM HSC programs. 4. Clarify criteria for review of program reruitment materials, with cross reference to the OfD recruitment resources.
Program Effectiveness	**Strengths**: 64% use a follow-up plan for recruitment-related contact with R/EM student prospects; and 69% view follow-up with URM as important **Weaknesses:** 31% use of guidelines for diverse and inclusive (e.g., R/EM, Gender, LGBTQ, etc.) admissions committees **Opportunities:** 44% of follow-up plans for recruitment-related contact with URM student prospects are currently informal, and the plans are for more than just URM **Threats:** Limited availability of personnel, funding, and expertise to conduct The R/EM Student Recruitment toolkit was updated for the 2017-18 academic year to reflect the high priority areas identified in the initial evaluation, SWOT analysis and qualitative interviews with stakeholders involved in outreach, recruitment and student admissions. Follow up evaluation of the revised 2017-18 toolkit is planned for the end of 2017

The Association for Advancement of Minorities in Medicine (AAMM)

AAMM is a medical student organization open to students of all class years, emphasizing mentoring relationships between the first and second-year students.

Meetings and events held by the AAMM encourage and promote students to serve the community by volunteering in the Immigration Clinic and Feria De Salud. The Immigration Clinic is student run and supervised by faculty sponsor Dr. Brian Solan. The clinic offers free physical exams. Students also participate alongside members of the New Mexico Hispanic Medical Association to provide free dementia screenings to anyone interested during the annual Feria de Salud.

Funding Source:	1. As a UNM chartered organization, the AAMM has allocated funds through the Graduate and Professional Student Association ~$1500.00/year 2. New Mexico Hispanic Medical Association $200-500/year 3. HSC Office for Diversity $200-$500/year
Personnel Time commitment Organizational locus	Valerie Romero-Leggott, Vice Chancellor for Diversity- faculty advisor Brian Solan, MD, Immigrant Student Run Clinic- faculty advisor Student Leaders: Hunyh Nguyen, MS II; AAMM Student President Clare Arroyo, MS II; AAMM Student Tamara Weddington, MS II; AAMM Student Officer Martha Gallegos, MS III; AAMM Student Clinic Coordinator

	Time commitment for faculty: Faculty advisors are active since the beginning AAMM inception with year-round support for students as needed to ensure success and continuation of the program. The time commitment for students: Students in a leadership position serve a yearlong commitment (January to December) to AAMM. They attend monthly leadership meetings. Time commitment varies between 1-4 hours per month. Students participating usually participate in events totaling 1-3 hours per event.

Latino Medical Student Association (LMSA) National was established in 2003 to promote the recruitment, retention, and advancement of Latino students. The UNM SOM LMSA is in the process of formally chartering.

Pre-engagement activities include:

- Two meetings to foster relationships among future student members, residents, and faculty.
- Engagement with students to assist in successful clerkships completion
- Support sessions including a question and answer sessions for off-cycle students needing support transitioning into rotations.
- Mentoring and navigating sessions scheduled for the coming year.
- Organization kick off - Fall 2017

In addition to starting new initiatives, we have been in communication with other student groups (SNMA) and plan on collaborating on projects to assist in achieving our goals of promoting the successful completion of our members medical training.

Funding Source:	1. As a UNM Chartered organization, the AAMM has allocated funds through the Graduate and Professional Student Association- $1500 2. HSC Office for Diversity: start up and speaker fees $200-$500
Personnel Time commitment Organizational locus	Faculty Advisors: Patrick Rendon MD Valerie Romero-Leggott, MD, Vice Chancellor for Diversity Alisha Parada MD, Vice Chair for Diversity, Internal Medicine Brenda Pereda MD, Assistant Dean for Diversity Crystal Chan MD Sergio Huerta MD Sergio Montano MD Brandon Murguia MD Time commitment for faculty: 1-2 hours per month on dates of activities Student Leaders: Daniel Padilla, MS III Ricardo Galicia, MS II The time commitment for students: Students in leadership position serve a yearlong commitment. They attend monthly leadership meetings. Time commitment varies between 1-4 hours per month. Students participating usually participate in events totaling 1-3 hours per event.

Student National Medical Association (SNMA)

The UNM chapter of the Student National Medical Association (SNMA) was established in 2011 by a small group of pre-medical, medical students and a faculty advisor who is also a member of the National Medical Association (NMA), the parent organization. The UNM SNMA chapter actively engages with and mentors students across grade levels to encourage good health, wellbeing, academic excellence and to offer support for the success of our students and works to address the elimination of health disparities through education, advocacy and health policy to promote health and wellnes

UNM SNMA chapter hosted the Region III Leadership Retreat. The event was a success; it brought together students and African American faculty from the SOM and the community. The faculty advisor established mentor relationships with students from other schools. The newly installed president of the NMA, Dr. Doris Browne, has appointed faculty advisor, Dr. Anne Simpson, to lead the NMA's national mentor program.

This year, UNM supported six students to attend the annual conference held in Atlanta, Georgia. Students returned enthusiastic and highly motivated with goals to increase UNM medical student community presence through various outreach initiatives, as well as establish a Minority Association of Premedical Students (MAPS) chapter on UNM main campus in order to continue to fulfill the school of medicine's core values which include commitment to diversity. Students also worked hand in hand with School of Medicine faculty and the Office for Diversity to provide insight and make changes to the Implicit Bias in Medicine lecture series, a component of the Doctoring II course.

One of the group's biggest achievements for the 2016-2017 academic year included being co-organizer of the school's first White Coats for Black Lives event. This forum was open to the entire UNM community to discuss and spread awareness about health inequities that exist as a consequence of racial bias and inequality. This discussion was highly successful with widespread participation from various institutional departments, supported by Dr. Paul Roth, Dean of the School of Medicine, and was featured on local news outlets. SNMA hopes to make this a yearly event to continue to provide a space to foster these much-needed conversations.

Funding Source:	1. As a UNM Chartered organization, the SNMA has allocated funds through the Graduate and Professional Student Association- $1500 2. HSC Office for Diversity: start up, speaker fees, conference support $200-500. 3. Office of Undergraduate Medical Education - speaker fees, conference support 4. Center of Excellence for African American Affairs- speaker fees, conference support
Personnel Time commitment Organizational locus	Faculty Advisors: Anne Simpson, MD, Director, UNM SOM Institute of Ethics Karissa Culbreath, PhD, Director BOSS (Building Outstanding STEM Students) Program, HSC Office for Diversity Valerie Romero-Leggott, MD, Vice Chancellor for Diversity Time commitment: hours vary per month depending on initiatives planned Student Leaders: Co-Presidents Dukens LaBaze, MS IV Chrys Dominique Djatche de Kamgaing, MS II The time commitment for students: Students in leadership position serve a yearlong commitment.

	They attend monthly leadership meetings. Time commitment varies between 1-4 hours per month. Students participating usually participate in events totaling 1-3 hours per event.

LGBTQ Students and Allies in Healthcare (LSAH) is a UNM chartered student organization. LSAH is dedicated to advancing the health of Lesbian, Gay, Bisexual, Transgender, and Queer people through community outreach, curriculum intervention, provider education, and mentoring. LSAH members include students from all health programs at the HSC. SOM students are strongly represented. Recent activities include: 1) assessment and revision of the SOM curriculum to address deficiencies in the SOM curriculum specific to LGBTQ health needs, 2) every other month educational sessions open to all HSC students on LGBTQ health, 3) mentorship with undergraduate and high school students interested in health careers, and 4) participating and representing UNM HSC in local events (e.g., World AIDS Day, Albuquerque Pride).

Funding Source:	HSC Office for Diversity 1. As a UNM Chartered organization, LSAH has allocated funds through the Graduate and Professional Student Association- $400 2. HSC Office for Diversity: speaker fees, conference support $200-500.
Personnel Time commitment Organizational locus	Cameron Crandall, MD (20% FTE) Director for LGBTQ Equity and Inclusion in the HSC Office for Diversity. Dr. Crandall is the faculty advisor for the LSAH Student organization.
Monitoring and Evaluation	The Office for Diversity maintains a confidential listserv of students, staff and faculty who are interested in receiving email communication on issues/meetings relevant to the LGBTQ community. The student list contains approximately 60 current medical students and 40 students in other HSC programs. The staff/faculty listserv contains approximately 100 current staff and faculty. LSAH tracks attendance at monthly meetings and affiliated activities sponsored by or aligned with LSAH. Approximately 15 to 20 students attend each monthly meeting, of which an estimated 90% are SOM medical students. LSAH meets during the lunch period and on a day/time when all of the HSC schools are free (currently Thursdays, 12 to 1). Each year, LSAH holds an organizational meeting, identifies officers and solicits input regarding educational sessions to be provided at noon meetings. LSAH is currently surveying HSC student attitudes and beliefs around self-disclosure of LGBTQ identity during the application process. This information will help HSC develop a student centered process as the institution moves forward to collect this information. The HSC plans to include LGBTQ identity as a diversity category in the future. A process to collect self-disclosed LGBTQ identity is necessary to measure program effectiveness.
Program Effectiveness	Effectiveness of LSAH is measured through meeting attendance, and tracking the number and type of initiatives initiated by or aligned with the LSAH organization. Recent successful initiatives include: 1) Expanding our membership beyond the School of Medicine to include other HSC programs, including nursing, pharmacy, PT and OT; 2) LSAH has continuously offered quarterly outreach/mentoring for about two years to local high school Queer Student Alliances (QSAs) on topics of interest to the high school students; 3) Successful "salt and pepper" curricular changes and updates across the medical student curriculum to include LGBTQ-specific topics (such as adding LGBTQ identified standard patients or case studies, updating the sexual history taking course to be more inclusive of sexual and gender minority patient);

	4) Publications/scientific presentations initiated by LSAH members (Since 2016, LSAH members have had 2 peer reviewed publications and 2 abstract presentations for projects). (Key SOM publication: Mayfield J, Ball E, Tillery K, Crandall C, Dexter J, Winer J, et al. Beyond Men, Women, or Both: A Comprehensive, LGBTQ-Inclusive, Implicit-Bias-Aware, Standardized-Patient-Based Sexual History Taking Curriculum. MedEdPORTAL [Internet]. 2017 Sep 28 [cited 2017 Oct 11];(13). Available from: https://www.mededportal.org/publication/10634/)

The Interprofessional Health Outreach Program (IHOP) is an HSC student program that engages with the New Mexico's urban and rural communities to understand community needs. IHOP coordinates opportunities for HSC students to visit with community youth and to co-share skills learned on their journey toward a health professions program. IHOP also fosters inter-professional alliance and understanding of the barriers present when accessing higher education. Mentorship and teamwork are promoted.
IHOP students participate in following ways:

Leadership Council consists of four professional students who lead the program.
Student Ambassadors, designated from each of the HSC Health professions, serve as liaisons between their respective HSC Health profession cohort and the IHOP leadership council.

Funding Source:	Graduate Student Program Association is a chartered UNM Organization. The UNM Health Sciences Center Office for Diversity provides a $2000 allocated budget per academic year for materials/supply cost and travel.
Personnel, time commitment and organizational locus	Faculty Advisors: Dr. Valerie Romero-Leggott, MD- IHOP Faculty Advisor Octavio Muñoz, Program Specialist: Office for Diversity Staff liaison Health Professions Leadership Council Students: Nicole Lee, MS III Maria Hernandez, College of Pharmacy Yr. 2 Jillian Martinez, OT Student Yr 2 Martha Gallegos, MS III Students in leadership positions serve a yearlong commitment to IHOP. They attend 2 monthly leadership meetings. Time commitment is 5 to 10 hours per month. Ambassadors for the IHOP program are required to attend monthly meetings and hold the position for one academic school year. Time commitment is 2 to 5 hours per month Students participating usually participate in events totaling 1-3 hours per event.
Monitoring and Evaluation	The Office for Diversity incorporates Positive Youth Development into every presentation, which is an intentional, pro-social approach that engages youth with their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive, recognizing, utilizing and enhancing youth's strengths. A process-evaluation plan is used for each session (event) to measure program implementation.Future evaluation plans include presentation design across various HSC disciplines and creating outcomes-based evaluation tools for both presenters and students in respective communities.

	To address opportuinites that have arisen over time, the program introduced IHOP Ambassadors to diversify presentations and student recruits to the HSC. As community interest increased, a monthly newsletter was developed to promote upcoming and highlight past events.
Program Effectiveness	IHOP has completed 58 presentations throughout the state, averaging 38 students per presentation. Out of the 58 presentations, 44 of them have been hosted in rural New Mexico communities. HSC programs were represented by student from the School of Medicine, the BA/MD program, and six other health professions programs.

Center for Native American Health (CNAH) has 3 cores: 1) Native Student and Tribal Health Workforce Development; 2) Indigenous Knowledge and Development; and 3) Research. Activities include student recruitment and retention, workforce needs assessment and development, communityengagement in the social determinants of health, community-based participatory research (CBPR), community health assessment capacity building, program planning, and project management. CNAH partners with students, staff, faculty, tribal nations, community groups, organizations, and government agencies to develop sustainable solutions and creative pathways for improving the health and well-being of Indigenous people. CNAH focuses on tribal community strengths such as local and unique knowledge, core cultural value systems, and health beliefs. CNAH also aims to strengthen partnerships with HSC and main campus programs to enhance recruitment and retention of American Indian students into HSC degree programs.

CNAH American Indian (AI) Student Outreach and Engagement activities include:

- Participation in Resource Fairs
- Presentations at High Schools and Middle Schools throughout the state.

CNAH AI Student Recruitment activities include:

- Sponsoring the Indigenous Pre-Admission Education for the Health Profession Workshop (i-PrEHP)
- Hosting HSC Campus Visits/Tours for Santa Fe Indian School senior and middle school students and Northern Arizona University Bridges Summer Program,
- Sponsoring the Santa Fe Indian School Leadership Institute Summer Policy Academy,
- Participating in UNM School of Medicine (SOM) applicant Interviews
- Assisting in the planning of the intensive, 2-day 2017 Pre-Admission Workshop (PAW) with Office for Diversity and SOM Office of Admissions.

CNAH AI Student Retention Support Activities include:

- Participation in student resource fairs, presentations to the UNM American Indian Summer Bridge Program, and Student Capacity Building & Training.
- Financial assistance is available to AI students to defray costs associated with admissions testing (MCAT, GRE), licensing exam fees and preparation (USMLE, PANCE), professional conference registration fees, and travel. In reciprocity for financial assistance, students committed over 150 service hours to support CNAH student outreach, recruitment, and retention activities.
- Supplementary travel assistance
- Connecting students with tribal leaders and tribal health program personnel.
- Maintainance of the Dr. Ervin Lewis Student Center on HSC campus for use by AI HSC students to study, socialize, seek cultural connections, meet with staff, faculty, etc.

Funding Source:	Legislature, Dean's Allocation, HRSA grant, NIH grants, Indian Health Service
Personnel Time commitment Organizational locus	Director, Tassy Parker, PhD (Full-time); CNAH Associate Director Nathania Tsosie (Full-time); CNAH Patricia Bradley, Community Education Advisor (.2FTE); CNAH Micah Clark, Student & Workforce Development Specialist (Full-time); CNAH

	Norman Cooeyate, Supervisor of Cultural Engagement (Half-time); CNAH Jessica Ahiyite, Program Coordinator (Full-time); Vangee Nez, Graduate Assistant (Half-time); CNAH Alan Dominguez, Graduate Research Assistant (.75 FTE); CNAH Kadisha Garcia, Office Assistant (Half-time); CNAH Justine Yazzie, Program Assistant (Half-time); CNAH Leyabah Tsosie, Program Assistant (Half-time); CNAH
Monitoring and Evaluation	CNAH uses SMART goals to guide and monitor progress on initiatives. SMART goals are evaluated bi-weekly. CNAH events and activities are further evaluated for participant satisfaction and knowledge gained using written surveys and reflective conversations. CNAH maintains a log of student interactions for reporting purposes. The logs are generated from sign-in sheets collected at each event and in the Dr. Ervin Lewis Student Center.
Program Effectiveness in Terms of outcomes	**Outreach**: 350 American Indian (AI) K-12, tribal, community college students from July 2016 to June 2017. **Engagement**: 187 American Indian UNM undergraduate and graduate UNM Health Sciences Center (HSC) students participated in recruitment and retention activities from July 2016 to June 2017. **Retention Activities** In 2016/17, 1 SOM AI student; 7 pre-health student participants participated in Student Capacity Building & Training, and 19 HSC Students, 78 pre-health students participated in a CNAH retention workshop. **Financial Assistance:** In academic year 2016-17 financial assistance was given to 17 American Indian students, and supplementary travel assistance to 22 nursing students to complete a 2-week practicum at the Chinle Indian Hospital on the Navajo Nation. **Student Support Resources:** From August 2016 to May 2017, 16 HSC students (11 SOM, 2 pharmacy, and 3 nursing) used the Dr. Ervin Lewis Student Center for a combined total of approximately 1,000 hours for studying, networking, printing, internet access, research, meals, rest, or related activities. **Pre-Admission Workshop (PAW):** 19 AI students (total, one from UNM) participated in the 2-day intensive workshop in March 2017 at the University of Colorado in Denver. **Graduation:** Between 2013 and 2017, 31 American Indian/Alaska Natives graduated from the UNM School of Medicine and 104 from other health degree programs at the UNM Health Sciences Center. **Mentorship**: Between 2010-2017 CNAH faculty have mentored the required research initiatives of 9 American Indian/Alaska Native medical students, each requiring a three year commitment of time.

Medical Student Outreach Program for Orthopedic Surgery (MSOP) focuses on outreach to women medical students by hosting a half day clinical workshop with mentorship and guidance for interested students. The program accepts 30 students.

Funding Source:	2016 Competitive grant funding from Perry Initiative, UNM Orthopedics
Personnel Time commitment Organizational Locus	Deana Mercer, MD (Associate Professor, 5%) School of Medicine, Orthopedics Sahar Freedman, BA (Program Coordinator, 15%) School of Medicine, Department of Orthopedics

Monitoring and Evaluation	The Perry Initiative collects evaluation data from each site and produces a composite annual report, which is available at https://perryinitiative.org/. Beginning in 2017, UNM site initiated a post-event survey with a projected 4-6-year follow-up of participants. Qualitative evaluations to date indicate that the Program is positively perceived (e.g., "It was very well organized and I obtained so much great information from it"). Volunteers expressed interest in helping at future programs and participants have reached out to female orthopedic physicians for shadowing opportunities.
Program Effectiveness	In 2016, 25 female medical students participated in MSOP. In 2017, the number of applicants and participants increased to 30. Our monitoring and evaluation program will be following these and future prarticipants to evaluate effectiveness in terms of medical school graduation and specialty pursued after graduation.

FACULTY/SENIOR ADMINISTRATIVE LEADERSHIP

UNM HSC Racial/Ethnic Minority (R/EM) Faculty Recruitment Plan and Toolkit

As part of the HSC Strategic Plan and in collaboration with stakeholders across the institution, the HSC Office for Diversity (OfD) developed a comprehensive Plan for the Recruitment of R/EM Faculty in 2015. While each HSC college has specific needs related to successful faculty recruitment, specific strategies can be applied uniformly across the institution. The 2015-2016 HSC R/EM **Faculty Recruitment Plan** and the **2017-18 Toolkit** represent the framework for implementation of best practices to improve faculty diversity across HSC colleges. Both the Recruitment Plan and Toolkit were presented and approved by SOM/HSC leadership.

The Toolkit provides best practices for the:

- Diversification of faculty search committees
- Reducing unconscious bias among search committee members
- Utilization of enhanced recruitment strategies.

Personnel Time commitment Organizational Locus	Director, Leadership, M. Muller, MD (10%), HSC Office for Diversity (Initial development and dissemination) Director, Evaluation, M. Gonzales, PhD. (10%) HSC Office for Diversity (Iterative evaluation of implementation, SWOT analysis and revisions)
Monitoring and Evaluation	The faculty toolkit was released to the HSC on June 27, 2017. The Office for Diversity will assess the usefulness of the Faculty Recruitment Toolkit on a semi-annual basis both within individual programs and collectively across the HSC .
Program Effectiveness	An initial evaluation of the implementation and usefulness of the R/EM Faculty Recruitment Toolkit will be conducted by survey across the HSC in December 2017. Similar to the Student Recruitment Toolkit, survey results will be compiled, and a SWOT analysis conducted. Results will be disseminated, and in-person interviews will be conducted with key stakeholders involved in faculty recruitment.

Advancing Institutional Mentoring Excellence (AIME) Pilot Research Project

The Advancing Institutional Mentoring Excellence (AIME) Pilot Project emerged from the voices of Faculty of Color who expressed an urgency regarding the need to improve mentoring. TheUNM HSC leadership endorsed this recommendation and Chancellor Roth added his unequivocal support stating, *"Speaking personally, [AIME] realizes a dream of mine. I see it as a reflection of the maturity of our institution and evidence of our willingness to take the work we have done around diversity to the next level."*

The purpose of AIME was two fold:
1. To increase the HSC's overall capacity to cultivate the range of talent and abilities of its diverse faculty; thus, aiming to gain the full benefits that flow from a diverse faculty for all stakeholders in the HSC's core mission of providing excellence in education, research, clinical practice, and community service to the people of New Mexico and,
2. To implement and test an identity-conscious, cross-cultural faculty mentoring program with the objectives of improving support for individual faculty of color while increasing the institution's capacity for cross-cultural communication and collaboration.

The evaluation results in this report support the conclusion that AIME is a significant program for addressing these objectives.

The AIME curriculum was organized around four cross-cutting themes:
1. Racial/ethnic identities as sources of cognitive diversity
2. Implicit bias
3. Faculty agency in promotion and tenure
4. Cross-cultural communication

The **AIME Final Report** includes final recommendations for SOM/HSC leadership and can be found here: https://hsc.unm.edu/programs/diversity/

<table>
<tr><td>Funding Source:</td><td>HSC Office for Diversity , HSC Chancellor's Office</td></tr>
<tr><td>Personnel Time Commitment Organizational locus</td><td>The core implementation and core evaluation teams included
Valerie Romero-Leggott, MD, Vice Chancellor for Diversity, PI
Professor Emerita Margaret Montoya, JD
Emily Haozous, PhD, RN
Brian Gibbs, PhD
Nora Dominguez, PhD
Andrew Sussman, PhD
Rebecca Hartley, PhD
Orrin Myers, PhD
Staff members Susan Gafner, Crystal Krabbenhoft, and Teresa Madrid. (Effort variable throughout the project)</td></tr>
<tr><td>Monitoring and Evaluation</td><td>
<table>
<tr><th colspan="2">Table 1: Participant Characteristics</th></tr>
<tr><td>Mentees 14
100% URM
71% Female</td><td>Mentors 24
50% URM
67% Female</td></tr>
</table>

AIME Program Data Analysis: The program-level evaluative data analysis was both formative (aimed at improving the pilot program) and summative (assessing objectives met). Summative program evaluation (progress toward objectives) used pre-, post- and follow-up surveys and the most significant change narrative. (See Table 2 below and the AIME Evaluation Timeline in the attached AIME Final Report.)
</td></tr>
</table>

Pre-surveys were completed upon enrollment and prior to orientation. Post surveys were administered 6 weeks after the final lunch session. Program follow up occurred 13 months after the final lunch session. The program had one mentor not be able to make it to the orientation so they did not participate other than completing the pre-survey. Another mentor decided, after the orientation, that he wanted to participate as a mentee.

Formative program evaluation used questionnaires after each program session and an Insala® software evaluation, done after learning plans were used to gather participant feedback. This allowed facilitators to tailor the case study and overall curriculum to the participants. Narrative comments from mentors and mentees following lunch sessions and participant reflections at four time points during the program were also collected. Focus groups following the conclusion of the pilot project allowed participants to reflect on and discuss their overall experience.

Table 2: Survey Completion Numbers and Percentage Completed

Instrument	N	Percent
Pre-Survey Mentors	26	100%
Pre-Survey Mentees	13	100%
Insala Evaluation Survey (Mentors and Mentees)	24	63%
Post-Survey Mentors	16	67%
Post-Survey Mentees	9	64%
Program Follow-Up Mentors	15	63%
Program Follow-Up Mentees	10	71%

SOM Faculty Demographic Data Compilation and Analyses: As part of the process to identify specific concerns of the Faculty of Color, the FWDC undertook to compile and analyze School of Medicine (SOM) data from 2002-2008. These data, based on academic status, gender, and race/ethnicity, helped the Committee to better understand the demographics of the faculty demographic trends to pinpoint the increases in the hiring and promotion of Faculty of Color as well as the challenges in recruiting, hiring and retaining certain Faculty of Color: (2016 AIME Status Report Appendix attached)

Upon completion of the AIME Pilot, the SOM data were updated into tables showing comparisons from 2002-2016; (Selected Analyses of the data for Faculty of Color can be found in Part Two of the 2016 AIME Status Report)

The ethnic/racial diversity of the SOM faculty has increased significantly in the past fourteen years. In 2002, 16% (81 of 497) of the total faculty were Faculty of Color* and by 2016, the percentage had increased to 27% (226 of 827). The Associate and Assistant ranks in Tenure Track (TT) are notably diverse: 53%, or 28 of 53, of TT Associate Professors are Faculty of Color; moreover, 23%, or 12 of 53, are Hispanic Females, and 46%, or 19 of 41, of TT Assistant Professors are Faculty of Color.

Both sets of data were shared with the SOM and HSC leadership, including the SOM Committee of Department Chairs.

Program Effectiveness

AIME Program Results:
The results of this pilot were resoundingly impactful as participants had increased job satisfaction, connectivity, knowledge of promotion and tenure, perception that the HSC values diversity and feeling valued as Faculty of Color.

	Overall impact reported by participants: 1. The faculty felt an increase in their understanding of cross-cultural interactions 2. Faculty learned new insights about issues facing faculty of color and department chairs 3. Faculty declared that this pilot project was resoundingly impactful 4. Both mentees and mentors reported increased job satisfaction, connections with HSC colleagues, and stronger perceptions that the HSC values diversity 5. Mentees had greater knowledge of promotion and tenure 6. Mentees felt valued as Faculty of Color and mentors felt valued by the HSC **Institutional diversity** questions related to the objectives of increasing psychosocial support, career related self-efficacy, job satisfaction, and perceptions of institutional support and connectivity. The following items increased significantly and were maintained in the one-year follow up survey: job satisfaction, agreement that HSC values diversity, connectedness to colleagues, mentee and mentor satisfaction with HSC as an institution, and with mentee feeling generally supported by the HSC This aligns with the findings in the Zambrana et al. article that concludes, in general, faculty who receive mentoring experience greater self-efficacy and job satisfaction than those who do not. **Cognitive Diversity** questions focused on perceptions of feeling valued by the institution. Mentees reported significantly more agreement in the post survey with feeling valued by the HSC as a faculty member of color, while mentors reported significantly more agreement with feeling valued by the HSC. Both were maintained in the follow-up survey. Mentees reported agreement that their voice counts at the HSC and while not statistically significant, the results continued to increase in the Program follow up. **Faculty Agency** questions focused on navigating departmental expectations, rules and requirements, including those for promotion and tenure. The mentee showed significant improvement and retention in reported self-awareness of what is expected for promotion and tenure. Mentors' agreement that Faculty of Color know what is expected for promotion and tenure also increased. **Cross-Cultural Communication** mentees were confident in their ability to embrace cross-cultural communication, in their awareness of cross-cultural conflict management styles and strongly agreed that cultural humility is valuable. Mentees were confident in their knowledge of, self-assessment of, and ability to listen deeply for implicit bias. See attached final report

*Faculty of Color data analysis includes American Indian/Alaska Native, Hispanic, African American and Asian

Minority Women in Health Professions (MWiHP)

Minority Women in Health Professions is an on-going network that provides a confidential and supportive environment for discussions of issues relevant to minority women in the health professions at UNM. MWiHP focuses on role modeling, mentoring, and networking opportunities for faculty, staff and students across the disciplines at UNM and the health science campus. MWiHP strives to identify and support academic talent within the institution and highlight accomplishments of minority women at UNM. This meeting takes place once a month at 12noon and 5:30pm. Times alternate to allow for changing schedules. MWiHP hosts ~10 participants per session and forum is open to all including but not limited to students, PhD's, MD's, midlevel providers, nurses and university staff. Lunch or light dinner is served.

Funding Source:	HSC Office for Diversity
Personnel, time commitment and organizational locus	Brenda Pereda, MD, co-leader, Assistant Dean for Diversity (2 hours/month), SOM Carolyn Montoya, PhD, CPNP, Acting Dean, co-leader (as time allows), CON Alisha Parada, MD, co-leader, Vice Chair for Diversity (2 hours/month), Internal Medicine, SOM Invited Faculty co-leaders from COPH and COP (TBD) Martha Gallegos, MS III, co-leader (2 hours/month), SOM Valerie Romero-Leggott, MD, HSC Vice Chancellor for Diversity, sponsor (1 hours/month), HSC Office for Diversity Loretta Cordova de Ortega, MD, Chair of Pediatrics, sponsor (1 hour/month), SOM Laura DeCardenas, Administrative Assistant, (2hours/month), HSC Office for Diversity
Monitoring and Evaluation	Attendance is taken
Program Effectiveness	This year MWiHP will implement an evaluation at the end of each session that assesses networking, mentoring, and general support at UNM. (See attached evaluation)

AAMC Minority Faculty Career Development Seminar (MFCDS)

An annual notification about the AAMC Minority Faculty Career Development Seminar is provided via email to the Racial/Ethnic Minority (R/EM) faculty as well as Departmental Leadership. The HSC Office for Diversity Director for Leadership convenes previous HSC AAMC minority career development participants to review applicants and select participant(s), with support from their departmental chairs. One to two HSC Racial/Ethnic Minority faculty are chosen to attend the AAMC Minority Faculty Development Seminar annually.

Funding Source:	HSC Office for Diversity
Personnel, time commitment and organizational locus	Martha Muller, MD (10% FTE) HSC Office for Diversity 2-3 past MFCDS faculty participants volunteer time for the selection committee; 1-2 hour in-person meeting for application reviews and selection.
Monitoring and Evaluation	Gender, departmental and racial/ethnic data is obtained. Upon completion of the seminar, program participants provide feedback about their experience. One participant stated: "I was able to network with colleagues and potential mentors from various institutions such as Dr. Acosta, Vice Chancellor at UC Davis Health System and Dr. Cora-Bramble Chief Medical Officer & Executive VP at George Washington University" Among many things learned at the conference are statements like this: "I feel better equipped to succeed in academic medicine, I am much more knowledgeable about promotion criteria and metrics used for excellence in education, service and research."

Program Effectiveness	Both the UNM SOM Academic Affairs Office and the UNM HSC Office for Diversity have actively sponsored continuing leadership education offerings to the annual AAMC Minority Faculty Development Conferences. Although conference sponsorship has primarily occurred through the Office for Diversity since 2010, HSC Executive Leadership continues to support these efforts as evidenced by their decision to sponsor a second participant to attend the 2016 seminar. **Total participant demographics since the program inception in 2003:** Number of participants: 18 Gender: 89% Women; 11% Men URM: 100% **Participant demographics since primary OfD sponsorship in 2010:** Number of participants: 10 (56% of total participants) Gender: 90% Women; 10% Men URM: 100% Several participants have obtained leadership roles and acknowledge the positive impact attending the AAMC Minority Faculty Development Conference had on their promotions. However, an IRB submission has been submitted to evaluate outcomes for AAMC Minority Faculty Development Conference participants. The survey will focus on skills and knowledge obtained and the impact on the promotion to subsequent leadership positions within the UNM HSC.

UNM Health System Medical Leadership Academy

The first cohort of the UNM Medical Leadership Academy (UNMMLA) was announced in the Fall of 2012. The program was designed to provide formal leadership training to faculty and staff who demonstrate promise as future leaders within the Health System. The UNM School of Medicine, The HSC Offices for Diversity and Academic Affairs collaborated to integrate skills and interests of each group.

Priority Objectives:

1. Priority topics from the HSC Office for Diversity and SOM Faculty Affairs and Career Development to enrich leadership
2. Diversity of participants and health professions beyond medical clinical programs
3. Building leaders withworkshops for faculty of color who were not formally in UNMMLA.

The HSC Office for Diversity-Sponsored sessions

1. 'Nuts and Bolts' sessions (introduction to UNM HSC Executive Leadership)
2. Understanding your Myers-Briggs type to be effective leaders
3. Mentors, sponsors, champions
4. Unconscious Bias.

Funding Source:	HSC Office for Diversity

Personnel Time commitment Organizational locus	Martha Muller, MD, (10% FTE) Director of Leadership, Office for Diversity. Dr. Muller is an active member of the UNMMLA Steering Committee, oversees the coordination of the Office for Diversity-sponsored sessions. Robert Fritch, DO, UNM Medical Group CMO, UNMMLA Director
Monitoring and Evaluation	Dr. Robert Fritch maintains comprehensive participant evaluations of the program sessions. The Steering Committee makes modifications to the overall UNMMLA based on information gained from the evaluations.
Program Effectiveness	The HSC Office for Diversity has continued to successfully offer curriculum sessions to the UNMMLA. The inaugural UNMMLA cohort included 34% minority faculty and 62% women. Continued HSC Office for Diversity presence on the Steering Committee has continued to support the participation of minority faculty and sponsored curriculum. The HSC Office for Diversity has also successfully offered its sponsored UNMMLA sessions to the racial/ethnic minority faculty, not formally accepted to the UNMMLA, as additional evening sessions. These sessions have been well-received and will be offered again in Fiscal Year 2018.

Programs administered by SOM Faculty Affairs and Career Development – Office of the Dean

The Office of Faculty Affairs and Career Development (OFACD) supports recruitment, orientation, and career development of faculty. OFACD works closely with the HSC Office for Diversity to recruit and retain diverse faculty.

Examples:

- Leadership participate in Office for Diversity mentoring initiatives aimed at supporting women and under-represented minority.
- We host workshops and career counseling programs that are well attended by under-represented groups.
- OFACD's Advisory Committee is composed of department Vice Chairs interested in faculty career advancement.
- Repository of shared resources to assist with mentoring, promotion and tenured process, retention support.

SOM Promotion Dossier Preparation Workshop

Two-hour workshop is offered several times during the summer prior to assist with submission of dossiers. OFACD also supports the promotion and tenure process by selecting diverse committees representing different departments, faculty tracks, gender and ethnic groups. All members are trained in unconscious bias and SOM promotion policies.

Funding Source:	Executive Vice Dean (EVD) Office
Personnel Time commitment Organizational locus	Bronwyn Wilson MD, Senior Associate Dean (0.8 FTE) SOM Office of Faculty Affairs and Career Development Donna Sigl MD, Assistant Dean (0.25 FTE) SOM Office of Faculty Affairs and Career Development
Monitoring and Evaluation	In 2017, Melissa Gonzales, PhD, Director of Evaluation and Research for Office for Diversity, assisted Dr. Wilson undertake an initial evaluation of outcomes and diversity among participants of the dossier preparation workshop over the previous 5 consecutive years The initial evaluation (see summary below) indicated that underrepresented minority (African American, American Indian/Alaska Native and Hispanic) men should be targeted to attend the dossier preparation in anticipation of promotion.

Program Effectiveness	Since 2013, 204 women faculty members attended the dossier preparation workshop. Of these, 111 (54%) have been promoted to date, and 76 (37%) are still with UNM but have not been promoted (these faculty members are within 3 years of completing the workshop, and may not have applied for promotion). The remainder (8%) separated from UNM prior to promotion. Also since 2013, 67 underrepresented minority (URM) faculty members completed the workshop (4 (6%) American Indian/Alaska Native, 8 (12%) African American, 55 (82%) Hispanic and 49 (73%) URM women). Of these, 27 (40%) have been promoted (2 American Indian/Alaska Native, 3 African American, 22 Hispanic, 21 women). Ongoing outcome analyses are in process to determine the number of faculty who are still at UNM but have not yet applied for promotion since participating in a dossier preparation workshop.

HSC Faculty Mentor Development program

A training program for mentors of junior faculty engaged in scholarly activity (research) at the HSC. Mentor development includes on-line and face-to-face trainings. The Mentor Development Program is open to all faculty members; however, it attracts a disproportionate number of women and URM faculty.

Funding Source:	HSC Clinical Translational Science Center (CTSC) & EVD Office
Personnel Time commitment Organizational locus	Akshay Sood MD, Director of Mentoring and Faculty Retention (0.1 FTE) HSC CTSC and SOM OFACD Bronwyn Wilson MD, Senior Associate Dean (0.8 FTE) SOM Office of Faculty Affairs and Career Development
Monitoring and Evaluation	In 2017, the School of Medicine sponsored two initial mentoring cohorts, which included a total of 10 participants. The rosters of these initial cohorts are summarized for diversity below. A plan for ongoing, long-term evaluation and monitoring of outcomes will be conducted by Dr. Sood.
Program Effectiveness	Since inception under the School of Medicine, the Mentoring Program has been completed by 8 women, 4 Hispanic, 1 African American, and 1 American Indian/Alaska Native mid-career faculty members.

The Executive Leadership in Academic Medicine (ELAM) Program

This national training program is sponsored by the Executive Vice Dean (EVD) and the Office of Faculty Affairs and Career Development. On average one female faculty member, with at least a 10% leadership appointment in the SOM, is nominated and selected by competitive process to participate in the ELAM Program.

Funding Source:	Executive Vice Dean's Office
Personnel Time commitment Organizational locus	Bronwyn Wilson MD, Senior Associate Dean (0.8 FTE) SOM Office of Faculty Affairs and Career Development
Monitoring and Evaluation	Eleven out of 12 women nominated to the annual ELAM Program since 2011 have been accepted and have completed the program.
Program Effectiveness	Twelve women leaders have completed the program since 2011 (2 American Indian/Alaska Native, 1 African American and 4 Hispanic leaders). Of these, 1 has subsequently become the inaugural Dean of the UNM College of Public Health, 1 has become Executive Vice Dean of the School of Medicine, and 1

	has been been subsequently retained in the SOM for 6 years after completing ELAM.

The SOM Mid-Career Development Seminar

This seminar is offered twice a year with focus on creating a personal career action plan for advancing from associate professor to full professor. The seminar has been attended by a high number of women, URM faculty, and International Medical Graduates.

Funding Source:	Executive Vice Dean's Office
Personnel Time commitment Organizational locus	Bronwyn Wilson MD, (0.8 FTE) Senior Associate Dean, Office of Faculty Affairs and Career Development
Monitoring and Evaluation	The Office of Faculty Affairs and Career Development has tracked the progression of participants in the mid-Career Development Seminar since 2015 for promotion and new administrative responsibilities. Additional tracking of the trajectory of women and underrepresented minority faculty was imitated in 2017and is summarized below. Diversity monitoring and evaluation will be included to identify and target underrepresented minorities, particularly American Indian/Alaska Native and African American faculty members, who are not currently utilizing this seminar as a career development resource.
Program Effectiveness	Since 2015, 69 faculty members have completed the seminar, (37 women (54%) and 13 URM (20%), 2 African American, 10 Hispanic, 1 American Indian/Alaska Native, 7 URM women). AmongURM, 8 were promoted after completion of the seminar (1 African American, 7 Hispanic and 5 women). In addition, three URM (2 female) have been promoted to senior leadership positions in the UNM School of Medicine, including Program Director, Assistant Director and Medical Director.

b. Describe the following for activities related to the administration and delivery of programs (e.g., "pipeline programs") aimed at developing a diverse pool of medical school applicants, both locally and nationally
   1. The funding sources that the medical school has available
   2. The individuals dedicated to support these activities
   3. The time commitment of these individuals
   4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean's office, a university office)

   NOTE: This section also includes the elements of **Section c.** *Describe the means by which the medical school monitors and evaluates the effectiveness of its pipeline programs and of its other programs to support school-defined diversity among its student body, faculty, and senior administrative staff. Provide evidence of program effectiveness in terms of program outcomes.*

Combined BA/MD Degree Program

The BA/MD Degree Program is a partnership degree program between the School of Medicine and the College of Arts and Sciences with a primary goal of improving the health and well-being of New Mexicans. The program is designed to alleviate New Mexico's physician shortage by admitting 28 diverse New Mexican and Navajo Nation high school seniors committed to serving New Mexico's medically underserved communities.

This unique, flagship pipeline program initiated in 2006 features a rural, underserved minority admissions focus, a challenging liberal arts curriculum that introduces the principles of public health, unique rural educational opportunities, comprehensive academic and student support services and scholarships covering the basic cost of undergraduate education. A key component in the BA/MD program is the connection it has with the rural and medically underserved communities in New Mexico, with students having the opportunity to work with a community physician mentor in summer service-learning projects. Ultimately, the Combined BA/MD Degree Program strengthens the healthcare services available to New Mexicans through the graduates' robust understanding of community needs, coupled with the tools and skills of the public health perspective as they return to serve New Mexico's communities. We now have our first several residents doing just that. The Combined BA/MD Degree Program is funded by the New Mexico Legislature.

Predictors for physicians choosing to practice in rural communities include:rural background, member of an underrepresented minority group, training in rural and underserved areas, and graduation from primary care training programs. From admissions to graduation, the UNM Combined BA/MD Program designs opportunities for students, including rural community service-learning experiences, integrated seminars on New Mexico's health issues, and coursework focusing on the social determinants and aspects of health care for New Mexico communities.

Admission to the BA/MD Program is a mission-driven holistic process which mirrors School of Medicine traditional applicant admissions processes and is based on factors including:

1. Demonstrated commitment to serving New Mexico through community/volunteer service
2. Desire to serve medically underserved communities
3. Academic excellence
4. Knowledge/experience about/with the diverse cultures and needs of New Mexico's population.

The BA/MD Admissions Committee is comprised of School of Medicine faculty, UNM College of Arts & Sciences faculty, community members, and advanced BA/MD medical students. The program is mandated to accept 30% urban and 70% rural students each year (7-9 urban students and a corresponding 19-21 rural students to make up a total of 28), based on a legislative pre-determined classification rural/urban background. The program focuses on providing opportunities to underserved high school students throughout the state.

<u>Retention efforts include:</u>

1. Dedicated BA/MD advisors with a low advisor-to-student ratio
2. Faculty hires with joint-appointments to the program leading to greater coherence of structure, planning, pedagogy, and student success
3. Regular faculty workshops focused on the specific needs of BA/MD students
4. A summer foundations in science course required of incoming BA/MD freshmen with an ACT score of 25 or less
5. Low class size for BA/MD students in core, program-dedicated pre-med classes
6. A "Summer Practicum" where students are required to live and work in a rural community. Students shadow local physicians and work with health organizations on community engagement.

Funding Source:	New Mexico State Legislature
Personnel, Time commitment Organizational locus	Executive Director, Valerie Romero-Leggott, MD, (0.15 FTE HSC Office for Diversity) Director Robert Sapien, MD, MMM, (0.3 FTE School of Medicine) Director Greg Martin, MFA, Professor of English (0.5 FTE undergraduate) Assistant Directors (0.2 FTE undergraduate and 0.2 FTE School of Medicine), 2 Program Managers (1.0 FTE. undergraduate and 1.0 FTE School of

<table>
<tr><td></td><td>Medicine),
Admissions Coordinator, Student Recruiter, (1.0 FTE each)
Organizational locus: SOM Undergraduate Medical Education</td></tr>
<tr><td>Evaluation</td><td>Demographics are collected annually, analyzed, and reported. This information is tracked for all admitted cohort members, including declined offers. Yearly committee retreats evaluate the recruitment and admissions processes. Program leadership meetings are scheduled monthly not only to discuss program issues, but also incoming and current class characteristics/demographics.

<table>
<tr><th>Period</th><th>Start Years</th><th>Enrolled in BA/MD</th><th>Withdraw/ Dismissed from BA/MD</th><th>Completed the BA/MD Program</th><th>Matriculated to UNM School of Medicine</th></tr>
<tr><td>1</td><td>2006-2008</td><td>86</td><td>29</td><td>66%</td><td>66%</td></tr>
<tr><td>2</td><td>2009-2010</td><td>65</td><td>18</td><td>72%</td><td>69%</td></tr>
<tr><td>3</td><td>2011-2012</td><td>69</td><td>15</td><td>78%</td><td>75%</td></tr>
<tr><td>4</td><td>2013</td><td>29</td><td>5</td><td>83%</td><td>79%</td></tr>
<tr><td></td><td>Total</td><td>249</td><td>67</td><td>73%</td><td>71%</td></tr>
</table>

In its first eight years, the UNM BA/MD program has seen a total 71% of its participants matriculate to medical school, a figure that has steadily risen from 66% in the first three years, to 79% for the most recent graduating cohort. We attribute this rise to a number of improvements we have implemented over the course of the program

Note: Recent improvements to the electronic data collection process include drop-down menus which ensure that students 1) see all of the self-identification categories at one time, and 2) are able to check off as many identity categories as needed.</td></tr>
<tr><td>Program Effectiveness in terms of outcomes</td><td>30% urban and 70% rural students each year (7-9 urban students and a corresponding 19-21 rural students to make up a total of 28).

Underrepresented students admitted:
• 66% average over the life of the program
• 333 admitted students representing 86 different New Mexico communities
• Most from educationally and economically underserved areas
• 59 students from the first four cohorts have graduated from medical school (of these, 56% are URM)
• 25 graduates now serving in residencies in New Mexico
• 100% of BA/MD students who have completed all medical training, through residency (5 BA/MD students) have returned to New Mexico to practice; 100% of those thus far who have completed all medical training, through residency.</td></tr>
</table>

Pipeline Programs Administered by the Office for Diversity

Hope Enrichment and Learning Transform Health in New Mexico (HEALTH NM) Educational Pipeline Programs

In response to the need for a diversified health workforce, the UNM HSC Office for Diversity (HSC OfD) developed and coordinates educational pipeline programs entitled Hope, Enrichment, and Learning Transform Health in New Mexico (**HEALTH NM**) aimed at "growing our own" diverse workforce.

HEALTH NM is comprised of integrated programs to prepare underrepresented, underserved, and economically and/or educationally disadvantaged students for academic success and social readiness to enter a health professions program.

The Mission:

- To diversify NM's health professions to reflect the population of the State
- To improve quality of health services by integrating cultural humility and linguistic proficiency

HEALTH NM Strategies:

- Programming, partnerships, and community-based networks to develop a qualified and diverse applicant pool for health profession programs.
- Recruitment, retention, matriculation, and graduation interventions
- Support academic and social needs of underrepresented students through evidence based education.

Pipeline Programs:

1. Dream Makers Health Careers Program, Health Careers Academy
2. Undergraduate Health Sciences Enrichment Program
3. Test Prep Programs (MCAT+, PCAT+, DAT+)
4. New Mexico Clinical Education Program

In 2013, HSC OfD was awarded a 2.1 million dollar Health Careers Opportunity Program (HCOP) grant by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (DHHS). The grant included $728,297 each year, to expand our educational pipeline programs, called HEALTH NM, (an acronym for Hope, Enrichment, And Learning Transform Health in NM), which provide a developmental sequence of programs enabling economically and educationally disadvantaged students to undertake education, enter, and graduate from a health or allied health professions program.

HCOP supported pipeline programs increased the number of students reached, expanded to new geographic locations across NM, and increased the academic performance of 826 economically and educationally disadvantaged students, honed their skills, and solidified their values enabling their academic success and furthering their ability to enter and graduate from a health professions program. The literature clearly indicates that many youth do not have access to the supports necessary to prepare them for successful careers in the health professions, especially where parents and family members are not skilled in navigating academic and class barriers. This HCOP project aimed to help participants learn the skills that they need to succeed in health careers and academia in the 21st Century. This learning was achieved by offering a host of training experiences that will enhance persistence and completion of the needed education, and in the process, yield a growing, diverse, committed, and reliable health professions workforce.

Once the program funding ended, we remained highly committed to our youth, communities, partners and schools and provided institutional funding. We have also been successful in developing funding from private donors who are passionate about education pipeline and the communities and youth of NM.

Dream Makers Health Careers Program (DMHCP) is a collaboration between the HSC OfD and school districts throughout New Mexico. Dream Makers provides middle and high school students with unique opportunities to gain exposure to health professions while strengthening science and math skills. Dream Makers recruits first generation college students, economic or educational disadvantage, underrepresented minorities.

Funding Source:	HSC Office for Diversity
Personnel Time commitment Organizational locus	Program Operations Director, (5% FTE) HSC Office for Diversity Program Manager, (20% FTE) HSC Office for Diversity Program Specialist (2), (45% FTE) HSC Office for Diversity Program Coordinator, (55% FTE) HSC Office for Diversity Internal Evaluator, (3% FTE) HSC Office for Diversity Community Team: Sponsor Teacher, (15% FTE) HSC Office for Diversity Community Coordinator (5% FTE) HSC Office for Diversity
Monitoring and Evaluation	Dream Maker sites undergo process and outcomes analysis annually. Sessions are assessed by the sponsor teachers and submitted to the OfD program team. Outcomes are assessed via a pre-post-program survey for each participant. The measurable objectives for DMHCP include: 1. Increase in the number of disadvantaged students interested in and/or matriculating into health professions programs, 2. Increase participants' knowledge of college life and expectations 3. Increase participants' skills in navigating educational institutions 4. Increase the knowledge, understanding, and examples of culture, cultural humility, health inequities, and social determinants of health 5. Increase reflection and introspection skills 6. Increase knowledge of health careers and career pathways 7. Increase community awareness of health and educational inequities 8. Strengthen community-institutional partnerships 9. Increase civic commitment to "giving back to one's community," 10. Participants' educational careers will be tracked through the National Student Clearinghouse beginning fall 2017.
Program Effectiveness	Each year, DMHCP works with ~210 students at sites across New Mexico. Since 2001, over 1,400 middle and high school students have participated in DMHCP. Assessment of pre- and post-program surveys indicate students demonstrated an increase in self-efficacy in their educational success and social support. *Quantified outcome data for DMHCP will be provided in a DCI update prior to site visit.*

The Health Careers Academy (HCA) is a concentrated six-week, non-residential program for high school rising sophomores, juniors, and seniors. The program is designed to enhance math, science, language, and critical thinking while exposing students to health and science related professions. This delivers a rigorous and varied academic curriculum including ACT preparation, service learning, and health science career exploration. HCA is based at University of New Mexico (UNM) Health Sciences Center (HSC). HCA has expanded to Silver City and Santa Fe, NM in partnership with Southwest Center for Health Innovations and Western New Mexico University and the Santa Fe Indian School.

Funding Source:	HSC Office for Diversity
Personnel	Program Operations Director, (5% FTE) HSC Office for Diversity

Time commitment Organizational locus	Program Manager, (15% FTE) HSC Office for Diversity Program Specialist (2), (20% FTE) HSC Office for Diversity Program Coordinator, (20% FTE) HSC Office for Diversity Internal Evaluator, (1.5% FTE) HSC Office for Diversity Pre-College Teacher (3), (50% FTE) HSC Office for Diversity Temporary Part-time faculty, (40% FTE) HSC Office for Diversity Student Educational Assistant (50% FTE) HSC Office for Diversity HCA Silver City: Sponsor Teacher, (50% FTE) Southwest Center for Health Innovation Community Coordinator (50% FTE) Southwest Center for Health Innovation HCA Santa Fe Indian School: Pre-College Teacher (1) (100% FTE) Santa Fe Indian School
Monitoring and Evaluation	Process and outcomes evaluation are conducted to assess the impact of HCA. Participants respond to pre-post-program and exit surveys. The measurable objectives for HCA include: 1. Increase baseline test scores 2. Increase student high school and college completion rates 3. Increase the number of disadvantaged students interested in and/or matriculating into health professions programs 4. Increase participants' knowledge of college life and expectations 5. Increase participants' skills in navigating educational institutions 6. Increase the knowledge, understanding, and examples of culture, cultural humility, health inequities, and social determinants of health 7. Increase reflection and introspection skills 8. Increase participants' self-efficacy 9. Increase knowledge of health careers and career pathways 10. Increase community awareness of health and educational inequities 11. Strengthen community-institutional partnerships 12. Increase civic commitment to "giving back to one's community," and 13. Participants' educational careers are tracked through the National Student Clearinghouse.
Program Effectiveness	Since 2002, 575 high school students from across NM have participated in HCA. HCA participants demonstrate an increased likelihood of high school graduation as compared to non-HCA participants and statewide graduation rates. In a five-year cohort of HCA participants, 91% of them graduated from high school, compared to 73% for the statewide average graduation rate. Additionally, for the 2015 and 2016 cohorts, students demonstrated an average of 7-point increase on the ACT. HCA participants also demonstrated an increase in self-efficacy for their educational success and social support. Of a cohort from 2011-2015, which included 150 HCA students. Of those highschool and college gradutes, 15 applied to health professions schools, 15 were accepted to into nursing (7) pharmacy (1), emergency medical services (2), diagnostic medical sonography, (1), medical laboratory sciences (1), social work, (1), health education (1), and medicine (1).

The Undergraduate Health Sciences Enrichment Program (UHSEP) is a six-week rigorous science residential program at the University of New Mexico (UNM) that provides structured learning for entering college students interested in a health professions career.

Funding Source:	HSC Office for Diversity
Personnel Time commitment Organizational locus	Program Operations Director, (5% FTE) HSC Office for Diversity Program Manager, (15% FTE) HSC Office for Diversity Program Specialist (2), (20% FTE) HSC Office for Diversity Program Coordinator, (20% FTE) HSC Office for Diversity Internal Evaluator, (1.5% FTE) HSC Office for Diversity Pre-College Teacher (3) (50% FTE) HSC Office for Diversity
Monitoring and Evaluation	Process and outcomes evaluation are conducted to assess the impact of UHSEP. Participants respond to pre-and post-program and exit surveys. The measurable objectives for UHSEP include 1. Increase student high school and college completion rates 2. Increase the number of disadvantaged students interested in and/or matriculating into health professions programs 3. Increase participants' knowledge of college life and expectations, 4. Increase participants' skills in navigating educational institutions 5. Increase the knowledge, understanding, and examples of culture, cultural humility, health inequities, and social determinants of health 6. Increase reflection and introspection skills 7. Increase participants' self-efficacy 8. Increase knowledge of health careers and career pathways 9. Increase community awareness of health and educational inequities 10. Strengthen community-institutional partnerships 11. Increase civic commitment to "giving back to one's community," 12. Participants' educational careers are tracked through the National Student Clearinghouse.
Program Effectiveness	Since 2002, 290 high school seniors from across NM participated in UHSEP. UHSEP participants demonstrate an increase likelihood of graduating from college than non-UHSEP participants. They also graduated with a four-year college degree. UHSEP participants completed their degree in 4.5 years versus 7.0 years in non-UHSEP participant. USHEP participants also demonstrated increase self-efficacy in navigating university life and social support. Of a cohort from 2011-2015, which include 83 UHSEP students; of those who completed college, 8 applied to health professions schools and 8 were accepted to into nursing (5), emergency medical services (2), and medicine (1).

The Medical College Admission Test + (MCAT+)
(ABQ and Silver City)
The MCAT + Program is designed to prepare students to sit for the MCAT. It provides a rigorous preparatory course with social, and developmental support.

Funding Source:	HSC Office for Diversity
Personnel Time commitment Organizational locus	Program Operations Director, (2% FTE) HSC Office for Diversity Program Manager, (10% FTE) HSC Office for Diversity Program Specialist (2), (15% FTE) HSC Office for Diversity Program Coordinator, (15% FTE) HSC Office for Diversity Internal Evaluator, (1% FTE) HSC Office for Diversity

Monitoring and Evaluation	Process and outcomes evaluation are conducted to assess the impact of MCAT+. The measurable objectives for MCAT+ include: 1. Increase baseline test scores 2. Increase the number of disadvantaged matriculating into health professions programs 3. Increase the knowledge, understanding, and examples of culture, cultural humility, health inequities, and social determinants of health 4. Increase reflection and introspection skills 5. Increase participants' self-efficacy in their educational success 6. Increase community awareness of health and educational inequities 7. Strengthen community-institutional partnerships 8. Increase civic commitment to "giving back to one's community," 9. Participants' educational careers are tracked through the National Student Clearinghouse.
Program Effectiveness	Since 2006-2015, 266 pre-medical students participated in the MCAT+ program. 50 MCAT+ participants have applied to UNM SOM and 37 were accepted, for an acceptance rate of 72%. MCAT+ participants demonstrate an increased likelihood of graduating from college than non-MCAT+ participants. They also graduated with a four-year college degree at a faster rate, 4.5 years versus 7 years for non-MCAT+ participants. MCAT+ participants also demonstrated an increase in self-efficacy for educational success and social support.

The New Mexico Clinical Education Program (ClinEd) is a six-week summer program for pre-medical undergraduate and graduate students seeking to gain rural clinical experience. The program provides experiences in rural clinical settings. Students are placed in primary care facilities and community health centers throughout New Mexico. Students shadow clinicians and follow a social determinants of health curriculum to orient them to health disparities and outcomes. They also conduct a community project.

Funding Source:	HSC Office for Diversity
Personnel Time commitment Organizational locus	Program Operations Director, (5% FTE) HSC Office for Diversity Program Manager, (20% FTE) HSC Office for Diversity Program Specialist (2), (15% FTE) HSC Office for Diversity Program Coordinator, (10% FTE) HSC Office for Diversity Internal Evaluator, (1% FTE) HSC Office for Diversity Community Faculty (2) (10% FTE) HSC Office for Diversity
Monitoring and Evaluation	Process and outcomes evaluation are conducted to assess the impact of ClinEd. The measurable objectives for ClinEd include: 1. Increase student college completion rates 2. Increase the number of disadvantaged students interested in and/or matriculating into health professions programs 3. Increase participants' knowledge of health careers and pathways 4. Increase participants' skills in navigating educational institutions 5. Increase the knowledge, understanding, and examples of culture, cultural humility, health inequities, and social determinants of health 6. Increase reflection and introspection skills

	7. Increase participants' self-efficacy for educational success 8. Increase community awareness of health and educational inequities 9. Strengthen community-institutional partnership 10. Increase civic commitment to "giving back to one's community" 11. Participants' educational careers are tracked through the National Student Clearinghouse.
Program Effectiveness	Since 2002, 146 pre-medical students have participated in ClinEd. 16 ClinEd participants applied to UNM SOM with 14 accepted. Acceptance rate of 87.5%. ClinEd participants demonstrate an increased likelihood of graduating from college than non-ClinEd participants. They also graduated with a four-year college degree verus the non-ClinEd participants. ClinEd participants also demonstrated an increase in self-efficacy for educational success and social support.

Building Outstanding STEM-H Students (BOSS) has a goal of exposing, engaging and inspiring African-American youth across the state to pursue science, technology, engineering, math and health (STEM-H) careers through programs and partnerships with local community based organizations with strong STEM-H opportunities and further develop these programs such that all youth have a better appreciation for the contributions of African-Americans in STEM-H achievements. There is clear evidence of the need to engage, inspire and increase the level of access, opportunity and participation of K-12 African-American students in STEM-H educational experiences thereby inspiring these youths to pursue and become leaders in STEM-H fields.

The mission of BOSS is to engage, inspire, and increase the level of participation of K-12 African American students in STEM-H careers. By developing programs and partnerships with community organizations in STEM-H, we will achieve the above stated goal by July 30 of each fiscal year via the following objectives.

- Increase the level of access, opportunity and participation of African-American students in STEM-H programming through the implementation of a partnership model to expand outreach into the African-American Community.
- Improve academic preparation of African-American students and provide support for their successful admission to an institution of higher learning.
- Increase the knowledge base and advocacy of mental health, health disparities, health systems, public policy, and social determinants of health issues affecting the minority community.

Funding Source:	New Mexico Legislature
Personnel, time commitment and organizational locus	Faculty Director: Karissa Culbreath, PhD (0.1 FTE) Program Specialist (1.0 FTE) BOSS has been housed at the HSC Office for Diversity since 2015
Monitoring and Evaluation	Participant evaluations per program initiative, which include participant demographics, including race, ethnicity, age, gender and pre/post program surveys measuring knowledge increase in program content. Beginning with the 2017 cohort, students will be tracked through the National Student Clearinghouse to follow their higher education enrollment and careers. The PSMP student learning outcomes are based on evidence attributed to successful student engagement addressed by seven of Dr. George D. Kuh High Impact Educational Activities to well prepare K-12 students for college by engaging them in learning communities, service learning and diverse intellectual experiences. All program activities aim to expose and strengthen

	student participants in fundamental Critical Thinking Skills addressed by B.K. Scheffer and M.G. Rubenfeld.
Program Effectiveness	Each year, BOSS serves roughly 200 underrepresented K-12 students. Students demonstrate an increase in program content on post-program surveys. In one summer program, as example, all students who responded to the Post-Program Student Survey indicated an increased desire to go to college and increased confidence in their own intelligence. Additionally, results indicated that not only did the students score significantly higher in terms of their knowledge of the brain & brain function at the end of camp, but they also scored equal to or higher in comparison to adults who have taken the same test in several the content areas.

Building the Next Generation of Academic Physicians (BNGAP)
This pipeline program is paramount to increasing diversity in academia. All levels at the SOM including the Dean's Office, UME, OMSA, Departmental Chairs and the HSC Chancellor, Executive Vice Chancellor and Diversity leadership offered financial and enthusiastic support of students, residents and faculty throughout the planning, registration and implementation process.
This program offered regional networking in planning and presentation for students, residents, and faculty and subsequent opportunities for URM junior faculty to create national scholarly projects.

The BNGAP mission is to help diverse medical students and residents become aware of academic medicine as a career option and to provide them with the resources to further explore and potentially embark on an academic medicine career.

In December 2015, the University of New Mexico Health Sciences Center Office for Diversity hosted the **Inaugural Southwest Regional BNGAP Conference** tailored to encourage trainees (medical students, residents, post-doctoral fellows) who are underrepresented in medicine (women, LGBTQ, and racial and ethnic minorities) to consider academic medicine careers. Participant institutions included the University of New Mexico, Texas Tech University Health Sciences Center, the University of Utah, The University of Arizona College of Medicine, and the University of Colorado.
Learners were encouraged to:
• Explore academic medicine careers to fit with their personal and professional interests.
• Navigate the array of academic medicine career paths and opportunities.
• Develop and enhance their academic medicine portfolio.
• Expand their network among academic medicine colleagues and role models.

The conference provided an exceptional opportunity for the medical students and residents to explore how academic medicine careers fit with their personal and professional interests, to develop and enhance their academic medicine portfolio, and to expand their network among academic medicine colleagues and role models.

Funding Source:	UNM HSC Office of the Chancellor, SOM Dean's Office, Department Chairs
Personnel Time commitment	<u>Leadership:</u>

Organizational locus	Justin Baca MD, PhD, Karissa Culbreath PhD, Brenda Pereda MD, Cameron Crandall, MD Valerie Romero-Leggott MD, National BNGAP Executive Commiteee member <u>Planning Committee: (URM-93%)</u> Brenda Pereda, MD-OB/GYN Cameron Crandall, MD-Emergency Medicine Jon Femling, MD, PhD-Emergency Medicine Justin Baca, MD, PhD-Emergency Medicine Karissa Cullbreath, PhD-Pathology Kristina Sowar, MD-Psychiatry Linda Hodes-Villamar, MD-Emergency Medicine Melanie Baca, MD-Family Medicine Patrick Rendon, MD-Internal Medicine Sergio Huerta, MD-Internal Medicine Valerie Romero-Leggott, MD-Family Medicine Krystian Solis, MS II Fatumata Soto, MS II Jeanette Mata-MS II <u>Advisory Committee: (URM)</u> Betty Chang, MD, Inernal Medicine Cameron Crandall, MD, Emergency Medicine Eve Espey, MD, OB/GYN Fernando Valenzuela, MD Martha Cole McGrew, MD, Family Medicine Tassy Parker, PhD, Center for Native American Health <u>Time commitment:</u> Bi-weekly planning committee meetings June 2015 – January 2016. Conference attendance December 4-5, 2017.
Monitoring and Evaluation	Monitored and evaluated demographics and program effectiveness via pre and post multi-page paper survey. An educational research study was conducted by J.P. Sanchez MD, MPH, Assistant Professor, of the Emergency Department, at the Rutgers University. This study on the academic career development needs of diverse trainees was conducted in conjunction with the University of New Mexico.
Program Effectiveness	**Over 80** medical students, residents, fellows and faculty and attended the conference. A total of **75** medical students and residents registered for the conference, of which, **66** completed all or part of the evaluation survey. This included: • 48 medical students, 10 Residents, 4 Fellows • 26 Underrepresented minorities (2 American Indian, 10 African American, 24 Hispanic) • 30 White, 10 Asian • 11 identified as LGBT • 46 Women Evaluation captured the positive impact: • "I plan to attend a second BNGAP Academic Medicine Career Development Conference" (Respondents = 41) **YES – 90.2%** • "I would recommend for my peers to attend a BNGAP Academic

	Medicine Career Development Conference" (Respondents = 42) YES –100% • "My institution hosting a BNGAP Academic Medicine Career Development Conference would be of great benefit for my peers." (Respondents = 40) **YES – 97.5%** **SCHOLARLY PROJECTS:** Development of **BNGAP Conference Planning Toolkit for Host Institutions** by Dr. Justin Baca mentored by Dr. Valerie Romero-Leggott. http://digitalrepository.unm.edu/office_for_diversity/1/ Development of two new workshop for the Health-Related BNGAP Conference for College/Post Bacc Trainees-*Leadership Opportunities and Aiming for Effective Leadership and Research, Competitiveness, and Alignment with Academia* - Dr. Culbreath and Dr. Baca mentored by Dr. Romero-Leggott, Dr. John Paul Sanchez, Dr. Maria Soto-Greene and other BNGAP leaders. MedEdPORTAL. Submission ID MEP-2017-0267, titled *"Diversity and Inclusion in the Academic Medicine Workforce: Encouraging Medical Students and Residents to Consider Academic Careers,"* has been reviewed by the editorial staff prior to entering the peer review process- Dr. John Paul Sanchez, Dr. Culbreath, Dr. Romero-Leggott, Dr. Maria Soto-Greene, and Daniel Guzman.

Other Pipeline Programs

Premedical Enrichment Program (PrEP) – is a program for educationally disadvantaged students who have been accepted to medical school. PrEP exposes students to the rigorous of medical training and highlights their natural resilience with added psychosocial skills needed to succeed in medical training. Unfortunately, there is no funding available for the program beyond 2017.

Funding Source:	Office of Undergraduate Medical Education funds instructor salaries
Personnel Time commitment Organizational locus	Pam DeVoe, PhD (10% FTE) Office of Undergraduate Medical Education M. Osgood, PhD, (10% FTE), Biochemistry, School of Medicine J. Bereiter, MD, (10% FTE), Psychiatry, School of Medicine P. Couse, (10% FTE) Office of Undergraduate Medical Education
Monitoring and Evaluation	Program participants grades monitored through program, directed counseling, grades monitored and counseling continued into medical school. Pre-matriculation program. MS grades also monitored.
Program Effectiveness	**Admission:** The program accepts seven students each year. Of the 49 students accepted in PrEP since 2010, there have been 24 Hispanics, 4 American Indian/Alaska Native, 3 African American, 31 women, and 12 non-minority students from rural or disadvantaged backgrounds. **SOM Completion:** Between 2010-2012, one American Indian/Alaska Native female, one American Indian/Alaska Native male and two Hispanic females did not complete PrEP.

	All others have completed medical school. Since 2013, all applicants have completed PrEP and either completed medical school or area still in progress.

c. Describe the means by which the medical school monitors and evaluates the effectiveness of its pipeline programs and of its other programs to support school-defined diversity among its student body, faculty, and senior administrative staff. Provide evidence of program effectiveness in terms of program outcomes.

NOTE: For this section, see specific programs tables above in Section b.

Additional means of monitoring and evaluation:

Methods Monitoring and Evaluation	**Students:** 1. An Annual Report* is developed by the SOM Office of Admissions describing each entering class, longitudinal application and admissions data, and data on transfer applicants. The Annual Report's longitudinal data are provided from 2006 to the report year (currently available report is for 2015 entering class). Included in the ethnicity statistics are those who describe themselves on the American Medical College Application Service (AMCAS) application. The 2015 annual report includes American Indian and Alaska Native under American Indian category. In addition, the report tracks female students and students from rural locations in New Mexico (by county). 2. An Annual BAMD Report** is developed by the SOM Office of Admissions describing: applicant demographics and entering class demographics; state map summarizing counties applicants and students are from; longitudinal data of students transitioning into the School of Medicine; demographic data of School of Medicine graduates from the program; residency match results by speciality; and practice speciality and location upon completion of all training.
Methods Monitoring and Evaluation	**Faculty:** 1. SOM and HSC Strategic Action Plans/Dashboards 2. Faculty Workforce Diversity Committee and AIME Report –Faculty data were compiled and analyzed 2001-2010 and then updated to include up to 2016. (see attached AIME Status Report) 3. Reports to SOM and HSC Leadership October 2017 (See Appendix 3.3c Diversity Chairs Summ 2016.pdf) The report reflected the distribution of racial and ethnic minority (R/EM) and women faculty and residents by department. 4. Standardize Annual Diversity Reports -2018
Methods Monitoring and Evaluation	**Senior Administrative Staff:** 1. All Senior Administrative Staff are UNM Faculty. 2. Reports in 2012, 2017 3. Future annual diversity reports will include SAS data.

*The SOM Admissions Annual Report will be available in hard copy at the time of the LCME site visit
**The Annual BAMD Report Report will be available in hard copy at the time of the LCME site visit

ADDITIONAL DIVERSITY INITIATIVES not otherwise mentioned above
Additional information can be found here: https://hsc.unm.edu/programs/diversity/

Sexual and Gender Minorities

The school recognizes that sexual and gender minorities (SGM), often referred to as the LGBTQ community, are an important community. SGM individuals are members of the senior administrative staff, faculty, staff, students and patients at UNM.

The school has taken several steps over the past few years to address equity and inclusion of the SGM community in health care. From 2013 through 2015, Edward Fancovic, MD, Professor of Internal Medicine directed the school's LGBT Equity and Inclusion activities. These activities included improvements in the education and workplace environment. Dr. Fancovic established a student support group (LGBTQ Students and Allies in Medicine (later changed to in Healthcare) described in detail above) and initiated quarterly social events to bring students, staff and faculty together. Dr. Fancovic also initiated a needs assessment for LGBT-related medication education in the School of Medicine. The work ultimately culminated in several curricular changes (detailed below). In 2015, the HSC Office for Diversity and the School of Medicine recognized the importance of supporting SGM equity and inclusion of faculty, staff and students and created the position of Director of LGBTQ Equity and Inclusion at the HSC level. Cameron Crandall, MD, a professor in the Department of Emergency Medicine in the School of Medicine and has directed these activities since 2015.

UNM is working to develop systems to monitor and evaluate the inclusion of SGM community members at the institution. Currently, UNM's human resource and IT systems do not have the capacity to collect or track sexual orientation or gender identity (SOGI). This limits our ability to assess our performance in meeting our equity and inclusion goals. To collect SOGI data, systems need to collect a person's: 1) sex assigned at birth, 2) gender identity, 3) sexual orientation, and 4) preferred first name. Dr. Crandall is working with UNM's Office for Equal Opportunity (OEO) to identify the specific IT systems (and their software vendors) that need modification to track SOGI data. While seemingly simple, changes in the way that systems collect and use sex and gender data have profound implications to IT system functionality.

Additionally, the Office for Diversity and the LSAH student organization are surveying current HSC student attitudes and beliefs around self-disclosure of SGM identity. These results will inform the development of systems to collect these data at UNM.

SOM Cultural Competence (CC) Curriculum led by Co-Directors of Cultural Competency Curriculum at UNM HSC, Felisha Rohan-Minjares, MD and Jessica Goodkind, PhD

Since it was founded in 1964, the UNM SOM has been committed to educating future physicians skilled in serving the health care needs of New Mexico's diverse populations. Because the UNM SOM recognizes the need for physicians and other health care providers to communicate effectively with patients of diverse racial, cultural, and linguistic backgrounds, the school has also been dedicated to educating students to serve as physicians in New Mexico and to developing its curriculum to include coursework in cultural competence for all future physicians. As such, the medical school has had a formal cultural competency (CC) curriculum for over 15 years. For many years, however, this teaching occurred primarily in the form of an isolated course with 18 hours of class time distributed between the first, second, and third year of medical school. Recent reports have suggested that cultural competency teaching must be integrated throughout the medical school curriculum for the students to recognize its importance and clinical significance. Furthermore, an important aspect of cultural competency education is the recognition that it is a life-long learning process. Attempting to "teach" cultural competency in 18 hours of class time seemed to contradict that reality. Therefore, during the past seven years, Drs. Rohan-Minjares and Goodkind have focused their efforts on continually incorporating recent innovations in cultural competency education and on creating a fully integrated cultural competency curriculum within the UNM SOM.

Major Responsibilities and Achievements:

1. Positive reframe of curriculum

2. Cultivation and training of cadre of skilled faculty to facilitate CC education
3. Development of standardized patient cases
4. Integration of CC into Public Health curriculum for med students
5. Partnership with other educational leaders to develop Doctoring Curriculum
6. Ongoing collaborations with UNMH Interpreter and Language Services
7. Diversity Training for Learning Community Mentors
8. Unconscious bias training, module, and task force
9. Support social justice events organized by students
10. Ongoing assessment of CC learning, including reflection

The Native Health Initiative (NHI) is a community partnership to address health inequities. NHI focuses on educating health profession students on Indigenous health through community partnerships to address health inequities through service projects. http://www.lovingservice.us/

Funding Source:	Office for Diversity supports outreach activities, e.g., speaker fees, food support, staff support ~$500
Personnel, time commitment and organizational locus	Faculty Advisor: Anthony Fleg, MD, MPH 30 hrs/month The time commitment of Students: 50-60 students per year, 1-5 hours per event.

UNM Collaborative for Hispano/Latino Health Equity- (CHLHE)
CHLHE aims to improve health equity and access to quality healthcare by building and learning from local communities to better serve them. CHLHE host bi-annual retreats where members present topics in their area of expertise; openly exchanging skills to address the unique needs of the vulnerable populations we serve. Members of CHLHE are all first-time college graduates with diverse backgrounds. The membership is composed of social scientist, community healers, medical doctors, physician assistants, PhD and master degree candidates. CHLHE mentors members in preparation for promotion and advancement. CHLHE meets once a month for co-learning and project collaboration.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.3

1. Formal institutional policies specifically aimed at insuring a diverse student body, faculty, and senior administrative staff.

The UNM Health Sciences Center partners with our main campus colleagues to recognize the value of a diverse campus through policy and code of conduct development for faculty, staff and students. Key policies are detailed below.

The Faculty Handbook Policy C09: Respectful Campus endorses this mission noting that "Everyone at UNM has a right to be treated with respect and a responsibility to treat others with respect", declaring that "Demonstrating respect for diversity and difference" is a viewed as a "Constructive Action" (http://handbook.unm.edu/policies/section-c/employment-appointment/c09.html).

The Administrative Policies and Procedures Manual Policy 3000: Guiding Principles further explains that "The University follows recruitment and selection practices designed to provide the University with the highest quality employees who share the University's values and are reflective of the University's diversity goals". (https://policy.unm.edu/university-policies/3000/3000.html).

Efforts to ensure diversity are maintained throughout all aspects of campus life are also detailed in the Administrative Policies and Procedures Manual Policy 2720: Equal Opportunity, Non-Discrimination and Affirmative Action stating

that "The University strives to assure equal treatment and access to all programs, facilities, and services. In keeping with this policy of equal opportunity, the University is committed to creating and maintaining an atmosphere free from all forms of discrimination and harassment." (http://policy.unm.edu/university-policies/2000/2720.html).

Similarly, the Administrative Policies and Procedures Manual Policy 3210: Recruitment and Hiring declares that "The University of New Mexico is committed to ensuring equal employment opportunity to all qualified individuals. UNM is committed to taking affirmative steps to create a workforce that reflects the diversity of our recruitment area and prohibits discrimination". (http://policy.unm.edu/university-policies/3000/3210.html).

The diversity of UNM Health Sciences Center Learners is also valued and represented by the UNM Student Code of Conduct in the UNM Pathfinder stating that "Students' rights under the state and federal constitutions are specifically acknowledged and affirmed, including the rights of freedom of speech, freedom of association, freedom of religion, and due process". (https://pathfinder.unm.edu/code-of-conduct.html).

The HSC also values the diversity of its visitors, complying with the UNM Pathfinder's Visitor code of conduct which expresses the same rights as demonstrated for students (https://pathfinder.unm.edu/visitor-code-of-conduct.html).

In conclusion, diversity is integral to the success of the UNM Health Sciences Center. As noted in the Faculty Handbook Policy A20: Vision, Mission and Value Statement, "The University values the diversity of its students, faculty, staff and the other people with whom it interacts. Our differences assure that the University is a forum for the expression, consideration and evaluation of ideas. The educational process on our campus is clearly enriched and strengthened by the fact that these ideas arise and are evaluated from such diverse perspectives".
https://handbook.unm.edu/policies/section-a/a20.html

Additional supporting guidelines and practices:

1. School of Medicine: SOM core values link: http://som.unm.edu/about/core-values.html

Diversity related excerpts from the SOM Vision, Mission and Core Values:

Vision Statement

…….where achieving health and health care equality is a common goal; and where diversity is our foremost strength.

Mission Statement

The mission of the University of New Mexico School of Medicine is to advance the health of all New Mexicans by educating and increasing the diversity of health professionals, leaders and scientists….

Core Values

We commit to these core values in our decision-making, the prioritization of resources, and fulfillment of our mission:

- **Diversity** that values the unique characteristics of all people and that is actively sought at all levels within

2. SOM admissions policy:

https://som.unm.edu/education/md/admissions/som-admissions-policy-statement.pdf

The following excerpts from the SOM Admissions Policy pertain directly to the role of diversity in the selection of students for the MD Program:

> *The primary goal of The University of New Mexico School of Medicine is to produce competent, humanistic physicians capable of pursuing a complete spectrum of medical careers. In order to achieve this goal, the School of Medicine finds that having a diverse student body is essential.*
>
> *It is recognized that New Mexico has unique problems in the delivery of health care, particularly in the distribution of health care personnel. The medical school feels that it has an obligation to help meet the physician manpower needs of the state by selection of students who are likely to train in specialty areas of current need and to remain in or return to the areas in New Mexico needing physicians….A diverse student body is essential to the School of Medicine's educational mission.*

Diversity benefits all students by creating a dynamic, productive and positive learning environment and promoting cross-cultural and cross-racial understanding. In addition to benefits in the classroom, diversity in the medical-school setting also helps to improve access to health care for vulnerable populations. Diversity helps the School of Medicine produce individuals who are able to be effective clinicians in New Mexico's multi-cultural environment.

In seeking diversity, the School of Medicine considers a wide range of factors when evaluating applicants for admissions, including but not limited to: demonstrated intellectual capacity, outstanding academic achievement, work experiences, life experiences, living or working in a rural community, academic and personal motivation, commitment to public service, the extent to which the applicant has overcome educational and/or economic obstacles and other indices that the applicant can succeed in medical studies and make a significant contribution to the School of Medicine community and the State of New Mexico. All applications receive individualized consideration and are reviewed competitively in one pool.

The School of Medicine is committed to racial and ethnic diversity with special reference to the inclusion of students from groups that are underrepresented in medicine in New Mexico. Having a critical mass of such students is essential for the educational benefits of diversity and for training doctors to practice in New Mexico's medically underserved communities.

The School of Medicine periodically reviews this Admissions Policy Statement to consider, among other issues, whether its diversity policy remains responsive to the needs of the School and the State of New Mexico.

3. UNM HSC and SOM Office for Diversity
   https://hsc.unm.edu/programs/diversity/

4. The UNM Office of Equal Opportunity
   The University has many action-oriented programs for the recruitment and retention of females, minorities, individuals with disabilities and veterans in the workforce.
   Individuals with Disabilities Action Plan and Covered Veterans – page 13
   Action-Oriented Plan – page 15 https://oeo.unm.edu/rights/affirmativeaction/plan.html

5. Faculty Hire Guidelines
   The University is committed to taking affirmative steps to create a diverse faculty workforce that will enhance its ability to fulfill its academic mission.

   Tier I Recruitment and Hiring:
   The Tier I recruitment and hiring process is used for all staff positions excluding key executive positions defined as Tier II positions and alternative appointments as defined in Section 5. For Tier I contract positions, there should be a search committee with at least three (3) members that reflects diversity including at least one (1) female member and one (1) member from an underrepresented group and they may not be the same person. Tier I contract positions will also require a minimum fifteen (15) calendar day posting period in order to accommodate a national search for candidates.

   Tier II Recruitment and Hiring:
   A Tier II process is used for key executive positions. In a Tier II search, the hiring official must appoint a formal search committee to assist in actively recruiting candidates. Every search committee must have at least three (3) members with one (1) female member and one (1) member from an underrepresented group and they may not be the same person. All Tier II recruitments will use targeted recruitment strategies to create a broad and diverse applicant pool and require a minimum fifteen (15) calendar day posting period. The hiring official and search committee must make special efforts to recruit individuals from all protected groups;

therefore, all targeted recruitment efforts must be documented. Link: http://policy.unm.edu/university-policies/3000/3210.html

3.4 ANTI-DISCRIMINATION POLICY

A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.

3.4 NARRATIVE RESPONSE

a. Describe how the medical school's anti-discrimination policy is made known to members of the medical education community. Is the policy readily available?

UNM has the Office of Equal Opportunity which monitors all concerns about possible discrimination. Every supervisor and faculty member is trained to recognize when a referral to their office is appropriate through mandatory yearly online trainings. The policies and procedures are immediately available on their website. There is a Title IX reporting button right on the web page so reporting should be seemless. All new faculty, students and residents receive mandatory trainings on these policies and about how to contact the OEO if necessary.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.4

1. The medical school's anti-discrimination policy (or the university policy that applies to the medical school).

The Equal Opportunity and Affirmative Action Policy is available at
http://policy.unm.edu/regents-policies/section-2/2-3.html

Also provided in Appendix 3.4-1 Equal Opp Affirmative Action.pdf

3.5 LEARNING ENVIRONMENT/PROFESSIONALISM

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

3.5 SUPPORTING DATA

Table 3.5-1 | Professional Attributes

List the professional attributes (behaviors and attitudes) that medical students are expected to develop, the location in the curriculum where formal learning experiences related to these attributes occur, and the methods used to assess student attainment of each attribute. Add rows as needed.

Attribute	Location(s) in Curriculum	Assessment Method(s)
Altruism	Doctoring 1 Phase II/III Clerkships	MCQ Doctoring 1 Phase 2 clinical evaluation
Compassion/Empathy	Doctoring 1, 2, 4 Phase II/III Clerkships	Performance assessments for Doctoring 1, 2, 4 and Phase 2 OSCEs Phase 2 clinical evaluations
Honesty	Doctoring 1, 4 Phase II/III Clerkships	Phase 2 clinical evaluations
Integrity	Doctoring 1, 4 Phase II/III Clerkships	Phase 2 clinical evaluations
Respect	Doctoring 1,2,4 Phase II/III Clerkships	Performance assessments for Doctoring 1, 2, 4 and Phase 2 OSCEs
Trustworthiness/Accountability	Doctoring 1, 4,5 Learning Communities Phase 1-1 Phase II/III Clerkships	Phase 2 clinical evaluations

3.5 NARRATIVE RESPONSE

a. Describe how these professional attributes are made known to faculty, residents, and others in the medical education learning environment.

The attributes associated with medical professionalism are institutionalized in the formal policies, procedures and statements of the university and the Health Sciences Center (HSC), and they are manifest in the less formal aspects of the Health System. Individuals who have a role in the educational mission of the School of Medicine, including residents, faculty and staff, are made aware of professional value system and behaviors expected of them in a range of settings.

Policies that articulate the behaviors expected of medical professionals include the following:
Vision, Mission, Values

- HSC Vision, Mission and Values statement
- UNM Hospital Vision and Mission statement

Codes of Conduct

- School of Medicine Code of Conduct
- School of Medicine Honor Code
- UNM Hospital Code of Conduct (HR 110)

Rights and Responsibilities

- HSC Professionalism Statement
- School of Medicine Bylaws
- Medical Staff Bylaws

Ethics

- HSC Code of Ethics

Dress Code

- School of Medicine Student Handbook
- UNM Hospital Appearance/Dress Code (HR 140)

Expectations specific to House officers are defined in the School of Medicine Code of Conduct and in the House Officer Handbook.

Beyond formal policies and statements, the professional behaviors and attitudes expected of clinicians and teachers are articulated by leadership in the many recurring ceremonial events at the school. For example, new faculty are introduced to the SOM's professional value system and expected behaviors in their orientation (Quick Start), as are interns and residents at their orientations. First-year students with their Learning Community mentors participate in the White Coat ceremony, where the tenets of medical professionalism are made explicit.

The UNM arts-in-medicine journal (Medical Muse), read by and contributed to by teachers, students and residents, regularly contains articles that examine the process of becoming a physician and the attributes necessary to medical practice.

Faculty are made aware early that their promotion depends on the demonstration of attitudes and behavior consistent with biomedical professionalism. Some departments recognize residents and faculty members who most embody professional attitudes and behaviors.

Lastly, the culture-change initiative that the UNM Health System embarked on two years ago has a central emphasis the articulation of behavioral expectations of all members. These expectations are congruent with the attributes of altruism, empathy, honesty, integrity, respect and accountability, but they are described in phrases that are intended to resonate with our faculty, staff and learners. The seven expectations, united by the phrase 'We make it better' and illustrated with more specific behavior, are:

We care
We do good work
We need each other
We share
We look after things
We keep it safe
We show our pride by how we look.

These expectations are now being disseminated throughout the University of New Mexico Health System. Faculty members and residents-as-teachers will be held accountable to them. As this happens, our learning environment will also be lifted up, to the benefit of our learners.

One of the main sources of motivation to engage in the thorough ongoing effort to improve the culture of the Health System (Mission: Excellence) was the recognition that there was likely a link between our unacceptable rates of students reporting mistreatment on the Graduation Questionnaire (GQ) and low satisfaction scores among our faculty.

Both instruments pointed to problems in our culture requiring radical change. The Chancellor has dedicated considerable resources in money and faculty time to this initiative, with two-day offsite meetings for almost a thousand of the Health System managers and leaders held four times a year. Mission: Excellence has hired the Studer Group to guide us as we make these changes throughout our system. The efforts are expected to improve the morale and effectiveness of the faculty, which should then result in an improvement in our learning environments.

Other strategies have been carried out by smaller units throughout the SOM with the goal of addressing our weaknesses and building on our strengths.

Led by the Office of Medical Student Affairs, the Undergraduate Medical Education Division established Learning Communities (LC's) in 2014 in order to provide more intimate and enduring connections among students and their assigned faculty mentor. The Learning Community 'houses' consist of 6-8 students from each of the four medical school classes and a faculty mentor. Each house meets monthly, and each mentor meets individually with his/her students twice a semester. The LC's provide a setting for students to discuss their experiences in medical school, to provide mutual support, and to offer recommendations for constructive changes in the program. The mentors get to know their students well, and are able to provide valuable feedback to educational leaders on their students' experiences.

The HSC Office of Professionalism was established in 2011, primarily to address issues related to student mistreatment, as reported on the GQ. The initial recommendation in forming the office was to consider these problems broadly, as indicators of the HSC culture rather than being an isolated 'GQ problem'. Since then, the office has followed a two-front strategy: to directly improve students' experiences by reducing mistreatment and by improving the non-didactic dimensions of the learning environment, and secondly, to indirectly improve students' experiences by working with individuals who are reported as having difficulties in their roles and with groups who are experiencing dysfunction.

The Professionalism Improvement Committee was established in 2009 in order to address learner mistreatment. It is comprised of the Director of the Office of Professionalism (chair) and the Deans of Graduate Medical Education, Student Affairs, Clinical Affairs and Faculty Affairs. The committee reviews reports of mistreatment or 'toxic' learning environments, and makes recommendations to the appropriate chair, who is required to report back within a month regarding his/her interventions.

A major curricular reform, begun in 2014 under the name 'Doctoring', has integrated learning experiences and courses that were previously not connected. It provides for a longitudinal and consistent emphasis on 'professional identity formation', and encourages students to reflect on their own experiences and the organizational cultures they are being socialized into. Ethical aspects of medicine are discussed over the entire course of medical school, rather than in time-limited courses. Topics include the hidden curriculum, the advantages or disadvantages of different pedagogical styles (e.g., 'pimping'), second-victim, the place of humanism in medicine, and how to sustain one's values during medical training and in practice.

A recent Education Summit was convened by the Dean to review our strengths, weaknesses and opportunities. It resulted in a nine-point plan to improve the educational experience for SOM students. Among the plans were the following:

- Clarification of mistreatment reporting procedures
- Formalization of learner and teacher expectations in a compact
- Improvement in the effectiveness of feedback
- Clarification of student roles on clinical rotations
- Reduction in gender- and ethnicity-based mistreatment
- Greater effort to educate house staff on their roles in the educational mission of the SOM
- Update and standardization of policies related to student experience
- Endorsement of a revised SOM statement of professionalism.

b. Describe the methods used to evaluate the learning environment in order to identify positive and negative influences on the development of medical students' professional attributes, especially in the clinical setting. Include the timing of these evaluations and the individuals or groups that are provided with the results.

UNM uses multiple internal and external methods to monitor the learning environment.

The Long Learning Environment Survey is administered at the end of Phase 1-2, Phase 2 and Phase 3. The results of this survey are shared with the Senior Associate Dean for Education and the Associate Dean for Undergraduate Medical Education.

During Phase 2, the clerkship year, students complete a survey at the end of each clerkship, administered by the Office of Program Evaluation, Education and Research (PEAR) which includes a number of questions about positive professionalism and about mistreatment. Responses are anonymous. They are shared with the Senior Associate Dean for Education, the Associate Dean for Undergraduate Medical Education, the Associate Dean for Student Affairs, the Director of the HSC Office of Professionalism, department chairs, and clerkship directors. Up to this point, in an attempt to protect the anonymity of students, information has been batched over six months before being released to the respective Clerkship Director and Department Chair. The exception has been if preliminary review identifies an urgent or egregious situation requiring immediate intervention.

Also during Phase 2, the Director of the HSC Office of Professionalism conducts bimonthly focus groups with students at the end of each clerkship to discuss positive and negative factors in the learning environment of each clerkship. The intent behind this practice was to gather more contextual information about clerkships and to test hypotheses about how and why mistreatment might be occurring where it does. It is also an opportunity to gather the names of teachers who are either exemplary and deserving of recognition, or having difficulty in their roles and requiring feedback. The information from these focus groups is also batched and presented in aggregate form to Clerkship Directors who use it to consider changes in their clerkships.

Students are strongly encouraged to participate in the AAMC Y2Q and AAMC GQ. Responses are reviewed by the Senior Associate Dean for Education and the Associate Dean for Undergraduate Medical Education, the Curriculum Committee, the Director of the HSC Office of Professionalism and the Associate Dean for Student Services. The HSC Office of Professionalism compiles the results of these surveys and shares them with the Dean, Executive Vice Dean, Department Chairs, and the leaders in the Office of Education. These leaders are apprised of positive and negative trends, and potentially concerning new developments. They are asked to consider the information as they revise their clinical and educational programs. These annual student surveys are used to track effectiveness of programmatic changes.

c. Provide examples of strategies used to enhance positive elements and mitigate negative elements identified through this evaluation process.

The UNM SOM uses multiple strategies to enhance positive and mitigate negative elements identified at both the individual and the institutional level.

- Learning Communities (LC) – UNM SOM established a program of Learning Communities beginning with Class of 2018. A group of 6-8 students from each class ("house") is assigned to a faculty mentor. Learning Community mentors meet with students in their house on a monthly basis and meet with students individually twice a semester. These meetings provide a forum for students to debrief their medical school experience and share perspectives with peers and faculty. Learning Community mentors have become an important faculty voice with detailed knowledge of the impact of the learning environment on students.
- Professionalism Improvement Committee – The Professionalism Improvement Committee was established in 2010 to respond to and investigate reports of student mistreatment. It consists of the Director of the HSC

Office of Professionalism (Chair), the Associate Deans of Graduate Medical Education, Student Affairs, Faculty Affairs and Clinical Affairs. The committee reviews student complaints of mistreatment by faculty and house-staff, and makes recommendations to the appropriate Department Chair. The Department Chair is required to report back within a month the outcome of his/her intervention.

- Health Sciences Center Office of Professionalism receives referrals from academic leaders to intervene with faculty/housestaff who have been identified as behaving in ways that undermine the teaching and clinical missions. Individuals identified in this manner are often required to engage in remedial coaching as part of his/her remediation plan.
- Curricular interventions – beginning in 2014-2015 (MS 2018), the Phase 2 Doctoring course (Doctoring 6) includes sessions which allow students an opportunity to debrief positive and negative experiences in the clinical environment with peers and faculty and affirm their humanism and professional values.

d. Identify the individual(s) responsible for and empowered to ensure that there is an appropriate learning environment in each of the settings used for medical student education.

Ultimate responsibility for the quality of all learning environments at all phases of medical school rests with the Dean, the Executive Vice Dean, the Senior Associate Dean for Education, the Associate Dean for Undergraduate Medical Education, and the Associate Dean for Student Affairs. The Curriculum Committee exercises oversight over the curriculum and course design, as well as writing or revising policies related to learning environments.

These SOM leaders may draw on the expertise of a number of other offices, including the Office of Wellness, Office of Professionalism, Office of Program Evaluation, Education and Research, Office of Academic Resources and Support.

During Phase 1, the curriculum committee and course directors have direct responsibility for the curriculum and individual courses. Chairs ultimately hold these directors accountable for a positive learning environment.
During Phase 2, clerkship directors and their administrators, the chairs of seven ‘core’ departments have responsibility and the authority to ensure quality and adequacy of the clerkships.
In Phase 3, clerkship directors and their administrators, and clinical chairs have direct responsibility for the learning environments.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.5

1. Examples of the instrument(s) used to evaluate the learning environment.

See Appendix 3.5-1 Long Learning Survey.pdf
See Appendix 3.5-1 Phase 2 Mistreatment Quest.pdf

3.6 STUDENT MISTREATMENT

A medical education program defines and publicizes its code of professional conduct for the relationships between medical students, including visiting medical students, and those individuals with whom students interact during the medical education program. A medical school develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

3.6 SUPPORTING DATA

Table 3.6-1 | Awareness of Mistreatment *Procedures* Among Students

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of medical students that reported *knowing school procedures for reporting the mistreatment of medical students* for each listed year.

GQ 2016		GQ 2017	
School %	National %	School %	National %
72.1%	82.3%	70.6	86.1

Table 3.6-2 | Awareness of Mistreatment *Policies* Among Students

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of medical students that reported *awareness of school policies regarding the mistreatment of medical students* for each listed year.

GQ 2016		GQ 2017	
School %	National %	School %	National %
94.2%	95.7%	98.5	97.0

Table 3.6-3.a | Student Mistreatment Experiences

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) for the listed year on respondents' experiences with each of the following behaviors during medical school.

	GQ 2016							
	Never		Once		Occasionally		Frequently	
	School %	National %	School %	National %	School %	National %	School %	National %
Publicly embarrassed	50	58.1	24.4	20.5	24.4	20.4	24.4	20.4
Publicly humiliated	76.7	78.8	14	12.6	8.1	8.2	1.2	0.5
Threatened with physical harm	100	98.6	0	1	0	0.3	0	0.1
Physically harmed	98.8	96.8	1.2	1.6	0	0.3	0	0.1
Required to perform personal services	97.7	94.3	2.3	3.8	0	1.7	0	0.1
Subjected to unwanted sexual advances	95.3	96.2	4.7	2.4	0	1.3	0	0.2
Asked to exchange sexual favors for grades or other rewards	100	99.8	0	0.1	0	0.1	0	0.1
Denied opportunities for training or rewards based on gender	91.9	94.4	5.8	2.6	2.3	2.6	0	0.4

Subjected to offensive, sexist remarks/names	84.9	87.1	9.3	6.3	5.8	6.1	0	0.5
Received lower evaluations/grades based on gender	88.2	94.3	11.8	3.7	0	1.7	0	0.3
Denied opportunities for training or rewards based on race or ethnicity	96.5	97.10	0.9	0	1.2	1.5	2.3	0.5
Subjected to racially or ethnically offensive remarks/names	87.1	93.3	5.9	3.5	4.7	2.7	2.4	0.4
Received lower evaluations or grades solely because of race or ethnicity rather than performance	96.5	97.3	1.2	1.3	0	1.0	2.4	0.4
Denied opportunities for training or rewards based on sexual orientation	100	99.5	0	0.2	0	0.2	0	0.1
Subjected to offensive remarks, names related to sexual orientation	97.7	98	2.3	0.9	0	1.0	0	0.2
Received lower evaluations or grades solely because of sexual orientation rather than performance	100	99.5	0	0.3	0	0.1	0	0.1

Table 3.6-3.b | Student Mistreatment Experiences

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) for the listed year on respondents' experiences with each of the following behaviors during medical school.

	GQ 2017							
	Never		Once		Occasionally		Frequently	
	School %	National %	School %	National %	School %	National %	School %	National %
Publically embarrassed	47.1	57.0	29.4	21.0	23.5	21.1	0.0	0.9
Publicly humiliated	73.5	78.4	19.1	12.8	7.4	8.3	0.0	0.5
Threatened with physical harm	100	98.6	0.0	1.0	0.0	0.3	0.0	0.0
Physically harmed	100	98.3	0.0	1.4	0.0	0.3	0.0	0.0
Required to perform personal services	94.1	93.8	5.9	4.2	0.0	1.8	0.0	0.2
Subjected to unwanted sexual advances	92.6	95.7	5.9	2.8	1.5	1.4	0.0	0.1
Asked to exchange sexual favors for grades or other rewards	100	99.7	0.0	0.1	0.0	0.1	0.0	0.0
Denied opportunities for training or rewards based on gender	85.3	94.1	7.4	2.9	5.9	2.7	1.5	0.4
Subjected to offensive, sexist remarks/names	83.8	85.2	7.4	7.1	8.8	7.0	0.0	0.7
Received lower evaluations/grades based on gender	88.2	94.2	8.8	3.9	2.9	1.6	0.0	0.3
Denied opportunities for training or rewards based on race or ethnicity	95.6	97.1	2.9	1.2	1.5	1.3	0.0	0.5
Subjected to racially or ethnically offensive remarks/names	89.7	92.8	2.9	3.8	7.4	3.0	0.0	0.4

Received lower evaluations or grades solely because of race or ethnicity rather than performance	97.1	97.2	2.9	1.5	0.0	1.0	0.0	0.3
Denied opportunities for training or rewards based on sexual orientation	100.00	99.5	0.0	0.2	0.0	0.2	0.0	0.1
Subjected to offensive remarks, names related to sexual orientation	94.1	97.9	2.9	1.0	2.9	1.0	0.0	0.1
Received lower evaluations or grades solely because of sexual orientation rather than performance	100	99.5	0.0	0.2	0.0	0.2	0.0	0.0

Table 3.6-4 | Student Mistreatment Experiences by Curriculum Year

Provide data on student mistreatment from the ISA by curriculum year on student satisfaction (somewhat satisfied/very satisfied) with the following. Add rows for each additional question on the student survey.

Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Adequacy of the school's mistreatment policy	83%	70%	90%	90%
Adequacy of the mechanisms to report mistreatment	76%	76%	84%	75%
Adequacy of the school's activities to prevent mistreatment	74%	73%	87%	83%

3.6 NARRATIVE RESPONSE

a. Describe how medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff are informed about the medical school's standard of conduct in the faculty-student relationship and about medical student mistreatment policies.

Medical students are made aware of UNM SOM's concern about mistreatment and its commitment to improving their educational experience starting with their orientation and continuing throughout their undergraduate training. Issues relating to mistreatment are described at the White Coat ceremony. Students discuss the issues with the Associate Dean of Undergraduate Medical Education and the Director of the Office of Professionalism within the first few weeks of arrival on campus. They receive a formal training in Title IX/OEO protections and reporting procedures from the UNM Office of Equal Opportunity. As they prepare to transition to the clinical environments, where most of the reported mistreatment occurs, students are invited into a discussion of what constitutes mistreatment and other failures in the educational mission, and how to report them. Throughout their third-year, students are engaged in focus groups and through their Learning Communities in discussions of mistreatment. The Doctoring course contains modules on ethics in medical education and in medical practice in order to provide students with a vocabulary by which to describe their observations and experiences.

Housestaff are also informed of the institution's historical patterns of mistreatment at their orientations in the first and second years of their training program. They are specifically informed of the reports showing housestaff to be more likely than the national average and more likely than UNM clinical faculty to engage in forms of mistreatment other than public humiliation. They have been invited to discuss how to interpret these reports and appropriate interventions. These activities are expected to grow over the next few years to try to reverse the patterns.
Residents receive feedback from students on their teaching, and these reports are reviewed with them by their training directors. Residents also receive specific training in how to teach and how to give feedback to students in non-threatening and effective ways.

Faculty also receive the same message about SOM's concern regarding patterns of mistreatment of its students. They receive this message at initial orientation, and it is reiterated by their chairs after annual reviews of AAMC and internal survey data. Faculty who have leadership positions in the educational mission are regularly engaged in discussion and program planning to address the problem.

Annual UME educational retreats have include sessions on mistreatment and the SOM student experience.
Faculty mentors in the Learning Community program receive training in understanding group dynamics, how to discuss the hidden curriculum, and the expectations that students and teachers have of each other.
The HSC Office of Professionalism has for the last four years organized a 'Practical Psychology' workshop series offered to Health Sciences faculty. Topics have included Professionalism and Unprofessionalism, the role of apology, anger in the workplace, feedback and self-disclosure as educational methods, leadership and followership, small group dynamics, personality and the workplace, tasks of leaders. The intention behind the series is to introduce knowledge and skills to educators, managers and clinicians to help them to more intentionally and effectively manage themselves and their groups, including learners. The Director of the Office of Professionalism has presented to the faculty of almost every clinical department on matters relating to professionalism, organizational culture, interpersonal conflict, and ultimately on the student experience.
Because student mistreatment is likely to be related to the wider culture of the Health System, it has been included as a target of the Mission: Excellence culture change initiative. Faculty leaders are an important component in this effort and they receive training in how to identify and report conditions that undermine the effectiveness of the clinical and educational missions.

b. Describe how medical students, including visiting students, are informed about the procedures for reporting incidents of mistreatment.

The relevant policy regarding student mistreatment (Teacher Conduct and Learner Complaints policy) and the related procedures had for a number of years been listed on the Student Affairs website. However, after a series of GQ reports that showed an unacceptable gap between SOM students and the national average regarding awareness of procedures for reporting mistreatment, a more active approach was undertaken.

Now, all entering students meet with the Associate Dean for Undergraduate Medical Education and the Director of the Office of Professionalism to discuss the reporting procedures. They receive a hard-copy of the procedure, including a diagram showing the flow of information from student to responsible chair back to the student. The procedure is also listed on the websites of the Office of Student Affairs, the Office of Professionalism, and the Student Learning Management System (BrightSpace).

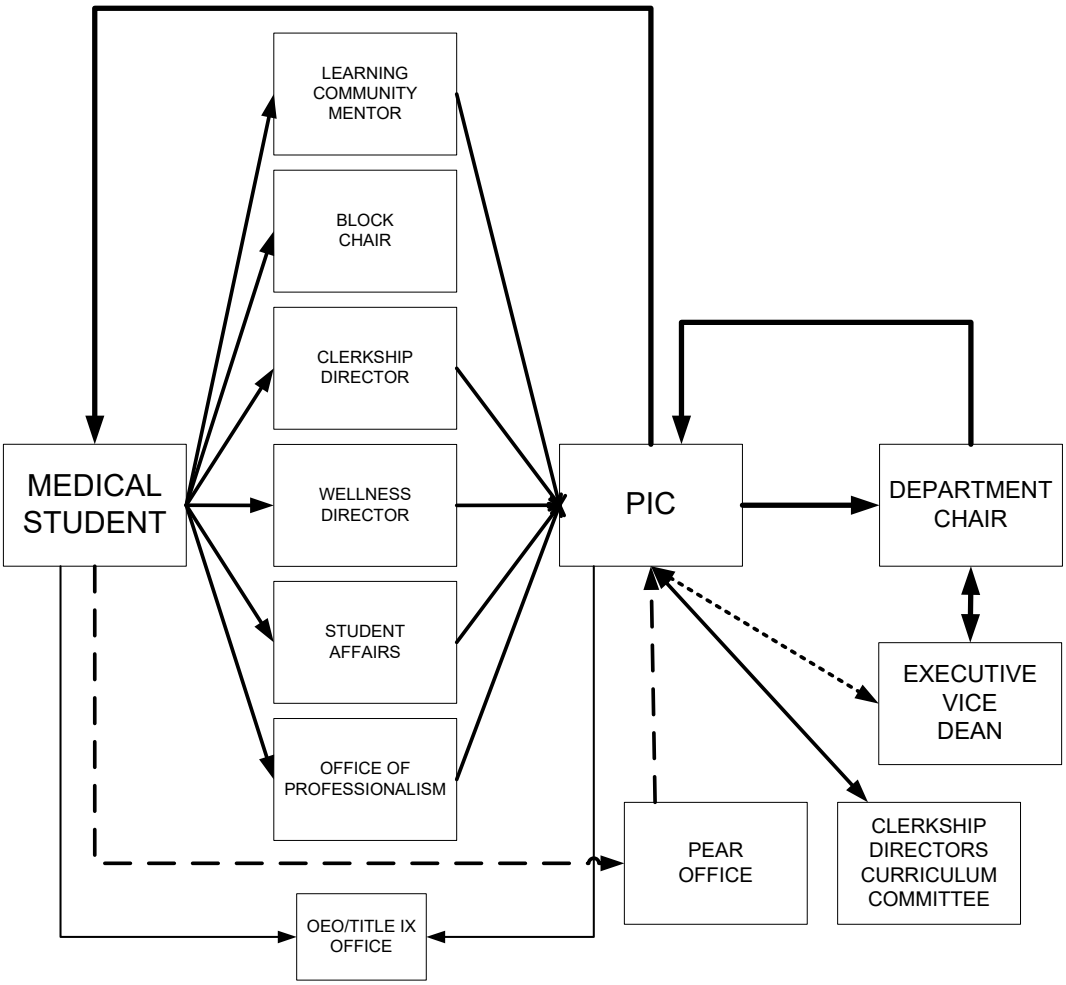
Students also receive formal training in mistreatment related to Title IX/OEO protections, how to report it and to whom.

c. Summarize the procedures used by medical students, faculty, or residents to report observed incidents of mistreatment and unprofessional behavior in the learning environment. Describe how reports are made and identify the individuals to whom reports can be directed. Describe the way in which the medical school ensures that allegations of mistreatment can be made and investigated without fear of retaliation. Describe the process (es) used for follow-up when reports of unprofessional behavior have been made.

The Medical Student Handbook and the Student Mistreatment Policy describe the procedures for reporting mistreatment. They include a list of responsible agents, including the Deans of Student Affairs, Undergraduate Medical Education, Graduate Medical Education, clerkship directors, Learning Community Mentors, the Director of the Office of Wellness, and the Director of the Office of Professionalism.

The Professionalism Improvement Committee (PIC) was founded in 2009 as the body responsible for overseeing the School of Medicine's responses to reports of learner mistreatment. It is comprised of the Deans of Student Affairs, Graduate Medical Education, Academic Affairs, Clinical Affairs and the Director of the HSC Office of Professionalism, who serves as the chair. The PIC is authorized by the Dean of the School of Medicine to receive reports of mistreatment, to independently investigate the reported incident(s), and to provide the relevant department chair(s) with information with the expectation that the chair will address the issue with the responsible faculty member(s). The chair is asked to inform the PIC of the actions taken within a month. If the PIC considers the chair's response to be inadequate it will inform the Executive Vice Dean who will work with the chair to provide a more

adequate response. Once the chair informs the PIC of actions taken, the PIC closes the loop by informing the learner (in general terms) of the outcome of the intervention.



There is a large number of channels by which the PIC can receive reports of learner mistreatment.

Medical students can inform any of the following officers of the HSC: Dean of Students, Block Chair (Phase I), Clerkship Director and Clerkship Coordinator (Phase II), Learning Community mentor, Director of the Office of Wellness, Director of the Office of Professionalism.

Wellness Director:	Dr. Elizabeth Lawrence (272 4472, ELawrence@salud.unm.edu)
Student Affairs:	Dr. Sheila Hickey (272 3414, SHickey@salud.unm.edu) Dr. Teresa Vigil (272 0600, TVigil@salud.unm.edu)
Office of Professionalism:	Dr. Jonathan Bolton (272 6663, JWBolton@salud.unm.edu)
OEO/Title IX Office:	Heather Cowan (http://oeo.unm.edu, 277 5251)

Additionally, medical students can make anonymous comments on the Phase II clerkship surveys, administered by the Office of Program Evaluation, Education and Research (PEAR), which will be read by the Dean of Students and the Director of the Office of Professionalism, who will then consider referring the matter to the PIC.

Students may also communicate with officers and members of the student-run Committee for the Advancement of Professionalism and Ethics (CAPE), who are aware of how to pass the report to one of the officers listed above. The Director of the Office of Professionalism serves as the faculty mentor for CAPE, so is directly accessible to members.

Students may also use the HSC Office of Compliance Hotline to make anonymous reports, which are referred to the Associate Dean of Faculty Affairs and Career Development.

Civil Rights and Title IX violations should be reported to the UNM Office of Equal Opportunity (OEO), which investigates reports and submits their findings to chairs and SOM administrators for action. During their orientation to medical school, students receive formal training in how to contact and file reports with the OEO office.

One example of how the School of Medicine addresses mistreatment concerns is a meeting hosted by the Dean and EVD of UNM SOM in September 2017. The meeting was to discuss and address specific dimensions of the problem of student mistreatment. Department chairs, residency program directors, clerkship directors, residents representing several programs, and other education leaders were invited to this meeting. Participants were provided with current information from AAMC surveys and from internal surveys that relate to student experience and mistreatment. Eight key discussion topics were identified in advance for discussion by small groups. Participants were assigned to small groups to ensure diverse backgrounds and points of view for each topic. The eight topics included:

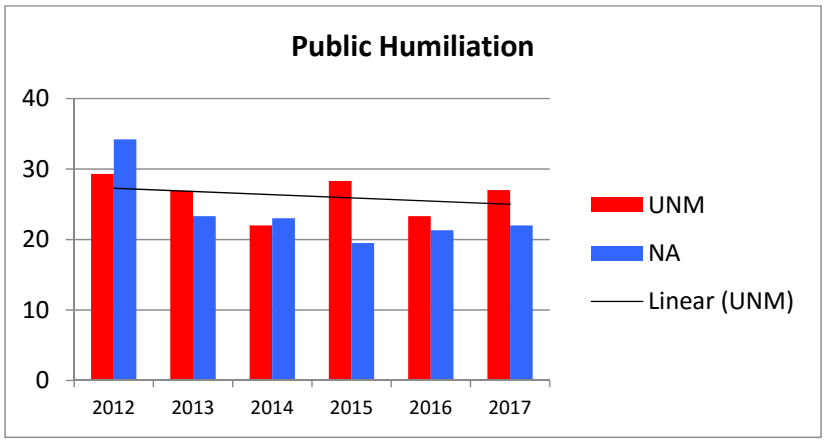
- faculty professionalism and civility
- public humiliation of medical students
- involving residents in the culture change process
- gender-based mistreatment
- ethnicity-based mistreatment
- surgical clerkships
- clarifying medical student roles
- mistreatment in the pre-clinical classroom or small group setting

The tasks of each group were similar and included addressing three questions: deciding how to make sense of the problem and the data, considering why we are vulnerable to the problem and what perpetuates it, and recommending strategies to reduce or eliminate the problem. Each group nominated one or two individuals who will carry the discussion, including perspectives and strategies for change, forward in planning sessions with the Offices of Undergraduate Medical Education and Professionalism. The results of the strategies and implementation will be presented to the Council of Chairs within six months.

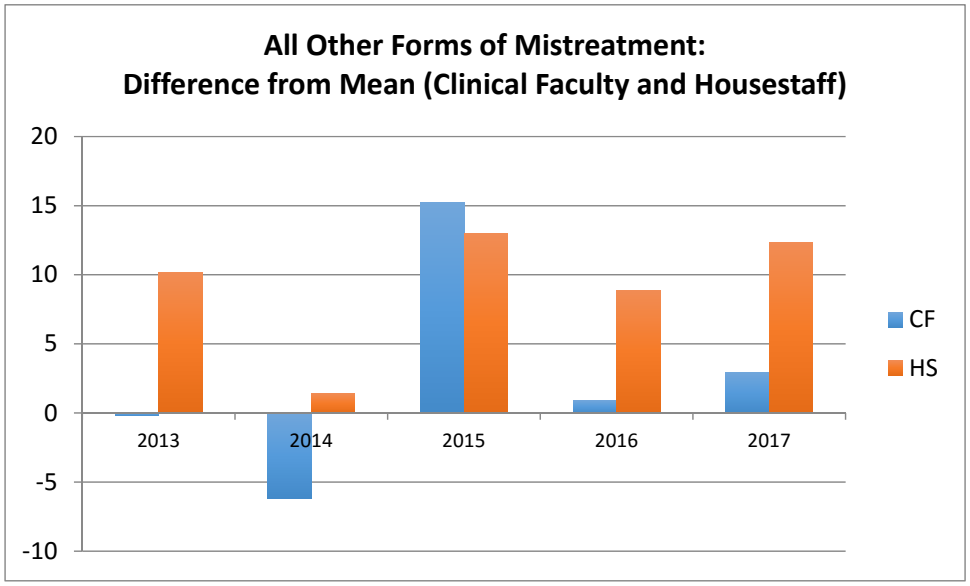
d. How, by whom, and how often are data regarding the frequency of medical students experiencing negative behaviors (mistreatment) collected? How, by whom, and how often are the data on medical student mistreatment reviewed? How are these data used in efforts to reduce medical student mistreatment? Note recent actions that have been taken in response to the data from the AAMC GQ or student surveys related to the incidence of mistreatment.

UNM SOM collects three types of information from and about student experience: i) AAMC surveys (Graduation Questionnaire and the Y2Q surveys), ii) anonymous bimonthly, end-of-clerkship surveys administered by the SOM Office of Program Evaluation, Education and Research (PEAR), and iii) focus group meetings at the end of each clerkship with the Director of the Office of Professionalism. The three sources of information complement each other and help answer specific questions needed for intervention. For example, the GQ does not allow for the identification of 'hot spots' for mistreatment, while the PEAR survey and the focus group do. The PEAR surveys are reviewed by the Associate Dean of Student Affairs and the Office of Professionalism. If a survey contains an egregious account, PEAR alerts the Dean of Student Affairs and the Office of Professionalism, as well as the Associate Dean of Undergraduate Medical Education and the respective Clerkship Director. The data from these three sources are collated and integrated annually and presented to the Executive Vice Dean of the SOM, the Chancellor of the Health Sciences Center, the Council of Chairs, and the SOM Curriculum Committee.

The AAMC surveys have revealed a disturbing history of overall mistreatment, and especially public humiliation. Clinical faculty are the most commonly cited group for this form of mistreatment. As a result, SOM leadership made the results known to the entire educational community and instituted responses that have included mandatory training for all new faculty members (through the Quick Start). They receive education on trends in student mistreatment and are trained in why and how to apologize for humiliation. These efforts have been associated with a progressive decrease in the rate of reporting of public humiliation compared to the national average.



All other forms of mistreatment are far less common. However, two trends have been noted: housestaff are more likely to be cited than clinical faculty for these forms, and there has been a recent increase in gender- and ethnicity-based mistreatment. Reasons for this change are unclear and phenomena are complicated. A recent UME Summit meeting, consisting of faculty and students, identified some of the dimensions to these problems and led to a task force which is investigating further and which will make recommendations for interventions.
Because housestaff has been consistently more likely than the national average to practice these other forms of mistreatment, strategies are being developed to reverse this trend.



Another trend on recent GQ surveys has been a gap between awareness that SOM has policies about mistreatment and awareness of procedures for reporting it. These results are somewhat contradicted by 2016 GQ findings that SOM students are far more likely than the national average to report mistreatment to the appropriate authorities.

Dean of Students	25% (vs NA 21.8%)
Designated Counselor	25% (vs NA 14.2%)
Other Administrator	25% (vs NA 22.3%)
Faculty member	75% (vs NA 52.1%)

Also, UNM SOM students who did report mistreatment were far more likely to be satisfied with the outcome of their reporting.

Dissatisfied/Very Dissatisfied	UNM 0%	NA 27.3%
Satisfied/Very Satisfied	UNM 75%	NA 42.4%

In an effort to address the problem of awareness of reporting procedures, the Associate Dean of Undergraduate Medical Education and the Director of the Office of Professionalism updated and widely disseminated to students the steps in the reporting process.

e. Refer to data from the independent student analysis related to mistreatment, including policies and procedures for reporting. Compare the findings from the independent student analysis with those from the AAMC GQ, illustrating any areas of consistency or inconsistency.

The Independent Student Analysis (ISA) had a high response rate (overall 87%), which is higher than the response rate for the GQ. This adds confidence to the students' responses about the UNM SOM student experience. However, the survey does not allow comparison with other programs.

The survey results demonstrate a high degree of satisfaction with student support services overall and with student participation in curricular design and program improvement.

Regarding mistreatment, the ISA Study Group convened large group discussions by Phase II students to examine the patterns of mistreatment and to review UNM SOM efforts to address mistreatment. The ISA reports that the interventions made in response to previous reported mistreatment were recognized by students and evaluated positively On the ISA, the majority of Phase II and III students (85%) were satisfied with UNM SOM's current activities to prevent mistreatment. The majority (>85%) of students feel safe on campus and in the associated hospitals (e.g., Veterans Affairs Medical Center, Sandoval Regional Medical Center).

f. Describe recent educational activities for medical students, faculty, and residents that were directed at preventing student mistreatment.

Many of the recent activities directed at preventing student mistreatment have been described earlier in appropriate sections. For convenience these activities are also summarized here.

Medical students are made aware of SOM's concern about mistreatment and its commitment to improving their educational experience starting with their orientation and continuing throughout their undergraduate training. Issues relating to mistreatment are described at the White Coat ceremony. Students discuss the issues with the Associate Dean of Undergraduate Medical Education and the Director of the Office of Professionalism within the first few weeks of arrival on campus. They receive a formal training in Title IX/OEO protections and reporting procedures from the UNM Office of Equal Opportunity. As they prepare to transition to the clinical environments, where most of the reported mistreatment occurs, students are invited into a discussion of what constitutes mistreatment and other failures in the educational mission, and how to report them. Throughout their third-year, students are engaged in focus groups and through their Learning Communities in discussions of mistreatment. The Doctoring course contains modules on ethics in medical education and in medical practice in order to provide students with a vocabulary by which to describe their observations and experiences.

Housestaff are also informed of the institution's historical patterns of mistreatment at their orientations in the first and second years of their training program. They are specifically informed of the reports showing housestaff to be more likely than the national average and more likely than UNM clinical faculty to engage in forms of mistreatment other

than public humiliation. They have been invited to discuss how to interpret these reports and appropriate interventions. These activities are expected to grow over the next few years to try to reverse the patterns. Residents receive feedback from students on their teaching, and these reports are reviewed with them by their training directors. Residents receive specific training in how to teach and how to give feedback to students in non-threatening and effective ways.

Faculty also receive the same message about SOM's concern regarding patterns of mistreatment of its students. They receive this message at initial orientation, and it is reiterated by their chairs after annual reviews of AAMC and internal survey data. Faculty who have leadership positions in the educational mission are regularly engaged in discussion and program planning to address the problem.

Annual UME educational retreats have include sessions on mistreatment and the SOM student experience. Faculty mentors in the Learning Community program receive training in understanding group dynamics, how to discuss the hidden curriculum, and the expectations that students and teachers have of each other.

The HSC Office of Professionalism has for the last four years organized a 'Practical Psychology' workshop series offered to Health Sciences faculty. Topics have included Professionalism and Unprofessionalism, the role of apology, anger in the workplace, feedback and self-disclosure as educational methods, leadership and followership, small group dynamics, personality and the workplace, tasks of leaders. The intention behind the series is to introduce knowledge and skills to educators, managers and clinicians to help them to more intentionally and effectively manage themselves and their groups, including learners. The Director of the Office of Professionalism has presented to the faculty of almost every clinical department on matters relating to professionalism, organizational culture, interpersonal conflict, and ultimately on the student experience.

Because student mistreatment is likely to be related to the wider culture of the Health System, it has been included as an indicator by the Mission: Excellence culture change initiative. Faculty leaders are an important component in this effort and they receive training in how to identify and report conditions that undermine the effectiveness of the clinical and educational missions.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.6

1. Formal medical school or university policies addressing the standards of conduct in the faculty-student relationship, including student mistreatment policies.

See Appendix 3.6-1 Teacher Learner Compact.pdf

2. Formal policies and/or procedures for responding to allegations of medical student mistreatment, including the avenues for reporting and mechanisms for investigating reported incidents.

See Appendix 3.6-2 Student Mistreatment Policy.pdf
See Appendix 3.6-2 Reporting Algorithm.pdf

3. For medical education programs with regional campuses, provide data for each campus and comment on any differences among campuses.

N/A

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

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

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.

4.1 SUPPORTING DATA

Table 4.1-1 | Total Faculty

Provide the total number of full-time, part-time, and volunteer faculty in the basic science and clinical departments for each listed academic year (as available).

	Full-Time Faculty		Part-Time Faculty		Volunteer Faculty	
Academic Year	Basic Science	Clinical	Basic Science	Clinical	Basic Science	Clinical
2013-14	51	897	12	217	16	1122
2014-15	48	907	12	195	17	1115
2015-16	49	913	11	203	20	1164
2016-17	49	917	8	208	17	1122

Table 4.1-2 | Basic Science Faculty

List each of the medical school's *basic science (pre-clerkship)* departments and provide the number of faculty in each. Only list those departments (e.g., pathology) included in the faculty counts in table 4.1-1. Schools with one or more regional campus(es) should also provide the campus name. Add rows as needed.

		Full-Time Faculty					Part-Time Faculty
Campus	Department	Professor	Associate Professor	Assistant Professor	Instructor/ Other	Vacant	
	Biochemistry & Molecular Biology	1	5	4	3	0	1
	Cell Biology & Physiology	5	3	1	2	0	4
	Molecular Genetics & Microbiology	6	2	3	3	1	0
	Neurosciences	7	1	3	0		3

Table 4.1-3 | Basic Science Teaching Responsibilities

List each of the medical school's *basic science (pre-clerkship)* departments and indicate whether required courses are taught for each listed student-type (Y for yes, N for no). Only list courses for which departmental faculty have primary and ongoing responsibilities (e.g., reporting final grades to the registrar). Only include interdisciplinary courses once per department. Add rows as needed.

		Student Type					
Campus	Department	Medical	Graduate	Dental	Nursing	Allied Health	Undergraduate
	Biochemistry & Molecular Biology	Y	Y	N	N	N	Y
	Cell Biology & Physiology	Y	Y	N	N	N	N

	Molecular Genetics & Microbiology	Y	Y	N	N	N	N
	Neurosciences	Y	Y	N	N	N	Y

Table 4.1-4 | Clinical Faculty

List each of the medical school's *clinical departments* and provide the number of faculty in each. Only list departments included in the faculty counts in table 4.1-1. Schools with one or more regional campus should provide the campus name in each row. Add rows as needed.

		Full-Time Faculty					Other / Not Full-Time	
Campus	Department	Professor	Associate Professor	Assistant Professor	Instructor/ Other	Vacant	Part-Time Faculty	Volunteer
	Anesthesiology	7	13	23	3	0	9	8
	Dental Medicine	4	0	3	1	0	2	21
	Dermatology	0	1	0	0	3	2	19
	Emergency Medicine	11	10	35	18	1	19	66
	Family & Community Medicine	12	11	24	14	4	35	394
	Internal Medicine	73	42	100	27	35	38	145
	Neurology	10	6	11	3	3	7	24
	Neurosurgery	1	2	9	4		2	6
	Obstetrics & Gynecology	6	3	10	6	0	11	60
	Orthopaedics	7	10	23	0		5	75
	Pathology	20	11	18	13	0	9	51
	Pediatrics	22	29	46	8	6	32	78
	Psychiatry and Behavioral Sciences	15	30	27	13		18	76
	Radiology	4	9	25	9	6	8	13
	Surgery	18	17	38	2	4	11	85

Table 4.1-5 | Clinical Teaching Responsibilities

List each of the medical school's *clinical* departments and indicate whether required courses are taught for each listed student-type (Y for yes, N for no). Only list courses for which departmental faculty have primary and ongoing effort (e.g., reporting final grades to the registrar). Only include interdisciplinary courses once per department. Only report Pathology data if Pathology is included as a clinical department in table 4.1-1. Add rows as needed.

		Student Type					
Campus	Department	Medical	Dental	Nursing	Allied Health	Public Health	Other (specify)
	Anesthesiology	N	N	N	N	N	N
	Dental Medicine	N	Y	N	Y	N	Dental Hygiene
	Dermatology	N	N	N	N	N	N
	Emergency Medicine	Y	N	N	N	N	Emergency Medical Services
	Family & Community Medicine	Y	N	N	N	N	PA Program
	Internal Medicine	Y	N	N	N	N	N
	Neurology	Y	N	N	N	N	N
	Neurosurgery	Y	N	N	N	N	N
	Obstetrics & Gynecology	Y	N	N	N	N	N/A
	Orthopaedics	Y	N	N	Y	N	Physical Therapy
	Pathology	Y	N	N	N	N	Medical Lab Sciences
	Pediatrics	Y	N	N	Y	N	Occupational Therapy
	Psychiatry and Behavioral Sciences	Y	N	N	N	N	N
	Radiology	N	N	N	N	N	Radiological Sciences
	Surgery	Y	N	N	N	N	N

Table 4.1-6 | Protected Faculty Time

Provide the amount of protected time (i.e., time with salary support) that the following individuals have for their educational responsibilities (include a range if not consistent within each group). Add rows as needed.

Faculty Type	Amount
Preclerkship/preclinical course directors, including directors of clinical skills courses	0.03 - 0.28
Clerkship directors	0.1-0.3
Chair of the curriculum committee	0.05

4.1 NARRATIVE RESPONSE

a. List all faculty with substantial teaching responsibilities who are on-site at their teaching location for fewer than three months during the academic year.

Dr. David Bear, PhD; Co-Block Chair for the Foundations of Medicine Science block in Phase I of the curriculum.

b. Describe any situations where there have been recent problems identifying sufficient faculty to teach medical students (e.g., to provide lectures in a specific content area, to serve as small group facilitators).

There have not been any situations recently where there have been significant problems identifying or recruiting faculty to teach medical students in any of the three phases of the curriculum. Because of the high clinical demands on faculty, recruiting enough available clinical faculty as facilitators for the small group activities in the Phase I Doctoring course and the Phase I Clinical Reasoning course can be a challenge at times. All small groups are now staffed with at least two preceptors who are able to cover for one another if someone needs to be absent and a pool of substitute preceptors is also available to draw upon.

c. Describe anticipated faculty attrition over the next three years, including faculty retirements.

The UNM SOM has participated in the AAMC Faculty Forward surveys in 2009, 2011 and 2014. One of the survey sections is about faculty intentions to leave either through retirement or resignation in the next two years. In the most recent survey, almost 7% percent of our faculty indicated they intend to leave in the next two years compared with 4.7% of peer institutions, and 3.9% of all Faculty Forward survey institutions.

Actual numbers: On average, there was a 6.5% annual resignation/retirement rate over the past three years. The breakdown by rank is 63% Assistant Professors, 16% Associate Professors, and 13% of Professors. As the state of NM struggles to provide support for higher education, salaries have been stagnant, and are not expected to rise significantly in the next two years, so we suspect that these numbers will likely not change much. On the positive side, the institution is investing heavily in increasing physician engagement, so hopefully junior clinical faculty will become more engaged, and therefore stay longer. The Office of Faculty Affairs is also conducting a survey of our junior faculty in years 2-4 of their employment to see what needs they have now that could be addressed to improve retention. There are also efforts to monitor mentoring activity, especially at the departmental level.

d. Describe faculty recruitment activities, by discipline, planned over the next three academic years and provide the anticipated timing of these activities. Note if these are new recruitments or to replace faculty who have retired/left the institution.

HSC Basic Science Faculty				
Department	**Needs for faculty in the next three academic years**	**Replacement positions**	**New positions (new/expanding programs)**	**Recruitment activities planned**
Biochemistry & Molecular Biology	One Tenure Track and one lecturer	1	1	Regular recruitment efforts
Cell Biology & Physiology	Hire 4 faculty	4	0	Regular recruitment efforts
Molecular Genetics & Microbiology	Hire 2 faculty	1	1	Currently working on placing an ad for an Assistant Professor, in process of

				putting together our search committee, and will be posting soon.
Neurosciences	Unless a current faculty member leaves the institution either through retirement or relocation to another institution, we do not anticipate replacing any faculty positions in the next two to three years.	0	0	N/A

HSC Clinical Faculty				
Department	**Needs for faculty in the next three academic years**	**Replacement positions**	**New positions (new/expanding programs)**	**Recruitment activities planned**
Anesthesiology	FY18 – all positions currently filled FY19 – approved for 3 new faculty positions FY20 – approved for 2 new faculty	0	5	Regular recruitment efforts
Dental Medicine	1.5 addition faculty position (converting the 3 staff position to faculty) - 1 OFMS and a .5 Dental Provider)	0	1.5	Regular recruitment efforts
Dermatology	4 – 6 Full-time faculty plus 2 VA faculty	1	2-3	Regular/on-going recruitment efforts
Emergency Medicine	Currently we do not anticipate growing faculty, but are assuming that we need to keep the same fte in place. We may change some FTE to Advance Practice Providers (Physician Assistants or Nurse Practitioners)	1	0	We usually recruit at EM national conferences, advertise in the appropriate EM journals and approved sites for the protected classes. We are often contacted directly by past residents/fellows who want to return to New Mexico.
Family & Community Medicine	13-15 Full-time faculty, plus 1 Community joint hire	4	9-11	Regular/on-going recruitment efforts
Internal Medicine	On average the number of faculty recruitments across divisions is 42 hires annually - that is a remaining fairly static. The areas of emphasis for hiring are currently	38	5	o Executive Vice Chair was named. The focus of this position is on Faculty development and improving DoIM clinical and academic metrics. This includes improvements in faculty retention, engagement and satisfaction o New Vice Chair – Diversity and Inclusion to be named. One of the

	General Internal Medicine, Hospital Medicine, Critical Care Medicine and Nephrology.			focuses of this position is to develop approaches to recruit and retain a diverse group of trainees, faculty and staff. o Overarching Departmental recruitment materials were developed and are disseminated at all relevant conferences and trainings. o Department Focus Group for Unit Administrators – To Identify areas for improvement and come up with strategic methods for more effective divisional recruitments. o Improvements to the Department/Divisional websites to provide information and encourage interest of faculty and trainee applicants. o Quarterly Faculty Recruitment Trainings o On-Boarding Process – This will be implemented across the Dept. to ensure all new faculty are being welcomed properly o Data Tracking to help to improve IM, Divisions, and OFACD turn-around times. o On-Going communication with outside offices to improve the IM Faculty hiring process.
Neurology	Over the next three (3) years, the Department has a plan to recruit: 1) 2 Neurologists who specialize in M.S. - expanding 2) 2 Neurologists who specialize in movement disorders. – 1 replacement, 1 expansion 3) 2 Neurologists who will practice general neurology – replacement in a sense, we hire general neurologist who then have specialized 4) 2 Pediatric Neurologists – expansion	3	5	Regular recruitment efforts
Neurosurgery	The neurosurgery department's faculty	3	4	Regular recruitment efforts

	needs over the next three years will be: to recruit 7 physicians the break out of the physicians are as follows: 3 Neurosurgeons (1 spine focused. 1 pediatrics focused and possibly 1 endovascular focused.) 2 Physiatrists (PM & R) 2 Pain Management Physicians			
Obstetrics & Gynecology	OB-GYN is very competitive in the Albuquerque area and UNM births have declined the last few years. Unless we saw marked growth or had contracts with other entities (Lovelace, VA, etc.), we are adequately staffed. If we did have any vacancies it would be due to attrition and then the positions would be replacement. At this time we don't have any planned new positions.	1	0	Regular recruitment efforts. Currently only recruiting for one replacement position (has been ongoing since January 2017). That includes some advertising resources
Orthopaedics	We currently have an opening for a Hand Orthopaedic surgeon and that is the only opening we have at this time. This is a replacement position. In the next 3 years, we could possibly be searching for another spine surgeon but this has not yet been approved through the PRC and would be a new position.	1	0	Regular recruitment efforts. We don't really run ads or actively recruit. Our doctors usually network when they attend conferences and other Orthopaedic related activities
Pathology	In the next 3 academic years, we anticipate we may need minimal	10	4	Regular recruitment efforts

	expansion for increased volumes of clinical work at UH and SRMC. We don't have any specific program expansions or new programs to staff. I would estimate we would recruit - 8 replacement and 2 new clinical faculty = 10 total - 2 replacement and 2 new tenured research faculty = 4 total			
Pediatrics	Average ~5-7 per year as replacement New/expanding total of ~2-3 over next 3 years	5-7	2-3	Normal process for backfilling resigned/vacated positions. --We have an Office of Professional Development and Recruiting (run by our Dept Vice Chair and a faculty working retiree) --They hold regular internal meetings for recruiting strategy, status, set-ups of interviews, committees, etc with our team (HR, credentialing person and recruiting coord.) --We do the usual national postings and have chiefs recommend various subspecialty-specific distribution lists or journals"
Psychiatry and Behavioral Sciences	6+ Replacing Fawcett, Mullen, Del Fabbro, Sharon, Rediske and Apfeldorf (geri), Vukadinovic (addictions) 2 positions at UNM West	6	2	Ads in variety professional journals
Radiology	• We have hired 6 faculty to start between now and Sept 2018. Four are new positions. Two are replacements. • We have 6 approved faculty positions posted. Three are new positions and three are replacements. • There are 2 additional replacement	7	7	We will continue current recruitment efforts which include the normal advertising with specific attention to reaching out to URMs. We may begin working with a firm to recruit difficult to fill positions.

	positions pending submission. • There are 4 potential faculty retirements that we would expect to replace. • We can expect 1 faculty resignation. • We anticipate 10% growth each year depending on outcome of healthcare reform.			
Surgery	-The replacement positions are for 2 cardiothoracic surgeons, 1 plastic surgeon, and 1 pediatric surgeon. -The newest approved position is for a vascular surgeon, the other position is for a burn surgeon (however that position is not approved yet.)	4	2	Regular recruitment efforts

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.

4.2 SUPPORTING DATA

Table 4.2-1 | Scholarly Productivity

Provide the total number of each type of scholarly work, by department (basic science and clinical), from the most recently completed year (academic or calendar year, whichever is used in the medical school's accounting of faculty scholarly efforts).

Department	Articles in peer-review journals**	Published books/ book chapters**	Faculty co-investigators or PI's on extramural grants***	Other peer-reviewed scholarship*
Anesthesiology	25		1	
Biochemistry & Molecular Biology	24		3	
Cell Biology & Physiology	16		8	
Dermatology	26	1	1	
Dental			2	
Emergency Medicine	46	1	10	
Family & Community Medicine	77		20	
Health Sciences Library and Informatics Center	8			
Internal Medicine	378	3	26	
Molecular Genetics & Microbiology	36		9	
Neurology	55		10	
Neurosciences	31	1	8	
Neurosurgery	42	2	6	
Obstetrics & Gynecology	87		6	
Orthopaedics	27		5	
Pathology	187	1	19	
Pediatrics	99		46	
Psychiatry and Behavioral Sciences	96	3	17	
Radiology	39		3	
Surgery	63		5	

*Provide a definition of "other peer-reviewed scholarship," if this category is used:

Provide the year used for these data:
** Articles in peer-review journals/Published books/book chapters: January 1, 2016 – December 31, 2016
***Faculty co-investigators or PI's on extramural grants: July 1, 2016 – June 30, 2017

4.2 NARRATIVE RESPONSE

a. Describe the institution's expectations for faculty scholarship, including whether scholarly activities are required for promotion and retention of some or all faculty.

We have several faculty tracks that require scholarship according to our SOM faculty promotion and tenure guidelines (See Appendix 4.3-1 Promo Tenure Guidelines.pdf) The majority of faculty are currently on the Clinician Educator Track, and scholarship is encouraged, but not required for promotion. Many departments expect scholarly activities to be part of academic work, and work with CE faculty to support both educational and clinical care scholarship. Research track faculty and Tenure track faculty have expectations of scholarship as part of their efforts. Lecturers who are promoted to the Principal Lecture level are also required to demonstrate scholarship and a national reputation.

Here are specific guidelines for scholarship/creative works/research from our SOM Promotion and Tenure Guidelines, which are based on the UNM Faculty Handbook definitions:

I. RESEARCH, SCHOLARSHIP, CREATIVE WORK

A. **Introduction** "Scholarship" as a separate category of performance needs to be defined. It is obvious that teaching can be done in a scholarly manner, as can patient care. Indeed, it is clear that academic physicians and scientists must be scholarly in their teaching and patient care, and that scholarly performance is a defining characteristic of a professional in an academic career. Nevertheless, it is necessary to distinguish between the adjective "scholarly," as just used, and the noun "scholarship" as used in the context of an academic institution, including this one. The UNM Faculty Handbook and the current Faculty Appointment and Tenure and Promotion Guidelines of the SOM include "scholarship, research, and creative works" together in a single category, and indicate that activity in this area should produce published works that lead to recognition beyond the boundaries of the University of New Mexico.

The current Faculty Appointment and Tenure and Promotion Guidelines of the SOM (for Tenure Track faculty) say this:

2. ...not all scholarship need be in conventional biomedical research. Here are some examples: activities in development of new teaching techniques and programs; recognition by peers for contributing ideas about research, patient care, or teaching; recognition of the candidate as a responsible and effective critic, as well as certain other activities. To ensure that such activities are given proper consideration, the chair needs proper documentation of these kinds of scholarship. **Most important, such contributions should have some recognition beyond the boundaries of the University of New Mexico** (emphasis added).
3. ...evidence should be presented showing the recommended person as having national and/or international recognition.

It is clear from the above that the Faculty Handbook and the current Guidelines and Comments of the SOM intend that tenure and promotion in the tenure track be granted to those whose activities lead to outcomes that are reviewed by peers outside this institution and that create for the candidate regional, national, or international recognition. Even if the activities are other than those traditionally associated with biomedical research, they must still lead to peer-reviewed products upon which regional, national, or international reputations can be based. The above statements and definitions represent fairly the breadth of activities that are valued within this institution in the area of scholarship/research/creative works. The candidate and the chair, by reading these statements, should understand that a case for competence or excellence in this area requires documentation that the candidate's activities have led to the creation of peer-reviewed products that have gained for the candidate regional, national, or international recognition.

B. Performance Levels Supporting Promotion in Research

To be considered **competent** in scholarship/research/creative work the individual must show activity comparable to others of the same rank within the discipline at an average or above average level. This will usually include:

i. Works published in appropriate peer-reviewed venues.

ii. Published works that concern biomedical subjects or issues of importance to the SOM.

iii. One peer-reviewed publication per year, on average, not including the first year. Fewer than one published work per year would require documentation that the importance of the work clearly required more than one year to complete.

iv. Scholarship/research/creative activities that are characterized by continuity.

v. The individual must be a major contributor to the work. That is, he/she must be first or corresponding author, or must demonstrate that the work could not have been done without the individual's contribution.

vi. Attempts to obtain extramural funding to support the scholarship/research/creative work.

vii. Evidence must be provided that the individual has at least a regional reputation based on his/her scholarship/research/creative activities.

Accomplishments and activities substantially different from those listed above would require full documentation and justification in the tenure/promotion dossier.

To be considered excellent in scholarship/research/creative work the individual must show activity comparable to others of the same rank within the discipline at peer institutions. This will usually include:

i. Works published in peer-reviewed venues of outstanding quality.

ii. The published works should be of outstanding significance to biomedical science or to the SOM.

iii. The number and/or the quality of the published works should be substantial and should be substantially greater than what constitutes evidence of "competence." The actual number of published works will vary according to discipline.

iv. The activity must be characterized by continuity.

iv. The individual must be a major contributor to the work. That is, he/she must be first or corresponding author, or must demonstrate that the work could not have been done without the individual's contribution.

v. The individual should have extramural funding on which he/she is the principal investigator. If the candidate is not the PI, it must be demonstrated that his/her contribution is crucial to the funding of the proposal and to the success of the project.

If the candidate does not have extramural funding, it must be demonstrated that the candidate plays a critical role or is crucial to the success of a project or facility.

vi. Evidence must be provided that the individual has an emerging or established national or international reputation.

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.

4.3 NARRATIVE RESPONSE

a. Provide a brief description of each faculty track, including the qualifications required for each. Describe how and when faculty members are notified about and assigned to a specific track.

The School of Medicine is housed in the Health Sciences Center, which is part of the University of New Mexico. Faculty ranks and tracks are explained in the UNM Faculty Handbook, which can be accessed at the following link: https://handbook.unm.edu/policies/section-b/b2.html

At the present time, there are roughly 1200 full and part-time faculty members, 1,125 are clinicians, 57 are basic scientists. There are 52 Lecturers, and 58 Research Faculty. The SOM has nineteen departments, four are basic science, and fifteen are clinical. Many clinical departments also have PhD or non-clinical scientist faculty. All non-clinician faculty are hired either on the tenure track, the research track, or on a lecturer track. Clinicians may be hired into either tenure track, lecturer or clinican educator tracks. Approximately 80% of our clinicians (MD, and clinicians with Ph D equivalent qualifications i.e. clinical psychologists) are on the clinician-educator track, and 20% of the faculty are tenured or on the tenure track. Job postings by the department describe the rank and track. Most job advertisements are written as “open rank and track” in order to get the broadest number of candidates for a position.

We also offer a special “Flex” track for both PhD and MD faculty. This track is considered a “Visiting” or undifferentiated track that allows a faculty member to explore if a tenure track or a clinician-educator track would be the best fit prior to the start of the tenure clock. If a faculty member comes in on a tenure (probationary) track as an Assistant Professor, they must go up for promotion in December of their sixth year, and would be granted tenure, or be given a terminal contract, at the beginning of their seventh year. The Flex track years can count towards this probationary time, or can postpone it so that these faculty may go up for promotion on a tenure track position in their ninth year. This allows them to more fully prepare to demonstrate excellence in research, which requires external grant funding.

UNM FACULTY HANDBOOK TENURE-TRACK FACULTY RANKS AND TITLES
Faculty members with the rank of assistant professor, associate professor, professor, or distinguished professor may be awarded tenure (for an exception in the Health Sciences, see Sec. 2.3.1). Probationary appointments potentially leading to tenure ("tenure-track" appointments) are made at the ranks of assistant professor, associate professor, and professor levels.

2.2.1 Assistant Professor
Individuals who are demonstrably competent in the subject matter of the courses to be taught and who have indicated a serious commitment to a faculty career may be considered for this faculty rank. This appointment is typical for most faculty who are beginning their probationary service. While it is not expected that persons appointed at this rank shall have acquired an extensive reputation in their field, it is expected that they will continue to increase their knowledge, to improve their teaching ability and to present the results of their scholarly work in ways appropriate to their field.

2.2.2 Associate Professor

(a) Individuals who have acquired significant experience beyond the terminal degree are appropriate for this faculty rank. They shall have demonstrated competence as teachers and have shown a conscientious interest in improving their teaching. They shall have demonstrated a basic general understanding of a substantial part of their discipline and have an established reputation within and outside the University in their fields of scholarly work. This implies scholarly work after the terminal degree sufficient to indicate continuing interest and growth in the candidate's professional field.

(b) Appointment at, or promotion to, the rank of associate professor represents a judgment on the part of the department, college, and University that the individual has made and will continue to make sound contributions to teaching, scholarly work, and service. The appointment should be made only after careful investigation of the candidate's accomplishments and promise in teaching, scholarly work, and leadership.

2.2.3 Professor

(a) Individuals who have attained high standards in teaching and who have made significant contributions to their disciplines may be considered for this faculty rank. They shall also have developed expertise and interest in the general problems of university education and their social implications, and have shown the ability to make constructive judgments and decisions. It is expected that the professor will continue to develop and mature with regard to teaching, scholarly work, and the other qualities that contributed to earlier appointments.
(b) Appointment or promotion to Professor represents a judgment on the part of the department, college/school, and University that the individual has made significant, nationally recognized scholarly or creative contributions to his or her field and an expectation that the individual will continue to do so.

(c) Professors are the most enduring group of faculty, and it is they who give leadership and set the tone for the entire University. Thus, appointment or promotion should be made only after careful investigation of the candidate's accomplishments in teaching, scholarly work, and leadership. For the School of Medicine, promotion also includes evidence of mentorship of junior faculty and demonstration of professionalism and collegiality as criteria.

Clinician Educator (CE)

In the Health Sciences Center, faculty may be appointed to the position of clinician-educator. These appointments are for health professionals with appropriate professional degrees who are primarily engaged in patient care and teaching, and may have related scholarly responsibilities. While not eligible for tenure, clinician-educators may hold the rank of instructor, assistant professor, associate professor, or professor. Once promoted, CE faculty have the security of three year rolling contracts.

Flex Track ("V" Category)

The 'V' category is appropriate for clinical faculty in the SOM who may need some time to determine whether or not their professional goals and talents include the production of scholarly, peer-reviewed works as well as patient care and teaching, i.e., whether they should be in the Clinician-Educator track or the tenure track. The 'V' category is appropriate for some basic science faculty in the SOM to allow them to establish their teaching and research base before starting the tenure clock.

Lecturers

Faculty may be appointed to the position of Lecturer I, II, or III. These appointments are for professionals with appropriate academic qualifications, who are demonstrably competent in the relevant areas of their disciplines. While not eligible for tenure, lecturers in each numerical class may hold the rank of Lecturer. Senior Lecturer, or Principal Lecturer.

Research Track

People who are engaged primarily in research activities and have qualifications similar to those held by tenure-track faculty. They may occasionally teach. Teaching assignments on a regular basis require appointment in a tenure-track faculty rank. Research appointments are renewable annually for an unlimited time. Such appointments are renewable annually and are non-probationary. In the event that a person with a research title is appointed to a faculty rank that can lead to tenure, the time served with a research title shall not count toward tenure.

b. Describe how and when faculty members are notified of the following:

1. Terms and conditions of employment, including privileges
2. Benefits
3. Compensation, including policies on practice earnings

All of this information is clarified in the written letter of offer that the faculty candidate receives. There are developed templates for each type of faculty hire, and encourage the departments to use them. The Health Sciences Center Office of Faculty Hiring and Contracts also informs the faculty of their benefits. The SOM Office of Clinical Affairs handles clinical staff credentialing and privileges, and the faculty candidates are required to complete all applications to the Medical Staff prior to their first date of employment.

c. Describe how and when faculty members are initially notified about their responsibilities in teaching, research and, where relevant, patient care and whether such notification occurs on an ongoing basis.

Faculty receive an initial letter of offer that outlines the percent effort for each mission area with which they are engaged. For example, a clinician educator may get a 0.7 Full Time Effort (FTE) for clinical care, and a 0.3 FTE for education. Research and administrative expectations are similarly explicit in the letter along with a description of actual job duties. After the initial letter of offer at time of hire, faculty have an annual contract that outlines job duties after an annual performance review has been done by their chair and changes have been made as needed.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 4.3

1. Medical school or university policies for initial faculty appointment, renewal of appointment, promotion, granting of tenure (if relevant), and dismissal. Note when these policies were last reviewed and approved.

UNM Faculty Handbook is available at http://handbook.unm.edu/
Also provided in Appendix 4.3-1 Separation University.pdf
Also provided in Appendix 4.3-1 Disciplinary Policy.pdf

See Appendix 4.3-1 Promo Tenure Guidelines.pdf
See Appendix 4.3-1 Lecturer Promo Guidelines.pdf

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.

4.4 NARRATIVE RESPONSE

a. Describe how and when faculty members receive formal feedback from departmental leaders (i.e., the department chair or division/section chief) on their academic performance, progress toward promotion and, if relevant, tenure.

Every faculty member has an annual performance review that looks back at goals and accomplishments, and plans for the following year. It is expected that department leaders (Chairs and/or Division Chiefs) will look at how the body of work is building toward promotion. The Senior Associate Dean for Faculty Affairs and Career Development also meets annually with the Chairs to review the list of all faculty, and asks about promotion plans for each faculty member who has accumulated appropriate time in rank. If a faculty member with appropriate time in rank is not ready, the chair will outline a plan for mentorship and coaching so that faculty can be successful in the near future. This process has increased the numbers of women, under-representated minority and international medical graduate faculty eligible for promotion.

There also are several programs to support mentor training, career development planning, and promotion dossier preparation offered through the Office of Faculty Affairs and Career Development:

1. The SOM Office of Faculty Affairs and Career Development at the University of New Mexico sponsors the Faculty Mentor Development Program for training mentors for junior faculty engaged in scholarly activity at the Health Sciences Center. The program has two components: online modules and a face-to face program. The online component of the program is available at https://ctsc.health.unm.edu/apps/brep/. The face-to-face program supplements the online program. The work burden is 3 hours every week (half online and half face-to-face) and the faculty member must participate in all face-to-face training sessions. Participation in the program may be considered to be a part of the faculty member's annual performance expectation in education and in research, and may be used in the faculty member's promotion and tenure dossier to professor.
2. Dossier Preparation Workshop is given by the Senior Associate Dean for Faculty Affairs on five different dates between late June and mid August. The purpose of the workshop is to review the promotion and tenure requirements for each track and to outline the process for promotion both in the departments and at the SOM level. A workbook is given to the participants which contains the guidelines and a checklist for preparing their dossiers. All faculty and administrative staff who assist with promotion support are welcome to these workshops. Individual consultation is also offered.
3. SOM Mid-Career Faculty Development Seminar is offered every six months for Associate Professors who want to develop a career development pathway or plan for the next part of their career. Participants have an opportunity to reflect on their current academic strengths and imagine their next career goals. They learn more about leadership training opportunities, how to get promoted to Professor, and SOM finances. They also have a choice of workshops on mentor training, wellness, and managing staff.

A disproportionate number of women, under-represented minority and international medical graduate faculty attend these activities, even though these seminars are open to all faculty.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 4.4

1. Medical school or university policies that require faculty to receive regular formal feedback on their performance and their progress toward promotion and, if relevant, tenure, including the date when these policies were last reviewed and approved.

Faculty Reviews Policy is available at http://handbook.unm.edu/policies/section-b/b4.html
Also provided in Appendix 4.4-1 Faculty Reviews Policy.pdf

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.

4.5 NARRATIVE RESPONSE

a. Describe the availability of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Describe the organizational placement of such individuals (e.g., faculty development office, medical school dean's office, university office). Note if faculty development is the primary responsibility of these individuals. If not, do they have sufficient time for this responsibility?

The Office for Medical Educator Development (OMED; https://goto.unm.edu/omed) is the primary faculty development unit for School of Medicine educators, and provides formal workshops, individual and unit-level consultations, and logistical support to the Office of Education's Medical Education Scholars program (https://goto.unm.edu/mes) and Scholarship in Education Allocation Committee (https://goto.unm.edu/seac). OMED is placed within the Office of Education and is directed by the Assistant Dean for Faculty Development in Education, who reports to the Senior Associate Dean for Education. The Assistant Dean is responsible to this position for 0.60 FTE on a 12-month basis and additionally fulfills faculty responsibilities for 0.40 FTE on UNM main campus Department of Organization, Information and Learning Sciences (OILS) during the 9-month academic year. A faculty member Assistant Director also works in OMED for 0.10 FTE. The Assistant Director also oversees the Feedback Initiative (https://goto.unm.edu/feedback) within OMED, which includes two additional faculty with a total of 0.20 FTE of designated support. OMED's day-to-day operations, fiscal management, and event coordination are led by two full-time staff employees who report to the Assistant Dean.

Assessment and Learning (A&L; https://som.unm.edu/education/md/ume/al.html) is a unit within Undergraduate Medical Education that guides UME educational assessment from design and delivery to results. A&L staff and faculty consult with faculty on the best practices for blueprinting and authoring assessments. A&L partners with OMED in offering faculty development events related to assessment.

The Center for Teaching and Learning (CTL; http://ctl.unm.edu) on UNM's main campus provides workshops and other programs that are available to School of Medicine faculty. CTL is operated with two full-time faculty and staff members.

Some SOM departments have designated faculty development leaders who provide coaching and mentoring in teaching. Departments also develop conferences and grand round sessions focused on teaching topics and that are led by exemplar teachers and education scholars at UNM and, in some cases, the OMED Assistant Dean or Assistant Director.

b. Describe how faculty are informed about the availability of faculty development programming and the steps that are taken to ensure that faculty development is accessible at all instructional sites, including clinical affiliates and regional campuses.

Faculty development workshops (2-6 hours) and lunch-time seminars (1-1.5 hour) are offered throughout the year by OMED; http://goto.unm.edu/omedworkshops). Faculty are informed about the availability of these events and programs by:

- A web calendar at the OMED web site that includes information and registration links for all events

- Biweekly email announcements by the Health Sciences Center Public Affairs Office to all Health Sciences Center faculty and staff that include notification of upcoming faculty development events
- A list serve of voluntary subscribers who receive frequent updates about upcoming faculty development events
- Email announcement of upcoming events and programs to new faculty, for one year after participation in orientation, with encouragement to subscribe to the list serve for continuing notifications
- Distribution of program and workshop-calendar flyers to departments with request that these be prominently posted and announced.

The Medical Education Scholars (MES) Program is a two-year learning community of approximately 12 faculty members who are chosen through an application process with support from department chairs. Participants develop a foundation of understanding of the education literature while gaining experience in developing and implementing scholarly contributions to medical education.

Currently, workshops are offered at the HSC campus location and include participants from the Veterans Administration (VA) and Sandoval Regional Medical Center (SRMC) locations. VA and SRMC administrations are encouraged to work with OMED to develop programs that would serve the local needs.

OMED is currently developing a pilot of eLearning for Medical Educators, which will provide CME-bearing, online professional learning in education topics for anyone, anytime, anywhere. Importantly, this program will also deliver faculty development opportunities to community faculty preceptors at their locations dispersed across New Mexico. Two pilot online modules were made available beginning in June and July, 2017.
http://som.unm.edu/assets/doc/2017-elme-tlt.pdf

c. Describe the means by which problems identified with an individual faculty member's teaching and assessment skills are remediated.

The SOM Office of Undergraduate Medical Education makes available learner evaluations to the Departments and to individual faculty involved in the various teaching activities. Department Chairs or Division Chiefs discuss issues in education with individual faculty members, and many of the larger departments have Vice Chairs of Education, Clerkship directors and Residency Directors who also get involved in assessing and coaching faculty in how to improve their teaching. The Office for Medical Educator Development assists with coaching on an individual basis as needed.

d. Describe the availability of funding to support faculty participation in professional development activities related to their respective disciplines (e.g., attendance at professional meetings) and to their roles as teachers (e.g., attendance at regional/national medical education meetings).

Every department hosts a lecture series or "Grand Rounds" for faculty and learners during the year on site, free of charge. Clinicians can earn Continuing Medical Education credits by attending. Every department also sets aside funds for professional development, both in content expertise and in faculty development. All faculty receive tuition remission monies from UNM Continuing Education that can be applied to local conferences and to receive additional educator training through the OMED office. The University of New Mexico main campus, located just across the street from the North Campus Medical School, also offers courses in teacher development that are free. There is an annual HSC "Education Day" that features guest experts in education, and allows faculty in all schools to present best practices in teaching. The Office of Continuing Medical Education also hosts many discipline specific conferences, and faculty can use their allotted tuition remission monies to offset conference fees.

Also, every department has a stipend for professional development materials or courses. The amounts vary. SOM faculty get 12 days annually of professional leave, and may request more for specialized training deemed important to the department.

e. Provide examples of formal activities at the departmental, medical school, and/or university level used to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement. List the personnel available to assist faculty in acquiring and enhancing such skills.

The Clinical and Translational Science Center at the HSC Office of Research has a variety of opportunities to develop the skills and knowledge in research methodologies to apply for a variety of grants, and supports training in writing publications. Please see attached table of the programs offered this year (See Appendix 4.5-1 CTSC Fac Development.pdf)

The University of New Mexico also offers opportunities to learn how to write grants and publications open to SOM faculty. Within the larger departments, there are Offices of Research which also offer tranining, support, and guidance in these skills.

f. Describe the specific programs or activities offered to assist faculty in preparing for promotion.

All faculty are required to attend a new faculty orientation at the time of hire. At this orientation, the different tracks and promotion requirements are reviewed by the Senior Associate Dean (SAD) for Faculty Affairs and Career Development, and the links to these policies on that office's website are shown. Also, four times between June and early August a 2 hour Dossier Preparation interactive worshop is given by the SAD on how to prepare for promotion. The guidelines are reviewed, the promotion process is explained, and every participant receives a checklist based on the promotion standards so that they can organize the appropriate information in the promotion dossier. Individual consultation by the Office of Faculty Affairs and Career Development (OFACD) deans is also offered and available.

Every new faculty member is also assigned a "first mentor" from his or her department, named in his or her letter of offer who is the point person to orient them to the department and to help them get started on their career planning. Some departments have Vice Chairs for Faculty Development – Internal Medicine, Pediatrics, Psychiatry, Surgery, OB/GYN. There is a SOM Faculty Development Committee made up of these Vice Chairs and other department champions interested in supporting junior faculty who meet monthly to discuss mentoring, promotion support, and all level faculty retention strategies, and to share best practices. There is an electronic repository for this information that all committee members can access. This group also serves as an Advisory Board to the Office of Faculty Affairs and Career Development Deans and Director.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 4.5

1. Provide a list of the faculty development programs (e.g., workshops, lectures, seminars) that were provided during the most recent academic year, including general topic and attendance, and the locations where these programs were offered.

See Appendix 4.5-1 CTSC Fac Development 16-17.pdf
See Appendix 4.5-1 HSC Compliance Training 16-17.pdf
See Appendix 4.5-1 Fac Develop Diversity 16-17.xlsx
See Appendix 4.5-1 Profess Development 16-17.pdf
See Appendix 4.5-1 OMED Fac Dev 16-17.pdf
See Appendix 4.5-1 CMBD Seminar Series 16-17.pdf
See Appendix 4.5-1 CME Prof Development 2016.pdf
See Appendix 4.5-1 CME Prof Development 2017.pdf

4.6 RESPONSIBILITY FOR EDUCATIONAL PROGRAM POLICIES

At a medical school, the dean and a committee of the faculty determine the governance and policymaking processes of the program.

4.6 NARRATIVE RESPONSE

a. If there is an executive committee or other similar medical school leadership group responsible for working with the dean to determine medical school policies, describe its membership, its charge or purpose and how often it meets. Provide examples of the committee's priority areas during the most recent academic year and how those priorities are set.

The Committee of Chairs is the Dean's Advisory Council and meets three times a month. The membership includes the Dean, the EVD, the Vice Chancellor for Clinical Affairs, the SOM Department chairs and the Director of the Cancer Center. The agenda has both short and long term items with the long term items primarily being strategy for departments, updates on each of the missions by the SAD's or updates on issues of importance in the responsibilities of the chairs. Other more immediate priorities are evaluated by the EVD for inclusion in the agenda. The Agenda is set by the Dean and Executive Vice Dean with input from the chairs. Senior Associate Deans in each mission area are invited to present topics of priority or importance to them on a regular basis or may request discussion of ad hoc topics on which they need chair input.

Over the past year topics of priority have included:

- Quality and Safety
- LCME related issues
- GME Updates
- Diversity and diversity toolkit
- SOM retreat
- Professionalism
- Provider Alignment and Engagement
- Faculty activity database and identifying educational costs
- Redesign of the faculty compensation plan.
- fatigue and Wellness for learners and faculty
- Y2Q and GQ
- Community Faculty Office
- communications between Education Office and Departments
- Biomedical Sciences Graduate Program
- Research funding streams
- Unfunded scholarly time

STANDARD 5: EDUCATIONAL RESOURCES AND INFRASTRUCTURE

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

STANDARD 5 SUPPORTING DOCUMENTATION

Table 5.0-1 | Medical School Revenue Sources

Provide the requested revenue totals from the LCME Part I-A Annual Financial Questionnaire (AFQ) for each indicated fiscal year (FY) and the *percentage of total revenues* represented by each amount. Use the "total revenues" from the AFQ for this calculation.

	FY 2015		FY 2016		FY 2017	
	$	% of Total Revenues	$	% of Total Revenues	$	% of Total Revenues
Total tuition and fees	13,120,457	2.23	13,131,985	2.09	12,847,348	2.02
Medical students	7,231,063	1.23	6,872,410	1.10	6,631,345	1.04
Other students Revenues from T&F assessed to grad. students in medical school programs Revenues from continuing medical education programs Other tuition and fees revenues)	5,889,394	1.00	6,259,574	1.00	6,216,003	.98
Total government and parent support	62,340,794	10.60	64,039,441	10.20	62,355,409	9.80
Federal appropriations	0	0.00	0	0	0	0
Adjusted state and parent support	62,340,794	10.60	64,039,441	10.20	62,355,409	9.80
Local appropriations	0	0.00	0	0	0	0
Total grants and contracts	120,236,309	20.44	127,677,772	20.35	129,574,140	20.37
Federal direct	70,530,672	11.99	76,320,353	12.16	75,125,154	11.81
State and local direct	12,376,853	2.10	13,977,594	2.23	14,130,857	2.22
Other direct	15,196,871	2.58	14,543,781	2.32	17,487,098	2.75
Total facilities and administration (indirect)	22,131,913	3.77	22,836,044	3.64	22,831,031	3.59
Practice plans/Other medical services	203,077,822	34.53	216,532,967	34.50	208,153,472	32.71
Total hospital revenues	174,778,378	29.72	190,920,777	30.43	205,727,802	32.32
University-owned	139,497,104	23.72	153,357,854	24.44	167,931,946	26.39
Department of Veterans Affairs	35,281,274	6.00	37,562,923	5.99	37,795,856	5.93
Other affiliated hospitals	0	0.00	0	0	0	0
Total gifts Restricted gift funds Revenues from unrestricted gift funds	2,064,591	0.35	1,701,886	.27	2,115,010	.33
Endowment income Restricted endowment funds Income from unrestricted endowment funds	3,295,897	0.56	2,557,745	.41	2,575,330	.40
Other revenues	9,252,004	1.57	10,993,634	1.75	12,931,884	2.05
Total revenues	588,166,252	100.00	627,556,206	100	636,280,395	100.00
Total expenses and transfers	581,386,217	98.85	622,712,733	99.23	638,220,101	100.30

5.1 ADEQUACY OF FINANCIAL RESOURCES

The present and anticipated financial resources of a medical school are derived from diverse sources and are adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

5.1 NARRATIVE RESPONSE

a. Summarize trends in each of the funding sources available to the medical school, including an analysis of their stability. Describe any substantive changes to the medical school budget during the three fiscal years prior to the date of the upcoming full survey visit in the following areas:

1. Total revenues
2. Operating margin
3. Revenue mix
4. Market value of endowments
5. Medical school reserves
6. Debt service
7. Outstanding debt
8. Departmental reserves

1. Total revenues

The University of New Mexico School of Medicine revenues are derived from the following sources:

- Tuition and fees
- State of New Mexico & University of New Mexico Parental Support
- Grants & Contracts
- Practice Plan revenue
- Hospital revenue
- Gift revenue
- Endowment income
- Other revenue

Total revenues increased from the end of Fiscal Year 2014 through FY 2017 from $519M to $636M – a $117M increase or 22.5%. This is an average growth rate of 7.10% per year. The most significant increase in this period occurred in FY 2015 – from $519.46M to $588.17M, a $68.71M increase, and is largely attributable to increases in clinical revenue from the School's of Medicine's Practice Plan ($35M) and from Hospital funding ($14.66M). This increase was driven by additional patient demand as a result of the State of New Mexico expanded Medicaid program or Centennial Care. The demand for services impacted both inpatient and outpatient volumes, which have been accommodated in our new community teaching hospital, Sandoval Regional Medical Center (SRMC) and by three new community outpatient clinics. These expansions have been fully supported by our Regents, the State of NM and the County of Bernalillo.

Several new centers have been opened in the past three years at the UNM Health Sciences Center. The Center for Memory and Aging opened in 2016 and is focused on treating Alzheimer's disease and other forms of dementia. Previously UNM provided dementia care clinical services through three separate departments: Neurology, Internal Medicine and Psychiatry. The new center allowed doctors from these departments to come together in a focused environment and streamline clinical, educational and research services. Since the opening of the Center, it has received two federal research grants that could lead to faster diagnosis and new treatments for dementia and Alzheimer's patients. The UNM Health Sciences Center Institute for Resilience, Health and Justice was established in

2016. It is an innovative new program in which the institute works with UNM School of Law graduates to help at-risk families navigate social and economic hardships that may be creating stress and impeding their health.

It is additionally noted, that revenues from most sources continue to increase each year over the prior year, with three exceptions being small decreases in Government & Parent Support ($1.7M) and Tuition & Fees ($284K) from FY16 to FY17, and a larger decrease in Practice Plan revenue ($-8.4M) from FY16 through FY17 due to auditors' restatement of Meaningful Use revenue from FY17 back to FY16.

2. Operating margin

	FY2015	FY2016	FY2017
Operating Margin %	1.2%	0.8%	(0.3%)
Operating Margin $	$6,780,035	$4,843,473	($1,939,706)

The net margin in FY 2015 is primarily driven by increased clinical volumes. The two clinical departments generating the largest net margins for the School of Medicine were the UNM Comprehensive Cancer Center and Neurosurgery Department. The UNM Cancer Center is the only National Cancer Institute (NCI) - designated cancer center in the state of New Mexico. In 2015, it became one of only 47 cancer centers in the nation to be designated by the NCI as a comprehensive cancer center, the highest federal designation and rating for cancer centers. The Department of Neurosurgery received an innovation grant to pioneer the use of digital scans to provide complex care to stroke patients in their own rural hospitals.

Project ECHO (Extension for Community Healthcare Outcomes) also continues to expand and generated a net margin in excess of $1.5M in FY 2015. Project ECHO is the University's telehealth and telementoring program and has now been implemented by 103 partners – 64 in the U.S. and 39 internationally and covers more than 55 complex conditions and problems.

Fiscal year 2015 also saw increased/new funding from the State for several of the School of Medicine programs, including the funding of additional residency slots in the primary care and general surgery disciplines.

In FY16, the operating margin continued favorable at $4.8M, in part due to expansion of the Cancer Center operation and the continued growth of the SRMC.

The FY 2017 net margin came in slightly under break even ($- 1.9M) the result of a one-time set aside of $5.5M of positive margin to fund future equipment and building renewal and replacements. The 'set aside' is simply a transfer to the non-operating subsidiary Plant Fund ledger within our financial accounting system. Routine equipment purchases and lab renovations for essentially all School of Medicine departments and programs are funded by making these transfers to the Plant Fund ledger. In addition, major projects can be funded from the set-asides, including the recent expansion of the UNM Comprehensive Cancer Center.

3. Revenue mix

The Revenue mix has been consistent for the last three years, with only minor changes by category. See chart below:

	FY2015	FY2016	FY2017
Tuition and fees	2.2%	2.1%	2.0%
State of New Mexico & University of New Mexico Parental Support	10.6%	10.2%	9.8%
Grants & Contracts	20.4%	20.4%	20.4%

Practice Plan revenue	34.5%	34.5%	32.7%
Hospital revenue	29.7%	30.4%	32.3
Gift revenue, Endowment income, & Other Revenues	2.6%	2.4%	2.8%
Total All Revenues	100%	100%	100%

Tuition and Fees

Tuition and Fees, which is 2% of total revenue, increased from FY 2014 to FY 2017 by $515.9K, primarily the result of enrollment and tuition rate increases in non-MD education programs. The School of Medicine reduced medical student tuition by 1% in FY15, FY16 and FY17. Tuition and fees revenue is projected to remain stable during future periods.

State of New Mexico & University of New Mexico Parental Support

The State of New Mexico Legislature convenes annually to determine budgets for the fiscal period beginning July 1 of each year. The State of New Mexico legislature has been very supportive of the UNM SOM and routinely requests updates on various programs, especially the BA/MD expansion funded by the Legislature that appropriated eight years of recurring funding to provide for twenty-five undergraduate scholarships and expand the MD class size from 75 to 103. The class met full capacity in FY 2014. The School of Medicine receives a combination of General Fund, Cigarette Tax and Tobacco Settlement Fund appropriations from the State of New Mexico. Due to the overall economic climate in the State of New Mexico, this funding has declined over the past years. However, the decline in terms of funding dollars is minimal and will not adversely affect the financial strength of the school to any significant degree.

Parental support has been increasing over the past three years and is correlated to the growth of the School of Medicine's programs and the State's higher education funding formula.

Government & Parent Support increased $6.9 million from FY2014 through FY2017 and was 9.8% of our total funding.

Grants & Contracts

Revenue from Grants & Contracts increased $18.8M from FY2014 through FY2017, a total increase of 16.9%. The largest increase in our sponsored awards has come through the UNM HSC Clinical Translational Science Center, with the School of Medicine driving more than 95% of this increase. For example, future awards generated during FY2017 were the largest ever at $203M. These strong results continue to strengthen the research mission at the School of Medicine.

Data from the FY16 LCME Research Metrics report provided the following breakdown of Direct Costs by funding source:

NIH Awards	$35,489,399	33.9%
Federal Gov't other than NIH	$40,830,954	39%
State and Local Gov't	$13,977,594	13.3%
Industrial/Corporate (ie Pharm)	$2,177,119	2%
Other Sponsors (Foundations)	$12,366,662	11.8%
Total Contract & Grants	$104,841,728	100%

In FY 2016 $22,836,044 of F&A was generated from these awards. (A copy of the FY16 Research Metrics report is provided in appendix 5.1-a3 Research Metrics Survey FY 2016.pdf. This is the most recent report)

Practice Plan revenue

The UNM Medical Group, Inc. (UNMMG), is a not-for-profit 501(c)(3) corporation, organized in 2007. It is the faculty practice arm of the UNM School of Medicine, comprising more than 1,000 clinical practitioners representing more than 152 specialties who operate UNMMG outpatient clinics and practice at UNM Health System hospitals and clinics.

The Practice Plan revenue has steadily increased for Fiscal Years from 2014 through 2017 by 23.8% ($40.1M). A decrease in Practice Plan revenue was experienced from FY16 to FY17 after FY17 auditors restated Meaningful Use revenue after the close of FY17, moving $7.85M from FY17 back into FY16. Fiscal Year 2016's LCME Part 1-A Financial Questionnaire has been amended to reflect this change and has been resubmitted to the AAMC.

The largest growth in Practice Plan revenue during this three-year period occurred during FY 2015. The percentage of growth in this one year alone was 20.81% ($35M increase.) This significant surge was attributable to increases in both gross charges (from $437.6M in FY2014 to $472.2M in FY2015 - a 7.91% increase) and net revenue after adjustments and allowances (from $150.9M in FY2014 to $174.6M in FY2015 - a 15.71% increase), as well as a substantial increase in non-patient billings of the Practice Plan (from $17.15M in FY2014 to $28.5M in FY2015 - a 66.18% increase). Growth in the gross clinical charges and net clinical revenue included additional revenue generated by the expansion of SRMC and the UNM Comprehensive Cancer Center, in addition to improvements in the revenue cycle. The largest portion of the increase in non-patient billings came from reimbursements from the Hospitals for salaries of mid-levels and increased Truman Street Pharmacy revenue, in addition to Meaningful Use Income.

Hospital revenue

University of New Mexico physicians who are faculty in the School of Medicine practice in UNM Hospitals (which is comprised of UNM Hospital, UNM Psychiatric Center, UNM Children's Psychiatric Center, Carrie Tingley Children's Hospital and the UNM Comprehensive Cancer Center), the Albuquerque Veterans' Administration Hospital, and UNM Sandoval Regional Medical Center (in addition to the UNM Medical Group, Inc. clinics).

University of New Mexico Hospital (UNMH), is the primary teaching hospital for the School of Medicine. UNMH is the provider for a large, diverse population with complex and urgent health needs and is home to the state's only Level I Trauma Center. UNMH earned Healthgrades Distinguished Hospital Award for Clinical Excellence™ award in both 2016 and 2017. This distinction recognizes UNMH's performance in the top five percent nationally for overall clinical excellence – based on mortality and complication rates for common inpatient procedures and conditions.

Hospital Revenue to the School of Medicine increased $45.6 million or 28.5% from FY2014 through FY2017. These increases are mainly from UNM Hospital funding, as VA revenue has remained consistent year-to-year in the area of $36M - $38M annually. UNMH funding is primarily in the form of mission support to enhance the teaching mission and support the cost of provider salaries to meet the combined safety net/quaternary care mission of UNMH. UNMH will continue to develop robust acute care capabilities including home health to transition patients needing those services. This along with patient flow initiatives should increase inpatient discharges and allow for an increase in admissions. Stability of UNMH funding is projected to remain strong.

Gift revenue, Endowment income, & Other Revenues

The combination of these three sources made up less than 3% of the UNM School of Medicine's total revenue for Fiscal Years 2015, 2016 and 2017. These sources of revenue have not varied significantly from year to year. If this trend continues, projected stability can be categorized as strong.

4. Market value of endowments

At the end of FY 2017, the Fair Market Value of our Endowments was $97.6M, up from our FY 2016 value of $90.4M. The difference is derived from earnings on the investment of $5.4M and new endowed gifts of $1.8M.

5. Medical school reserves

Medical school reserves have remained steady - for FY 2015 at $5.9M, FY 2016 was $5.8M, and FY 2017 $7.4M, which includes $5.2M in Plant Funds for investment in capital projects, renovations, physical plant maintenance, and equipment replacement and renewal.

6. Debt service

Debt service has remained at a consistent level since FY 2015 (FY 2015 - $464,045; FY 2016 - $463,044; FY 2017 - $462,043). No significant change to report.

7. Outstanding debt

Outstanding debt has decreased from $8.6M at the beginning of FY 2015 to $7.3M, about 1.1% of total expenditures, at the end of FY 2017.

8. Departmental reserves

Departmental Reserves showed the following year-end balances: FY2015 - $28.2M; FY 2016 - $33.2M; FY 2017 - $30.9M. Positive Net Margins in Fiscal Years 2015 and 2016 contributed to the net $2.7M increase in Departmental Reserves over this three-year period. School of Medicine guidelines stress use of departmental reserves for one-time non-recurring expenditures such as capital projects and equipment.

In addition to their departmental reserves above, departments have set aside an additional $14.3M in Major plant funds and $1M in minor plant funds (total $15.3M). These funds are set aside from on-going operating margins to finance renovations, and equipment replacement and renewal.

b. Describe any substantive changes anticipated by the medical school in the following areas during the three fiscal years following the upcoming full survey visit, and explain the reasons for any anticipated changes.

    1. Total revenues
    2. Revenue mix
    3. Obligations and commitments (e.g., ongoing commitments based on prior chair searches)
    4. Reserves (amount and sources)

1. Total revenues

Total revenue budgeted in the upcoming year, FY18, is $25.1M or 3.9% greater than FY17. We will likely be challenged with lower per unit reimbursements in managed care contracts as is true throughout the country. But the State of New Mexico funding looks to be stabilizing and contract and grant funding is growing. The School of Medicine is strong and ready to meet future challenges, building on our past experience in coping with the rapid pace of change in all aspects of health education and healthcare delivery.
The School of Medicine is working to minimize potential lower per unit reimbursements by offsetting them through clinical throughput analysis, increasing patient encounters, and continued improvement of the revenue cycle, 3% to

5% increases are expected per year on outpatient visits and operating room throughput respectively, with a movement toward value-based purchasing.

2. Revenue mix

Tuition and fees - The Dean plans to continue reducing student debt by providing relief for students through several initiatives, including tuition remission, increasing scholarships, and planning for affordable on-campus housing. The School of Medicine will continue to recruit top-notch students and will remain committed in training our healthcare work force, and reaffirm that we are addressing New Mexico's unique health challenges and opportunities in providing quality health care. Tuition and fees revenue will remain relatively unchanged as a percentage of the total revenue mix over the following three year period.

State of New Mexico & University of New Mexico Parental Support - State funding for FY2018 was reduced 1%.

Grants & Contracts - Grants & Contracts are anticipated to continue to grow 2% each year for the next three years.

Practice Plan revenue – There are several initiatives that are currently occurring at the Practice Plan. The UNM Medical Group is partnering with Lovelace Medical Center and Genesis to deliver enhanced state-of-the-art rehabilitation and skilled nursing centers. The stability of our clinical Practice Plan revenue stream is projected to remain strong. Project LEAN is being implemented in all areas of the organization in an effort to minimize costs and maximize productivity by improving patient care, diagnostics and other processes. Volume growth and revenue cycle improvements will continue to add to the revenue stream in the following years.

Hospital revenue – UNM Hospitals, UNM Sandoval Regional Medical Center and UNM Comprehensive Cancer Center will continue to have volume increases which will translate into additional revenue. Decreases in clinical revenue because of changes to Medicaid/Medicare funding and third-party reimbursements will be addressed through a combination of cost cutting measures related to non-salary expenditures, minimizing expansions of services beyond key critical hires, and attainment of clinical volume targets for Outpatient visits and OR cases, as discussed in the answer to Section b)'s question 1 above, further stabilizing our Revenue Mix.

Gift revenue, Endowment income, & Other Revenues - These sources of revenue have not varied significantly from year to year.

In summary, all of the aforementioned changes will not alter significantly the Revenue Mix of the School of Medicine.

3. Obligations and commitments (e.g., ongoing commitments based on prior chair searches)

Over the last three years, new chairs were hired in Internal Medicine, Radiology and Family and Community Medicine. Some of the chair packages committed during recruitment will extend into the three fiscal years following the upcoming full survey visit, but most commitments will have been met prior to the end of this three-year period.

4. Reserves (amount and sources)

Because of the Dean's policy on use of reserves (only for one-time non-recurring expenditures), reserves from operations should remain steady through the end of this three-year period. Amounts of reserves are shown in Section a) above, Questions 5 and 8. Sources of reserves consist mainly of Endowed/Non-Endowed Spending (58.4%) and Clinical (25.7%) and Research Residuals (13.4%).

c. Describe the medical school's annual budget process and the budgetary authority of the medical school dean.

The School of Medicine Dean's Office leads the annual budget process. Each department chair or center director builds their budget based on operational needs. The budget cycle begins in early November when the operational goals are aligned with the UNM Health Sciences Center (UNM HSC) strategic plan. This is also the time we ensure alignment among the missions and units of the UNM HSC. The School of Medicine is one of the largest units in the UNM HSC and its missions of education, research and patient care are integral to the success of the entire University. In January, departments are responsible with providing an analysis of their financial results for the first half of the fiscal year, which the School of Medicine's Finance Director subsequently reviews and edits prior to providing this analysis to the Dean. This analysis includes actual results compared to budget for the first six months of the fiscal year (July through December), projections of the last six months of the fiscal year (January through June), and an estimated fiscal year budget for the coming new fiscal year. The UNM Medical Group also contributes Faculty wRVU productivity and collection data to this process. After the analysis of this data is finalized, the department chairs, administrators, and department leadership meet with the Dean, Executive Vice-Dean, Vice-Chancellor of Clinical Affairs, UNMMG leadership, UNMH leadership, and the School of Medicine Finance Director for final review of this data, along with any new funding requests from the departments that pertain to the coming new fiscal year.

As Dean, Dr. Roth has the authority to set the School of Medicine's priorities and work with the Health System entities, UNMMG, SRMC, and UNM Hospital, to set clinical priorities and validate volumes. This authority carries over in allowing him to determine clinical volume and targets for each department. The School of Medicine's Strategic Plan, which is updated by School of Medicine leadership, spells out specific deliverables expected of the departments. The departmental review meetings referenced in the paragraph above dictate that our budgets (both current and future year) are in line with attaining all of these results.

Dr. Roth has final authority in the approval of each department's budget and in the approval of any new funding requests. The School of Medicine's coming fiscal year budgets are ultimately finalized in April. The cumulative School of Medicine budget is then integrated into the HSC total budget, and it is subsequently submitted for final approval by the UNM Board of Regents.

d. Describe the ways in which the medical school's governance, through its board of directors and its organizational structure, supports the effective management of its financial resources. Describe how lines of authority are defined, the internal controls that are in place, the degree of oversight provided by the state/parent/governing board in managing medical school resources, and the relationship between the medical school dean and department chairs in managing departmental resources.

Each department's managerial organizational structure consists of either a Chair or Director, along with an administrator or administrative staff lead, and typically includes other department leadership like vice-chairs and chiefs. The chairs and directors report directly to the Dean of the School of Medicine. The chairs/directors and their administrative staff are responsible for managing the day-to-day financial operations of their departments. Internal controls are in place as dictated by University Policy for proper recording of financial transactions, appropriate purchasing, proper payroll payments, etc. The School of Medicine Finance Director provides additional oversight of departmental financial operations through her monthly financial statement review process. During this process, she is able to identify any potential issues of concern for departments, and then work directly with the departments to try to resolve the issues. The EVD and the Finance Director bring issues to the Dean and he provides input/direction for resolution when necessary.

Oversight at the State level is limited to submission and review of the HSC's Original Budget, Revised Budget, and Final Report of Actuals each year, which includes sections attributable specifically to the School of Medicine. Certain State Appropriations/Awards are specific in spending intent. The State does some monitoring of these appropriations, but is not involved in the day-to-day operations or oversight of these programs.

Our Parent University delegates the financial oversight responsibility of the School of Medicine's financial resources to the HSC Chancellor/School of Medicine Dean.

e. Describe the ways that current and projected capital needs for the missions of the medical school are being addressed. Describe the medical school's policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

New School of Medicine educational, research and clinical buildings have been financed mainly through the issuance of general obligation bonds, State funding, and HSC funding over the last several years, with some of the debt service paid from current School of Medicine operating funds. Most School of Medicine campus facilities are under the umbrella of UNM's Health Sciences Center, and are maintained by the HSC. It is likely that any new facilities will follow this same funding model.

Deferred maintenance is addressed for the School of Medicine by the UNM HSC Chancellor and Senior Executive Officer for Finance and Administration working with University leadership to apportion State of New Mexico deferred maintenance funds known as Building Renewal and Replacement (BR&R.) The SOM and their portions of shared buildings receive new roofs, HVAC system upgrades and exterior building maintenance based on criteria developed by our physical plant engineers.

f. Describe the extent to which financial reserves have been used to balance the operating budget in recent years.

Reserves have not been used to balance the operating budgets of the School. The Dean has instructed that Reserves only be used for one-time non-recurring expenditures.

g. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year.

UNM's FY 2016 External Audit produced no findings related to the operations of UNM's School of Medicine or its individual departments.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 5.1

1. The school's responses to the most recent LCME Part I-A Annual Financial Questionnaire, consisting of the following:

    a. Signature Page
    See Appendix 5.1-1a Signature Page.pdf

    b. Current Funds Revenues, Expenditures and Transfers - Data Entry Sheet
    See Appendix 5.1-1b Part I-A Data Entry Sheet FY17.pdf

    c. Schedules A-E inclusive
    See Appendix 5.1-1c Sch A-E inclusive FY17.pdf

    d. Revenues and Expenditures History
    See Appendix 5.1-1d Revenue Expenditures FY17.pdf

2. The school's responses to the web-based companion survey to the LCME Part I-A Annual Financial Questionnaire, the "Overview of Organization and Financial Characteristics Survey."

See Appendix 5.1-2 LCME Part I-A Responses.pdf

3. A revenue and expenditures summary for the fiscal year in which the full survey takes place (based on budget projections) and for each of the prior three fiscal years. Use the format and row labels from the "Revenues and Expenditures History" from the school's completed LCME Part I-A Annual Financial Questionnaire (it is the last page of the AFQ).

See Appendix 5.1-3 Rev Exp FY18 Projections.pdf

4. A copy of the most recent audited financial statements for the medical school and/or the medical school's parent organization or company. For medical schools owned or operated by a parent organization or company, submit audited financial statements for the parent organization or company that are consolidated to include all related component units and entities controlled by the parent organization or company. Provide the most current information in the material submitted three months prior to the survey visit.

See Appendix 5.1-4 Audited Fin Stmnt FY16.pdf

5.2 DEAN'S AUTHORITY/RESOURCES

The dean of a medical school has sufficient resources and budgetary authority to fulfill his or her responsibility for the management and evaluation of the medical curriculum.

5.2 NARRATIVE RESPONSE

a. Provide the name and title of the individual responsible for the education program for medical students, referred to here as the chief academic officer (CAO).

Craig Timm, MD, Senior Associate Dean for Education, services as the CAO.

b. If the dean is *not* the CAO, and responsibility for the medical education program is delegated to an associate dean or other individual serving as CAO, provide the name and title of this individual, as well as the percentage of time he or she devotes to this administrative responsibility.

Name	Title	% Time (if applicable)
Craig Timm, MD (CAO)	Senior Associate Dean, Office of Education, School of Medicine	80%

c. Describe how the CAO participates in institution-level planning to ensure that the resource needs of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are considered.

While the Dean has authority over all entities and processes of the School of Medicine he has delegated authority to the Senior Associate Dean for Education, who serves as the CAO, for the education program of the school, including undergraduate medical education, graduate medical education, continuing medical education, admissions, student affairs, faculty development in education (Office of Medical Educator Development or OMED), simulation center, and the health professions programs. The CAO assures that policies and procedures of the School of Medicine best support the education mission. He works closely with the Executive Vice Dean and the Dean in this regard.

The CAO works with all of the education programs as well as with the Executive Vice Dean and the Dean to develop the budget for education programs in each academic year. Resources to support the SOM include state funding, clinical earnings, and student curricular fees. The CAO has the budgetary authority to work with each of the education programs in order to fulfill the development, delivery, management and evaluation of the SOM curriculum.

The CAO works with the Executive Vice Dean and the SOM Dean (who is also the Chancellor of the Health Sciences Center (HSC)) in advocating for educational space. This process has been successful in increasing the educational space available to medical students over the past 10 years with completion of the Domenici Center for Health Sciences Education These buildings include the bookstore, anatomy lab, learning and simulation center, state of the art classrooms, including studio classrooms for active learning, small group rooms and meeting rooms, as well as a Wellness Center (gym).

The SOM Dean's advisory committee is the Committee of Chairs, which meets weekly and includes the CAO on a regular basis. Through this committee, as well as others, the CAO, Executive Vice Dean and Dean work together to ensure that faculty are assigned to needed educational roles within the SOM. In addition, through faculty development programs in OMED, faculty fulfilling these roles are trained specifically for educational roles.

In addition to the SOM Dean, committees and individual leaders with which the CAO interacts in his responsibility for the management and evaluations of the curriculum include:

School of Medicine Committee of Chairs
School of Medicine Curriculum Committee
Executive Vice Dean of the SOM
Associate Dean for Undergraduate Medical Education
Associate Dean for Admissions
Associate Dean for Student Affairs
Assistant Dean for Faculty Development in Education
School of Medicine retreat participants

d. Describe how and by whom the budget to support the medical education program is developed and approved, and how it is allocated. Note if funding allocation to departments and other units with teaching responsibility is done according to a formula (e.g., based on the amount of teaching done by a department) or based on some other method (e.g., historical precedent).

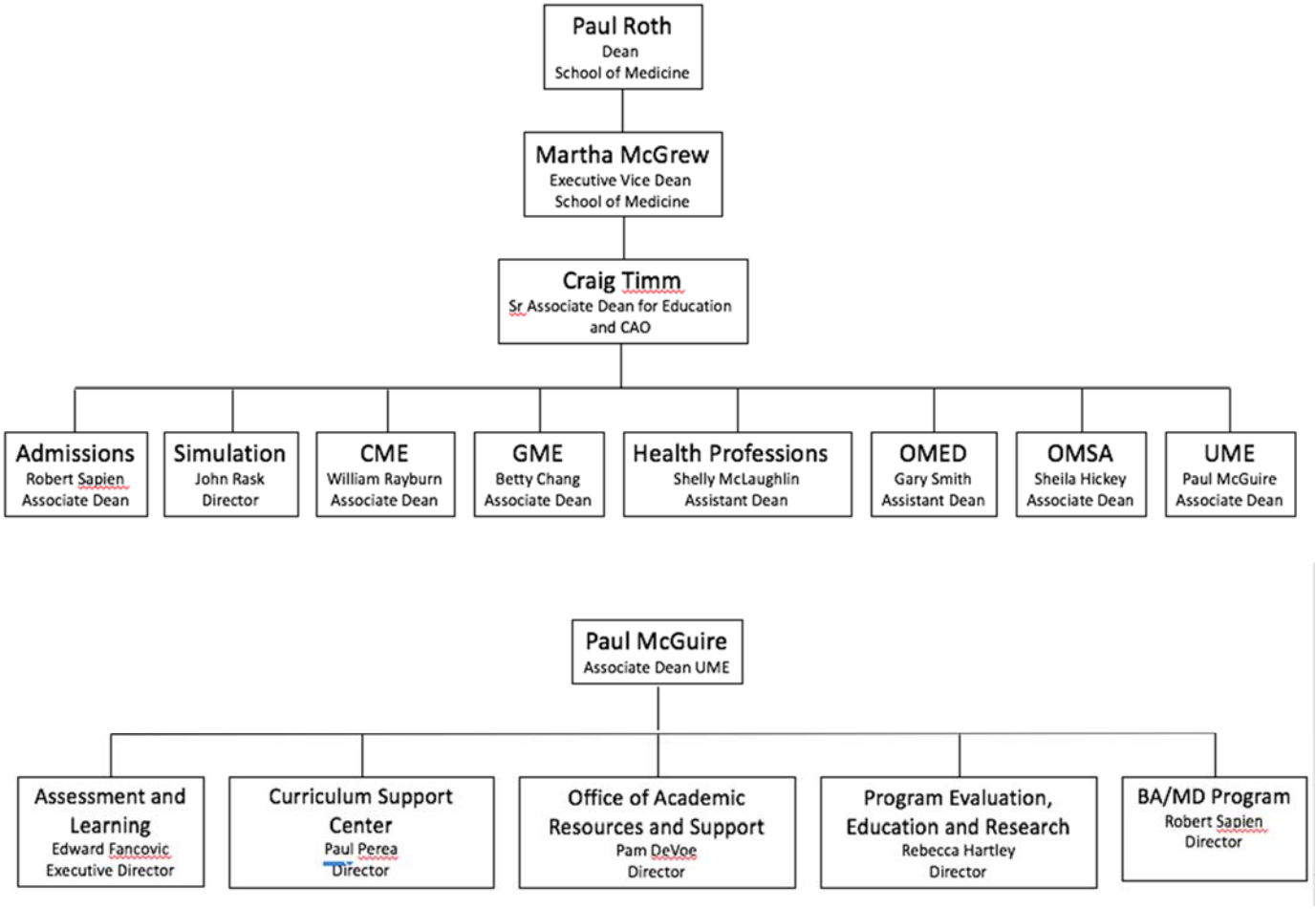
All education programs go through a rigorous budget planning process with the CAO that includes reviewing mid-year actuals, remaining 6-month projections for the current fiscal year and a 12-month projection for the subsequent fiscal year. As part of that process, units develop their proposed budgets for the upcoming fiscal year, including requests for new funding to support programmatic growth. Education requests are consolidated from all of the units and initially reviewed and prioritized by the CAO. Subsequently they are reviewed by the Dean, Executive Vice Dean, and the SOM Director of Finance. The amount of available funds is identified, and the funding priorities are reviewed and ranked. New support, if awarded, would start the following fiscal year. It should be noted that funding from the State is not based on formula funding.

If an urgent need is identified and cannot wait for the regular budget process, the programmatic request is developed, reviewed, and forwarded to the Executive Vice Dean and Dean to make the decision.

e. Briefly describe the organizational locus (e.g., an office of medical education) of administrative and/or academic support for the planning, implementation, evaluation, and oversight of the curriculum and for the development and maintenance of the tools (such as a curriculum database) to support curriculum monitoring and management. Note the reporting relationships of the director(s) of any such office(s)/unit(s).

The SOM Office of Education is led by the Senior Associate Dean for Education who is also the CAO. Within the Office of Education are admissions, student affairs, undergraduate medical education, graduate medical education, continuing medical education, faculty development in education, simulation center, and the health professions programs. The leaders (typically associate or assistant deans) of each of these areas reports directly to the Senior Associate Dean for Education for education program oversight, while reporting directly to the chair of their academic program for duties not associated with the education program..

The office of Undergraduate Medical Education (UME) is the organizational unit that directly supports the planning, implementation, evaluation and oversight of the curriculum and the development and maintenance of the One45 curriculum database for curriculum monitoring and management. The UME office is also the primary support for the School of Medicine Curriculum Committee and its' standing subcommittees. The reporting structures of the SOM education programs overall and of the UME program are indicated in the organizational charts below.



Description of UME support offices:

1. Assessment and Learning (A&L)
The office of Assessment and Learning supports medical student education and success by fostering learning through assessment. The program guides educational assessment from design and delivery to results and feedback. The Assessment and Learning staff and faculty are involved with assessment planning and production, the Standardized Patient Program (SP), and the Professional Development Program for clinical and communication skills. The executive director oversees 9 administrative staff and reports to the Associated Dean for UME. (https://som.unm.edu/education/md/ume/al.html)

2. Curriculum Support Center (CSC)
The Curriculum Support Center collaborates with faculty to support education for medical students. The office manages and supports the curriculum scheduling process in One45, the Brightspace learning management system and other technological platforms, course planning support and resources, room scheduling services for School of Medicine spaces and the clinical preceptorship programs. The director of the curriculum support center oversees 10 administrative staff and reports to the Associate Dean for UME. (https://som.unm.edu/education/md/ume/csc.html ; https://som.unm.edu/education/md/ume/ams.html).

3. Office of Academic Resources and Support (OARS)
The office of Academic Resources and Support provides academic counseling to medical students through all aspects of the curriculum and facilitates academic success through individualized academic skills development. The office

oversees the peer-tutoring program and provides administrative assistance with all aspects of the mentored scholarly project. The director oversees 2 learning specialists and reports to the Associate Dean of UME. (https://som.unm.edu/education/md/ume/oars.html)

4. Program Evaluation, Education and Research (PEAR)
The office of Program Evaluation, Education and Research is the internal evaluation team for the School of Medicine's curriculum. The office focuses primarily on collecting, analyzing and reporting on course and faculty evaluation data for all three phases of the curriculum. Members of the office oversee the student continuous quality improvement program, consult with faculty and students on survey development and provide evaluation and statistical support for student and faculty scholarly projects. The director of the office oversees 4 administrative staff and reports to the Associate Dean of UME. (https://som.unm.edu/education/md/ume/pear.html)

5. BA/MD Program
The BA/MD program is a partnership between the UNM College of Arts and Sciences and the UNM School of Medicine. The primary goal of the program is to admit and support a class of diverse students who are committed to serving New Mexico communities once they complete their medical training. The director of the program oversees administrative staff on both the undergraduate and School of Medicine campuses and reports to the Associate Dean of UME. (https://som.unm.edu/education/md/bamd/index.html).

f. Provide the names and titles of the staff leadership (e.g., director of assessment, institutional computing) of groups/units responsible for providing administrative or academic support for the planning, implementation, and evaluation of the curriculum and for student assessment. Include the percentage of time contributed by each individual to this effort. Add rows as needed.

Name of staff leader	Title	% Time (if applicable)	# of staff reporting to leader
Paul McGuire, PhD	Associate Dean UME	80	5
Edward Fancovic, MD	Executive Director, A&L	60	9
Robert Sapien, MD	Director, BA/MD Program	10	3
Paul Perea, MS	Director, CSC	100	10
Pam DeVoe, PhD	Director, OARS	100	2
Rebecca Hartley, PhD	Director, PEAR	50	4

5.3 PRESSURES FOR SELF-FINANCING

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.

5.3 SUPPORTING DATA

Table 5.3-1 | Tuition and Fees			
Percentage of total revenue from tuition and fees as reported on the LCME Part I-A Annual Financial Questionnaire (AFQ) for the indicated years. Note: This is derived using data from the AFQ section titled "Current Funds Revenues, Expenditures and Transfers – Data Entry Sheet". Please divide "TOTAL TUITION AND FEES REVENUES" by "TOTAL REVENUES REPORTED".			
FY 2014	FY 2015	FY 2016	FY 2017
2.37	2.23	2.09	2.02

5.3 NARRATIVE RESPONSE

a. Describe how and at what institutional level (e.g., the medical school administration, the university administration, the board of trustees) the size of the medical school entering class is set. In making decisions about class size, describe how medical school resources, such as space, faculty numbers, and teaching responsibilities, are taken into account.

The size of the School of Medicine's (SOM) entering class is set by the School of Medicine's administration with input from the Dean, course and clerkship directors, department chairs, the Curriculum Committee, the Admissions Committee, and SOM education administration leaders (senior, associate and assistant deans, program directors). The most recent decision to increase entering class size was in 2010 when the first cohort of BA/MD students entered medical school, resulting in entering class size increase from 75 to 103. The LCME was notified of the class increase. That decision and any future decisions to change class size would take into account input and recommendations from multiple stakeholders, including all of those listed above. The Curriculum Committee would assess the impact on courses and clerkships, including need for faculty, classroom space, and clinical training sites. Department chairs would evaluate their ability to meet the need for additional faculty. The associate dean for UME would provide input on any needs for additional staff to support an increased class size as well as additional funds to support the medical student education program. The final decision would be made by a vote of the School of Medicine faculty following receipt of recommendations from the dean, educational leadership, and curriculum committee.

b. Describe how and by whom tuition and fees are set for the medical school.

Tuition and fee changes specific to School of Medicine Programs/Curriculum are recommended by the Health Sciences Center (HSC) Chancellor/ School of Medicine Dean to the UNM Board of Regents. The Board of Regents has ultimate authority for approving tuition and fee rates and, in so doing, takes into consideration these recommendations from the HSC Chancellor. The Board has charged the HSC Chancellor with developing an equitable process for determining the School of Medicine's annual tuition and fee rate recommendations. At all stages, starting early in the budget cycle, the process emphasizes collaboration, inclusiveness, transparency, timeliness, and accountability. The process provides for regular communication with the Board of Regents and meaningful opportunities for student, faculty, staff, and academic leaders' involvement.

Among factors to be considered in determining tuition and fee rates are comments from campus constituents, access issues, levels of state appropriations, reduction of expenses, availability of need-based financial aid, charges at peer

and regional institutions, national trends, economic conditions, recruitment and retention of faculty on the national market, recognition of the social benefits of higher education, strategic initiatives and priorities of the University.

In setting the annual tuition and fee rates, the Regents endeavor to: provide a rationale for the University's tuition and fees decisions; stabilize the planning and operation of University functions; provide predictability and consistency with respect to tuition and fees as a guide to students and their families; ensure that students and the State continue to share the cost of education at UNM in reasonable proportions; ensure that tuition and fee decisions are consistent with the goals and objectives of the University; be sensitive to relevant national and regional tuition and policy trends; ensure that current New Mexico economic conditions of the consumer are considered in establishing tuition policy; provide competitive salaries for faculty and staff; provide a meaningful opportunity for student input in the University's budget development process, particularly in regard to tuition and fees; avoid rate increases through reduction of expenses and reallocation of funds; move UNM toward achieving its strategic goals; assess administration-prioritized expenditure options and proposed funding strategies for each of them.

Copies of UNM Regents' Policy Manual – Section 4.7: Tuition and Fees; and UNM Administrative Policy 8210: Tuition and Related Fees are included in the DCI Appendix section. See appendices 5.3-b Section 4.7_ Tuition and Fees.pdf and 5.3-b Administrative Policy 8210.pdf.

The HSC Chancellor/School of Medicine's Dean proposals for 1% reductions in the Medical Student tuition rates for Fiscal Years 2015, 2016, and 2017 were approved by the Board of Regents. In FY18, a 1% tuition remission allowance, rather than a 1% tuition reduction, will be granted to the medical school students.

c. If tuition and fees or any other revenue source comprises more than 50% of the medical school's total annual revenues, describe any plans to diversify revenue sources.

Not applicable – none of the individual categories of revenue reported on the LCME AFQ individually exceed 50% of the School of Medicine's total annual revenues.

d. Describe any significant institutional pressures for the medical school to generate revenue from tuition, clinical care, and/or research (e.g., to address operating deficits or decreases in other revenue sources) and how these pressures are being managed to ensure the ongoing quality of the medical education program.

Tuition, clinical, and research revenues in total comprise approximately 88% of the SOM revenues. Less state support and clinical revenue cuts related to Medicaid and third-party reimbursement cuts have increased financial pressures. However, the School of Medicine is working to further minimize these declines by offsetting them through clinical throughput analysis and increasing patient encounters, 3% to 5% increases are expected per year on outpatient visits and operating room throughput respectively, with a movement toward value-based purchasing. Our revenue cycle improvements are already helping offset some of the reductions we anticipated. Research revenue continues to improve each year, with several new 3- to 5-year grants having been awarded during Fiscal Years 2015 through 2017 (see appendix 5.3-d SOM Award History FY15-17.xlsx from UNM HSC Sponsored Projects Office with details of new grants and contracts awarded to UNM in Fiscal Years 2015, 2016, and 2017).

Revenue reductions were managed through cuts in non-salary expenditures, Project LEAN streamlining processes, revenue cycle optimization, and minimizing expansion of services. In spite of these pressures, no reductions are planned for educational faculty positions.

5.4 SUFFICIENCY OF BUILDINGS AND EQUIPMENT

A medical school has, or is assured the use of, buildings and equipment sufficient to achieve its educational, clinical, and research missions.

5.4 SUPPORTING DATA

Table 5.4-1 | Year 1 Classroom Space

Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching/ simulation space, small group discussion room, etc.) used for each instructional format during *year one* of the medical curriculum. Only include space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed.

Room Type/Purpose	# of rooms of this size/type	Seating Capacity (provide a range if variable across rooms)	Building(s) where rooms are located
Small Group Active Learning	57	10 - 70	Domenici Center for Health Sciences Education, Fitz Hall, Biomedical Research Facility, Nursing/Pharmacy, Health Sciences Services Building, Medical Building 2
Large Group Active Learning	14	20 - 300	Domenici Center for Health Sciences Education, Fitz Hall, Domenici Auditorium, Nursing/Pharmacy, Health Sciences Library and Informatics Center, Medical Building 2
Lecture	4	120 - 300	Fitz Hall, Domenici Center for Health Sciences Education, Domenici Auditorium
Laboratory	2	60-175	Domenici Center for Health Sciences Education North Wing (Human Anatomy Lab & Learning Center)
Clinical Skills Teaching/Simulation	48	4-30	Domenici Center for Health Sciences Education North Wing (IHSC), Fitz Hall

Table 5.4-2 | Year 2 Classroom Space

Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching/ simulation space, small group discussion room, etc.) used for each instructional format during *year two* of the medical curriculum. Only include space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed.

Room Type/Purpose	# of rooms of this size/type	Seating Capacity (provide a range if variable across rooms)	Building(s) where rooms are located
Small Group Active Learning	60	10 - 70	Domenici Center for Health Sciences Education, Fitz Hall, Biomedical Research Facility, Nursing/Pharmacy, Health Sciences Services Building, Medical Building 2, Innovation, Discovery and Training Complex
Large Group Active Learning	16	20 - 153	Domenici Center for Health Sciences Education, Fitz Hall, Nursing/Pharmacy, Health Sciences Library and Informatics Center,

			Medical Building 2, Innovation, Discovery and Training Complex
Lecture	3	120 - 153	Fitz Hall, Domenici Center for Health Sciences Education
Laboratory	2	60-175	Domenici Center for Health Sciences Education North Wing (Human Anatomy Lab & Learning Center)
Clinical Skills Teaching/Simulation	50	4-30	Domenici Center for Health Sciences Education North Wing (IHSC), Fitz Hall, Clinical Translational Sciences Center

Table 5.4-3 | Faculty Offices and Research Labs*

Provide the number of faculty offices and research laboratories in each academic department of the medical school. Add rows as needed.

Department name	# of full-time faculty	# of offices	# of research labs*
Anesthesiology & Critical Care Medicine	44	34 (3,474 sf)	11 (3,271 sf)
Biochemistry and Molecular Biology	12	16 (1,824 sf)	40 (6,879 sf)
Cancer Center (CRF)*	41	42 (4,111)	34 (8,307)
Cell Biology and Physiology	10	12 (1,479 sf)	49 (12,055 sf)
Clinical & Translational Science Center (CTSC)*	11	5 (641 sf)	4 (5,223 sf)
Dental Medicine	8	9 (1,229 sf)	1 (247 sf)
Dermatology	1	5 (649 sf)	0 (0 sf)
Emergency Medicine	72	33 (5,044 sf)	0 (0 sf)
Family and Community Medicine	60	35 (3,937 sf)	0 (0 sf)
Internal Medicine	232	70 (8,540 sf)	88 (17,129 sf)
Molecular Genetics and Microbiology	13	10 (1,159 sf)	48 (11,967 sf)
Neurology	29	13 (1,615 sf)	26 (7,222 sf)
Neurosciences	11	16 (1839 sf)	49 (13,242 sf)
Neurosurgery	16	9 (893 sf)	6 (4,858 sf)
Obstetrics and Gynecology	24	17 (1,855 sf)	4 (1,379 sf)
Orthopaedics and Rehabilitation	38	24 (3,082 sf)	4 (969 sf)
Pathology	60	24 (2,962 sf)	80 (23,935 sf)
Pediatrics	104	92 (10,442 sf)	26 (4,344 sf)
Psychiatry and Behavioral Sciences	84	14 (1,945 sf)	52 (9,542 sf)
Radiology	47	35 (4,111 sf)	0 (0 sf)
Surgery	74	40 (5,140 sf)	4 (1,705 sf)

* Numbers include shared research laboratory spaces controlled by the Cancer Center (CRF) and the UNM Clinical and Translational Science Center (CTSC) for use by the entire UNM Health Sciences Center, including School of Medicine Departments.

5.4 NARRATIVE RESPONSE

a. If educational spaces used for required classes in years one and two of the medical curriculum (e.g., lecture halls, laboratories, small group rooms) are shared with other schools/programs provide the office or individual responsible for scheduling the spaces and note if the medical education program has priority in any scheduling decisions. If classrooms or lecture halls are shared by students in years one and two of the curriculum, describe how and by whom the space is allocated.

The Office of Undergraduate Medical Education coordinates scheduling at the School of Medicine. The office schedules the rooms listed above for the Fitz Hall and the Biomedical Research Facility. The Health Sciences Library and Informatics Center (HSLIC) coordinates scheduling for use of facilities shared with other HSC curricular programs e.g., the rooms in the library, the Domenici Center for Health Sciences Education, the Health Sciences and Services Building, and School of Medicine Building #2. Room scheduling across the Health Sciences Center is closely coordinated and monitored by an inter-disciplinary committee to assure appropriate access for all students.

For shared facilities, the HSLIC prioritizes scheduling using the general priorities published at https://hslic.unm.edu/about-hslic/domenici/docs/DomeniciCenter_ClassroomsPolicy.pdf. These policies define specific priorities for all educational programs with the priority dedicated to formative and summative assessment. These prioritization policies grant first preference for Undergraduate Medical Education assessments held in shared clinical simulation and assessment spaces.

In the ISA conducted in the fall of 2016, 86% of respondents were satisfied with the quality of lecture halls and education space.

b. Describe any recent challenges in obtaining access to needed teaching space and how these have been resolved.

The SOM has not had any recent challenges in accessing needed teaching spaces due to recently expanded facilities. Since the last LCME site visit in 2009, the Health Sciences Center has significantly expanded and renovated instructional space (approximately 100,000 sq ft) through major initiatives that completed the Domenici Center for Health Sciences Education, completed through several phases, and funded through state and federal funding. The Domenici Center meets instructional needs for all HSC curriculum, including interprofessional education.

c. Describe any recent teaching space renovations or construction. If there has been a recent increase in class size, note whether teaching space has also expanded (e.g., increases in room size and/or number).

In 2010, 31,000 square feet of instructional space was added to include a clinical simulation center (shared space) as well as a new anatomy lab (Leonard M. Napolitano PhD Anatomical Education Center) and a 58-seat classroom. Portions of this building are open to students 24x7 for individual or group study.

The HSC upgraded and standardized the AV in 17 classrooms throughout the Health Sciences Center, including rooms within SOM buildings. These upgrades included new controls for projectors and LCD monitors, new instructor workstations and lecture capture in larger spaces. In 2016, a new 50 seat classroom shared by all educational programs was built in the Health Sciences Library and Informatics Center, replacing a decommissioned classroom that was converted into a gym for students, faculty and staff.

An additional 66,000 square feet of instructional space will complete the Domenici Center in early 2018, assuring the adequacy of classroom space at the Health Sciences Center. Construction included expanded 76 seat computerized testing center, twenty 12-seat PBL rooms, three 18-24 seat seminar rooms, class laboratories for physical and occupational therapy, three small 30+ seat classrooms, two medium 70+ seat classrooms, two large 100+ seat

classrooms and two active learning 150+ seat classrooms. The 150+ seat classrooms are specifically designed for "flipped classroom" style with round tables for nine, each with its own LCD monitor, microphone and whiteboard, with an instructor's station in the middle of the room. Undergraduate Medical Education will have priority scheduling in the active learning classrooms. Some of the other classrooms, such as the large classrooms, are prioritized for other educational programs thereby reducing pressure for key spaces used by the School of Medicine (SOM).

d. Describe the facilities used for teaching and assessment of students' clinical and procedural skills. Note if this space is also used for patient care or research. Identify if students from other health professions programs or residents also use these facilities and describe how scheduling conflicts are resolved.

The Interprofessional Healthcare Simulation Center (IHSC)

The IHSC, which opened in 2010 in the Domenici Center for Health Sciences Education (North Wing), was designed as a multi-disciplinary simulation center, and underwent renovation in Fall 2017 in preparation for installation of simulation center software in 2018. Clinical education programs at the Health Sciences Center utilize the center to teach and assess their students' clinical and procedural skills. The School of Medicine and the Colleges of Nursing and Pharmacy share use of the IHSC. Each program organizes their own educational activities. The physical space was designed to support clinical skills teaching and assessment in various clinical settings.

Clinical skills training and assessment rooms include:

- 24 clinic examination rooms for standardized patient encounters. Each room is equipped with a camera and microphone that feeds to an adjacent monitor room. This room is equipped to view standardized patient/student encounters in real time while recording encounters for future viewing and education purposes.
- Inpatient ward (simulated activities occurring at the bedside)
- Acute care environment (for high fidelity simulation)
- Compounding pharmacy
- Outpatient pharmacy
- Debrief rooms

Recurring simulation activities are an embedded component of all HSC educational programs. Scheduling priority defers to summative assessment followed then by formative assessment, and then clinical skills training. Leadership from the HSC educational programs use the aforementioned priority algorithm to resolve conflicts when competition for the same space occurs. To date the individual programs have successfully negotiated compromises in scheduling to accommodate all needs.

The IHSC is neither designed for nor utilized for patient care or clinical research.

Fitz Hall at the Health Sciences Center

Fitz Hall houses a set of 16 rooms where preceptors conduct clinical and communication skills training with medical and Physician Assistant Program students many times utilizing standardized patients. These small rooms can accommodate 6-12 students. Each room has a white board, camera and microphone wired to a monitor room and a two-way mirror for facilitating observation of training sessions.

e. Describe any substantive changes in facilities for education and/or research anticipated by the medical school over the *next three years.* Note if any renovation or new construction is planned.

Education and research space, faculty offices and research labs are sufficient and no new expansions or other new construction is planned for the education or research missions during the next three years.

5.5 RESOURCES FOR CLINICAL INSTRUCTION

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

5.5 SUPPORTING DATA

Table 5.5-1 | Clinical-site Patient Volume

Provide the requested information for each hospital used for the inpatient portion of one or more required clinical clerkships (or longitudinal integrated clinical clerkships). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Name/Campus (if applicable)	# of beds in use	Average daily occupancy	# of admissions per year	# of outpatient visits per year
Albuquerque Veteran's Medical Center (VAMC)	298*	164	6,256	685,814
Lovelace Women's Hospital (Lovelace)	78	85	9,208	134,247
Sandoval Regional Medical Center (SRMC)	72	33	2,733	44,168
UNM Hospitals	537	495	27,839	674,680
UNM Adult Psychiatric Center	47	**	**	**
UNM Children's Psychiatric Center	35	**	**	**

*Based on EOY FY2016 information.

** Numbers for these columns are included in the *total* listed for UNM Hospitals.

Table 5.5-2 | Inpatient Teaching Facilities

Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship) taking place at an inpatient facility. Only provide information for services used for required clinical clerkships at each hospital. Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Name/Campus (if applicable)	Clerkship	Average daily inpatient census	Average # of Students Per Clerkship (Range)	
			School's medical students	Medical students from other schools
UNMH	Internal Medicine	123	8-10	None
VAMC	Internal Medicine	15	8-10	None
UNMH	Neurology	47	6-10	None
VAMC	Neurology	4-6	1-2	None
UNMH	Ob/Gyn	29	14-18	None
SRMC	Ob/Gyn	1	1-4	None
Lovelace	Ob/Gyn	2-7	1-3	None
UNMH	Pediatrics	21	12-20	None
UNM Adult Psychiatric Hospital	Psychiatry	37	3-5	None
UNM Children's Psych Hospital	Psychiatry	21	3	None
VAMC	Psychiatry	15-25	1-2	None
UNMH	Surgery	18	10	None
VAMC	Surgery	10	5	None
SRMC	Surgery	16	3	None

Table 5.5-3 | Inpatient Teaching Sites by Clerkship

List all *inpatient teaching sites* where medical students take one or more required clerkships. Indicate the clerkship(s) offered at each site by placing an "X" in the appropriate column. List other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health). Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Name/ Campus(if applicable)	Family Medicine*	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Neurology
UNMH	X	X	X	X	X	X	X
VAMC	N/A	X				X	X
SRMC	N/A		X			X	
Lovelace	N/A		X				

*The majority of students work with preceptors (volunteer faculty) outside of the UNM Health System.

Table 5.5-4 | Ambulatory Teaching Sites by Clerkship

For each *type of ambulatory teaching site* used for one or more required clerkships, indicate the clerkship(s) offered at this type of site by placing an "X" in the appropriate column. Add other major core clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women's and Children's Health. Add rows and columns as needed.

Facility Type	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Neurology
UNMH Clinic	X	X	X	X	X	X	X
Community Hospital Clinic	X		X				
Health Center	X						
Private Physician Office	X		X				
Rural Clinic/AHEC	X						
VAMC		X		X	X	X	X
SRMC			X			X	
Lovelace			X				

5.5 NARRATIVE RESPONSE

a. Describe how the medical school determines that the mix of inpatient and ambulatory settings used for required clinical clerkships provides adequate numbers and types of patients in each discipline.

The Clerkship Directors within the Phase II/III Committee (Clerkship Director's Committee: a subcommittee of the Curriculum Committee) review and update Phase II Clinical Performance Objectives and individual clerkship-required patient encounters annually and discuss "ownership", exposure, and balance of inpatient and outpatient clinical experiences across clerkships. Each clerkship is responsible for teaching a specific number of these objectives. Three times a year, after the OSCEs, the Clerkship Directors also use the OSCE student performance data and OSCE student feedback/debrief sessions to calibrate overall clerkship student exposure to clerkship required patient types, Phase II Clinical Performance Objectives, patient presentations, and inpatient/ambulatory balance. The Clerkship Directors have agreed to a standard requirement of inpatient and ambulatory experiences across clerkships with the exception of Family Medicine, which is primarily ambulatory. Clerkship Directors also review clerkship student evaluation data at the conclusion of each clerkship to make adjustments to the inpatient/ambulatory experiences in a continuous quality improvement method (rapid response to student feedback) based upon faculty and site appropriateness. Finally, as peers, the Clerkship Directors review the Clerkship Reports for all required clerkships annually and submit reports to the Curriculum Committee for review. The balance of inpatient and outpatient experiences is specifically addressed in this review of each clerkship.

b. Describe any substantive changes anticipated by the medical school over the *next three years* in hospital and other clinical affiliations.

In 2017, a new partnership was announced between the UNM School of Medicine, the UNM Medical Group, and the Lovelace Health System to deliver enhanced state-of-the-art rehabilitation services to New Mexico patients. Under this agreement, Lovelace and UNM physicians will delivers services at the Lovelace UNM Rehabilitation Hospital and outpatient therapy clinics to patients recovering from health care conditions such as stroke, brain injury and musculoskeletal disorders. The hospital, a modern 62-bed facility, provides inpatient and outpatient rehabilitation

tailored to each patient's unique needs, is the only New Mexico hospital accredited by the Commission on Accreditation of Rehabilitation Facilities in six programs. In addition to the hospital, Lovelace operates five outpatient rehabilitation clinics in Albuquerque and Santa Fe. These will also be part of this partnership with the UNM Medical Group, the multi-specialty group practice that serves as the faculty practice for the UNM School of Medicine. This rehabilitation hospital partnership, a first for UNM, will enable the SOM to develop New Mexico's first Physical Medicine and Rehabilitation residency program slated to begin in 2018.

A second initiative involves the UNM Health System and Genesis HealthCare, one of the nation's largest post-acute care providers, to improve local access to skilled nursing facilities, improve clinical outcomes and reduce hospital readmissions in Albuquerque and across the state. Genesis and UNM are working together to develop and offer post-acute clinical pathways and programs in the areas of orthopedics, pulmonary care, cardiac care, neurology, behavioral health and recovery at select Genesis centers throughout the state. Geneses operates 19 skilled nursing centers throughout the state, ten are located in the Albuquerque metropolitan area.

Both of these clinical affiliations offer the potential for additional ambulatory and inpatient teaching sites for our students and resident physicians.

5.6 CLINICAL INSTRUCTIONAL FACILITIES/INFORMATION RESOURCES

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

5.6 SUPPORTING DATA

Table 5.6-1 | Inpatient Hospital Clerkship Resources

List each hospital used for the inpatient portion of one or more required clinical clerkships. Indicate whether the indicated resource is available for medical student use by placing an "X" in the appropriate column heading. Schools with regional campuses should include the campus name for each facility. Add rows as needed.

Facility Name/ Campus (if applicable)	Lecture / Conf. Rooms	Study Areas	Computers	Call Rooms	Locker/Secure Storage
Albuquerque Veteran's Medical Center (VAMC)	X	X	X	X	X
Lovelace Women's Hospital (Lovelace)	X	X	X	X	X
Sandoval Regional Medical Center (SRMC)	X	X		X	X
UNMH	X	X	X	X	X
UNM Adult Psychiatric Hospital	X	X	X		
UNM Children's Psychiatric Hospital	X	X	X		

Table 5.6-2 | Inpatient Hospital Clerkship Resources by Curriculum Year

As available, provide data from a single, recent academic year from either the independent student analysis, clerkship evaluations, or other source, on student satisfaction with the resources pertaining to education available at hospitals used for the inpatient and outpatient portions of required clinical clerkships. Add rows for each relevant question, and indicate the year and source of these data.

Survey Question	YEAR 3	YEAR 4
2016 Independent student analysis survey: Adequacy of educational / teaching spaces at UNMH (Q. 6): (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree, NA – No opportunity to assess/no opinion/have not experienced this yet)	91% "Agree" or "Strongly Agree"	88% "Agree" or "Strongly Agree"
2016 Independent student analysis survey: Phase II/III: SRMC – This facility had adequate facilities for rotating medical students (Q 74): (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree, NA – No opportunity to assess/no opinion/have not experienced this yet)	94%	97%
2016 Independent student analysis survey: Phase II/III: SRMC – The environment at this facility was conducive to learning (Q74): (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree, NA – No opportunity to assess/no opinion/have not experienced this yet)	94%	100%
2016 Independent student analysis survey: Phase II/III: VAMC – This facility had adequate facilities for rotating medical students (Q73): (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree, NA – No opportunity to assess/no opinion/have not experienced this yet)	89%	82%
2016 Independent student analysis survey: Phase II/III: VAMC – The environment at this facility was conducive to learning (Q73): (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree, NA – No opportunity to assess/no opinion/have not experienced this yet)	91%	81%

2015-16 Standard Clerkship Questions evaluations: Phase II: All clerkship sites – Classrooms and conference rooms at clinical sites: (Not Adequate, Adequate)	91% "Adequate"	N/A*
2015-16 Standard Clerkship Questions evaluations: Phase II: All clerkship sites – Computer workstations in clinical areas: (Not Adequate, Adequate)	65% "Adequate"	N/A
2015-16 Standard Clerkship Questions evaluations: Phase II: All clerkship sites – Wireless technology and conference room technology at UNMH: (Not Adequate, Adequate)	90% "Adequate"	N/A
2015-16 Standard Clerkship Questions evaluations: Phase II: Lounge and study space available for Phase II students: (Not Adequate, Adequate)	72% "Adequate"	N/A
2016-17 Standard Clerkship Questions evaluations: Phase II: All clerkship sites – Classrooms and conference rooms at clinical sites: (Not Adequate, Adequate)	95% "Adequate"	N/A
2016-17 Standard Clerkship Questions evaluations: Phase II: All clerkship sites – Computer workstations in clinical areas: (Not Adequate, Adequate)	74% "Adequate"	N/A
2016-17 Standard Clerkship Questions evaluations: Phase II: All clerkship sites – Wireless technology and conference room technology at UNMH: (Not Adequate, Adequate)	96% "Adequate"	N/A
2016-17 Standard Clerkship Questions evaluations: Phase II: Lounge and study space available for Phase II students: (Not Adequate, Adequate)	81% "Adequate"	N/A
Data year and source: Independent student analysis survey, fall 2016; 2015-16 and 2016-17 Standard Clerkship Questions evaluations. *Clerkship evaluations conducted in Phase 3 report satisfaction with quality of teaching, involvement with patient care, and feedback. Unlike Phase 2 evaluations, Phase 3 surveys do not address space, library resources, or information technology.		

5.6 NARRATIVE RESPONSE

a. Comment on the adequacy of resources to support medical student education at each inpatient site used for required core clinical clerkships, including space for clinical teaching (conferences/rounds), access to library resources, information technology (computers and internet access), and study space.

Lovelace Women's Hospital

Although none of the spaces at Lovelace Women's Hospital is specifically dedicated to the medical students there is a private physician's lounge equipped with computer and Internet access, which students may use for study and meetings. Students primarily work with a preceptor in their private office. Lovelace does have an online library that students may access from the physician's lounge computer or computers in any of the departments. Students with an internet connection continue to have access off-campus to the information resources through the UNM Health Sciences Library and Informatics Center.

Sandoval Regional Medical Center (SRMC)

SRMC has several unused dictation spaces and a conference room that medical students may use when they are on clerkships. Internet access is available so the students can connect to library resources on campus.

Albuquerque Veteran's Administration Medical Center (VAMC)

The VAMC has its national comprehensive online library available on each computer, accessible to students by secure log in. A full time position for a Health Sciences librarian was filled fall 2017. All computers have internet access but due to security reasons, the VAMC does not have WiFi available.

Internal Medicine:

Regarding medical students assigned to the VAMC for Internal Medicine, each inpatient team has a designated workspace with enough computers for each team member, including enough for students to have their own computer space. Conferences are held on the fifth floor conference room, which is a shared space with the Medicine department.

Neurology:
Medical students assigned to the VAMC for Neurology have access to a workroom with three computers with internet and library resource access. This room is a shared space with residents and is used for all didactics, studying and conferences.

Surgery:
Medical students assigned to the VAMC for Surgery have access to workspaces with computers in the call rooms. These spaces are shared with residents and are seldom used for call, so they are available to medical students for study most of the time.

University of New Mexico Hospitals (UNMH)
UNM Hospitals and UNM Sandoval Regional Medical Center are regularly recognized by the American Hospital Association as two of the "Most Wired" hospitals in the U.S., thus students have clinical experiences in facilities where technology is used to improve patient access, care and security. Because UNM Hospital is part of the UNM campus, library resources are directly accessible on the network from HSLIC and do not require remote authentication.

Family Medicine:
While scheduled on sub-internship rotation, students have complete access to two (2) Family Medicine workrooms located on 3-North in the UNMH. A second sub-internship in Maternal Child Health offers 1-week of the 4-week rotation on night service. Medical students have access to the Resident workroom which is equipped with computers, printer, refrigerator, and a recliner. The workroom requires badge-access and student storage. A nearby breakroom provides a microwave. Both of these rooms are located on the Labor-Delivery floor of UNMH.

Internal Medicine:
The medical students on the Internal Medicine clerkship have access to "workrooms" where residents and medical students work. One workroom is located on 4 West, two on the fifth floor (5 West and 5 North) and a lounge/workspace on 6 North. The students have access to computers in the workrooms and may use the workrooms for study. Most teaching activities are held in a fifth floor conference room

Neurology:
The medical students on the Neurology clerkship may use the department's library when not in use for didactics, conferences or meetings. The library includes a computer. There is a resident workroom in the department with several workstations. All workstations have internet access. All spaces are shared with residents.

OB/Gyn:
The medical students on the Ob/Gyn clerkship have an area within the Ob/Gyn department devoted to medical students, with four computer workstations for access to library and IT resources. These computers are also hospital units for electronic medical records. There is one printer dedicated to medical student use. The students have adequate classroom/conference room space for lectures with IT resources in our department. The students also have access to an extensive library of books available to medical students only. The clerkship staff for Ob/Gyn feel their resources are adequate for their clerkship needs.

Pediatrics:
The medical students on the Pediatrics clerkship share workspace with the residents in Tully Library. There are shared computers in clinical areas and inpatient areas. There have recently been additional workstations added in the outpatient clinic. The clerkship staff for Pediatrics indicate that these are adequate for their clerkship needs.

Psychiatry:
The medical students on the Psychiatry clerkship attend seminars weekly in a classroom with a large conference table and plenty of chairs. The classroom has wireless capability (as do the offices they use to write their notes). The medical students use this classroom on Wednesday mornings for seminars. The clerkship staff for Psychiatry indicates that the department is happy with their current arrangement.

Surgery:
The medical students on the Surgery clerkship have access to a surgical conference room for lectures and students also have activities in the simulation center (BATCAVE). The clerkship staff for Surgery feel these spaces are adequate for their clerkship needs.

Overall, the 2016-2017 Standard Clerkship Questions evaluations related to clerkship site improved

b. If problems with the availability of resources were identified at one or more sites, provide the data by site and describe the steps being taken to address any identified problems.

The Internal Medicine department indicated that they did not have enough workspace or computers for all of their medical students while on clerkship at UNMH.

In 2017, UNMH allocated a budget to complete a project that significantly improved the clerkship learning environment for medical students while on rotations at UNMH. These renovations and enhancements respond to LCME requirements for Elements 5.4, Buildings and Facilities, and 5.6, Clinical Clerkships. This project, on 6th North at UNMH, included addition of sprinklers and fire suppression, painting, replacing flooring, addition of signage to improve wayfinding, upgrade of computers, upgrade of furniture in the lounge, new exercise equipment, renovation of restroom/shower and the kitchen and appliances (including addition of a coffee pot), and expansion of the number of call rooms (both by subdividing overly large rooms and addition of new space).

5.7 SECURITY, STUDENT SAFETY, AND DISASTER PREPAREDNESS

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

5.7 SUPPORTING DATA

Table 5.7-1 | Student Safety and Security by Curriculum Year

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with safety and security at all instructional sites. Add rows for each relevant question on the student survey, and/or for instructional sites.

Instructional Site/Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Adequacy of safety and security on general grounds of UNM North Campus (Domenici Buildings, Fitz Hall, Library)	87% "Somewhat Satisfied" or "Very Satisfied"	81% "Somewhat Satisfied" or "Very Satisfied"	83% "Somewhat Satisfied" or "Very Satisfied"	88% "Somewhat Satisfied" or "Very Satisfied"
Adequacy of safety and security around UNM Hospital	93%	80%	83%	88%
Adequacy of safety and security at Sandoval Regional Medical Center	87%	80%	94%	86%
Adequacy of safety and security at the VAMC	75%	62%	93%	86%
Data year and source: Independent student analysis survey, fall 2016				

5.7 NARRATIVE RESPONSE

a. Describe the security system(s) in place and the personnel available to provide a safe learning environment for medical students during the following times/situations. If the medical school has regional campuses, describe the security systems in place at each campus.

    1. During regular classroom hours on campus

The School of Medicine Student Handbook includes information about emergency preparedness.

While students rated positively safety and security on campus in the ISA surveys, they noted the primary parking lot at the HSC was dark; and like the City of Albuquerque, UNM has experienced an increased high number of thefts and auto break-ins over the last couple of years. Therefore, the UNM HSC has initiated daily security patrols of the parking lot from 9:00 am to 9:00 p.m. toward addressing student concerns.

Since the last LCME survey, the university has also added various emergency systems. All students are automatically registered to receive announcements via email and may opt-in for text messages through the LoboAlerts system. Family members and friends may register to receive these announcements, too. These alerts are also posted on digital signs in HSC buildings and on all UNM webpages.

The UNM LoboMobile app for mobile devices includes an icon for "Emergency Info" with emergency numbers and a mobile version of the UNM Emergency Preparedness Handbook. In addition, LoboGuardian is a mobile app that increases user safety by creating a virtual safety network of friends and family. This app can set a safety timer and status keyed to a designated personal "Guardian", make direct emergency calls to the UNM Police Department or report a tip to campus police. http://loboguardian.unm.edu/

UNM Police Department's security personnel are responsible for opening and closing campus buildings, as well as for periodic checks of buildings. In addition, UNM police officers check buildings as time permits. Locations covered by Security Systems include hospital and clinic areas, labs, education and office buildings, and parking structures.

The Prox System helps to control access to UNMH and HSC facilities, grounds, and information systems by assuring a secure environment for all patients, visitors, students, staff, physicians, and assets. There are four policies (UNM Hospitals Identification Badge Policy, UNMH Access Authorization Procedure, UNMH Identification Badge System Procedure, and Health Sciences Center Identification Badge Policy) that act to ensure all person(s) performing any authorized activities within UNM Hospitals have the proper access authorization. All person(s) not UNMH employees or UNM/HSC Staff requiring access for any authorized activity are required to obtain and wear a UNMH Identification Access Credential Badge issued by the Security Department upon completion of an Authorization Form by Individual Department Directors or Managers. Student authorization requests are completed with their orientation paperwork by the Office of Medical Student Affairs or the office of Graduate Medical Education. This badge allows students to access study spaces such as the Domenici Center for Health Sciences Education student lounge, open 24/7 as well as access to student facilities in the Fitz Hall. Further access into secured areas of the hospital must be granted by the UNMH Security office by departmental request.

There are approximately 42 blue light phones for emergency use that are strategically placed throughout the health sciences center campus. The phones ring directly to the UNM Campus Police 24/7 dispatch center. Police officers respond to activations. There are fire alarm systems throughout campus. Fire alarms are sent to the UNM PD dispatch center, where a dispatcher receives the alarm, dispatches police officers and contacts the Albuquerque Fire Department, which also responds to the scene of the fire alarm activation.

2. Outside of regular classroom hours on campus

In addition to all the information above, escort services on UNM Campus are provided by security staff (not police) who are employed by the UNM Police Department on a 24-7 basis upon request by calling 277-2241. UNMH Security Department provides escort services for any staff, faculty, students or visitors from any UNM Hospitals Facility. Any individual can request an escort to their vehicle, shuttle stops, or another hospital campus location by calling 272-2160.

3. At clinical teaching sites

SRMC

The Sandoval Regional Medical Center (SRMC) has security on-site 24x7, along with orientation materials provided to learners to cover other safety requirements.

VAMC

The Albuquerque Veteran's Administration Medical Center (VAMC) has its own Federal Police Force providing service 24 hours a day / 7 days a week. The policies, procedures and services begin at a circumferential gate with controlled access and clearly posted information warning all incoming patients, visitors and employees of the strict federal laws prohibiting unauthorized access and weapons of any kind. A professional police force of 16 officers provides 24 hour foot and motor patrol with immediate coordination with the Albuquerque Police Department, Bernalillo County Sheriff's office, the U.S Marshalls and F.B.I. There is video surveillance posted circumferentially around all clinical care and research buildings as well as parking lots and other area of pedestrian activity. The 24 hour emergency reporting phone number on campus can be reached by dialing Extension 2222 (this number makes contact with the hospital operator). The Hospital operator (Extension "O") receives automatic overflow and serves as auxiliary dispatch.

Unimpeded access is in effect for most clinical areas to facilitate ambulatory patients, visitors, employees and clinicians throughout the work day. Access to clinical care buildings are restricted to two video surveillance entrances 9 P.M to 5 AM daily. After these times, visitor registration (sign in) policy goes into effect on all wards.

During the 7:00 AM to 3:30 PM time period, preferential parking is given to patients, and the lots immediately adjacent to the clinical treatment area restricted to their use only. A courtesy shuttle service exists for non-patient to the outer lying parking lots during these hours. After 3:30 PM and during weekends and holidays, all employees and visitors may park in the adjacent lots. While a formal police escort service is not available, it is the policy to provide police escort on request as time permits.

Throughout the clinical care areas there are over 200 LYNX alarms ("Computer Activated by pushing the F-9-11 keys at the same time"). The VAMC maintains one secured Psychiatric Ward where all patient care areas have access to the LYNX alarm system. Any student rotation on this ward includes a special orientation regarding these policies.

The Emergency Room maintains a restricted work area, next to the Police dispatch office, with both intercom and video surveillance with proper-identification needed to gain access. There is video surveillance within the Emergency Room itself.

Human Resources performs fingerprinting and conducts background checks on all employees. Part of any employment or clinical rotation is an orientation as to the rules and regulations, I.D. badge policy, Fire and Biologic Hazard Safety and essential phone numbers (which are also posted throughout the facility). All vendors and contractors must have access authorization completed by individual department directors or mangers to arrange I.D. badges. Student authorization requests are completed with the orientation paperwork by Human Resources Department after receiving formal Letters of Appointment requests from the School of Medicine.

The VAMC Police maintains a designated crime prevention program, reachable on Extension 4211(police dispatch), or direct dial 265-2865 any police officer will be able to provide information on I.D. theft, vehicle and personal safety as part of the orientation. There is a memorandum / working agreement with the Albuquerque Fire Department, which has an Engine Company on 24 hour duty ½ mile from the facility.

Finally, there is an annual "Vulnerability Assessment and Risk Analysis" of the facility that is conducted in conjunction with the facilities clinical partner, the United States Air Force that maintains the 377th Medical group on the same campus.

UNMH

The UNMH Security program identifies and manages the security risks of the environment for the multiple UNMH facilities. Security personnel, on site 24/7, coordinate with UNM campus police and local law enforcement agencies. The Security department functions as first responders to all emergency situations, acting as the primary influence to minimize volatile and aggressive situations, and as the primary deterrent to prevent and reduce the likelihood of criminal incidents occurring at UNMH facilities. UNMH Security operates a state of the art monitoring center. Security officers are assigned 24 hours a day, seven days a week, and 365 days a year to this location. UNMH has over 2,000 cameras deployed throughout the organization. Protections include physical presence of officers and monitoring of Security Systems installed in the UNM Hospitals (UNMH) and Health Sciences Center (HSC) campus. These systems include: Identification Badging; Electronic Access Control; ID Badge Printing; Electronic Encoding (Magnetic Stripe, Proximity, and Biometric); Closed Circuit and Open Circuit Televisions (CCTV/OCTV) and security cameras for video surveillance; Analytic Video Alarm; Duress Alarm System (Panic Buttons); and Intrusion Detection System (IDS). There are 421 panic alarm points which include all nurse stations, resident call rooms, as well as at a variety of other locations that are identified through annual vulnerability assessments and risk analysis performed by the UNMH Security Department. All patient, staff, visitor, and resident parking areas are monitored by security cameras.

b. Describe the protections available to medical students at instructional sites that may pose special physical dangers (e.g., during interactions with patients in detention facilities).

SRMC
High level security individuals at SRMC are always escorted by corrections officers, and security guards on our site, and learners are never left unattended.

VAMC
There is a policy of "Zero Tolerance" for any threat of violence against employees, clinicians, people-in-training and other patients. The VA Police works in conjunction with the Behavioral Health Care Division to post clear "Flagging's" in the record of any patient with a prior history of verbal or physical threat to staff.

All providers and their charges interacting with these patients are immediately notified on the first screen of the patient's Electronic Medical Record of these patient's prior tendencies and the expected plan for management. The plans range from a simple alert of prior behavior to clear steps requiring immediate notification for Police escort off the facility in the case of unauthorized patients. The police are part of the first responders to any Behavioral Crisis Team alert within the facility and are notified by telephone or the overhead speaker system.

UNMH
Management of prisoner patients represents one risk. Protections are developed in the form of Policy, Procedures, and Guidelines. In order to mitigate the risk of adverse incidents occurring with prisoner patients, for example, UNM Hospitals has developed procedure for dealing with patients from detention facilities. The Patient In Custody of Law Enforcement Procedure (PICLEA) addresses the safe handling of prisoner patients.

Security personnel are stationed 24/7 at both the Adult Psychiatric and Children's Psychiatric Hospitals. Crisis and panic alarms are used for psychiatric emergencies. Crisis alarms are physical buttons that, when pushed, identify the need for both a crisis team and security response in order to silently call the crisis team for an emergency situation requiring de-escalation and possible hands-on in order to prevent injury to staff or patients. These alarms are available at: the Adult Psychiatric Center (APC), Psychiatric Emergency Services (PES), Psychiatric Urgent Care Clinic (PUCC) and Children's Psychiatric Center (CPC) for inpatient units and cottages, CPC Access Clinic, Programs for Children, and Cimarron. Panic alarms may be either a physical button or on marked computer keyboards in Behavioral Health outpatient areas to allow employees to quickly summon Security to their work area when they feel threatened or have a need for security presence. Panic alarms are used in outpatient settings in order for staff to call security to their areas when there is concern over a patient, visitor or staff escalation that could have potential to lead to staff, visitor, or patient injury.

In addition, security has online training (Situational Awareness for Everyone – SAFE) that can be accessed by internal users, including all HSC students on the UNM Hospitals intranet site (https://hospitals.health.unm.edu/intranet/security/index.shtml). These short videos and presentations cover active shooter situations (Code Silver), parking lot safety, personal safety skills, and more.

c. Describe how medical students and faculty are informed of institutional emergency and disaster preparedness policies and plans.

Students have access to an electronic copy of the School of Medicine Student Handbook on the Office of Medical Student Affair's website, which includes information about campus emergency preparedness. Students are automatically registered to receive announcements via email and opt-in via text message through the LoboAlerts system and have access to the LoboMobile mobile app, which includes information about emergency preparedness. Evacuation/emergency signs are posted on the back of classroom doors in the School's classroom buildings as well as the Domenici Center for Health Sciences Education and the Health Sciences Library and Informatics Center. UNM Hospitals emergency management plans are posted off a link from their internal intranet site and accessible to anyone connecting from a campus network connection. All UNM faculty and staff, including School of Medicine faculty and medical students, are required to take on-line basic safety and active shooter preparedness training via Learning Central on an annual basis.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 5.7

1. Copies of medical school or university emergency and disaster preparedness policies, procedures, and plans, as they relate to medical students, faculty, and staff.

See Appendix 5.7-1 SoM Stdt Handbook 16-17.pdf
UNM Emergency Preparedness Flipchart available at: (http://emanage.unm.edu/flipchart.html)
Also see Appendix 5.7-1 Emergency Prep Flipchart.pdf
See Appendix 5.7-1 UNMH EOP.pdf
See Appendix 5.7-1 UNMH Prisoner Safety.pdf
See Appendix 5.7-1 Panic Crisis Alarm Procedure.pdf

5.8 LIBRARY RESOURCES/STAFF

A medical school provides ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

5.8 SUPPORTING DATA

Table 5.8-1 | Student Satisfaction with the Library

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied (*aggregated) with the library.

GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %
86%	86%	95%	86%	94%	86%

Table 5.8-2 | Student Satisfaction with the Library by Curriculum Year

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with the library and library resources. Add rows for each additional question on the student survey.

Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Ease of access to library resources and holdings	99% "Somewhat Satisfied" and "Very Satisfied"	89% "Somewhat Satisfied" and "Very Satisfied"	96% "Somewhat Satisfied" and "Very Satisfied"	91% "Somewhat Satisfied" and "Very Satisfied"
Hours of operation of HSLIC	77%	74%	81%	86%
Quality of library support staff and services	97%	91%	94%	95%
Availability of library support staff and services	97%	91%	96%	97%
Breadth of reference material and online journal subscriptions available for basic science and clinical years	96%	92%	92%	97%

Table 5.8-3 | Medical School Library Resources and Space

Provide the following information for the most recent academic year. Schools with regional campuses may add rows for each additional library.

Library/ Campus (as appropriate)	Total current journal subscriptions (all formats)	# of book titles (all formats)	# of databases	Total user seating	# of public workstations
	2,761	33,234	92	379	51

Table 5.8-4 | Medical School Library Staffing

Provide the number of staff FTEs in the following areas, using the most recent academic year. Schools with regional campuses may add rows for each additional library/campus.

Professional Staff	Technical and Paraprofessional Staff	Part-time Staff (e.g., student workers)
14.9	15.6	3.29

5.8 NARRATIVE RESPONSE

a. Provide the title and organizational locus of the individual to whom the library director reports.

Holly Shipp Buchanan, MLn, MBA, EdD, AHIP, FMLA, holds the titles of Professor in the School of Medicine and Executive Director of the Health Sciences Library and Informatics Center [HSLIC]. Dr. Buchanan reports to Richard Larson, MD, PhD, Executive Vice Chancellor and Vice Chancellor for Research for The University of New Mexico Health Sciences Center.

b. Describe whether the library staff is involved in curriculum planning, curriculum governance (e.g., by participation in the curriculum committee or its subcommittees), or in the delivery of any part of the medical education program?

The UNM Health Sciences Library and Informatics Center (HSLIC) collaborates with major user groups with an envoy (liaison) service. The envoy to the Undergraduate Medical Education, Jonathan Eldredge, MLS, PhD, AHIP, is heavily involved in the curriculum. The medical school curriculum has undergone significant changes and Dr. Eldredge has been fully engaged in this process through his service as a member and now as Vice-Chair of the Curriculum Committee. He also has served on the committee that created the new required three-semester Clinical Reasoning course and he has taught in all three semesters of this course. This course includes several AAMC informatics competencies. Stuart Nelson, MD, BioMedical Informatics faculty member and Patricia Bradley, MLS, Native and Distance Services Librarian, recently began teaching one of these three semesters in this course. Dr. Eldredge previously served as Co-Director of the three-year Evidence Based Practice course and he continues this Co-Director role in planning and teaching in the new required three-semester Quantitative Medicine course. The other AAMC informatics competencies are covered in this course in the context of Evidence Based Practice. Dr. Eldredge teaches in the Health of New Mexico course for all first-year students and teaches throughout the year in the Family Practice Clerkship for all third-year students. Ingrid Hendrix, MLS, AHIP and Sarah Morley, MLS, PhD, AHIP teach a segment of the Doctoring course for second-year students titled Considerations in Caring with Patients with Physical Disabilities. HSLIC faculty members Karen McElfresh, MSLS, AHIP, Laura Hall, MFA, and Jacob Nash, MSLIS orient new medical students to the information resources they will need to succeed during medical school.

All medical students must complete a research or quality assurance project in order to graduate. HSLIC faculty contact their assigned students to offer customized individual research consults to help student complete this research requirement. Some HSLIC faculty also serve as faculty mentors for students' required research projects.

c. List any other schools and/or programs served by the main medical school library.

The UNM Health Sciences Center offers degree programs through:

College of Nursing
College of Pharmacy
College of Population Health

A full list of academic programs at the UNM Health Sciences Center can be found at:
https://hsc.unm.edu/students

The UNM School of Medicine offers degrees through the following programs other than the medical school curriculum or its residencies:

Biomedical Sciences Graduate Program
Dental Hygiene
Emergency Medicine Services
Medical Laboratory Sciences

Occupational Therapy
Physical Therapy
Physician Assistant Program
Radiological Sciences

Graduate Medical Education at the UNM School of Medicine encompasses 55 residency and fellowship programs in a variety of medical specialties. Details can be found at:
http://som.unm.edu/education/gme/index.html

d. Describe medical student and faculty access to electronic and other library resources across all sites, including regional campuses. Are the library collections listed above available to medical students and faculty at sites separate from the medical school campus?

All medical students and contract faculty have password protected access to all HSLIC electronic resources via the Internet from on-campus locations as well as all clinical training sites.

HSLIC Overview
UNM's Health Sciences Library and Informatics Center (HSLIC) (https://hslic.unm.edu), located centrally on the HSC campus, uses advanced information systems and a state-of-the-art collection of electronic, print and multimedia materials to serve the needs of all UNM's Health Sciences Center (HSC) students, faculty, staff and health care providers. HSLIC is the only federally designated resource library to serve New Mexico's health information needs, including those of the state's 22 native nations. In addition to offering reference services, online literature searches, Interlibrary Loan and document delivery, HSLIC faculty librarians and staff provide instruction in the use of health-related resources and information technologies.

Overall, 87% of respondents to the Institutional Student Assessment conducted in the fall of 2016 indicated they were satisfied with library space and over 90% were satisfied with ease of access to library resources, textbooks and course reserve materials.

HSLIC Facilities and Educational Technology
The HSLIC is a 40,749 square foot facility open 7 days per week, 94.5 hours per week. Online access to digital resources is available 24 hours a day, 7 days a week. HSLIC is open until 11:00 pm except Fridays and Saturdays when it closes at 6:00 p.m. The HSLIC is comprised of 3 floors; the upper two floors are designated as quiet study areas and have a variety of study spaces, including individual and group study rooms, individual carrels, and reading areas. Within the building are 48 publicly accessible computers, 9 group study rooms, 6 individual study rooms, public seating for 469, a 50-seat classroom, and a 12-seat computer classroom. A second electronic classroom with 26 workstations is located in a building southeast of the library. The classrooms are equipped with an instructor workstation, LCD projector and whiteboard. The workstations have access to the Internet, email, electronic resources, and Microsoft applications. HSLIC also maintains a computerized testing center and two mobile carts with laptops for educational use. Faculty can schedule any of these resources through an online scheduling system. Curricular support software can be loaded and maintained on the workstations by HSLIC staff as needed.

Students can reserve study rooms for up to 3 hours per day using an automated online reservation system. Although HSLIC staff encourages advance reservations for the study rooms, open rooms may be occupied under a first-come first-served system. Statistics for group study rooms in FY2016-17 show 5,152 reservations, a 59% increase over the previous fiscal year. Additional study space is now available nearby in the Domenici Center for Health Sciences Education: the new HEB 3 part of the North Wing that opened Fall 2017 adds 20 small group rooms that may be used for student study when not in use for instructional purposes. In addition, student study is allowed in the Interprofessional Healthcare Simulation Center at designated times. Finally, part of the North Wing is accessible to students 24/7 through badge access which provides student study in conference rooms and the #2410 classroom. Study space is also available 24/7 by badge access in the student lounge of the Domenici Center.

Since the last LCME site visit in 2008, a number of remodeling projects have taken place in the HSLIC building. The interior of the facility was rejuvenated and brought into compliance with ADA regulations. Acting in response to comments gathered from customer satisfaction surveys (2011, 2013 and 2015), the HSLIC purchased new photocopiers, additional workstations and printers (black & white and color), a scanner, a swipe-card system for printing and copying, expanded wireless-enabled seating and quiet study space, and installed two portable-device charging stations, three treadmills, and beverage and snack vending machines. In FY12, the HSLIC remodeled a 3rd floor study room to become a lactation room for mothers. A new suite of modular study rooms with a common lounge area was created. Each of the five study rooms within the suite is capable of seating ten and includes a large wall-mounted monitor to which students can easily connect their laptops, wireless internet access and a white board. In the suite's common area, there is a charging station, and another charging station was installed on the main floor. In FY16 enhanced lighting and furniture reconfiguration took the place of one section of bound journals to make room for open study areas on the 4th floor as well as the 3rd floor (with personal study "pea pod" seating). In FY17, the chairs were replaced throughout the library with adjustable seats that are on wheels, and the 4th floor bathrooms were remodeled.

Workstations and printing

The HSLIC provides 48 workstations in the public computing area and throughout the library for student, faculty, and resident use. All computers have access to HSLIC's and University Libraries' electronic resources as well as to email, the Internet, and web-based courseware. The current Microsoft Office suite of applications and curricular programs are available on the public computing workstations. The public computing area also has a scanner and two multi-function printer/copiers that are capable of printing in black-and-white and color. All HSC students, including medical students, receive a $10 print credit in the fall and spring that can be used on these printers. There is an additional scanning station on the 3rd floor of the library by the bound journals.

While most respondents to the Institutional Student Assessment were satisfied with printing services, during the assessment administration period, HSLIC noted that some student ID cards did not have the HSC's print credit loaded. HSLIC is working with the UNM Hospital Security badge office, the UNM LoboCard office and UNM Information Technologies to monitor whether this is a recurring issue or an anomaly. As an interim solution, HSLIC staff provides students with temporary copy cards to print their materials for free, when the print credit does not appear on their ID cards. Beginning in Fall 2017, HSLIC is testing use of wireless printing capabilities for students at the Health Sciences Center.

Network access

The HSLIC has two wired Internet connections for students to use with their own laptop computers. Wireless Internet access is available throughout the building and throughout much of the UNM Campus. The ability to access patient records through a secure Citrix ICA client connection is available in two private locations within the library. Each privacy booth includes a table, chair, and laptop for use by medical students, faculty, and residents.

Services

As of November 2016 HSLIC employs 15 professional staff, 16 technical staff and several student employees. Library faculty hold a primary appointment in the School of Medicine. Service Point staff provide services to walk-in, telephone, email and text users, including: library circulation, reference assistance, class and group study room scheduling, troubleshooting public printing and photocopying and checkouts of print materials, room keys, laptops, iPads, adapters, iClickers and anatomic models. Library staff members provide limited over-the-counter technology support to patrons before directing them to the IT support staff in the office adjacent to the Service Point.

Reference services, provided by Service Point staff and librarians, are available in person whenever the building is open, by phone, email (reflib@salud.unm.edu), or text. Individual consultation with a library faculty member is recommended for more in-depth requests. Offerings are provided in individual, small and large group settings in both credit and non-credit courses. These offerings are held during new student orientations, individual consults, informatics labs, and reference sessions. All library faculty engage in liaison activities through the HSLIC Envoy Program https://hslic.unm.edu/library/envoys.html. Departmental envoys provide customized instruction, consultation, and support at the request of students, faculty, or staff. Envoys are assisted by various HSLIC staff and

faculty as necessary. Ninety percent of respondents to the Institutional Student Assessment indicated satisfaction with the quality and availability of library support staff and services.

A 50-seat classroom on the 4th floor was constructed and opened spring semester 2016. HSLIC also manages the Domenici Center for Health Sciences Education complex. HSLIC schedules meeting room and classrooms, holds demonstrations on how to use the Center's teaching technology and provides technical support for that technology. The northeast building of the complex houses a 28,000-square-foot Interprofessional Healthcare Simulation Center (IHSC). The IHSC contains a mock community pharmacy, simulated in-patient rooms, and drop-in skills lab and exam rooms and is used by all medicine, nursing, and pharmacy students.

HSLIC Collection Services

Health Sciences Center students, faculty, staff and preceptors have access to over 137,000 total volume holdings, 2,438 electronic serials subscriptions, and 92 health related-databases. Over the past three years HSLIC has increased its number of electronic books and journals, while still maintaining a core print collection. To assure reliable and easy access to library resources, link resolver software allowing one-click access to full-text of licensed articles from four major databases was purchased and implemented as was new enhanced software allowing remote access. Major reference texts that can be licensed for multiple users are considered for purchase when they become available electronically. The move towards more electronic holdings has been in response to student and faculty member need to have library resources available 24/7. Since 2013/2014 electronic serials subscriptions have increased 125% while electronic monographs are up 464%. Materials not owned or licensed by UNM may be requested through Interlibrary Loan at no cost to the requester. Over 90% of respondents to the Institutional Student Assessment expressed satisfaction with the breadth of reference materials, databases and online journal access.

Online resources provide readily available information for use in clinical settings and for answering student learning issues. Material from these resources (i.e., multimedia, textbook chapters, guidelines, etc.) may be used by faculty to post curricular content within one of the several course management systems used at the HSC (i.e., SharePoint, Moodle, Bright Space or One45) or as print reserve material. Online self-study examination preparation and review is offered by the library through online resources (e.g., Access Medicine, Access Pharmacy) and print materials (http://libguides.health.unm.edu/boardreview). Access to the full range of HSLIC and UNM University Library online resources are available anytime, anywhere to students, staff, faculty, and preceptors by logging in with a NetID and password.

In order to improve collection holdings and respond to student and faculty needs, HSLIC invites participation in selecting new resources. Recommendations may be made electronically via the HSLIC website or through the faculty envoy. The HSLIC endeavors to fill as many of these requests as possible, depending on demand and the availability of funding. The HSLIC Collection Development Manual, revised in 2015, provides information on the scope and coverage of the collection and the decision making process related to managing the collection. (http://libguides.health.unm.edu/colldevmanual)

e. Briefly summarize any partnerships that extend the library's access to information resources. For example, does the library interact with other university and/or affiliated hospital libraries?

The Health Sciences Library and Informatics Center (HSLIC) is a member of numerous consortia, university wide, regionally, and at the national level. At the university level, the HSLIC engages with the UNM University Libraries in collaborative projects such as resource purchasing and maintenance and scholarly communication activities. The HSLIC also participates in the New Mexico Consortium of Academic Libraries (NMCAL) and the South Central Academic Medical Libraries (SCAMeL), Reciprocal interlibrary loan fees and joint resource purchases are available to the HSLIC as members of the SCAMeL and NMCAL consortia. Library resources are available electronically to UNM medical students, residents and faculty who are stationed at the Veteran's Administration Medical Center and other clinical sites around the state. The HSLIC provides article delivery from our collection to clinicians and hospital libraries throughout New Mexico.

f. List the regular library hours. If there are additional hours during which medical students have access to all or part of the library for study, provide these as well.

Regular HSLIC hours:

Monday-Thursday	7:00am-11:00pm
Friday	7:00am-6:00pm
Saturday	9:30am-6:00pm
Sunday	12:00pm-11:00pm

All medical students additionally have access to a 24-hour study lounge area managed by HSLIC in the adjacent Domenici Center. In addition students have 24x7 access to portions of the Domenici Center and Fitz Hall, thus providing access to small group study rooms and lounge seating. The Library is open 357 days a year for a total of 94.5 service hours per week, with digital access 24/7. University Libraries and the HSLIC provide remote access to online resources through the use of a proxy server as licensing permits. Wireless technologies have been implemented across campus and the HSLIC Service Point staff are available to assist users with accessing network resources on their mobile devices.

While student responses from first and second year students on their independent survey were lower than years three and four with respect to satisfaction with library hours of operation, analysis of actual usage shows a relatively low use of the library facility and of the Domenici Center Student Lounge during late evenings. Given the high cost of renovations necessary to make the library accessible 24x7 along with the low use of the facility during late evenings when the library is open, library leadership believes keeping the Domenici Center Student Lounge and portions of the north wing of Domenici Center open 24x7 are adequate to meet late night study usage demands.

5.9 INFORMATION TECHNOLOGY RESOURCES/STAFF

A medical school provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

5.9 SUPPORTING DATA

Table 5.9-1 | Student Satisfaction with Computer Resource Center

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on percentage of respondents who were *satisfied/very satisfied* (aggregated) with the computer resource center.

GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %
87 %	85%	93%	83%	92%	85%

Table 5.9-2 | Student Satisfaction with IT Resources by Curriculum Year

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with computer/IT resources. Add rows for each additional question area on the student survey. Schools with regional campuses should specify the campus in each row.

Survey Question (Campus as applicable)	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Accessibility of the IT support desk and services through HSLIC	99% "Somewhat Satisfied" and "Very Satisfied"	89% "Somewhat Satisfied" and "Very Satisfied"	93% "Somewhat Satisfied" and "Very Satisfied"	97% "Somewhat Satisfied" and "Very Satisfied"
Access to printing services at HSLIC	74%	81%	85%	97%
Adequacy and availability of wireless access throughout the North Campus	87%	82%	82%	80%

Table 5.9-3 | Medical School IT Resources

Provide the following information based on the most recent academic year. Schools with regional campuses should specify the campus in each row.

Campus (if applicable)	How many computer classrooms are accessible to medical students?	How many computers or workstations are in each computer classroom?	Is there a wireless network on campus? (Y/N)	Is there a wireless network in classrooms and study spaces? (Y/N)	Are there sufficient electrical outlets in educational spaces to allow computer use? (Y/N)
UNM	3 Physical	12, 26 and 76	Y	Y	Y*
UNM	4 Mobile	12, 20, 22, 67	Y	Y	Y*

*The library has added charging stations for laptops, phones and other mobile devices on 2 of its 3 floors and there is an additional charging station in the shared student lounge space in the East Wing of the Domenici Center for Health Sciences Education. Recharging stationary bicycle is being piloted in Fitz Hall. The final phase of the Domenici Center that opened in Fall 2017 was intentionally planned to provide additional outlets for students in gathering spaces and classrooms.

Table 5.9-4 | Medical School IT Services Staffing			
Provide the number of IT staff FTEs in the following areas, using the most recent academic year. Schools with regional campuses may add rows for each additional campus.			
Total # of IT Staff FTEs	Professional Staff	Technical and Support Staff	Part-time Staff (e.g., student workers)
4 School of Medicine	1	1	2
14 HSC Chief Information Office (CIO)*	3	11	N/A

*Includes those from HSC CIO Tier 1 Technology Support, HSC CIO Tier 2 Technology Support, HSC CIO Classroom Technology Unit, HSC CIO IT Systems Unit. All of these staff support the entire HSC.

5.9 NARRATIVE RESPONSE

a. If a wireless network is not available in classrooms and study spaces, describe the adequacy of internet access points in educational spaces (e.g., in large classrooms, small classrooms, student study space).

Wireless networks are available in all SOM classrooms and educational spaces. The UNM Health Sciences Center provides two wireless networks that students may use in any location. The UNM Health Sciences Center is currently moving towards a new standard of providing one wireless access point for every ten seats in all classrooms. Study spaces located in various buildings utilize the existing wireless network in the building which they are located. In the event of the loss of wireless Internet access, the UNM Health Sciences Center has a robust wired network in all classrooms and study spaces that can host multiple wired connections. The UNM Health Sciences Center also has a variety of cellular providers with coverage on campus for broadband or hotspot access from broadband or hotspot enabled devices such as smartphones, tablets, or laptops. Additionally, the Health Sciences Library and Informatics Center houses forty-six wired workstations, eight laptops for checkout, and four wired network connections for students to connect their own laptop computers.

During the past 10 years, the HSC has regularly asked users, including students, about the adequacy of wireless access on the HSC campus. This feedback has led to development of standards such as providing one wireless access point for every ten seats. It also led to the creation of a mandatory login on the Health Sciences Center's guest wireless network to reduce congestion due to devices automatically connecting while not in use. According to the Institutional Student Assessment administered in the fall of 2016, 83% of respondents were satisfied/very satisfied with the wireless network. This indicates that previous dissatisfaction with connectivity within Fitz Hall and outdoor spaces as been addressed.

b. Describe the availability of telecommunications technology that links all instructional sites/campuses and how Information Technology (IT) services support(s) the delivery of distributed education. Describe how medical students, residents, and faculty are able to access educational resources (e.g., curriculum materials) from off-campus sites.

The UNM Health Sciences Center has a number of telecommunications technologies available that support distributed education. These technologies include conference phones, a portable Polycom (H.323) multi-site video conferencing system, Multi-site web conferencing services utilizing Zoom, eighteen classrooms with Sonic Foundry Mediasite recorders for live broadcast, recording and playback, and one portable Mediasite recorder utilized in classrooms without a dedicated installation. The UNM Health Sciences Center IT supports the installation, setup, use, and maintenance of these technologies. Some of these technologies are installed in the classrooms, some are scheduled and setup by request. Students have remote access to educational resources such as the learning management system directly through any Internet connection and other educational resources through an institutional Virtual Private Network connection.

c. Provide the title and organization focus of the individual to whom the medical school IT director reports. List any other schools or programs served by the IT services unit(s).

Academic Multimedia Services (AMS), a division of the Office of Undergraduate Medical Education, provides first-line support for the students and staff of UME, responding to their technological and multimedia needs. AMS provides first-tier support for user connectivity issues for UME. AMS is part of the Curriculum Support Center which reports directly to the Associate Dean for Undergraduate Medical Education. This staff is supplemented by the core IT staff of the office of the Chief Information Officer (CIO). The CIO reports to the Executive Vice Chancellor of the HSC and oversees IT for all research, clinical, and educational activities of the HSC. The CIO staff provide installation, maintenance, and support of core IT components such as the infrastructure and access to the wired and wireless networks, the virtual private network access, and all technologies installed in the classrooms.

d. How does the medical school assess the adequacy of information technology resources to support the educational program?

Evaluations for all clerkships, asked of Phase II (3rd year medical students) at the end of each clerkship block, include questions regarding adequacy of classrooms and conference rooms at clinical sites; computer workstations in clinical areas; wireless technology and conference room technology; and lounge and study spaces available for Phase II students. This is reported after each block as well as in aggregate per clerkship at the 6-month interval and the 12-month interval. Collection of this information started in the 2015-16 academic year and is reported to clerkship directors, the Associate Dean for Undergraduate Medical Education, and the Senior Associate Dean for Medical Education. Evaluation data for the 2016-2017 school year showed improved satisfaction with classroom and conference room technology, computer workstations and wireless technology at clinical sites.

e. Describe the ways that staff members in the IT services unit are involved in curriculum planning and delivery for the medical school. For example, do IT services staff assist faculty in developing instructional materials, assist in developing or maintaining the curriculum database or other curriculum management applications, or help faculty learn to use the technology for distance education?

IT Staff members at Academic Multimedia Services (AMS) work directly with the curriculum committee members and block chairs to consult and assist with the technology used in the delivery of the curriculum. AMS is responsible for training faculty how to use the available technology and helps setup, prepare, and test the classroom technology prior to classes.

AMS is involved in:
- the development of media for the curriculum;
- design and administration UNM School of Medicine's Learning Management System (Brightspace);
- assisting faculty in the development of on demand learning modules using Office Mix and Camtasia;
- developing and producing videos in support of the medical school curriculum;
- managing the recording and delivery of simulated patient encounters;
- controlling medical school technology equipment inventory;
- making decisions regarding the purchasing of medical school computers and related devices; and
- providing support for low- and high-stakes exams.

5.10 RESOURCES USED BY TRANSFER/VISITING STUDENTS

The resources used by a medical school to accommodate any visiting and transfer medical students in its medical education program do not significantly diminish the resources available to already enrolled medical students.

5.10 SUPPORTING DATA

Table 5.10-1 | Visiting/Transfer Students

Provide the number of visiting and transfer students for each indicated academic year.

	2014-15	2015-16	2016-17
Transfer students into the second year (or into the pre-clerkship phase for a three-year program)	0	0	0
Transfer students into the third year (or into the beginning of the clerkship phase for a three-year program)	0	0	0
Transfer students into the fourth year (or the third year of a three-year program)	0	0	0
Visiting students completing required core clerkships	0	0	0
Visiting students completing clinical electives and/or other courses	95	112	103

5.10 NARRATIVE RESPONSE

a. Describe how and by whom the following decisions are made:

1. The number of transfer students to be accepted into each year of the curriculum

UNM School of Medicine does not accept transfer students into its undergraduate medical education program.

2. The number of visiting students accepted for electives by departments

The number of visiting student will vary and are accepted by departments on a space-available basis for each clinical elective. Fourteen departments offer both inpatient and outpatient rotations throughout the year for a total of 73 offerings in 2017/2018. Each offering specifies the number of slots available per rotation. The number of slots per offering varies from one to twenty, with 68% of the offerings having only one (1) slot per rotation.

b. Describe how the medical school ensures that resources are adequate to support the numbers of transfer and visiting students that are accepted.

Each department only accepts visiting students if there is room and adequate support within the clinical elective. Responsibility for these decisions rests with each departmental clerkship director and clerkship coordinator. Visiting students must have completed all course pre-requisites established by departments or individuals offering these electives. Pre-requisites are stated in each course description in the catalog. Pre-requisites for sub-internships, ICU and Medicine in New Mexico courses include completion of all core clerkships. Exceptions for these pre-requisites are rarely approved. A copy of the visiting student catalog is available on the SOM website: https://som.unm.edu/education/md/omsa/visiting-students.html

While every effort is made to accommodate students stated preferences, departmental needs and limitations take precedence. In developing schedules the Office of Medical Student Affairs takes these priorities into account. Each department establishes the maximum number of students accepted for each rotation and UNM students are given priority over requests from visiting students. UNM SOM participates in the visiting student application system

VSAS. All applications from students attending LCME accredited schools or osteopathic schools must be submitted using VSAS. International students use a paper application obtained from the Office of Medical Student Affairs.

An example of a welcome packet for visiting students is attached (See Appendix 5.10b- Welcome Pack Visiting Stdts.pdf)

c. Describe who is responsible for maintaining an accurate roster of visiting medical students and ensuring that the program's requirements for visiting medical students are being met.

The Program Coordinator in the Office of Medical Student Affairs is responsible for maintaining an accurate roster of visiting medical students and ensuring that the program's requirements for visiting medical students are being met. The Office of Medical Student Affairs shares this responsibility with the clerkship coordinators in the departments where these students take their electives. The department coordinator is responsible for tracking students evaluations and sending those evaluations to the home institution through VSAS. If a visiting student fails to meet the departmental requirements or is deemed problematic in some area (e.g., professionalism) the department may contact the OMSA and the home institution. Ultimately the department has final authority for dismissal.

5.11 STUDY/LOUNGE/STORAGE SPACE/CALL ROOMS

A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

5.11 SUPPORTING DATA

Table 5.11-1 | Student Satisfaction with Study Space

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with study space.

GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %
65%	80%	81%	79%	84%	79%

Table 5.11-2 | Student Satisfaction with Study Space by Curriculum Year

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with study space. Add rows for each additional question area on the student survey.

Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Adequacy of student study space on HSC Campus	90% "Somewhat Satisfied" and "Very Satisfied"	80 % "Somewhat Satisfied" and "Very Satisfied"	72% "Somewhat Satisfied" and "Very Satisfied"	88% "Somewhat Satisfied" and "Very Satisfied"
Adequate after-hours access to student study spaces on the UNM North Campus	84%	73%	74%	86%
Access to student lockers in Fitz Hall during Phase 1	89%	58%	65%	73%
Access to student lockers in Hospital Pavilion during Phase II/III	75%	50%	66%	72%

Table 5.11-3 | Student Satisfaction with Relaxation Space

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with relaxation space.

GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %
45%	69%	47%	67%	55%	67%

Table 5.11-4 | Student Satisfaction with Relaxation Space by Curriculum Year

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with available relaxation space. Add rows for each additional question on the student survey.

Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Adequacy of student relaxation space	91% "Somewhat Satisfied" and "Very Satisfied"	83% "Somewhat Satisfied" and "Very Satisfied"	82% "Somewhat Satisfied" and "Very Satisfied"	82% "Somewhat Satisfied" and "Very Satisfied"
Availability of meeting space for student organizations	89%	91%	93%	89%
Accessibility to student lounge space in Domenici Buildings / Fitz Hall / Library	86%	89%	75%	80%

Table 5.11-5 | Study Space				
Place an "X" under each type of study space available at the listed locations. If a type of study space is not available at all affiliated hospitals or regional campuses, describe the locations where study space is available for these students.				
	Library	Central Campus Classroom Building(s)	Affiliated Hospitals	Regional Campus(es)
Small room used only for group study	X	X	X	N/A
Classroom that may be used for study when free		X	X	N/A
Individual study room	X	X		N/A
Individual study carrel	X			N/A
Individual open seating	X	X	X	N/A

Table 5.11-6 | Call Room Availability		
List each hospital used for a required clinical clerkship at all locations, including regional campuses. Place a "Y" under each column as appropriate.		
Hospital	Call in one or more clerkships?	Call rooms available for medical students?
Lovelace Women's	No	Yes
SRMC	No	Yes
VAMC	No	Yes
UNMH	Yes	Yes

5.11 NARRATIVE RESPONSE

a. Describe the locations of lounge/relaxation space and personal lockers or other secure storage areas for student belongings on the central campus, at each facility used for required clinical clerkships, and on each regional campus (if applicable) for students in the pre-clerkship and clerkship portions of the curriculum. Note if the space is solely for medical student use or if it is shared with others.

HSC Campus

Significant improvements in lounge/relaxation spaces have been made throughout the HSC campus since the last survey, which is measured in the positive trend in increased student satisfaction scores on the AAMC's Graduation Questionnaire. Specific changes are described below.

Fitz Hall:
The student lounge in B-53 of the Reginald Heber Fitz Hall was refurnished in 2009. The room includes a conference table for student groups, game tables, spaces for individual and group study, a microwave, refrigerator and a bin for outdoor recreational equipment (e.g., balls, Frisbees, etc.). The lounge is equipped with a large screen monitor for laptop display (PC and Macs), a personal computer workstation and wireless connectivity. This space is solely for medical student use. The foyer of Fitz Hall was remodeled and furnished for student use as a relaxation area in 2009 and is available to all HSC students. The redesign and selection of furnishings of these two areas above were completed using feedback gathered from personal interviews with selected students as well as an email survey of all SOM students. These spaces are accessible to students 24x7 using their badge/proximity cards.

Domenici Center:
A student lounge is open to all HSC students in the Domenici Center for Health Sciences Education. It includes individual and group study spaces, a microwave, refrigerator and was refurnished in 2009. In 2016, one of the gender neutral bathrooms was equipped with a ceiling tract lift to accommodate persons with disabilities. This student lounge is open 24 x 7 via student proximity cards and facilitates interactions between health sciences students in different professional programs. 24x7 access in the Domenici Center includes a lobby, small group study rooms on the second

floor and a large classroom. In addition, the Espresso Café (under renovation beginning Fall 2017 with completion Spring 2018) on the lower level of the Domenici Center provides beverage and limited food selections as well as tables and chairs for informal gatherings of students in all programs during normal business hours. While the Espresso Café is under renovation, food service is available in the Medical 2 Building as well as the UNMH. In 2017, a new gym with weights, exercise machines and floor space for classes (e.g., yoga) opened in the Domenici Center. This gym is available to the entire HSC community seven days a week and follows the same hours as the library. In order to protect the safety of its users, the gym requires badge access. Badge access is also required to access the gym, showers, and bathrooms after 6:00 p.m.

Health Sciences Library and Informatics Center:
Since the last self-study in 2008-2009, the Health Sciences Library and Informatics Center has also added relaxation space. The library now has three walking treadmills for students and faculty to use for light exercise while studying. These are equipped with a large table top for books, laptops tablets and other devices. Additionally, the library has added a coloring station and chess table to one of its collaborative study spaces for students to take a break from studying and participate in quiet relaxation activities.

Lockers:
The Office of Student Services manages student lockers. The office coordinates the assignment of lockers and maintenance of combination locks. Lockers for first and second year students are in Reginald Heber Fitz Hall, and in general, students share lockers. Since the last site visit, locker space for third and fourth year students was moved to a more central location in UNM Hospital. Third and fourth year students have lockers in the Bill and Barbara Richardson Pavilion in UNM Hospital, which are available on a first-come, first-served basis. According to the Institutional Student Assessment administered in the fall of 2016, two-thirds of respondents expressed satisfaction with locker access and their location. It should be noted that Student Services typically does not run short of lockers for third and fourth year students. Day lockers are also provided in the new human anatomy and simulation center building that came online in 2010.

Outdoor Spaces:
The UNM Health Sciences Center recognizes the need for outdoor spaces for our students, faculty and patients to congregate, reflect and relax. In 2004, Health Sciences Center embarked on a long-range plan to develop our campus to outwardly reflect the values of healing and learning. The Phil and Olga Eaton Sculpture of Healing was formally dedicated in 2005, and includes various outdoor locations across the Health Sciences Center campus.

This public space features over a dozen gathering spaces, memorials and sculptures linked together through a walking path called “WalkHSC.” These spaces provide for a variety of activities including picnic tables for outdoor eating and studying, grassy open areas for yoga and informal Frisbee games, a small basketball court, a central plaza area for hosting events such as noon-time concerts and health fairs, a pathway, and intimate garden spaces for reflecting and reconnecting with nature.

One of the newest spaces, the Helix Memorial Anatomy Garden, was opened in 2015. The memorial was developed with the anatomy lab and SOM faculty to honor the many people who donate their bodies to help educate SOM students. The memorial provides a permanent site for students and donors’ families to reflect on the gift of life and learning. The Helix Garden has become a focal point for a memorial service SOM students organize for the donors and their families at the end of each academic year.

Lovelace Women’s Hospital
The Lovelace Women’s Hospital has a private physician’s lounge with Internet access, computer, food and beverages that students may use for study and meeting. While Lovelace does not have individual study rooms or carrels, students at this location primarily work with a preceptor in their private office, and have shared office space available for relaxation and to secure their personal belongings. Lovelace does not have a specified secure area for students to store their belongings, but the physician’s lounge and the preceptor’s private office are locked and have space/drawers/desk

areas in which personal items can be kept during their respective shift. While none of these spaces are specifically dedicated to the medical students, OB/GYN only assigns one or two students there at a time.

SRMC

SRMC has several unused dictation spaces and a conference room that medical students may use in lieu of dedicated carrels, study rooms or medical student lounge when they are on clerkships. SRMC has two lockers designated for medical students, which is sufficient for the small number of students doing clerkships at SRMC at any one time.

VAMC

The two students assigned to the VAMC for Psychiatry work with a team of two residents and an attending. They have an area where the computers are and where they can leave their belongings in a secure area. For relaxation, they can go outside and sit at some of the outdoor tables and chairs throughout the VA campus.

Medical students assigned to the VAMC for Internal Medicine may use the department's two call rooms for relaxation and the Chapel on the second floor that is usually not in use and is good for meditation with a great view. These are shared spaces. Each team has a work space that has locked lockers with keys to secure student belongings.

Medical students assigned to the VAMC for Neurology have access to a workroom with three computers, a refrigerator and long tables and chairs. This space functions for study and relaxation. This workroom is locked, and students are given a passcode to access the room and can leave their personal belonging there. This is a shared space with residents.

Medical students assigned to the VAMC for Surgery have access to call rooms that may be used as a lounge space and for study. While these spaces are shared with residents, they are seldom used for call. Therefore, medical students have access to them most of the time. These call rooms are locked, and students may keep their belongings there. One of the call rooms also has work space lockers, where students may lock up their belongings.

None of the clerkship spaces at the VAMC have dedicated study rooms or carrels for medical students.

University of New Mexico Hospital (UNMH)

A meditation room in the Pavilion, is open to all students and employees.

Family Medicine:
Students scheduled for a sub-internship rotation have complete access to nine (9) computers in two family medicine workrooms on 3 North. In the department conference room there is a couch, refrigerator, coffee/tea maker as well as lockers to secure belongings. The nearby staff lounge contains a microwave and an additional refrigerator.

Internal Medicine:
The medical students on the Internal Medicine clerkship share space with the IM residents on several floors in the hospital. One dedicated workroom for three IM teams is located on 4 West. This space includes 11 computers, 1 printer, cubbies for temporary storage, tables and chairs, a microwave, refrigerator and sink. The Resident Library on 5 North is dedicated space for the members of one team and contains four computers. There is a lounge on 6 North accessible by badge access. This space has several computers, tables, a couch and chairs, a television, and exercise equipment. This lounge is primarily used by Internal Medicine teams, however it is open to all residency and clerkships. Lockers for the students are located on the second floor of the hospital.

Neurology:
The medical students on the Neurology clerkship do not have lounge or relaxation space in the Neurology Department. There is a library that is free to be used when not in use for didactics, conferences or meetings, including for relaxation. Medical students may also work and study in the resident work room or the pediatric neurology office when they rotate through that service. There are locked flipper bins medical students may use to store their personal belongings. All spaces are shared.

OB/GYN:
The small area within the Ob/GYN department devoted to medical students includes computers, tables and chairs, and there is a small kitchen nearby. They have access to a shared break room. There are file cabinets available specifically for medical students for storage, the office is secured but not specifically the file cabinets.

Pediatrics:
The medical students on the Pediatrics clerkship share study/lounge space with the residents in Tully Library. Students have access to unassigned lockers in Tully Library. These are shared with residents and are first come, first served. Another set of small unassigned lockers is available in Pediatric Clinic in 3ACC. There is also a couch in the clerkship office and another in Pediatric department waiting area.

Psychiatry:
The medical students on the Psychiatry clerkship attend seminars weekly in a classroom with a large conference table and plenty of chairs. The classroom has wireless capability (as do the offices they use to write their notes). The medical students use this classroom on Wednesday mornings for seminars.

UNM-Adult Psychiatric Hospital
The five students assigned to the Mental Health Center have their own secured office with computer access to Powerchart. For relaxation, there is an atrium seating area.

UNM - Children's Psychiatric Center
The three students assigned to Children's Psychiatric Center have their own office in the Jemez building with computers and desks. For relaxation, access is provided to a basketball court and ropes course.

Surgery:
The medical students on the Surgery clerkship have access to a lounge shared with residents. This room is only accessible with a badge, and students may store personnel belongings there.

b. Describe the availability and accessibility of secure call rooms, if needed for overnight call, at each site used for required clinical clerkships.

University of New Mexico Hospital:
In general, there are six same-sex call rooms available to medical students, one that is ADA accessible. There are showers available, either shared between two call rooms or across a hallway. The showers are for residents and students. Medical students on the Surgery clerkship also share the Surgery Department's call spaces with its residents. Overnight call is not required for other disciplines.

SRMC:
Overnight call is not a requirement while medical students are at SRMC. However, medical students have access to two shared call rooms if needed.

VAMC:
Overnight call is not a requirement while on any of the clerkships at the VAMC. However, Internal Medicine and Surgery do have shared call rooms available to medical students as needed.

Lovelace Women's Hospital:
The Lovelace Women's Hospital has several call rooms (single patient rooms that are utilized for sleep rooms) that students may utilize, if necessary. However, students have 3 night shifts from 8:00 p.m. to 8:00 a.m. in which they generally do not need a call room, and none of these spaces are specifically dedicated to the medical students.

5.12 REQUIRED NOTIFICATIONS TO THE LCME

A medical school notifies the LCME of any substantial change in the number of enrolled medical students; of any decrease in the resources available to the institution for its medical education program, including faculty, physical facilities, or finances; of its plans for any major modification of its medical curriculum; and/or of anticipated changes in the affiliation status of the program's clinical facilities. The program also provides prior notification to the LCME if it plans to increase entering medical student enrollment on the main campus and/or in one or more existing regional campuses above the threshold of 10 percent, or 15 medical students in one year or 20 percent in three years; or to start a new or to expand an existing regional campus; or to initiate a new medical education track.

5.12 SUPPORTING DATA

Table 5.12-1 | New Medical Student Admissions				
Provide the number of new medical students (not repeating students) admitted in each of the indicated academic years.				
AY 2013-14	AY 2014-15	AY 2015-16	AY 2016-17	AY 2017-18
103	103	103	103	103

5.12 NARRATIVE RESPONSE

a. If the class size increased over any of the indicated thresholds, was the LCME notified?

There has been no increase in class size since 2010. The UNM SOM submitted its class size increase template to LCME at that time.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 5.12

1. Examples of any notifications made to the LCME of changes in medical student enrollment, curriculum, finances, clinical affiliations, and/or other institutional resources.

Not Applicable

STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

STANDARD 6 SUPPORTING DOCUMENTATION

Table 6.0-1 | Year 1 (Phase I-1) Instructional Formats

Using the most recently completed academic year, list each course from year/academic period one of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that "small group" includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. If "other" is selected, describe the other format in the text. Add rows as needed.

	Number of Formal Instructional Hours Per Course					
Course	Lecture	Lab	Small Group	Patient Contact	Other	Total
Health of New Mexico	7.5		7.0		5.5 Large group active learning	20.0
Foundations of Medical Science	84.5	2.0	16.0	2.0	18.5 Large group active learning and assessment	123.0
Musculoskeletal Skin and Connective Tissue	30.25	38.5	13.0	2.0	11.5 Large group active learning and Assessment	95.25
Hematology	23.0		8.0	2.0	18.0 Large group active learning and assesment	51.0
Neuroscience	62.5	24.0	24.0	3.0	55.0 Large group active learning, review and assessment	168.5
Cardiovascular, Pulmonary, Renal	84.5	15.5	16.0	2.5	57.5 Large group active learning, review and assessment	176.0
Quantitative Medicine 1	4.0	1.0	8.0		10.3 Large group active learning, review sessions	23.3

					and assessment	
Quantitative Medicine 2	4.0	1.0	8.0		10.3 Large group active learning, review sessions and assessment	23.3
Clinical Reasoning 1			20.0		10.0 Large group active learning and assessment	30.0
Clinical Reasoning 2			20.0		10.0 Large group active learning and assessment	30.0
Doctoring 1	7.0		58.25		11.0 Performance assessment	76.25
Doctoring 2	4.0		38.0	24.0	35.25 Performance assessment and IPE	101.25
Total	311.25	82	236.25	35.5	252.85	917.85

Table 6.0-2 | Year 2 (Phase I-2) Instructional Formats

Using the most recently-completed academic year, list each course from year/academic period two of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that "small group" includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. If "other" is selected, describe the other format in the text. Provide a definition of "other" if selected. Add rows as needed.

	Number of Formal Instructional Hours Per Course					
Course	Lecture	Lab	Small Group	Patient Contact	Other	Total
Doctoring 3				120.0		120.0
GI/Nutrition/Endocrine	76.5	11.75	9.5	1.25	18.0 Large group active learning, review and assessment	117.0
Infectious Disease	35.0	3.0	27.0	1.0	17.0 Review and assessment	83.0
Human Sexuality and Reproduction	23.0	9.0	1.5	3.0	8.5 Review and assessment	45.0
Doctoring 4	6.5		32.0		6.5 Performance assessment	45.0
Clinical Reasoning 3			16.0		4.0 Large group active learning and assessment	20.0

Doctoring 5	29.5	19	31.5	20.0	25.0 Large group active learning and assessment	125.0
Total	170.5	42.75	117.5	145.25	79	555.0

Table 6.0-3 | Year 3/4 (Phase II and Phase III) Weeks/Clerkship Length and Formal Instructional Hours per Clerkship

Provide data from the most recently-completed academic year on the total number of weeks and formal instructional hours (lectures, conferences, and teaching rounds) for each required clerkship in years three-four of the curriculum. Provide a range of hours if there is significant variation across sites. Note that hours devoted to patient care activities should NOT be included.

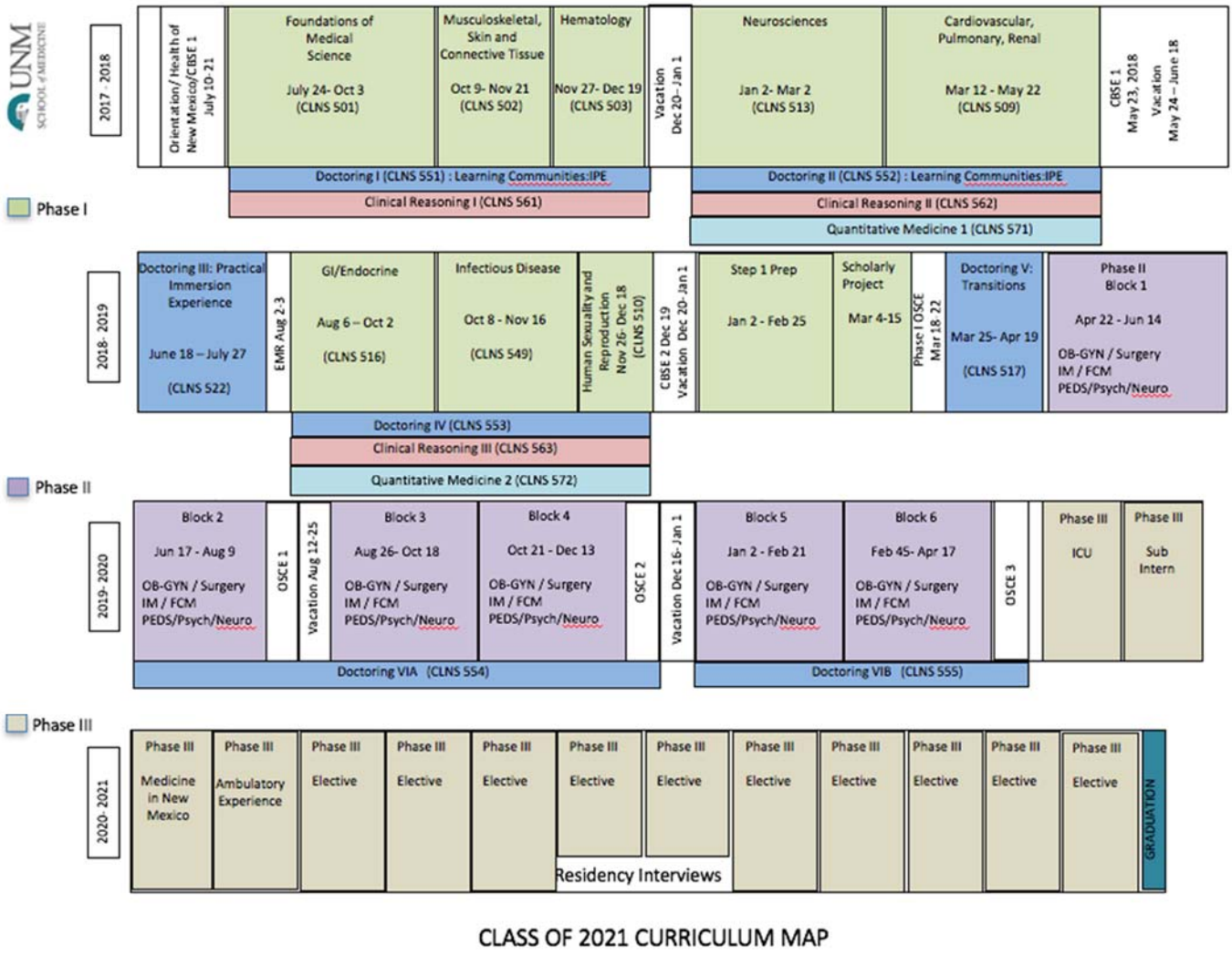
Clerkship	Total Weeks	Typical Hours per Week of Formal Instruction
Obstetrics and Gynecology	8	3.5
Surgery	8	8
Internal Medicine	8	5.6
Family Medicine	8	7.0
Pediatrics	8	5.0
Psychiatry	4	5.25
Neurology	4	2.0
ICU*	4	1-3
Sub-internship*	4	1-3
Medicine in New Mexico*	4	0
Comprehensive Ambulatory Care*	4	6

*These 4 clerkships in Phase III (year 4) are selectives and included here for completeness

STANDARD 6 NARRATIVE RESPONSE

a. Describe the general structure of the curriculum by year.

The four-year curriculum is divided into 3 Phases. Phase I is 21 months long and includes a 17-month pre-clerkship curriculum consisting of 8 basic science blocks, the Doctoring curriculum (communication skills, history and physical exam skills, medical ethics, culture and diversity, continuity clinic and professional identity formation), the Quantitative Medicine curriculum (epidemiology, biostatistics and evidence-based medicine) and the Clinical Reasoning curriculum. Eight weeks are unscheduled for USMLE Step 1 preparation and three weeks are unscheduled to allow students time to work on scholarly projects. Phase II (equivalent to 3rd year) is 12 months long and includes the 7 required core clerkships, 3 OSCE exams and a part of the longitudinal Doctoring curriculum. Phase III (4th year) is 12 months long and includes 4 required selective rotations (ICU, Sub-I, Medicine in New Mexico and Comprehensive Ambulatory Care) and a minimum of 4 electives.



CLASS OF 2021 CURRICULUM MAP

b. Provide a separate, brief description of each parallel curriculum ("track"). Include the following information in each description, and highlight the difference(s) from the curriculum of the standard medical education program:

    1. The location of the parallel curriculum (main campus or geographically distributed campus)
    2. The year the parallel curriculum was first offered
    3. The focus of the parallel curriculum, including the additional objectives that students must master
    4. The general curriculum structure (including the sequence of courses/clerkships in each curriculum year/phase)
    5. The number of students participating in each year of the parallel curriculum

There is no parallel curriculum ("track") offered at this medical school.

6.1 PROGRAM AND LEARNING OBJECTIVES

The faculty of a medical school define its medical education program objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education program objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

6.1 SUPPORTING DATA

Table 6.1-1 | Competencies, Program Objectives, and Outcome Measures

List each general competency expected of graduates, the related medical education program objectives, and the outcome measure(s) specifically used to assess students' attainment of each related objective and competency. Add rows as needed.

General Competency	Medical Education Program Objective(s)	Outcome Measure(s) for Objective
Competency 1: Medical Knowledge	1. Describe important biomedical concepts and apply them to the practice of medicine emphasizing the scientific principles and mechanisms that underlie health, disease and methods of therapy.	Block assessment outcomes CBSE: 2nd Result USMLE Step 1 results
	2. Apply medical knowledge, epidemiology and clinical reasoning skills to effectively solve problems related to patient care	Block assessment outcomes USMLE Step 2 CK Patient Care: Diagnosis sub-score Phase II Clinical Evaluation: PRIME Educating section
Competency 2: Patient Care	1. Gather essential and accurate information about patients and their conditions through history taking, physical examination, and the appropriate use of laboratory data, imaging, and other studies	Phase II Clinical Evaluation: PRIME Reporting section (Obtains medical history effectively and performs appropriate physical exam/mental status exam). OSCE results Phase II Clinical Skills score calculated across all 15 OSCE's
	2. Interpret and synthesize information from multiple sources (medical records, history, physical, diagnostic evaluations, family and other healthcare team members) in order to develop patient assessments	Phase II Clinical Evaluation: PRIME Interpreting section (Constructs a sound differential diagnosis).
	3. In collaboration with the patient and the healthcare team, make informed decisions about diagnostic plans using up-to-date scientific evidence, and clinical judgment	Block assessment outcomes NBME Shelf Exams: category "Diagnosis"

		Phase II Clinical Evaluation: PRIME Interpreting Section (Constructs a sound differential diagnosis).
	4. In collaboration with the patient and the healthcare team, make informed decisions about therapeutic interventions using up-to-date scientific evidence, and clinical judgment	Phase II Clinical Evaluation: PRIME Managing and Patient Care Section (Reliably engages with patients, families and the health care team in carrying out patient care responsibilities). USMLE Step 2 CK Patient Care: Management sub-score NBME Shelf Exams: category "Management"
	5. Accurately summarize and clearly present patient data and patient care information in both written and oral formats in accordance with established guidelines	Phase II Clinical Evaluation: PRIME Reporting-Oral Presentation section (Presents patients to other team members effectively). Phase II Clinical Evaluation: PRIME Reporting/Documentation section (Accurately documents findings, assessment and plan using appropriate medical vocabulary). Phase II Clinical Note Writing score calculated across all 15 OSCE cases
	6. Perform appropriate procedures and skills safely and correctly with appropriate informed consent and supervision	Procedure log reports
Competency 3: Interpersonal and Communication Skills	1. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members	Phase II Clinical Evaluation: PRIME Managing and Patient Care (Reliably engages with patients, families and the health care team in carrying out patient care responsibilities). Graduate Training Report - Professionalism: Professional Integrity, Honesty, and Accountability section.
	2. Utilize patient-centered interviewing skills to gather information from patients and families	Phase II Communication Skills score calculated across all 15 OSCE cases Phase I CS6 communication skills Graduate Training Report – Communicating with Patients and Families section

		Phase II Clinical Evaluation: PRIME Reporting section (Obtains medical history effectively and performs appropriate physical exam/mental status exam)
	3. Engage with patients and families in discussion of diagnostic, therapeutic and health promotion plans	Phase II Clinical Evaluation: PRIME Managing and Patient Care section (Reliably engages with patients, families and the health care team in carrying out patient care responsibilities).
Competency 4: Personal and Professional Development	1. Use a recognized framework of ethical decision-making in addressing issues and concerns in diverse educational and clinical situations	GQ question#12: "I understand the ethical and professional values that are expected of the profession" CAC Capstone project
	2. Demonstrate sensitivity and respect to diverse patient populations, families and members of the health care team	Phase II Clinical Evaluation: PRIME Professionalism Section (Demonstrates sensitivity and responsiveness to a diverse patient population).
	3. Demonstrate integrity, honesty and ethical behavior and fulfills professional commitments	Phase II Clinical Evaluation: PRIME Professionalism Section (Integrity, honesty and ethical behavior and fulfills professional commitments).
	4. Demonstrate accountability and an ability to give, receive and incorporate constructive feedback	Phase II Clinical Evaluation: PRIME Professionalism Section Feedback Training in the Doctoring Curriculum Clinical Reasoning Facilitator Rating: Student provides constructive feedback and demonstrates openness to constructive feedback when appropriate.
	5. Utilize appropriate methods and resources to demonstrate their commitment to maintaining personal health and well-being which promote optimal patient care and a sustainable work-life balance.	Learning Environment Scales in the Y2Q survey (Quality of Life Scale) Oldenburg Burnout Inventory Scale in the GQ Oldenburg Burnout Inventory Scale in the Y2Q
Competency 5: Systems- Based Practice	1. Describe and apply the principles of health care quality improvement, cost effectiveness and patient safety	QI/PS week of Doctoring 5 (Transitions Block) assessment outcomes.
	2. Demonstrate familiarity with the professional standards of medical practice	Required HIPPA training

	and issues of patient privacy.	Yearly vaccination updates, required drug testing and background checks Phase II Clinical Evaluation: PRIME Professionalism section
	3. Demonstrate the ability to work within a multidisciplinary and interprofessional patient care team.	Phase II Clinical Evaluation: PRIME Managing and Patient Care Section (Reliably engages with patients, families and the health care team in carrying out patient care responsibilities).
Competency 6: Practice-based Learning and Improvement	1. Demonstrate skill in accessing, evaluating, and applying the best evidence to understand the causes and effects of disease and to improve the care of patients and populations	GQ question #12: "I have basic skills in clinical decision making and the application of evidence based information to medical practice" USMLE Step 1 Evidence-Based Medicine sub-score
	2. Identify the strengths and limitations in one's knowledge, skills, and attitudes in order to develop learning and improvement goals	Phase II Clinical Evaluation: PRIME Professionalism section (Responds appropriately and effectively to feedback).
Competency 7: New Mexico Health	1. Describe and address the social determinants of health common to the population of New Mexico and their contributions to the development and/or continuation of disease.	Health of New Mexico Block assessment outcomes Final Paper in Phase III Medicine in New Mexico Community Immersion Project in Doctoring 3
	2. Care and advocate for patients experiencing issues of health disparity and contribute to addressing the health care needs of underserved individuals and communities in New Mexico.	GQ question #12: "I believe I am adequately prepared to care for patients from different backgrounds" GQ question #14: "Activities you will have participated in during medical school on an elective or volunteer basis – Experience related to health disparities & Experience with a free clinic for the underserved population" Internal Medicine Patient Log – "Patient with limited access to care" Phase II Clinical Evaluation: PRIME Professionalism section

6.1 NARRATIVE RESPONSE

a. Provide the year in which the current medical education program objectives were last reviewed and approved.

Current medical education program objectives were last reviewed and approved by the Curriculum Committee in March of 2017.

b. Describe the process used to develop the medical education program objectives and to link them to relevant competencies. Identify the groups that were responsible for development, review, and approval of the most recent version of the medical education program objectives.

A working group of the School of Medicine Curriculum Committee met during the summer and fall of 2016 to review, revise and update the medical education program competencies and objectives. In light of the recent publication of the AAMC's Core Entrustable Professional Activities for Entering Residency, this working group considered the competency framework for the medical education program objectives and at that time agreed to keep the ACGME competencies as the overall framework for the education program. The working group continued to meet to update the specific program objectives in the winter of 2017 to include the specific outcome measures for each objective and to tie these outcome measures to the process of overall curricular review carried out by the full Curriculum Committee. The working group presented the revised competencies and objectives to the Curriculum Committee that were discussed, edited and finally approved by the Committee as a whole.

c. Describe how the medical school has identified specific outcome measures and linked them to each medical education program objective. How does the medical school ensure that the outcome measures selected are sufficiently specific to allow a judgment that each of the medical education program objectives have been met?

A subcommittee of the full Curriculum Committee began meeting during the fall of 2016 to establish specific outcome measures for each of the new or revised programmatic objectives. The subcommittee was composed of faculty with experience in each Phase of the curriculum, the Executive Director of Assessment & Learning and staff from Program Evaluation, Education and Research who have extensive knowledge of assessment and outcomes measures used in the School of Medicine. The subcommittee selected outcomes that were measurable and associated with available data for each program objective. A standard for meeting the expectation was established for each measure so that an evaluative judgement could be made as to whether the objective had been achieved. As a result of this work, the objectives were further refined, assessments & evaluations were revised or developed. Data was collected for each measure. The objectives and revised outcome measures as presented in Table 6.1-1 were presented to the Curriculum Committee as a whole along with the data for evaluating each outcome measure for further input and refinement. Through this iterative process, a set of outcome measures for each of the program objectives were developed and were linked to and supported by program evaluation data. This has enabled the members of the Curriculum Committee to confidently evaluate whether or not a given program objective is being met.

The Curriculum Committee evaluates the overall curriculum on a yearly basis; each program objective and the data supporting its corresponding outcome measures is reviewed. Where there are gaps or deficiencies in meeting objectives, the Curriculum Committee either develops a solution to address the issue or, for more complex problems, designates a subcommittee to investigate the issue or refers the issue to the faculty group most familiar with related component of the curriculum for resolution.

d. Describe how medical education program objectives are disseminated to each of the following groups:

1. Medical students
2. Faculty with responsibility for teaching, supervising, and/or assessing medical students
3. Residents with responsibility for teaching, supervising, and/or assessing medical students

The medical education program objectives are made available to all medical students, teaching faculty and residents through various means in addition to being available on the School of Medicine website at https://som.unm.edu/education/md/ume/competencies-and-learning-objectives.html
Medical students have access to the program objectives on their homepage via their learning management system (D2L- BrightSpace). The program objectives are also available to students in their individual course or clerkship syllabi and are linked to the overall course objectives.

Faculty who are involved in teaching medical students receive the overall program objectives through a process within their department. The Associate Dean for Undergraduate Medical Education communicates with the Department Chairs or their Vice Chairs for Education on a yearly basis to discuss the goals and outcomes of the educational programs. The program objectives are shared with the Chairs who are responsible for disseminating the program objectives to the faculty in their departments. Feedback/questions/concerns from faculty and Chairs is requested which is then forwarded back to the Curriculum Committee. Faculty who teach medical students in clerkships are also reminded by the clerkship director of the overall program objectives and how they are linked to the clerkship objectives.

Residents who are involved with medical student teaching and assessment are informed of the program objectives during resident orientation and through distribution in New Innovations, the residency management software used at UNM. New Innovations automatically informs the residents via email that the objectives are available in the system.

All faculty and residents review the School of Medicine competencies and learning objectives as part of their required annual learning plan and attest to the fact that they have read and understand them.

e. Describe how learning objectives for each required course and clerkship are disseminated to each of the following groups:

    1. Medical students
    2. Faculty with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship
    3. Residents with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship

Medical students have access to the course or clerkship level learning objectives via their learning management system (D2L Brightspace). The course or clerkship level objectives are also mapped to the program level objectives and included in the individual syllabi. The individual session objectives are also posted within the learning management system and also linked to the assessment blueprints.

Faculty who are involved in teaching medical students are made aware of the course objectives as they are preparing their individual teaching sessions. All involved faculty are required to provide session level objectives and the course or clerkship director assures that these are mapped back to the course level objectives. For Clinical Reasoning and Doctoring, small group facilitators are made aware of overall course objectives during Faculty Orientation Workshops, and are given a copy of the syllabus. Additionally, course and case objectives are included in the facilitator guides for each case/session and verbally reviewed with facilitators during case orientation sessions prededing each case.

Residents who are involved with medical student teaching and assessment are informed of the clerkship objectives annually during July resident didactics. The didactics are mandatory for all residents. Each clerkship director is responsible for ensuring that the residents in their department are aware of the clerkship objectives and assessment metrics. The clerkship directors make use of department-specific mechanisms for reinforcing resident understanding of the clerkship objectives and assessment.

Also see the response to element 9.1

6.2 REQUIRED CLINICAL EXPERIENCES

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

6.2 SUPPORTING DATA

Table 6.2-1 | Required Clinical Experiences

For each required clinical clerkship or discipline within a longitudinal integrated clerkship, list and describe each patient type/clinical condition, required procedure/skill, and clinical setting that medical students are required to encounter, along with the corresponding level(s) of student responsibility.

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting(s)	Level of Student Responsibility
Family Medicine	Acute respiratory infection		Outpatient	Participate in Care
	Addiction and substance abuse		Outpatient	Participate in Care
	Arthritis		Outpatient	Participate in Care
	Asthma/COPD		Outpatient	Participate in Care
	Back pain-acute or chronic		Outpatient	Participate in Care
	Coronary artery disease/chest pain		Outpatient	Participate in Care
	Depression/anxiety		Outpatient	Participate in Care
	Diabetes Type II		Outpatient	Participate in Care
	Dyslipidemia		Outpatient	Participate in Care
	Dyspepsia/abdominal pain		Outpatient	Participate in Care
	Elder care		Outpatient	Participate in Care
	Fatigue		Outpatient	Participate in Care
	Genitourinary symptoms		Outpatient	Participate in Care
	Headache		Outpatient	Participate in Care
	Hypertension		Outpatient	Participate in Care
	Menopause and menstrual disorders		Outpatient	Participate in Care
	Obesity		Outpatient	Participate in Care
	Skin problem/rash		Outpatient	Participate in Care
	Well adult care		Outpatient	Participate in Care
	Well child care		Outpatient	Participate in Care
		Injections/joint	Simulation lab	Simulation

		aspiration		(performed independently on mannequin)
		Liquid N2 use	Lab	Simulation
		Skin biopsy	Lab	Simulation
		Skin lesion identification	Lab	Paper case
		Musculoskeletal exam-knee, shoulder and back	Lab	Perform independently
Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting(s)	Level of Student Responsibility
Internal Medicine	Abdominal Pain			Participate in Care Perform Independently Simulation/Paper Case
	Acute condition, emphasis on diagnosis			Participate in Care
	Acute condition, emphasis on treatment			Observe Care Participate in Care
	Anemia			Participate in Care
	Chest Pain			Participate in Care
	Diabetes Melitus			Participate in Care Simulation/Paper Case
	Elderly patient			Participate in Care
	End of life issues			Observe Care Participate in Care
	Fever			Participate in Care
	GI bleeding			Observe Care Participate in Care
	Hypertension			Participate in Care Simulation/Paper Case
	Joint, extremity, skeletal complaint			Observe Care Participate in Care Simulation/Paper Case
	Management of exacerbation of chronic condition			Participate in Care
	Patient from a culture not your own			Participate in Care
	Patient who does not speak English			Participate in Care
	Patient with limited access to care			Participate in Care
	Psychological issue, depression, anxiety or substance use			Participate in Care
	Renal failure			Participate in Care
	Shortness of breath			Participate in Care
	Syncope, dizziness or generalized weakness			Observe Care Participate in Care Simulation/Paper Case
		Heart and Lung sound recognition		Participate in Care
		CBC interpretation		Participate in Care
		EKG interpretation		Participate in Care
		LFT interpretation		Participate in Care
		Chest X-ray interpretation		Participate in Care

		Acid/Base/ABG interpretation		Participate in Care Simulation/Paper Case
		Electrolyte interpretation		Simulation/Paper Case
Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting(s)	Level of Student Responsibility
Obstetrics and Gynecology	Bleeding problems		Outpatient/Inpatient	Participate in Care
	Breastfeeding patient		Inpatient	Participate in Care
	Complications of pregnancy: Diabetes		Outpatient/Inpatient	Participate in Care
	Complications of pregnancy: Fetal growth restriction		Inpatient	Participate in Care
	Complications of pregnancy:First trimester complications		Outpatient/Inpatient	Participate in Care
	Complications of pregnancy: Post dates		Inpatient	Participate in Care
	Complications of pregnancy: Post-partum hemorrhage		Inpatient	Participate in Care
	Complications of pregnancy: Pre-eclampsia		Inpatient	Participate in Care
	Complications of pregnancy: Third trimester bleeding		Inpatient	Participate in Care
	Contraceptive counseling		Outpatient/Inpatient	Participate in Care
	Laboring patient		Inpatient	Participate in Care
	Menopause counseling		Outpatient	Participate in Care
	Patient for annual gynecologic exam		Outpatient	Participate in Care
	Patient with abnormal pap smear		Outpatient	Participate in Care
	Post-operative patient		Inpatient	Participate in Care
	Routine prenatal patient		Outpatient	Participate in Care
		Breast exam	Outpatient	Perform Independently
		Pelvic exam	Outpatient/Inpatient	Perform Independently
		Sterile technique	Inpatient	Perform Independently
		Vaginal delivery	Inpatient	Participate in Care
		Wound closure, suturing, stapling	Inpatient	Perform Independently
		Urinary catheter insertion	Inpatient	Perform Independently
Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting(s)	Level of Student Responsibility
Pediatrics	Asthma (e.g. acute exacerbation, health maintenance of asthma, other medical condition in child with asthma)		Outpatient/Inpatient	Participate in Care Perform Independently Simulation/Paper Case
	Acute Illness requiring emergency stabilization or intensive care (e.g. respiratory distress, respiratory failure, shock, dehydration, head injury, diabetic ketoacidosis)		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Adolescent Well Child Care (over age 11)		Outpatient	Participate in Care Perform

				Independently Simulation/Paper Case
	Chronic illness (e.g. congenital heart disease, IBD, nephrotic syndrome, diabetes, cystic fibrosis, JRA, leukemia, sickle cell disease)		Outpatient/Inpatient	Participate in Care Perform Independently Simulation/Paper Case
	CNS problem (e.g. seizures, meningitis, head injury, headache, gait abnormalities, developmental abnormality)		Outpatient/Inpatient	Participate in Care Perform Independently Simulation/Paper Case
	Dermatologic problem (e.g. skin lesion, eczema, urticarial, contact dermatitis, acne)		Outpatient/Inpatient	Participate in Care Perform Independently Simulation/Paper Case
	Fever without localizing signs		Outpatient/Inpatient	Participate in Care Perform Independently Simulation/Paper Case
	GI problem (e.g. abdominal pain, gastroenteritis, pyloric stenosis, appendicitis, GERD, nausea, vomiting, diarrhea, constipation)		Outpatient/Inpatient	Participate in Care Perform Independently Simulation/Paper Case
	Growth issue (e.g. FTT, newborn feeding difficulty, obesity, short stature, dietary counseling)		Outpatient/Inpatient	Participate in Care Perform Independently Simulation/Paper Case
	Infant or toddler well child care		Outpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Musculoskeletal problem (e.g. injury, orthopedic complaint, infection, inflammatory process)		Outpatient/Inpatient	Participate in Care Perform Independently Simulation/Paper Case
	Neonatal jaundice (e.g. evaluation and treatment, or classification of risk with tool such as AAP guidelines or bilitool.org)		Outpatient/Inpatient	Participate in Care Perform Independently Simulation/Paper Case
	Newborn Care (e.g. Nursery care, well child, LGA/SGA, breastfeeding issues)		Outpatient/Inpatient	Participate in Care Perform Independently
	Non-accidental trauma (e.g. confirmed or suspected, observation of team discussion regarding NAT concerns, care of		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently

	child in CYFD custody or foster care)			Simulation/Paper Case
	Respiratory-lower (e.g. bronchiolitis, pneumonia respiratory distress)		Outpatient/Inpatient	Participate in Care Perform Independently Simulation/Paper Case
	Respiratory-upper (e.g. pharyngitis, viral URI, herpangina, allergic rhinitis, otitis media)		Outpatient/Inpatient	Participate in Care Perform Independently Simulation/Paper Case
	School age well child care		Outpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
		Prescription writing	Outpatient/Inpatient	Simulation/Paper Case
		Fluid/electrolyte calculations	Outpatient/Inpatient	Simulation/Paper Case
Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting(s)	Level of Student Responsibility
Surgery	Abdominal Pain		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Abnormal mammogram		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Biliary colic		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Bowel Obstruction		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Breast mass		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Cellulitis		Outpatient/Inpatient	Observe Care Participate in Care

				Perform Independently Simulation/Paper Case
	Diverticular Disease		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Dyspepsia		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Gastrointestinal bleeding		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Hernia		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Postoperative fever		Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Postoperative Surgical wound		Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
	Sepsis/shock		Inpatient	Observe Care Participate in Care Simulation/Paper Case
	Trauma		Inpatient	Observe Care Participate in Care Simulation/Paper Case
		Abdominal and rectal exam	Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
		Foley catheter insertion	Outpatient/Inpatient	Observe Care Participate in Care Perform

				Independently Simulation/Paper Case
		Intubation	Outpatient/Inpatient	Observe Care Participate in Care Simulation/Paper Case
		IV placement	Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
		Wound care and dressing changes	Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
		Suture/staple removal	Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
		Sterile technique	Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
		Suturing laceration	Outpatient/Inpatient	Observe Care Participate in Care Perform Independently Simulation/Paper Case
Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting(s)	Level of Student Responsibility
Neurology	Paroxysmal Disorders: migraine, headaches, seizures, spells, vertigo		Outpatient/Inpatient	Observe Care Participate in Care
	Weakness: focal or generalized		Outpatient/Inpatient	Observe Care Participate in Care
	Cognitive disorders: dementia, aphasias, altered mental status, delerium		Outpatient/Inpatient	Observe Care Participate in Care
	Inflammatory/ Autoimmune Disorders: Multiple sclerosis, Guillain Barre, Myasthenia Gravis, paraneoplastic, meningoencephalitis		Outpatient/Inpatient	Observe Care Participate in Care
	Gait disturbance: Ataxia, Parkinson Disease, neuropathy, myopathy		Outpatient/Inpatient	Observe Care Participate in Care
		Neurologic	Outpatient/Inpatient	Observe Care

		Examination		Participate in Care Perform Independently
		Simulated LP	Didactic session	Simulation
Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting(s)	Level of Student Responsibility
Psychiatry	Anxiety disorder		Outpatient/Inpatient	Observe Care Participate in Care
	Cognitive disorder		Outpatient/Inpatient	Observe Care Participate in Care
	Mood disorder		Outpatient/Inpatient	Participate in Care
	Personality disorder		Outpatient/Inpatient	Observe Care Participate in Care
	Psychotic disorder		Outpatient/Inpatient	Participate in Care
	Patient with substance abuse, dependence or withdrawal		Outpatient/Inpatient	Observe Care Participate in Care
		Evaluate a patient for his/her risk of suicide	Outpatient/Inpatient	Participate in Care

6.2 NARRATIVE RESPONSE

a. Provide a definition for the terms used under "Levels of Student Responsibility" in table 6.2-1.

Observe Care: Students watch another provider interview the patient or perform a physical exam or procedure and subsequent discussion of the case/condition with the provider.
Participate in Care: Students take patient histories, perform physical examinations, perform certain procedures, present the patient on rounds and document appropriate services in the EMR under the direct supervision of an attending or resident physician.
Perform Independently: Students take patient histories, perform physical examinations, perform certain procedures, present the patient on rounds and document appropriate services in the EMR with an attending or resident physician available.
Simulation/Paper Case: Students will work through a simulation in the simulation center or a paper case when an appropriate patient type is unavailable.

b. Describe how and by what individuals/groups the list of required clinical encounters and procedural skills was initially developed, reviewed, and approved. Note if the curriculum committee or other central oversight body (e.g., a clerkship directors committee) played a role in reviewing and approving the list of patient types/clinical conditions and skills across courses and clerkships.

The clerkship directors meet monthly as a subcommittee of the School of Medicine Curriculum Committee to discuss ongoing clerkship practices, policies and evaluations. The clerkship directors identified the types of patients and conditions that students should be exposed to during Phase II on each clerkship. The list of patient types for each clerkship was developed through faculty input as well as consideration of information available from individual specialty professional organizations (e.g. COMSEP and APGO). The list of required clinical encounters and procedural skills was also developed with the School of Medicine Program Objectives in mind and the clerkship directors determined the appropriate level of student responsibility and clinical setting needed for students to

demonstrate competency in meeting these objectives. The clerkship directors review and approve the list of required clinical encounters and procedural skills annually at the clerkship directors retreat (most recently August 2017) and present this to the full Curriculum Committee for review and approval.

c. Describe which individuals and/or groups developed the list of alternatives designed to remedy gaps when students are unable to access a required encounter or perform a required skill. How was the list developed? Which individuals and groups approved the list?

The clerkship directors subcommittee is also responsible for developing and approving the alternative experiences in the rare event that students are unable to meet a required encounter or procedure with a real patient. These may take the form of simulations performed in the School of Medicine simulation center or virtual patient cases (e.g. MedU CLIPP cases). Alternatives are available for each required patient type or procedure. Development of the list is the responsibility of each clerkship director and her/his assistant as they are the faculty most familiar with educational resources available in their field. The list of alternatives is discussed by the Clerkship Directors subcommittee and forwarded on to the full Curriculum Committee for review and approval. The Associate Dean for UME educates and updates the Clerkship Directors on LCME standards for student clinical experiences on at least an annual basis.

d. Describe how medical students, faculty, and residents are informed of the required clinical encounters and skills.

The list of required encounters and skills is available to all students in the Phase II handbook posted in the learning management system (D2L- BrightSpace). This information, specific to each clerkship, is also disseminated to the faculty and residents who teach in the clerkship and is also reviewed with the students during clerkship orientation. Students on all clerkships track their patient encounters and skills using the One45 curriculum management system; this provides both them and the clerkship coordinator with real-time updates of their progress in meeting this requirement. Faculty and residents who are involved in teaching medical students are provided copies of the clerkship syllabus that contains the clerkship specific requirements including the required clinical encounters and skills. The status of each student's progress on meeting this requirement is determined at the mid-clerkship evaluation. Students are responsible for logging their clinical encounters in One45 and notifying the clerkship director if an alternative experience is needed at least one week prior to the end of the clerkship.

6.3 SELF-DIRECTED AND LIFE-LONG LEARNING

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

6.3 SUPPORTING DOCUMENTATION

Table 6.3-1 Self-Directed Learning

Provide data from the independent student analysis by curriculum year on student satisfaction (somewhat satisfied/very satisfied) with the following. Add rows for each additional question on the student survey.

Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Opportunities for self-directed learning in the first/second years	82.9	83.78	85.2	91.4
Overall workload in the first/second years	83.3	79.73	95.6	94.9
Overall workload in third year (Phase II)	NA	NA	91.0	81.4
Overall workload in fourth year (Phase III)	NA	NA	NA	89.7

6.3 NARRATIVE RESPONSE

a. Describe the learning activities, and the courses in which these learning activities occur during the first two years (phases) of the curriculum, where students engage in <u>all</u> of the following components of self-directed learning as a unified sequence (use the names of relevant courses and clerkships from the Overview tables when answering):

1. Identify, analyze, and synthesize information relevant to their learning needs
2. Assess the credibility of information sources
3. Share the information with their peers and supervisors
4. Receive feedback on their information-seeking skills

The opportunities for student self-directed learning in Phase I of the curriculum occur most extensively in the longitudinal Clinical Reasoning Block and within select Phase I courses.

<u>Phase I Course: Clinical Reasoning 1-3</u>
In addition to teaching clinical reasoning skills and concepts, the Clinical Reasoning sequence of courses has as one of its overall objectives to "Provide structure, guidance, and assessment for self-directed learning and information seeking skills".

1. Identify, analyze, and synthesize information relevant to their learning needs
Students are repeatedly exposed to all of the above elements in the Clinical Reasoning Course, which runs throughout Phase I. The course is an evolution of a previous model built on principles of Problem-Based Learning (PBL), and engages students in on-line and face-to-face clinical cases with the goal of building robust reasoning and self-directed learning skills. Specifically, students develop skills to solve clinical problems by exploring case presentations and specific pathologic conditions while documenting their work on an online platform that allows for collaboration, peer and facilitator feedback, and self-reflection. Students direct their own learning by selecting 3 hypotheses to explain the patients' problem for which they will research and construct an Illness Script, a table intended to help students conceptualize comparable and contrasting elements of these disease processes. An example Illness Script is demonstrated below -

Presentation: Lower abdominal/pelvic pain	Diagnosis 1: Pelvic floor muscle dysfunction	Diagnosis 2: PID	Diagnosis 3: IBS
Epidemiology *What factors influence the probability that a patient is at risk for disease?* **Demographics:** Age, gender, race or ethnicity **Risk Factors:** Other conditions and Past Medical History **Exposures:** Travel, occupation, activities (sexual, hobbies), pets, and close contacts	Accounts for up to 75% of pelvic pain of > 6 months duration. Most common in reproductive aged women. Risks include endometriosis, prior pelvic surgery, history of pelvic inflammatory disease.	Most common in reproductive aged women with multiple sexual partners and without use of barrier contraception.	Present in 10-15% of population with 2:1 female predominance. Present in >40% of cases of chronic pelvic pain.
Time Course *How disease presents with respect to time and pattern?* **Duration of Symptoms:** Hyperacute, acute, sub-acute or chronic? **Pattern of Symptoms:** Constant vs. episodic, progressive vs. stable?	Typicaly slowly progressive over several weeks to months; though can develop acutely due to above triggers and persist for many months. Pain typically exacerbated by movement, relieved with rest. Can be intermittent initially, but progresses to constant with waxing/waning course.	Typically presents with rapidly worsening pelvic pain over a period of several days, though can occasionally have a more chronic, indolent course with moderate symptoms present for several months.	Crampy abdominal pain which varies in intensity and location and is often relieved with defecation. Time course is variable, though persistence of symptoms for 3 months is typically required to make the diagnosis.
Syndrome Statement *What are the classic signs and symptoms?* **Key and differentiating features:** Those features that allow you to distinguish between diseases that may present similarly.	Pain localized to the anatomic pelvis exacerbated by activity and often associated with dyspareunia. Typically progressively worsening. Absence of uterine or adnexal tenderness with discrete muscular tenderness on detailed pelvic exam.	Fever/chills, nausea, uterine and/or adnexal tenderness on examination, leukocytosis, vaginal discharge, positive gonorrhea or chlamydia in 40% of cases.	Rome Criteria: recurrent abdominal pain, on average, at least one day per week in the last three months, associated with two or more of the following criteria: (1) Related to defecation. (2) associated with a change in stool frequency. (3) Associated with a change in stool form (appearance). Sleep disruption, weight loss, anorexia, malnutrition should prompt a search for alternative or comorbid diagnoses.
Mechanisms of Disease *What are the major pathophysiologic insults that contribute to the disease state??*	Etiology somewhat unclear, although believed to most commonly be reactive due to guarding in the setting of prior insult, such as pelvic infection, trauma, or surgery.	Ascending infection from the vagina; frequently associated with sexually transmitted infection (chlamydia, gonorrhea, trichomonas), though endogenous vaginal flora implicated in >50% of cases.	Pathophysiology unclear. Studies have evaluated altered GI motility, visceral hypersensitivity, food sensitivities, alterations to fecal flora, and genetic predisposition, with inconclusive or conflicting results.

Diagnostics *What are the essential labs, imaging studies, or specialized diagnostic tests that are important in making the diagnosis?*	This diagnosis is made by history and physical exam, with limited contributions from additional evaluation, with the possible exception of pelvic US to rule out any additional GYN pathology.	Markers of inflammation, such as leukocytosis can help support the diagnosis. Gonorrhea and chlamydia testing are also useful, though are positive in only 40% of cases. Pelvic US is important to evaluate for the presence of tubo-ovarian abscess, which may require operative management, depending on size. Endometrial biopsy can be considered, though specificity is quite poor, as normal vaginal flora are typically causal and it is difficult to discern if their presence on biopsy is diagnostic or due to vaginal contamination.	Colonoscopy is important to rule out pathology in some cases although most case are diagnosed on history and physical exam alone
Treatment *What (if any) are the basic elements of treatment for this disease?*	Pelvic floor physical therapy is highly effective. Pudendal nerve blocks can be useful in select cases where PT is unlikely to be well-tolerated, or in cases where pain persists after PT.	Antibiotic therapy with broad coverage, specifically cefoxitin IV with oral doxycycline and metronidazole. IR drainage or surgery for TOA that does not improve with antibiotic therapy.	FODMAP diet, antidiarrheals and laxatives as necessary

2. Assess the credibility of information sources

An objective of the Clinical Reasoning sequence is for students to *"Use an Evidence-Based approach to find and cite supportive information."* Students learn to evaluate sources and identify the best evidence in both didactic and active learning sessions in Clinical Reasoning. Students participate in two large group interactive didactics in Clinical Reasoning (one during course orientation, and another dedicated solely to search strategies), that focus on how to perform searches using resources such as PubMed and health sciences databases in order to identify academically-based, peer-reviewed textbooks, journals, curricula, and other valid on-line resources. In the Quantitative Medicine course, students learn how to define Levels of Evidence. Students apply these skills as they research the questions they have related to the case and defend their hypotheses with substantiating evidence. Students subsequently receive feedback on the applicability, validity, and incorporation of these resources in their on-line work.

3. Share the information with their peers and supervisors

As stated above, one of the major benefits of the course relative to the previous iteration of the PBL model is that students now produce and submit 'artifacts' of their learning into an on-line platform. That is, they document and save their work and reflect on their reasoning process and content knowledge, not only to promote short- and long-term self-reflection, but also with the intention of inviting feedback from peers and faculty facilitators. Additionally, we establish the expectation that students review and provide feedback on the work of their peers. The course is also designed to incorporate two face-to-face sessions, twice per week for each case (10 meetings, 20 hours of total small group work per semester) to exchange, explore, and reflect on ideas and information gained from on-line work in real time. This idea is reflected in the objectives that students will, *"Work effectively in a team by asking questions and contributing needed information to clarify understanding"* and *"Actively and appropriately engage in small group learning by giving and receiving constructive feedback and contemplating alternative perspectives."*

4. Receive feedback on their information-seeking skills
As stated above, students are required to provide citations for their on-line work. These citations are reviewed during each of the 5 cases over the course of the semester by course faculty, who provide feedback on the veracity of the source and its relevance to the process and problem being examined/solved. This principle is reflected in the learning objective stating, students will, "Reflect on one's own work and provide feedback on the work of peers in an effort to identify reasoning differences, similarities, strengths, and opportunities."

Phase I Course: Infectious Disease
The Infectious Disease course takes place during the second year of Phase I and employs a form of case-based learning (2 cases per week) that involves pre-session preparation and two face-to-face meetings per week during the 6- week course.

1. Identify, analyze, and synthesize information relevant to their learning needs
The students are given a patient's brief presenting complaint to review prior to the small group sessions. The students create 3 hypotheses as possible causes of the patient's illness. For each of their top 3 hypotheses, students will create an illness script based off of the information that they have read related to the patient case and bring this with them to the small group session. Students and faculty discuss the case, evaluate new patient information and ultimately discuss the outcome of the case.

2. Assess the credibility of information sources
Students are asked to share their references and resources and discuss their findings and credibility in the small group session. They receive formative feedback on their choice of information sources during this session.

3. Share the information with their peers and supervisors
Students share the information from their illness script within the group during the small group session, turn in the illness script and contribute further information that they learned as the case progresses.

4. Receive feedback on their information-seeking skills
Feedback occurs in a formative way during discussion of the illness script and as the case session progresses.

b. Referring to the sample weekly schedules requested below, describe the amount of unscheduled time in an average week available for medical students to engage in self-directed learning and independent study in the first two years (phases) of the curriculum.

The majority of scheduled activities for the medical students in Phase I typically occur in the mornings as shown in the sample weekly schedules below. The one or two scheduled afternoons per week are reserved for the Doctoring curriculum and/or Learning Communities activities. Afternoons that students are not participating in these activities allow students to engage in self-directed learning and independent study. The unscheduled time in an average week is a least 12 hours during the afternoon. Depending on the block schedule there may also be unscheduled time in the mornings.

c. Note if medical students in the first two years (phases) of the curriculum have required activities outside of regularly-scheduled class time, such as assigned reading or online modules that include information to prepare them for in-class activities. Do not include time for regular study or review. Estimate the average amount of time students spend in such required activities and how this "out-of-class" time is accounted for in calculating student academic workload.

The University of New Mexico School of Medicine encourages faculty to use active learning teaching strategies as often as possible. As part of this effort, students have required activities outside of regularly-scheduled class time

(completion of on-line cases, viewing of pre-class videos, brief reading assignments). The estimated amount of time to complete required unscheduled activities is determined by the block faculty and does not in general exceed 3-4 hours per week. A Curriculum Committee policy (see appendix Std6e6.3a) restricts the amount of time for the delivery of required content through the use of independent learning modules (ILM) and assigned reading and other assignments to 4 hours of outside time per week. More than 4 hours will result in an hour-for-hour reduction in the regularly-scheduled contact time. An example of where this policy has been enacted is the scheduling of "protected time" during the blocks for students to complete the on-line portion of their Clinical Reasoning cases. Students are provided with 2 hours of "scheduled" independent work time on select Monday's from 10am-12pm to provide them with an opportunity to complete work during regularly-scheduled class time, rather than having to complete the work after hours.

d. Briefly summarize the content of any policies covering the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note whether the policy addresses only in-class activities or also includes required activities assigned to be completed outside of scheduled class time. How is the effectiveness of the policy or policies evaluated?

The School of Medicine Curriculum Committee established a set of principles and policies in 2014 that guide curricular development, evaluation and reform (see appendix Std6e6.3a). PRINCIPLE 6 states that "The curriculum is designed to be learning and learner-centered and to create significant and relevant learning experiences that are based on educational principles supported by the best available research evidence about how people learn. Emphasis is also placed on student self-directed learning with sufficient time provided for independent study and synthesis of information through personal reflection. Policy 6F that supports this principle and states that "No more than twenty-six (26) contact hours are scheduled per week averaged over the length of the block. Included in this are all concurrent courses such as Phase 1 blocks, Doctoring, Quantitative Medicine and Clinical Reasoning. Time for the delivery of content through the use of independent learning modules (ILM) such as video lectures, narrated power-point presentations, interactive modules and assigned reading and other assignments should be either provided within the 26 contact hours or limited to 4 hours of outside time. More than 4 hours will result in an hour-for-hour reduction in the scheduled contact time. In addition, Policy 6G states that "A predictable weekly schedule is available that includes at least 3 unscheduled half days per week." Monitoring of these policies is done by the Curriculum Committee during the yearly evaluation of each Phase I block. Recommendations are created in a final report if the policies are not adhered to and follow up is done during the subsequent yearly evaluation.

e. Describe the frequency with which the curriculum committee and/or its relevant subcommittee(s) monitor the academic workload of medical students and their time for independent study in the pre-clerkship phase of the curriculum.

The Curriculum Committee (and its sub-committees responsible for evaluating each block) undertakes evaluations of all Phase I blocks at regular intervals (ranging from 1-2 years for each block). During these evaluations, workload is assessed with explicit input gained from student feedback about study time, as well as integration and overlap with other blocks that may take away from independent study time. In addition, the office of Program Evaluation, Education and Research (PEAR) monitors student academic workload by generating One45 reports based on course schedules and provides the data to the block committee and Curriculum Committee at the end of each block on a yearly basis.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 6.3

1. Sample weekly schedules that illustrate the amount of time in the pre-clerkship years of the curriculum that medical students spend in scheduled activities.

Year 1 (Class of 2020)
Musculoskeletal, Skin and Connective Tissue

« » print print event list export **Oct 31 - Nov 6, 2016** jump today day week month

Last modified: Nov 2, 2016

	Mon - 31	Tue - 01	Wed - 02	Thu - 03	Fri - 04
6:00am					
7:00am					
8:00am	**8:00am - 9:00am** Musculoskeletal, Skin, and Connective Tissue :Assessment: Written/Computer	**8:00am - 9:00am** Musculoskeletal, Skin, and Connective Tissue :Lecture: Anatomy: Lower Limb	**8:00am - 10:00am** Musculoskeletal, Skin, and Connective Tissue :Lecture: Pathology: Soft Tissue Tumors Course details Pathology details Today's details Location: Domenici	**8:00am - 10:00am** Musculoskeletal, Skin, and Connective Tissue :Laboratory: Anatomy Lab 11: Lower Limb-Gluteal Region Course details Anatomy Lab 11 details	**8:00am - 9:00am** Musculoskeletal, Skin, and Connective Tissue :Lecture: Acquired Disorders of Bone
9:00am	**9:00am - 10:00am** Musculoskeletal, Skin, and Connective Tissue :Small Group Active Learning: GO (Group	**9:00am - 12:00pm** Musculoskeletal, Skin, and Connective Tissue :Laboratory: Anatomy Lab 10: Lower limb-The Femoral region, hip and thigh Course details Anatomy Lab 10 details Today's details Location: Misc Human Anatomy Lab With: Elliott Foucar.			**9:00am - 12:00pm** Musculoskeletal, Skin, and Connective Tissue :Laboratory: Anatomy Lab 12: Lower Limb, Posterior thigh & posterior leg, Popliteal fossa & posterior leg Course details Anatomy Lab 12 details Today's details Location: Misc Human Anatomy Lab
10:00am	**10:00am - 12:00pm** Clinical Reasoning 1 Problem-Based Learning (PBL): Clinical Reasoning: Case 3, Session 1 Course details Clinical Reasoning details		**10:00am - 12:00pm** Quantitative Medicine :Lecture: 15. Levels of Evidence Course details 15. Levels of Evidence details Today's details Location: Domenici	**10:00am - 12:00pm** Clinical Reasoning 1 Problem-Based Learning (PBL): Clinical Reasoning: Case 3, Session 2 Course details Clinical Reasoning details	
11:00am					
12:00pm					
1:00pm		**1:00pm - 4:00pm** Doctoring I :Small Group Active Learning: Applying Clinical Reasoning: Oral Presentations Course details Applying Clinical Reasoning details Today's details Location: Reginald H Fitz Hall B-86 With: Joyce Phillips	**1:15pm - 4:30pm** Doctoring I :Small Group Active Learning: Communication Skills Expanded (SP) Course details Communication Skills Expanded (SP) details Today's details Location: Reginald H Fitz Hall Tutorial Rooms With: Arthur Bankhurst, Muskaan		
2:00pm					
3:00pm					
4:00pm					
5:00pm					

Year 2 (Class of 2019)
Infectios Disease

2. Formal policies or guidelines addressing the amount of scheduled time during a given week during the pre-clerkship phase of the curriculum.

The School of Medicine Curriculum Committee established a set of Guiding Principles and Policies that were approved in November of 2012 and revised and reapproved in May 2017 (See Appendix 6.3-2 Curr Principles Policies.pdf). Policy 6E relates to the amount of scheduled time during a given week in the pre-clerkship phase (Phase I) of the curriculum.

Policy 6E: No more than twenty-six (26) contact hours are scheduled per week. Included in this are all concurrent courses such as Phase I blocks, Doctoring, Quantitative Medicine and Clinical Reasoning. Time for the delivery of content through the use of independent learning modules (ILMs) such as video lectures, narrated power-point presentations, interactive modules, assigned reading and other assignments should be either provided within the 26 contact hours or limited to 4 hours of outside time. More than 4 hours will result in an hour-for-hour reduction in the scheduled contact time.

Monitoring of this policy for each Phase I block is performed by PEAR using data generated from One45 and is included in the block chairs report at the end of the block. The block chairs report is reviewed by curriculum committee on a yearly basis.

6.4 INPATIENT/OUTPATIENT EXPERIENCES

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

6.4 SUPPORTING DATA

Table 6.4-1 | Percent Total Clerkship Time

Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. If clerkship names differ from those in the table, substitute the name used by the medical school. If the amount of time spent in each setting varies across sites, provide a range.

	Percentage of Total Clerkship Time	
	% Ambulatory	% Inpatient
Family medicine	50-100*	0-50*
Internal medicine	0-5*	95-100*
Ob-Gyn	25-50*	50-75*
Pediatrics	50	50
Psychiatry	10	90
Surgery	10-15*	85-90*
Neurology	0-50*	50-100*

** For rotations where there is a range of %, it is because students may either be sent to precept with rural or private providers at off-site clinics (Family Medicine/Ob-Gyn), or assigned to various specialty services at the University of New Mexico or the Veterans Administration hospitals (Neurology, Surgery, Gyn) with variability in the amounts of inpatient and outpatient exposure.*

6.4 NARRATIVE RESPONSE

a. Describe how the curriculum committee or other authority for the curriculum reviews the balance between inpatient and ambulatory experiences so as to ensure that medical students spend sufficient time in each type of setting to meet the objectives for clinical education and the expectations for required clinical encounters.

The Clerkship Directors committee (a subcommittee of the Curriculum Committee) reviews and updates Phase II Clinical Performance Objectives and individual clerkship required patient encounters annually. The committee discusses exposure and balance of inpatient and outpatient clinical experiences across clerkships. Three times a year after the OSCEs, the Clerkship Directors also use the OSCE student performance data and OSCE student feedback/debrief sessions to calibrate overall clerkship student exposure to clerkship required patient types, Phase II Clinical Performance Objectives patient presentations, and inpatient/ambulatory balance. The Clerkship Directors have agreed to a standard of a requirement of inpatient and ambulatory experiences across clerkships, with the exception of Family Medicine that is primarily ambulatory. Clerkship Directors also review clerkship student evaluation data at the conclusion of each clerkship and make adjustments to the inpatient/ambulatory experiences in a continuous quality improvement method (rapid response to student feedback) based upon faculty and site appropriateness. Finally, both the Clerkship Directors subcommittee and the Curriculum Committee review the Clerkship Reports annually. The reports include a question that addresses the balance of inpatient and outpatient experiences.

In addition to exposure to ambulatory medicine during Phase II, all students spend at least one month in Phase III in an ambulatory care setting during the required Comprehensive Ambulatory Care rotation. This course emphasizes best practices in Ambulatory Medicine. Most students are also placed in Ambulatory settings during the Phase 3III required Medicine in New Mexico rotation.

6.5 ELECTIVE OPPORTUNITIES

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.

6.5 SUPPORTING DATA

Table 6.5-1 | Required Elective Weeks	
Provide the number of required weeks of elective time in each year of the curriculum.	
Year	Total Required Elective Weeks
1	0
2	0
3	0
4	16

6.5 NARRATIVE RESPONSE

a. Describe the policies or practices that require or encourage medical students to use electives to pursue a broad range of interests in addition to their chosen specialty.

The purpose of the elective opportunities in the Phase III medical curriculum at the University of New Mexico School of Medicine is to:

- Provide opportunities for students to further develop their skills and knowledge of patient care
- Provide opportunities for students to broaden their understanding of medicine and its specialties
- Provide opportunities for students to explore fields in which they may wish to pursue careers
- Provide opportunities for students to remediate deficiencies in medically relevant skills, knowledge and behaviors.

UNM SOM offers a broad range of electives, including choices categorized as clinical, non-clinical, domestic away, and international away. A total of four electives, of 4 weeks each, is required for a total of 16 weeks. By necessity, elective courses must be planned around the required Phase III required selective rotations (ICU, Sub-internship, Medicine in New Mexico and Comprehensive Ambulatory Care). Students also have 4 unscheduled months in the 4th year during which time they may take additional electives.

Students choose their electives with help of the Office of Medical Student Affairs and with input from a Specialty Match Advisor. Meetings of students and advisors usually occur in January of the third year. All courses listed in the catalog are approved for elective credit. Non-Catalog courses and courses at other institutions must be approved in advance by the Office of Medical Student Affairs, Curriculum Committee, and/or Undergraduate Medical Education for elective credit and must be accompanied by a course description.

An elective is defined by the Curriculum Committee as an educational activity related to medical science. To receive elective credit, the experience must meet the following criteria:

- It must be approved in advance by the appropriate UNM department chair/director, the Office of Medical Student Affairs, the Office of Undergraduate Medical Education and Curriculum Committee.
- It must be a medically relevant educational experience rather than a job, and the student must have adequate background so that the experience is of educational value.

- The performance of the student in the experience must be evaluated and reported to the Office of Medical Student Affairs.

Students are not restricted to the courses listed in the catalog and are encouraged to initiate educational experiences here or at other institutions. Away rotations will be arranged using the Visiting Student Application System (VSAS).

Current list of approved electives sponsored by the UNM School of Medicine available to Phase III students:

CLNS #	Course Name
ANESTHESIOLOGY	
805	Elective - Obstetric Anesthesia
DERMATOLOGY	
810	Elective - Clinical Dermatology at UNMH & VAMC
EMERGENCY MEDICINE	
689	Elective - Pediatric Emergency Medicine
821	Elective - Emergency Medicine at UNMH
823	Elective - Emergency Medical Services
824	Elective - Toxicology
825	Elective - Wilderness Medicine
827	Elective - Disaster Med & Care Under Austere Conditions
834	Elective - Emergency Ultrasound at UNMH
835	Elective - Evolutionary Medicine
FAMILY & COMMUNITY MEDICINE	
778	Elective - Health for the Public
780	Elective - Health Care for the Homeless
787	Elective - Writing & Healing
INTERNAL MEDICINE	
603	Elective - Hematology Oncology Clinic
604	Elective - Infectious Disease - Inpatient
610	Elective - Gastroenterology
611	Elective - Nephrology
614	Elective - Cardiovascular Elective
615	Elective - Arthritis & Rheumatic Diseases
616	Elective - Adult Endocrinology & Metabolism
619	Elective - Sleep Disorders Center
623	Elective - Infectious Disease - Outpatient
627	Elective - Project ECHO
881	Elective - Radiation Oncology
897	Elective - International - India
950F	Elective - Alternative & Complementary Medicine
950H	Elective - Pulmonary Medicine
OBSTETRICS AND GYNECOLOGY	
652	Elective - Ambulatory Gynecology
659	Elective - Ob-Gyn Family Planning
ORTHOPAEDICS	
854	Elective - Orthopaedic Spine Clinical Experience
855	Elective - Sports Medicine
PATHOLOGY	

870	Elective - Anatomic Pathology at VAMC
872	Elective - Anatomic Pathology at UNMH
874	Elective - Forensic Pathology
950R	Elective - Hematopathology
950S	Elective - Molecular Pathology & Histocompatibility
950T	Elective - Transfusion Medicine & Coagulation
950U	Elective – Advanced Topics in Pathology
PEDIATRICS	
676	Elective - Ambulatory Peds at YCHC
678	Elective - Pediatric Cardiology
679	Elective - Pediatric Rehabilitation & Chronic Disease
680	Elective - Pediatric Genetics & Dysmorphology
681	Elective - Pediatric Hematology & Oncology
683	Elective - Adolescent Medicine
686	Elective - Pediatric Infectious Disease
694	Elective - Pediatric Gastroenterology
695	Elective - Pediatric Nephrology
PSYCHIATRY	
730	Elective - Alcohol & Substance Abuse Program
731	Elective - Consultation & Liaison Psychiatry
RADIOLOGY	
882	Elective - Neuroradiology
883	Elective - Diagnostic Radiology
887	Elective - Musculoskeletal Radiology
SURGERY	
754	Elective - Ophthalmology
761	Elective - Plastic Surgery
764	Elective - Pediatric Urology
769	Elective - Clinical Applications of Anatomy (Boot Camp)
UNDERGRADUATE MEDICAL EDUCATION	
950D	Elective – Advanced Clinical Reasoning
950E	Elective - Teaching Fellowship
901	Elective - Research I
902	Elective - Research II

6.6 SERVICE-LEARNING

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and community service activities.

6.6 NARRATIVE RESPONSE

a. Summarize the opportunities, as available, for medical students to participate in the following categories of service learning, including the general types of service-learning/community service activities that are available. See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definition of service-learning.

    1. Required service learning
    2. Voluntary service learning/community service

1. Required service learning

Students participate in required service learning at 2 different points in the UNM SOM curriculum. For six weeks during the summer between the first and second year students are placed in a community-based clinic for the Practical Immersion Experience (Doctoring 3). The majority of students are placed in rural New Mexico communities. During this experience students are required to complete a community immersion project that incorporates aspects of service learning. They meet with community members and community health entities to identify a local health issue, design an approach to address the issue and submit a written reflection on the experience to the course director.

During the Family Medicine Clerkship, students similarly are assigned to a rural or urban clinic. Again, they meet with community leaders to identify a service learning type of project and reflect on the process in an oral presentation to faculty and peers.

For both of these required service learning experiences, student performance is assessed by both their community preceptors and by the faculty in Doctoring 3 or the Family Medicine Clerkship director. The assessment includes review and feedback on their reflections on the service learning experience as well as the quality and scope of the service learning project itself.

2. Voluntary service learning/community service

UNM has >50 student-run organizations. Through these organizations students have multiple opportunities to participate in community service such as student-run clinics, vaccine clinics, providing sex education in middles schools and others.

An example is the student run Healthcare Resources Center (HRC) located at a local Albuquerque shelter. The HRC was started many years ago as a collaborative activity between medical students, School of Medicine educators and the shelter facility. It has evolved over the years into an interprofessional student run clinic involving several Health Sciences programs. Currently the clinic is operating on Tuesday evenings from 6:00PM to 9:00PM. Residents in the shelter may sign up to be seen for any healthcare concern on those evenings. The patient is seen by one of two medical teams, each staffed by a senior medical student, a junior medical student, a senior pharmacy student and a junior pharmacy student. Faculty oversight is provided.

A new program at the HRC is the "HRC Student Rounds Program." There are thirty Respite Care beds at the shelter designated as "Stay-In Care" beds that are paid for by local hospitals. These beds provide hospitals a place to send patients discharged from inpatient or emergency services when the patient is not well enough to be out on the street but not sick enough to be in the hospital. Most of the Respite Care patients have follow-up appointments scheduled in

their discharges, but not surprisingly their acuity varies and they often ask to be seen in the HRC on Tuesday evenings. Students round interprofessionally on these patients while being supervised by and reporting to faculty from their respective colleges.

b. Describe how medical student participation in service-learning and community service activities is encouraged. How are students informed about the availability of these activities?

UNM SOM encourages community service in several different ways:

- UNM SOM admissions process favors students with a strong portfolio of community service.
- Students are introduced to community service opportunities at a Student Organization Fair shortly after Orientation. Opportunities to volunteer in student run clinics are advertised by e-mails to all classes as they become available.
- Health in New Mexico, the first course in the curriculum focuses on the physician's role in the community and introduces concepts in community engagement. As part of the course students meet with advocacy organizations in the community.
- The Rural and Urban Underserved Program (RUUP) offers mentoring and programming to support select students with a special interest in underserved communities. RUUP's forums and speakers are open to the SOM community at large.
- The UNM SOM Learning Communities have some house meetings that have open programming. Many houses use that time to participate in community service - for example, participating in vaccine clinics or providing food to the homeless.
- The Syllabi for Doctoring 3 and the Family Medicine clerkship, courses that require service learning, include resources on community services activities and offer examples of successful service learning activities.
- The SOM recognizes the students in the graduating class with the strongest record in community service. This award is announced at the 4th year award ceremony and is accompanied by a monetary acknowledgment.

c. Describe how the medical school supports service-learning activities through the provision of funding or staff support.

Faculty provide supervision in clinical environments on a volunteer basis.
Students participating in vaccine clinics receive instruction in vaccine administration from School of Medicine or College of Pharmacy faculty on a volunteer basis. Funding and support staff are provided to support student housing and transportation costs during the Doctoring 3 and Family Medicine clerkship when students are placed in outlying rural communities.

d. Provide and discuss data from the Independent Student Analysis on student satisfaction with opportunities to participate in service-learning.

	Class of 2017	Class of 2018	Class of 2019	Class of 2020
	Percent Very Satisfied/Somewhat Satisfied			
Access to opportunities to participate in clinically relevant volunteer experiences.	95.4%	97.15%	86.6%	91.5%

Students from each class surveyed expressed a high degree of satisfaction with the opportunities to participate in volunteer/service-learning experiences while in medical school. There are ample numbers of opportunities

available to choose from, some of which are medical students only and some of which are interprofessional in nature. The registration process is efficient and stress-free; these experiences are popular and students note that some experiences tend to fill-up quickly.

6.7 ACADEMIC ENVIRONMENTS

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

6.7 SUPPORTING DATA

Table 6.7-1 | Master's and Doctoral Degree Students Taught by Medical School Faculty

List the number of students enrolled in master's and doctoral degree programs taught by medical school faculty. Include degree programs in the where students are taught by medical school faculty. Add rows as needed.

Department or Program	# of Master's Students	# of Doctoral Students
Biomedical Sciences Graduate Program	5	66
Physician Assistant Program	35	
Physical Therapy Program	84	
Occupational Therapy Program	87	
Medical Laboratory Sciences Program	2	
Dental Hygiene Program	26	
MD/PhD Program		10

Table 6.7-2 | Graduate Medical Students

Provide the total number of residents and clinical fellows on duty in ACGME-accredited programs that are the responsibility of the medical school faculty for the indicated academic years. If the medical school has one or more geographically distributed campuses, provide the campus in the first column. Also see the response to element 3.1.

Campus (if more than one)		AY 2014-15	AY 2015-16	AY 2016-17	AY 2017-18
	Fellows:	112	113	119	120
	Residents:	460	482	480	479

Table 6.7-3 | Continuing Medical Education

If the medical school and/or its clinical affiliates are accredited by the ACCME to sponsor continuing medical education for physicians, use the table below, adding rows as needed, to indicate each sponsoring organization's current accreditation status, the length of accreditation granted, and the year of the next accreditation review.

Program Sponsor	Accreditation Status	Length of Accreditation Term
University of New Mexico School of Medicine	Accreditation with Commendation	6 years; Year of next accreditation review: 2020

6.7 NARRATIVE RESPONSE

a. List the health professions/professional degree programs located at the same campus as the medical school.

The following health professions/professional degree programs are located at the UNM Health Sciences Center Campus:

College of Nursing
- Bachelor of Science in Nursing (BSN)
- Masters of Science in Nursing (MSN)
- Doctor of Nursing Practice (DNP)
- Adult-Gerontology Acute Care nurse practitioner (AG-ACNP)
- Family nurse practitioner (FNP)
- Pediatric nurse practitioner (PNP)
- Nurse-Midwifery
- Psychiatric Mental Health nurse practitioner (PMHNP)
- Doctor of Philosophy in Nursing (PhD)

College of Pharmacy
- Doctor of Pharmacy (PharmD)
- Masters in Pharmaceutical Sciences
- Dual Degree Program (PharmD/MBA)

College of Population Health
- Masters of Public Health (MPH)
- Bachelor of Population Health (BS)

School of Medicine
- Biomedical Sciences Graduate Program (MS and PhD)
- Masters of Science in Clinical Research Program (MSCR)
- Dual Degree Programs (MD/PhD; MD/MPH)
- Physician's Assistant Program (MS)
- Emergency Medical Services Program (EMT-basic; EMT-intermediate and Paramedic; BS)
- Dental Hygiene Program (BS; MS)
- Medical Laboratory Sciences (BS; MS)
- Physical Therapy Program (DPT)
- Occupational Therapy Program (MS)
- Radiologic Sciences Program (BS)

b. Describe examples of formal and informal opportunities available for medical students to interact with students in graduate programs and how the medical school encourages such interactions. *Also see the response to element 7.9 for required experiences with students in other health professions programs.*

All medical students are required to complete a mentored Scholarly Project prior to graduation. Students who choose to do a basic science project often have the opportunity to interact with Masters and PhD students in the Biomedical Sciences Graduate Program who are working in the same laboratory. In addition to working together, medical students will occasionally attend lab meetings and other lab functions. Students who choose a community-based project may have the opportunity to work with students from the Masters of Public Health Program.
The School of Medicine offers combined degree programs to a select number of medical students each year including an MD/PhD degree and an MD/MPH degree in which students will interact with graduate students from those programs.

Informal HSC activities that encourage students from different programs to interact with one another include the Health Sciences Student Council (HSSC) that is dedicated to the improvement of health science education and the facilitation of interprofessional relationships at the UNM Health Sciences Center. Students from multiple programs participate together in interprofessional flu-shot clinics, health fairs and lectures on current healthcare topics that are all sponsored and organized by the HSSC.

c. Describe how medical students are exposed to continuing medical education activities for physicians and note if student participation in any continuing medical education programs is expected or required.

All of the Phase II clerkships either require or encourage medical students to attend various activities that are offered broadly on the Health Sciences Center campus at which CME credit is offered including grand rounds, noon conferences and other special presentations.

6.8 EDUCATION PROGRAM DURATION

A medical education program includes at least 130 weeks of instruction.

6.8 SUPPORTING DATA

Table 6.8-1 | Number of Scheduled Weeks per Year	
Use the table below to report the number of scheduled weeks of instruction in each academic year/phase of the medical curriculum (do not include vacation time). Refer to the overview section if the medical school offers one or more parallel curricula (tracks).	
Curriculum Year/Phase	Number of Scheduled Weeks
Year/Phase One	41
Year/Phase Two	28
Year/Phase Three	48
Year/Phase Four	32
Total Weeks of Scheduled Instruction	149

STANDARD 7: CURRICULAR CONTENT

The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

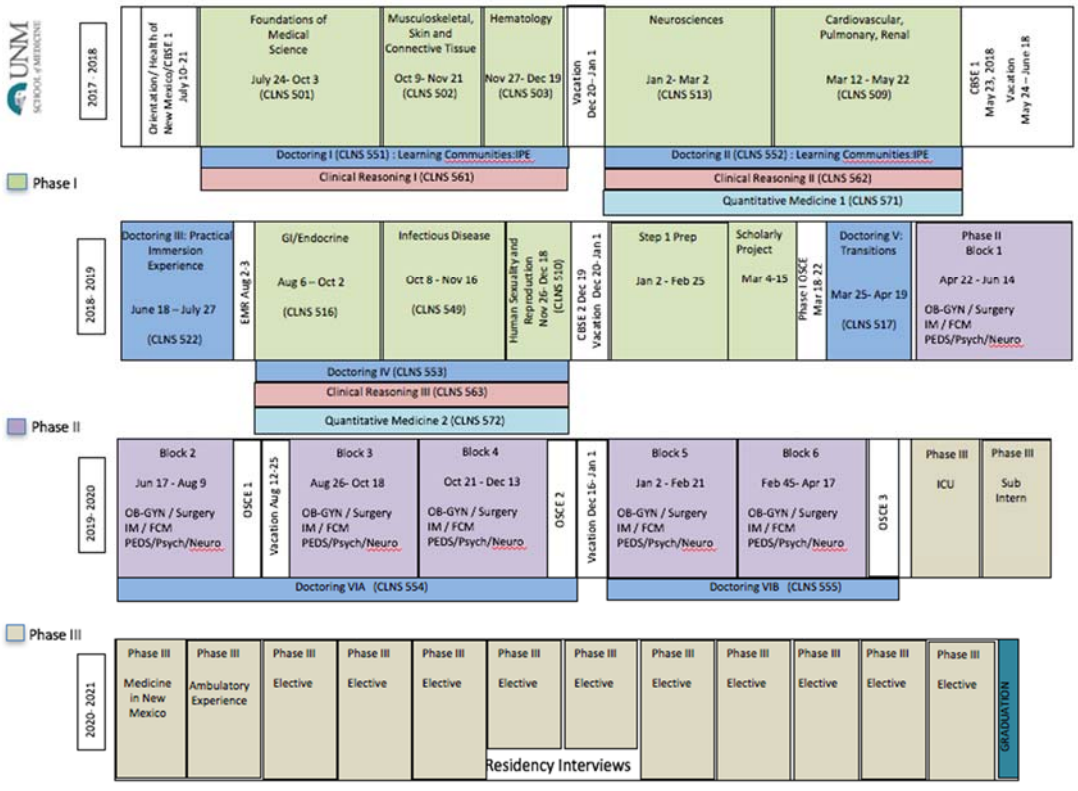
STANDARD 7 SUPPORTING DOCUMENTATION

Table 7.0-1 | General Medical Education - Preparation for Residency

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following ways to begin a residency program.

	GQ 2015		GQ 2016		GQ 2017	
	School %	National %	School %	National %	School %	National %
Acquired an understanding of common conditions and their management.	78.5	93.4	93.1	93.2	95.9	93.3
Acquired basic skills in clinical decision-making and application of evidence-based information.	80.4	93.8	95.3	94.0	97.3	94.0

1. A schematic or diagram that illustrates the structure of the curriculum for the year of the self-study. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkships in each academic period of the curriculum.



CLASS OF 2021 CURRICULUM MAP

2. If the structure of the curriculum has changed significantly since the DCI and self-study were completed (i.e., a new curriculum or curriculum year has been implemented), include a schematic of the new curriculum, labeled with the year it was first introduced.

The structure of the curriculum has not changed significantly since the DCI and self-study were completed.

3. A schematic of any parallel curricula (tracks).

There are no parallel curricula or track offered within the School of Medicine.

7.1 BIOMEDICAL, BEHAVIORAL, SOCIAL SCIENCES

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary scientific knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

7.1 SUPPORTING DATA

Table 7.1-1 | Curricular Content

For each topic area, place an "X" in the appropriate column to indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course. Place an "X" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.

Topic Areas	Course Type		Years/Phases Topic Areas Are Taught and Assessed		
	Independent Course	Integrated Course(s)	Year/Phase One	Year/Phase Two	Year/Phase Three and/or Four
Biochemistry		X	X	X	
Biostatistics and epidemiology	X		X	X	
Genetics		X	X		
Gross Anatomy		X	X	X	
Immunology		X	X		
Microbiology	X			X	
Pathology		X	X	X	X
Pharmacology		X	X	X	X
Physiology		X	X	X	
Behavioral Science		X	X	X	X
Pathophysiology		X	X	X	X

Table 7.1-2 | Basic Science Education

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who rated preparation for clinical clerkships and electives as *excellent or good* (aggregated) in the following sciences basic to medicine.

	GQ 2015		GQ 2016		GQ 2017	
	School %	National %	School %	National %	School %	National %
Biochemistry	78.9	63.3	71.2	62.4	50.7	62.9
Biostatistics and epidemiology	64.9	69.2	61.3	70.0	64.4	69.6
Genetics	74.1	72.1	72.8	71.6	72.2	72.3
Gross Anatomy	81.1	87.7	86.4	87.7	88.9	86.6
Immunology	67.2	80.5	83.9	80.6	82.1	82
Microbiology	69.0	83.1	80.5	82.9	83.1	83.9
Pathology	50.9	86.6	59.0	86.8	70	85.6
Pharmacology	63.8	77.9	78.4	77.7	84.5	76.9
Physiology	77.2	90.9	86.4	90.9	90.3	90.8
Behavioral Science	81.1	85.4	92.0	85.5	90.2	86.3
Pathophysiology of disease	74.2	93.8	86.2	93.9	91.5	93.5

Table 7.1-3 | Curricular Content

For each topic area, place an "X" in the appropriate column to indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course. Place an "X" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.

	Course Type		Years/Phases Topic Areas are Taught and Assessed		
	Independent Course	Integrated Course(s)	Year/Phase One	Year/Phase Two	Year/Phase Three and/or Four
Biomedical informatics		X	X	X	
Complementary/alternative health care					
Evidence-based medicine		X	X	X	X
Global health issues			X		
Health care financing		X			X
Human development/life cycle		X	X	X	
Human sexuality		X		X	X
Law and medicine		X		X	X
Medication management/compliance		X			X
Medical socioeconomics		X			X
Nutrition		X		X	X
Pain management		X	X		X
Palliative care		X			X
Patient safety				X	
Population-based medicine		X			X

Table 7.1-4 | General Medical Education - Preparation for Residency

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program:
Fundamental understanding of the issues in social sciences of medicine (e.g., ethics, humanism, professionalism, organization and structure of the health care system).

GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %
96.4	93.3	96.6	93.3	97.3	93.6

7.1 NARRATIVE RESPONSE

a. Summarize any recent changes (e.g., in the last two academic years) in the extent or curricular placement of any of the content areas included in the tables above.

The School of Medicine Curriculum Committee periodically reviews and where necessary makes revisions to the undergraduate medical curriculum. The Curriculum Committee began a process of review in the summer of 2013 and conducted a review with a focus on Phase I of the curriculum. While acknowledging the high quality of the curriculum, the Committee also identified several content and process issues in Phase I that they felt should be addressed. These issues were identified through a SWOT analysis of data collected on Step I USMLE performance and from student feedback from course evaluations, focus groups and the Graduation Questionnaire. The following list of identified issues was also informed by an analysis of educational best practices supported by the educational research literature:

1. Significant content missing from or underrepresented in the current curriculum (dermatology, hematology, musculoskeletal pathology, basic principles of disease): This would require either extending the time of Phase I or reorganizing the existing time to accommodate these topics (the proposed curricular modifications utilized the latter strategy).
2. Too many "small" blocks/courses without significant integration: Addressed by combining some of the existing blocks into larger integrated blocks/courses and initiating integration discussions during the bi-monthly Phase I block chairs meetings.
3. Lack of emphasis on Pathology/Pathophysiology in the overall Phase I curriculum.
4. The traditional PBL curriculum which focused primarily on small group facilitated learning of basic science content was not an efficient use of time, struggled to fully promote clinical reasoning, and also needed updating.
5. Poor organization, poor student attendance and poor performance in the Evidence-based medicine/Epidemiology and Biostats afternoon curriculum.

A subcommittee of the Curriculum Committee considered a series of proposals that were reviewed by a broader group of faculty at an education retreat in 2014 (See Appendix 7.1-a Education Retreat 2014.pdf). The proposed changes in the structure of the curriculum attempted to address the identified issues. Based on the results of the retreat the Curriculum Committee made the following decisions regarding the Phase I curriculum:

1. Maintain an 18-month pre-clerkship curriculum.
2. Create a new Foundations of Medical Science block to include time for discussion of the basic principles of Pathology, a new Musculoskeletal, Skin and Connective Tissue block that includes a significant focus on musculoskeletal pathology and dermatology, and a new Hematology block that doubles the amount of hematology content in the curriculum. These changes required the reorganization of the first semester and the creation of an Anatomy, Histology, Embryology longitudinal thread rather than the stand-alone course that had existed for the prior 12 years.
3. Immunology was added to the Foundations of Medical Science block, reducing the number of "small blocks" by one.
4. Initiate and support a series of integration meetings at the Phase I block chairs subcommittee to promote better integration of basic science block content with all aspects of the Phase I curriculum.
5. A Pathology thread was created to further emphasize pathology and pathophysiology throughout the Phase I curriculum.
6. The traditional PBL curriculum was modified in all blocks in Phase I in favor of a new longitudinal Clinical Reasoning course.
7. The previously separate Evidence-Based Medicine, Biostatistics and Epidemiology curricula were combined into a new longitudinal Quantitative Medicine course that is scheduled in the morning and utilizes a Team Based Learning pedagogy.
8. A Pharmacology thread that promotes better integration of this topic throughout the Phase I curriculum was established.
9. A longitudinal Doctoring curriculum that focuses on professional identity formation and integrates clinical and communication skills, medical ethics, diversity and culture, interprofessional collaboration and other cross-cutting issues was created and implemented.

The revised Phase I curriculum was initiated in 2015 with the incoming class of 2019.

7.2 ORGAN SYSTEMS/LIFE CYCLE/PRIMARY CARE/PREVENTION/WELLNESS/ SYMPTOMS/SIGNS/DIFFERENTIAL DIAGNOSIS, TREATMENT PLANNING, IMPACT OF BEHAVIORAL AND SOCIAL FACTORS

The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to:

- Recognize wellness, determinants of health, and opportunities for health promotion and disease prevention
- Recognize and interpret symptoms and signs of disease
- Develop differential diagnoses and treatment plans
- Recognize the potential health-related impact on patients of behavioral and socioeconomic factors
- Assist patients in addressing health-related issues involving all organ systems

7.2 SUPPORTING DATA

Table 7.2-1 | General Medical Education

Provide data from the independent student analysis on the percentage of students in each class who were satisfied with the adequacy of their education in the following content areas.

	Year/Phase One	Year/Phase Two	Year/Phase Three	Year/Phase Four
Education to diagnose disease	88.0	83.0	88.0	86.4
Education to manage disease	84.3	69.0	79.4	85.0
Education in disease prevention	80.3	81.0	91.1	90.0
Education in health maintenance	89.1	79.4	91.2	54.1

7.2 NARRATIVE RESPONSE

a. Describe the location(s) in the pre-clerkship and clinical curriculum in which objectives related to the subjects listed below are taught and assessed. Refer to the overview section in the responses.

1. Normal human development
2. Adolescent medicine
3. Geriatrics
4. Continuity of care
5. End of life care

1. Normal human development

Phase I (Pre-clerkship curriculum)
Foundations of Medical Science
Musculoskeletal, Skin and Connective Tissue
Hematology
Cardiovascular, Pulmonary, Renal
Neurosciences
GI/Endocrine
Human Sexuality and Reproduction

Phase II (Clinical curriculum)
Family Medicine Clerkship

Pediatrics Clerkship

2. Adolescent Medicine
   Phase I (Pre-clerkship curriculum)
   Human Sexuality and Reproduction
   Hematology
   Neurosciences

   Phase II (Clinical curriculum)
   Family Medicine Clerkship
   Pediatrics Clerkship

3. Geriatrics
   Phase I (Pre-clerkship curriculum)
   Human Sexuality and Reproduction
   Neurosciences
   Doctoring 4
   Infectious Disease

   Phase II (Clinical curriculum)
   Family Medicine Clerkship
   Psychiatry Clerkship

4. Continuity of care
   Phase I (Pre-clerkship curriculum)
   Doctoring 3

   Phase II (Clinical curriculum)
   Pediatrics Clerkship

5. End of life care
   Phase I (Pre-clerkship curriculum)
   Neurosciences
   Doctoring 4

   Phase II (Clinical curriculum)
   Internal Medicine Clerkship
   Surgery Clerkship
   Doctoring 6

7.3 SCIENTIFIC METHOD/CLINICAL/ TRANSLATIONAL RESEARCH

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in 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).

7.3 NARRATIVE RESPONSE

a. List the course(s) that include instruction in and assessment of content related to the scientific method. Include hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or to experimentally study biomedical phenomena. *Do NOT include laboratory sessions where the main purpose is observation or description (such as gross anatomy or histology).* For each listed experience, include the format used for the exercise (e.g., hands-on laboratory sessions, simulations).

Course	Format
Foundations of Medical Science	Journal club
Quantitative Medicine-1	Team-Based Learning
Quantitative Medicine-2	Team-Based Learning
Scholarly Project Requirement	Consultations with mentor and access to project syllabus /handbook
Clinical Reasoning 1-3	Independent work and Small group discussions around simulated cases

b. List all required courses and clerkships that include formal learning objectives that address the basic scientific and/or ethical principles of clinical and translational research and the methods for conducting such research. Note the location(s) in the curriculum in which medical students learn how such research is conducted, evaluated, explained to patients, and applied to patient care and how students' acquisition of this knowledge is assessed.

Course	Assessment
Foundations of Medical Science	MCQ exam
Quantitative Medicine-1	Individual Quizzes, Group Quizzes, Group Application Exercises, Summative MCQ and short answer exams, and Peer Review.
Quantitative Medicine-2	Individual Quizzes, Group Quizzes, Group Application Exercises, Summative MCQ and short answer exams, and Peer Review.
Scholarly Project Requirement	Completion of project and presentation at a local or national meeting, publication or written report
Clinical Reasoning 1-3	On-line completion of cases including developing and illness script Small group participation Written short answer final exam

In addition, please see Element 6.3 SELF-DIRECTED AND LIFE-LONG LEARNING; and Element 7.4 CRITICAL JUDGMENT/PROBLEM-SOLVING SKILLS

7.4 CRITICAL JUDGMENT/PROBLEM-SOLVING SKILLS

The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical judgment based on evidence and experience, and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.

7.4 SUPPORTING DATA

Table 7.4-1 | Critical Content and Problem Solving

For each topic area, place an "X" in the appropriate column to indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course. Place an "X" under each column to indicate the year(s) in which the learning objectives related to each topic are taught and assessed.

Topic Areas	Course Type		Years/Phases Topic Areas Are Taught/Assessed			
	Independent Course	Integrated Course(s)	One	Two	Three	Four
Skills of critical judgment based on evidence	X	X	X	X	X	X
Skills of medical problem solving	X	X	X	X	X	X

7.4 NARRATIVE RESPONSE

a. Provide two detailed examples from the pre-clerkship phase of the curriculum of where students demonstrate and are assessed on each of the following skills. In each description, include the courses/clerkships where this instruction and assessment occurs and provide the relevant learning objectives.

1. Skills of critical judgment based on evidence and experience
2. Skills of medical problem solving

1. Skills of critical judgment based on evidence and experience

Example 1: Quantitative Medicine
Quantitative Medicine uses a Team-based learning format and is intended to prepare students to be able to understand and critically evaluate medical information from an epidemiological and bio statistical point of view.

Week 3: Assessing the Validity and Reliability of Diagnostic and Screening Tests
Relevant Learning Objectives:

1. Calculate, interpret and apply sensitivity and specificity
2. Describe the relationship between sensitivity and specificity
3. Calculate, interpret and apply positive and negative predictive value
4. Describe factors affecting predictive value
5. Compare and contrast sensitivity/specificity with likelihood ratio measures of accuracy
6. Compare and contrast the use and results of parallel (simultaneous) and serial (sequential) testing strategies.

Application Exercise: "Zika comes to America"
Students work through the case stepwise without looking ahead. Each person in the small group is responsible for attempting to answer all of the questions. There are several group decision points where everyone will need to discuss the questions and make a decision for the group. The group may be called upon in class to explain and defend the groups position. The group should consider the pros and cons, including the ethical issues, regarding

each option. One clean completed copy of the case worksheet should be turned in for the group at the end of class.

Assessment: Multiple choice questions on IRAT and GRAT, Application exercise, MCQ and short answer questions on final exam.

Week 9: Randomized Trials: Assessing Prevention and Therapeutic Measures
Relevant Learning Objectives:

1. Identify the *randomized trial* as an example of an experimental/interventional study
2. Describe the basic study design and analytic strategies for randomized trials
3. Describe the importance of identifying appropriate control groups in randomized trials
4. Define *randomization* and describe the rationale for its use in randomized trials
5. Define the concept of *masking (*also known as *blinding)* and describe the rationale for its use in randomized trials
6. Define and describe the concept of *crossover (*both *planned and unplanned)* in a randomized trial
7. Define and describe the *factorial design* for randomized trials
8. Describe how *noncompliance* may influence the interpretation of results from randomized trials
9. Define and describe the following elements that are key to the design, analysis, and interpretation of randomized trials: *sample size*, *type I error*, *type II error*, *power*, *generalizability (external validity)*, and *internal validity*
10. Identify the four common *phases* of clinical trials and describe the goals of each
11. Identify and define the following measures that are used to summarize results from randomized controlled trials: *ratio of the risks* (also known as *relative risk* or *risk ratios*), *efficacy* (also known as *reduction in risk*), and *number needed to treat*.
12. Describe and discuss ethical considerations that arise in the context of randomized trials

Application Exercise: "Mr. Cordova's Clinical Trial"

Students work through the case stepwise without looking ahead. Each person in the small group is responsible for attempting to answer all of the questions. There are several group decision points where everyone will need to discuss the questions and make a decision for the group. The group may be called upon in class to explain and defend the groups position. The group should consider the pros and cons, including the ethical issues, regarding each option. One clean completed copy of the case worksheet should be turned in for the group at the end of class.

Assessment: Multiple choice questions on IRAT and GRAT, Application exercise, MCQ and short answer questions on final exam.

Example 2: Clinical Reasoning

Within the Clinical Reasoning curriculum, students are asked to make critical judgements about evidence from patient history and physical examination maneuvers in simulated cases and its influence on the diagnostic process. They are asked to reflect on how testing strategies would allow them to generate and then investigate hypotheses in order to best evaluate patient complaints.

Relevant Learning Objectives pertaining to all cases:

1. Identify Pertinent Positive and Pertinent Negative Elements from the patient presentation.

2. Utilize a varied hypothesis generating approach across the course, beyond reliance on VINDICATE.
3. Assign a weight to these elements using the Script Concordance Table to Refine Hypothesis Ranking.
4. Identify reasonable, rudimentary strategies to distinguish among top hypotheses.
5. Investigate your hypotheses by predicting findings and results from physical exam and laboratory testing respectively.
6. Synthesize information by recognizing the significant abnormal findings/results, identifying a plausible diagnosis that fits the data, and explaining the mechanisms behind that diagnosis using block or course content.
7. Posit initial management suggestions for the identified diagnosis based on reliable sources as measured by a faculty-generated rubric.
8. Incorporate relevant Phase I course content (pathophysiology) and skills (interpretation of examination findings) to explain and defend hypotheses.

Assessment: Short answer final exam. Students are assessed on their ability to use information from a case to refine hypotheses.

2. Skills of medical problem solving

Example 1: Doctoring-1
Doctoring-1 is a semester long course that focuses on the basic clinical skills in patient-centered interviewing, physical examination, medical note writing, oral patient-case presentations and clinical reasoning.

Week 3: Applying Clinical Reasoning
Relevant Learning Objectives:
1. Explain how to generate an initial broad Differential Diagnosis list.
2. Discuss how clinicians use Illness Script information to shorten/refine their Differential Diagnosis list and rank order their most likely diagnoses.
3. Review why risk factor information should be included in the HPI and give examples of potential "extra-pertinent" information that would be best highlighted in the first sentence of the HPI.
4. Craft an Assessment Statement using pertinent semantic qualifiers.
5. Generate a complete Problem List.

As a group, students will make initial broad differential diagnosis lists for chest pain and headache, followed by generating illness scripts to familiarize themselves with a few of these diagnoses. Students then interview Standardized Patients presenting with chest pain or headache and discuss how variations in patient history information impact refining and rank ordering of their differential diagnosis list.

Assessment: Small group preceptor feedback, MCQ and short answer questions on final exam and formative and summative performance examinations.

Example 2: Clinical Reasoning
UNM School of Medicine has explicitly sought to develop and sharpen student's critical judgement and problem-solving skills through the development of the Clinical Reasoning Course. In this course, students are provided with sequential portions of a patient presentation, and asked to 1) break the larger clinical problem down into component problems and subsequently appraise evidence and contemplate hypothesis generating strategies to inform a differential. Thereafter, students are asked to pragmatically consider the testing and treatment strategy they would employ based on an assessment of all incorporated data

Relevant Learning Objectives:

1. Use Problem Representation to select a diagnostic approach to generate a basic Hypothesis List
2. Incorporate relevant course content (pathophysiology) and skills (interpretation of examination findings) from core blocks (i.e. Foundations of Medical Science, Doctoring, etc.) to explain and defend hypotheses.
3. Utilize a varied hypothesis generating approach across the course, beyond reliance on VINDICATE.
4. Identify reasonable, rudimentary strategies to distinguish among top hypotheses.
5. Investigate your hypotheses by predicting findings and results from physical exam and laboratory testing respectively.
6. Synthesize information by recognizing the significant abnormal findings/results, identifying a plausible diagnosis that fits the data, and explaining the mechanisms behind that diagnosis using block or course content.

Presenting Complaints and Final Diagnosis for cases used in Clinical Reasoning-1:

- Sore Throat in a 16y/o; Dx: Streptococcal Pharyngitis
- Failure to Thrive and Seizures in 6 m/o; Dx: Defect in B12 metabolism with Combined Methylmalonic acidemia and homocystinuria
- Shoulder Pain in a 56 y/o; Dx: Adhesive Capsulitis
- Rash in a 18 m/o; Dx: Viral Exanthem 2/2 Adenovirus
- Epistaxis in a 67 y/o; Dx: Acute Myeloid Leukemia

Assessment: Short answer questions on final exam. Assessment of on-line individual work based on a faculty-derived rubric:

- All assigned cases are completed in full by the due date
- Students posts are well-organized and demonstrate a serious attempt to complete the tasks
- Problem lists are detailed and contain at least one semantic qualifier along with patient's chief complaint Student provides an appropriate number of feasible hypotheses with rationales reflecting the patient presentation.

7.5 SOCIETAL PROBLEMS

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

7.5 NARRATIVE RESPONSE

a. Describe the process used by faculty in the selection of societal problems included in the curriculum.

The Curriculum Committee initiated a process in the Spring of 2016 of identifying which societal problems would be formally included in the medical school curriculum. This process began with a survey sent out by the Associate Dean of Undergraduate Medical Education asking Curriculum Committee members to identity which societal problems they felt were most important to be incorporated into the curriculum. The same survey was sent to all of our medical students. The results of this survey were then presented at a Curriculum Committee meeting followed by a discussion of priorities. Following this meeting, course directors were contacted to determine how their courses were already addressing some of these issues. Once the information from the surveys, Curriculum Committee discussions, and current course content was collated, the discussion was brought to the Curriculum Committee again in late 2016 for a final decision of the list of societal problems that would be selected as the 5 priority items to be further developed and integrated into the school of medicine curriculum.

b. Describe five common societal problems that are taught and assessed in the curriculum. For each of the five:

1. Describe where and how content related to the societal problem is taught in the curriculum.
2. Provide the relevant course and clerkship objectives that address the diagnosis, prevention, appropriate reporting (if relevant), and treatment of the medical consequences of these societal problems.

1) Substance Use Disorders

Location in Curriculum

- The pathophysiology of substance abuse is taught in the Neuroscience block in Phase I. Concurrently with this teaching, students have Doctoring small group discussion in which they discuss the perspectives of individuals affected by substance misuse as well as perspectives of their families, communities and health care providers. The students also are required to attend a panel presentation of health care providers who have been personally affected by substance abuse and are in recovery.
- In the GI block, students learn about the impact of alcohol use on the liver. In the CVPR block, students learn about the effect of tobacco abuse on the heart, vasculature, and lungs. In both of these courses, students learn about how to discuss alcohol misuse and tobacco use with their patients. In the Doctoring curriculum, students are taught Health Coaching as a skill set to begin to encourage behavior modification for patient with risky health habits.
- In the Doctoring 4 block students discuss the details of the epidemiological aspects of alcohol misuse, screening and interventions.
- Students participate in didactics on substance misuse issues on the Family Medicine and Psychiatry clerkship. Students will also see patients with substance use disorders in many other clinical clerkships. Because of the importance of this issue in the healthcare of New Mexico, these issues are specifically addressed in caring for these patients.

Relevant Objectives related to the Medical Consequences of this Societal Problem

Phase I: Neurosciences: "Alcohol and Fetal Alcohol Spectrum Disorders"

1. Pharmacokinetics-understand how alcohol (ethyl alcohol) is metabolized, what impacts BAC, general dose response relationships.
2. Pharmacodynamics-understand the impact on major body systems and the mechanisms where known.
3. What impact are the metabolic consequences of alcohol metabolism?
4. What is alcoholic ketoacidosis? What is anion gap and osmolar gap?
5. Acute Intoxication-How does alcohol affect the brain? Understand the mechanisms of intoxication and how do we manage alcohol toxicity?
6. Tolerance/withdrawal-understand the mechanisms and management.
7. What are the consequences of drinking alcohol during pregnancy? What is fetal alcohol syndrome?

Phase I: Neurosciences: "Substance Use Mechanisms"

1. How do the specific abused substances act in the brain? What are their targets?
2. How do we become tolerant to these agents? Are there different mechanism for tolerance development?
3. What common mechanism all drugs of abuse use to produce reward and lead to compulsive use? How do their primary drug actions differ?
4. What are withdrawal symptoms and why are generally in the opposite direction of the acute effects of the drug? How do we manage substance use withdrawal?
5. Can you recognize drug overdose signs? How do we manage overdose or toxicity to specific drugs?
6. Can you match the specific substance used disorder with its pharmacotherapy? (e.g., naltrexone, disulfiram, Acamprosate, bupropion).

Phase I: Neurosciences: "Substance Use Disorder Treatments"

1. At the end of the session, students should be able to identify the core clinical characteristics of the common Substance Use Disorders (SUDs) and associated intoxication/withdrawl states commonly seen in New Mexico (alcohol, opioids, stimulants).
2. Name and prioritize strategies to treat SUDs and their associated intoxication and/or withdrawl states.
3. Identify the psychopharmacological treatments for SUDs including; disulfiram, naltrexone, acamprosate, benzodiazepines, thiamine, naloxone, buprenorphine, and methadone; and be able to describe the major side effects, toxicities and contraindications associated with these agents.

Phase I: Doctoring-2: "Tobacco Addiction and Substance Misuse"

1. Explain the biologic, cultural, ethical, legal, and social dimensions of substance misuse disorders.
2. Demonstrate skills involved in eliciting in a nonjudgmental manner the perspective of a patient with a substance misuse disorder.

Phase I: GI/Endocrine: "Clinical and Pathology, Liver Cirrhosis"

1. Compare and contrast the patterns of injury in: Cirrhosis (compensated vs decompensated), Primary biliary
2. cirrhosis, Alcoholic steatohepatitis, Hepatitis C, Hepatitis B, Autoimmune hepatitis, Alcoholic Hepatitis, Wilson's Disease, Drug/toxin injury
3. What are the signs of cirrhosis?
4. Why does every visit for cirrhosis include a prognostic score?

Phase I: Cardiovascular, Pulmonary, Renal: "Tobacco Dependence and Treatment"

1. Open a discussion with a patient, friend or family member about their tobacco use
2. Explain the health risks of tobacco use
3. List > 3 types of pharmacologic therapy for the treatment of tobacco dependence, and > 1 advantage and disadvantage of each

Phase I: Doctoring-4: "Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Risky Alcohol Use"

1. List several medical and psychosocial consequences of risky drinking.
2. Describe the drinking pyramid, including the proportion of the population within each category, and the relative proportion of alcohol-related harm that is attributable to each category.
3. Describe the impact of brief intervention compared with control interventions at reducing excessive alcohol consumption (drinks per week) in primary care.
4. List the criteria that are used to decide when someone is drinking too much.
5. List the NIAAA maximum drinking limits for men, women, the elderly, and pregnant women.
6. Define a standard drink.
7. Recognize symptoms of an alcohol use disorder.

8. Be able to recite the NIAAA's Single Alcohol Screening question for men and women.
9. When presented with information about a patient, including screening and brief intervention steps already received, determine what you would do next according the MI Informed Clinician's Guide.
10. Be able to implement the SBIRT protocol in the MI Informed Clinician Guide with a role-played patient.

Phase II: Family Medicine Clerkship: "Substance Abuse"

1. Describe the importance of screening for and offering treatment for substance use disorders
2. Explain how the language we use matters
3. Describe Addiction as a chronic disease
4. Discuss the public health implications of treatment
5. Explain safety measures to take in prescribing certain medications
6. Discuss the importance of harm reduction

Phase II: Psychiatry Clerkship: "Case-Based Learning on Substance Use Disorders"

1. Identify the core symptomatology of major sleep disorders, including presentation, diagnostic workup and treatment
2. Identify three strategies for interviewing about alcohol use, know diagnosis and treatment of alcohol use disorders
3. Identify 5 strategies to counsel your patients on sleep hygiene
4. Identify clinical presentation of Opioid Dependence and Withdrawal and describe the workup, and mechanisms and major side effects of the treatments

2) Societal and Domestic Violence

Location in Curriculum

- Most students encounter these issues in the routine care of patients during the Pediatrics and Family Medicine clerkships and in specific didactic sessions.
- The Human Sexuality and Reproduction block in Phase I present a discussion of sexual assault and abuse.
- In the Phase III (4th year) Comprehensive Ambulatory Care clerkship, all students participate in the small group interview of a standardized patient who is the victim of domestic violence. Discussion includes effective techniques for interviewing a victim of violence, contrasting the legal and healthcare approach to victims of violence and opportunities for collaboration.

Relevant Objectives related to the Medical Consequences of this Societal Problem

Phase II: Family Medicine Clerkship: "Applied Health Policy/Intimate Partner Violence (IPV) Panel"

1. Describe patterns of interpersonal violence, including intimate partner violence (IPV), sexual assault and stalking in presenting patients
2. Compare and contrast the differences in care of IPV patients versus other patients
3. Identify appropriate care plans for IPV patients
4. Articulate policy implications related to IPV after a review the current literature
5. List three items key to the recognition and treatment a patient with IPV
6. Discuss personal biases related to the care and treatment of victims of IPV

Phase II: Pediatrics Clerkship: "Child Abuse"

1. Become familiar with child maltreatment services offered at UNM
2. Understand how to report concern for child maltreatment
3. Recognize common presentations of child maltreatment in the clinical setting

Phase I: Human Sexuality and Reproduction: "Assault and Abuse"

1. Describe the incidence and medical consequences of sexual abuse in our community.
2. Know your responsibilities and the mechanisms for reporting of sexual abuse or assault cases.
3. Be aware of the resources and support services available for victims of sexual abuse or assault.

3) Food Insecurity

Location in Curriculum:

- Topics related to food security and food scarcity are addressed in the course, "Health in New Mexico."
- Topics related to poor nutrition are presented in the Foundations of Medical Science block, GI/Endocrine block and in the Pediatrics and Family Medicine Clerkship.

Relevant Objectives related to the Medical Consequences of this Societal Problem:

Phase I: Health of New Mexico:"Overview of the Block and Addressing Adverse Social Determinants"

1. Consider the complex etiologies of health, wellness and illness with a focus on NM, particularly including the role of social determinants of health.
2. Describe the concept of a "food desert" and the extent of this problem in New Mexico.

Phase I: Foundations of Medical Science: "Nutrition and Cancer"

1. Know estimate of cancer incidence that is related to bioenergetics of food/inactivity.
2. Know expert body guidelines promoting plant foods and understand aspects of their mechanistic rationale.
3. Understand profound modern changes in food and activity levels and proliferative aspects of adipose/insulin/growth factor/sex hormone relationships to cancer.
4. Broadly understand evolving topics in nutrition/cancer: developmental programming, gut microbiome, environmental and food carcinogens/endocrine disruptors
5. Give examples of research related to breast cancer recurrence and diet.

Phase I: GI/Endocrine: "Nutrition During Pregnancy and During Infancy"

1. Relate the impact of maternal nutrition and access to healthy foods on early fetal development
2. Assess and advise pregnant women on their access to healthy nutrition and their dietary needs and habits
3. Explain the nutritional requirements of a healthy term infant.
4. Relate nutritional status to normal growth patterns.
5. Describe the medical risks and consequences of poor nutrition during pregnancy and infancy.

Phase I: GI/Endocrine: "Type 2 Diabetes"

1. Describe the pathophysiology of type 2 diabetes
2. Outline the role of obesity and lifestyle in causing type 2 diabetes; List the effects of lifestyle intervention on type 2 diabetes; describe how to prevent type 2 diabetes
3. List the criteria for the diagnosis of type 2 diabetes versus type 1 diabetes
4. Describe the pharmacological treatment of type 2 diabetes
5. Outline the clinical approach to a type 2 diabetes patient - what questions to ask, what lab work to follow, and what diabetic complications should be monitored
6. Describe the importance of diabetic macrovascular complications

Phase I: GI/Endocrine: "Endocrinology Case Studies"

1. Understand the pathophysiology of type 2 diabetes
2. Appreciate the role of obesity and lifestyle in causing type 2 diabetes
3. Know the criteria for the diagnosis of type 2 diabetes versus type 1 diabete
4. Know the effects of lifestyle intervention on type 2 diabetes
5. Understand how to prevent type 2 diabetes
6. Understand the pharmacological treatment of type 2 diabetes
7. Appreciate the clinical approach to a type 2 diabetes patient - what questions to ask, what lab work to follow, and what diabetic complications should be monitored

Phase II: Family Medicine Clerkship: "Diabetes"

1. Identify risk factors for type 2 diabetes and recommend prevention strategies.
2. Identify glycemic diagnostic criteria for type 2 diabetes and"pre-diabetes"
3. rovide glycemic goals for patients with diabetes
4. Describe available treatment options for type 2 diabetes including drug doses, advantages and disadvantages of therapy, and contraindication
5. Identify macro and microvascular complications of diabetes with appropriate screening methods

6. Demonstrate a diabetic foot exam
7. Demonstrate correct technique for capillary glucose monitoring
8. Recommend prevention modalities for the complications of diabetes

Phase II: Family Medicine Clerkship: "Lipids"

1. Describe the evidence based screening recommendations for lipids from the Adult Treatment Panel (ATP III) of the National Cholesterol Education Program (NCEP) and the US Preventive Services Task Force
2. List the components of the lipid panel
3. Describe the guidelines for treatment
4. Name the common hyperlipidemia medications, their indications for use, and mechanisms of action.
5. Describe three alternative treatments for lipid control
6. In a patient with elevated lipids determine treatment goals and give the patient practical advice concerning pharmacological, alternative, and nutritional treatment.

Phase I: Cardiovascular, Pulmonary, Renal: "Pathology of Atherosclerosis"

1. Compare and contrast the three types of arteriosclerosis and where they are found most commonly
2. List the common risk factors for atherosclerosis
3. Identify 'vulnerable' vs. 'stable' plaques should be able to look at histologic slide and identify a plaque cap rupture or hemorrhage.
4. Describe the pathogenesis and pathologic features of vascular aneurysms and dissections; including the genetic Marfan's syndrome
5. Identify clinical risk factors in patients who develop atherosclerosis

4) Social Injustice (racism, gender inequality, ageism, and sexual discrimination)

Location in Curriculum:

- For over 10 years, our school of medicine has had a required cultural competency course that has addressed
- racism through teaching on cultural competency, health inequities, and implicit bias. The cultural competency curriculum has been incorporated into Doctoring to make this teaching mainstream and connect it with other important aspects of direct clinical care. In the Doctoring 2 curriculum and again in the Family Medicine Clerkship students and faculty discuss how racism and prejudice impact the health of individuals and communities.
- Covered in the context of the Abortion/contraception/public health didactic in the OB/Gyn Clerkship and in the
- Human Sexuality and Reproduction block in Phase I, particularly with respect to reproductive health disparities: inequality related to contraceptive access, unintended pregnancy rates, and therefore abortion rates.
- Discussed in the Human Sexuality and Reproduction block in Phase I during infertility lecture with respect to
- economic barriers to accessing care/treatment of infertility. Discussed in LGBTQ panel with regard to lack of provider awareness and discrimination against LGBTQ persons in health care.
- In Doctoring 4 there are small group sessions that focus on Culturally Responsive Communication and include
- discussions of unconscious bias and how to be aware of and prevent racial inequalities in care.

Relevant Objectives related to the Medical Consequences of this Societal Problem:

Phase II: Family Medicine Clerkship: "LGBTQ"

1. Describe implicit bias and the role it may play in our care for vulnerable populations
2. Discuss the institutional biases against sexual and gender minorities, including the medical system.
3. Describe health disparities in sexual and gender minority populations
4. List at least 3 preventive health interventions specifically for sexual and gender minorities

Phase II: Obstetrics and Gynecology Clerkship: "Abortion"

1. Describe how medical and surgical abortion are performed
2. Describe the consequences of the legal status of abortion
3. List access issues to abortion in the US and globally
4. Review the epidemiology of abortion in the US and globally

Phase I: Human Sexuality and Reproduction: "Contraception"

1. Identify the mechanism of action of hormonal family planning and IUDs
2. Recognize the pharmacology of drugs used in family planning
3. Explain the physiologic basis and the epidemiology of the clinically important non-contraceptive benefits and risks.
4. Understand the financial, social and public health implications of access to contraception.

Phase I: Human Sexuality and Reproduction: "Infertility"

1. Describe the epidemiology of infertility.
2. List at least five etiologies of male and female infertility.
3. Develop an approach to the initial evaluation of infertility.
4. Review treatments available for infertility.

Phase I: Human Sexuality and Reproduction: "Sexuality Panel"

1. Demonstrate knowledge of health disparities within LGBTQ populations
2. Understanding of the pathways that lead towards health disparities in LGBTQ populations
3. Describe resiliency factors within LGBTQ populations
4. Describe ways you as a future physician can help to reduce LGBTQ health disparities

5) Low Childhood Well-Being/Childhood Adversity

Location in Curriculum:

- This topic has not been previously covered explicitly in our curriculum. The fact that the State of New Mexico ranked lowest in 2016 for childhood well-being was incentive for the School of Medicine Curriculum Committee to incorporate this topic into our curriculum. We will begin discussing how to develop new curriculum related to child welfare, access to education, safety and other topics relevant to this critical issue.
- This is covered briefly in the context of the Turnaway Study during the Abortion/contraception/public health didactic in the Human Sexuality and Reproduction block in Phase I, where the existing children of women who obtain a wanted abortion do better than the children of women who do not obtain a wanted abortion.
- Discussed as part of LGBTQ panel in terms of challenges growing up as an LGBTQ person and the role of hormone therapy, surgical interventions and mental health care during childhood and adolescence.

Relevant Objectives related to the Medical Consequences of this Societal Problem:

Phase II: Pediatrics Clerkship: "Child Abuse"

1. Become familiar with child maltreatment services offered at UNM
2. Understand how to report concern for child maltreatment
3. Recognize common presentations of child maltreatment in the clinical setting

Phase I: Human Sexuality and Reproduction:" LGBTQ Patient Panel"

1. Learn about health disparities that affect Sex and Gender Minority populations
2. Understand some of the causes of these disparities
3. Understand sexual and gender identity and how they are relevant to health care
4. Understand what you can do to make LGBTQ people more comfortable
5. Create a safe space to ask questions you've always wanted to ask

Phase I: Human Sexuality and Reproduction:" Abortion, Contraception and Public Health"

1. Understand the who, why and how of contraception and abortion in the US and globally
2. Describe the consequences of the legal status of abortion
3. Understand techniques of abortion
4. Explain some available contraceptive methods, mechanisms of action and pros/cons

School of Medicine Institute of Resilience, Health and Justice Symposium (open to all medical students): "Childhood Adversity: The Impact of Mistreatment- Definitions, Prevention and Intervention Strategies"

1. A 50-year legacy in the field of child abuse and neglect
2. Social work interventions for children, youth and families
3. Childhood adversity in New Mexico
4. The voices of children in New Mexico

7.6 CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding the following:

- The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments
- The basic principles of culturally competent health care
- The recognition and development of solutions for health care disparities
- The importance of meeting the health care needs of medically underserved populations
- The development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensional and diverse society

7.6 SUPPORTING DATA

Table 7.6-1 | Cultural competence

Provide the names of courses and clerkships that include objectives related to cultural competence in health care. For each, list the specific topic areas covered. Schools using the AAMC Tool for Assessing Cultural Competence Training (TACCT) may use the "Domains" table as a source for these data.

Course/Clerkship	Topic Area(s) Covered
Doctoring 1	Introduction to Culture
Doctoring 2	Explanatory models; Language barriers; Health literacy principles; Cultural perspectives on health; Cultural perspectives on pain
Doctoring 4	Culturally effective care
Doctoring 5	Language access; Use of interpreters
Doctoring 6	Cultural "bumps"
Pediatrics	Use of interpreters; Cultural factors impacting infant feeding practice; Different cultural practices impacting children's health (i.e. use of cradle boards).

Table 7.6-2 | Health Disparities, Demographic Influences, and Medically Underserved Populations

Provide the names of courses and clerkships that include explicit learning objectives related to the listed topics areas.

Course/Clerkship	Topic Area(s) Covered		
	Identifying and Providing Solutions for Health Disparities	Identifying Demographic Influences on Health Care Quality and Effectiveness	Meeting the Health Care Needs of Medically Underserved Populations
Health of New Mexico	X	X	X
Family Medicine	X	X	X
Pediatrics			X
Internal Medicine			X
OB/Gyn			X
Comprehensive Ambulatory Care	X	X	X
Doctoring 1-3	X	X	X
Medicine in New Mexico	X	X	X

Table 7.6-3 | General Medical Education - Preparation for Residency					
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Prepared to care for patients from different backgrounds.*					
GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %
98.2	95.4	100	95.5	98.6	95.4

7.6 SUPPORTING DATA

Table 7.6-4 Adequacy of Education			
Provide the percent of respondents to the ISA who were satisfied with *the adequacy of education in caring for patients from different backgrounds*.			
YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR
92.6	83.3	89.7	93.2

7.6 NARRATIVE RESPONSE

a. Describe how the curriculum prepares medical students to be aware of their own gender and cultural biases and those of their peers and teachers.

Our cultural competency curriculum has been an explicit part of our curriculum at UNM for over 10 years. Over the last two years, the cultural competency curriculum (previously named Diversity of the Human Experience) was fully integrated into the new Doctoring curriculum. The cultural competency curriculum has been built on a few core principles of cultural competency education. First, personal reflection on culture and identity is a critical starting point for all of our learners. We emphasize the point that students must understand their own values and perspectives as individuals and as developing clinicians and they must consider how these values and perspectives shape their interactions with others, especially in their clinical work. Secondly, we discuss culture broadly and encourage students to think of all dimensions of an individual's identity as shaping that person's worldview. As a clinician, it is fundamental for them to consider each patient's perspective as they interact to provide the best and most appropriate health care. Finally, students learn that cultural competency is a life-long learning process and that it is their responsibility as physicians to continue to strive to understand their patients' values, needs, and concerns across various dimensions of difference.

We use the RESPECT model developed by Carol Mostow, et al. at Boston University as the core model that students learn in their first year and revisit throughout the Doctoring curriculum. We believe that this model reinforces the core principles described. In interactions with patients, peers, and teachers, especially challenging interactions, students refer to this model to ensure that respect is demonstrated, power imbalances are recognized and addressed, and that empathy is at the core of the relationship. We believe that this model provides opportunity for students to have awareness of their own gender and cultural biases in addition to practicing other core elements of culturally effective care.

Further, implicit bias is taught as part of the curriculum. The concept of implicit/unconscious bias is first introduced in the Doctoring course during the first year for the students. In the second year, the students take the Implicit Association Tests (with focus on gender bias) and then engage in small group reflection and discussion about implicit bias and how it may affect interactions in health care. The first step in this teaching is about awareness of unconscious bias. We also offer discussion about steps they can take to mitigate the impact of unconscious bias. In the third year, when students are engaged in clinical work in their clerkships, they revisit this topic in the context of conversations on "cultural bumps" they encounter in the hospital and clinics. These discussions are rooted in the idea that all of us have the goal of providing the highest level of care to each of our patients and that understanding unconscious bias and using strategies to mitigate its affects can help us achieve health equity.

7.7 MEDICAL ETHICS

The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires its medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

7.7 SUPPORTING DATA

Table 7.7-1 | Medical Ethics

For each topic area listed below, indicate whether the topic is taught separately as an independent required course and/or as part of a required integrated course and when in the curriculum these topics are included by placing an "X" in the appropriate columns.

	Course Type		Years/Phases Topic Areas Are Taught/Assessed			
	Independent Course	Integrated Course(s)	One	Two	Three	Four
Biomedical ethics		X	X	X	X	X
Ethical decision-making		X	X	X	X	X
Professionalism		X	X	X	X	X

Table 7.7-2 | General Medical Education - Preparation for Residency

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program:
I understand the ethical and professional values that are expected of the profession.

GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %
98.2	98.1	98.9	98.0	100	98

7.7 NARRATIVE RESPONSE

a. Describe the methods used to assess medical students' ethical behavior in the care of patients and to identify and remediate medical students' breaches of ethics in patient care.

There is a code of professional behavior (honor code) for medical students as well as for residents and faculty. Faculty evaluate student ethics and professionalism systematically via observations of behavior in clinical settings. Students are assessed on their ethical behavior in all of their clinical placements.

During Phase I, students participate in patient care in continuity clinics during Doctoring 2 and Doctoring 4 and during an immersion experience in Doctoring 3 (Practical Immersion Experince). The evaluation forms for these experiences ask the supervising faculty to assess students' ethical behavior and to consider student professionalism in their recommendations for credit for the experience.

During Phase II, expectations for ethical behavior are presented in the Phase 2 Student Handbook. Clerkships use a standardized rubric for assessment of student professionalism. This rubric is shared with students at the beginning of Phase 2 and at each clerkship orientation. Information about student ethical behavior is routinely collected by all Clerkship Directors during clinical rotations. Observations about professional behavior are formally collected from residents and attendings who work with students in the clinical settings during the PRIME (Professional, Reporter, Interpreter, Manager, Educator) evaluation sessions. These sessions serve as the basis for the narrative component of

the clerkship evaluation and are a source of formative feedback for the students in midpoint evaluations. The Clerkship Directors monthly meeting includes a confidential session during which Clerkship Directors can share concerns that they have about any student's ethical behavior. If a pattern emerges, it will either be addressed with the student by one of the clerkship directors or, in the case of a persistent pattern the student will be referred to the Dean of Students.

In Phase III, faculty rate students' demonstration of professionalism as "Minimal (<10)," "Inconsistent (10-50)," "Consistent (51-90)" or "Always (<90)" on the Phase 3 course evaluation form. Faculty are encouraged to provide detailed descriptions of behavior in the narrative component of the evaluation.

Anyone can report a breach of professionalism or ethics by a student. These reports go to the Office of Medical Student Affairs where they are reviewed by the Associate Dean of Students. Once notified, the Associate Dean of Students meets with the student and provides feedback and counsel on unprofessional or unethical behavior. If the Associate Dean of Students feels that the incident is significant or reflects a larger pattern of behavior, he/she may forward the concern to the Committee on Student Promotion and Evaluation (CSPE) for review and action CSPE reviews the student's record and may ask a student to meet with them to explain her/his behavior. CSPE either gives the student feedback on his/her behavior with a warning or may refer the student for professionalism remediation. CSPE may also develop a contract with the student that stipulates behavioral expectations and includes consequences for the student should he/she fail to subsequently demonstrate competence in ethics and professionalism.

UNM has a cadre of faculty who work with students in need of clinical remediation, including professional behavior. Students who fail to demonstrate competence in the area of ethics and professionalism meet with faculty to receive feedback and develop a learning plan. The nature of the remediation is dictated by the problem. Examples include students being asked to write an essay on an ethical issue based on a review of the literature, write an apology demonstrating their understanding of the violation, participate in a critical conversations workshop or engage in longitudinal coaching. Guided by the Promotions Policy, student breaches in ethical behavior may result in sanctions such as lowered grades, enforced leave of absence, supplemental instruction or remediation, and, possibly, dismissal from medical school.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 7.7

1. Examples of instruments used in the formative and/or summative assessment of medical students' ethical behavior during the pre-clerkship and clinical clerkship phases of the curriculum.

Doctoring 3 (PIE) Preceptor Evaluation of the Student
See Appendix 7.7-a PIE Precept Stdt Eval.pdf

Phase II Medical Student Evaluation
See Appendix 7.7-1 Phase II Clinc Eval.pdf

Phase III Student Evaluation
See Appendix 7.7-1 Phase III Clinc Eval.pdf

7.8 COMMUNICATION SKILLS

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

7.8 SUPPORTING DATA

Table 7.8-1 | Communication Skills		
Under each heading, provide the names of courses and clerkships that include explicit learning objectives related to the listed topics areas.		
Topic Areas		
Communicating with Patients and Patient's Families	Communicating with Physicians (e.g., as part of the medical team)	Communicating with Non-physician Health Professionals (e.g., as part of the health care team)
Doctoring 1 Doctoring 2 Doctoring 3 Doctoring 4 Doctoring 6 Internal Medicine Clerkship Psychiatry Clerkship Surgery Clerkship Pediatrics Clerkship OB/GYN Clerkship	Doctoring 1 Doctoring 2 Doctoring 3 Doctoring 4 Doctoring 5 Internal Medicine Clerkship Pediatrics Clerkship OB/GYN Clerkship Family Medicine Clerkship	Doctoring 2 Doctoring 3 Doctoring 5 Internal Medicine Clerkship

Table 7.8-2 | General Medical Education - Preparation for Residency					
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) that they are prepared in the following area to begin a residency program: *Communication skills necessary to interact with patients and health professionals.*					
GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %
96.5	98.2	98.8	98.2	98.6	98.1

7.8 NARRATIVE RESPONSE

a. Describe the specific educational activities, including student assessment, and the relevant learning objectives included in the curriculum for each of the following topic areas:

1. Communicating with patients and patients' families
2. Communicating with physicians (e.g., as part of the medical team)
3. Communicating with non-physician health professionals as members of the health care team

1. Communicating with patients and patient's families

Communication with patients and patients' families is one of the primary goals of the four-year Doctoring curriculum and includes progressive developmentally-appropriate objectives, activities, and assessments. Students have opportunities to practice their communication skills with patients and patients' families in the

classroom in role play exercises, with standardized patients, in continuity clinics, the practical immersion experience (PIE), clerkships, and Phase 3 clinical requirements. The New Mexico Clinical Communication Scale (NMCCS; See Appendix 7.8-a1 Clinical Comm Scale.pdf), a behaviorally-anchored tool developed by the UNM School of Medicine Office of Assessment & Learning, provides a detailed description of expected skills and serves as a rubric for assessing students' communication skills over the four years of the curriculum with progressively higher performance expectations.

Doctoring 1: Laying the Foundation

Doctoring 1 takes place in the fall semester of the first year of medical school. It introduces students to concepts and models of patient centered interviewing with an emphasis on skills involved in building relationships with patients, gathering information and opening and closing the interview.

Relevant Learning Objectives Related to this Topic Area:

1. Describe key components of and demonstrate the ability to obtain a patient's story through integrated patient-centered and clinician-centered interviewing techniques, using communication behaviors described in the NM Clinical Communication Scaled within a specified time frame with a standardized patient.
2. Describe the value of understanding the patient's perspective, including psychological and social factors.

Educational Activities Related to this Topic Area:

There are five 3-hour sessions in Doctoring 1 focused on communication skills. Most of the learning in Doctoring 1 occurs in small groups that have 1:3 or 1:4 faculty-to-student ratios. Faculty preceptors guide students as they practice interviewing real patients, standardized patients or one another using role-play. Students in these groups receive specific feedback from their peers and from faculty preceptors. Sessions build on each other beginning with an activity interviewing a real patient that emphasizes active listening skills, then introducing a 5-step interviewing and RESPECT as complementary models for structuring the patient interview. Two additional sessions ask students to practice skills with more sensitive and complex problems. Students have 3 additional sessions where they integrate communication skills with skills in history and physical exam in practice with standardized patients or peers in role play.

Student Assessment Related to this Topic Area:

1. Formative assessment is used as a learning activity in Doctoring 1. Students review a tape of their first performance assessment and reflect to develop a learning plan for improvement. Students then review the tape with their small group preceptor and receive feedback on their performance and develop plan.
2. Student understanding and application of concepts in patient-centered interviewing is assessed with MCQs in the Doctoring 1 midterm and final exams.
3. Students receive regular feedback on their communication skills during in-class activities.
4. Students' communication skills are assessed in two performance assessments using the NMCCS by standardized patients who have been trained in assessment. The midterm exam is formative. The final performance assessment is summative.

Doctoring 2: Stepping into Roles and Exploring Perspectives

Doctoring 2 takes place in the spring semester of medical school. It builds on skills introduced in Doctoring 1 with increasing emphasis on "Understanding the Patient Perspective". It introduces a model of health coaching for sharing simple health information with patients. Students have their first medical school clinical experiences during continuity clinic during this semester.

Relevant Learning Objectives Related to this Topic Area:

1. Demonstrate the ability to perform a patient-centered history.
2. Demonstrate ability to recognize emotional cues in patient encounters and respond with empathy.
3. Demonstrate skills for understanding patient and family perspectives and clarifying values.

4. Apply patient-centered skills for helping patients modify behaviors to improve their health.
5. Discuss barriers to care for non-English speaking patients and their families and best practices for facilitating their care.

Educational Activities Related to this Topic Area:
Students continue to work in the same small groups with preceptors in a ratio of 1:3 or 1:4. They participate in four standardized patient activities focused on communication skills. In one, they interview a standardized patient portraying a patient with chronic pain. They reflect on their own response to pain and receive feedback on their interview skills from faculty and peers using the NMCCS. In the second session they are introduced to a model for health coaching and practice the microskills components of the model with standardized patients portraying a spectrum of chronic medical problems and health literacy. In two additional sessions they integrate communication skills with clinical skills, practicing the mental status exam and perform a focused evaluation of a patient with a cardiopulmonary complaint and receive feedback from peers and faculty. They discuss challenges in communication including health literacy and language access.

In the Continuity Clinic component of Doctoring 2, students spend 6 half days in a community based clinic or emergency room working one-on-one with a preceptor. They interview patients under the supervision of their preceptor and have an opportunity to practice the skills taught in the classroom in a real-life setting.

Student Assessment Related to this Topic Area:
1. Student understanding and application of communication skills concepts and models are assessed with MCQs at midterm and final.
2. Students receive formative feedback from peers and faculty during standardized patient practice, and from clinical preceptor during Continuity Clinic
3. Students' communication skills are assessed in a midterm and final performance assessment using the NMCCS by standardized patients who have been trained in assessment.

Doctoring 3: Practical Immersion Experience
Doctoring 3 is a six-week course that takes place in the summer between the first and second years. Students are given clinical placements throughout the state New Mexico with clinical volunteer community faculty. Doctoring 3 offers students the opportunity to apply and consolidate the communication skills they have learned over the past year in a clinical setting with real patients.

Relevant Learning Objectives Related to this Topic Area:
1. Demonstrate patient-centered care, including respect for patient autonomy and patient confidentiality
2. Counsel a patient about lifestyle issues and identify resources for patient education appropriate to the patient

Educational Activities Related to this Topic Area:
Doctoring 3 emphasizes patient evaluation including interviewing. Students spend 20 hrs/week for 6 weeks in clinical practice. They work one-on-one with a clinic preceptor and have the opportunity to observe the communication skills of an experienced clinician in practice. They interview multiple patients under the supervision of their preceptor. They are encouraged to practice health coaching skills as is compatible with the practice.

Student Assessment Related to this Topic Area:
1. Students receive formative and summative assessment from preceptors on their communication skills. Preceptors rate students as "below expectations," "meets expectations," and "above expectations" on the following:
2. Demonstrated patient-centered care, including respect for patient autonomy and patient confidentiality
3. Counseled at least one patient about lifestyle issues and identified resources for patient education appropriate to the patient

4. Provided continuity of care by following up on a discrete issue identified by the preceptor, conducted either by telephone or follow-up visit

Doctoring 4: Equipping your professional toolbox
Doctoring 4 takes place in the fall semester of the second year. It builds on skills in patient-centered interviewing, health coaching and values clarification presented earlier in the Doctoring curriculum and introduces new concepts such as implicit bias and models such as shared medical decision making. Students continue to apply skills in the clinical setting with real patients during the second continuity clinic.

Relevant Learning Objectives Related to this Topic Area:
1. Conduct a culturally responsive interview, using appropriate tools and techniques
2. Demonstrate the process of values clarification in a medical interview
3. Identify and appreciate how clinician bias can affect clinical interactions and patient outcomes
4. Utilize the Ask-Tell-Ask method to educate patients about a discrete topic, using language appropriate to the patient's education level
5. Utilize technique of Screening and Brief Intervention and Motivational Interviewing to counsel patients regarding lifestyle changes
6. Demonstrate skills for shared medical decision making

Educational Activities Related to this Topic Area:
Students continue to work in small group with preceptors during 6 sessions focused on communication skills. They review models of 5-step interviewing, RESPECT and values clarification. They reflect on their observations and experiences of doctor-patient communication in clinical practice. Students demonstrate skills for culturally-responsive communication and sexual history taking with standardized patients. Students practice skills for shared medical decision making and screening for brief intervention for alcohol use disorders. They receive feedback from the standardized patients, peers and faculty.

In a second continuity clinic placement students spend 5-half days in a community based clinic or emergency room working one-on-one with a preceptor. They interview patients under the supervision of their preceptor and continue to practice the skills taught in the classroom in a real-life setting.

Student Assessment Related to this Topic Area:
1. Student understanding and application of communication skills concepts and models are assessed with MCQs at midterm and final.
2. Students receive formative feedback from peers and faculty during SP practice, and from clinical preceptor during Continuity Clinic
3. Students' communication skills are assessed in a midterm performance assessment using the NMCCS by standardized patients who have been trained in assessment.

Doctoring 6: Honing skills and Cultivating Resiliency in Clinical Practice
Doctoring 6 takes place concurrent with the Phase II clerkships and is intended to complement the clerkship experience. It consists of 6 half-day workshops. Four of the workshops focus on core advanced communication skills that students are unlikely to have an opportunity to practice during the clerkship but will need practice with prior to residency. Course activities are intended to build students skills in sharing information and reaching agreement.

Relevant Learning Objectives Related to this Topic Area:
1. Employ patient-centered interviewing techniques to help patients/families receive values-congruent care recognizing how factors such as culture, religion, spirituality, age, education and SES may affect care preferences.
2. Use patient-centered techniques to educate patients and families about their health and medical care and engage them in medical decision making.

3. Demonstrate the ability to apply the SPIKES framework (Setting up, Perception, Invitation, Knowledge, Emotions, Strategy and Summary) for breaking bad news in a standardized patient encounter and in discussions with patients and families.
4. Describe and demonstrate skills for building rapport with patients from diverse backgrounds, regardless of personal comfort and values.
5. Apply your knowledge of patient-centered communication to facilitate values-congruent medical decision making for patients/families with unique circumstances or in unique populations.

Educational Activities Related to this Topic Area:
Students practice skills in sharing information and reach agreement in the context of safe prescribing of opiates and pain management with a standardized patient. They receive feedback from standardized patients, peers and faculty. Students will also role play the practice of skills around giving bad news and receive feedback form peers and faculty. Several of the sessions reinforce the skills of sharing information and reaching agreement. Students role play informed consent with the aid of a standardized patient and receive feedback from the standardized patient, peers and faculty. A final session reinforces skills in sharing information and reaching agreement.

Student Assessment Related to this Topic Area:
1. Students are assessed with OSCE cases related to the specific skills practiced in Doctoring 6 workshops. They are assessed by trained standardized patients on their ability to demonstrate the skills in the models they have learned as well as their core communication skills using the NMCCS.

Doctoring 7: Comprehensive Ambulatory Care Clerkship
Doctoring 7 is a required fourth year (Phase III) course. Communication Skills is not a primary focus of this course however it does include one communication skill activity. Students participate in a discussion and demonstration of negotiation and conflict resolution skills. They practice skills with a standardized patient and receive feedback from peers, faculty and the Albuquerque Police Department crisis intervention team.

Relevant Learning Objectives Related to this Topic Area:
1. Describe techniques for effective negotiation and de-escalation
2. Identify techniques which demonstrate empathy
3. Demonstrate active listening in order to understand a patient's perspective
4. Demonstrate negotiation skills
5. Recognize and manage personal safety issues
6. Identify personal strengths and weaknesses in communication and develop learning plans for ongoing skill development

Educational Activities Related to this Topic Area:
Students will begin the morning with an interactive didactic session that focuses on negotiation skills, in particular rapport building, empathy, reframing and developing shared goals. Students then will practice these skills in 4 different challenging scenarios, with patients portrayed by actors (standardized patients). Students will work in groups of 3 to 6 and will rotate through 4 different stations, spending 25 minutes in each. In the stations, students will take turns role playing with the SP for 5-10 minutes each. Faculty will facilitate the activity in each station, structuring the role plays and feedback, and modeling skills when needed.

Student Assessment Related to this Topic Area:
1. Students receive feedback from the faculty facilitators

Clerkships
During the third year (Phase II) clerkships, students participate as a member of healthcare teams under the supervision of faculty and housestaff. In all clerkships, students gather information from patients and patients

families and in some clerkships they provide education to patients and patients families about patients' conditions and their treatment.

Relevant Learning Objectives Related to this Topic Area:

Internal Medicine Clerkship
1. Communicate effectively with patients and the health care team

OB/Gyn Clerkship
1. Demonstrate competence in medical interviewing and physical examination of women, and interpretation of diagnostic studies
2. Demonstrate an ability to counsel patients about exam findings, contraception methods, management of abnormal bleeding, preventive care, screening procedures and options risk factors including substance abuse, nutrition and exercise, medications, and environmental hazards
3. Be able to communicate operative findings and complications to the patient and their family members
4. Develop interpersonal communication skills that build trust and demonstrate culturally competent care

Pediatrics
1. Describe approaches to discussing suspected abuse with the family

Psychiatry
1. Establish rapport with difficult patients

Surgery
1. Demonstrate compassionate patient care and respect for the privacy and dignity of patients

Educational Activities Related to this Topic Area:

On all clerkships, students participate in patient care as part of a team and have multiple opportunities to observe faculty and residents interviewing patients, practice communication skills with patients, and receive feedback from faculty and residents on their skills.

On the pediatrics clerkship students are the point person for the team with the patients that they follow. They present the team plan to the patients and families and receive feedback from clinical supervisors. Special emphasis is given to communication with families and is modeled in rounds. Students receive didactics on techniques for discussing child abuse with families.

On the internal medicine clerkship, the students are the point person for the team with the patients that they follow; they present the team plan to the patients and families and receive feedback from clinical supervisors.

On the psychiatry clerkship students receive didactics that include a series on the "mental status exam," which includes discussion of higher level communication techniques such as active listening, in addition to practicing the skills with patients and then receiving faculty and peer feedback.

Student Assessment Related to this Topic Area:

1. Internal Medicine students are observed interviewing a patient during pre-rounds and given feedback using a modified version of the NMCCS.
2. Every 16 weeks during their clerkship year, students demonstrate their patient and family communication skills during an Objective Structured Clinical Examination (OSCE). By the end of Phase II, each student has received a communication skills global rating scale score on 15 simulated patient interactions. They also

receive immediate feedback from the standardized patients and from the clerkship directors as part of these assessments.

2. Communicating with physicians (e.g., as part of the medical team)

During Phase I of the curriculum a thread within the Doctoring courses prepares students to write clinical notes and present patients during the clinical years. In Phase II, students regularly present cases to their clinical teams and receive feedback on their presentation skills. The evaluation of these presentations make a significant contribution to their clinical evaluation. Students also write clinical notes on the patients that they follow and receive feedback from faculty. During Phase III (4th year) sub-internship students function as interns and are the primary team member responsible for communication with other physicians under the supervision of the faculty and house staff. Students are regularly assessed on their note writing skills throughout Phase 1 and 2. The SOM uses a succession of related rubrics that hold students to a higher performance standards as they progress through the curriculum.

Doctoring 1: Laying the Foundation

Doctoring 1 takes place in the fall of the first year of medical school. In Doctoring 1 students learn the format for a complete history and physical and are introduce to the format and skills for oral presentations.

Relevant Learning Objectives Related to this Topic Area:
Describe the key components of and demonstrate the ability to:

1. Perform a succinct, organized oral presentation of a patient's history and physical exam
2. Write a note documenting a medical encounter to include history, physical, problem list, and synthesis statement

Educational Activities Related to this Topic Area:
Students have 11 assignments related to clinical note writing based on encounters with standardized patients and role play exercises; assignments progress from portions of a note to a complete history and physical.

Students receive feedback from their small group preceptor on note format, correct use of medical vocabulary and content using the Phase 1-1 note writing rubric. Students learn about skills in oral presentation and practice presenting a case based on a video and receive feedback from peers and faculty

Student Assessment Related to this Topic Area:

1. Students write a note as part of their final performance assessment which is assessed by faculty using the Phase 1-1 note writing rubric.

Doctoring 2: Stepping into Roles and Exploring Perspectives.

Doctoring 2 takes place in the spring of the first year. In addition to small group work, students spend 6 half-days in an outpatient clinic or emergency room. Students are introduced to the SOAP format and practice oral presentation skills and note writing based on encounters with real patients in a clinical setting.

Relevant Learning Objectives Related to this Topic Area:

1. Verbally report information gathered from a patient history and physical exam in an organized manner
2. Write a clinical note based on a patient encounter that includes subjective, objective, assessment and plan sections

Educational Activities Related to this Topic Area:
Students present the patients that they evaluate to their continuity clinic preceptor and write 6 clinical notes as part of Continuity Clinic. They receive feedback from their Continuity Clinic preceptor on content and format of their notes. They also receive feedback from their Learning Community mentor on format in note writing.

Student Assessment Related to this Topic Area:

1. Students write a note within a limited time frame as part of their midterm and final assessments. The notes are assessed by faculty using the Phase I-1 rubric. The midterm note-writing grade is formative, while the final note-writing grade is summative.

Doctoring 3: Practical Immersion Experience.
Doctoring 3 takes place during the summer between the first and second years. Students are given clinical placements throughout New Mexico.

Relevant Learning Objectives Related to this Topic Area:
1. Present a patient case, including history, physical, basic diagnostics, and preliminary assessment, to another health professional
2. Provide written documentation of an encounter with a patient, including history, physical, basic diagnostic tests, and preliminary assessment and plan

Educational Activities Related to this Topic Area:
Students are immersed in a clinical practice, regularly presenting their patients to their clinical preceptor. They write a clinical note each week (6 notes) and receive feedback from their preceptor on note content and format.

Student Assessment Related to this Topic Area:
Preceptors assess students as "below expectations," "meets expectations," and "above expectations" on:
1. Presented cases, including history, physical, basic diagnostics, and preliminary assessment
2. Provided written documentation of encounters with patients including history, physical, basic diagnostic tests, and preliminary assessment and plan

Doctoring 4: Equipping your Professional Toolbox
Doctoring 4 takes place in the fall of the second year. In addition to small group work, students spend 5 half-days in an outpatient clinic or emergency room. Students practice oral presentation skills and note writing based on encounters with real patients in a clinical setting.

Relevant Learning Objectives Related to this Topic Area:
1. Synthesize gathered clinical information into a well-organized oral presentation that leads logically to a summary (assessment) statement, differential diagnosis and plan
2. Deliver an oral presentation of a patient encounter with correct medical vocabulary in a fluent manner, avoiding behavior that might distract the listener

Educational Activities Related to this Topic Area:
Students practice oral presentation skills based on the evaluation of a role play case, receiving feedback from peers/faculty. They write a clinical note based on the case and receive feedback from faculty on content and form. Students also evaluate a standardized patient case with peers and present the case to an attending and receive feedback on their oral presentation and how it reflects their clinical reasoning around a case. Students attend 5 continuity clinics where they are expected to present patients that they evaluate to their preceptor and write 5 clinical notes. They receive feedback from their clinical preceptor on the format and content of their notes and oral presentations. They receive formative feedback from their learning community mentor on the format of one note.

Student Assessment Related to this Topic Area:
1. Students write a note as part of their midterm performance assessment. The notes are assessed by faculty using the Phase 1-2 rubric.

Doctoring 5: Transitions

Doctoring 5 is a 4-week course that immediately proceeds the first clerkship. It functions as a boot camp to consolidate skills before starting clerkships.

Relevant Learning Objectives Related to this Topic Area:
1. Extract information from a video, simulated patient, or medical record and synthesize with information from that day into a coherent oral presentation
2. Adapt skills in note writing and oral presentation to different clinical specialties
3. Evaluate oral and written assessment of patient findings

Educational Activities Related to this Topic Area:
Students participate in several different activities to develop their oral presentation skills. In "Mock rounds" students extract data from a real patient's record in the EMR and present the information to faculty and peers. In "small group oral presentation" exercises they watch a video of a student interviewing and examining a patient and present the cases to faculty and residents; they receive formative feedback on their presentation using an oral presentation checklist from peer and faculty. They receive guidance from 4th year students on expectations for oral presentation in different specialties.

Students will regularly summarize cases in oral presentation format during problem-based learning tutorials. In addition, students write clinical notes based on a tape of a patient history and physical. They evaluate peer notes and receive feedback on their own notes from peers using Calibrated Peer Review (CPR) and the Phase 2 note writing rubric. The overall CPR score reflects a student's ability to assess the notes of others as well as the quality of her/his own notes. Successful completion of the CPR exercise thus requires that students have internalized the curricular expectations for note writing.

Student Assessment Related to this Topic Area:
1. Faculty affirm that students meet expectations for oral presentation in the student's passport
2. Students note writing skills are assessed formatively using Calibrated Peer Review.

Doctoring 7: Comprehensive Ambulatory Care Clerkship
Doctoring 7 is a required 4th year (Phase 3) course. Students participate in a series of seminars on topics effecting health care.

Relevant Learning Objectives Related to this Topic Area:
1. Develop your oral presentation skills
2. Practice articulating and defending an ethical point of view

Educational Activities Related to this Topic Area:
Students choose an ethical dilemma involving a public health issue. They research the topic in-depth and present the issue in a capstone presentation and in a 5-10 page paper. They are asked to make an argument for an ethical position.

Student Assessment Related to this Topic Area:
1. Student's written work is assessed by faculty using a rubric for critical thinking.
2. Student's oral presentation is assessed by faculty using a rubric for oral presentations skills.

Clerkships
During the clerkship year (Phase II) students participate as part of a healthcare team and routinely communicate via clinical notes and oral presentation with other physicians on the team.

Relevant Learning Objectives Related to this Topic Area:
Family & Community Medicine

1. Give organized verbal patient presentations and demonstrate the ability to succinctly write-up focused and complete history and physical exams

Internal Medicine
1. Communicate effectively with patients and the health care team
2. Demonstrate the ability to present patients to other physicians in a clear, organized and concise fashion and to write progress notes, that communicate information about the patient in a complete but concise fashion

OB/GYN
1. Demonstrate competence in how to present a case orally and in written format

Pediatrics
1. Present patient to peers and supervisors in a focused and logical manner on patient rounds, as a new patient on the wards and in the outpatient clinic
2. Write complete and well-organized notes for admission, inpatient progress notes and outpatient clinical notes

Educational Activities Related to this Topic Area:
In all clerkships students participate as part of the medical team. They present patients orally on a daily basis and received feedback on their presentations from residents and faculty. Students submit clinical notes based on their own evaluation of patients to either faculty supervisors or the clerkship director and receive feedback on their note writing skills.

Student Assessment Related to this Topic Area:
1. Students' note writing skills are assessed in the Phase 2 OSCE, which occurs every 16 weeks. They write 3 brief clinical notes based on a standardized patient encounter.
2. Students evaluate peer notes and receive feedback from peers on their own notes based on the Phase 2 note writing rubric using Calibrated Peer Review. Their overall CPR score reflects their ability to assess the notes of others as well as the quality of their own notes. It thus requires that students have internalized the expectations for note writing.

3. Communicating with non-physician health professionals as members of the health care team

Doctoring 2: Stepping into Roles and Exploring Perspectives
Doctoring 2 takes place in the spring of the first year. Students begin to understand their role as a physician and explore the perspectives of other health professions through interprofessional education activities.

Relevant Learning Objectives Related to this Topic Area:
1. Value the importance of interprofessional communication and collaboration in providing culturally competent, patient-centered care to individuals from underserved populations.
2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
3. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict
4. Recognize how one's uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships.

Educational Activities Related to this Topic Area:
Students work in interprofessional groups for two distinct skills training activities, each involving two four-hour sessions. In the first they are trained in Mental Health First Aid, a curriculum designed to improve mental health literacy. In the second, they are trained on Emergency Health Preparedness. In both activities students participate in small group didactics, discussion, role play and simulation activities.

Student Assessment Related to this Topic Area:
1. Students' understanding of roles and concepts in interprofesional communication will be assessed with MCQs during the Doctoring 2 midterm and final

Doctoring 3: Practical Immersion Experience
Doctoring 3 takes place during the summer between the first and second years. Students are given clinical placements in mostly rural New Mexico.

Relevant Learning Objectives Related to this Topic Area:
1. Collaborate with and utilize the skills of other members of a healthcare team.

Educational Activities Related to this Topic Area:
Students are immersed in a clinical environment and routinely interact with non-physician healthcare professionals as part of patient care.

Student Assessment Related to this Topic Area:
1. Preceptors rate students as "below expectations," "meets expectations," and "above expectations" on: Collaborated with and utilized the skills of other members of a healthcare team.

Doctoring 5: Transitions
Doctoring 5 is a 4-week course that immediately proceeds the first clerkship. It functions as a boot camp to consolidate skills before starting clerkships.

Relevant Learning Objectives Related to this Topic Area:
1. Describe professional expectations involved in working on a team as a medical clerk.
2. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
3. Listen actively and encourage ideas and opinions of other team members.
4. Communicate the importance of teamwork in patient-centered care and population health programs and policies.

Educational Activities Related to this Topic Area:
Students work in interprofessional groups for 3.5 hours in Lobowings, a patient safety training for effective interprofessional practice and problem-solving.

Student Assessment Related to this Topic Area: none

Clerkships

Relevant Learning Objectives Related to this Topic Area:
1. Communicate effectively with patients and the health care team.

Educational Activities Related to this Topic Area:
Students join a healthcare team on all of the clerkships. Under the supervision of faculty and housestaff, they serve as the point person on the team for the patients that they follow, communicating with other non-physician health professionals involved in the patient's care.

Student Assessment Related to this Topic Area:
1. Students are assessed by faculty and house staff using the Medical Student Clinical Evaluation that is based on PRIME.

7.9 INTERPROFESSIONAL COLLABORATIVE SKILLS

The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

7.9 SUPPORTING DATA

Table 7.9-1 | Collaborative Practice Skills in Learning and Program Objectives

Illustrate the linkage between course and clerkship learning objectives related to collaborative practice skills and the medical education program objectives.

Course/Clerkship Learning Objective(s) Related to Collaborative Practice Skills	Medical Education Program Objective(s)
Internal Medicine Clerkship 4. Demonstrate the ability to function as a member of the ward team and health care system. 5. Communicate effectively with patients and the health care team.	**Competency 2: Patient Care** 3. In collaboration with the healthcare team, make informed decisions about diagnostic plans using up-to-date scientific evidence, and clinical judgment 4. In collaboration with the healthcare team, make informed decisions about therapeutic interventions using up-to-date scientific evidence, and clinical judgment **Competency 3: Interpersonal and Communication Skills** 1. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members 2. Utilize patient-centered interviewing skills to gather and share information with patients, families, and health care team members **Competency 5: Systems and Community-Based Practice** 5. Demonstrate the ability to work within a multidisciplinary and interprofessional patient care team.
Pediatrics 19. Demonstrate the ability to work as an effective member of the healthcare team incorporating inter-professional communication and collaboration skills.	**Competency 3: Interpersonal and Communication Skills** 1. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members **Competency 5: Systems and Community-Based Practice** 5. Demonstrate the ability to work within a multidisciplinary and interprofessional patient care team.
Ob/Gyn 23. Demonstrate the ability to work as an effective member of the healthcare team incorporating inter-professional communication and collaboration skills.	**Competency 3: Interpersonal and Communication Skills** 2. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members **Competency 5: Systems and Community-Based Practice** 5. Demonstrate the ability to work within a multidisciplinary and interprofessional patient care team.
Surgery Observes and appreciates the role of the surgeon as a member of the multidisciplinary team that cares for the patient	**Competency 2: Patient Care** 3. In collaboration with the healthcare team, make informed decisions about diagnostic plans using up-to-date scientific evidence, and clinical judgment 4. In collaboration with the healthcare team, make informed decisions about therapeutic interventions using up-to-date scientific evidence, and clinical judgment
Family Medicine 10. Demonstrate the ability to work as an effective member of the healthcare team incorporating inter-professional communication and collaboration skills.	**Competency 3: Interpersonal and Communication Skills** 2. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members **Competency 5: Systems and Community-Based Practice** 5. Demonstrate the ability to work within a multidisciplinary and interprofessional patient care team.

Neurology 8. Demonstrate the ability to work as an effective member of the healthcare team incorporating inter-professional communication and collaboration skills.	**Competency 3: Interpersonal and Communication Skills** 2. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members **Competency 5: Systems and Community-Based Practice** 3. Demonstrate the ability to work within a multidisciplinary and interprofessional patient care team.
Psychiatry 13. Demonstrate the ability to work as an effective member of the healthcare team incorporating inter-professional communication and collaboration skills.	**Competency 3: Interpersonal and Communication Skills** 2. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members **Competency 4: Personal and Professional Development** 2. Demonstrate sensitivity and respect to diverse patient populations, families and members of the healthcare team **Competency 5: Systems and Community-Based Practice** 3. Demonstrate the ability to work within a multidisciplinary and interprofessional patient care team.
Doctoring-2 1. Describe the process of team development and the roles and practices of effective teams Value the importance of interprofessional communication and collaboration in providing culturally competent, patient-centered care to individuals from underserved populations	**Competency 2: Patient Care** 3. In collaboration with the healthcare team, make informed decisions about diagnostic plans using up-to-date scientific evidence, and clinical judgment 4. In collaboration with the healthcare team, make informed decisions about therapeutic interventions using up-to-date scientific evidence, and clinical judgment **Competency 3: Interpersonal and Communication Skills** 1. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members
Doctoring-4 1. Demonstrate skills for shared medical decision making	**Competency 2: Patient Care** 3. In collaboration with the healthcare team, make informed decisions about diagnostic plans using up-to-date scientific evidence, and clinical judgment 4. In collaboration with the healthcare team, make informed decisions about therapeutic interventions using up-to-date scientific evidence, and clinical judgment
Doctoring 3 Collaborate with and utilize the skills of other members of the healthcare team.	**Competency 2: Patient Care** 3. In collaboration with the healthcare team, make informed decisions about diagnostic plans using up-to-date scientific evidence, and clinical judgment 4. In collaboration with the healthcare team, make informed decisions about therapeutic interventions using up-to-date scientific evidence, and clinical judgment **Competency 3: Interpersonal and Communication Skills** 1. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members
Phase III Comprehensive Ambulatory Care Rotation – Clinical Selective 1. Develop skills in interprofessional team collaboration.	**Competency 2: Patient Care** 3. In collaboration with the healthcare team, make informed decisions about diagnostic plans using up-to-date scientific evidence, and clinical judgment 4. In collaboration with the healthcare team, make informed decisions about therapeutic interventions using up-to-date scientific evidence, and clinical judgment **Competency 3: Interpersonal and Communication Skills** 1. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members

7.9 NARRATIVE RESPONSE

a. Provide three examples of required experiences where medical students are brought together with students or practitioners from other health professions to learn to function collaboratively on health care teams with the goal of providing coordinated services to patients. For each example, describe the following:

1. The name and curriculum year of the course or clerkship in which the experience occur
2. The objectives of the experience related to the development of collaborative practice skills
3. The duration of the experience (e.g., single session, course)
4. The setting where the experience occurs (e.g., clinic, simulation center)
5. The other health profession(s) students or practitioners involved
6. The way(s) that the medical students' attainment of the objectives of the experience is assessed

The Office of Interprofessional Education, led by the IPE team, was established in 2012. This office consists of a dedicated team of faculty from the various schools and programs across the UNM Health Sciences Center. As a group they seek to provide experiential learning opportunities for interprofessional collaborative practice in the classroom, simulation labs, and clinical settings.

Example 1.
"Mental Health First Aid Training" (Phase I – Year 1 Spring semester)
Description of Program: Mental Health First Aid is an 8-hour course (divided for our purpose in two 4-hr. sessions) designed to teach key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Mental Health First Aid builds mental health literacy. Specifically, studies found that those who trained in Mental Health First Aid have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes. This training will be conducted by certified trainers in Mental Health First Aid and is being offered to medical students, who will receive a certificate in mental health first aid, which must be renewed every three years.

Learning Objectives: At the end of this training, participants will be able to:
1. Recognize the potential risk factors and warning signs for a range of mental health problems, including: depression, anxiety/trauma, psychosis and psychotic disorders, substance use disorders, and self-injury.
2. Use a 5-step action plan to help an individual in crisis connect with appropriate professional help.
3. Interpret the prevalence of various mental health disorders in the U.S. and the need for reduced negative attitudes in their communities.
4. Apply knowledge of the appropriate professional, peer, social, and self-help resources available to help someone with a mental health problem treat and manage the problem and achieve recovery.
5. Assess their own views and feelings about mental health problems and disorders.

IPEC Core Competencies for Interprofessional Collaborative Practice associated with this activity:
Values/Ethics:
- Respect the dignity and privacy of patients while maintaining confidentiality
- Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
- Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.
- Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
- Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.
- Act with honesty and integrity in relationships with patients, families, communities, and other team members.

Roles/Responsibilities:

- Recognize one's limitations in skills, knowledge, and abilities.
- Interprofessional Communication:
- Communicate information with patients, families, community members**,** and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
- Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.
- Recognize how one's uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).
- Teams and Teamwork:
- Apply leadership practices that support collaborative practice and team effectiveness.

Duration of experience: Single session (3 hours)

Setting: Classroom and small group rooms

Students involved: Learners from the School of Medicine (1st year), School of Pharmacy, School of Nursing, and Health Professions Programs (physical therapy, occupational therapy, emergency medical services). Students will work though the Mental Health First Aid together in interprofessional teams with the guidance of trained interprofessional facilitators.

Assessment: These objectives will be assessed via the ICAR rubric (Interprofessional Collaborator Assessment Rubric) and via a multiple choice question examination given by Mental Health First Aid for certification purposes.

Example 2.
"IPE LoboWings Patient Safety Training" (Phase I – Year 2 Spring Semester)
Description of Program: Patient safety training for effective interprofessional practice and problem solving. LoboWings concepts are used to: Ensure clear roles and accountabilities; improve accuracy of team communications and functions; reduce/eliminate inefficiency, delays and rework; and catch, correct and eliminate preventable errors before they result in patient harm.

Learning Objectives: At the end of this training, participants will be able to:
1. Promote patient safety and teamwork concepts through application of Crew Resource Management techniques
2. Foster teamwork and collaboration among participants from other healthcare professions.
3. Demonstrate increased confidence in the ability to respond appropriately when faced with patient safety challenges.

IPEC Core Competencies for Interprofessional Collaborative Practice associated with this activity:
Values/Ethics:
- Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.
- Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
- Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.
- Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.
- Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).

- Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.

Roles/Responsibilities:

- Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.
- Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
- Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
- Use unique and complementary abilities of all members of the team to optimize health and patient care.

Interprofessional Communication:

- Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
- Listen actively, and encourage ideas and opinions of other team members.
- Communicate the importance of teamwork in patient-centered care and population health programs and policies.

Teams and Teamwork:

- Describe the process of team development and the roles and practices of effective teams.
- Develop consensus on the ethical principles to guide all aspects of team work.
- Engage health and other professionals in shared patient-centered and population-focused problem-solving.
- Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
- Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
- Reflect on individual and team performance for individual, as well as team, performance improvement.
- Use available evidence to inform effective teamwork and team-based practices.

Duration of experience: Single session (3.5 hours)

Setting: Classroom and small group rooms

Students involved: Learners from the School of Medicine (2nd year), School of Pharmacy (3rd year), School of Nursing (1st and 2nd level), and Health Professions Programs (physical therapy, occupational therapy, emergency medical services). Students will work together in interprofessional teams with the guidance of trained interprofessional facilitators

Assessment: The Lobowings instructors will provide formative assessment and feedback throughout the training process.

Example 3.
"IPE Public Health Emergency Preparedness" (Phase I – Year 1 Spring semester)
Description of Program: Using a New Mexico tornado scenario, explore the interactions between health professionals during the response to a community-wide disaster. Concepts emphasized: Roles and responsibilities within and beyond professional training for response to emergency health needs of a community; ensure effective communication to respond to and enact a public health emergency medical response.

Learning Objectives

1. Discuss how different professions prepare for disasters and how emergency preparedness can benefit from interprofessional collaboration.
2. Explore the response to a community-wide disaster, including understanding your specific role in a disaster, staff readiness, disaster standards of care and prioritization, and the care of fragile patients.
3. Learn and respect the protocols of how an emergency response unit is set up and purposely organized, and how it uses each health professional's skills to the optimum extent.
4. Apply the relevant IPEC Core Competencies for Interprofessional Collaborative Practice to disaster planning and response from the point of view of different professions.

IPEC Core Competencies for Interprofessional Collaborative Practice associated with this activity:

Values/Ethics:

- Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
- Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.
- Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.
- Act with honesty and integrity in relationships with patients, families, communities, and other team members.

Roles/Responsibilities:

- Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.
- Recognize one's limitations in skills, knowledge, and abilities.
- Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.
- Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
- Use unique and complementary abilities of all members of the team to optimize health and patient care.

Interprofessional Communication:

- Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
- Listen actively, and encourage ideas and opinions of other team members.
- Recognize how one's uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).
- Communicate the importance of teamwork in patient-centered care and population health programs and policies.

Team and Teamwork:

- Describe the process of team development and the roles and practices of effective teams.
- Develop consensus on the ethical principles to guide all aspects of team work.
- Engage health and other professionals in shared patient-centered and population-focused problem-solving.
- Apply leadership practices that support collaborative practice and team effectiveness.
- Reflect on individual and team performance for individual, as well as team, performance improvement.

- Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.
- Use available evidence to inform effective teamwork and team-based practices.
- Perform effectively on teams and in different team roles in a variety of settings.

Duration of experience: Two sessions (4 hours/session)

Setting: Classroom and small group rooms

Students involved: Learners from the School of Medicine (1st year), School of Pharmacy, School of Nursing, and Health Professions Programs (physical therapy, occupational therapy, emergency medical services). Students will work through the case scenario in interprofessional teams under the guidance of interprofessional faculty facilitators.

Assessment: The Lobowings instructors will provide formative assessment and feedback throughout the training process.

In addition to these three examples in the pre-clinical curriculum, medical students participate with students from the other health professions in interprofessional volunteer service learning experiences in which they collaboratively interact with real patients.

One example of this is the Healthcare Resources Center (HRC) which is a "student-run"clinic with faculty oversight that provides patient care to homeless and sheltered individuals. The clinic is open one evening a week. Nursing students are the first point of contact for the patient. Pharmacy students and medical students actively collaborate at this point to determine a trajectory of care for each patient. The most common trajectory is for the patient to be seen by one of two medical teams, each staffed by a senior medical student, a junior medical student, a senior pharmacy student and a junior pharmacy student. The HRC experience allows students to develop the skills of interprofessional communication and teamwork in an environment with layers of supervision that allow the students in all disciplines to experiment within safe limits to make real world decisions based on judgments appropriate for their roles.

A new program at the HRC is the Student Rounds Program. There are 30 beds at the shelter designated as "stay-in or respite care" beds that are paid for by local hospitals whose purpose is to provide a transition for a patient discharged from inpatient or emergency services who is not well enough to be on the street but not sick enough to be in the hospital. Interprofessional teams of students round on these patients while supervised by faculty. This is seen as a way to enhance continuity of care for this population of patients and provides follow up primary care within the HRC when the patients' discharge plans do not include it as is often the case.

The Interprofessional Education team at the Health Sciences Center is charged with developing and implementing an IPE curriculum for all health sciences students. This group is currently working on creating several additional opportunities and activities for students to participate in authentic clinical experiences where interprofessional teams care for patients. The IPE team is creating a system that employs the PIPEs (Points for Interprofessional Education system) method of identifying appropriate clinical experiences that support the IPE learning objectives.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 7.9

1. Sample copies of any forms used in the assessment of medical students' collaborative practice skills. For each example, list the course or clerkship in which the form is used.

Form used in the Doctoring 3 course during Phase I:

UNM SCHOOL of MEDICINE University of New Mexico Undergrad

Evaluated By:
evaluator's name
Evaluating:
person (role) or moment's name (if applicable)
Dates: start date to end date

* indicates a mandatory response

Doctoring 3 - Practical Immersion Experience: Preceptor Evaluation of Student (FINAL)

Ethics and Professionalism

	Below Expectations	Meets Expectations	Above Expectations
Attended 5 half day sessions per week	○	○	○
Demonstrated patient centered care, including respect for patient autonomy and patient confidentiality	○	○	○
Solicited, accepted nondefensively, and incorporated feedback for improvement	○	○	○
Demonstrate adaptation to the practice setting by respecting the preceptor's practice patterns and balancing of time constraints associated with patient needs and student education	○	○	○

Communication Skills

	Below Expectations	Meets Expectations	Above Expectations
Collaborated with and utilized the skills of other members of a healthcare team	○	○	○
Counseled at least one patient about lifestyle issues and identified resources for patient education appropriate to the patient	○	○	○
Provided continuity of care by following up on a discrete issue identified by the preceptor, conducted either by telephone or follow-up visit	○	○	○

History and Physical

	Below Expectations	Meets Expectations	Above Expectations
Evaluated stable patients with straightforward medical problems, independently interviewing the patient and performing an appropriate physical exam before presenting the patient to a preceptor	○	○	○

Clinical Reasoning

	Below Expectations	Meets Expectations	Above Expectations
Developed rudimentary differential diagnoses for common problems seen in the practice	○	○	○

Oral and Written Presentation Skills

	Below Expectations	Meets Expectations	Above Expectations
Presented cases, including history, physical, basic diagnostics, and preliminary assessment	○	○	○

	Below Expectations	Meets Expectations	Above Expectations
Provided written documentation of encounters with patients including history, physical, basic diagnostic tests, and preliminary assessment and plan	○	○	○

Self-Directed Learning (Learning Issues)

	Below Expectations	Meets Expectations	Above Expectations
Developed well thought out learning issues (biological, behavioral, population, prevention, and pharmacology)	○	○	○
Demonstrated skills in identifying gaps in his/her knowledge and resources to close the gap	○	○	○
Identified existing community-based resources and programs that help to improve the health of the population in the community	○	○	○

*Write Ups:

○ The student has NOT been presenting their write ups for feedback and will need review by the preceptorship office before the student can get credit for the experience.
○ The student has been presenting their write ups to me and I have been giving written or electronic feedback to the student on their write ups.

*Preceptor's Assessment of Student Performance:

○ BELOW STANDARD - The student has significant areas of deficiency in clinical skills, attendance and/or professionalism.
○ CONCERNS - I have concerns regarding the student's performance and would like further review by the course director.
○ MEETS STANDARD - The student has satisfactorily completed the above objectives at the level of a medical student early in their second year.

Narrative Comments

Strengths:

Areas for Improvement:

If you noted CONCERNS or BELOW STANDARD, please specify concerns and/or deficits

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

STANDARD 8 SUPPORTING DOCUMENTATION

Table 8.0-1 | Overall Satisfaction

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) with the statement:
"*Overall, I am satisfied with the quality of my medical education."*

GQ 2012		GQ 2013		GQ 2014		GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %	School %	National %	School %	National %	School %	National %
85	89	90	89	97	89	78	91	94	90	95	90

1. A summary of student feedback for each required course and clerkship for the past two academic years. If a course or clerkship is new or has been significantly revised so that only one year of data are available, provide evaluation data for the new version only. Include in each summary the percentage of students providing feedback.

Phase I Required Course Evaluations (Scale 1-5; 1= strongly disagree and 5= strongly agree)

Question	Course	AY 15-16 (Response Rate)	AY 16-17 (Response Rate)
Overall, the block was well organized and facilitated my learning.	Health of New Mexico	2.8 (94%)	4.1 (94%)
	Foundations of Medical Science	4.2 (98%)	4.1 (95%)
	Musculoskeletal Skin and Connective Tissue	4.0 (98%)	4.0 (97%)
	Hematology	4.6 (98%)	4.6 (93%)
	Neuroscience	3.8 (97%)	3.9 (94%)
	Cardiovascular, Pulmonary, Renal	4.4 (97%)	4.2 (94%)
	Quantitative Medicine 1	2.4 (98%)	2.7 (95%)
	Quantitative Medicine 2	3.5 (98%)	3.0 (81%)
	Clinical Reasoning 1	4.3 (98%)	4.4 (94%)
	Clinical Reasoning 2	4.2 (98%)	4.4 (94%)
	Doctoring 1	4.1 (90%)	4.3 (92%)
	Doctoring 2	3.0	3.1

		(95%)	(97%)
	Doctoring 3	3.9 (96%)	3.8 (92%)
	GI/Nutrition/Endocrine	3.9 (99%)	3.8 (95%)
	Infectious Disease	4.2 (97%)	4.0 (93%)
	Human Sexuality and Reproduction	4.0 (94%)	3.9 (92%)
	Doctoring 4		3.7 (94%)
	Clinical Reasoning 3		4.1 (92%)
	Quantitative Medicine 3		2.7 (85%)
	Doctoring 5	4.2 (64%)	4.1 (77%)
Question	**Course**	**AY 15-16 (Response Rate)**	**AY 16-17 (Response Rate)**
Objectives were well defined, correlated well with block material and reflected in assessments.	Health of New Mexico		
	Foundations of Medical Science	4.0 (98%)	3.9 (95%)
	Musculoskeletal Skin and Connective Tissue	3.8 (98%)	3.7 (97%)
	Hematology	4.5 (98%)	4.2 (93%)
	Neuroscience	4.0 (97%)	4.1 (94%)
	Cardiovascular, Pulmonary, Renal	4.2 (97%)	4.0 (94%)
	Quantitative Medicine 1	3.0 (98%)	3.6 (95%)
	Quantitative Medicine 2	3.8 (98%)	3.6 (81%)
	Clinical Reasoning 1	4.2 (98%)	4.4 (94%)
	Clinical Reasoning 2	4.1 (98%)	4.2 (94%)
	Doctoring 1	4.0 (90%)	4.1 (92%)
	Doctoring 2	3.1 (95%)	3.0 (97%)
	Doctoring 3	-	-
	GI/Nutrition/Endocrine	3.8 (99%)	3.4 (95%)
	Infectious Disease	4.1 (97%)	3.9 (93%)
	Human Sexuality and Reproduction	3.8 (94%)	3.6 (92%)
	Doctoring 4		3.4 (94%)
	Clinical Reasoning 3		4.1 (92%)
	Quantitative Medicine 3		3.2 (85%)
	Doctoring 5		4.0

			(77%)
Question	**Course**	**AY 15-16 (Response Rate)**	**AY 16-17 (Response Rate)**
The amount of time to learn the material for this block was adequate.	Foundations of Medical Science	4.0 (98%)	3.7 (95%)
	Musculoskeletal Skin and Connective Tissue	3.8 (98%)	3.4 (97%)
	Hematology	4.3 (98%)	4.1 (93%)
	Neuroscience	3.3 (97%)	3.4 (94%)
	Cardiovascular, Pulmonary, Renal	3.9 (97%)	3.5 (94%)
	Quantitative Medicine 1	3.2 (98%)	3.6 (95%)
	Quantitative Medicine 2	3.8 (98%)	3.6 (81%)
	Clinical Reasoning 1	4.2 (98%)	4.4 (94%)
	Clinical Reasoning 2	4.1 (98%)	4.2 (94%)
	Doctoring 1	4.0 (90%)	4.1 (92%)
	Doctoring 2	3.1 (95%)	3.0 (97%)
	Doctoring 3		
	GI/Nutrition/Endocrine	3.8 (99%)	3.4 (95%)
	Infectious Disease	4.1 (97%)	3.9 (93%)
	Human Sexuality and Reproduction	3.8 (94%)	3.6 (92%)
	Doctoring 4		3.4 (94%)
	Clinical Reasoning 3		4.1 (92%)
	Quantitative Medicine 3		3.2 (85%)
	Doctoring 5		4.0 (77%)

Phase II Required Clerkship Evaluations (Scale 1-5; 1= strongly disagree and 5= strongly agree)
AY 15-16 (Class of 2017)

	Family Medicine	Internal Medicine	Neurology	Obstetrics and Gynecology	Pediatrics	Psychiatry	Surgery
Response Rate	100%	97%	97%	99%	93%	99%	99%
Overall the organization, quality, and content of this clerkship was effective in furthering my education.	4.1	4.3	3.5	4.6	4.4	4.6	3.6
The expectations were made clear and the clerkship orientation was effective.	4.1	4.1	3.6	4.4	4.3	4.5	3.3
The balance between hands-on activities and	4.2	4.0	3.4	4.3	4.0	4.5	3.6

observational activities was appropriate.							
The balance of time for educational and clinical activities was appropriate.	4.0	3.4	3.6	4.1	3.7	4.4	3.0
I was treated as a valued member of the care-giving team on this clerkship.	4.6	4.2	3.3	4.1	3.9	4.7	3.3
The learning (clinical, didactic and other) experiences that I had helped meet the clerkship objectives.	4.2	4.2	3.7	4.4	4.0	4.5	3.5
I received timely feedback from my direct clinical supervisors regarding my clinical performance.	4.4	4.0	3.2	3.9	3.7	4.5	2.9
The feedback that I received was helpful in guiding my learning and performance.	4.4	4.2	3.5	4.1	4.0	4.4	3.3
With clerkship support and guidance, I used medical literature to answer patient care questions.	4.5	4.3	3.8	4.3	4.2	4.3	3.5
I feel my clerkship experience was an important component in preparing me for the subject exam.	4.2	4.0	3.5	4.4	4.0	4.3	2.9

Phase II Required Clerkship Evaluations (Scale 1-5; 1= strongly disagree and 5= strongly agree)
AY 16-17 (Class 2018)

	Family Medicine	Internal Medicine	Neurology	Obstetrics and Gynecology	Pediatrics	Psychiatry	Surgery
Response Rate	100%	96%	96%	94%	92%	94%	93%
Overall the organization, quality, and content of this clerkship was effective in furthering my education.	4.0	4.4	3.9	4.5	4.5	4.7	4.1
The expectations were made clear and the clerkship orientation was effective.	4.1	4.3	4.1	4.5	4.4	4.6	3.9
The balance between hands-on activities and observational activities was appropriate.	4.1	4.2	4.1	4.2	4.2	4.6	3.8
The balance of time for educational and clinical activities was appropriate.	4.2	3.7	4.0	4.3	4.0	4.5	3.4
I was treated as a valued member of the care-giving team on this clerkship.	4.6	4.2	3.9	4.0	4.2	4.6	3.6
The learning (clinical, didactic and other) experiences that I had helped meet the clerkship objectives.	4.1	4.2	4.0	4.4	4.3	4.5	3.8
I received timely feedback from my direct clinical supervisors regarding my clinical performance.	4.3	4.3	3.9	3.7	3.7	4.5	3.7

The feedback that I received was helpful in guiding my learning and performance.	4.4	4.2	4.0	4.0	4.1	4.5	3.8
With clerkship support and guidance, I used medical literature to answer patient care questions.	4.3	4.3	4.2	4.3	4.2	4.4	4.0
I feel my clerkship experience was an important component in preparing me for the subject exam.	4.1	4.1	4.1	4.4	4.3	4.5	3.3

Phase III Required Clerkship Evaluations (Scale 1-5; 1= strongly disagree and 5= strongly agree)
Comprehensive Ambulatory Care

	AY 15-16	AY 16-17
Response Rate	100%	99%
Overall the Comprehensive Ambulatory Care Rotation enhanced my understanding of the challenges and opportunities for providing high quality comprehensive care in an ambulatory setting.		4.1
Overall the quality of this rotation was excellent.	4.1	4.1
Overall the rotation was well organized.	4.0	4.3
Expectations of students on the rotation were clear from the beginning of the rotation.	4.1	4.3
The lecture/seminar topics in this course were appropriate and relevant for a 4th year medical student.		4.2
I was treated as a valuable member of the care-giving team on this rotation.	4.3	4.5
The requirement to research, write, and present a paper on a contemporary health issue integrating public health and ethical issues helped me integrate my learning on this rotation.	4.1	4.1
I received the support I needed to guide me in selection and development of my paper and presentation on a contemporary health issue.	4.2	4.2
Feedback from faculty and residents of parts of my history and physical examinations was timely and useful	4.1	4.4
Feedback from faculty and residents on my oral presentations was timely and useful	4.1	4.3

Phase III Required Clerkship Evaluations (Scale 1-5; 1= strongly disagree and 5= strongly agree)
Medicine in New Mexico

	AY 15-16	AY 16-17
Response Rate	100%	99%
Overall the rotation was well organized	4.6	4.3
Overall the quality of this rotation was excellent.	4.3	4.1
The syllabus was well organized and useful in understanding course requirements	4.6	4.2
My clinical skills improved during this clerkship	4.5	4.3
My medical knowledge improved during this clerkship	4.5	4.3
The assignments in this rotation were valuable to my learning	3.8	4.5
I am confident in my ability to identify community needs and resources as a result of this rotation	4.1	
My confidence in my ability to perform as an intern improved during this rotation.		4.4
My preceptor provided constructive feedback on my clinical experiences, encounters and write ups	4.6	4.4

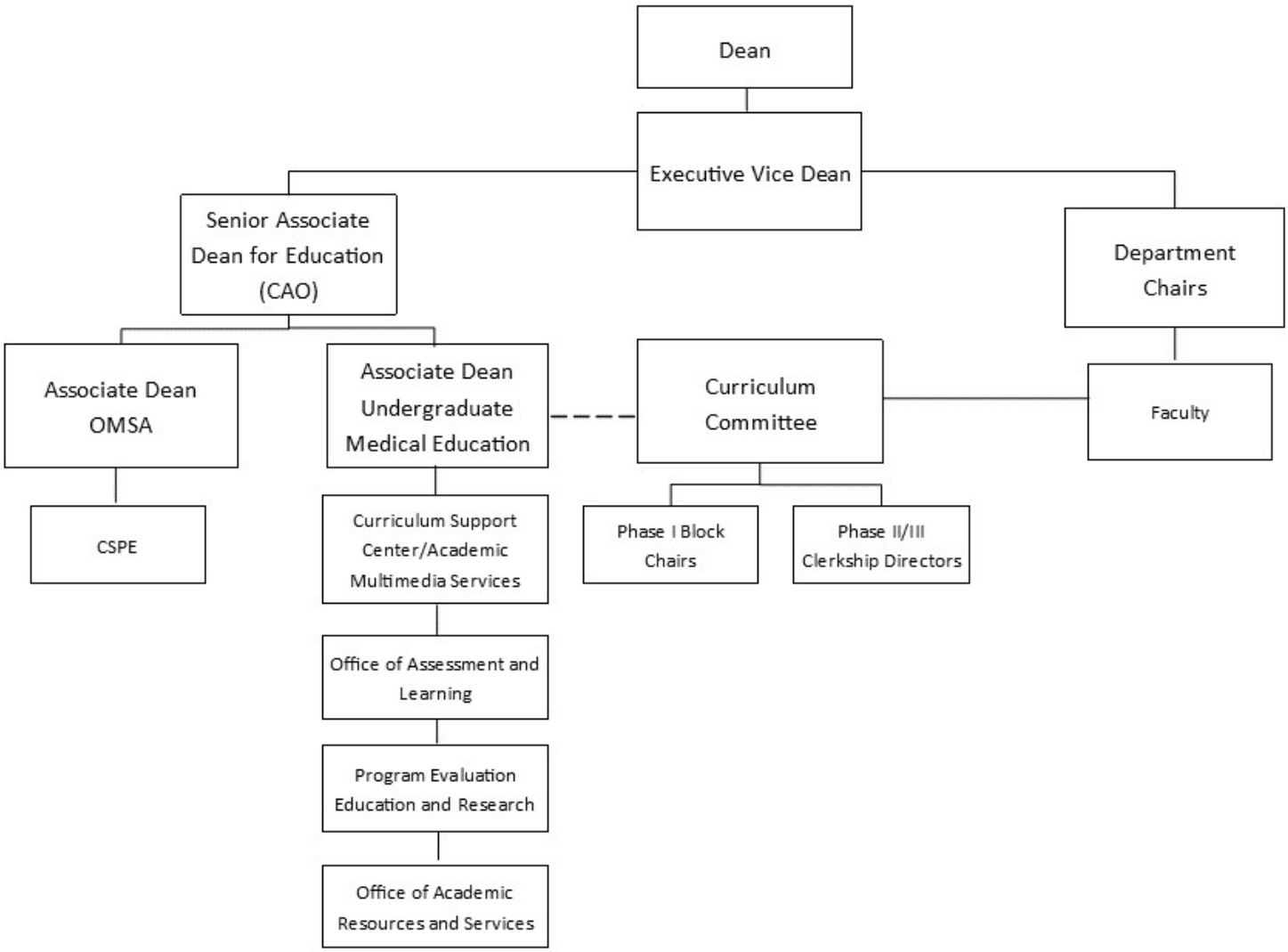
Phase III Required Clerkship Evaluations (Scale 1-5; 1= poor and 5= excellent)
ICU

	Medicine Intensive Care		Pediatric Intensive Care		Neuroscience Intensive Care		Surgical Critical Care	
Response Rate	100%		100%		100%		100%	
	AY 15-16	AY 16-17	AY 15-16	AY 16-17	AY 15-16	AY 16-17	AY 15-16	AY 16-17
Quality of lectures/conferences	3.9	3.8	4.4	4.7	3.5	3.9	3.8	4.0
Quality of resident/fellow teaching	3.7	3.7	3.9	4.6	3.8	3.9	3.7	4.1

Quality of attending teaching	4.1	4.1	4.3	5.0	4.0	3.9	4.1	4.2
Involvement in patient care	4.3	4.5	4.1	4.9	4.0	4.4	4.0	4.1
Patient load and variety	4.4	4.2	4.0	4.9	4.5	4.6	4.1	4.0
Adequate feedback	3.1	2.9	3.3	4.7	3.7	3.9	3.5	3.9
Timely feedback	3.1	2.9	3.1	4.9	3.7	3.8	3.5	3.7
Overall quality of rotation	4.2	4.0	3.7	5.0	3.8	4.2	3.9	4.1

2. An organizational chart for the management of the curriculum that includes the curriculum committee and its subcommittees, other relevant committees, the chief academic officer, and the individuals or groups with involvement in curriculum design, implementation, and evaluation.

Organizational chart curriculum management



8.1 CURRICULAR MANAGEMENT

A medical school has in place an institutional body (e.g., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

8.1 NARRATIVE RESPONSE

a. Provide the name of the faculty committee with primary responsibility for the curriculum. Describe the source of its authority (e.g., medical school faculty bylaws).

School of Medicine Curriculum Committee (CC).
The authority of the Curriculum Committee is set forth in the School of Medicine By-Laws. (Available at: https://app.box.com/s/tai7svy0cedkbhcwu1r57ag2m9mbaw0e, See Appendix 8.1-a)

b. Describe how the members and the chair of the curriculum committee are selected. Note if there are terms for committee members. How often does the curriculum committee meet?

The CC is an integrated body with rotating membership that includes members of the faculty, administration and student body in proportions appropriate to assure wide understanding of the issues at hand, flexibility, a lack of bias, and full representation across the institution, in order to achieve the school's overall educational objectives. All members are nominated or elected by their peers and appointed by the Dean. Members are appointed for three-year terms and may be reappointed for successive terms. Term end dates are June 30th of a given year. Voting members, unless excused, will be expected to attend no fewer than 70% of the scheduled meetings in a given year or be willing to give up their position on the committee (after a warning and opportunity to participate). Given the educational demands on the students, they will be exempt from this rule. To assure a smooth transition, a system of staggered terms of membership has been adopted for Committee members. Of the 41 curriculum committee members, 32 are elected members (78%) and 9 are ex-officio members from UME support offices (22%).

Meetings of the CC are held twice monthly. Approximately one week prior to each CC meeting, members receive an email appointment with attached agenda for the upcoming meeting and a copy of the previous meeting's minutes. The agenda and minutes of each meeting are also available electronically via e-mail and on the Office of Undergraduate Medical Education home page (http://som.unm.edu/education/md/ume/curriculum-committee.html#tab-2). All interested UNM-SOM faculty members, residents, students, and staff are invited to attend Curriculum Committee meetings as visitors. Meetings generally last one to one-and-one-half hours. Special meetings may be scheduled throughout the year.

c. If there are subcommittees of the curriculum committee, describe the charge/role of each, along with its membership and reporting relationship to the parent committee. How often does each subcommittee meet?

The CC has 2 standing subcommittees, the Phase I Block Chairs committee and the Phase II/III Clerkship Directors committee that oversee the day-to-day operations of their respective curricular phases, bring proposals forward to the CC, submit course data and analysis reports and implement changes recommended by the CC. The Chair of each subcommittee is nominated and elected by its members.

Phase I Block Chairs Subcommittee:
Charge:
To plan, schedule and review the pre-clerkship content and plans for assessment of students. This subcommittee reports regularly to the CC through its membership on the Curriculum Committee about all aspects of the preclinical curriculum including any concerns and recommendations for change. This includes plans for

horizontal integration and developmental progression, identifying and addressing gaps and redundancies, and sharing innovative educational strategies and best practices. It meets two times per month.
Membership:
- Phase I block chairs/course directors
- Phase I thread leaders
- Associate Dean of Undergraduate Medical Education
- Assistant Dean for Undergraduate Medical Education
- Director of the Curriculum Support Center (UME)
- Executive Director of Assessment and Learning (UME)
- Director of Program Evaluation, Education and Research (UME).

Reporting Structure:
The Phase I Block Chairs subcommittee has 3 representatives who report to and serve on the School of Medicine Curriculum Committee.

Phase II/III Clerkship Directors Subcommittee:
Charge:
To plan, schedule and review the overall clerkship curriculum and the assessment of students. This subcommittee reports regularly to the CC through its membership on the CC about all aspects of the clerkship curriculum including any concerns and recommendations for change. It meets monthly for two hours.
Membership:
- Phase II Clerkship Directors and Assistant/Associate Directors
- Phase II Clerkship Coordinators
- Representatives from Phase III Clerkships
- Doctoring course director
- Executive Director of Assessment and Learning (UME)
- Director of Program Evaluation, Education and Research (UME).
- Associate Dean of Undergraduate Medical Education

Reporting Structure:
The Phase II/III Clerkship Directors subcommittee has 4 representatives who report to and serve on the School of Medicine Curriculum Committee.

d. Describe how the curriculum committee and its subcommittees participate in the following:

1. Developing and reviewing the educational program objectives

The CC has the responsibility of developing and reviewing the educational Competencies and Objectives. These encompass the knowledge, skills and attitudes that every student is expected to possess upon graduation from the School of Medicine. A subcommittee of the CC was charged in late 2015 to review the competency-based objectives and to update the outcome measures. The proposed changes were presented to the full CC in 2017 for thorough review and discussion and were accepted in June of 2017. The updated competencies and objectives were disseminated to the School of Medicine Department faculty and posted to the medical student learning management system. Distribution to resident physicians is done regularly through the Office of Graduate Medical Education. The educational Competencies and Objectives are reviewed at the annual Curriculum Committee business meeting in association with curriculum outcome measures. A subcommittee is convened every third year to update them.

2. Ensuring that there is horizontal and vertical curriculum integration (i.e., that curriculum content is coordinated and integrated within and across academic years/phases)

The CC is charged with ensuring both horizontal and vertical integration of the curriculum. It accomplishes this by working closely with its subcommittees and with input from the Office of Undergraduate Medical Education. As part of the revision of the Phase I curriculum in 2015, the Phase I block chairs committee held regularly scheduled

integration meetings to ensure that content and process was aligned between specific courses in Phase I (horizontal integration). These integration meetings continue as part of the routine agenda of this subcommittee. As an example, these meetings helped to align the topics covered in the cases for the Clinical Reasoning course with the content of the basic science blocks as well as ensuring that the teaching of physical exam skills within the Doctoring course was coordinated with students learning the relevant anatomy. The Phase II/III clerkship directors subcommittee meets monthly and regularly considers issues of vertical integration within the clerkships in terms of the distribution of required patient types and procedures as well as integration with the Phase II Doctoring curriculum. Vertical integration between the Phases is partly achieved by the Transitions Block between Phase I and Phase II, by having clinical faculty serve as co-block chairs, and by having a significant level of overlap in representation between the CC subcommittees and representatives from all three Phases of the curriculum as standing members of the CC. One example is that of the Neuroscience block. A co-chair for this course is also a Phase II Clerkship director, ensuring integration and a smooth transition in this subject matter from Phase I to Phase II. In addition, the Phase I Block Chair Report and the Phase II Clerkship Director Report contain sections in which horizontal and vertical integration must be addressed.

3. Monitoring the overall quality and outcomes of individual courses and clerkships

The School of Medicine CC has developed a process for monitoring the quality of individual courses in Phase I and the clerkships in Phases II and III. The following is a brief description of these processes.

Phase I: At the beginning of each Phase I course, four to six student volunteers are selected and trained to provide feedback in weekly meetings with the block chair in a process called student continuous quality improvement (CQI). This allows the block chair to make changes to improve the block and facilitate student learning. After the course, CQI students write a brief report listing topics discussed with the block chair; they also respond to any recommendations from the previous year. The student CQI process actively engages students and block chairs in evaluation. In addition to student CQI, one quarter of the class evaluates each weekly large group session, and the entire class evaluates the block as a whole in the end-of-block evaluation. At the completion of each Phase I course, the block chair completes an end-of-block report, taking into account block logistics, the CQI report, the block evaluations, and student outcomes. The Block Chair report, the student CQI report, the end-of-block evaluation, and assessment data is forwarded to an ad-hoc evaluation subcommittee (3 members of the CC, including student members). The subcommittee reviews the data and prepares an evaluation report along with a set of specific recommendations that is presented to the full CC for discussion and approval. Phase I blocks are reviewed on a 1 or 2-year cycle as recommended by the full CC. The Phase I curriculum as a whole is reviewed annually by the Curriculum Committee, either in an extended business meeting or in a separate retreat. Topics included in this review of Phase I include student progress in the curriculum, USMLE Step 1 outcomes, and a review of gaps and redundancies as identified by end-of-block evaluation reports and an USMLE Step 1 Preparation Survey that is administered to students immediately after taking Step 1.

Phase II/III: Prior to 2016 annual clerkship evaluations were informally reviewed by the clerkship directors and discussed at the clerkship directors meetings. The clerkship directors would subsequently present an overview of their clerkships and outcomes to the full CC. In 2017, a new more formal reporting structure was created to increase direct CC oversight of the clerkships. Clinical clerkships in Phase II and III are evaluated by students at the end of each 4 or 8-week rotation. After the end of the clerkship year each clerkship director reviews the student evaluations and other data provided by the Program Evaluation Office and submits a summary of the clerkship year with any proposed changes for the future. The clerkships director's summary and other data milestones (patient types, duty hours, procedure logs, individualized H&P feedback, and assessment outcomes) are provide to an ad hoc evaluation subcommittee consisting of 2-3 members of the CC. The subcommittee reviews the data and prepares an evaluation report along with a set of specific recommendations that are presented to the full CC for discussion and approval. Phase II/III Clerkships are a reviewed on a 1-2 year cycle unless otherwise recommended by the full CC.

4. Monitoring the outcomes of the curriculum as a whole

At the end of each academic year the CC holds an extended business meeting to review the School of Medicine curriculum as a whole. This meeting often involves members of the admissions committee to review overall student outcomes including student progression, graduation rates, Match statistics, and the Residency Directors' report. The CC reviews and updates educational policies at this meeting as well as the outcome measures for the School of Medicine objectives. Plans to address any areas of concern are followed up at subsequent CC meetings or with assigned subcommittees.

e. Provide two recent examples of course or clerkship evaluation data (or other information sources) being used by the curriculum committee to identify problem areas related to course or curriculum structure, delivery, or outcomes. Describe the steps taken by the curriculum committee and its subcommittees to address the identified problems and the results that were achieved.

1) During an overall review of the Phase I curriculum by the CC in 2014, several issues came to light regarding the Epidemiology/Biostatistics/Evidence Based Medicine curriculum. Generally positive student evaluations of this longitudinal course did not match the relatively poor performance outcomes in USMLE Step 1 subscores. In 2015, along with other changes in Phase I, the CC recommended a redesign of this curriculum that resulted in the creation of a longitudinal Quantitative Medicine course that is integrated weekly throughout the concurrent organ system blocks. The first two years of Quantitative Medicine were not rated highly by students in end-of-course evaluations however students taking USMLE Step 1 in 2017 reported that they felt well-prepared for this topic. This was based on an internal USMLE Step 1 preparation survey in which students' also expressed appreciation for the block content and pedagogy. The Quantitative Medicine block has new leadership for the 2017-2018 academic year and an altered format. In line with recommendations from the CC evaluation subcommittee, it will be shortened to two semesters, and further integrated with content being delivered in concurrent blocks.

2) The Neurology clerkship is one of the 7 required clerkships in Phase II for medical students. The overall ratings for this clerkship had been below the national average on the AAMC Graduation Questionnaire and the clerkship was also not rated highly by students on internal surveys. An ad hoc subcommittee of the CC was established in 2016, offered specific recommendations for improvement to the CC, Clerkship Director, and Department Chair including:

- The Department Chair, Clerkship Director, and Residency Program Director should meet with the Assistant Dean for Medical Educator Development to identify needs and opportunities for enhancing the educator roles of faculty and residents.
- The Chief Resident should be enrolled in the Residents as Educators (RAE) workshop and the Department should continue to encourage all residents to participate in RAE.
- More attention should be given to organizational issues within the clerkship, including fewer canceled or relocated lectures, more awareness on the part of the residents of the roles and responsibilities of the medical students, and improved acknowledgement of medical students as valued members of the team. This includes recognizing the presence of the medical students and delegating them more tasks/responsibilities, as well as providing more effective feedback.

The clerkship will be reviewed again in December of 2017 to follow up on the recommendations, and to evaluate whether these and other changes in the clerkship have led to improved outcomes related to student satisfaction.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.1

1. The charge to or the terms of reference of the curriculum committee. If the subcommittees of the curriculum committee have formal charges, include those as well.

Per the UNM School of Medicine By-Laws, the Curriculum Committee is a standing committee of the faculty. The function of the curriculum committee is to oversee the education program as a whole and has the responsibility for the overall design, management, integration, evaluation and enhancement of a coherent and coordinated curriculum. Through its work, the curriculum committee will determine educational policy and curricular structure, promote educational innovations and scholarship, and establish implementation strategies for the four-year School of Medicine educational program leading to the Doctor of Medicine degree. The curriculum committee has 2 standing subcommittees, the Phase I Block Chairs committee and the Phase II/III Clerkship Directors committee that oversee the day-to-day operations of their respective curricular phases, bring proposals forward to the curriculum committee and implementing recommended changes from the curriculum committee. The standard operating procedure for committee deliberations will be to encourage active discussion with decision making by consensus. When voting is necessary as determined by the committee chair or as requested by a committee member, a simple majority of the voting members present will carry. Significant issues requiring a vote of the full School of Medicine voting faculty may be conducted electronically at the discretion of the Chair. The Curriculum Committee manages the curriculum by:

- Developing, maintaining and evaluating a curriculum that reflects current medical knowledge and practice and is consistent with meeting LCME standards.

- Reviewing and modifying (when necessary) the goals and objectives for the curriculum as a whole with particular emphasis on ensuring that the goals and objectives are linked to desired outcome measures.

- Establishing a logical sequencing of the various segments of the curriculum and curriculum content that is coordinated and integrated within and across the academic periods of study (i.e., horizontal and vertical integration).

- Monitoring and evaluating the quality of the blocks and clerkships and their effectiveness in meeting the goals and objectives for medical student education as established by the School of Medicine. The curriculum committee uses internal and external metrics including but not limited to items such as student performance in courses, student course evaluations, yearly comprehensive curriculum evaluation reports, NBME board results and the annual AAMC GQ and Y2Q survey.

- Ensuring that the methods of pedagogy and medical student assessment are effective, innovative and appropriate for the achievement of the program's educational objectives.

- Monitoring of content and student workload in each Phase of the curriculum.

- Promoting educational innovation, experimentation and scholarship.

- Gain and share knowledge about curricular models used at other medical schools to inform the development and maintenance of a dynamic and current curriculum

2. A list of curriculum committee members, including their voting status and membership category (e.g., faculty, student, or administrator)

UNM School of Medicine
Curriculum Committee Membership
2016-2017

Voting Members:

Chair:
Deborah Dellmore, MD; Psychiatry (Faculty)

Vice Chair:
Jonathan Eldredge, PhD; HSLIC/Family and Community Medicine (Faculty)

3 representatives from Phase I Block Chairs:
Veena Singh, MD; Pathology (Faculty)
Anthony Fleg, MD; Family Medicine (Faculty)
Erin Milligan. PhD; Neuroscience (Faculty)

2 Representatives from Phase II:
Mary Lacy, MD; Internal Medicine (Faculty)
Leonard Noronha, MD; Internal Medicine (Faculty)

2 Representatives from Phase III:
Felisha Rohan-Minjares, MD; Family Medicine (Faculty)
Joanna Fair, MD; Radiology (Faculty)

2 Representatives from Doctoring Curriculum:
Jennifer Benson, MD; Internal Medicine (Faculty)
Ann Morrison, MD; Internal Medicine (Faculty)

1 Representative from Learning Communities:
Jim McKinnell, MD; Pediatrics (Faculty)

1 Representative from Clinical Reasoning Curriculum:
Justin Roesch, MD/Patrick Rendon, MD; Internal Medicine (Faculty)

1 Representative from PA Program:
Yvonne Ellington, PA; Family Medicine (Faculty)

1 Representative from Phase I Threads:
Karen Santa Cruz, MD; Pathology (Faculty)

2 Students from Phase III (MS2018):
Hallie Brown; (Student)
Michelle Sandoval; (Student)

2 Students from Phase II (MS2019):
Natalie Johannes/Julia Dexter; (Student)
Megan McClean/Eric Rightly; (Student)

2 Students from Phase I, Year 2 (MS2020):
Dane Abruzzo; (Student)
Ricardo Galicia; (Student)
Alternate: Baillie Bronner

2 Students from Phase I, Year 1 (MS2021):
Paul Ratmeyer; (Student)
Hannah Wilcox; (Student)

1 student from MD-PhD program:
Arden Vanderwall; (Student)

5 Faculty At-Large:
Bradley Pickett, MD; Surgery (Faculty)
Elaine Bearer, MD; Pathology (Faculty)
Janet Vessart, MD; Emergency Medicine (Faculty)
Maria Elena Roumeloti, MD; Internal Medicine (Faculty)
Sarah Morley, PhD; HSLIC (Faculty)

1 Faculty Representative from VA Medical Center:
Henry Lin, MD; Internal Medicine (Faculty)

1 Representative from Health Sciences Library and Informatics Center:
Jon Eldredge, PhD; Family Medicine (Faculty)

2 Resident Physicians:
Brittney Coffman, MD (Resident)
Daphne Olson, MD (Resident)

Ex-Officio Members*:
Ed Fancovic, MD; Representing Assessment and Learning (Administration)
Rebecca Hartley, PhD; Representing Program Evaluation (Administration)
Gary Smith, PhD; Assistant Dean of OMED (Office of Medical Educator Development) (Administration)
Paul Perea, MS; Director of the Curriculum Support Center (Administration)
Pam DeVoe, PhD; Director of the Office of Academic Resources and Support (Administration)
Paul McGuire, PhD; Associate Dean for Undergraduate Medical Education (Administration)
Marcy Osgood, PhD; Assistant Dean Medical Science Education (Administration)
Sheila Hickey, MD; Associate Dean Student Affairs (Administration)
Valerie Romero-Leggott, MD; Associate Dean for Diversity (Administration)

* Frequently, ex officio members will abstain from voting, but unless by-laws constrain their rights, they are afforded the same rights as other members, including debate, making formal motions, and voting. Based on the SOM by-laws, Ex Officio members of this committee who are considered SOM Voting Faculty (Tenured, Tenure-Track, Clinician Educator, Lecturer, Instructor, and Research contract faculty members with half-time or greater appointments) will be eligible to vote on Curriculum Committee matters.

3. The minutes of four curriculum committee meetings over the past year that illustrate the activities and priorities of the committee. *Note: Have available on-site for the survey team three years of curriculum committee minutes.*

See Appendix 8.1-3 CC Meeting Minutes 01.18.17.pdf
See Appendix 8.1-3 CC Meeting Minutes 02.01.17.pdf
See Appendix 8.1-3 CC Meeting Minutes 03.15-17.pdf
See Appendix 8.1-3 CC Meeting Minutes 06.21.17.pdf

8.2 USE OF MEDICAL EDUCATIONAL PROGRAM OBJECTIVES

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, review and revise the curriculum, and establish the basis for evaluating programmatic effectiveness. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.

8.2 NARRATIVE RESPONSE

a. Describe how the medical education program objectives are used to guide the following activities:

1. The selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases

The School of Medicine Curriculum Committee (CC) has established overall objectives for the 4-year curriculum that specify the knowledge, skills and attitudes that all medical students should have upon graduation. These objectives provide a framework for what is taught within the specific courses and clerkships. Phase I block chairs and Phase II/III clerkship directors provide yearly mappings of their specific course and session-level objectives to the overall curricular objectives within the One45 curricular management system. This database provides yearly reports to the CC to confirm the mappings and the extent to which each of the School of Medicine objectives is being addressed. Annual evaluations of individual courses and clerkships also include a review of content based on the objectives.

The CC together with the course and clerkship directors also propose an integrated curricular sequence based on the overall program objectives and supported by several principles of learning including;

- The content of the curriculum includes detail appropriate for the students' stage of education.
- The organization of the curriculum demonstrates how the material relates within the course and links to previous and subsequent information.
- New knowledge is built upon prior knowledge acquired in the curriculum and sufficiently integrated so as to make connections relevant.
- Proposed changes in curricular design and delivery incorporate best practices supported by educational research findings, and take into consideration the impact of such changes on other components of the curriculum while aligning with the overall programmatic objectives.

2. The evaluation of curriculum outcomes

Each of the programmatic objectives is tied to one or more outcome measures that are reviewed at a yearly CC business meeting. Ad hoc evaluation teams consisting of 3 CC members are provided data for 2-3 objectives by the PEAR office in advance of the business meeting. The evaluation teams present recommendations for each programmatic objective to the full Curriculum Committee for discussion at the business meeting. Interventions to address objectives that are not met are followed up at subsequent CC meetings or with assigned subcommittees.

b. Describe the roles and activities of course/clerkship faculty and the curriculum committee and its subcommittees in ensuring that course and clerkship learning objectives are linked to medical education program objectives. Note how the linkage is used in program evaluation and content selection/placement.

Faculty who participate in Phase I courses and clerkships are provided the course level objectives as the course or clerkship is being designed or revised. The faculty are responsible for providing the block chair or clerkship director with specific objectives for the individual sessions in which they participate with mappings to the course level

objectives. This information is loaded into the One45 Curriculum management system by the staff of the Curriculum Support Center within UME. Reports are provided to the Phase I block chairs subcommittee and the Phase II/III clerkship directors subcommittee as to the level of completeness of this task. A yearly report is also provided to the Curriculum Committee to confirm the mappings and the extent to which each of the School of Medicine objectives is being addressed. Annual reviews of individual courses and clerkships includes a review of objectives and linkages. Objectives at both the session level and course level without a clear link to a course or programmatic objective are targeted for discussion of relevance during the course or programmatic review process.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.2

1. One example from a course and one example from a clerkship illustrating the linkage of the learning objectives of the course and the clerkship to the medical education program objectives.

Psychiatry Clerkship Objectives Mapped to School of Medicine Competencies and Objectives

Competency 1: Medical Knowledge	**Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:**	**Course Objectives**
	1. Describe important biomedical concepts and apply them to the practice of medicine emphasizing the scientific principles and mechanisms that underlie health, disease and methods of therapy.	Psych 10. Identify biological, psychological and social factors that contribute to the development of psychiatric presentations.
	2. Apply medical knowledge, epidemiology and clinical reasoning skills to effectively solve problems related to patient care	Psych 4. Recognize the clinical symptoms and identify diagnostic criteria for common psychiatric presentations.

Competency 2: Patient Care	**Related SOM Program Objectives At the end of medical school training a graduating student will be able to:**	**Course Objectives**
	1. Gather essential and accurate information about patients and their conditions through history taking, physical examination, and the appropriate use of laboratory data, imaging, and other studies	Psych 1. Conduct a complete and supportive interview with a psychiatric patient. Psych 2. Present a thorough and accurate mental status exam from memory. Psych 6. Generate treatment options for psychiatric presentations and be able to explain the risks and benefits to patients and families. Psych 7. Perform a complete suicide assessment on a patient.
	2. Interpret and synthesize information from multiple sources (medical records, history, physical, diagnostic evaluations, family and other healthcare team members) in order to develop patient assessments	Psych 3. Generate a reasonable differential diagnosis for psychiatric presentations.
	3. In collaboration with the patient and the healthcare team, make informed decisions about diagnostic plans using up-to-date scientific evidence, and clinical judgment	Psych 4. Recognize the clinical symptoms and identify diagnostic criteria for common psychiatric presentations. Psych 5. Generate an appropriate work up including pertinent laboratories and studies

		needed to consider complete differential diagnosis.
	4. In collaboration with the patient and the healthcare team, make informed decisions about therapeutic interventions using up-to-date scientific evidence, and clinical judgment	Psych 5. Generate an appropriate work up including pertinent laboratories and studies needed to consider complete differential diagnosis. Psych 6. Generate treatment options for psychiatric presentations and be able to explain the risks and benefits to patients and families.
	5. Accurately summarize and clearly present patient data and patient care information in both written and oral formats in accordance with established guidelines	Psych 2. Present a thorough and accurate mental status exam from memory. Psych 4. Recognize the clinical symptoms and identify diagnostic criteria for common psychiatric presentations.
	6. Perform appropriate procedures and skills safely and correctly with appropriate informed consent and supervision	

Competency 3: Interpersonal and Communication Skills	**Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:**	**Course Objectives**
	1. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members	Psych 8. Establish rapport with difficult patients. Psych 13. Demonstrate the ability to work as an effective member of the healthcare team incorporating inter-professional communication and collaboration skills.
	2. Utilize patient-centered interviewing skills to gather information from patients and families	Psych 1. Conduct a complete and supportive interview with a psychiatric patient. Psych 8. Establish rapport with difficult patients. Psych 12. Demonstrate best practices in communication with patients and their families, establishing rapport, gathering information and educating them about their condition and treatment plan.
	3. Engage with patients and families in discussion of diagnostic, therapeutic and health promotion plans	Psych 9. Outline criteria necessary for informed consent. Psych 12. Demonstrate best practices in communication with patients and their families, establishing rapport, gathering information and educating them about their condition and treatment plan.

Competency 4: Personal and Professional Development	Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:	Course Objectives
	1. Use a recognized framework of ethical decision-making in addressing issues and concerns in diverse educational and clinical situations	Psych 1. Conduct a complete and supportive interview with a psychiatric patient. Psych 4. Recognize the clinical symptoms and identify diagnostic criteria for common psychiatric presentations. Psych 7. Perform a complete suicide assessment on a patient. Psych 8. Establish rapport with difficult patients. Psych 9. Outline criteria necessary for informed consent.
	2. Demonstrate sensitivity and respect to diverse patient populations, families and members of the health care team	Psych 13. Demonstrate the ability to work as an effective member of the healthcare team incorporating inter-professional communication and collaboration skills. Psych 14. Demonstrate professional values of respectfulness, altruism, integrity and accountability in your role as a medical student on a clinical service.
	3. Demonstrate compassion, integrity and altruism for others	Psych 14. Demonstrate professional values of respectfulness, altruism, integrity and accountability in your role as a medical student on a clinical service.
	4. Demonstrate accountability and an ability to give, receive and incorporate constructive feedback	Psych 14. Demonstrate professional values of respectfulness, altruism, integrity and accountability in your role as a medical student on a clinical service.
	5. Utilize appropriate methods and resources to demonstrate their commitment to maintaining personal health and well-being which promote optimal patient care and a sustainable work-life balance.	

Competency 5: Systems- Based Practice	Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:	Course Objectives
	1. Describe and apply the principles of health care quality improvement, cost effectiveness and patient safety	
	2. Demonstrate familiarity with the professional standards of medical practice and issues of patient privacy.	
	3. Demonstrate the ability to work within a multidisciplinary and interprofessional patient care team.	Psych 13. Demonstrate the ability to work as an effective member of the healthcare team incorporating inter-professional communication and collaboration skills.

Competency 6: Practice-based Learning and Improvement	Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:	Course Objectives
	1. Demonstrate skill in accessing, evaluating, and applying the best evidence to understand the causes and effects of disease and to improve the care of patients and populations	Psych 11. Present an evidence based medicine critical appraisal of an article to the treatment team aimed at answering a clinical question.
	2. Identify the strengths and limitations in one's knowledge, skills, and attitudes in order to develop learning and improvement goals	

Competency 7: New Mexico Health	Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:	Course Objectives
	1. Describe and address the social determinants of health common to the population of New Mexico and their contributions to the development and/or continuation of disease.	
	2. Care and advocate for patients experiencing issues of health disparity and contribute to addressing the health care needs of underserved individuals and communities in New Mexico.	Psych 1. Conduct a complete and supportive interview with a psychiatric patient.

Infectious Disease: Objectives Mapped to School of Medicine Competencies and Objectives

Competency 1: Medical Knowledge	Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:	Course Objectives
	1. Describe important biomedical concepts and apply them to the practice of medicine emphasizing the scientific principles and mechanisms that underlie health, disease and methods of therapy.	ID 1. Apply knowledge of the normal immune response to explain its control of infectious disease, including bacterial, viral, fungal, parasitic and toxin-mediated disease. ID 2. Apply knowledge of abnormal anatomy and physiology (learned in prior blocks) and predict the risk of infection.

		ID 3. Apply knowledge of infectious organisms (including morphology, metabolism, genetic make-up, virulence factors, and toxins) to explain how these organisms can overcome normal host immune defense mechanisms. ID 4. Explain the role of normal flora in homeostasis and pathogenesis.
	2. Apply medical knowledge, epidemiology and clinical reasoning skills to effectively solve problems related to patient care	ID 5. Apply knowledge of the mechanisms of action, major side effects, mechanisms of resistance, and spectrum of activity for antimicrobials to choose an appropriate antibiotic for common infections in various body sites ID 6. Apply knowledge of infectious organisms responsible for clinical syndromes to prescribe appropriate empiric antimicrobial treatment while awaiting culture results. ID 7. Recommend the most appropriate preventative measure (i.e. vaccination, sanitation, infection control, antibiotic stewardship) for various pathogens/clinical syndromes and identify challenges in applying these strategies to the society level. ID 8. Predict how certain epidemiologic (socioeconomic factors, global location, risk exposures) and behavior factors (i.e. sexual history, substance use history) influence risk for infectious disease. ID 9. Come up with a differential diagnosis (hypothesize) for the clinical presentation of common infectious clinical syndromes based on clinical reasoning skills and medical knowledge obtained in the block. Reorganize your differential diagnosis as new historical and objective information is made available. ID 10. Formulate an assessment and plan for evaluation of a patient with a common infectious clinical syndrome, including ordering relevant laboratory and radiologic tests. Prioritize tests considering cost effectiveness and sensitivity/specificity. For each differential diagnosis, correctly predict the laboratory tests. ID 11. Recognizing the role of stigma, bring together a patient's need for privacy with

		concerns for public health and state law (i.e. disclosure of HIV status).

Competency 2: Patient Care	**Related SOM Program Objectives At the end of medical school training a graduating student will be able to:**	**Course Objectives**
	1. Gather essential and accurate information about patients and their conditions through history taking, physical examination, and the appropriate use of laboratory data, imaging, and other studies	ID 8. Predict how certain epidemiologic (socioeconomic factors, global location, risk exposures) and behavior factors (i.e. sexual history, substance use history) influence risk for infectious disease. ID 9. Come up with a differential diagnosis (hypothesize) for the clinical presentation of common infectious clinical syndromes based on clinical reasoning skills and medical knowledge obtained in the block. Reorganize your differential diagnosis as new historical and objective information is made available.
	2. Interpret and synthesize information from multiple sources (medical records, history, physical, diagnostic evaluations, family and other healthcare team members) in order to develop patient assessments	ID 9. Come up with a differential diagnosis (hypothesize) for the clinical presentation of common infectious clinical syndromes based on clinical reasoning skills and medical knowledge obtained in the block. Reorganize your differential diagnosis as new historical and objective information is made available.
	3. In collaboration with the patient and the healthcare team, make informed decisions about diagnostic plans using up-to-date scientific evidence, and clinical judgment	ID 10. Formulate an assessment and plan for evaluation of a patient with a common infectious clinical syndrome, including ordering relevant laboratory and radiologic tests. Prioritize tests considering cost effectiveness and sensitivity/specificity. For each differential diagnosis, correctly predict the laboratory tests.
	4. In collaboration with the patient and the healthcare team, make informed decisions about therapeutic interventions using up-to-date scientific evidence, and clinical judgment	ID 5. Apply knowledge of the mechanisms of action, major side effects, mechanisms of resistance, and spectrum of activity for antimicrobials to choose an appropriate antibiotic for common infections in various body sites. ID 6. Apply knowledge of infectious organisms responsible for clinical syndromes to prescribe appropriate empiric antimicrobial treatment while awaiting culture results. ID 7. Recommend the most appropriate preventative measure (i.e. vaccination, sanitation, infection control, antibiotic stewardship) for various pathogens/clinical

		syndromes and identify challenges in applying these strategies to the society level. ID 10. Formulate an assessment and plan for evaluation of a patient with a common infectious clinical syndrome, including ordering relevant laboratory and radiologic tests. Prioritize tests considering cost effectiveness and sensitivity/specificity. For each differential diagnosis, correctly predict the laboratory tests. ID 15. Critically evaluate sources of information, including ID-specific resources, and determine whether the findings can be applied to your patient case.
	5. Accurately summarize and clearly present patient data and patient care information in both written and oral formats in accordance with established guidelines	ID 9. Come up with a differential diagnosis (hypothesize) for the clinical presentation of common infectious clinical syndromes based on clinical reasoning skills and medical knowledge obtained in the block. Reorganize your differential diagnosis as new historical and objective information is made available.
	6. Perform appropriate procedures and skills safely and correctly with appropriate informed consent and supervision	

Competency 3: Interpersonal and Communication Skills	**Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:**	**Course Objectives**
	1. Establish collaborative and trusting relationships with faculty, peers, patients, families, and interprofessional care team members	
	2. Utilize patient-centered interviewing skills to gather information from patients and families	
	3. Engage with patients and families in discussion of diagnostic, therapeutic and health promotion plans	

Competency 4: Personal and Professional Development	**Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:**	**Course Objectives**
	1. Use a recognized framework of ethical decision-making in addressing issues and concerns in diverse educational and clinical situations	

	2. Demonstrate sensitivity and respect to diverse patient populations, families and members of the health care team	ID 12. Reflect on the role of a student and the future role of a physician in patient care and explain how the roles of other health care providers (NP, PA, RN, LPN, MA, PT, Lab technicians, DOH staff, consultants), family members, and patients can come together to optimize patient care.
	3. Demonstrate compassion, integrity and altruism for others	ID 11. Recognizing the role of stigma, bring together a patient's need for privacy with concerns for public health and state law (i.e. disclosure of HIV status).
	4. Demonstrate accountability and an ability to give, receive and incorporate constructive feedback	ID 14. Evaluate student's own knowledge, communication ability, team work, critical thinking skills at tutorial midblock and end of block evaluations.
	5. Utilize appropriate methods and resources to demonstrate their commitment to maintaining personal health and well-being which promote optimal patient care and a sustainable work-life balance.	

Competency 5: Systems-Based Practice	**Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:**	**Course Objectives**
	1. Describe and apply the principles of health care quality improvement, cost effectiveness and patient safety	ID 7. Recommend the most appropriate preventative measure (i.e. vaccination, sanitation, infection control, antibiotic stewardship) for various pathogens/clinical syndromes and identify challenges in applying these strategies to the society level. ID 8. Predict how certain epidemiologic (socioeconomic factors, global location, risk exposures) and behavior factors (i.e. sexual history, substance use history) influence risk for infectious disease. ID 10. Formulate an assessment and plan for evaluation of a patient with a common infectious clinical syndrome, including ordering relevant laboratory and radiologic tests. Prioritize tests considering cost effectiveness and sensitivity/specificity. For each differential diagnosis, correctly predict the laboratory tests.
	2. Demonstrate familiarity with the professional standards of medical practice and issues of patient privacy.	ID 11. Recognizing the role of stigma, bring together a patient's need for privacy with concerns for public health and state law (i.e. disclosure of HIV status).
	3. Demonstrate the ability to work within a multidisciplinary and interprofessional patient care team.	ID 12. Reflect on the role of a student and the future role of a physician in patient care and explain how the roles of other health care providers (NP, PA, RN, LPN, MA, PT,

		Lab technicians, DOH staff, consultants), family members, and patients can come together to optimize patient care.

Competency 6: Practice-based Learning and Improvement	**Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:**	**Course Objectives**
	1. Demonstrate skill in accessing, evaluating, and applying the best evidence to understand the causes and effects of disease and to improve the care of patients and populations	ID 10. Formulate an assessment and plan for evaluation of a patient with a common infectious clinical syndrome, including ordering relevant laboratory and radiologic tests. Prioritize tests considering cost effectiveness and sensitivity/specificity. For each differential diagnosis, correctly predict the laboratory tests. ID 15. Critically evaluate sources of information, including ID-specific resources, and determine whether the findings can be applied to your patient case.
	2. Identify the strengths and limitations in one's knowledge, skills, and attitudes in order to develop learning and improvement goals	ID 13. Develop relevant learning issues based on self-identified learning gaps uncovered during PBL/tutorial sessions/patient case work-ups. ID 14. Evaluate student's own knowledge, communication ability, team work, critical thinking skills at tutorial midblock and end of block evaluations.

Competency 7: New Mexico Health	**Related SOM Program Objective(s) At the end of medical school training a graduating student will be able to:**	**Course Objectives**
	1. Describe and address the social determinants of health common to the population of New Mexico and their contributions to the development and/or continuation of disease.	ID 7. Recommend the most appropriate preventative measure (i.e. vaccination, sanitation, infection control, antibiotic stewardship) for various pathogens/clinical syndromes and identify challenges in applying these strategies to the society level. ID 8. Predict how certain epidemiologic (socioeconomic factors, global location, risk exposures) and behavior factors (i.e. sexual history, substance use history) influence risk for infectious disease.
	2. Care and advocate for patients experiencing issues of health disparity and contribute to addressing the health care needs of underserved individuals and communities in New Mexico.	

8.3 CURRICULAR DESIGN, REVIEW, REVISION/CONTENT MONITORING

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.

8.3 NARRATIVE RESPONSE

a. Describe the roles and activities of the course and clerkship directors and course and clerkship committees, the teaching faculty, the departments, and the chief academic officer/associate dean for the medical education program in the following areas. If other individuals or groups also play a role, include these in the description as well.

1. Developing the objectives for individual courses and clerkships

The responsibility for the development of objectives for individual Phase I courses lies with the Phase I block chair and their block committee (teaching faculty within the block) in collaboration with the CC. The School of Medicine program objectives provided by the Curriculum Committee form the framework for the development of these objectives that are also informed by other sources including the Step 1 content outline and input from Phase II clerkship directors and faculty. Objectives for individual clerkships are developed by the clerkship director and co-director with input from their Departmental faculty and informed by other sources such as individual specialty professional organizations (e.g. STFM, APGO, APA/COMSEP). Discussions also occur within the Phase I block chairs subcommittee and Phase II/III clerkship directors subcommittee, which includes representation from the Office of Undergraduate Medical Education, to ensure that appropriate levels of integration, minimal gaps and planned redundancy occur and that all programmatic objectives are adequately addressed.

2. Identifying course and clerkship content, teaching formats, and assessment methods that are appropriate for the course/clerkship learning objectives

Content within each Phase I block or Phase II/III clerkship is developed by the block chairs and clerkship directors in consultation with their teaching faculty in order to meet the course objectives. Decisions related to content are informed by national guidelines (i.e. USMLE content), the knowledge, skills and attitudes required for progression through subsequent phases of the curriculum, and ultimately their success as practicing resident physicians.

Teaching formats/pedagogy within the curriculum are established by the Curriculum Committee and articulated in the Curricular Principles and Policies statement that guides UME curriculum development, reform and evaluation (See Appendix 8.3-a Curr Principles Polices.pdf). In addressing these principles and policies, the Phase I block chairs subcommittee recently chose three active learning pedagogies to be implemented during the next 1-2 academic years throughout the Phase I curriculum: Team Based learning, Modified Problem based learning/Case Based Learning, and Peer Instruction. Laboratories and a restricted number of lectures are also permitted.

Assessment methods are further defined by the Curriculum Committee and closely tied to course and clerkship content. The Office of Assessment and Learning within the UME program provides support for the design, delivery, results reporting and feedback of all assessments with the UME curriculum.

3. Evaluating the quality of individual faculty member teaching (e.g., through peer assessment of teaching or review of course content)

Phase I block chairs and Phase II/III clerkship directors attend most of the scheduled didactic sessions and provide the individual faculty member with informal feedback related to overall quality, pedagogical approach and session content. A more formal approach to evaluation of teaching quality is available to all faculty through the Office of Medical Educator Development. The Peer Observation in Support of Effective Teaching (POSET) is a faculty peer feedback program for School of Medicine educators that is required of all new faculty and provides an additional source of confidential feedback in addition to student feedback. Phase I block chairs also receive input from a group of volunteer students (the continuous quality improvement or CQI group) who provide feedback on teaching quality that allows for rapid response to student suggestions or concerns.

4. Monitoring the quality of individual faculty member teaching (e.g., through the review of student evaluations of courses and clerkships)

In Phase I, groups of students are asked to provide evaluations of teaching faculty didactic sessions. This feedback is collected weekly by the PEAR office and sent to the relevant block chair. Evaluations are available to individual faculty through their One45 account and the block chair is tasked with following up with the faculty when issues of quality or content arise. Small group faculty facilitators and one-on-one preceptors are evaluated by students at the end of a course or rotation. This feedback is provided to the relevant block chair and available to faculty through One45. Necessary feedback or follow-up is provided by the block chair.

In Phase II/III, students provide end of block evaluations of teaching faculty didactic sessions as well as resident and faculty clinical teaching. The feedback is provided to the clerkship director and the education deans at the end of each rotation for any necessary immediate feedback to faculty or residents. Faculty and residents in general will not receive their teaching evaluations until are after the grades for the clerkship have been submitted in order to help preserve student anonymity.

5. Evaluating the overall quality and outcomes of the course/clerkship

The evaluation of Phase I course and Phase II/III clerkships by the Curriculum Committee occurs on an annual basis. For Phase I, the block chair reviews and reflects on the outcomes of the course and submits a block chair's report to the PEAR office. The PEAR office initiates the review process by providing an ad hoc evaluation team (3 members of the CC, including student members) a copy of the block chair report, the student end of block evaluation, the student CQI report, and the assessement outcomes data. The review conducted by the evaluation team, and associated recommendations, is discussed at the full Curriculum Committee with a vote to modify or accept the recommendations and a decision on the date for the next full block review.

For Phase II/III clerkships, the clerkship director provides a written report directly to a Curriculum Committee evaluation team. The review conducted by the evaluation team, and associated recommendations, is discussed at the full CC with a vote to modify or accept the recommendations and a decision on the date for the next annual clerkship review.

b. Describe the process of formal review for each of the following curriculum elements. Include in the description the frequency with which such reviews are conducted, the process by which they are conducted, the administrative support available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) receiving the results of the evaluation.

1. Required courses in the pre-clerkship phase of the curriculum

- Formal review of the required courses in the pre-clerkship phase of the curriculum occurs on an annual basis.

The process is supported by the PEAR office within the Undergraduate Medical Education Office. The review includes the following steps:

- A student CQI team is established for each Phase I block that meets with the block chair regularly during the block to provide formative feedback.
- The student CQI team submits a written CQI report at the end of the block that details the topics discussed with the block chair.
- Students complete an end-of-block evaluation at the completion of the course which is administered by the Office of Program Evaluation. This includes a set of standard questions and block-specific questions. Responses are forwarded to the block chair, the chair of the Curriculum Committee and the education deans.
- The block chair prepares an end-of-block report (See Appendix 8.3-b1 Phase I Block Chair Rpt Temp.pdf) and submits this to the Program Evaluation Office.
- The block chair report, end-of-block student evaluations, student CQI report and assessment outcomes are provided to a CC evaluation team who review the data and complete a Phase I Evaluation Team Report within 3-5 weeks (See Appendix 8.3-b1 8.3-b1 Phase I CC Eval Team Report.pdf).
- The evaluation team subsequently presents their report and any recommendations to the block chair and the full Curriculum Committee for discussion, approval or modification of recommendations and a decision on the date of the next evaluation (1 or 2 years).

2. Required clerkships

Formal review of the required clerkships occurs on an annual basis and is supported by the PEAR office, and involves the following steps:

- Students complete an evaluation at the completion of the rotation that is administered by the Office of Program Evaluation. This includes a set of standard questions and clerkship-specific questions. Responses are forwarded to the clerkship director, the chair of the Curriculum Committee and the education deans after each rotation. An annual report incorporating feedback of all students is also provided following the last rotation of the year.
- Clerkship directors review the annual evaluation and prepare a brief summary analysis that is provided to a CC clerkship evaluation team (See Appendix 8.3-b2 Clerkship Directors Summary Template.pdf).
- The CC evaluation team reviews the clerkship directors summary along with other data and completes the Phase II/III clerkship evaluation team report (See Appendix 8.3-b2 CC Clerkship Eval Team Report.pdf) that is provided to the clerkship directors and full CC.
- The CC discusses the report, approves or modifies any recommendations, and determines the date of the next evaluation.

3. Individual years or phases of the curriculum

Review of the different Phases of the curriculum occurs on an annual basis and is supported by the PEAR office within the Undergraduate Medical Education Office.

For Phase I, the PEAR office provides a report and presentation of data focusing on student progress outcomes in Phase I (average Phase I grades, number of remediating/repeating students, results of the CBSE progress assessment, Step I preparation survey, Step I results, Y2Q data, and a gaps and redundancies report). The Phase I block chairs committee reviews the data and devises a set of recommendations to address any deficiencies or problems to discuss further and forward on to the Curriculum Committee. A summary of the report is provided to the Curriculum Committee, education deans, the executive vice dean and the dean of the School of Medicine.

For Phase II/III, the PEAR office provides a report and presentation of data focusing on student progress outcomes in Phase II and III including Shelf exam results, Phase II grades, Step 2 CK and CS results, Phase II comparison data and GQ results. The Phase II/III clerkships directors' committee reviews the data and devises a set of recommendations to address any deficiencies or problems to discuss further and forward on to the Curriculum

Committee A summary of the report is provided to the Curriculum Committee, Department Chairs, education deans, the executive vice dean and the dean of the School of Medicine.

4. The curriculum as a whole

Review of the curriculum as a whole occurs on an annual basis and is supported by the Office of Program Evaluation, Education and Research (PEAR) within the Undergraduate Medical Education Office. A dashboard of data is prepared by the PEAR office which is discussed and acted on by the Curriculum Committee. Data that are reviewed includes the outcome measures for each of the programmatic objectives, yearly GQ and residency match results and the residency program directors survey results. The review of this information occurs at either the yearly business meeting/retreat or during a regularly scheduled meeting of the Curriculum Committee. Discussion of this data may lead to the formation of subcommittees to explore an issue more fully and make recommendations for specific curricular changes/revisions. A recent review of the outcome measures identified a problem with students meeting the standard for communication skills. The executive director of the Assessment and Learning office together with the leaders of the Doctoring curriculum, which provides instruction in communication skills, were tasked with examining the curriculum and affirming the assessment standards for communication skills in the various performance exams and OSCEs. Outcomes of the full curriculum review are provided to education deans, the executive vice dean and the dean of the School of Medicine.

c. Describe how and how often curriculum content is monitored. Provide examples of how monitoring of curriculum content has been used to identify gaps and unwanted redundancies in topic areas. Describe the tool(s) used for monitoring the content of the curriculum (i.e., the "curriculum database").

Curriculum content is monitored on an ongoing basis in all phases of the curriculum. The Phase I block chairs and their respective block committees meet prospectively at the beginning of each academic year to review schedules, content and sequencing. This prospective review is informed by the prior year interactions with the CQI student group, student end-of-block evaluations, performance on the CBSE and Step 1, and the recommendations put forth from the CC review process. These reviews often lead to changes for the next academic year.

The most significant example of how monitoring of curriculum content led to changes in the curriculum was during the 2013-2014 academic year in which we identified musculoskeletal and skin pathology as well as hematology as significant content gaps in our curriculum. The Phase I block chairs subcommittee proposed changes to the Phase I curriculum to include a new Musculoskeletal, Skin and Connective Tissue block and a new Hematology block which both began in 2015 and have demonstrated significantly improved student satisfaction and performance in these content areas on the end of Phase I CBSE exam. We are awaiting the Step 1 results from the Class of 2019 to evaluate this change further.

In Phase II/III of the curriculum, the clerkship directors analyze the student end-of-rotation feedback related to the quality and relevance of didactic sessions, the student performance on shelf exams, ability to meet patient types requirements and make adjustments to the curriculum as necessary. Recent feedback from students related to their preparation for the surgery shelf exam has resulted in alterations of the didactic content and suggested resources during that particular clerkship in an effort to better prepare the students for this exam.

The tool used for monitoring the content of the curriculum is the One45 Curriculum Management System. All of the relevant curricular content (e.g. schedule, objectives, evaluations) is maintained in the system and administered by the staff of the Curriculum Support Center and the Office of Program Evaluation. Curriculum searches and reports are made available from the system through one of these two offices. The learning management system D2L BrightSpace is also used as a repository for curricular content and is the primary site where students obtain course materials. BrightSpace is also searchable and provides another source of data.

d. List the roles and titles of the individuals who have access to the curriculum database. List the roles and titles of the individuals who have responsibility for monitoring and updating its content. Note which individuals,

committees, and units (e.g., departments) receive the results of the reviews of curriculum content.

Access:
Associate Dean for Undergraduate Medical Education
Director of Program Evaluation, Education and Research and staff
Director of Curriculum Support Center and staff
Executive Director of Assessment and Learning and staff
Analyst Programmer (technical database monitoring)
Phase I block chairs
Phase II/III clerkship directors and staff
Faculty

Monitoring and Updating:
Director of Curriculum Support Center and staff
Analyst Programmer (technical database monitoring)
Phase I block chairs
Phase II/III clerkship directors and staff

Receive Results of Reviews of Curriculum Content:
Senior Associate Dean for Education
Associate Dean Undergraduate Medical Education
Phase I block chairs
Phase II/III clerkship directors
Curriculum Committee and subcommittees

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.3

1. Copies of any standardized templates used for course and/or clerkship reviews.

See Appendix 8.3-b1 Phase I Block Chair Rpt Temp.pdf
See Appendix 8.3-b1 Phase I CC Eval Team Report.pdf
See Appendix 8.3-b2 Clerkship Directors Summary Template.pdf
See Appendix 8.3-b2 CC Clerkship Eval Team Report.pdf

2. A sample review of a course and a clerkship.

See Appendix 8.3-2 Neurosci Block Rpt Samp Review.pdf
See Appendix 8.3-2 CC Eval Team Rpt Neurosci.pdf
See Appendix 8.3-2 Family Med CD Summary.pdf
See Appendix 8.3-2 CC Eval Team Rpt Family Med.pdf

3. The results of a search of the curriculum database for curriculum content related to the topics of "substance abuse" and "genetics."

"Genetics" search result

course	session	section	academic year
CV/Pulmonary/Renal	Renal Pathology 3: Glomerular Disease 1		2013/14
CV/Pulmonary/Renal	Renal Pathology 5: Glomerular Disease 2		2013/14
CV/Pulmonary/Renal (15)	Renal Pathology 3: Glomerular Disease 1		2014/15
CV/Pulmonary/Renal (15)	Renal Pathology 4: Glomerular Disease 2		2014/15
Foundations of Medical Science	Genetics Case Presentations		2016/17
Foundations of Medical Science	Genetics Case Presentations		2017/18
Foundations of Medical Science	Introduction to Clinical Genetics		2015/16
Foundations of Medical Science	Introduction to Clinical Genetics		2017/18
Foundations of Medical Science	Introduction to Molecular Medicine		2015/16
Foundations of Medical Science	Multifactorial Genetic Diseases		2016/17
Foundations of Medical Science	Pharmacogenetics and Pharmacogenomics		2015/16
Foundations of Medical Science	Pharmacogenetics and Pharmacogenomics		2016/17
Foundations of Medical Science	Pharmacogenetics and Pharmacogenomics		2017/18
Foundations of Medical Science	Principles of Population Genetics		2015/16
GI / Nutrition / Metabolism / Endocrinology	Clinical Perspective: Endocrine Tumors		2015/16
GINME	Endocrinology Case Studies		2013/14
GINME	Endocrinology Case Studies		2014/15
GINME	Endocrinology: Endocrine Tumors		2013/14
GINME	Endocrinology: Endocrine Tumors		2014/15
Infectious Disease	(iClicker) Bacteriology		2016/17

"Substance Abuse" search result

Tentative: Doctoring II	(iClickers) Perspectives on Substance Misuse	2017/18
Tentative: Doctoring II	Perspectives on Substance Misuse	2017/18
Tentative: Doctoring IV	Screening and Motivational Interviewing for Substance Misuse	2017/18
Psychiatry Clerkship 1A	CBL- Substance Abuse: Substance Related Disorders; Sleep Disorders	2016/17
Infectious Disease	HIV Patient Panel Interactive Discussion	2014/15
Infectious Disease	HIV Testing & Treatment	2016/17
Infectious Disease	HIV Testing & Treatment	2017/18
Doctoring II	(iClickers) Perspectives on Substance Misuse	2016/17
Doctoring II	Perspectives on Substance Misuse	2016/17
Doctoring II (2015-16)	(iClicker) Tobacco Addiction and Substance Misuse	2015/16
Doctoring IV	Screening and Brief Intervention for Substance Misuse	2016/17
Doctoring V: Transitions	Ethics 4	2016/17
Family Medicine Clerkship 1	Substance Abuse	2016/17
Family Medicine Clerkship 1	Substance Abuse	2017/18
Honing your Skills and Cultivating Resilience in Clinical Practice	Substance Use	2015/16
Neuroscience	Substance Abuse Disorders	2013/14
Neuroscience	Substance Abuse Mechanisms	2014/15
Neuroscience	Substance Use Mechanisms	2016/17
Neuroscience	Substance Use Mechanisms	2017/18
Learning Communities	LC Wellness Retreat- Substance Use in Physicians and Trainees *Please wear comfortable clothes for yoga session *Lunch Provided (Mandatory)	2015/16

8.4 PROGRAM EVALUATION

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance medical education program quality. These data are collected during program enrollment and after program completion.

8.4 SUPPORTING DATA

Table 8.4-1 | USMLE Requirements for Advancement/Graduation

Place an "X" in the appropriate columns to indicate if the school's medical students are required to take and/or pass USMLE Step 1, Step 2 CK, and Step 2 CS for advancement and/or graduation.

	Take	Pass
Step 1	X	X
Step 2 CK	X	X
Step 2 CS	X	X

Table 8.4-2 | Monitoring of Medical Education Program Outcomes

Provide the individuals and/or groups in the medical school that are responsible for reviewing the results of each of the indicators that are used to evaluate medical education program quality and outcomes and how often the results are reviewed.

Outcome Indicator	Individuals and Groups Receiving the Data	How Often These Results are Reviewed
Results of USMLE or other national examinations	Curriculum Committee, Phase I Block Chairs, Clerkship Directors, education Deans, Executive vice Dean and Dean of the SOM	At least annually– including longitudinal comparisons to national scores & other analyses. Results are also used in the measurement of some of our program objectives for whole curriculum evaluation.
Student scores on internally developed examinations	Curriculum Committee, Clerkship directors, Phase I Block Chairs, Executive Director of Assessment and Learning, Associate Dean UME	Blocks and clerkships, including assessment information, are reviewed approximately every two years or more frequently as determined by the Curriculum Committee
Performance-based assessment of clinical skills (e.g., OSCEs)	Curriculum Committee, Clerkship directors, Executive Director of Assessment and Learning, Associate Dean UME, Director of the Doctoring Curriculum	3 times/yr.
Student responses on the AAMC GQ	Curriculum Committee, Phase I Block Chairs, Clerkship Directors, Education Deans, Executive vice Dean and Dean of the SOM	Annually
Student advancement and graduation rates	Curriculum Committee, Phase I Block Chairs, Clerkship Directors,	Annually

	Education Deans, Executive vice Dean and Dean of the SOM	
NRMP match results	Curriculum Committee, Phase I Block Chairs, Clerkship Directors, Education Deans, Executive vice Dean and Dean of the SOM, Department Chairs, Residency Program Directors	Annually
Specialty choices of graduates	Curriculum Committee, Phase I Block Chairs, Clerkship Directors, Education Deans, Executive vice Dean and Dean of the SOM, Department Chairs, Residency Program Directors	Annually
Assessment of residency performance of graduates	Curriculum Committee, Education Deans, Executive vice Dean and Dean of the SOM	Annually
Licensure rates of graduates		Not tracked
Practice types of graduates	Education Deans, Executive vice Dean and Dean of the SOM, Alumni Office	Annually (NM only)
Practice location of graduates	Education Deans, Executive vice Dean and Dean of the SOM. Alumni Office	Annually (NM only)

Table 8.4-3 | STEP 1 USMLE Results of First-time Takers

Provide the requested *Step 1 USMLE results* of first-time takers during the three most recently completed years.

Calendar Year	# Examined	Percent Passing School/National	Mean Total Score and SD		National Mean Total Score and SD	
			Score	SD	Score	SD
2014	100	94%/96%	220	22	229	20
2015	94	95%/95%	222	19	229	20
2016	98	84%/95%	215	22	228	21

Table 8.4-4 | STEP 2 CK USMLE Results of First-time Takers

Provide the requested *Step 2 CK USMLE* results of first-time takers during the three most recently completed academic years.

Academic Year	# Examined	Percent Passing School/National	Mean Total Score and SD		National Mean Total Score and SD	
			Score	SD	Score	SD
2014-2015	119	95%/95%	238	19	240	18
2015-2016	93	90%/96%	235	20	242	17
2016-2017	91	97%/96%	240	16	242	17

Table 8.4-5 | STEP 2 CS USMLE Results of First-time Takers

Provide the requested *Step 2 CS USMLE results* of first-time takers during the three most recently completed academic years.

Academic Year	# Examined	Percent Passing School/National
2014-2015	93	97%/96%
2015-2016	127	98%/97%
2016-2017	95	95%/96%

8.4 NARRATIVE RESPONSE

a. Select three current educational program objectives as contained in the response to Element 6.1. Examples should come from the domains of knowledge, skills, and behaviors. For each objective, describe how the attainment of the objective has been evaluated and provide specific data illustrating the extent to which the objective is being met.

The curriculum committee has a yearly business meeting/retreat (most recently May 2017) at which the members of the committee receive and review the School of Medicine program objectives and outcome measures. Each objective, with 1-3 outcome measures is reviewed and scored. Comments for follow up are included and addressed to future CC or subcommittee meetings.

Medical Knowledge 1.1 Describe important biomedical concepts and apply them to the practice of medicine emphasizing the scientific principles and mechanisms that underlie health, disease and methods of therapy.	Outcome Measure(s)		
	Block assessment outcomes *(Standard: at least 95% pass rate in each Phase I basic science block)*	CBSE #2 result (*Standard: mean score within 1 SD of the national mean)*	USMLE Step 1 results *(Standard: mean score within 0.5 SD of the national mean)*
	MS2019 (AY 2015-2016)	MS2019 (AY 2015-2016)	MS2018 (AY 2015-2016)
	FMS: 98% MSCT: 97% Heme: 100% Neuro: 100% CVPR: 95% GINME: 96% ID: 95% HS&R: 96% QM: 98%	UNM mean score = 63 (national score = 65 +/- 11.5)	UNM mean score = 215 (national score = 228 +/- 21)
Standard met (Yes/No/Partially):	Yes	Yes	No

Comments: Overall the committee feels that this objective is being met. The committee understands that the mean score on Step 1 for the class of 2018 seems to be an outlier. This class was the last class in the prior curriculum. Suggestions were to revisit this outcome once the Class of 2019 (first class in revised curriculum) score is available. Suggestions were also given to add Phase II Clerkship shelf exam scores and Step 2 CK mean to the outcome measures for future classes.

Patient Care 2.1 Gather essential and accurate information about patients and their conditions through history taking, physical examination, and the appropriate use of laboratory data, imaging and other studies.	Outcome Measure(s)		
	Phase II Clinical Evaluation (Reporting) – *Obtains Medical History Effectively and Performs Appropriate Physical Exam/Mental Status Exam* (*Standard: mean score ≥ 3.0*)	OSCE results *(Standard: at least 85% of class pass all 9 Calibrated Peer Review (CPR) activities and have a mean score ≥ 4 for clinical notes across all 9 cases)*	Phase II Clinical Skills score calculated across all 15 OSCE's (*Standard: at least 85% of class meets standard of 70%*)
	MS2018 (AY 2016-2017)	MS2018 (AY 2016-2017)	MS2018 (AY 2016-2017)
	Surgery: 3.8 Pediatrics: 3.0 OB/Gyn: 3.0 Neurology: 3.3 FM: 3.4 IM: 3.0 Psych: 3.5	98.7% of class pass all 9 CPR activities 100% of class have a mean score ≥ 4 for clinical notes across all 9 cases	93.4% of class meets standard of 70%
Standard met (Yes/No/Partially):	Yes	Yes	Yes

Comments: This objective is being met. In the interest of continued improvement, the committee suggests thinking about an additional outcome measure that would more explicitly determine the students' ability to use laboratory data, imaging or other studies. A suggestion was made to add an evaluation measure around this topic to the Continuity Clinic student evaluation by the preceptor.

Personal and Professional Development 4.5 Utilize appropriate methods and resources to demonstrate their commitment to maintaining personal health and well-being which promote optimal patient care and a sustainable work-life balance.	Outcome Measure(s)		
	Learning Environment Scales in the Y2Q survey (Quality of Life Scale) *Standard: mean score ≥ national mean*). (The possible range of responses is 0 to 60, and higher scores are correlated with higher quality of life.)	Oldenburg Burnout Inventory Scale in the Y2Q *(Standard: mean score < national mean*). (The possible range of responses for the disengagement subscale is 0 to 24, and higher scores are correlated with higher levels of burnout.) (The possible range of responses for the exhaustion subscale is 0 to 24, and higher scores are correlated with higher levels of burnout.)	Oldenburg Burnout Inventory Scale in the GQ *(Standard: mean score < national mean*). (The possible range of responses for the disengagement subscale is 0 to 24, and higher scores are correlated with higher levels of burnout.) (The possible range of responses for the exhaustion subscale is 0 to 24, and higher scores are correlated with higher levels of burnout.)
	MS2019 (AY 2015-2016)	MS2019 (AY 2015-2016)	MS2016 (AY 2015-2016)
	UNM: 36.5 +/- 11.6 Natl: 40.6 +/- 10.1	Disengagement: UNM: 9.8 +/- 3.5 Natl: 9.7 +/- 3.7 Exhaustion: UNM: 12.4 +/- 4.0 Natl: 11.7 +/- 3.8	Disengagement: UNM: 9.2 +/- 3.6 Natl: 9.8 +/- 3.6 Exhaustion: UNM: 10.5 +/- 3.7 Natl: 11.1 +/- 3.6
Standard met (Yes/No/Partially):	Partially	Partially	Yes

Comments: Overall the committee feels that this objective is being met but requires monitoring. In several measures the students are slightly below standard compared to national measures. The school has put a significant effort in addressing student stress and burnout through the development of a student and physician wellness program. Feedback should be provided to the wellness director and learning communities in terms of outcomes and a follow up discussion with the full curriculum committee.

b. Describe any efforts to address outcome measures that illustrate suboptimal performance by medical students/graduates in one or more of the educational program objectives. Provide two examples of the steps taken to address the gaps between desired and actual outcomes.

One of the outcome measures for objective 3.2, "Utilize patient-centered interviewing skills to gather information from patients and families" was identified by the Curriculum Committee as being below standard (only 52.6% of the class of 2018 met the standard for Phase II Communication Skills across all 15 OSCE cases). This was not only below the outcome standard but also demonstrated a dramatic drop in communication skills from the performance of students during Phase I of the curriculum. The Curriculum Committee tasked the Executive Director of Assessment

and Learning with forming a subcommittee to learn more about the problem and propose a solution. The subcommittee proposed the following two approaches to the Curriculum Committee in an effort to impact the findings, both of which were approved and implemented as described below:

(1). Perform a standard-setting exercise around communication skills in both Phase I and Phase II to confirm that the performance standard was correctly set. Communication skills in both Phase I and Phase II relies on the use of the New Mexico Communication Scale (NMCCS), which is the instrument that Standardized Patients use for scoring communication skills during performance exams. The passing standard had not been evaluated for several years despite changes in the communication skills curriculum during Phase I. Standard setting was performed by the Doctoring curriculum faculty using the Angoff method and it was decided to adjust the previous standard of 17 to the new standard of 14. A similar process occurred with the clerkship directors. The communication skills standard for the OSCE exams was evaluated and set.

(2). Evaluate communications skills training and expectations across the curriculum. It was believed that the large drop seen in communication skills performance during the Phase II clerkships were related to increased expectations on the OSCE (i.e. a higher standard) with no specific objective or curriculum to support the increased expectations. The clerkship directors have all included a common objective around communication skills in each of their clerkships ("Demonstrate best practices in communication with patients and their families, establishing rapport, gathering information and educating them about their condition and treatment plan") and have enhanced their curricula and evaluation of this objective. In addition, the longitudinal Doctoring curriculum that takes place during Phase II (Doctoring 6) has added additional communication and clinical skills training. A session is focused on communication skills practice with a standardized or real patient, faculty will review the first OSCE tape with students and provide focused feedback on their communication skills and learning communities mentors will review communication expectations during Phase II. The outcome measures related to this objective will continue to be monitored throughout the new academic year in the event that further interventions are required.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.4

1. Copies of printouts and graphs provided by the National Board of Medical Examiners that compare the performance of national and medical school first-time takers for USMLE Step 1, Step 2 CS, and Step 2 CK for the past three years/academic years.

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2014

Medical School: U NEW MEXICO SCHOOL OF MEDICINE
School ID Number: 032-010

	PERFORMANCE ON FIRST ATTEMPT		PERFORMANCE ON MOST RECENT REPEAT ATTEMPT	
	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools
Number Tested	100	22392	5	454
Number Passing	94	21474	2	352
Percent Passing	94	96	40	78
	Mean (SD)	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**
Total Test	220 (22)	229 (20)	186 (27)	199 (14)

This report compares the performance of examinees from your medical school with the performance of examinees from U.S. and Canadian medical schools taking Step 1 of the United States Medical Licensing Examination (USMLE) for the first time during 2014. The performance of first-time examinees who failed Step 1 in 2014 but repeated the examination later in the year is also summarized above. Examinees who asked that their individual results not be provided to their school are excluded from the school data for this report, unless the number of examinees making this request was five or greater. The minimum passing score for the 2014 Step 1 administrations was 192.

Accompanying this table are two graphs: one that shows the distribution of scores (for your students and for the national first-taker group), and one that provides information regarding the performance of first-time examinees from your school for various disciplines and organ systems. **Please note that the graphs are only provided if at least 20 first-time examinees from your school took Step 1 in 2014.**

Step 1 test items are deliberately designed to be integrative; most items contribute to the calculation of subscores in more than one discipline. Consequently, caution should be used in attributing mean differences in student performance to individual courses at your school.

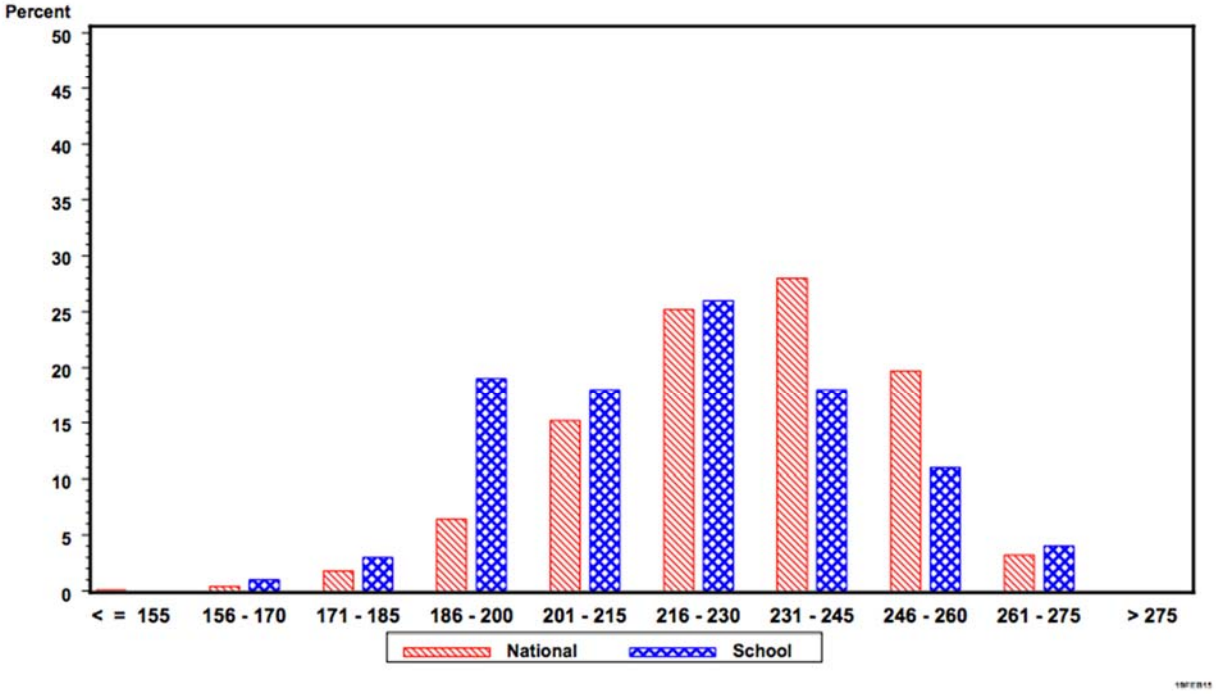
03102015

NATIONAL BOARD OF MEDICAL EXAMINERS®

Distribution of Total Scores

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2014

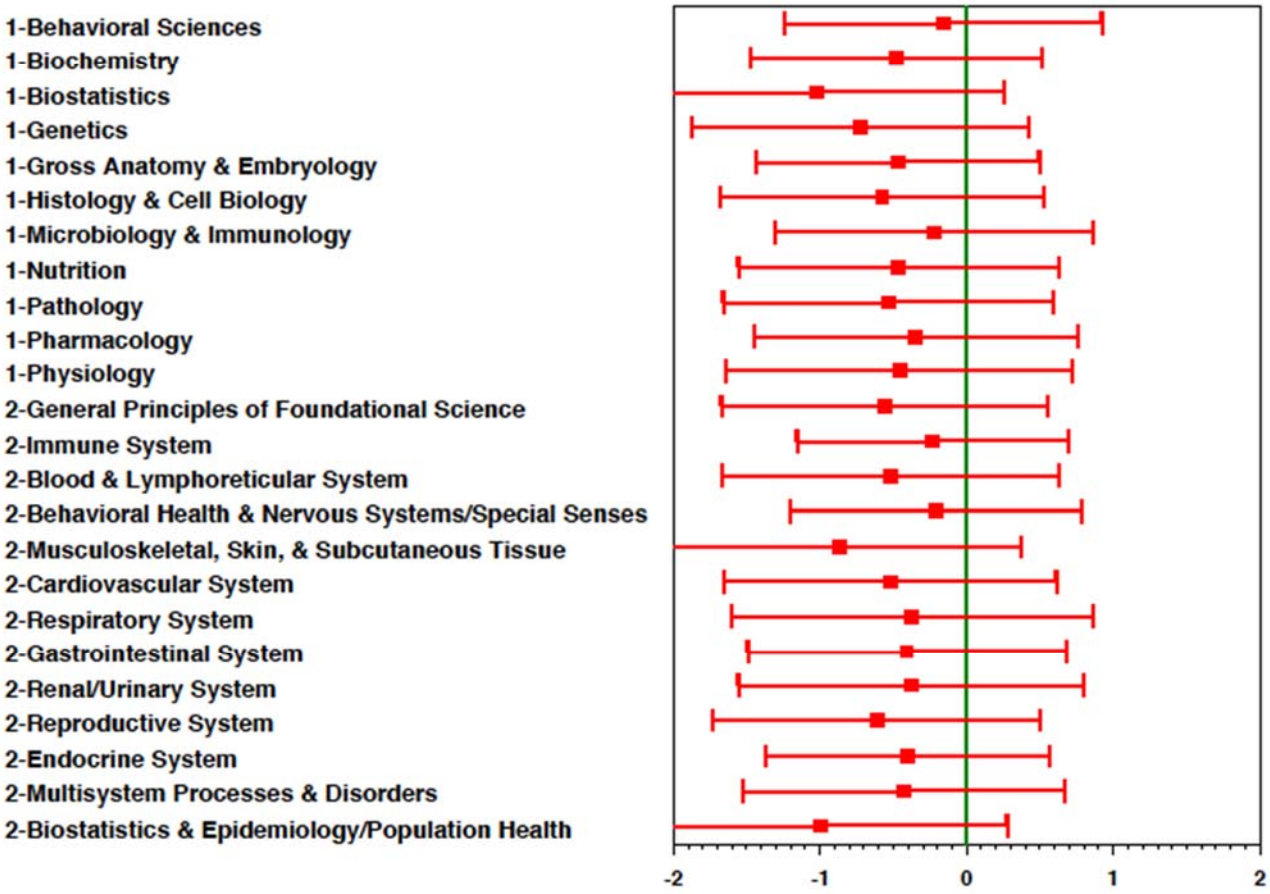
Medical School: 032-010 U New Mexico School of Medicine



NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2014

Medical School: 032-010 U New Mexico School of Medicine



The above graph provides information regarding the score distribution of first takers from your medical school relative to the distribution for all U.S./Canadian first takers in each discipline and organ system. All scores are scaled in standard score units based on the performance of U.S./Canadian first takers: the mean and standard deviation (SD) for this group are 0 and 1, respectively, for each discipline and organ system. To facilitate interpretation, the reliability of each score category has been used in adjusting the standard scores. This adjustment helps to make the differences in standard scores a better reflection of true differences in student performance. The mean performance of U.S./Canadian first takers is represented by the vertical solid green line at 0.0. Roughly 68% of U.S./Canadian first takers scored within one SD of the mean, between -1.0 and 1.0. The distribution of performance for first takers from your school is represented by the red boxes and horizontal lines. The red box depicts the mean performance of first takers from your school. The distance from the red box to one end of the red line indicates one SD for your school. The interval spanned by each red line represents your school mean plus/minus one SD; approximately 68% of your students scored in this interval.

By comparing the locations of the red boxes, you can determine the disciplines and organ systems in which the performance of your students was relatively strong or weak. Because many of the scores are based on a relatively small number of items, differences smaller than a few tenths of an SD are not likely to be meaningful. In addition, because Step 1 test items are deliberately designed to be integrative with many items contributing to the calculation of scores in more than one discipline, caution should be used in attributing mean differences in student performance to individual courses at your school. Content areas are coded based on two dimensions as follows: 1 - Discipline, and 2 - System.

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2015

Medical School: U NEW MEXICO SCHOOL OF MEDICINE
School ID Number: 032-010

	PERFORMANCE ON FIRST ATTEMPT		PERFORMANCE ON MOST RECENT REPEAT ATTEMPT	
	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools
Number Tested	94	23397	4	516
Number Passing	89	22300	3	393
Percent Passing	95	95	75	76
	Mean (SD)	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**
Total Test	222 (19)	229 (20)	198 (17)	199 (13)

This report compares the performance of examinees from your medical school with the performance of examinees from U.S. and Canadian medical 2015 taking Step 1 of the United States Medical Licensing Examination (USMLE) for the first time during 2015. The performance of first-time examinees who failed Step 1 in 2015 but repeated the examination later in the year is also summarized above. Examinees who asked that their individual results not be provided to their school are excluded from the school data for this report, unless the number of examinees making this request was five or greater. The minimum passing score for the 2015 Step 1 administrations was 192.

Accompanying this table are two graphs: one that shows the distribution of scores (for your students and for the national first-taker group), and one that provides information regarding the performance of first-time examinees from your school for various disciplines and organ systems. **Please note that the graphs are only provided if at least 20 first-time examinees from your school took Step 1 in 2015.**

Step 1 test items are deliberately designed to be integrative; most items contribute to the calculation of subscores in more than one discipline. Consequently, caution should be used in attributing mean differences in student performance to individual courses at your school.

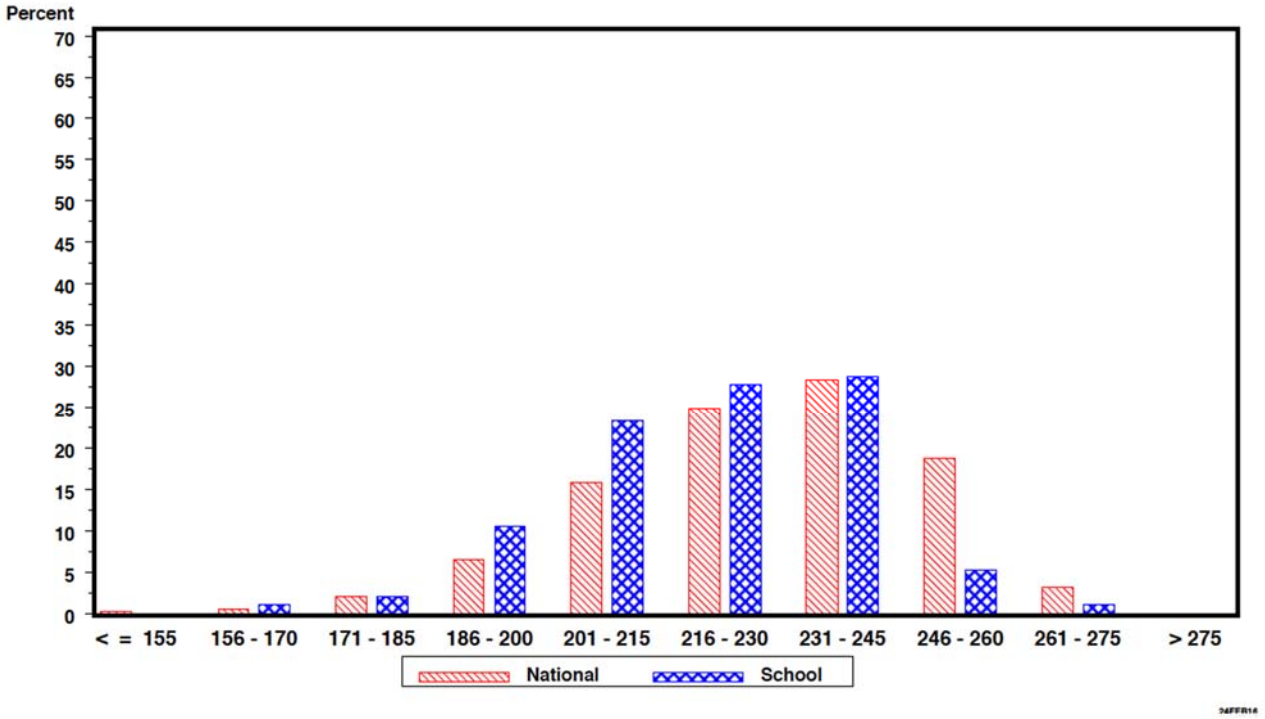
02/10/2016

NATIONAL BOARD OF MEDICAL EXAMINERS®

Distribution of Total Scores

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2015

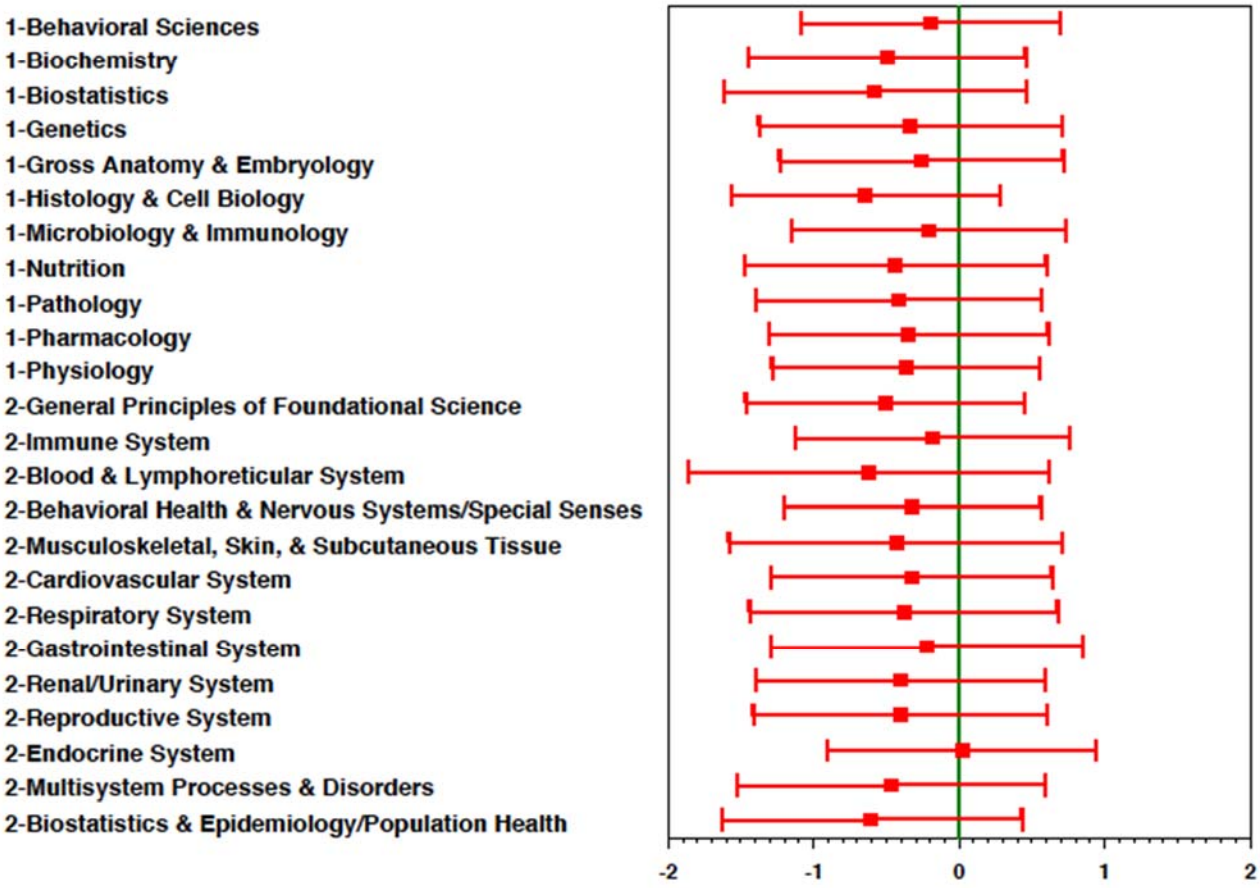
Medical School: 032-010 U New Mexico School of Medicine



NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2015

Medical School: 032-010 U New Mexico School of Medicine



The above graph provides information regarding the score distribution of first takers from your medical school relative to the distribution for all U.S./Canadian first takers in each discipline and organ system. All scores are scaled in standard score units based on the performance of U.S./Canadian first takers: the mean and standard deviation (SD) for this group are 0 and 1, respectively, for each discipline and organ system. To facilitate interpretation, the reliability of each score category has been used in adjusting the standard scores. This adjustment helps to make the differences in standard scores a better reflection of true differences in student performance. The mean performance of U.S./Canadian first takers is represented by the vertical solid green line at 0.0. Roughly 68% of U.S./Canadian first takers scored within one SD of the mean, between -1.0 and 1.0. The distribution of performance for first takers from your school is represented by the red boxes and horizontal lines. The red box depicts the mean performance of first takers from your school. The distance from the red box to one end of the red line indicates one SD for your school. The interval spanned by each red line represents your school mean plus/minus one SD; approximately 68% of your students scored in this interval.

By comparing the locations of the red boxes, you can determine the disciplines and organ systems in which the performance of your students was relatively strong or weak. Because many of the scores are based on a relatively small number of items, differences smaller than a few tenths of an SD are not likely to be meaningful. In addition, because Step 1 test items are deliberately designed to be integrative with many items contributing to the calculation of scores in more than one discipline, caution should be used in attributing mean differences in student performance to individual courses at your school. Content areas are coded based on two dimensions as follows: 1 - Discipline, and 2 - System.

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2016

Medical School: U NEW MEXICO SCHOOL OF MEDICINE
School ID Number: 032-010

	PERFORMANCE ON FIRST ATTEMPT		PERFORMANCE ON MOST RECENT REPEAT ATTEMPT	
	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools
Number Tested	98	23520	11	537
Number Passing	82	22389	6	391
Percent Passing	84	95	55	73
	Mean (SD)	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**
Total Test	215 (22)	228 (21)	195 (14)	198 (14)

This report compares the performance of examinees from your medical school with the performance of examinees from U.S. and Canadian medical schools taking Step 1 of the United States Medical Licensing Examination (USMLE) for the first time during 2016. The performance of first-time examinees who failed Step 1 in 2016 but repeated the examination later in the year is also summarized above. Examinees who asked that their individual results not be provided to their school are excluded from the school data for this report, unless the number of examinees making this request was five or greater. The minimum passing score for the 2016 Step 1 administrations was 192.

Accompanying this table are two graphs: one that shows the distribution of scores (for your students and for the national first-taker group), and one that provides information regarding the performance of first-time examinees from your school for various disciplines and organ systems. **Please note that the graphs are only provided if at least 20 first-time examinees from your school took Step 1 in 2016.**

Step 1 test items are deliberately designed to be integrative; most items contribute to the calculation of subscores in more than one discipline. Consequently, caution should be used in attributing mean differences in student performance to individual courses at your school.

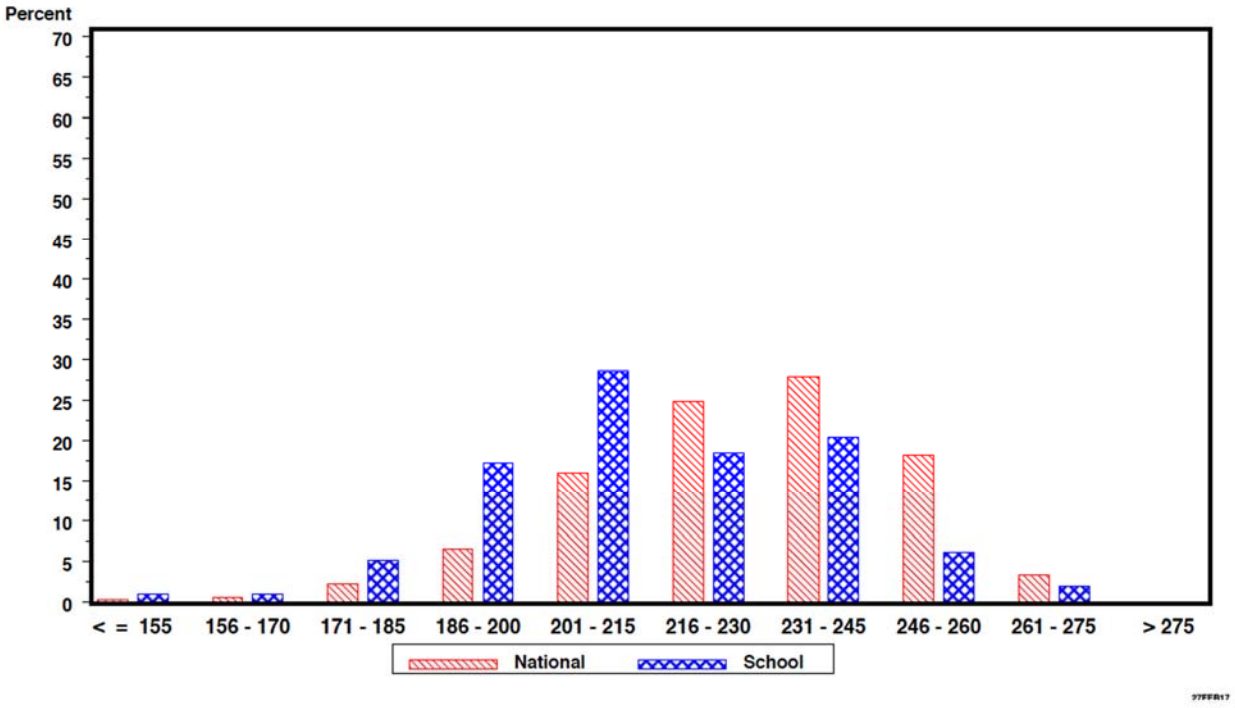
02/13/2017

NATIONAL BOARD OF MEDICAL EXAMINERS®

Distribution of Total Scores

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2016

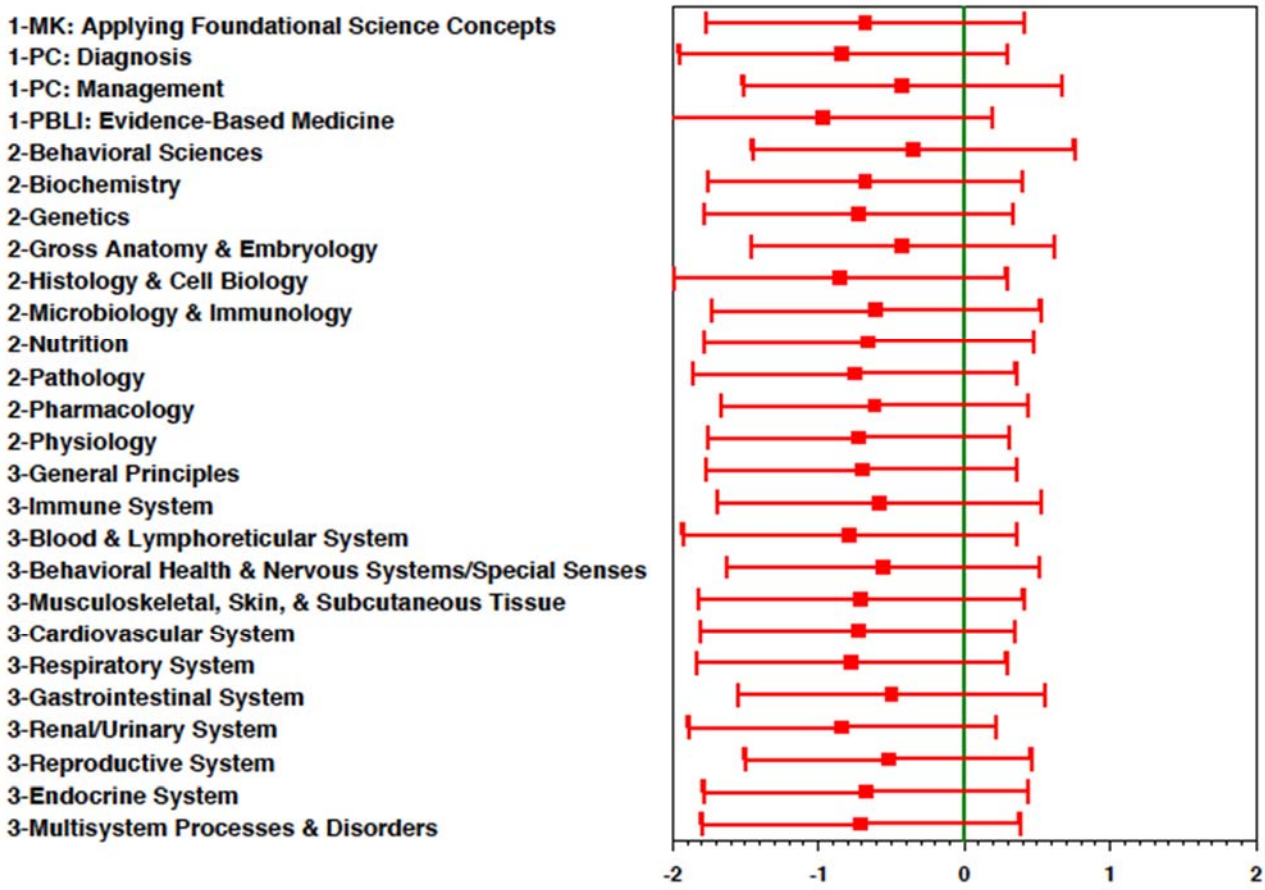
Medical School: 032-010 U New Mexico School of Medicine



NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 1 for the First Time in 2016

Medical School: 032-010 U New Mexico School of Medicine



The above graph provides information regarding the score distribution of first takers from your medical school relative to to the distribution for all U.S./Canadian first takers in each score category. All scores are scaled in standard score units based on the performance of U.S./Canadian first takers: the mean and standard deviation (SD) for this group are 0 and 1, respectively, for each score category. To facilitate interpretation, the reliability of each score category has been used in adjusting the standard scores. This adjustment helps to make the differences in standard scores a better reflection of true differences in student performance. The mean performance of U.S./Canadian first takers is represented by the vertical solid green line at 0.0. Roughly 68% of U.S./Canadian first takers scored within one SD of the mean, between -1.0 and 1.0. The distribution of performance for first takers from your school is represented by the red boxes and horizontal lines. The red box depicts the mean performance of first takers from your school. The distance from the red box to one end of the red line indicates one SD for your school. The interval spanned by each red line represents your school mean plus/minus one SD; approximately 68% of your students scored in this interval.

By comparing the locations of the red boxes, you can determine the score categories in which the performance of your students was relatively strong or weak. Because many of the scores are based on a relatively small number of items, differences smaller than a few tenths of an SD are not likely to be meaningful. In addition, because Step 1 test items are deliberately designed to be integrative with many items contributing to the calculation of scores in more than one score category, caution should be used in attributing mean differences in student performance to individual courses at your school. Content areas are coded based on three dimensions as follows: 1 - Physician Task, 2 - Discipline, and 3 - System.

MK Medical Knowledge; PC Patient Care; PBLI Practice-based Learning and Improvement

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2014 to June 2015

Medical School: U NEW MEXICO SCHOOL OF MEDICINE
School ID Number: 032-010

	PERFORMANCE ON FIRST ATTEMPT		PERFORMANCE ON MOST RECENT REPEAT ATTEMPT	
	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools
Number Tested	119	22221	2	697
Number Passing	113	21146	2	566
Percent Passing	95	95	100	81
	Mean (SD)	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**
Total Test	238 (19)	240 (18)	215 (2)	217 (12)

This report compares the performance of examinees from your medical school with the performance of examinees from U.S. and Canadian medical schools taking Step 2 CK of the United States Medical Licensing Examination® (USMLE) for the first time in the 2014-2015 academic year. The performance of first-time examinees who failed Step 2 CK in the academic year but repeated the examination later in the year is also summarized above. Examinees who asked that their individual results not be provided to their school are excluded from the school data for this report, unless the number of examinees making this request was five or greater. The minimum passing score for the 2014-2015 academic year was 209.

Accompanying this table are two graphs: one that shows the distribution of scores (for your students and for the national first-taker group), and one that provides information regarding the performance of first-time examinees from your school for various score categories. **Please note that the graphs are only provided if at least 20 first-time examinees from your school took Step 2 CK in academic year 2014-2015.**

Step 2 CK test items are deliberately designed to be integrative; most items contribute to the calculation of subscores in more than one score category. Consequently, caution should be used in attributing mean differences in student performance to individual clerkships at your school.

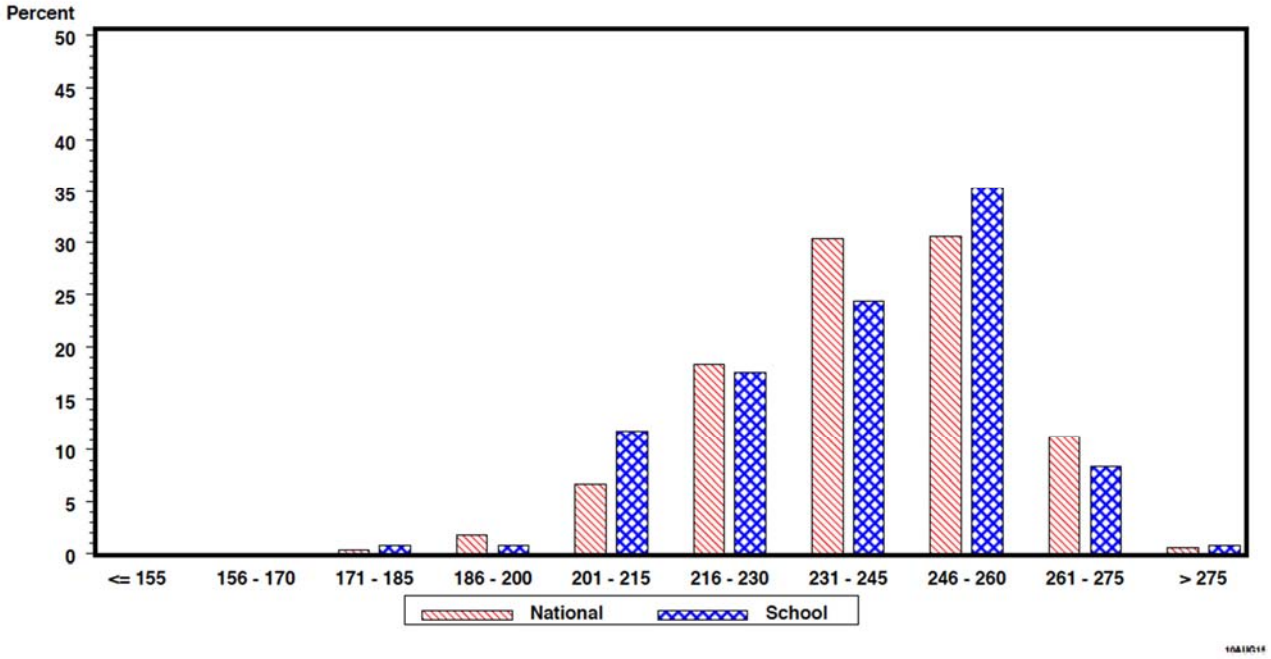
08052015

NATIONAL BOARD OF MEDICAL EXAMINERS®

Distribution of Total Scores

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2014 to June 2015

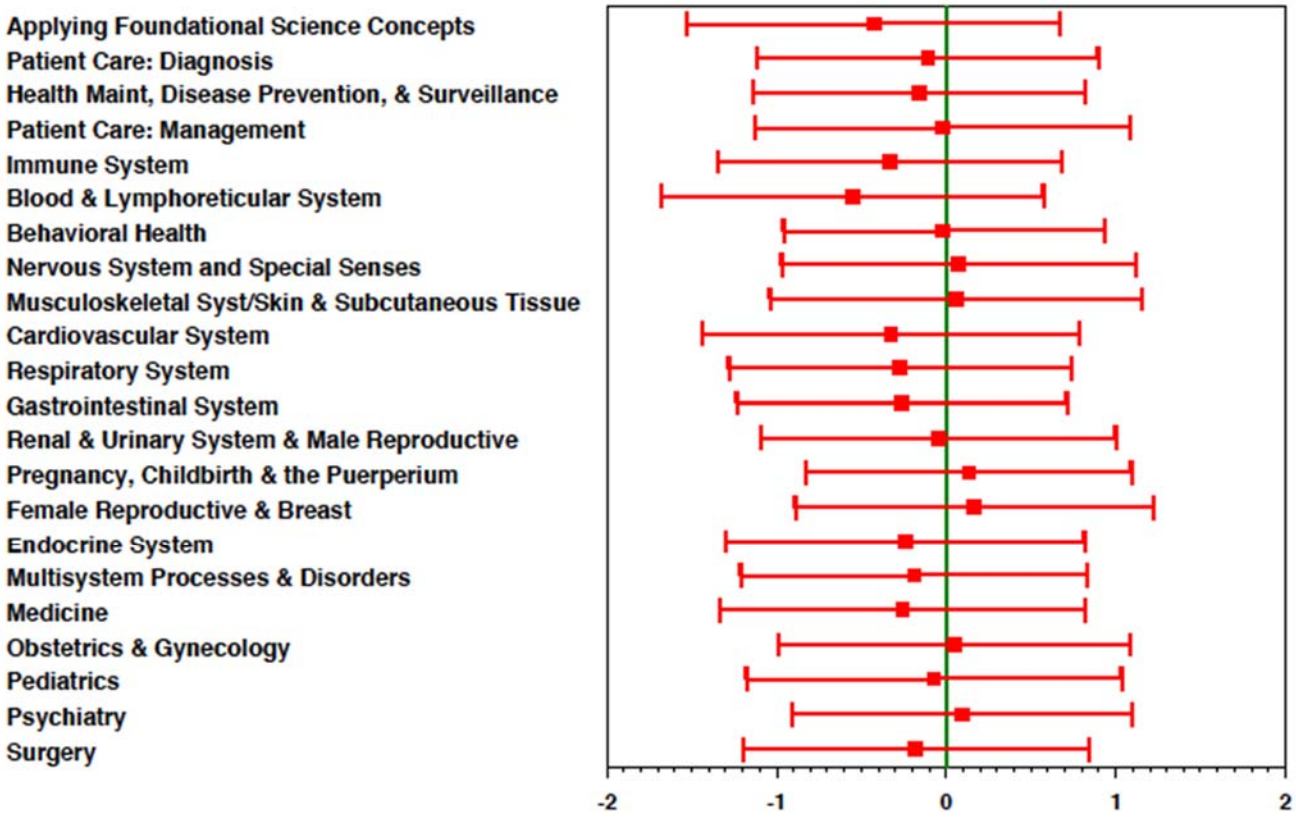
Medical School: 032-010 U New Mexico School of Medicine



NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2014 to June 2015

Medical School: 032-010 U New Mexico School of Medicine



The above graph provides information regarding the score distribution of first takers from your medical school relative to the distribution for all U.S./Canadian first takers in each score category. All scores are scaled in standard score units based on the performance of U.S./Canadian first takers: the mean and standard deviation (SD) for this group are 0 and 1, respectively, for each score category. To facilitate interpretation, the reliability of each score category has been used in adjusting the standard scores. This adjustment helps to make the differences in standard scores a better reflection of true differences in student performance. The mean performance of U.S./Canadian first takers is represented by the vertical solid green line at 0.0. Roughly 68% of U.S./Canadian first takers scored within one SD of the mean, between -1.0 and 1.0. The distribution of performance for first takers from your school is represented by the red boxes and horizontal lines. The red box depicts the mean performance of first takers from your school. The distance from the red box to one end of the red line indicates one SD for your school. The interval spanned by each red line represents your school mean plus/minus one SD; approximately 68% of your students scored in this interval.

By comparing the locations of the red boxes, you can determine the score category in which the performance of your students was relatively strong and weak. Because many of the scores are based on a relatively small number of items, differences smaller than a few tenths of an SD are not likely to be meaningful. In addition, because Step 2 CK test material is deliberately designed to be integrative with many items contributing to calculation of more than one score category, caution should be used in attributing mean differences in student performance to individual clerkships at your school.

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2015 to June 2016

Medical School: U NEW MEXICO SCHOOL OF MEDICINE
School ID Number: 032-010

	PERFORMANCE ON FIRST ATTEMPT		PERFORMANCE ON MOST RECENT REPEAT ATTEMPT	
	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools
Number Tested	93	22765	6	514
Number Passing	84	21958	6	432
Percent Passing	90	96	100	84
	Mean (SD)	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**
Total Test	235 (20)	242 (17)	223 (11)	219 (12)

This report compares the performance of examinees from your medical school with the performance of examinees from U.S. and Canadian medical schools taking Step 2 CK of the United States Medical Licensing Examination® (USMLE) for the first time in the 2015-2016 academic year. The performance of first-time examinees who failed Step 2 CK in the academic year but repeated the examination later in the year is also summarized above. Examinees who asked that their individual results not be provided to their school are excluded from the school data for this report, unless the number of examinees making this request was five or greater. The minimum passing score for the 2015-2016 academic year was 209.

Accompanying this table are two graphs: one that shows the distribution of scores (for your students and for the national first-taker group), and one that provides information regarding the performance of first-time examinees from your school for various score categories. **Please note that the graphs are only provided if at least 20 first-time examinees from your school took Step 2 CK in academic year 2015-2016.**

Step 2 CK test items are deliberately designed to be integrative; most items contribute to the calculation of subscores in more than one score category. Consequently, caution should be used in attributing mean differences in student performance to individual clerkships at your school.

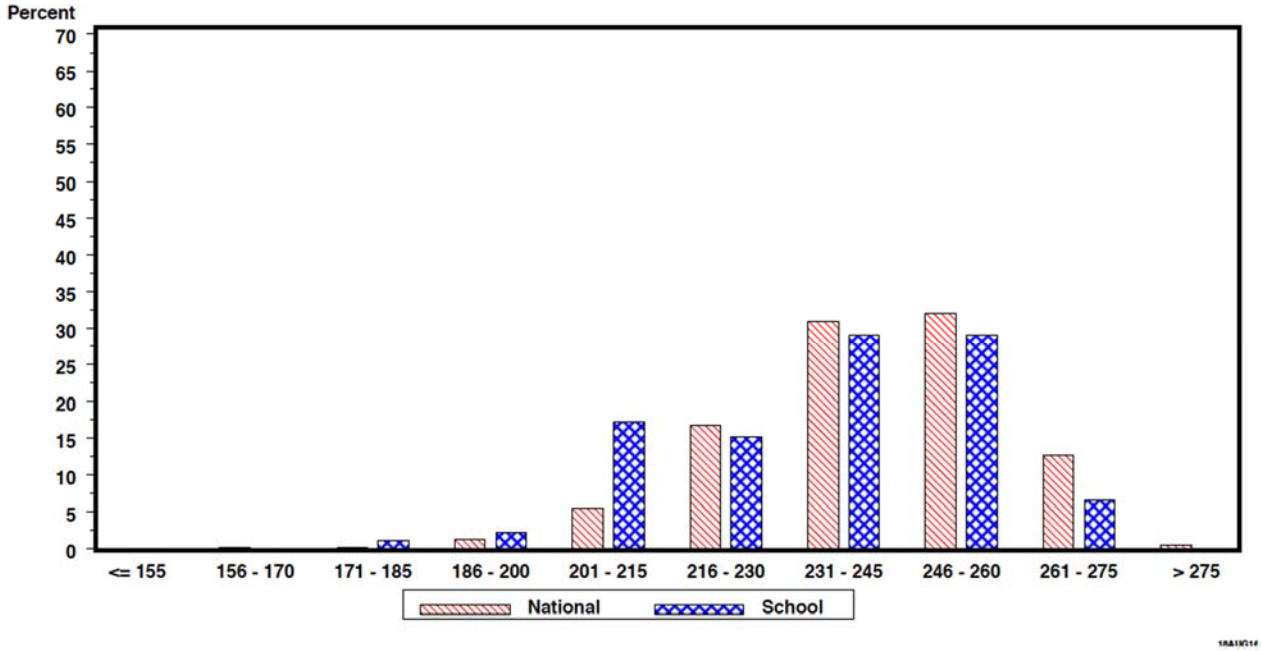
08/05/2016

NATIONAL BOARD OF MEDICAL EXAMINERS®

Distribution of Total Scores

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2015 to June 2016

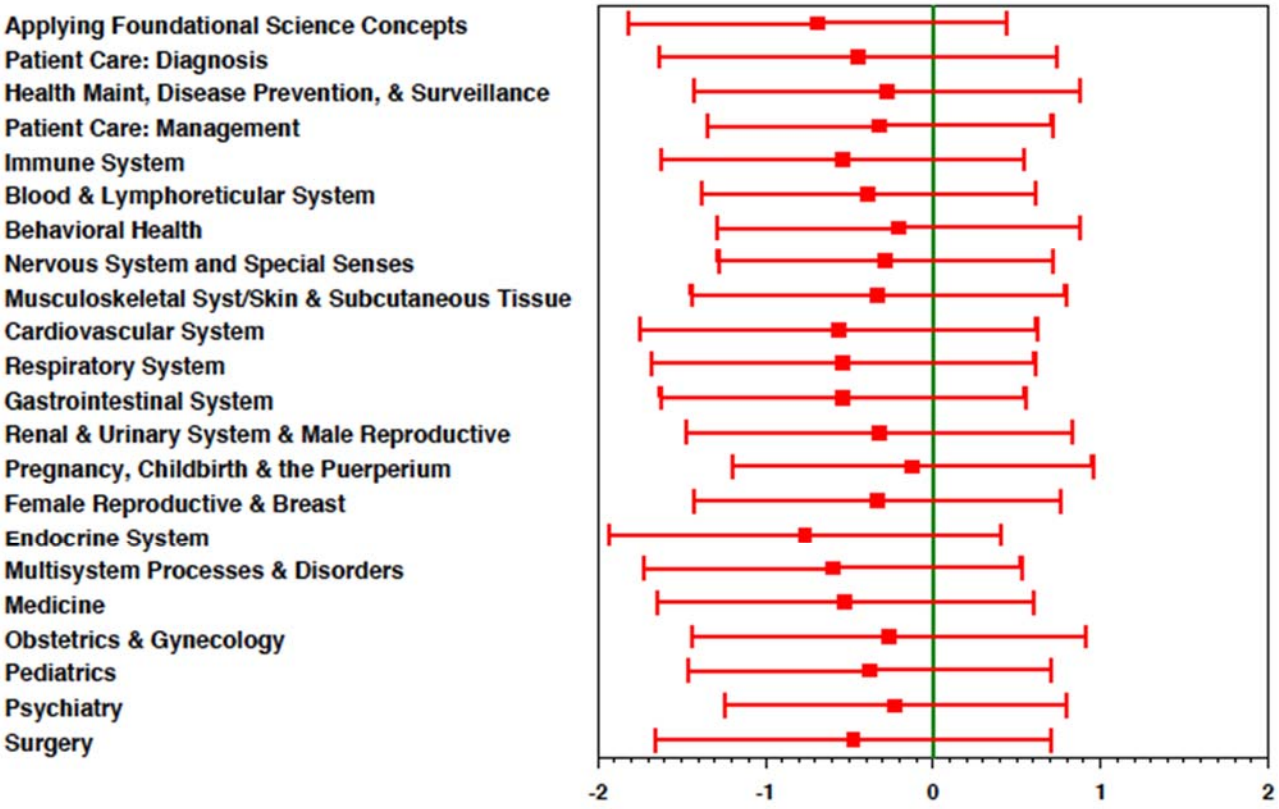
Medical School: 032-010 U New Mexico School of Medicine



NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2015 to June 2016

Medical School: 032-010 U New Mexico School of Medicine



The above graph provides information regarding the score distribution of first takers from your medical school relative to the distribution for all U.S./Canadian first takers in each score category. All scores are scaled in standard score units based on the performance of U.S./Canadian first takers: the mean and standard deviation (SD) for this group are 0 and 1, respectively, for each score category. To facilitate interpretation, the reliability of each score category has been used in adjusting the standard scores. This adjustment helps to make the differences in standard scores a better reflection of true differences in student performance. The mean performance of U.S./Canadian first takers is represented by the vertical solid green line at 0.0. Roughly 68% of U.S./Canadian first takers scored within one SD of the mean, between -1.0 and 1.0. The distribution of performance for first takers from your school is represented by the red boxes and horizontal lines. The red box depicts the mean performance of first takers from your school. The distance from the red box to one end of the red line indicates one SD for your school. The interval spanned by each red line represents your school mean plus/minus one SD; approximately 68% of your students scored in this interval.

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NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2016 to June 2017

Medical School: U NEW MEXICO SCHOOL OF MEDICINE
School ID Number: 032-010

	PERFORMANCE ON FIRST ATTEMPT		PERFORMANCE ON MOST RECENT REPEAT ATTEMPT	
	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools
Number Tested	91	22687	2	531
Number Passing	88	21821	0	444
Percent Passing	97	96	0	84
	Mean (SD)	**Mean (SD)**	**Mean (SD)**	**Mean (SD)**
Total Test	240 (16)	242 (17)	198 (6)	218 (13)

This report compares the performance of examinees from your medical school with the performance of examinees from U.S. and Canadian medical schools taking Step 2 CK of the United States Medical Licensing Examination® (USMLE) for the first time in the 2016-2017 academic year. The performance of first-time examinees who failed Step 2 CK in the academic year but repeated the examination later in the year is also summarized above. Examinees who asked that their individual results not be provided to their school are excluded from the school data for this report, unless the number of examinees making this request was five or greater. The minimum passing score for the 2016-2017 academic year was 209.

Accompanying this table are two graphs: one that shows the distribution of scores (for your students and for the national first-taker group), and one that provides information regarding the performance of first-time examinees from your school for various score categories. **Please note that the graphs are only provided if at least 20 first-time examinees from your school took Step 2 CK in academic year 2016-2017.**

Step 2 CK test items are deliberately designed to be integrative; most items contribute to the calculation of subscores in more than one score category. Consequently, caution should be used in attributing mean differences in student performance to individual clerkships at your school.

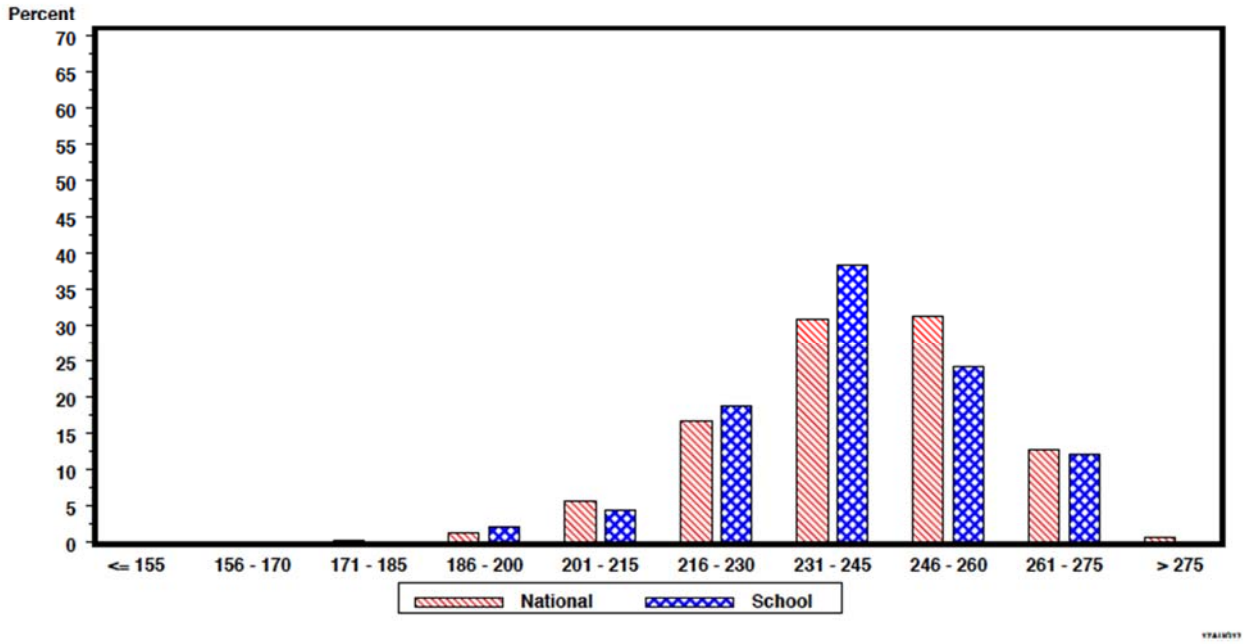
08/04/2017

NATIONAL BOARD OF MEDICAL EXAMINERS®

Distribution of Total Scores

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2016 to June 2017

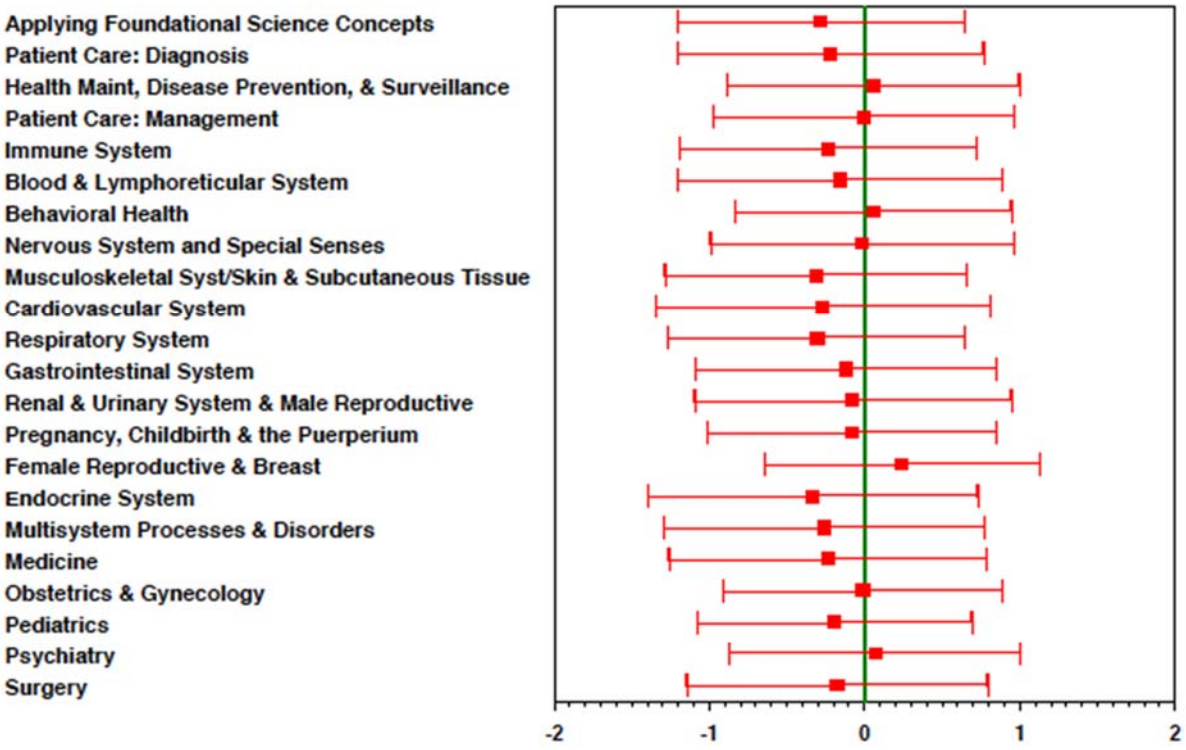
Medical School: 032-010 U New Mexico School of Medicine



NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2016 to June 2017

Medical School: 032-010 U New Mexico School of Medicine



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NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Skills (CS) for the First Time Between July 1, 2014 and June 30, 2015

Medical School: U NEW MEXICO SCHOOL OF MEDICINE
School ID Number: 032-010

	PERFORMANCE ON FIRST ATTEMPT		PERFORMANCE ON MOST RECENT REPEAT ATTEMPT	
	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools
Number Tested				
	93	19434	3	511
Number Passing (Percent*)				
Total Test	90 (97)	18744 (96)	3	483
Subcomponents				
Integrated Clinical Encounter (ICE)	90 (97)	19001 (98)	3	492
Communication & Interpersonal Skills (CIS)	93 (100)	19142 (98)	3	501
Spoken English Proficiency (SEP)	93 (100)	19431 (100)	3	511

* Percent passing values are provided for data related to first attempt at Step 2 CS. Values are rounded to the nearest whole number.

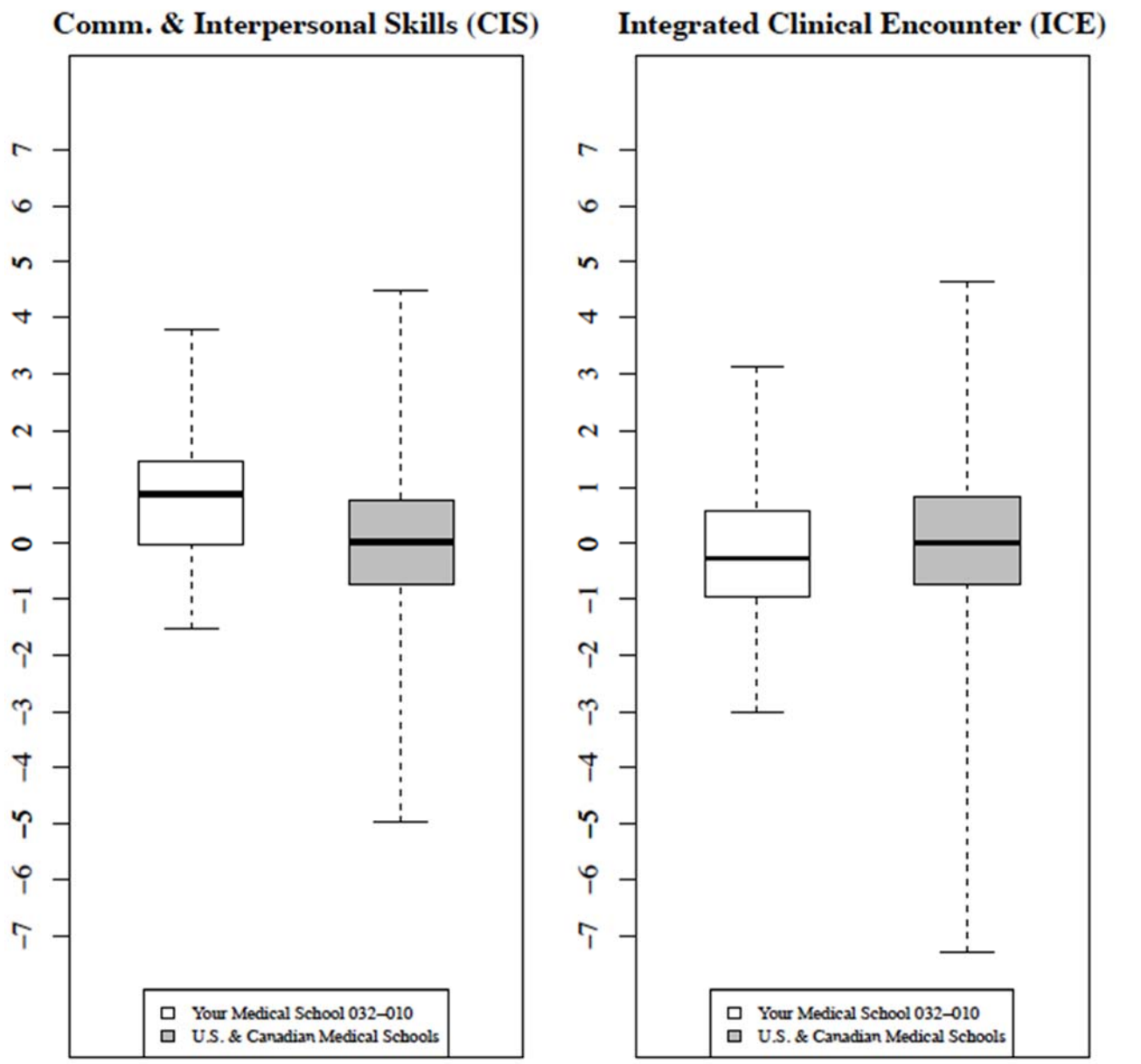
This report provides information on examinees from your school and from all U.S. & Canadian medical schools who attempted Step 2 CS for the first time in the 2014-2015 academic year and whose results were reported through September 16, 2015. In order to pass Step 2 CS, it is necessary to pass all three subcomponents—Integrated Clinical Encounter (ICE), Communication & Interpersonal Skills (CIS), and Spoken English Proficiency (SEP).

For those first-time examinees who failed and then attempted Step 2 CS again during this same period, the number tested and the number passing on the most recent attempt are included in the counts above. Examinees who asked that their individual results be withheld from their school are excluded from the school data for this report unless the number of examinees making this request within a school was five or more, in which case they are included.

This report also includes boxplots describing the performance of first-takers from your school for CIS and ICE as well as additional information about the performance of students from your school on the ICE subcomponent. Graphs related to the SEP subcomponent are not provided because there is little variability on the scale among U.S. & Canadian first-takers. Please note that boxplots are provided only if at least 20 students from your school were first-takers on Step 2 CS during the reporting period.

The boxplots illustrate your school's areas of relative strength or weakness. Within each plot, the white boxes represent your school's scores, and the gray boxes represent scores of all U.S. & Canadian first-takers. The scores have been standardized so that a value of zero (0) on the vertical axis represents the average score of U.S. & Canadian first-takers, and each point above or below zero represents one standard deviation from the average performance. Each box represents the middle 50% of the distribution (or the 25th to 75th percentiles). The black horizontal line in each box represents the group's median score (the 50th percentile), which separates the higher half of scores from the lower half. If the score distribution skews toward higher scores, the black line that represents the median score will appear closer to the top of the box than to the center. If scores are distributed equally around the median, the black line will appear near the center of the box. The dotted lines extend to the highest and lowest scores.

By comparing the locations of the boxes and median lines, you may be able to determine areas in which the performance of your students was strong or weak compared to all U.S. & Canadian first-takers.


Comm. & Interpersonal Skills (CIS)
Integrated Clinical Encounter (ICE)
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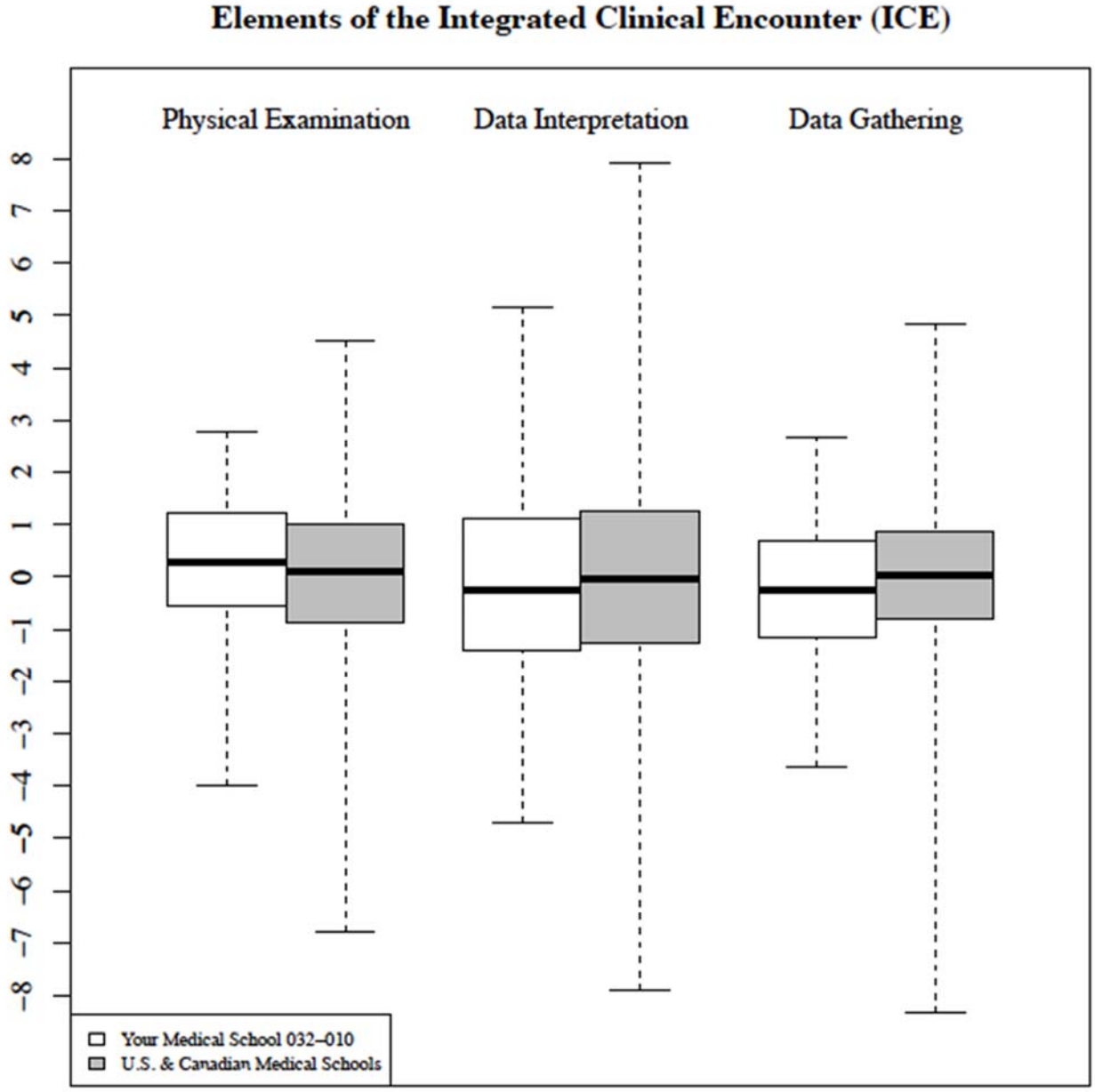
Your Medical School 032–010
U.S. & Canadian Medical Schools
Your Medical School 032–010
U.S. & Canadian Medical Schools


Elements of the Integrated Clinical Encounter (ICE)
Physical Examination
Data Interpretation
Data Gathering
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Your Medical School 032–010
U.S. & Canadian Medical Schools

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Skills (CS) for the First Time Between July 1, 2015 and June 30, 2016

Medical School: U NEW MEXICO SCHOOL OF MEDICINE
School ID Number: 032-010

	PERFORMANCE ON FIRST ATTEMPT		PERFORMANCE ON MOST RECENT REPEAT ATTEMPT	
	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools
Number Tested				
	127	19952	3	454
Number Passing (Percent*)				
Total Test	124 (98)	19339 (97)	2	431
Subcomponents				
Integrated Clinical Encounter (ICE)	125 (98)	19562 (98)	2	436
Communication & Interpersonal Skills (CIS)	126 (99)	19698 (99)	3	446
Spoken English Proficiency (SEP)	127 (100)	19950 (100)	3	454

* Percent passing values are provided for data related to first attempt at Step 2 CS. Values are rounded to the nearest whole number.

This report provides information on examinees from your school and from all U.S. & Canadian medical schools who attempted Step 2 CS for the first time in the 2015-2016 academic year and whose results were reported through August 31, 2016. In order to pass Step 2 CS, it is necessary to pass all three subcomponents—Integrated Clinical Encounter (ICE), Communication & Interpersonal Skills (CIS), and Spoken English Proficiency (SEP).

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The boxplots illustrate your school's areas of relative strength or weakness. Within each plot, the white boxes represent your school's scores, and the gray boxes represent scores of all U.S. & Canadian first-takers. The scores have been standardized so that a value of zero (0) on the vertical axis represents the average score of U.S. & Canadian first-takers, and each point above or below zero represents one standard deviation from the average performance. Each box represents the middle 50% of the distribution (or the 25th to 75th percentiles). The black horizontal line in each box represents the group's median score (the 50th percentile), which separates the higher half of scores from the lower half. If the score distribution skews toward higher scores, the black line that represents the median score will appear closer to the top of the box than to the center. If scores are distributed equally around the median, the black line will appear near the center of the box. The dotted lines extend to the highest and lowest scores.

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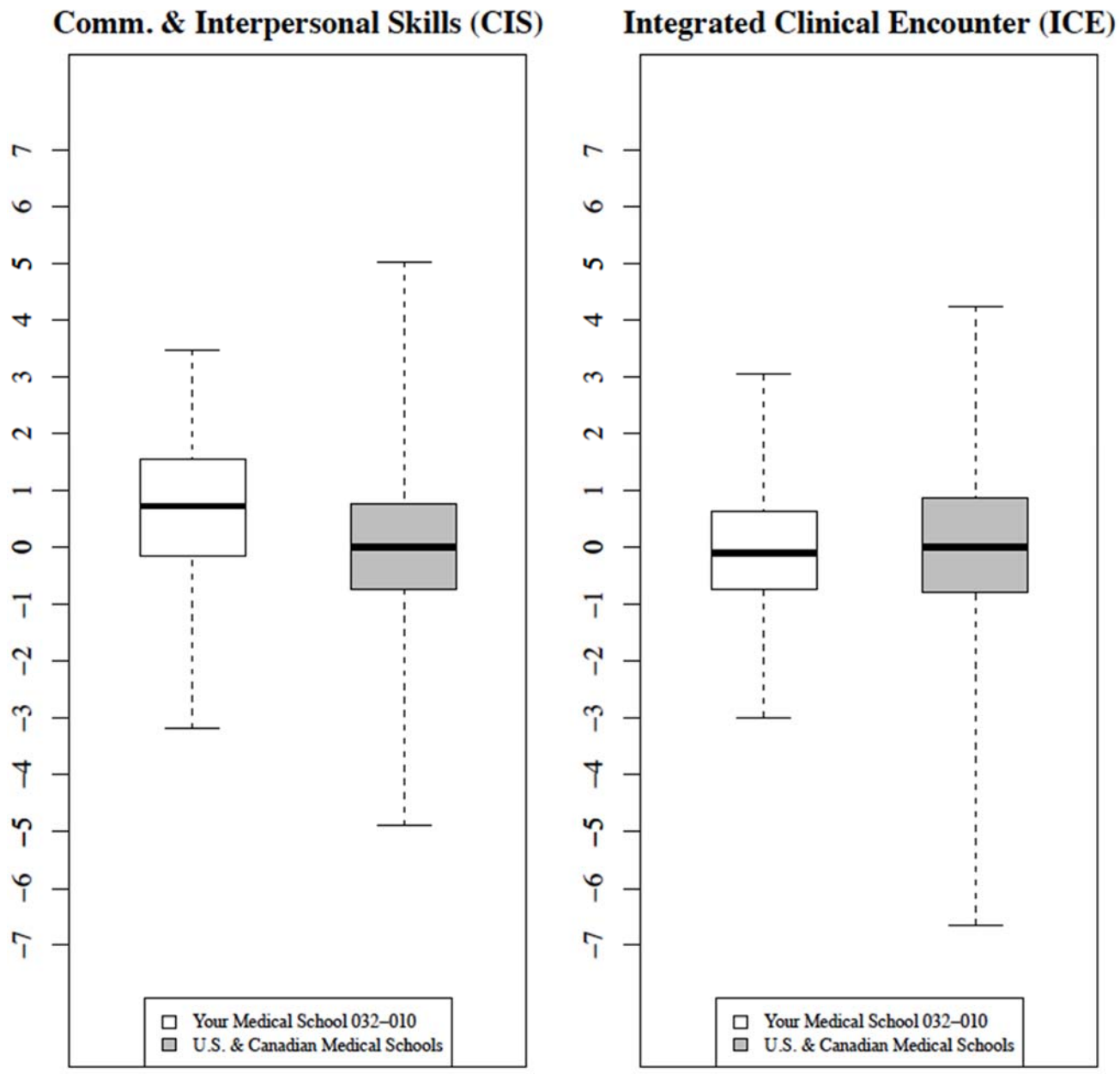
Comm. & Interpersonal Skills (CIS)
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Your Medical School 032–010
U.S. & Canadian Medical Schools
Integrated Clinical Encounter (ICE)
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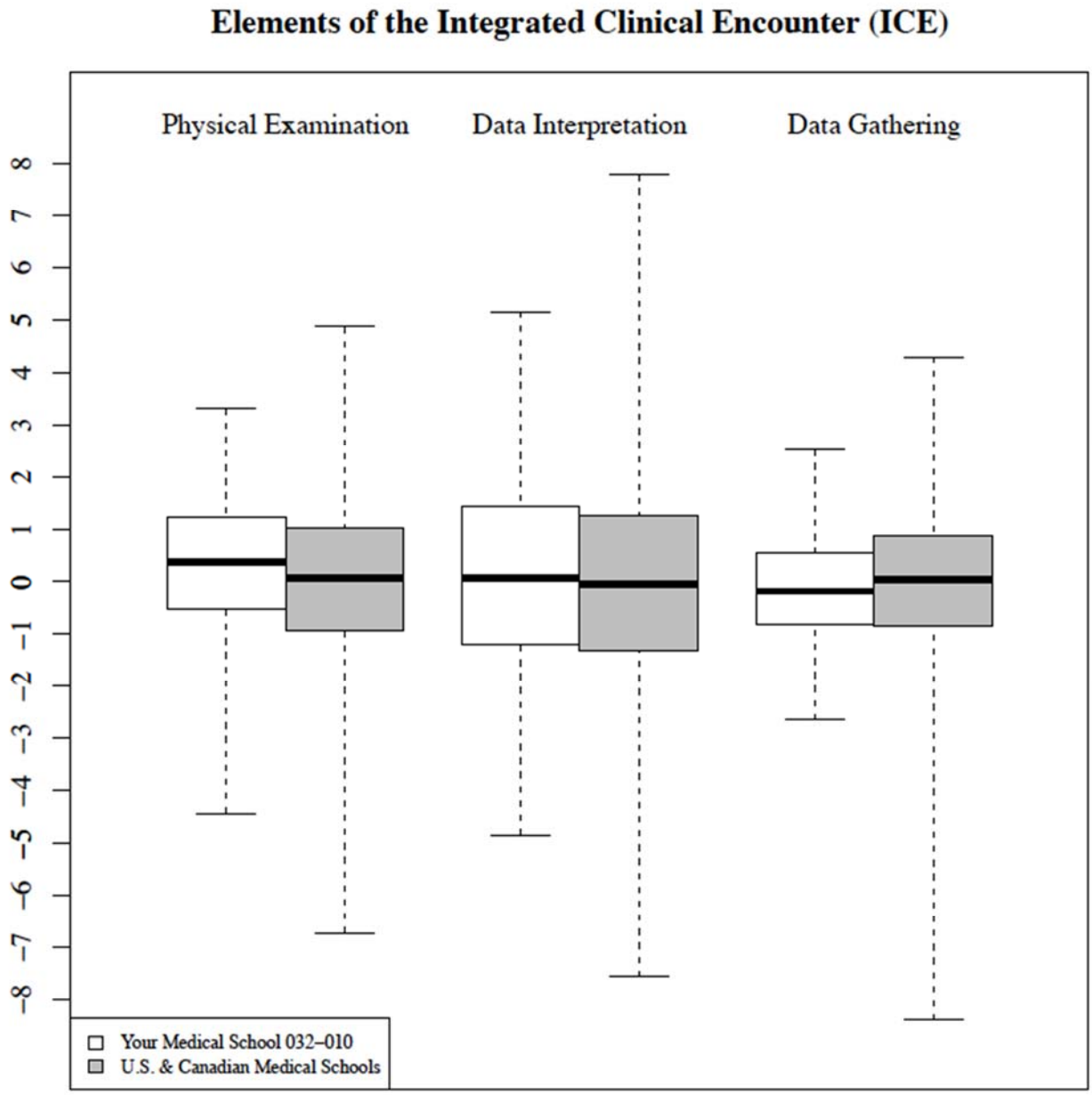
Your Medical School 032–010
U.S. & Canadian Medical Schools


Elements of the Integrated Clinical Encounter (ICE)
Physical Examination
Data Interpretation
Data Gathering
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−5
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Your Medical School 032–010
U.S. & Canadian Medical Schools

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Skills (CS) for the First Time Between July 1, 2016 and June 30, 2017

Medical School: U NEW MEXICO SCHOOL OF MEDICINE
School ID Number: 032-010

	PERFORMANCE ON FIRST ATTEMPT		PERFORMANCE ON MOST RECENT REPEAT ATTEMPT	
	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools	Examinees from Your Medical School	Examinees from U.S. & Canadian Medical Schools
Number Tested				
	95	20330	3	572
Number Passing (Percent*)				
Total Test	90 (95)	19563 (96)	3	546
Subcomponents				
Integrated Clinical Encounter (ICE)	90 (95)	19806 (97)	3	547
Communication & Interpersonal Skills (CIS)	95 (100)	20058 (99)	3	570
Spoken English Proficiency (SEP)	95 (100)	20328 (100)	3	572

* Percent passing values are provided for data related to first attempt at Step 2 CS. Values are rounded to the nearest whole number.

This report provides information on examinees from your school and from all U.S. & Canadian medical schools who attempted Step 2 CS for the first time in the 2016-2017 academic year and whose results were reported through September 27, 2017. In order to pass Step 2 CS, it is necessary to pass all three subcomponents—Integrated Clinical Encounter (ICE), Communication & Interpersonal Skills (CIS), and Spoken English Proficiency (SEP).

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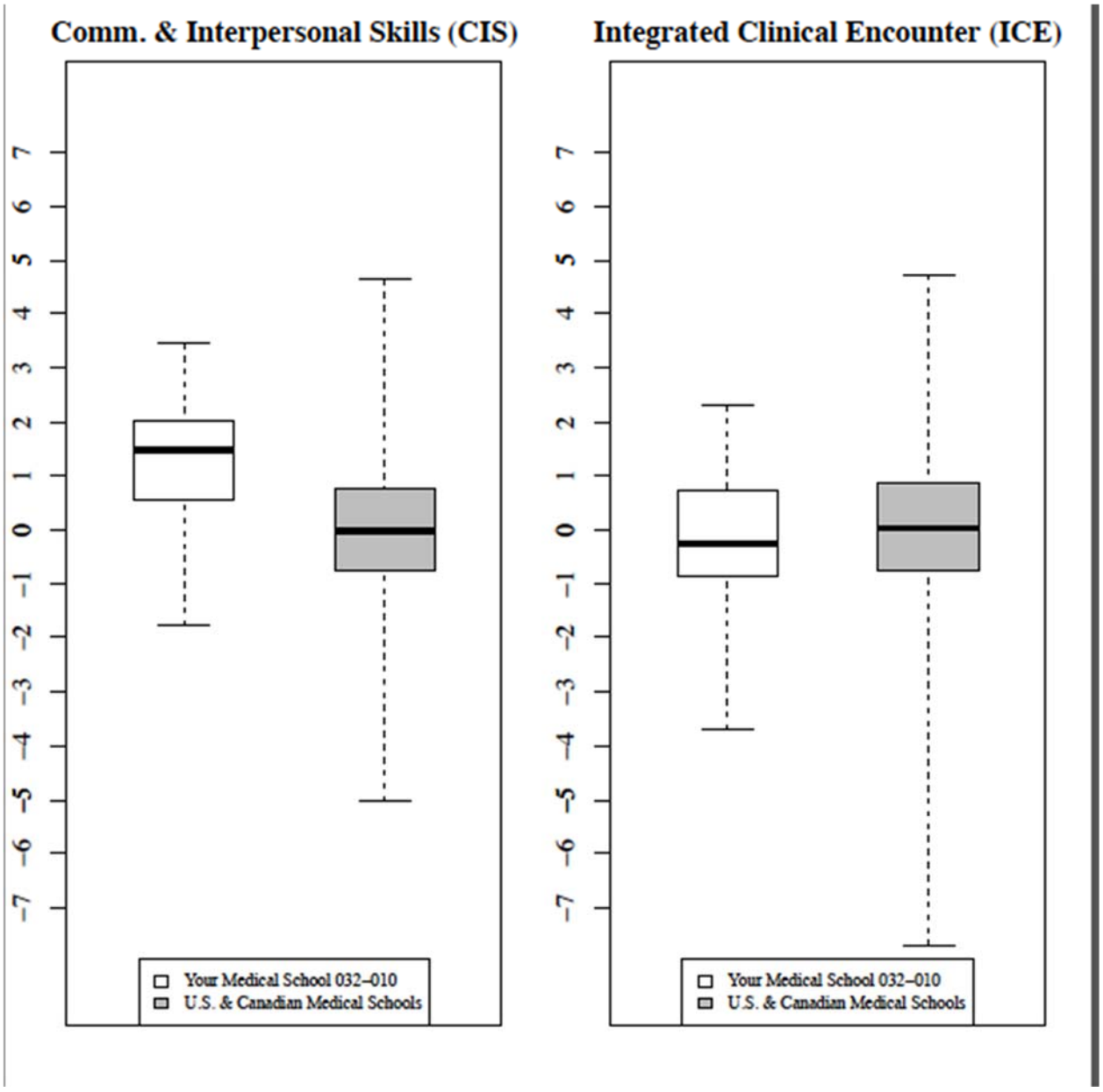
Comm. & Interpersonal Skills (CIS)
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Your Medical School 032–010
U.S. & Canadian Medical Schools
Integrated Clinical Encounter (ICE)
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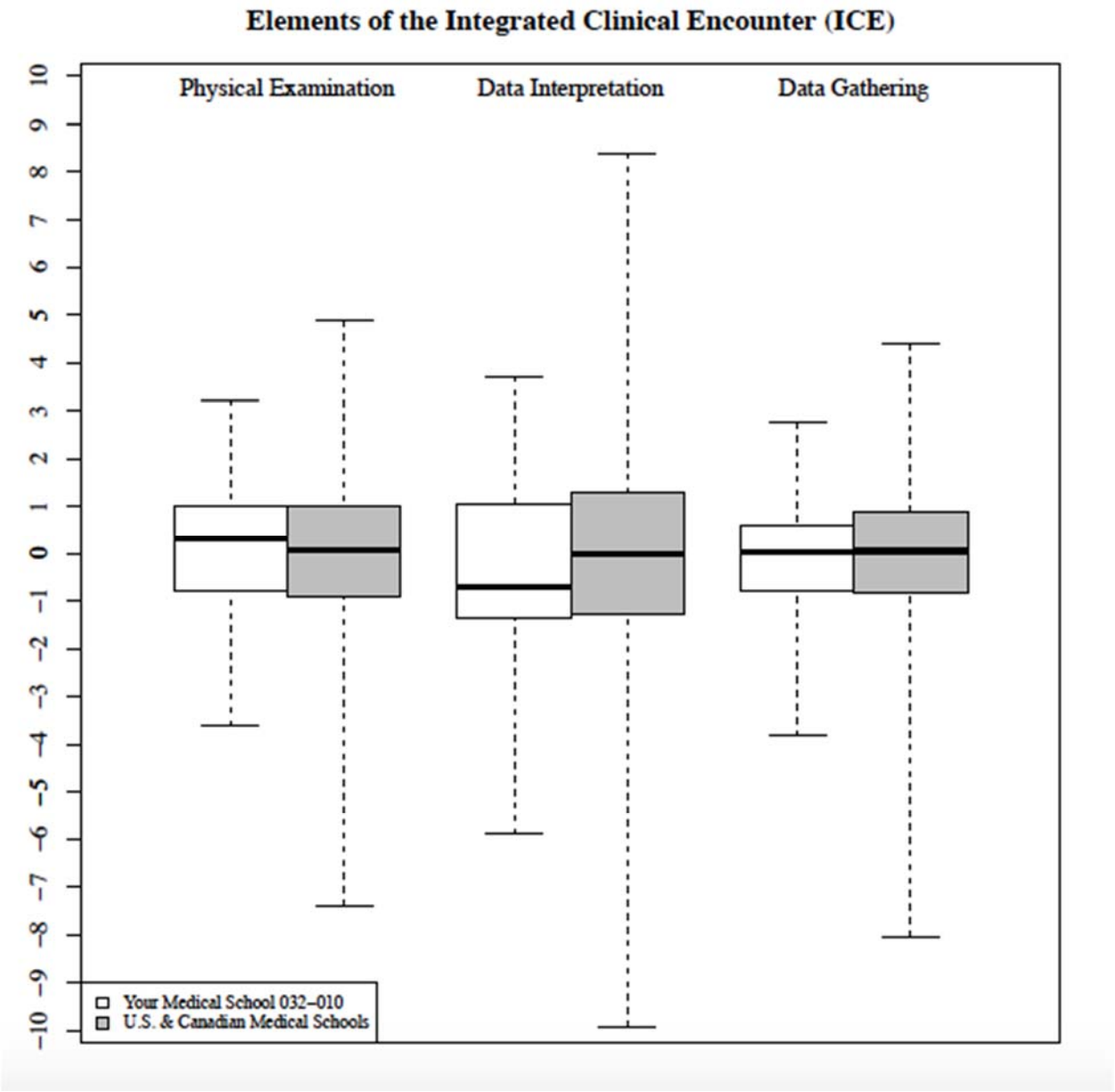
U.S. & Canadian Medical Schools



2. Feedback from residency program directors and/or graduates on the graduates' attainment of the school's competencies/educational program objectives. If available, include data from the six month assessment of the graduate on the ACGME milestones for each specialty.

Post Graduate Training Report (Residency Directors)
Class of 2015

In June 2015, seventy residency directors were sent surveys regarding the competence and performance of first year residents from the University of New Mexico. Possible rating categories ranged from 1 = "Unsatisfactory" to 5 = "Superior". The data below represents 76 (72%) directors' responses.
Where the N does not equal 76, all directors did not provide a response to the item.

Competence and Performance of Residents						
Medical Knowledge	Unsat (1)	Marginal (2)	Average (3)	Good (4)	Superior (5)	Mean
Overall knowledge of appropriate basic and clinical sciences	1	2	19	42	11	**3.80**
Patient Care						
Gathering accurate history, physical, and laboratory data	-	2	13	41	18	**4.0**
Use of critical thinking to analyze data and arrive at a differential diagnosis	-	3	14	35	20	**4.0**
Developing and carrying out patient management plans	-	2	14	36	20	**4.0**
Use of population health principles for screening and disease prevention	-	-	22	34	15	**3.9**
Interpersonal and Communication Skills						
Communicating with patients and families	-	1	10	35	29	**4.2**
Listening to and communicating with patients in order to understand the individual	-	1	10	36	28	**4.2**
Written notes and dictation	-	3	15	30	26	**4.1**
Verbal presentations, discussions, and consultations with professional associates	-	4	15	28	28	**4.1**
Practice-Based Learning and Improvement						
Commitment to excellence and doing one's best	-	1	13	26	35	**4.3**
Commitment to systematically improving the quality of care provided to patients	-	-	18	29	27	**4.1**
Commitment to education of self and other health care professionals	1	2	14	34	24	**4.0**
Use of information technology to support patient care decisions and self-education	-	1	18	37	19	**4.0**
Professionalism						
Professional integrity, honesty and accountability	-	-	14	21	40	**4.4**
Sensitivity and responsiveness to patients of all cultures, ages, genders and disabilities	-	-	13	24	38	**4.3**
Responsiveness to the needs of patients and society that supersedes self-interest including underserved and marginalized populations	-	-	12	27	36	**4.3**
Systems-Based Practice						
Effectively collaborating with other members of the healthcare system	-	-	23	27	25	**4.0**
Assisting patients in dealing with complexities of the healthcare system	-	-	21	28	26	**4.1**
Practicing cost-effective healthcare that does not compromise quality of care	-	-	24	31	20	**4.0**

Comparison of UNM resident to other first year residents.

	Performs less well than other residents	Performs about the same	Performs better than other residents
Medical Knowledge	10 (13%)	42 (55%)	24 (20%)
Patient Care	4 (5%)	46 (61%)	26 (34%)
Interpersonal and Communication Skills	4 (5%)	42 (55%)	30 (40%)
Practice-Based Learning and Improvement	2 (3%)	51 (67%)	23 (30%)
Professionalism	0 (0%)	39 (51%)	37 (48%)
Systems-Based Practice	0 (0%)	53 (70%)	23 (30%)

Residents were ranked in the following quartiles

Top **4th** - 18 (24%) **2nd** - 18 (24%)
3rd - 29 (38%) **Bottom 1st** - 9 (12%) **Missing** = 2 (3%)

Knowing what you know now about this resident, is (s)he someone you would actively recruit for your program? *(if no, please explain)*

Yes = 68 (90%) **No** = 6 (8%) **Missing** = 2 (3%)

- We have had to extensively remediate knowledge, patient care.
- [Student] has strengths and weaknesses. I have other UNM students as resident, so I expect more. We will continue to work with [student], but [student] needs to commit every day to stay on task.
- [Student] is so kind that we love [student] as a person, but medical knowledge is a huge concern.

Is this resident at risk for completing the program? *(if yes, please explain)*

Yes = 7 (9%) **No** = 69 (91%) **Missing** = 0 (0%)

- No – Although didn't perform as well as would be expected.
- While [student] matched into internal medicine, [student] quit her surgery internship with less than 2 months before completing. This is despite [student] saying all year long [student] wanted to be a surgeon.
- [Student] attempted to match in ENT last year and again this year. [Student] does not love our specialty and is at risk for leaving it. [Student] has had difficulty balancing demands of parenting 3 small children and surgical residency.

Was the Dean's Letter an accurate summary of this resident? *(if no, please explain)*

Yes = 61 (82%) **No** = 5 (7%) **Missing** = 9 (12%)

Unable to access ERAs.
I don't think professionalism issues were identified.
Dean's letter is not as supportive as this resident performs.
Stands out more than Dean's letter implies.

How much time the director spends with the resident.**(for example, clinical, counseling, reviewing evaluations):**

Minimal		Moderate		Considerable	Mean
1	2	3	4	5	
0 (0%)	5 (6%)	35 (48%)	12 (16%)	21 (27%)	**3.7**

Number of residents leaving their programs and reason:

A. Switching programs but staying in the same specialty = 2
B. Switching specialities = 2
C. Program designed as a one-year program = 1
D. Personal reasons = 0
E Asked to leave by residency program; contract not renewed = 0
F. Other = 0

8.5 MEDICAL STUDENT FEEDBACK

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

8.5 NARRATIVE RESPONSE

a. Describe how and by whom evaluation data are collected from medical students on course and clerkship quality.

Students complete an anonymous web-based evaluation at the end of each Phase I block or Phase II/III clerkship rotation. These evaluations are managed through the One45 curriculum management system, which distributes evaluations, tracks completions, and generates reports. The Office of Program Evaluation, Education and Research (PEAR) is tasked with managing all curriculum evaluations.

b. Describe whether medical students provide evaluation data on individual faculty, residents, and others who teach and supervise them in required courses and clerkship rotations.

Medical students complete anonymous web-based evaluations of specific individuals throughout the curriculum. For Phase I, students evaluate their lecturers, small group facilitators, and clinical preceptors. For Phase II required clerkships, students evaluate their lecturers and their preceptors that they work with during the clerkship including both residents and faculty. In some instances, students also provide formative feedback to their peers in cases where students are responsible for each other's learning. Phase II students also complete an overall Phase II evaluation. The evaluation process is managed through One45 and the PEAR office.

c. Provide data from the independent student analysis on students' satisfaction with the school's responsiveness to student feedback on courses/clerkships.

A majority of students who participated in the ISA were satisfied with the responsiveness of the school to student feedback that is given on Phase I courses and Phase II/III clerkships.

Question	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied	N
Satisfaction with the schools' responsiveness to student feedback on courses/clerkships	5.0%	6.7%	9.7%	29.4%	49.2%	238

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.5

1. A copy of any standardized forms used by students in the evaluation of courses and/or clerkships. If there are no standardized forms, provide sample forms for individual courses and clerkships. Note if the forms are completed online or on paper.

See Appendix 8.5-1 Phase I End Block Qs.pdf
See Appendix 8.5-1 Phase I Wkly Lecture Evals.pdf
See Appendix 8.5-1 Phase I Clinic Reasoning.pdf
See Appendix 8.5-1 Phase I Continuity Clinic.pdf
See Appendix 8.5-1 Phase II End Clerkship Qs.pdf

See Appendix 8.5-1 Phase III SubIs ICUs.pdf
See Appendix 8.5-1 Phase III Comp Amb Care.pdf
See Appendix 8.5-1 Med New Mexico.pdf
See Appendix 8.5-1 Overall Phase II.pdf

2. The response rates to questionnaires completed by students during the most recently-completed academic year for each course and clerkship where student evaluation data are collected.

Response Rates for 2015-16			
Medical Student Graduating Class	Phase	Block/Clerkship Name	Response Rate
2019	I	Health Equity Block	93.8%
2019	I	Foundations of Medical Science Block	99.1%
2019	I	Learning Communities	93.8%
2019	I	Musculoskeletal, Skin and Connective Tissue Block	98.2%
2019	I	Clinical Reasoning 1 Block	98.2%
2019	I	Epidemiology & Biostatistics Block (semester 1)	98.2%
2019	I	Hematology Block	98.2%
2019	I	Doctoring 1 Block	89.8%
2019	I	Neuroscience Block	97.3%
2019	I	Doctoring 2 Block: Interprofessional Education Experience	77.3%
2019	I	CV/Pulmonary/Renal Block	97.4%
2019	I	Clinical Reasoning 2 Block	98.2%
2019	I	Doctoring 2 Block	95.4%
2019	I	Epidemiology & Biostatistics Block (semester 2)	98.2%
2019	I	Learning Communities	97.3%
2018	I	Practical Immersion Experience	96.1%
2018	I	GI/Nutrition/Metabolism/Endocrinology Block	99.1%
2018	I	Learning Communities	93.5%
2018	I	Infectious Disease	97.2%
2018	I	Human Sexuality & Reproduction	94.3%
2018	I	Evidence Based Practice I-2 Course	95.3%
2018	I	Learning Communities	92.5%
2018	I	Transitions Block	66.0%
2017	II	Family Medicine	97.9%
2017	II	Internal Medicine	93.7%
2017	II	Neurology	96.7%
2017	II	Obstetrics and Gynecology	93.5%
2017	II	Pediatrics	95.6%
2017	II	Psychiatry	96.8%
2017	II	Surgery	95.7%
2016	III	Comprehensive Ambulatory Care	94.2%
2016	III	Medicine in New Mexico	73.0%
2016	III	Sub-Is	82.8%
2016	III	ICUs	85.3%

8.6 MONITORING OF COMPLETION OF REQUIRED CLINICAL EXPERIENCES

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

8.6 SUPPORTING DATA

Table 8.6-1 | Alternative Clinical Experiences

Provide all required clinical encounters/skills for each listed clerkship that were satisfied with alternative methods by 25% or more of students in the most recently-completed academic year, and describe what the alternative methods were (e.g., simulations, computer cases). Add rows as needed. Only schools with regional campuses need to specify the campus for each clerkship. Refer to element 6.2 for the list of required clinical encounters/skills.

	Campus	Clinical Encounters/Skills where Alternative Methods were Used by 25% or More Students	Alternative Method(s) Used for Remedying Clinical Encounter Gaps
Family medicine		NA	NA
Internal medicine		NA	NA
Ob-Gyn		NA	NA
Pediatrics		Non-accidental trauma (confirmed or suspected) (30%)	Simulated or paper case
Psychiatry		NA	NA
Surgery		Abnormal mammogram (32%), Breast mass (31%)	Simulated or paper case

8.6 NARRATIVE RESPONSE

a. Describe the process (es) used by students to log their required clinical encounters and skills. Is there a centralized tool used for logging or do individual clerkships use their own systems?

The UNM SOM utilizes the One45 Curricular Management System (CMS) to ensure that students are completing the requirements for their required clinical encounters and skills. Students track the completion of their required clinical encounters and skills using the Patient/Procedure log within One45. The data collected include date of encounter, patient gender, patient ethnicity, patient age, setting, participation level, diagnosis/procedure, the supervising faculty, and any relevant comments. Students have access to their log reports at any time and are able to monitor their progress in meeting this requirement.

b. Summarize when and how each student's completion of clerkship-specific required clinical encounters and skills is monitored by the following individuals, including whether the results of monitoring are discussed with the students as part of a mid-clerkship review:

    1. The student's attending physician, supervising resident, preceptor
    2. The clerkship director

Monitoring is done by the Clerkship director with the help of their clerkship coordinator. Each clerkship manages the monitoring and reporting of clerkship-specific required clinical encounters and skills, and discusses progress with each of the students as part of their mid-clerkship review. One45 allows clerkship coordinators to identify gaps and work with their Directors to schedule student activities and follow student progress in ensuring that students meet their patient encounter requirements. As such, faculty can dynamically determine which patients their students need to see prior to the end of the clerkship and they can direct students accordingly.

c. Summarize when, how, and by whom aggregate data on students' completion of clerkship-specific required clinical encounters and skills is monitored. Describe how data on completion rates are used by clerkship directors and the curriculum committee and/or a relevant curriculum subcommittee to assess the adequacy of patient volume or case mix.

Each clerkship director annually reviews the kinds of patients and clinical conditions that students are required to experience during that clerkship. The aggregate data on students' completion of clerkship-specific clinical encounters and skills can be generated from the One45 system at the end of the clerkship year. An aggregate report is provided to each clerkship director who subsequently is requested to comment on the data as part of the yearly clerkship directors report to the Curriculum Committee. Discussion of the data informs the clerkship and Curriculum Committee about possible changes to the list of expectations or the need for alternative experiences (e.g. simulations, paper cases) based on patient specific volume and availability.

8.7 COMPARABILITY OF EDUCATION/ASSESSMENT

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

8.7 NARRATIVE RESPONSE

a. Describe the following for each course or clerkship offered at more than one instructional site, including regional campus (es), (*also see the response to element* 2.6).

    1. The means by which faculty members at each instructional site are informed of and oriented to the core objectives, required clinical encounters and skills, assessment methods, and grading system for the course or clerkship.

Family Medicine: Faculty at the various sites are provided with the clerkship syllabus. Information on the clerkship objectives, required patient types and student clinical evaluation procedure is included.

Internal Medicine: Faculty are oriented annually at a faculty meeting to the clerkship objectives, required clinical encounters, clinical evaluation tool and assessment system.

Neurology: Core objectives, assessment methods and grading system are discussed and reviewed in Neurology faculty meetings at least once a year and individually with new faculty preceptors by the Clerkship Director. The Clerkship Director meets with the residents 1-2 times a year to review policy and other issues directly related to the Neurology Clerkship including teaching expectations, assessment and grading. All faculty and resident teachers are provided with the same tools and rubrics for student assessment. All review and discussion occurs at UNM for UNM faculty and/or via email for VA faculty. Review for teaching faculty is done by the Clerkship Director, both individually and during faculty meetings. Evaluations have rubrics and questions for assessment are standardized. Final grading is performed by the Clerkship Director per a structured grading rubric.

Obstetrics/Gynecology: UNM and SRMC are both staffed by UNM faculty. The faculty and residents rotate at both locations and are familiarized with the objectives and grading criteria at faculty meetings, in the weekly departmental newsletter, and in individual meetings with new faculty. The UNM Ob/Gyn residents also work with the students at Lovelace hospital. The few faculty at Lovelace and Presbyterian are oriented by the Clerkship Director and Coordinator about the objectives and grading criteria. Additionally, most of the faculty at Lovelace and Presbyterian are prior UNM Ob/Gyn residents who began taking students after their residency and are familiar with the objectives and grading criteria.

Pediatrics: The same learning objectives, assessment methods, and grade policies are used across all clinical sites for Pediatrics. The learning objectives are reviewed at faculty meetings, the assessment tool is reviewed annually, the clerkship director also has individual teaching sessions for faculty completing assessments. All final grades are assigned by the clerkship director by a structured grading rubric. Any clinical evaluation that does not seem in keeping with students' general clerkship performance, or is less than a 3.0, is reviewed by direct communication between clerkship director and faculty member.

Psychiatry: At the beginning of every year faculty and residents at each site attend an orientation session to teaching medical students which includes instruction about clerkship objectives, expectations, patient types, and assessment requirements and methods.

Surgery: Faculty are informed at the annual faculty retreat and quarterly faculty meetings. All faculty have appointments at UNM SOM.

2. How and how often the individuals responsible for the course or clerkship communicate with faculty at each instructional site regarding course or clerkship planning and implementation, student assessment, and course evaluation.

Family Medicine: Faculty at instructional sites are communicated with annually regarding any changes in the course via email. On site faculty are oriented to updates in the clerkship annually at a faculty meeting.

Internal Medicine: Updates are relayed to faculty during faculty meetings or individually by the Clerkship Director, as needed. Student evaluations of faculty and residents are reviewed 1-2 times a year with senior leadership and as needed with faculty and residents.

Neurology: Senior leadership (includes VA Chief of Neurology) reviews clerkship planning and implementation, course work and evaluation 1-2 times a year. Updates are relayed to faculty during faculty meetings or individually by the Clerkship Director, as needed. Student evaluations of faculty and residents are reviewed 1-2 times a year with senior leadership and as needed with faculty and residents.

Obstetrics/Gynecology: Updates are relayed to faculty during faculty meetings or individually by the Clerkship Director, as needed. Student evaluations of faculty and residents are reviewed 1-2 times a year with senior leadership and as needed with faculty and residents.

Pediatrics: Clerkship structure is determined by the clerkship director and assistant clerkship director who communicate with the hospitalist group by attending their monthly meeting. Updates are given one to two times per year and more often when needed. Clerkship evaluations and student assessment results are shared with faculty annually at a dedicated faculty meeting. Specific feedback to preceptors is communicated directly either by email or personal communication.

Psychiatry: Updates are relayed to faculty during faculty meetings or individually by the Clerkship Director, as needed. Student evaluations of faculty and residents are reviewed 1-2 times a year with senior leadership and as needed with faculty and residents.

Surgery: Updates are relayed to faculty during faculty meetings or individually by the Clerkship Director, as needed. Student evaluations of faculty and residents are reviewed 1-2 times a year with senior leadership and as needed with faculty and residents.

3. The mechanisms that are used to ensure that leadership/faculty at each site receive and review student evaluations of their educational experience, data regarding students' completion of required clinical experiences and grades, and any other data reflecting the comparability of learning experiences across instructional sites. Describe the specific types of data reviewed and how the discussions of the data with site leadership and faculty occurs.

The PEAR office provides evaluation reports for each block to the clerkship directors. Department chairs are also included in the standard distribution. These reports include evaluations of the clerkship, preceptors, sites, and lectures. Block compare reports, which compare all clerkships across the standard clerkship evaluation questions are distributed twice a year. The PEAR office also prepares and distributes a clerkship annual report that summarizes data from all clerkships. The Assessment and Learning office provides the clerkship directors with required clinical experience data. Clerkship directors share the annual reports with their faculty, as well as specific individual feedback, as outlined below.

Family Medicine: Annually, teaching faculty are given anonymous student feedback from the clerkship annual report. If there are any concerns, the clerkship director will contact and discuss the concerns with the teaching faculty member.

Internal Medicine: Annually, teaching faculty are given anonymous student feedback from the clerkship annual report. If there are any concerns, the clerkship director will contact and discuss the concerns with the teaching faculty member.

Neurology: The clerkship director reviews all data including, but not limited to, student reviews of clerkship activities and student's clinical activities and performs final grading of each clerkship student. All data is reviewed by senior leadership 1-2 times a year and with faculty as needed either individually and/or during faculty meetings. This data is also shared 1-2 times a year with residents.

Obstetrics/Gynecology: The clerkship director and clerkship coordinator review all student's completion of required clinical experiences and grades each block. Annual reports are shared with faculty for each clinical site.

Pediatrics: The clerkship director and clerkship coordinator review all student's completion of required clinical experiences and grades each block. Annual reports are shared with faculty for each clinical site.

Psychiatry: Annually, teaching faculty are given anonymous student feedback from the clerkship annual report. If there are any concerns, the clerkship director will contact and discuss the concerns with the teaching faculty member.

Surgery: Annually, teaching faculty are given anonymous student feedback from the clerkship annual report. If there are any concerns, the clerkship director will contact and discuss the concerns with the teaching faculty member.

b. Describe the individuals (e.g., site director, clerkship director, department chair) and/or groups (curriculum committee or a curriculum committee subcommittee) responsible for reviewing and acting on information related to comparability across instructional sites.

All clerkship directors provide information on the consistency/comparability of educational experiences and methods of evaluation across all instructional sites on the clerkship in their annual report to the Curriculum Committee. This information is also reviewed in regularly scheduled annual leadership meetings with the Department Chair, Clerkship Director, Senior Associate Dean of Education and Associate Dean of Undergraduate Medical Education.

c. Provide examples of the mechanisms employed and the individuals involved in addressing inconsistencies across instructional sites in such areas as student satisfaction and student grades.

Monitoring inconsistencies across instructional sites includes gathering data from student end of clerkship surveys, which are administered at the end of each 4 or 8-week rotation. This data is used to prepare the annual end of clerkship evaluations as well as the annual clerkship compare report, which compares this data across all clerkships. The student evaluations ask about student satisfaction at various clinical sites and include information on student grades. The clerkship director reviews the data at the end of each clerkship and makes timely adjustments. Inconsistencies are also discussed at the monthly clerkship directors meeting, where directors share best practices and promote standardization across clerkships. The annual end of clerkship evaluation data is the mechanism used for formal review of the clerkships. It also provides information to the CC for its oversight of the clerkships. The clerkship directors make decisions about whether to discontinue use of a site or preceptor based upon the student satisfaction or major discrepancies in student grades. Generally, education and support is provided to the supervisor prior to discontinuation of the site.

8.8 MONITORING STUDENT TIME

The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

8.8 NARRATIVE RESPONSE

a. Describe how policies relating to clerkship duty hours were developed and by what individuals and/or groups they were approved.

The Phase II Duty Hours Policy was developed by the Clerkship Directors through the Clerkship Director's subcommittee in collaboration with the Office of Medical Student Affairs and Undergraduate Medical Education to be consistent with GME expectations. The policy is reviewed and approved by the Curriculum Committee.

b. Describe how policies relating to duty hours are disseminated to medical students, residents, and faculty.

The duty hours policy is disseminated to medical students through a link on the Office of Medical Student Affairs Website and referred to in the Phase II Handbook. Students are also instructed during Phase II Orientation in the Transitions Block (Doctoring 5) about the policies. Residents and faculty are updated on the duty hours policy by the Vice Chairs for Education or the Chair at Department level faculty meetings.

c. Describe how data on medical student duty hours are collected during the clerkship phase of the curriculum and to whom the data are reported.

For each rotation, students on each clerkship are asked to log their work hours for one full week a minimum of four times per 8-week clerkship and twice on the 4-week clerkships. Students log their hours in One45 to verify that each clerkship maintains and adheres to this policy. Clerkship Coordinators monitor both the completion of the data and whether or not there are any violations. Any significant deviations from policy are referred to the Clerkship Director for remedy.

d. Describe the mechanisms that exist for students to report violations of duty hours policies. How and to whom can students report violations? Describe the steps that can be taken if duty hour limits are exceeded.

Students report violations during mandatory reporting on One45. In addition, at any time they may inform the Clerkship Coordinators, Clerkship Directors, Learning Community Mentors, Dean of Students or Dean of Undergraduate Medical Education of any violations. If and when a violation occurs the Clerkship Director investigates the cause of the violation and immediately works to address the cause to prevent any future violations.

e. Describe the frequency with which the curriculum committee or its relevant subcommittee(s) monitor the clinical workload of medical students, in the context of formal policies and/or guidelines. How is the effectiveness of policies determined?

The duty hours reports are reviewed at least once a year at a clerkship directors meeting. Policy effectiveness is evidenced by a lack of any duty hours violations being reported and by the fact that there have not been any concerns about duty hours on student evaluations of clerkships.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 8.8

1. The formal policy relating to duty hours for medical students during the clerkship phase of the curriculum, including on-call requirements for clinical rotations.

See Appendix 8.8-1 Duty Hours Policy.pdf

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

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

STANDARD 9 SUPPORTING DOCUMENTATION

Table 9.0-1 | Methods of Assessment – *Year 1/Phase I*

List all courses in the first year/phase of the curriculum, adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of "Other." Number each entry in that row (1, 2, etc.) and provide the corresponding number in the "Other" column.

	Number	Included in Grade							
Course Name	# of Exams/ Quizzes	Internal Exam/ Quiz	Lab or Practical Exam	NBME Subject Exam	OSCE/SP Exam	Faculty/ Resident Rating	Paper or Oral Pres.	Other* (specify)	Narrative Assessment Provided
Health of New Mexico	0						X	X (1)	
Foundations of Medical Science	11	X		X					
Musculoskeletal, Skin and Connective Tissue	8	X	X	X					
Hematology	3	X							
Neuroscience	12	X	X	X					
Cardiovascular, Pulmonary and Renal	14	X	X	X					
Quantitative Medicine	10	X							
Clinical Reasoning 1	1	X				X			X
Clinical Reasoning 2	1	X				X			X
Doctoring 1	4	X			X	X	X(2)		X
Doctoring 2	4	X			X	X	X(2)		X

* Other:
1. Attendance
2. Clinical write-ups, attendance and writing assignment.

Table 9.0-2 | Methods of Assessment – *Year 2/Phase 1*

List all courses in the second year/phase of the curriculum, adding rows as needed. Indicate the total number of exams per course. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the row below the table to provide specifics for each occurrence of "Other." Number each entry in that row (1, 2, etc.) and provide the corresponding number in the "Other" column.

	Number	Included in Grade							
Course Name	# of Exams/ Quizzes	Internal Exam/ Quiz	Lab or Practical Exam	NBME Subject Exam	OSCE/SP Exam	Faculty/ Resident Rating	Paper or Oral Pres.	Other* (specify)	Narrative Assessment Provided
Doctoring 3: Practical Immersion Experience	0					X		X (1)	X
Gastrointestinal, Nutrition, Metabolism, and Endocrine	6	X	X	X					
Infectious Disease	7	X		X				X (2)	
Human Sexuality and Reproduction	4	X	X	X					
Clinical Reasoning 3	2	X			X	X			X
Doctoring 4	3	X			X	X		X(3)	X
Doctoring 5 (Transitions)	0					X		X (4)	X

* Other:
1. Workplace based community assessment, learning issues, clinical note, narrative strand submissions
2. Lab worksheet, PBL illness scripts pre-case assignments
3. Attendance, geriatric functional assessment writeup, continuity clinic write-ups
4. Attendance

Table 9.0-3 | Methods of Assessment – *Years 3 and 4/Phase II and III*

List all required clerkships in the third and fourth years/third and fourth phases of the curriculum, adding rows as needed. Indicate items that contribute to a grade and whether narrative assessment for formative or summative purposes is provided by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinicafl experiences. Use the row below the table to provide specifics for each occurrence of "Other." Number each entry in that row (1, 2, etc.) and provide the corresponding number in the "Other" column.

	Included in Grade						
Course or Clerkship Name	NBME Subject Exam	Internal Written Exams	Oral Exam or Pres.	Faculty/ Resident Rating	OSCE/SP Exams	Other* (specify)	Narrative Assessment Provided
Ob-Gyn	X		X	X			X
Surgery	X			X		X (1)	X
Internal Medicine	X	X		X		X (2)	X
Family and Community Medicine	X			X		X (3)	X
Pediatrics	X	X		X		X (4)	X
Psychiatry	X	X		X			X
Neurology	X		X	X		X (5)	X
ICU				X			X
Doctoring 6A				X			X
Doctoring 6B				X			X
Clinical Sub-internship				X			X
Medicine in New Mexico				X		X (6)	X
Comprehensive Ambulatory Care			X	X		X (7)	X

* Other:
1. Tutorial case discussions
2. Participation home visit program, professionalism
3. Community Project write-up, Health policy write-up
4. Prescription writing sessions
2. H&P, tutorial presentations
5. Tutorial case discussions
6. Health systems paper
7. Attendance, paper and oral presentation

9.1 PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, and provides central monitoring of their participation in those opportunities.

9.1 SUPPORTING DATA

Table 9.1-1 | Provision of Objectives and Orientation

List each course or clerkship where residents, graduate students, postdoctoral fellows, and/or other non-faculty instructors teach medical students. Describe how the relevant department or the central medical school administration ensures that the objectives and orientation to the methods of assessment have been provided and that this information has been received and reviewed.

Course or Clerkship	Types of Trainees Who Provide Teaching/Supervision	How Objectives Are Provided and Teachers Oriented
Foundations of Medical Science	Residents	Small group leaders for Pathology case-based learning are provided the objectives and cases in advance by the block chair. They are not involved in assessment.
Musculoskeletal, Skin and Connective Tissue	Residents	Residents participate in clinical correlations sessions and in the anatomy lab. They are provided objectives and cases or the dissection guide in advance by the block chair, and review the material with a faculty instructor. They are not involved in assessment.
Hematology	Fellows and Residents	Small group leaders for Pathology case-based learning are provided the cases in advance by the block chair. They are required to attend an orientation session in which the cases and session objectives are reviewed. They are not involved in assessment.
Neuroscience	Fellows and Residents	Fellows and Residents assist with Neuropathology labs. They review the labs in advance and are oriented to the material and teaching methods by the lead faculty instructor. They are not involved in assessment.
Cardiovascular, Renal, Pulmonary	Residents	Small group leaders for Pathology case-based learning are provided the cases in advance by the block chair. They are required to attend an orientation session in which the cases and session objectives are reviewed. They are not involved in assessment.
Clinical Reasoning 1	Residents and 4th year medical students	Small group session facilitators complete a required orientation offered through the Office of Medical Educator Development (faculty, residents and students).
Clinical Reasoning 2	Residents and 4th year medical students	Small group facilitators complete a required orientation offered through the Office of Medical Educator Development (faculty, residents and students).

Doctoring 1	4th year medical students	Upper level students model physical exam skills and hold a practice session for first year students. The block chair provides orientation material and oversees the sessions. They are not involved in assessment.
Doctoring 2	Residents	Residents occasionally serve as Continuity Clinic Preceptors. They receive orientation materials and participate in required orientation sessions that orient them to objectives and assessment methods.
Human Sexuality and Reproduction	Fellows and Residents	Small group facilitators are oriented to the objectives by the block chair and given a structured curriculum including small group questions and teaching points. They are not involved in assessment.
Clinical Reasoning 3	Residents and 4th year medical students	Small group facilitators complete a required orientation offered through the Office of Medical Educator Development (faculty, residents and students).
Doctoring 4	Residents and 4th year medical students	Residents occasionally serve as Continuity Clinic Preceptors. They receive orientation materials and participate in required orientation sessions that inform them of the objectives and assessment methods. Students co-facilitate (with a Faculty facilitator) an ethics small group session. Orientation material is provided and Faculty ensure proper implementation.
Doctoring 5 (Transitions)	Residents and 4th year medical students	Residents and students facilitate small groups in conjunction with Faculty after receiving orientation materials. A didactic session that provides training in teaching, facilitating and assessment skills is provided.
Ob-GYN Clerkship	Residents and Fellows	The clerkship director provides the information during resident orientation. In addition, the residents participate in the administration and grading of the oral exam for the clerkship which reinforces the objectives.
Surgery Clerkship	Residents and Fellows	The clerkship director provides the information during resident bootcamp.
Internal Medicine Clerkship	Residents and Fellows	The clerkship director provides the information to the Chief residents who then are responsible for sharing it with the other residents and fellows.
Pediatrics Clerkship	Residents and Fellows	The clerkship director provides the information during resident school.
Psychiatry Clerkship	Residents and Fellows	The clerkship director orients the residents and fellows at a yearly orientation to medical student teaching and assessment.
Neurology Clerkship	Residents and Fellows	The clerkship director provides the information during resident meetings.

Table 9.1-2 | Resident Preparation to Teach

Briefly summarize the preparation program(s) available to residents to prepare for their roles teaching and assessing medical students in required clinical clerkships. For each program, note whether it is sponsored by the department or the institution (D/I), whether the program is required or optional (R/O), and whether resident participation is centrally monitored (Y/N), and if so, by whom. Add rows as needed.

Clerkship	Program Name/Brief Summary	Sponsorship (D/I)	Required/ Optional (R/O)	Centrally Monitored? (Y/N)	Monitored By Whom?
Internal Medicine	Residents as Educators Workshop Orientation to assessment of students	I D	R R	Y Y	Clerkship Director
Ob/Gyn	Residents as Educators Workshop Teach-back sessions	I D	R R	Y Y	Program Director
Pediatrics	Residents as Educators Workshop Resident School	I D	O R	Y Y	Program Director
Psychiatry	Residents as Educators Workshop Teaching Residents to Teach Workshop	I D	O R	Y Y	Program Director and Clerkship Director
Surgery	Residents as Educators Workshop Resident Bootcamp	I D	O R	Y Y	Surgical Education Director
Neurology	Residents as Educators Workshop	I	R	Y	Program Director
Other (list):					

9.1 NARRATIVE RESPONSE

a. Describe any institution-level (e.g., curriculum committee, GME office) policies that require the participation of residents and others (e.g., graduate students, postdoctoral fellows) in orientation or faculty development programs related to teaching and/or assessing medical students.

The Curriculum Committee has produced a curricular principles and policy document that guides UME curriculum development, evaluation and reform. Policy 7C (See appendix Std8e8.3a: Curriculum Principles and Policies v.2017) states that educators (faculty and residents) are provided with the necessary resources and tools to become effective teachers, including faculty development programs, structured evaluations, coaching and feedback. The block chairs or clerkship directors have primary responsibility for ensuring that residents are prepared to teach within their courses and for providing appropriate feedback and coaching. Residents are initially oriented to teaching during new house staff orientation and can receive more extensive training through Office of Medical Educator Development workshops (for example Residents as Educators, Teaching, Learning and Time: Professional Juggling for the Clinical Educator, Facilitating Learning in the Clinical Reasoning Course)

b. How does the medical school ensure that all residents who supervise/assess medical students, whether they are from the school's own residency programs or other programs, receive the objectives and the necessary orientation?

All individuals who participate in teaching medical students are prepared for their roles and receive the course specific objectives, instructional methods and assessment tools and methods prior to the start of their teaching activities. The relevant block chair or clerkship director has the primary responsibility for orienting the individuals involved and for providing access to the course materials through the BrightSpace learning management system. Each block chair or

clerkships director is responsible for ensuring that teachers have reviewed and agreed to the institutional objectives and policies, relevant course objectives and policies and assessment practices. The office of Graduate Medical Education monitors the dates and attendance of all teaching orientation sessions.

c. Describe how data provided by medical students on the quality of resident teaching are used to improve the quality of resident teaching and/or supervision.

Residents who participate in teaching are evaluated using the same standard evaluations that are used for faculty instructors. Evaluation data are received by the resident, the block chair or clerkship director, other faculty instructors in the course (as applicable) as well as the Curriculum Committee subcommittee responsible for evaluating the block or clerkship. In the case of clerkships, department chairs also receive evaluation data. The block chair or clerkship director meets with the resident instructor to provide feedback and to outline a plan and identify resources to improve teaching skills when necessary.

d. Describe any institution-level and department-level programs that prepare graduate students or postdoctoral fellows to teach or assess medical students.

Graduate students and postdoctoral fellows rarely teach in the medical school curriculum. Some graduate students elect to pursue a teaching certificate (certificate program in university science teaching) and may elect to be involved in medical student teaching. Also, some postdoctoral fellows are supported by the academic science education and research program that is funded by an NIGMS institutional research and academic career development award (UNM HSC IRACDA (Institutional Research & Academic Career Development Award) award. In both programs, the trainees undergo a rigorous educator training program that includes didactics on teaching pedagogy and assessment, supervised teaching assistantships and assigned education mentors. In addition, the Office of Medical Educator Development offers an extensive array of workshops on an ongoing basis that are available to all graduate students and postdoctoral fellows interested in teaching.

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.

9.2 NARRATIVE RESPONSE

a. Describe how, by whom, and how often the faculty appointment status of physicians who teach and assess medical students during required clerkships is monitored.

All physicians who supervise, teach and assess medical students hold faculty appointments at the University of New Mexico School of Medicine. Community-based faculty who work with medical students are provided with volunteer faculty appointments through specific Departments and the Office of Academic Affairs.

Family Medicine: The majority of preceptors for the Family Medicine clerkship are community-based preceptors. If a preceptor is someone the clerkship has not used as a supervisor previously, the Clerkship Director confirms a volunteer faculty appointment of the physician with the preceptorship office in the Curriculum Support Center. The clerkship director reviews this information annually and when student / preceptor matches are made.

Internal Medicine: All faculty preceptors have full time faculty appointments at the UNM School of Medicine. VA preceptors have adjunct faculty appointments. All are reviewed annually by the Clerkship Director and Preceptorship Office in UME.

Psychiatry: All faculty preceptors have full time faculty appointments at the UNM School of Medicine. VA preceptors have adjunct faculty appointments. All are reviewed annually by the Clerkship Director and Preceptorship Office in UME.

Neurology: All clerkship teachers/attendings are UNM SOM or VA faculty (VA faculty involved in teaching hold adjunct appointments at the UNM School of Medicine). Any locum tenens employed within the department hold volunteer faculty positions while they are on staff at UNMH. Appointments are reviewed semi–annually (October and May) or more often by departmental administration.

Obstetrics/Gynecology: All clerkship preceptors are UNM SOM faculty or community-based faculty with volunteer faculty appointments. Ob/Gyn only use the faculty that are considered excellent teachers. All are reviewed annually by the clerkship director and departmental administration.

Pediatrics: The majority (> 95%) of students are at clinical sites with UNM faculty supervisors. The clerkship director coordinates rotations with physicians at Kirtland Airforce Base and Indian Health Service at a student's request for work at these sites. These faculty hold volunteer faculty appointments, confirmed by the clerkship director annually and prior to each rotation.

Surgery: All faculty preceptors have full time faculty appointments at the UNM School of Medicine. VA preceptors have adjunct faculty appointments. All are reviewed annually by the clerkship director in consultation with Departmental administration and the Preceptorship Office in UME.

b. List any required core clinical clerkships where students are being supervised, assessed, or graded by physicians who are not medical school faculty members (do not include residents/fellows). Describe the steps being taken to provide faculty appointments to these physicians.

There are no required clinical clerkships where students are being supervised, assessed or graded by physicians who are not medical school faculty members (regular or volunteer faculty).

c. Where teaching of students is carried out by individuals who do not hold faculty appointments at the medical school, describe how the teaching activities of these individuals are supervised by medical school faculty members.

Teaching of medical student is never carried out by individuals who do not hold faculty appointments (regular or volunteer) at the medical school.

9.3 CLINICAL SUPERVISION OF MEDICAL STUDENTS

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

9.3 NARRATIVE RESPONSE

a. Describe how departments and the central medical school administration ensure that medical students are appropriately supervised during required clinical clerkships and other required clinical experiences so as to ensure student and patient safety.

Medical students are supervised for all clinical experiences during the required clerkships. The School of Medicine has a policy in place regarding the appropriate supervision of medical students (See Appendix 9.3-a Clinical Supervision Stdts.pdf) which is shared with students, faculty and residents by the clerkship directors and UME Office during the orientation and transition to the clerkships. This policy provides guidance for and ensures both student and patient safety.

b. What mechanisms exist for students to express concern about the adequacy and availability of supervision and how, when, and by whom are these concerns acted upon?

Students are requested to notify the site supervisor, clerkship director or appropriate dean (UME or Student Affairs) at any time that they feel they are not adequately supervised or placed in a situation that is beyond their skill or comfort level. Follow up with the relevant preceptor is initiated in order to ensure an appropriate level of supervision is in place. In addition, students have the opportunity to respond to the following questions in the end of clerkship evaluation:

"I received adequate supervision from attendings and/or residents on this clerkship."
"What changes would you suggest to improve supervision?

Results from these questions are collected by the Program Evaluation Office and distributed to the appropriate clerkship director, Associate Dean of UME and Senior Associate Dean of Education. Relevant follow up is initiated to respond to problems and when changes are necessary.

Data from the past academic year for the statement:
"I received adequate supervision from attendings and/or residents on this clerkship"

Clerkship	No (%)	Yes (%)	N
Family Medicine	1.0	99	92
Ob/Gyn	2.3	97.7	87
Psychiatry	2.3	97.7	87
Surgery	1.0	99	86
Pediatrics	1.0	99	85
Internal Medicine	4.5	95.5	88
Neurology	2.3	97.7	87

c. What mechanisms are used during required clinical experiences to ensure that the level of responsibility delegated to a medical student is appropriate to the student's level of training and experience? Is there a policy (departmental or institutional) related to the delegation of responsibility to medical students?

The SOM has a policy regarding appropriate supervision of medical students during all clinical experiences (See Appendix 9.3-a Clinical Supervision Stdts.pdf). Faculty who teach in required clinical clerkships are instructed annually about expectations for medical students including interviewing and physical exam techniques and appropriate involvement in procedures and patient management. The Phase II Handbook for medical students includes expected responsibilities for third year medical students including clinical responsibility and documentation requirements. In addition, all faculty are required to be present or available during key elements of the history and physical for all patients. By policy, a supervising physician is required to directly supervise all procedures in which a medical student is involved.

d. Provide examples of how the clerkship director or the student's attending physician ensure that health professionals who teach or supervise medical students are acting within their scope of practice.

Attending physicians are present and supervise during key elements of history taking, physical exam, procedures, and management of patients such that any other health care professionals such as resident physicians are observed in their performance to be within their scope of practice. Attendings certify management plans before they are put into place and lead multidisciplinary rounds during which they have the opportunity to directly supervise and observe that the health professionals who teach or supervise medical students are acting within their scope of practice

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.3

1. Copy of any policies or guidelines related to medical student supervision during required clinical activities that ensure student and patient safety (e.g., policies about timely access to, and in-house availability of, attending physicians and/or residents).

See Appendix 9.3-a Clinical Supervision Stdts.pdf

9.4 ASSESSMENT SYSTEM

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

9.4 SUPPORTING DATA

Table 9.4-1 | Observation of Clinical Skills

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who indicated they were observed performing the following clerkship activities.

	GQ 2015				GQ 2016				GQ 2017			
	History		Physical Exam		History		Physical Exam		History		Physical Exam	
	School %	National %	School %	National %	School %	National %	School %	National %	School %	National %	School %	National %
Family Medicine	86.2	87.3	86.2	89.3	86.4	88.9	88.5	90.9	84.9	90.0	89.0	91.7
Internal Medicine	87.9	91.5	87.9	92.9	89.8	92.7	90.8	93.8	94.5	93.4	90.4	94.3
Ob-Gyn/ Women's Health	79.3	78.9	84.5	88.8	79.5	81.8	87.2	90.1	87.7	83.3	93.2	91.0
Pediatrics	82.8	90.0	82.8	91.9	87.5	91.4	91.9	92.8	89.0	92.2	93.2	93.5
Psychiatry	81.0	90.4	86.2	89.1	93.2	91.7	90.8	90.6	84.9	92.5	83.6	91.5
Surgery	55.2	68.7	70.7	76.6	47.7	72.4	63.2	78.8	64.4	74.4	74.6	80.4
Neurology	59.6	78.7	75.9	87.7	57.5	81.4	83.7	89.5	63.0	82.9	82.2	90.9

Table 9.4-2 Clinical Skills

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who agree/strongly agree (aggregated) that they are prepared in the following ways to begin a residency program.

	GQ 2015		GQ 2016		GQ 2017	
	School %	National %	School %	National %	School %	National %
Acquired the clinical skills required to begin a residency program.	76.8	89.2	91.9	90.1	94.5	90.1

9.4 NARRATIVE RESPONSE

a. For each comprehensive clinical assessment (e.g., OSCE or standardized patient assessment) that occurs independent of individual courses or clerkships, describe when in the curriculum it is offered, the general content areas covered by each, and whether the purpose of the assessment is formative (to provide feedback to the student) or summative (to inform decision-making about grades, academic progression, or graduation).

Clinical assessments occurring independent of courses or clerkships:
Phase I OSCE: Clinical performance exam at the end of Phase I -Year 2 covering communication skills, clinical skills and clinical reasoning. Five cases. Summative.

Three OSCEs are administered during Phase II (required third year clerkships)
OSCE 1: Clinical performance exam 16 weeks into the clerkship year (August). Three general cases relevant for all clerkships and 2 clerkship-specific cases (one for each of the two clerkships that the student has completed in the preceding 16 weeks) Summative.
OSCE 2: Clinical performance exam 32 weeks into the clerkship year (December). Three general cases relevant for all clerkships and 2 clerkship-specific cases (one for each of the two clerkships that the student has completed in the preceding 16 weeks) Summative.
OSCE 3: Clinical performance exam 48 weeks into the clerkship year (April). Three general cases relevant for all clerkships and 2 clerkship-specific cases (one for each of the two clerkships that the student has completed in the preceding 16 weeks). Summative.

Clinical assessments integrated into courses or clerkships:
CE1: Clinical performance exam midway through the first semester of Phase I - Year 1 covering communication skills and history taking. Introduction to performance assessment in a standardized patient encounter. One case. Formative exam.
CE2: Clinical performance exam at the end of the first semester of Phase I - Year 1 covering communication skills, clinical skills and note writing. One case. Summative.
CE3: Clinical performance exam midway through the second semester of Phase I - Year 1 covering communication skills, clinical skills and note writing. One case. Summative.
CE4: Clinical performance exam at the end of the second semester of Phase I - Year 1 covering communication skills, clinical skills and note writing. Three cases. Summative.
CE5: Clinical performance exam midway through the first semester of Phase I - Year 2 covering communication skills, clinical skills and note writing. Two cases. Summative.

b. How has the school assured that all students are assessed performing the essential components of a history and physical examination, as defined by the school, in each required clerkship?

   Note that the school can decide if students must complete an entire history and physical examination or a modified history and physical that is relevant to the specific clerkship.

Prior to 2017, each clerkship utilized a different process for observing H&Ps and providing feedback to students. These processes were monitored at the level of the clerkship and resulted in some level of variability between clerkships as seen in the annual GQ and internal surveys. A new centralized process was adopted in 2017 that assures that all students are assessed performing the essential components of a history and physical examination once per clerkship. Students request an observation from a resident or attending and are given feedback via the Direct Observation Form in One45. Completion of the form is monitored by the clerkship coordinators and Clerkship Director as an administrative requirement for the clerkship. The feedback that is given to students is used in a formative manner. The completion of this requirement is also monitored by the CC in the yearly evaluation of each clerkship.

Students are summatively assessed on their H&P skills three times during the clerkship year in the OSCEs which include both general cases and clerkship specific cases. The clerkship specific cases evaluate the students' knowledge of and performance of the relevant and focused history and physical exam skills necessary for specific patient presentations listed in the Phase II Clerkship Performance Objectives.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.4

1. As available, provide data from school-specific sources (e.g., clerkship evaluations) on student perceptions that they were observed performing core clinical skills.

AY 16-17 Clerkship Evaluations – Annual Report

Internal Medicine	No (%)	Yes (%)	N
1. I was observed obtaining pertinent parts of a history at least once during the clerkship.	1%	99%	88
2. I was observed performing the pertinent parts of the physical examination or mental status examination (i.e. pelvic exams in Ob- Gyn, etc.) at least once during this clerkship	5.6%	94.4%	88
Surgery	No (%)	Yes (%)	N
1. I was observed obtaining pertinent parts of a history at least once during the clerkship.	14%	86%	86
2. I was observed performing the pertinent parts of the physical examination or mental status examination (i.e. pelvic exams in Ob- Gyn, etc.) at least once during this clerkship	11.6%	88.4%	86
Psychiatry	No (%)	Yes (%)	N
1. I was observed obtaining pertinent parts of a history at least once during the clerkship.	1%	99%	86
2. I was observed performing the pertinent parts of the physical examination or mental status examination (i.e. pelvic exams in Ob- Gyn, etc.) at least once during this clerkship	1%	99%	86
Ob/Gyn	No (%)	Yes (%)	N
1. I was observed obtaining pertinent parts of a history at least once during the clerkship.	1%	99%	87
2. I was observed performing the pertinent parts of the physical examination or mental status examination (i.e. pelvic exams in Ob- Gyn, etc.) at least once during this clerkship	2%	98%	87
Family Medicine	No (%)	Yes (%)	N
1. I was observed obtaining pertinent parts of a history at least once during the clerkship.	6.5%	93.5%	92
2. I was observed performing the pertinent parts of the physical examination or mental status examination (i.e. pelvic exams in Ob- Gyn, etc.) at least once during this clerkship	2%	98%	92
Pediatrics	No (%)	Yes (%)	N
1. I was observed obtaining pertinent parts of a history at least once during the clerkship.	0%	100%	85
2. I was observed performing the pertinent parts of the physical examination or mental status examination (i.e. pelvic exams in Ob- Gyn, etc.) at least once during this clerkship	2.3%	97.7%	85
Neurology	No (%)	Yes (%)	N
1. I was observed obtaining pertinent parts of a history at least once during the clerkship.	10.2%	89.8%	88
2. I was observed performing the pertinent parts of the physical examination or mental status examination (i.e. pelvic exams in Ob- Gyn, etc.) at least once during this clerkship	1%	99%	88

2. Samples of course/clerkship-specific or standardized forms that are used in the assessment of the following clinical skills. Indicate the course or clerkship where each form is used and whether the results are used for formative (feedback) or summative (grading) purposes.

a. History taking
b. Physical examination

Phase I:
History taking and physical exam are taught in the longitudinal Doctoring curriculum throughout Phase I. These skills are taught in small group sessions with an assigned preceptor who provides formative feedback and are assessed in the clinical skills exams using standardized patients. First, a form used by the students and preceptors to teach and checklist the elements of the full physical exam in a formative fashion is provided below. Then, an example of a case specific form that is used for summative purposes is also shown below. The summative evaluation is completed by the standardized patient.

Doctoring 1 Physical Exam Maneuvers: Basic Head-To-Toe Screening Physical Exam

Patient-Centered Basics:

- □ Wash hand immediately before beginning physical exam (and after exam completed)
- □ Obtain vital signs while patient seated in chair: heart rate/blood pressure
- □ Explain maneuvers (in lay terminology) during examination
- □ Tell patient you will examine skin of each body area as you go along
- □ Pull out step and assist patient onto exam table
- □ Pull out leg rest as patient reclines
- □ Ensure proper draping

HEENT:

- □ Inspect sclera/conjunctivae
- □ Assess direct and consensual pupillary response (bilateral, dim room lights) (CN II and III)
- □ Assess extra-ocular movements (6 cardinal directions) (CN III, IV, VI)
- □ Inspect external ear canals and tympanic membranes (bilateral)
- □ Inspect mouth and oropharynx (with illumination)
- □ Palpate head and neck nodes (bilateral)
- □ Inspect and palpate thyroid gland (give patient water to sip)

Cardiovascular/Pulmonary:

- □ Percuss lung fields (**at least** 2 pairs anterior, 4 pairs posterior, 1 lateral on left and on right side)
- □ Auscultate lung fields (**at least** 2 pairs anterior, 4 pairs posterior, 1 lateral on left and on right side)
- □ Auscultate for carotid bruits (bilateral, instruct patient to hold breath for each)
- □ Auscultate heart (diaphragm only), patient **seated** (right base, left base, left lower sternal border and apex)
- □ Auscultate heart (diaphragm only), patient **supine** (right base, left base, left lower sternal border and apex)
- □ Palpate pulses, upper body: carotid arteries (right and left, not simultaneously) and bilateral radial arteries (simultaneously)
- □ Palpate pulses, bilateral lower extremities: posterior tibialis (simultaneously) and dorsalis pedis (simultaneously)

Abdomen:

- □ Inspect abdomen (tell patient you are doing so)
- □ Auscultate abdomen for bowel sounds (single location is adequate)
- □ Percuss abdomen (4 quadrants)
- □ Palpate abdomen lightly (4 quadrants and epigastrum)
- □ Palpate abdomen deeply (4 quadrants and epigastrum)
- □ Palpate lower border of liver on inspiration
- □ Percuss superior border of liver
- □ Palpate spleen

Neuromuscular:

- □ Assess bilateral upper extremity strength on 5/5 scale: shoulder abduction and elbow flexion/extension and wrist flexion/extension and hand grip

- □ Assess bilateral lower extremity strength on 5/5 scale: hip flexion and knee flexion/extension and ankle flexion/extension
- □ Assess bilateral upper extremity reflexes: Biceps and Triceps and Brachioradialis
- □ Assess bilateral lower extremity reflexes: Patellar and Achilles and Plantar (Babinski)
- □ Observe gait: casual (normal) and heel-to-toe (stressed)

Clinical Skills Exam 4 05/16/2016 - 05/17/2016 Performer Confidential Material
Class: MS/2019 PA/2017

Checklister	Test Date	Time	Room	Learner Code
	__/__/____	08:00AM	North 15	__|__|__|__
		08:40AM	North 16	
		09:20AM	North 17	
		10:00AM	North 18	
		10:40AM	North 19	
		12:00PM	North 20	
		12:40PM	North 21	
		01:20PM		
		02:00PM		
		02:40PM		

HISTORY

1. (Quantity / Severity) How bad is the racing heart OR How does the racing heart affect your life	YES NO
2. (Timing/onset) When did the racing heart start Comments:	YES NO
3. (Timing / pattern) How long does the racing heart last OR How often does the racing heart occur Comments:	YES NO
4. (Setting) Where are you when the racing heart occurs OR What are you doing when the racing heart occurs Comments:	YES NO
5. (Relieving / aggravating factors) What makes the racing heart better or worse Comments:	YES NO
6. Associated symptoms (must be chest pain or pressure, shortness of breath, sweating, dizziness, nausea, vomiting) Yes = 2 or more Comments:	YES NO
7. Past medical history Comments:	YES NO
8. Current medications (prescription AND over the counter AND complementary/alternative) Comments:	YES NO

MAY-04-16 02:29 PM

9. Medication allergies YES NO
Comments:

10. Alcohol AND tobacco AND recreational drugs YES NO
Comments:

PHYSICAL EXAM

1. Washed hands immediately before beginning examination YES NO
Comments:

2. Looked at right side of neck with head turned to the left (while exam table elevated at an angle) YES NO
Comments:

3. Listened to carotid arteries on skin WHILE I HELD MY BREATH, both left AND right sides YES NO
Comments:

4. Listened to lungs on skin: 1 pair in front AND 3 pairs in back YES NO
Comments:

5. Listened to heart on skin in 4 areas while SITTING UP with diaphragm and bell YES NO
Comments:

6. Listened to heart on skin in 4 areas while LYING DOWN with diaphragm and bell YES NO
Comments:

7. Palpated chest wall on skin (below left breast) for point of maximum intensity while lying on back OR on left side YES NO
Comments:

8. Listened to abdominal aorta on skin at midline epigastrium OR palpated abdominal aorta in epigastrium YES NO
Comments:

9. Pulses: at least three places, upper AND lower extremities, both left AND right sides simultaneously YES NO
Comments:

An example of a form used in the assessment of clinical skills during Doctoring 3 (Practical Immersion Experience) is shown below. This form is used for formative feedback purposes and completed by the clinical preceptor.

Doctoring 3 PIE
Passport

Written assignments (turned in to faculty)

Patient write-up						
Set of learning issues						

Physical exam (observed by faculty – see reverse side for expectations)

Cranial nerves II-IV, VI					
Cranial nerves V, VII-XII					
Motor & Reflexes					
Sensory					
Coordination & Gait					
Cardiac exam					
Vascular exam					
Pulmonary exam					

Health Coaching (faculty confirm that this has been completed)

Action Plan	
Follow up phone call	

Exam Expectations

Cranial Nerve Exam II-IV, VI includes:

- Fundoscopic exam
- Visual acuity
- Visual fields
- Pupillary response,
- Extra-ocular eye movements

Cranial Nerve Exam V, VII-XII includes:

- Facial sensation
- Masseter contraction
- Muscles of facial expression
- Hearing,
- Palatal elevation
- Strength of shoulder elevation or neck rotation,
- Tongue protusion

Motor & Reflex Exam includes:

- Palmar drift

- Upper extremity strength (shoulder abduction, elbow flexors and extensors, wrist flexors and extensors, grasp)
- Lower extremity strength (hip flexors, knee flexors and extensors, ankle dorsiflexors and plantar extensors);
- Muscle tone and bulk
- Upper extremity reflexes (biceps, triceps, brachoradialis)
- Lower extremity reflexes (patellar, achilles, Babinski)

Sensory Exam includes:

- Tests of touch, cold, pinprick, vibration and position sense in upper and lower extremities bilaterally.

Coordination & Gait includes:

- Tests of finger-to-nose, heel-to-shin, rapid alternating movements and toe tapping
- Casual, toe, heel and tandem gait
- Romberg's sign

Cardiac Exam includes:
Observe the precordium,

- Palpate PMI
- Auscultate the heart in 4 primary positions
- Check JVP and abdominojugular reflex
- Check for lower extremity swelling.

Vascular exam includes:

- Palpate carotid, brachial, radial, popliteal, dorsalis pedis and posterior tibialis pulses (simultaneously)
- Auscultate and palpate the carotids (separately)
- Auscultate and palpate the aorta
- Measure the blood pressure

Pulmonary Exam includes:

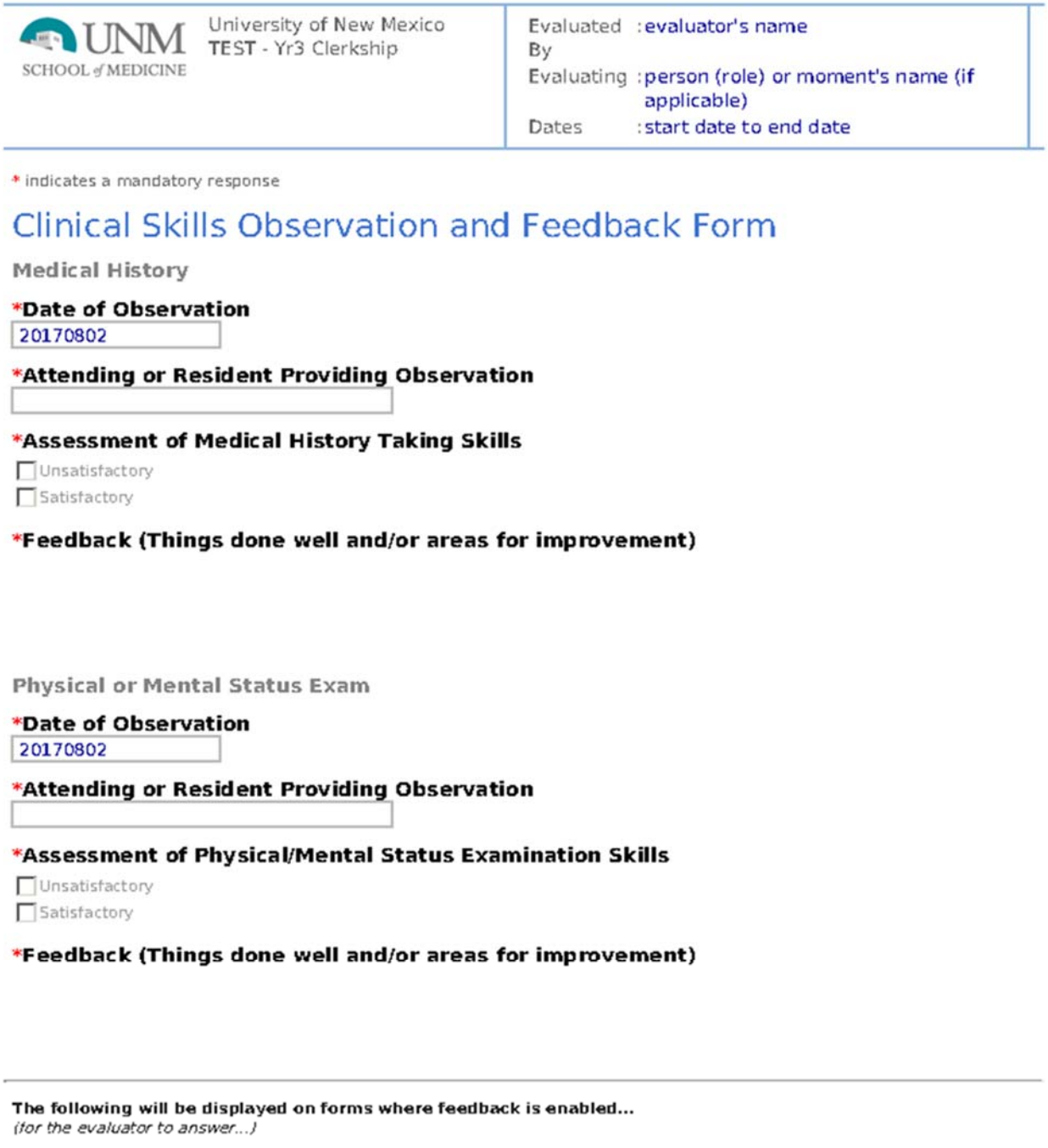
- Observe the thorax
- Check for symmetric lung expansion.
- Auscultate the lungs (2 pairs anteriorly, 1 pair laterally, 4 pairs posteriorly).
- Percuss the lungs (anteriorly, posteriorly and laterally).
- Special exams (egophany, tactile fremitus)

Action Plan includes

- A specific action (what, when, where, with whom as appropriate and in as much detail as possible)
- Asks about and troubleshoots barrier
- Asks about patient's confidence in this plan
- Sets a start date
- Makes a plan to follow up

Phase II core clinical clerkships:

Each of the 7 core clinical clerkships uses a standard form for the assessment of history taking and physical exam skills that is then used to provide formative feedback. The form is located in one45 and completed by the observer: either resident physician or faculty. The form is below.



UNM SCHOOL of MEDICINE

University of New Mexico
TEST - Yr3 Clerkship

Evaluated By : evaluator's name
Evaluating : person (role) or moment's name (if applicable)
Dates : start date to end date

* indicates a mandatory response

Clinical Skills Observation and Feedback Form

Medical History

*Date of Observation
20170802

*Attending or Resident Providing Observation

*Assessment of Medical History Taking Skills
- [ ] Unsatisfactory
- [ ] Satisfactory

*Feedback (Things done well and/or areas for improvement)

Physical or Mental Status Exam

*Date of Observation
20170802

*Attending or Resident Providing Observation

*Assessment of Physical/Mental Status Examination Skills
- [ ] Unsatisfactory
- [ ] Satisfactory

*Feedback (Things done well and/or areas for improvement)

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

For summative purposes, all of the core clinical clerkships use the Phase II Medical Student Clinical Evaluation form that is based on PRIME. Each student receives a final clinical grade for the clerkship based on this form.

UNM SCHOOL of MEDICINE

University of New Mexico
Yr3 Clerkship

Evaluated By : evaluator's name
Evaluating : person (role) or moment's name (if applicable)
Dates : start date to end date

* indicates a mandatory response

Phase II Medical Student Clinical Evaluation

Amount of Contact:

- ○ Minimal
- ○ Moderate
- ○ Extensive

Please Check All Boxes That Apply In Each Area

REPORTING: History & Physical Exam

Below Novice 1.0 - 2.0

- ☐ Does not gather pertinent data

Novice 2.0

- ☐ Gathers data in a rote fashion using or only using a template.
- ☐ H&P overly broad/generic.
- ☐ No pattern recognition.
- ☐ Does not offer pertinent positives/negatives

Avg Clerkship Student 3.0

- ☐ Adequately gathers information from patient and chart.
- ☐ Beginning to focus H&P toward relevant info.
- ☐ Emerging recognition of constellation of symptoms as patterns.
- ☐ Identifies some pertinent positives/negatives

Advanced 4.0

- ☐ Gathers detailed info using all relevant sources.
- ☐ H&P focus and diagnosis driven.
- ☐ Uses illness scripts and pattern recognition with knowledge of epidemiology.
- ☐ Identifies pertinent positives/negative and applies to defense of differential diagnosis

	Limited contact. Unable to evaluate.	Does Not Meet Expectations/Needs Improvement	Meets Expectations	Exceeds Expectations
*Obtains Medical History Effectively and Performs Appropriate Physical/Mental Status Exam	○	○	○	○

REPORTING: Oral Presentations

Below Novice 1.0 - 2.0

- ☐ Consistently erroneous reporting

Novice 2.0

☐ Occassionally disorganized. Misses essential information; sometimes needs prompting

Avg Clerkship Student 3.0

☐ Organized with appropriate terminology

Advanced 4.0

☐ Organized and informative, identifies key diagnostic/treatment issues

	Limited contact. Unable to evaluate.	Does Not Meet Expectations/Needs Improvement	Meets Expectations	Exceeds Expectations
*Presents Patients to Other Team Members Effectively	○	○	○	○

REPORTING: Documentation

Below Novice 1.0 - 2.0

☐ Incoherent

Novice 2.0

☐ Occassionally disorganized. Misses essential information; sometimes needs prompting

Avg Clerkship Student 3.0

☐ Organized written notes may be overly full or missing important information

Advanced 4.0

☐ Organized, informative; demonstrates clinical reasoning and justification for treatment plan

	Limited contact. Unable to evaluate.	Does Not Meet Expectations/Needs Improvement	Meets Expectations	Exceeds Expectations
*Accurately Documents Findings, Assessment and Plan Using Appropriate Medical Vocabulary	○	○	○	○

INTERPRETING: Assessment Statement

Below Novice 1.0 - 2.0

☐ Cannot make assessment statement

Novice 2.0

☐ Prompting required. Generic; repeats data.

☐ Not well synthesized

Avg Clerkship Student 3.0

☐ Usually correct assessment without prompting.

☐ Key features/important problems included

Advanced 4.0

☐ Assessments offered spontaneously on all pts.

☐ Concise, key features, important problems.

☐ Changes reflecting ongoing clinical picture

INTERPRETING: Formulates basic problem list

Below Novice 1.0 - 2.0

- ☐ Cannot formulate a basic problem list

Novice 2.0

- ☐ Can begin to make a problem list; rudimentary

Avg Clerkship Student 3.0

- ☐ Emerging skills forming/sorting problem list.
- ☐ Top problems correctly prioritized (problem list may be overly full or missing important info)

Advanced 4.0

- ☐ Without prompting, top problems correctly prioritized AND has important problems listed

INTERPRETING: Differential Diagnosis (DDx) and Clinical Reasoning

Below Novice 1.0 - 2.0

- ☐ Cannot make a DDx

Novice 2.0

- ☐ DDx difficult to associate to chief complaint/history.
- ☐ When prompted to discuss DDx, it is based on pre-clinical analytic and basic science forms of thinking

Avg Clerkship Student 3.0

- ☐ Makes broad DDx associated with patients'chief complaint/history.
- ☐ Emerging skills: forming and defending DDx.
- ☐ DDx demonstrates early evidence of pattern recognition (may miss difficult/rare diagnoses)

Advanced 4.0

- ☐ Consistently offers DDx list without prompting appropriate to complaint/problem, ranked.
- ☐ Able to justify differential and unique dx from patientH&P, labs/studies, knowledge of compaint/problem, epidemiology

	Limited contact. Unable to evaluate.	Does Not Meet Expectations/Needs Improvement	Meets Expectations	Exceeds Expectations
*Constructs a Sound Differential Diagnosis	○	○	○	○

MANAGING AND PATIENT CARE

Below Novice 1.0 - 2.0

- ☐ Only observes patient care.
- ☐ Bystander.
- ☐ Requires unusually close supervision in pt care settings

Novice 2.0

☐ Can participate in patient care by following detailed instruction by team.
☐ Emerginging bedside skilll with patients (requires supervision and assistance to be able to present plan to patient, etc).
☐ With prompting, suggests very basic first step for management but not subsequent steps

Avg Clerkship Student 3.0

☐ Reliably carries out patient care responsibilities after brief instruction by team.
☐ Demonstrates bedside skills with patient (able to present plan to patient, listens well, updates patient, form therapeutic relationship with patient/family).
☐ Proposes appropriate initial steps for management of patient without prompting.
☐ If uncertain of plan, describes how/where to look up management and follows up with information in a timely manner

Advanced 4.0

☐ Reliably carries out patient care responsibilities after brief discussion with team AND without prompting identifies new patient care needs.
☐ Transitioned to demonstrating ownership of pt care.
☐ Proposes appropriate steps for management without prompting, identifies some complexity in medical decision making.
☐ Recognizes complex patient situations and takes appropriate action.
☐ Assists team in discharge planning, communication and systems based issues.
☐ Plans address urgent patient problems

	Limited contact. Unable to evaluate.	Does Not Meet Expectations/Needs Improvement	Meets Expectations	Exceeds Expectations
***Reliably Engages with Patients, Families and the Health Care Team in Carrying Out Patient Care Responsibilities**	○	○	○	○

EDUCATING

Below Novice 1.0 - 2.0

☐ Minimal evidence of Studying

Novice 2.0

☐ Reads only at a pre-clinical basic science level

Avg Clerkship Student 3.0

☐ Looks up need info in basic sources (textbooks, Up-to-Date).
☐ Increasing comfort level with educating team.
☐ Completes required team education expectations (mini-talks, follow-up questions)

Advanced 4.0

- [ ] Exceptionally strong foundation knowledge.
- [ ] Reading on patients' disease prior to encounters.
- [ ] Spontaneously educates team, researches info.
- [ ] Performs required education expectations at higher level than expected, primary literature used

	Limited contact. Unable to evaluate.	Does Not Meet Expectations/Needs Improvement	Meets Expectations	Exceeds Expectations
*Demonstrates Medical Knowledge Essential to Patient Care	○	○	○	○

PROFESSIONALISM

Duty/Altruism

Below Expected

- [ ] Needs continual reminders about responsibilities
- [ ] Doesn't complete tasks, misses deadlines
- [ ] Doesn't return e-mails/pages, unavailable to team
- [ ] Leaves work without checking in with team
- [ ] Doesn't show up to clinical or required educational duties

Expected

- [ ] Meets expectations for participation and timeliness.
- [ ] Follows instructions.

Advanced Level

- [ ] Shows up early, stays late when needed.
- [ ] Completes assigned tasks early or with little instruction.
- [ ] Seeks and accepts feedback and constructive instruction.
- [ ] Takes an active role in caring for patients.
- [ ] Recognizes limitations and seeks help when expertise, knowledge and level of experience is inadequate to handle a situation.
- [ ] Demonstrates awareness of the work flow and contributes in an appropriate role without prompting.
- [ ] Takes initiative to contribute to medical knowledge through active scholarship and discovery.
- [ ] Places patients interests and well-being at the center of educational and professional behavior and goals.

Honesty & Integrity

Below Expected

- [ ] Falsifies or misrepresents information, own actions or behaviors

Expected

- [ ] Is accountable for actions and follows the rules

Advanced Level

- [ ] Learns about and avoids conflicts of interest.
- [ ] Commits to the highest standards of competence

	Limited contact. Unable to evaluate.	Does Not Meet Expectations/Needs Improvement	Meets Expectations	Exceeds Expectations
*Demonstrates Integrity, Honesty and Ethical Behavior and Fulfills Professional Commitments	○	○	○	○

Respect for Others

Below Expected

- ☐ Lacks empathy, is insensitive or lacks rapport with others.
- ☐ Displays prejudice toward others on the basis of a recognizable social group.
- ☐ Demonstrated inability to function within a team.
- ☐ Demonstrates arrogance.
- ☐ Is overly critical/verbally abusive at times

Expected

- ☐ Mindful of demeanor, language, and appearance.
- ☐ Considerate of others\' time, rights,values, religious, ethnic and socioeconomic backgrounds.
- ☐ Treats patients, teachers, peers,residents and faculty with compassion, dignity and respect.
- ☐ Recognizes and functions in a manner consistent with role as a student on a team.
- ☐ Is mindful to avoid intentionally embarrassing or deriding others.
- ☐ Maintains appropriate relationships with patients, peers, residents and faculty

	Limited contact. Unable to evaluate.	Does Not Meet Expectations/Needs Improvement	Meets Expectations	Exceeds Expectations
*Demonstrates Sensitivity and Responsiveness to a Diverse Patient Population	○	○	○	○

Privacy

Below Expected

- ☐ Violates patient confidentiality

Expected

- ☐ Follows HIPAA rules

Accountability

Below Expected

- ☐ Demonstrates lack of ability to remediate deficits. Resists or is defensive in accepting criticism.
- ☐ Remains unaware of own inadequacies after interventions.
- ☐ Resists making changes.
- ☐ Does not accept responsibility for errors or failures.

Expected

- ☐ Admits to/accepts responsibility for mistakes in honest manner

	Limited contact. Unable to evaluate.	Does Not Meet Expectations/Needs Improvement	Meets Expectations	Exceeds Expectations
*Responds Appropriately and Effectively to Feedback	○	○	○	○

Student Score Scale (beginning 2016-17)
3.50 - 4.00 = O (Outstanding)
3.00 - 3.49 = G (Good)
2.20 - 2.99 = S (Satisfactory)
0.00 - 2.19 = F (Fail)

STUDENT SCORE

[ ] [0, or positive number only, max 2 decimal places]

Evaluation Summary:

Areas for Improvement:

Summary for the Dean's Letter (Clerkship Director only)

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

9.5 NARRATIVE ASSESSMENT

A medical school ensures that a narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

9.5 NARRATIVE RESPONSE

a. Describe any institutional policies that include the requirement for a narrative description of medical student performance.

UNM SOM recognizes the importance of narrative feedback in order to help students learn and improve their performance. We have several policies highlighting and ensuring this institutional value cited below.

See Appendix 8.3-a Curr Principles Polices.pdf: Curriculum Principles and Policies v.2017

Policy 6N includes the following language:
"Students in small group settings should receive individualized verbal or written feedback if the small groups are facilitated by the same faculty member over a significant period of time."

Policy 6S includes the following language:
"Students are expected to receive written narrative feedback as part of their clinical evaluation on each clerkship."

See Appendix 9.3-a Phase I Handbook.pdf

Assessment in Phase I: Policies and Practices 6:
"Students will additionally receive narrative feedback in those courses where faculty work with students for a significant amount of time in small-groups or one-on-one (e.g. Clinical Reasoning, Doctoring)."

b. List the courses in the preclinical phase of the curriculum that include narrative descriptions as part of a medical student's final assessment where the narratives are:

1. Provided only to students as formative feedback

Doctoring I: Students receive weekly written formative feedback on their homework (clinical write-up of SP encounter they conducted) weekly.

Clinical Reasoning 1, 2 and 3: Students receive written formative feedback from their small group facilitator for each of the cases in each semester of clinical reasoning. This is accomplished using the ThinkShare on-line platform.

2. Used as part of the final grade (summative assessment) in the course

Clinical Reasoning 1: narrative feedback is provided in the final assessment for professionalism and teamwork as well as completion of online work.
Clinical Reasoning 2: narrative feedback is provided in the final assessment for professionalism and teamwork as well as completion of online work.
Clinical Reasoning 3: narrative feedback is provided in the final assessment for professionalism and teamwork as well as completion of online work.

Doctoring I: Students get written narrative feedback in their final evaluation from their small group preceptors. Preceptor has to acknowledge that student has passed small group based on attendance and participation - and they use their narrative feedback to help decide this, so that it is summative. Students also receive written summative feedback on their final clinical note (for their CS-2 encounter).
Doctoring II: narrative feedback of clinical performance is provided in the final assessment by the clinical preceptor for continuity clinic.
Doctoring III: narrative feedback of clinical performance is provided in the final assessment by the clinical preceptor.
Doctoring IV: narrative feedback of clinical performance is provided in the final assessment by the clinical preceptor for continuity clinic.
Infectious Disease: narrative feedback is provided in the final assessment of individual performance on a team in the case based learning tutorial sessions.

c. List the clinical clerkships that include a narrative description as part of a medical student's final assessment where the narratives are:

1. Provided only to students as formative feedback

All of the 7 core clinical clerkships utilize narrative feedback provided on the Direct Observation form and during the required mid clerkship evaluation which is purely formative in nature. Students also receive narrative feedback in their final evaluations which include a section: "Areas for improvement," which is only used as formative feedback for the students.

2. Used as part of the final grade in the clerkship

All of the following clinical clerkships provide narrative feedback as part of the final summative clerkship assessment. This feedback is utilized to grade the students especially when there are multiple evaluators or when there is an area of poor performance or inconsistency. Feedback is provided for clinical and communication skills as well as professional behavior.

- Family Medicine
- Medicine
- Neurology
- OB/GYN
- Pediatrics
- Psychiatry
- Surgery
- All 4th-year sub-internships
- All phase III elective blocks

d. Describe the reasons why a narrative assessment is not provided in a course or clerkship where teacher-student interaction might permit it to occur (e.g., there is small group learning or laboratory sessions).

All courses that involve faculty-facilitated small-group discussions or direct supervision in clinical settings include narrative description in student final assessments.

9.6 SETTING STANDARDS OF ACHIEVEMENT

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

9.6 NARRATIVE RESPONSE

a. Describe the roles, as relevant, of the body with responsibility for central management of the curriculum (i.e., the curriculum committee), other medical school committees, the chief academic officer, and departments, and course/clerkship leadership in setting the standards of achievement for the following:

The SOM Curriculum Committee is responsible for the central management of the curriculum.

1. Courses

All courses in Phase I of the curriculum are graded as credit or no credit (pass/fail). The passing standard for all Phase 1 courses is reviewed annually by the Curriculum Committee in consultation with the Phase 1 block chairs subcommittee. The Curriculum Committee can recommend a change in the passing standard to the School of Medicine faculty as a whole who vote on the recommendation.

Block committees determine the specific measures or components that go into determining the course grade. The Curriculum Committee, in consultation with the executive director of Assessment and Learning, has established best-practices in assessment to guide block committees in the development of their assessment plan. This plan is reviewed with the executive director of Assessment and Learning on an annual basis during the pre-course meeting process. It is reviewed again by the Curriculum Committee on a regular basis as part of the post-course review process.

Standards of achievement in performance assessments (CE1-CE6) are set by periodic standard setting exercises with faculty from the Doctoring curriculum and members of the Assessment and Learning office.

2. Clerkships

All clerkships in the Phase II/III curriculum are graded as Outstanding, Good, Satisfactory or Fail. The standards for each grade for all clerkships are reviewed annually by the Curriculum Committee in consultation with the Clerkship directors subcommittee. Individual clerkships determine the specific measures or components that go into determining the clerkship grade along with their weighting. Some components, such as the shelf exam and the clinical grade are graded and weighted using formulas that are standard across all 7 clerkships. Clinical performance and professionalism are assessed using a rubric that is also standard across all 7 clerkships. Clerkships Directors and the Curriculum Committee review student grade data on an annual basis and review the grading standards.

Standards of achievement in performance assessments (OSCEs) are set by periodic standard setting exercises with faculty from the clerkships and members of the Assessment and Learning office.

3. The curriculum as a whole (i.e., graduation requirements)

Graduation requirements are reviewed on an annual basis by the Associate Dean of Undergraduate Medical Education and the Associate Dean of Students. Annually the CC will review the graduation policies and procedures, taking into account any recommendations from the deans. The CC may recommend changes that are then taken to the full School of Medicine faculty for a vote.

b. Describe how the medical school ensures that faculty members with appropriate knowledge and expertise set the standards of achievement for courses and clerkships and for the curriculum as a whole.

The key faculty involved in setting standards of achievement for courses and clerkships are members of the Curriculum Committee, Phase I block chairs and their block planning committees and Phase II/III clerkship directors with input from their Department faculty. This degree of participation ensures that standards of achievement are set by a combination of faculty with content expertise and those with expertise in student assessment.

Voting members of the Curriculum Committee include faculty with educational leadership positions (i.e. course and clerkship directors) as well as faculty at-large nominated for their knowledge, experience and expertise in medical student education. As members of the CC they meet on a biweekly basis to review data on curricular outcomes and engage in discussion of a variety of local and national issues in medical education including standards setting. They are advised and supported by the Assessment and Learning office and Program Evaluation, Education and Research within UME.

Course planning committees work with the Phase I block chairs and consist of faculty with content-area expertise and direct involvement in development and delivery of course curriculum. They receive guidance in setting standards of achievement from the Curriculum Committee principles and policies document and in consultation with the Office of Assessment and Learning.

Clerkship Directors are chosen by their Department Chair for their clinical expertise and educational leadership. The majority of the Clerkship directors are members of national organizations for clerkship education in their field. This allows them to compare the standards at UNM to that at other schools. Clerkship directors meet for 2 hours on a monthly basis and in a half-day annual retreat to discuss relevant topics in clerkship education including standard setting. They are advised and supported by the Office of Assessment & Learning and Program Evaluation, Education and Research within UME.

In instances where the entire faculty is asked to vote on a change in a standard, the faculty are informed of the issue by (1) email distribution of the recommendation from the Curriculum Committee summarizing the issue and the data or rationale supporting the change, (2) discussion at a general faculty meeting, and (3) informational questions-and-answer sessions.

9.7 FORMATIVE ASSESSMENT AND FEEDBACK

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which a medical student can measure his or her progress in learning.

9.7 SUPPORTING DATA

Table 9.7-1 | Mid-clerkship Feedback

Provide school and national data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who indicated they received mid-clerkship feedback in the following clerkships.

	GQ 2016		GQ 2017	
	School %	National %	School %	National %
Family Medicine	94.3	94.8	93.2	95.0
Internal Medicine	100	97.7	98.6	98.0
Ob-Gyn/Women's Health	97.7	93.2	95.9	93.6
Pediatrics	97.7	96.0	97.3	96.3
Psychiatry	96.5	93.4	93.2	93.9
Surgery	87.2	91.2	86.3	92.0
Neurology	82.8	87.4	76.7	88.5

Table 9.7-2 | Mid-clerkship Feedback

As available, provide information from clerkship evaluations for the most recently-completed academic year and/or the independent student analysis on the percentage of respondents who *agreed/strongly agreed* (aggregated) that they received mid-clerkship feedback for each listed clerkship. Specify the data source.

Family Medicine	95%
Internal Medicine	98%
Ob-Gyn/Women's Health	100%
Pediatrics	96%
Psychiatry	100%
Surgery	97%
Neurology	92%
Data Source: End of Clerkship Evaluation 2016-2017 Annual report (students answering Yes or No)	

Table 9.7-3 | Pre-clerkship Formative Feedback

Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) used to provide formative feedback during each course in the pre-clerkship phase of the curriculum (typically years/phases one and two).

Course Name	Length of Course (in weeks)	Type(s) of Formative Feedback Provided
Health of New Mexico	1 week	NA
Foundations of Medical Science	10 weeks	Weekly NBME question writing and review, practice questions, iClicker questions, weekly group quizzes.
Musculoskeletal, Skin and Connective Tissue	6 weeks	NBME question writing and review, weekly practice questions, iClicker questions, weekly group quizzes, practice anatomy practical questions.
Hematology	3 weeks	weekly practice questions, iClicker questions, group quizzes

Neuroscience	8 weeks	Weekly practice questions, iClicker questions, NBME review session, group review of quizzes, practice anatomy practical questions.
Cardiovascular, Renal, Pulmonary	10 weeks	Weekly practice questions, iClicker questions, group quizzes, and practice anatomy practical questions.
Quantitative Medicine 1	16 -1 hour sessions	Weekly group quizzes and practice questions
Clinical Reasoning 1	10 – 2 hour sessions	Online feedback for each case
Clinical Reasoning 2	10 – 2 hour sessions	Online feedback for each case
Doctoring 1	12 – 4 hour sessions	Two large group MCQ review sessions (practice questions with iClickers and peer teaching); formative performance exam (CS-1)
Doctoring 2	12 – 4 hour sessions	Practice session with Standardized Patients and feedback from faculty and peers prior to the performance assessment final; formative note writing component of the midterm performance assessment.
Doctoring 3: Practical Immersion Experience	6 weeks	Formative midpoint feedback
Gastrointestinal, Nutrition, Metabolism, and Endocrine	8 weeks	Weekly formative quizzes, iClicker questions, practice questions
Infectious Disease	6 weeks	Weekly formative quizzes, iClicker questions, practice questions
Human Sexuality and Reproduction	3 weeks	One formative quiz, iClicker questions, practice questions
Quantitative Medicine 2	16 -1 hour sessions	Weekly group quizzes
Clinical Reasoning 3	10 – 2 hour sessions	Online feedback for each case
Doctoring 4	12 – 4 hour sessions	Two formative practice MCQ exams
Doctoring 5 (Transitions)	4 weeks	Calibrated peer review for note writing

Table 9.7-4 Formative Feedback

Provide data from the independent student analysis by curriculum year on student satisfaction (somewhat satisfied/very satisfied) with the following. Add rows for each additional question on the student survey.

Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Satisfaction with the amount and quality of formative feedback in the pre-clinical years of the curriculum and in the third year.	83.64%	81.53%	77.95%	77.96%

9.7 NARRATIVE RESPONSE

a. Describe how and by whom the provision of mid-course/clerkship feedback is monitored within individual departments and at the curriculum management level.

Phase I: Courses in Phase I in which feedback is provided for individual or small group work (i.e. Clinical Reasoning, Doctoring) are monitored primarily by the course directors. In the Clinical Reasoning curriculum preceptors for each small group are expected to provide online feedback at least once and ideally twice for each of the 15 cases. The course directors are provided with a report of the amount of written feedback that is given by each small group facilitator midway through the course and again at the end of the course. Course directors provide feedback to facilitators who are not commenting on student on-line work in the ThinkShare program. For all quizzes in Phase I students receive a personalized ExamSoft score report that may be viewed, along with a copy of the quiz, in the office of Assessment and Learning. Block chairs are available to answer questions and provide feedback. Course directors provide information regarding the timing and type of formative assessment provided to students in their annual block report that is reviewed by the Curriculum Committee.

Phase II/III: Students are scheduled to receive mid-clerkship feedback from the clerkship director during all required core clerkships. This activity is scheduled and monitored by each clerkship coordinator. At the conclusion of each

clerkship, the UME office and Curriculum Committee review the results of the question about mid-clerkship feedback in the student end-of-clerkship evaluation and provide feedback to the clerkship director and Department Chair.

b. For courses and clerkships of less than four weeks duration, describe how students are provided with timely feedback on their knowledge and skills related to the course/clerkship objectives.

Phase I: For those few courses in Phase I that are less than four weeks in duration the students are provided with feedback from the weekly quizzes as in all other courses. Scores and score reports are available the same day in the office of Assessment and Learning. Students that are in academic jeopardy following any quiz are contacted by the Office of Academic Resources and Support within UME and offered tutoring or other types of support. Block chairs are available to answer questions and provide feedback.

Phase II/III: None of the clerkships are less than four weeks duration.

c. Provide information, as available, regarding medical students' perceptions of the utility of mid-course/mid-clerkship feedback and its relationship to the criteria used for summative grading in courses/clerkships.

In Phase I, medical students make extensive use of the open hours in the Office of Assessment and Learning. They appreciate the opportunity to review quizzes and exams throughout the course and to receive their personalized score reports in a timely manner. Students found the feedback from facilitators in the Clinical Reasoning course helpful to improving the quality of their on-line posts and preceptors in the Doctoring clinical skills small group activities gave just-in-time quality feedback. The feedback that students received was directly related to the expectations of the summative assessments in these courses whether it be a written exam or standardized patient performance exam.

In Phase II students receive mid-point feedback on each of the seven core clerkships. On most clerkships students generally report that they find the feedback helpful in letting them know where the stand in the clerkship and what they can do to improve. On a few of the clerkships the students report that the feedback is variable in quality and often times too general. Students request that they be given more specific feedback in the same format that is used for the final summative evaluation so they better know where they stand. The Phase II clerkships directors held their annual retreat in August of 2017 and discussed student evaluation on the clerkships. At the retreat, clerkship directors were encouraged to utilize the same form for midpoint feedback as will be used for final evaluation. Most clerkships already do this. The directors decided to eliminate any reference of or appearance of a relationship to numerical grades during the mid point formative feedback. This will be to encourage students to focus on what they are doing well and what they need to work on rather than "what grade am I currently getting and how can I get to outstanding?" Also, for a few clerkships, at midpoint the students have not had all of their varied experiences so that new feedback arises in the latter half of the rotation which at times may seem surprising to the students.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.7

1. Any institutional policy or directive requiring that medical students receive formative feedback by at least the mid-point of courses and clerkships of four weeks (or longer) duration.

See Appendix 9.7-1 Formative Feedback Policy.pdf

9.8 FAIR AND TIMELY SUMMATIVE ASSESSMENT

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.

9.8 SUPPORTING DATA

Table 9.8-1 | Availability of Final Grades

For each required core clinical clerkship, provide the average and the minimum/maximum number of weeks it took for students to receive grades during the most-recently completed academic year. Also provide the percentage of students who did not receive grades within 6 weeks. Add rows as needed.

Core Clerkship	AY 2014-15				AY 2015-16				AY 2016-17			
	Avg.	Min	Max	%	Avg.	Min	Max	%	Avg.	Min	Max	%
Family Medicine	3.67	2	6	0%	3.00	1	5	0%	2.67	1	4	0
Internal Medicine	5.00	3	9	37%	5.17	3	7	14%	3.17	3	4	0
Neurology	3.33	2	5	0%	7.33	4	9	85%	7.00	5	11	53%
OB-Gyn	4.33	3	6	0%	5.67	5	6	0%	4.67	4	6	0
Pediatrics	3.67	2	6	0%	4.67	3	7	17%	3.83	2	5	0
Psychiatry	3.33	2	5	0%	4.33	1	6	0%	3.83	2	5	0
Surgery	4.50	4	5	0%	3.17	2	6	0%	2.00	1	3	0

9.8 NARRATIVE RESPONSE

a. List any courses in the pre-clerkship phase of the curriculum where all students did not receive their grades within six weeks during the most recently-completed academic year.

Grades for the pre-clerkship phase of the curriculum (Phase I) are collected by the Office of Assessment and Learning in Undergraduate Medical Education. Following the completion of the course and the final summative assessments, the relevant block chair receives, reviews and approves the final grade distribution. The Office of Assessment and Learning then uploads the grades into the One45 curriculum management system for individual student access. For all of the pre-clerkship blocks this is typically completed in 1-2 weeks following the end of the course. No courses were beyond the 6-week limit during the past academic year.

b. List any specific clerkship sites that are not complying with the school's guidelines for the timeliness of grade reporting.

In the most recently completed academic year, all of the clerkships are complying with the school's guidelines for the timeliness of grade reporting with the exception of the Neurology clerkship. This issue has been addressed with the clerkship and the Department as one of the issues that will need to be addressed in the coming academic year.

c. Describe how and by whom the timing of course and clerkship grades is monitored and the steps taken if grades are not submitted in a timely manner. How does the medical school ensure that course and clerkship grades are reported to students on schedule?

Based on data from the annual GQ and internal surveys one or two of the clerkships were in violation of the policy of providing student grades within 6 weeks of the end of the clerkship. The policy was recent revised in 2017 to address these and any future lapses.

Phase I: The Office of Assessment and Learning within Undergraduate Medical Education is responsible for collecting and tracking the release of grades for the pre-clerkship phase of the curriculum. Staff from the Office of Assessment and Learning communicate with the course directors to complete the process within the 6-week time limit. If a grade has not been submitted by the Monday of the third week following the block or clerkship, the office will remind the course director of the upcoming due date in order to avoid a possible delinquency. A final reminder will be sent on the Monday of week 5 with a cc to the Department Chair. If the grade is not submitted by the Monday of week 6, the Dean will be notified and will decide upon the appropriate action or consequence for the delay.

Phase II: The Office of Program Evaluation, Education and Research (PEAR) within Undergraduate Medical Education works with the clerkship coordinators and is responsible for tracking the release of grades from clerkships. If a grade has not been submitted by the Monday of the third week following the block or clerkship, the office will remind the course director of the upcoming due date in order to avoid a possible delinquency. A final reminder will be sent on the Monday of week 5 with a cc to the Department Chair. If the grade is not submitted by the Monday of week 6, the Dean will be notified and will decide upon the appropriate action or consequence for the delay.

Phase III: The Office of Medical Student Affairs (OMSA) is responsible for tracking the reporting of grades from the year 4 clerkships (ICU and Sub-internship selectives as well as all electives). Staff from the Office of Medical Student Affairs communicate directly with the clerkship coordinator to complete the process within the 6-week time limit. The Office of Medical Student Affairs (OMSA) will notify each Phase 3 coordinator and course Director the Monday of the last week of the rotation that grades are due no later than 2 weeks after the last day of that rotation. A second reminder will be sent on the Monday after the 2nd week deadline if the evaluation hasn't been received. Three weeks after the deadline, and weekly thereafter, OMSA will notify the course director and the Department Chair of a possible impending delinquency. If the grade is not submitted by the beginning of week 6, the Dean will be notified and will decide upon the appropriate action or consequence for the delay.

d. Provide any data from the independent student analysis or course/clerkship evaluations related to students' opinions about the fairness of summative assessments in courses and clerkships.

The question of "fairness" is not addressed directly in any of the evaluations or surveys. As a proxy to this question we are providing data on assessment in general.

From the Phase I Course Evaluations students generally agree that assessments were well correlated with the course objectives. For those courses with low scores the student comments typically center on the need for higher quality questions and better blueprinting of the exam to course content.

Phase I course evaluations AY 16-17 (Scale 1-5; 1= strongly disagree and 5= strongly agree)

Question	Course	AY 16-17
Assessments were well correlated with the course objectives	Health of New Mexico	NA
	Foundations of Medical Science	3.9
	Musculoskeletal Skin and Connective Tissue	3.5
	Hematology	4.1
	Neuroscience	4.1
	Cardiovascular, Pulmonary, Renal	3.8
	Quantitative Medicine 1	3.7
	Quantitative Medicine 2	3.6
	Clinical Reasoning 1	4.4
	Clinical Reasoning 2	4.2
	Doctoring 1	4.1
	Doctoring 2	2.9

	Doctoring 3	NA
	GI/Nutrition/Endocrine	3.1
	Infectious Disease	3.8
	Human Sexuality and Reproduction	3.3
	Doctoring 4	3.2
	Clinical Reasoning 3	4.0
	Quantitative Medicine 3	3.2
	Doctoring 5	NA

Similar information was obtained from the ISA with respect to quality and blueprinting of exams. In every block with the exceptions of GI and Quantitative Medicine, there was a strong majority of students who felt that exams reflected course material well.

From the Phase II Clerkship Evaluations a majority of students felt that the clerkship did a good job of preparing them to take the shelf exam. Because of the broad range of topics covered in the Surgery subject exam, the students tend to feel underprepared for the subject exam. The clerkship is trying to address this issue with changes in available study time and didactic content while maintaining the students' high quality clinical experience.

Phase II course evaluations AY 16-17 annual report (Scale 1-5; 1= strongly disagree and 5= strongly agree)

	Family Medicine	Internal Medicine	Neurology	Ob/Gyn	Pediatrics	Psychiatry	Surgery
I feel my clerkship experience was an important component in preparing me for the subject exam.	4.1	4.1	4.0	4.3	4.3	4.7	3.2

Medical students take three OSCE performance exams during the third-year clerkships. Feedback from evaluation of the OSCE experience suggested two major areas for improvement in terms of how students felt about the fairness of this assessment. In the area of communication skills assessment, students felt that the OSCE and the expectations on the clerkships are not in alignment (higher expectations on the OSCE). The Office of Assessment and Learning has recently gone through a standard setting exercise and has modified the assessment standards for communication skills throughout the curriculum. The other area of some concern by students was a lack of consistency or fairness amongst the standardized patients in terms of the feedback provided. The Office of Assessment and Learning will also be reviewing their SP training with a goal of providing more consistent feedback to students.

The final piece of data comes from the ISA where a majority of the students, in all but two of the clerkships, felt that the use of the PRIME model is an appropriate method for evaluating their clinical performance during each of the clerkships.

ISA report Class of 2017 (% agree and strongly agree)

	Family Medicine	Internal Medicine	Neurology	Ob/Gyn	Pediatrics	Psychiatry	Surgery
The PRIME model is an appropriate method for evaluating my performance	82.5%	87.0%	67.9%	89.3%	89.7%	84.2%	61.8%

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.8

1. Policy or directive that specifies the time frame for the reporting of grades.

See Appendix 9.8-1 Grade Submission Policy.pdf

2. If the medical school has regional campus (es) that offer the clinical years of the curriculum, provide the data requested in table 9.8-1 for each campus.

There are no regional campuses.

9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS

A medical school ensures that the medical education program has a single standard for the advancement and graduation of medical students across all locations and a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

9.9 NARRATIVE RESPONSE

a. Describe the means by which the medical education program ensures that a single set of policies for promotion and graduation is applied across all instructional sites, including regional campuses.

The University of New Mexico School of Medicine has a single promotion policy. The Committee on Student Progress and Evaluation (CSPE) monitors all students' progress in the curriculum. The CSPE is responsible for assessing the performance of the students during and at the completion of each academic year and prior to graduation from the School of Medicine. The CSPE is guided by the Policy and Procedure on Student Promotion and Awarding the MD Degree (see appendix 9.9-1 Stdt Promo Award Degree Plcy.pdf) in all decisions regarding student promotion and graduation. The policy is reviewed and approved each year by the Curriculum Committee. Any exceptions to the policies must be evaluated and granted by the CSPE.

b. Summarize the due process protections in place at the medical school when there is the possibility of the school's taking an adverse action against a medical student for academic or professionalism reasons. Include a description of the process for appeal of an adverse action, including the groups or individuals involved at each step in the process.

Academic requirements, as noted in the UNM School of Medicine Policy and Procedure on Student Promotion and Awarding of the MD Degree, include ethical and professional behaviors as well as educational achievement. The Due Process Policy and Procedure of the University of New Mexico School of Medicine outlines the course of action that can be taken if a student receives an adverse action for failing to maintain academic, ethical, or professional standards.

The following process describes the process of the imposition of adverse or corrective actions and the process of appeal afforded to the student:

Imposition of Adverse or Corrective Action: A student may be referred to CSPE if there is a significant concern about their academic performance or ethical or professional behavior. The student is provided written documentation of the concerns under consideration. CSPE conducts a fact-finding investigation to review all available information. The student is given access to the materials reviewed by CSPE and is offered an opportunity to meet with the CSPE to give his/her input to the committee. Based on its investigation and review, CSPE will decide whether or not to impose corrective or adverse action by a simple majority of a quorum of members

Appeals Process: If a decision for an adverse action is made by CSPE, the student may appeal the decision to an Appeals Committee consisting of 4 faculty and 1 student. The composition of the committee is reviewed with the appealing student for his/her input. If he/she feels that a potential member of the committee may not be able to review the case fairly, the Dean of Students will take that into consideration in determining the membership of the appeals Committee. The Appeals Committee interviews the student, members of CSPE and other informants. The interviews are taped and the tapes are made available to the student. The student is offered an additional meeting with the committee to respond to questions and the content of the interview. The appeals committee will render a decision to uphold or overturn the CSPE action. If the student is dissatisfied with the appeals committee decision, he/she may appeal to the Dean of the School of Medicine. The Dean reviews the student's file and the decisions of CSPE and the

appeals committee. He/she may elect to meet with the student. Should the Dean uphold the Appeals Committee decision, the student may further appeal to the Chancellor of Health Sciences or his/her designee. The University President and the Board of Regents will normally accept review only in extraordinary cases, such as where proper procedures have apparently not been followed, where the decision appears to be unsupported by the facts, or where the decision appears to violate University policy.

c. Describe the composition of the medical student promotions committee (or the promotions committees, if more than one). If the promotions committee includes course and/or clerkship directors, describe whether there is a recusal policy in place in the case that an adverse academic action against a student is being proposed.

The composition of the Committee on Student Promotion & Evaluation (CSPE) is as follows:

Committee Chair:

- Full-time professor or associate professor nominated by other faculty or by him/herself, appointed by the Associate Dean of Students and approved by a simple majority of voting faculty of the Curriculum Committee to a 4-year term (term can be renewed once). The Chair may not concurrently serve as the Associate Dean of Students, Dean of Admissions, or a Phase I or II Course Director.

Faculty:

- Five Phase I faculty elected by the Phase I Block Chair Committee serve as active delegates for a three-year term. The Phase I faculty members must teach in either the first or second year blocks or be the Chair of the Phase I Block Chairs Committee.
- In addition, five Phase I faculty alternates will be elected by the Phase I Block Chair Committee. There is no term of service for alternates, so elections will only be held as necessary to replace alternates who withdraw, become unable to serve, or are elected to a full term or partial term as an active delegate.
- Five Phase I faculty members are expected to attend each CSPE meeting. In the event an active delegate cannot attend the meeting, s/he asks an alternate, with the goal of five Phase I delegates attending each meeting.
- Term of service is three years as an active delegate. Alternate delegates do not have a term of service.
- Term limits: Following a three-year term as an active delegate, the faculty member must either leave the committee or serve as an alternate for at least one calendar year. Following the one-year absence from active membership, the faculty member is eligible for re-election by the Phase I Block Chair Committee to a partial term. An active delegate is also eligible for election to a full three-year term if s/he has immediately completed serving a partial term as an active delegate for less than two years in length. The absolute maximum continuous period of service for an active delegate is five years (two years of a partial term followed by three years for a full term).
- Five Phase II/III faculty elected by the Clerkship Directors Committee serve as active delegates for three years. The Phase II/III faculty members must teach in either Phase II Clerkships or Phase III Rotations or be a Phase II Clerkship Director or Phase III Rotation Director.
- In addition, five Phase II/III faculty alternates are elected by the Clerkship Directors Committee. There is no term of service for alternates, so elections will only be held as necessary to replace alternates that withdraw, become unable to serve or are elected to a full term or partial term as an active delegate.
- Five Phase II/III faculty members are expected to attend each CSPE meeting. In the event an active delegate cannot attend the meeting s/he asks an alternate, with the goal of five Phase II/III delegates attending each meeting.
- Term of service is three years as an active delegate. Alternate delegates do not have a term of service.
- Term limits: Following a three-year term as an active delegate, the faculty member must either leave the committee or only serve as an alternate for at least one calendar year. Following the one-year absence from active membership, the faculty member is eligible for re-election by the Clerkship Directors Committee to a partial term. An active delegate is also eligible for election to a full three-year term if s/he has immediately completed serving a partial term as an active delegate less than two years in length. The absolute maximum

continuous period of service as an active delegate is five years (two years of a partial term followed by three years for a full term).

Students:

- Two members from each class (Phases I, II, and III). One member from each class is the Delegate and one the Alternate.
- Phase I students self-nominate in the spring of Phase I. The student applicant must be in good academic standing with a GPA ≥3.0 (≥ 85%) and must submit a letter of interest. The Associate and Assistant Deans of Medical Students select a Delegate and an Alternate from each class at the end of the Phase I. The students' term begins when they return for the second year of Phase I, after they successfully complete the Practical Immersion Experience.

Ex-officio Members

- Director of Assessment and Learning (UME)
- Assistant Director of Assessment and Learning (UME)
- Assistant Dean of Students
- Associate Dean of Admissions of the SOM
- UNM HSC Registrar
- Director of The HSC Office of Professionalism
- OMSA Staff (as necessary for recording minutes and room set up)

A formal CSPE recusal policy is in place (See Appendix 9.9-c CSPE Recusal Policy.pdf).

d. Describe the means by which the due process policy and process are made known to medical students.

Promotions and Due Process Policies are made available to students via the Office of Medical Student Affairs and the Undergraduate Medical Education websites. These policies are also posted on the D2L BrightSpace learning management system for each class. Matriculating students are asked to complete an online module reviewing these policies and to electronically sign a statement verifying that they have reviewed the policies. These policies are also verbally referenced to students during orientation to medical school and again during orientation to Phase II in Transitions/Doctoring V clerkship directors panel presentation. If a student has an issue arise, the Office of Medical Student Affairs refers students to the policies on a case by case basis, as does the Committee for Student Promotion and Evaluation, and if needed, the clerkship coordinators and directors may remind students of the policies.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 9.9

1. The policy that specifies that there is a single standard for promotion and graduation.

See Appendix 9.9-1 Stdt Promo Award Degree Plcy.pdf

2. The policies and procedures for disciplinary action and due process.

See Appendix 9.9-2 Due Process Plcy Procedure.pdf

STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

A medical school establishes and publishes admission requirements for potential applicants to the medical education program, and uses effective policies and procedures for medical student selection, enrollment, and assignment.

STANDARD 10 SUPPORTING DOCUMENTATION

Table 10.0-1 | Applicants and Matriculants

Provide data for the indicated entering classes on the total number of initial applications received in the admissions office, completed applications, applicants interviewed, acceptances issued, and new medical students matriculated for the first year of the medical curriculum. Do not include first year students repeating the year.

	AY 2012-13	AY 2013-14	AY 2014-15	AY 2015-16	AY 2016-17
Initial applications	1007	1153	1198	1468	1711
Completed applications	1007	1153	1198	1468	1711
Applicants interviewed	269	297	294	267	319
Acceptances issued	128	128	128	124	131
New students matriculated	103	103	103	103	103

Table 10.0-2a | Entering Student MCAT Scores (old MCAT)

If applicable, use the table below to provide *mean* MCAT scores, for new (not repeating) first-year medical students in the indicated entering classes.

	AY 2013-14	AY 2014-15	AY 2015-16	AY 2016-17	AY 2017-18***
Verbal Reasoning	8.99	8.91	9.52	9.19*	9.33
Physical Sciences	9.12	8.93	8.58	9.02*	9.25
Biological Sciences	9.91	9.67	9.68	9.76*	10.00

* 56.3% of the matriculants' highest MCAT was from the old MCAT. The above mean MCAT scores only reflect 58 applicants or 56.3% of matriculants.

Table 10.0-2b | Entering Student MCAT Scores[1] (new MCAT)

If applicable, use the table below to provide *mean* MCAT scores, for new (not repeating) first-year medical students in the indicated entering classes.

	AY 2015-16	AY 2016-17**	AY 2017-18***
Chemical and Physical Foundations of Biological Systems	*	125.62	125.84
Biological and Biochemical Foundations of Living Systems	*	126.16	126.07
Critical Analysis and Reasoning Skills	*	126.51	126.36
Psychological, Social, and Biological Foundations of Behavior	*	126.31	126.52
Total Score	*	504.60	504.78

*For the AY 2015-2016 none of the matriculants took the new MCAT.
**For the AY 2016-2017, only 45 applicants had their highest score from the new MCAT
***For the AY 2017-2018, 91 applicants had a highest total score from the new MCAT and 12 had a highest total score from the old MCAT.

[1] 8/2/17: Table 10.0-2b has been added to reflect the subscores for the new 2015 MCAT.

Table 10.0-3 | Entering Student Mean GPA					
Provide the *mean overall premedical GPA for new (not repeating) first-year medical students* in the indicated entering classes. If using a weighted GPA, please explain how the weighted GPA is calculated in the last row of the table.					
	AY 2012-13	AY 2013-14	AY 2014-15	AY 2015-16	AY 2016-17
Overall GPA	3.65	3.57	3.60	3.67	3.71
Weighted GPA calculation (if applicable):					

Table 10.0-4 | Medical School Enrollment					
Provide the total number of enrolled *first-year medical students* (include students repeating the academic year) and the total number of medical students enrolled at the school for the indicated academic years. For students in dual-degree programs, only include those participating in the medical curriculum.					
	AY 2012-13	AY 2013-14	AY 2014-15	AY 2015-16	AY 2016-17
First-year	110	111	111	113	108
Total enrollment	374	415	438	420	406

10.1 PREMEDICAL EDUCATION/REQUIRED COURSEWORK

Through its requirements for admission, a medical school encourages potential applicants to the medical education program to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences, and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.

10.1 NARRATIVE RESPONSE

a. List all the college courses or subjects, including associated laboratories, which are required as prerequisites for admission to the medical school.

Required Courses	Laboratory Required	Length
General Biology I & II	Yes	1 academic year (2 semesters or 3 quarters)
General Chemistry I & II	Yes	1 academic year (2 semesters or 3 quarters)
Organic Chemistry I & II	Yes	1 academic year (2 semesters or 3 quarters)
General Physics I & II	No	1 academic year (2 semesters or 3 quarters)
Biochemistry*	No	1 semester or 2 quarters

*Other options for fulfilling the biochemistry requirement are listed on the website.
Source: https://som.unm.edu/education/md/admissions/prerequisites.html

b. List any courses or subjects that the medical school recommends, but does not require, as prerequisites for admission.

Other Recommended Courses

Anatomy & Physiology	Molecular Genetics
Microbiology	Human Genetics
Immunology	Advanced Biochemistry
Developmental Biology	Psychology and/or Sociology

Source: http://som.unm.edu/education/md/admissions/prerequisites.html

c. Describe how the current premedical course requirements were established and by which individuals and/or groups they were approved.

The School of Medicine (SOM) Committee on Admissions reviews premedical course requirements and determines any necessary changes. If a change is deemed necessary, the committee will develop a recommendation for the change to the premedical course requirements. The recommendation is then presented to the UNM SOM Faculty for final approval.

d. Describe how often and by whom premedical course requirements are reviewed. Note the data or other information (e.g., about medical student performance) that are used to make decisions about changes to premedical course requirements.

Premedical course requirements are reviewed annually by the Committee on Admissions at the annual retreat. Information about medical student performance is presented by the Office of Program Evaluation, Education and Research (PEAR) at the annual retreat and is used to make decisions about changes to the admissions and selection process.

10.2 FINAL AUTHORITY OF ADMISSION COMMITTEE

The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.

10.2 NARRATIVE RESPONSE

a. Describe the size and composition of the medical school admission committee, including the categories of membership (e.g., faculty, students, medical school administrators, community members) and the specified number of members from each category. If there are subcommittees of the admission committee, describe their composition, role, and authority.

The Committee on Admissions is comprised of 35 to 40 members, and includes the UNM SOM Faculty, community physicians/researchers who have volunteer faculty appointments, and medical students from the second, third, and fourth year classes.

Member Type	# of Members
UNM SOM Faculty	21
Community Physicians/Researchers (w/volunteer faculty appointments)	11
Medical Students*	9

*medical students are full voting members of the committee

There are two subcommittees of the Committee on Admissions, the Combined BA/MD Degree Program Committee on Admissions (BA/MD Committee) and the Premedical Enrichment Program Review Committee (PrEP Committee). They operate under the same membership nomination and confirmation processes and have the same term limits. There is no overlap between memberships of these two subcommittees.

The Pre-Medical Enrichment Program (PrEP) is a one year post-baccularеate program for applicants who are educationally disadvantaged (e.g. first generation college student, grew-up in a single-parent home, English as a second language, educated in a rural environment). Applicants are recommended by SOM Admissions Committee members for consideration. The PrEP Committee then selects up to seven students (plus alternates) annually to participate in the program. Students receive an intensive biochemistry course as well as training in critical thinking. They must receive at least a 3.0 GPA in this year of course work in order to progress to the SOM the following year.

The BA/MD Committee is a subcommittee of the UNM SOM Committee on Admissions, a standing committee of the SOM. The BA/MD Committee is responsible for the admissions and selection process, which includes conducting interviews, ranking applicants, and creating the final accept and wait lists for the high school applicants who are applying to the Combined BA/MD Program. These processes are in alignment with the SOM Committee on Admissions. The BA/MD Committee then presents its final accept and wait list rankings to the SOM Committee on Admissions, which is responsible for approving the final accept and wait list rankings. The BA/MD Committee is composed of SOM faculty, community physicians, UNM faculty and staff, volunteer members of the community, SOM medical students, and BA/MD students. The Associate Dean for Admissions attends at least 80% of all meetings and serves as a back-up Chair should one of the two Co-Chairs be unable to attend. The Assistant Dean for Admissions co-chairs the meetings along with the Assistant Director for the BA/MD Program.

Member Type	# of Members
UNM SOM Faculty	17
Volunteer Faculty	8
Resident Physician	1
Medical Students*	9
Non-Voting Student Members	9

*medical students are full voting members of the committee

The PrEP Committee is a subcommittee of the SOM Committee on Admissions. Applicants to the PrEP Program are recommended by the SOM Committee on Admissions. The subcommittee is responsible for the selection process, which includes conducting interviews, ranking applicants, and creating the final accept and wait list for the PrEP candidates. The PrEP Committee in turn presents the list to the SOM Admissions Committee for final approval.

Member Type	# of Members
UNM SOM Faculty	3
UNM Staff	1

b. Describe the process for selection of admission committee members and the length of their initial appointment. Note if members can be reappointed and if there is a maximum term of service.

All SOM Committee on Admissions members are nominated by faculty, department chairs, and/or by current or past committee members. Student members are elected by their peers. The list of all nominees is forwarded to the Associate Dean for Admissions for consideration and further recommendation and confirmation by the SOM Dean. Members are appointed for three year terms with an annual review, and may be reappointed for a total of three consecutive terms.

Medical students are elected by their peers into the three available positions for their class. Interested students are required to submit a letter of interest explaining why they would like to participate on the Committee on Admissions. All interested students must be in good academic standing (they must pass all of their Phase I courses and pass the United States Medical Licensing Exam Step 1 on the first attempt). Once elected, student members must maintain good academic standing throughout their term.

The BA/MD Committee members are nominated by department chairs, current committee members, SOM faculty members, and community groups. Committee members must possess at least a Masters Degree or equivalent, making them eligible for voluntary faculty appointments. All nominees are forwarded to the Director and Co-Chairs for the Combined BA/MD Program for consideration and further recommendation, and are confirmed by the SOM Dean. Members are appointed for three year terms with an annual review, and may be reappointed for a total of three consecutive terms.

Student members of the Combined BA/MD Admissions Committee are selected at two entry points:

1. Until 2017, the Co-Chairs and Director of the Combined BA/MD Program selected student members during their senior year of the BA portion of the program. Starting in 2017, elections among the undergraduate cohorts were held to select these individuals to serve. This election process mirrors the election process for student members of the SOM Admissions Committee. After a period of two years in an observatory role, during which they transition to medical school, they become full voting members. This serves as a pipeline to ensure representation of students who are currently in the BA/MD program.

2. An election is conducted among SOM first year students to serve on the BAMD Admissions Committee. All students in good academic standing are eligible to participate in the election as candidates; this is not limited to BAMD SOM students, but all students.

The PrEP Committee is made up of the teaching faculty involved in PrEP. There is no maximum term of service.

c. Identify the current chair of the admission committee, including his or her faculty and/or administrative title(s). How is the chair selected? Does the chair have a maximum term of service?

Co-Chairs	Title
Robert Sapien, MD	Associate Dean for Admissions
Marlene Ballejos, PhD	Assistant Dean for Admissions
Valerie Romero-Leggott, MD	Vice Chancellor for Diversity

The Admission Deans serve as Co-Chairs for the Committee on Admissions as part of their job description. The Vice Chancellor for Diversity serves as a Co-Chair in support of UNM SOM's mission.

The Co-Chairs are non-voting members, but in the event of a tie during a committee vote, the vote will go to the Co-Chairs to break the tie.

d. Describe how admission committee members are oriented to the admission committee policies and to the admissions process.

Prior to the start of the admissions season, the SOM Committee on Admissions and its subcommittees participate in a new committee orientation session and/or individual orientation sessions to orient new members to the admissions policies and process. A debrief meeting is conducted for all committee members to orient and review any changes in the upcoming application cycle. All changes in policies, practices, or processes are implemented at the beginning of each application cycle. Presentations and information are provided throughout the admissions cycle that inform the committee on shadowing experiences, programmatic educational issues, and other report data.

The Office of Program Evaluation, Education, and Research (PEAR) presents information to the Admissions Committee at the beginning of the Admissions season regarding student progress from prior years. The information is presented in aggregate form with no student identifiers. The Committee receives further information regarding Match results in March. Additionally, there are periodic updates to the Committee by the Office of Medical Student Affairs should special situations arise.

e. Describe whether the admission committee as a whole, or a subset of the admission committee, has the final authority for making all or some admission decisions. If a subset of the admission committee makes the final admission decision, describe the source of its authority. Note the circumstances, reasons, and final outcome surrounding any admission committee decision that has been challenged, overruled, or rejected during the past three admission cycles.

The Committee on Admissions as a whole has the final authority for making all admissions decisións. The Committee has full authority to select members of the medical school entering class and to fill vacancies that may occur in any of the medical school classes. The selection process is based on a holistic admissions process guided by the mission of the UNM SOM and the Admissions Policy Statement. As part of the UNM SOM mission, the SOM Committee on Admissions also seeks diversity in the selection of its applicants. In seeking diversity, the SOM considers a wide range of factors when evaluating applicants for admissions, including, but not limited to: demonstrated academic ability, outstanding academic achievement, work experiences, life experiences, living or working in a rural community, academic and personal motivation, commitment to public service, the extent to which the applicant has overcome educational and/or economic obstacles, and other indications that the applicant can succeed in his or her medical studies and make a significant contributions to the School of Medicine community and the State of New Mexico. All applications receive individualized consideration and are reviewed competitively in one pool.

There have been no Committee on Admissions decisions that have been overruled or rejected during the past three admission cycles. Committee decisions that have been challenged over the past three years are by unsuccessful applicants (approximately three per year); these individuals have been invited to meet with the SOM Dean and Associate Dean for Admissions.

Source: Admissions Policy

f. Describe how the medical school ensures that there are no conflicts of interest in the admission process and that no admission decisions are influenced by political or financial factors.

The medical school ensures that there are no conflicts of interest in the admissions process and that no admissions decisions are influenced by political or financial factors by establishing and adhering to the following Conflict of Interest policy:

The University of New Mexico School of Medicine Committee on Admissions and its subcommittees seek to establish a fair, equitable, and just process for consideration of applications that is free from outside interference from special interests of any kind. Thus, committee members will to adhere to a set of guidelines:

- With the exception of information obtained from the public domain (e.g. legal records, published documents, public safety information), the information that is considered for admissions is garnered entirely from an applicant's primary and secondary applications, college transcripts, the interview process, and letters of recommendation requested by the applicant in support of the application using the AMCAS process. Unsolicited information from any persons knowledgeable of the applicant that is not supported by information published in the public domain and/or primary or secondary applications will not be considered.
- All members of the Committee on Admissions must declare any knowledge of the applicant or associations with the immediate family of the applicant, and the circumstances under which this knowledge has occurred, prior to the discussion of the applicant. Members of the Committee on Admissions who have a personal association with the applicant or direct association with members of the immediate family, will not score the applicant, nor will they participate in any discussion of the applicant. It is required that committee members with knowledge of the applicant or the applicant's immediate family excuse themselves during the discussion of the application.
- All members of the Committee on Admissions who have an academic or clinical association with an applicant are encouraged to neither vote on the applicant, nor participate in the discussion of that applicant.
- All members of the Committee on Admissions must not write letters of recommendation to The University of New Mexico School of Medicine on behalf of an applicant who will be considered by the UNM SOM Committee on Admissions. Letters of recommendation to other medical schools are acceptable, but this act must be declared as a form of conflict of interest.
- All members of the Committee on Admissions must file a report to the Office of Admissions if any individual (including members of the faculty) attempts to influence the admissions process through political, financial, or coercive means.
- All members of the Committee on Admissions are encouraged to communicate the policies on conflicts of interest to outside individuals who may be seeking to influence the admissions process or who may be seeking to advocate for an applicant outside of the formal process (i.e. a solicited letter of recommendation).
- All members of the Committee on Admissions who have an immediate family member (i.e. child, sibling, etc.) who is applying to the UNM SOM must take a leave of absence from the Committee during the period in which the family member is applying.

Source: 2016/2017 Orientation Manual

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.2

1. An excerpt from the medical school bylaws or other formal document that specifies the authority of, the charge to, and composition of the admission committee and its subcommittees (if any) and the rules for its operation, including voting membership and definition of a quorum at meetings.

From the UNM School of Medicine By-Laws amended 3/20/2012: (See Appendix 10.2-1 MS Clinical Reassign Plcy.pdf)

Committee on Admissions (M.D. Degree): The Committee on Admissions shall consist of members of the faculty and others representing the communities of interest of the School of Medicine. Committee members shall be nominated by faculty, department chairs, and other interested individuals recommended by the Associate Dean for Admissions and confirmed by the SOM Dean. Members are appointed for three year terms with an annual review, and may be reappointed for a total of three consecutive terms. The administrative officer responsible for medical school admissions shall be a member of the Committee. The Committee shall have full authority to select members of the medical school entering class and to fill vacancies that may occur in any of the medical school classes. It shall also be the duty of this committee to review the requirements for admission and recommend revisions if necessary to the SOM Faculty. The Combined BA/MD Degree Program Admissions Committee and the PrEP Review Committee are subcommittees of the Committee on Admissions. They operate under the same membership nomination and confirmation processes and have the same term limits.

From the 2016/2017 Orientation Manual, p. 29:

A quorum shall consist of the majority members not excused from the meeting. To be excused from a committee meeting, committee members must inform the Office of Admissions, via email, prior to the scheduled meeting time.

2. Provide a list of current admission committee members, including each member's faculty and/or administrative title, student status, or other status (e.g., graduate of the medical school, community physician) and year of appointment to the committee.

SOM Committee on Admissions Members

Name	**Status**	**Years Serving on Committee (including 2017-18 season)**
Archuleta, Manuel, MD	Community Physician	2
Ballejos, Marlene, PhD	Faculty	Co-Chair
Bear, David, PhD	Faculty	2
Chang, Betty, MD	Faculty	4
Crook, Joy, MD	Faculty	2
Demarest, Gerald, MD	Faculty	8
Edwards, Alexandra	Medical Student	2
Edwards, Isaac	Medical Student	2
Feuchter, Alexander, MD	Community Physician	4
Fox, Nathaniel	Medical Student	3
Garcia, Christian	Medical Student	3
Gibbs, Brennan	Medical Student	1
Goldstein, Steven, MD	Community Physician	3

Heath, Deborah, MD	Community Physician	3
Heynekamp, Theresa, MD	Faculty	2
Jaiswal, Anju, MD	Faculty	9
Jantzie, Lauren, PhD	Faculty	1
Kastendieck, Kurt, MD	Community Physician	2
Kennedy, George, MD	Faculty	2
Kloeppel, Beverly, MD	Faculty	2
Laurence, Tyler	Medical Student	2
Lopez, Carlos, MD	Community Physician	3
Love, Bridgette	Medical Student	1
Mabray, Marc, MD	Faculty	1
McGough-Maduena, Alison	Medical Student	4
Osgood, Marcy, PhD	Faculty	2
Palley, Toby, MD	Faculty	8
Pedrego, Lilia, MD	Community Physician	2
Phillips, Joyce, MD	Faculty	8
Rendon, Patrick, MD	Faculty	4
Romero-Leggott, Valerie, MD	Faculty	Co-Chair
Sapien, Robert, MD, MMM	Faculty	Co-Chair
Singh, Sanjog	Medical Student	1
Sterling, Jose, MD	Community Physician	5
Sun, Eugene MD, MBA	Community Physician	6
Sun, Yijuan, MD	Faculty	1
Teicher, Joel, MD	Community Physician	2
Vender, Sally, MD	Faculty	7

BA/MD Committee on Admissions Members

Name	**Status**	**Years Serving on Committee (including 2017-18 season)**
Agoyo, Pamela, MA	Faculty	8
Baca, Justin, MD, PhD	Faculty	2
Baker, Brooke, MD	Faculty	7
Ballejos, Marlene, PhD	Faculty	Co-Chair
Barlas, Yalda	Non-Voting Medical Student	1
Bradley, Patricia, MSLS	Faculty	6
Broyles, Julie, MD	Volunteer Faculty	2
Cai, Jaqueline	Non-Voting Medical Student	3
Cordova de Ortega, Loretta, MD*	Committee Member of Distinction (Non-Voting)	12*
Dawit, Nardos	Non-Voting Undergraduate Student	2

Falcon, Ricardo, MD	Faculty	5
Fishburn, Steven, MD	Resident Physician	2
Fortner, Sally, MD	Faculty	Co-Chair
Foster, Bellelizabeth, MD	Faculty	2
Garcia, Eliana Lizeth	Non-Voting Medical Student	2
Gomez, Michael, MD	Faculty	2
Gonzales, Deanna	Non-Voting Medical Student	2
Greene, E. Anne, MD	Faculty	2
Rev. Hill, John, D. Min.	Volunteer Faculty	6
Howdieshell, Thomas, MD	Faculty	2
James, Natasha, MD	Faculty	4
Jordan, W. Marion, MD	Volunteer Faculty	6
Kee, Jaron	Medical Student	4
Lee, Samuel, MD, PhD	Faculty	2
Lucero, Leah	Medical Student	4
Majewska, Paulina	Non-Voting Medical Student	2
Ortiz, Irene, MD	Volunteer Faculty	8
Otero-Bell, Raylee Elena	Non-Voting Medical Student	2
Patel, Sumit	Medical Student	2
Roldan, Pablo	Medical Student	3
Sandoval, Michelle	Medical Student	3
Solis, Krystian J.	Medical Student	5
Tsosie, Nathania, MCRP	Faculty	2
Vasquez, Karissa	Medical Student	4
Waconda-Lewis, Karen, MS LMT	Volunteer Faculty	8
Wiggins, Judea	Medical Student	2

*Exceeds term limits. Member of the inaugural committee and offers valuable historical perspective.

PrEP Committee Members

Name	**Status**	**Years Serving on Committee (including 2017-18 season)**
Bereiter, Jeanne, MD	Faculty	5
Couse, Peter, BA	Staff	5
Devoe, Pam, PhD	Faculty	9
Osgood, Marcy, PhD	Faculty	9

10.3 POLICIES REGARDING STUDENT SELECTION/PROGRESS AND THEIR DISSEMINATION

The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.

10.3 NARRATIVE RESPONSE

a. Describe how the policies, procedures, and criteria for medical student selection were developed and approved, and how they are disseminated to potential and actual applicants and their advisors.

All policies, procedures, and criteria are developed by the SOM Committee on Admissions in accordance with the LCME Standards for Accreditation. The SOM Committee on Admissions reviews the requirements for admissions annually and recommends revisions if necessary to the UNM SOM Faculty.

All policies and procedures are disseminated to potential and current applicants and their advisors through multiple sources, including the SOM Admissions website, brochures, presentations, pre-medical advisement workshops, and at recruitment events.

b. Describe the steps in the admissions process, beginning with the receipt of the initial application. For each of the following steps, as applicable, describe the procedures and criteria used to make the relevant decision and the individuals and groups (e.g., admission committee or subcommittee, interview committee) involved in the decision-making process:

1. Preliminary screening for applicants to receive the secondary/supplementary application

All applications are prescreened by two SOM Office of Admissions staff employees for the minimum prescribed criteria.

- Legal state resident of New Mexico or satisfies one of the non-resident exceptions:
  - Non-resident applicant who graduated from a New Mexico high school and attended for at least one year or completed General Education Development (GED) in New Mexico (copy of official high school transcripts required)
  - Non-resident applicant is a financial dependent of a New Mexico resident (a copy of the applicant's last State of New Mexico New Mexico tax is required to show that the applicant is a dependent)
  - Non-resident applicant who identifies as American Indian/Alaska Native and can provide tribal affiliation documentation (Certificate of Indian Blood, Enrollment Number)
  - Non-resident applicant who is a legal state resident from Montana or Wyoming (WICHE exchange agreement). WICHE applicants must apply through the Early Decision Program (EDP).
  - Active military stationed in New Mexico.
- Minimum MCAT Score of 491 or 22. MCAT Scores valid for the 2017 Application Cycle from January 2013 through September 2016.
- Minimum Undergraduate GPA of a 3.0
- Completion of the following prerequisite courses with a grade of a C or better:
  - General Biology & Labs
  - General Chemistry & Labs
  - Organic Chemistry lectures only
  - Physics

2. Selection for the interview

After the submission of the secondary application, the application is screened by the Academic Advisement Specialist for:

- Online courses. Applicants are allowed to complete up to two of the lecture prerequisite courses online. None of the required laboratory courses can be completed online.
- Confirmation of New Mexico residency or non-resident exception documentation verifying ties to New Mexico.

3. The interview

Interview scores are based on the experiences and attributes of each applicant. Each applicant receives two interview scores, one from each interviewer. Interviewers are blinded to the applicants MCAT, GPA, and academic history prior to the interview. Applicants are assessed by both interviewers with a written evaluation as well as a numeric score in the following areas:

- Background & Diversity: member of minority group; has overcome any educational, economic, or physical disadvantages; applicant lived in a rural/medically underserved community; applicant has an advanced degree
- Interest & Suitability for a Career in Medicine: involved in research projects; significant clinical experiences, community service projects, international programs; work(s/ed) with ethnic minorities or rural/underserved communities; leadership or teaching experience
- Problem Solving and Communication Skills: applicant provided a clear/convincing reason why he/she wants to be a physician; displayed good social skills; displayed maturity and empathy towards patients of all backgrounds; demonstrated the capacity to critically reason through a difficult question or issue
- Letters of Recommendation: good variety of recommendations; letters delineate strengths and weaknesses; strong unequivocal endorsements of the applicants for acceptance into medical school
- Final Analysis of Personal Attributes Qualities

4. The acceptance decision

An applicant's entire application, including the interview scores, are released to all committee members to be reviewed and scored. All scores submitted are averaged and converted to a percentile rank. Applicants are then discussed at the next scheduled Committee on Admissions meeting. The interviewers present the applicant(s) interviewed and answer any questions regarding the individual applicants. Committee members then have two and a half days after the meeting to change their score based on the discussion. At that point, the review period closes, the applications are locked, and committee members can no longer access the applications to change their review score.

5. The offer of admission

Offers of admissions are made on a rolling admissions basis at each Committee on Admissions meeting. Once the review period has closed, a post-review rank report is created and distributed to the Committee at the next scheduled committee meeting. At each meeting, Committee members vote to accept or reject applicants based on extremely high (accept) or low (reject) scores.

After all eligible applications have been reviewed, a rank report is created with all applicants who have not received a final admissions decision. All remaining applicants are rank-ordered from highest to lowest and top-ranking applicants are accepted, the next 50-60 applicants are placed on the alternate list, and the lowest ranked applicants are rejected. The rank criteria for breaking ties on the alternate list consists of the following:

1. Is the applicant American Indian/Alaska Native?
2. Is the applicant from a rural or underserved area?
3. Did the applicant apply to the Early Decision Program?

c. If there is a joint baccalaureate-MD program(s) or dual degree program(s) (e.g., MD-PhD), describe whether and how the procedures for the selection and admission of students to the MD-granting portion of the program differs from the procedures described in item "b" above.

Applicants to the Combined BA/MD program must be high school seniors in a NM high school or on the Navajo Nation (which includes parts of NM, Arizona, and Utah). Applicants are screened for minimum math ACT score of 25 and invited for two interviews with committee members. Once they complete the BA portion of the curriculum including attaining a minimum MCAT score of 491, they are prescreened and sent the secondary application using the same process as traditional SOM applicants. Applicants are not interviewed again as they received a conditional acceptance to medical school upon acceptance into the Combined BA/MD Program as undergraduates. All acceptances are contingent upon successful completion of the BA portion of the program and upon official notification and recommendation from the BA/MD Committee for Curriculum and Students Progress, indicating that the student has successfully completed all of the requirements. Once the Combined BA/MD applicant submits the secondary application, they are manually moved into the accept pool, bypassing the interview and review process.

Applicants for the Combined MD/Graduate (MPH) program are processed utilizing the same process as the MD program. Additionally, the SOM office staff will provide the MPH Office with a list of applicants to the Combined MD/MPH program and verify that these applicants have also applied to the MPH program separately. Applicants who have not applied to the MPH program separately are deferred to the MD program.

Applicants for the Combined MD-PhD program are processed utilizing the same process as the MD program. All eligible applicants are interviewed by the SOM Committee on Admissions. Additionally, the applicants are forwarded to the Biomedical Sciences Committee on Admissions for consideration for the PhD program. The Biomedical Sciences Program Committee on Admissions will select one individual for the Combined MD/PhD position and provide a rank list of alternates. It is possible that the same applicant may be selected for the Combined MD/PhD program as well as the MD program. The applicant will then have an option of selecting the program they wish to accept.

d. Describe how the policies for the assessment, advancement, and graduation of medical students, and the policies for disciplinary action are made available to medical students and to faculty.

Promotions and Due Process Policies are made available to students via the Office of Medical Student Affairs and the Undergraduate Medical Education websites. Matriculating students complete an online module reviewing these policies and must electronically sign a statement verifying that they have reviewed the policies. Faculty and residents review these policies annually on UNM's Learning Central website. They are required to sign an attestation verifying review.

e. Describe how and by which individual(s) or group(s) the following decisions are made:

1. The advancement of a medical student to the next academic period

The Committee on Student Promotion & Evaluation (CSPE) makes promotions decisions – Phase I to Phase II, and Phase II to Phase III, and ensures that all requirements are met. Actions that fall under the purview of CSPE include promotions approvals and imposition of adverse or corrective actions in the event of academic difficulty.

2. A medical student's graduation

It is the responsibility of the faculty of the School of Medicine to ensure that each student recommended to the Regents for the MD degree has acquired the overall cognitive and non-cognitive professional skills, knowledge, and attitudes necessary to be a competent physician. To meet the requirements for an MD degree, the student must fulfill the basic requirements for graduation and receive satisfactory evaluations. Final grades, narrative evaluations, and ethical and professional behaviors are reviewed by the Committee on Student Promotions & Evaluation and once

accepted, the list of graduates is submitted to the UNMSOM Faculty for vote. The approved list of graduates is sent to the UNM Board of Regents for final approval.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.3

1. Policies and procedures for the selection, assessment, advancement, graduation, and dismissal of medical students.

See Appendix 10.3-1 Promo Award MD Degree Policy

See Appendix 10.3-1 Due Process Policy.pdf

2. The charge to or the terms of reference of the medical student promotions committee(s).

See Appendix 10.3-2 CSPE Membership.pdf

See Appendix 10.3-2 OMSA CSPE Roles Respons.pdf

10.4 CHARACTERISTICS OF ACCEPTED APPLICANTS

A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.

10.4 NARRATIVE RESPONSE

a. Describe the personal attributes of applicants considered during the admission process. How was this list of personal attributes developed? By which individuals and groups was the list reviewed and approved?

The list of personal attributes was developed by a subcommittee of the Committee on Admissions and guided by the School of Medicine Mission and Admissions Policy. The entire Committee on Admissions approved the list of recommended attributes.

Diversity attributes include:
Member of a minority group; overcome educational, economic, or physical disadvantages; lived in a rural/medically underserved community; has an advanced degree or other educational or work experience that would add diversity to the medical school class

Suitability attributes include:
Research experience; clinical experience; community service experience; international program experience; work with ethnic minorities, rural or underserved communities, and/or third world nations; experience in leadership or teaching experience

Reasoning attributes include:
Good communication skills; mature and empathetic towards patients of all backgrounds; critical reasoning through difficult questions or issues

b. Describe the methods used during the admission process to evaluate and document the personal attributes of applicants. Refer to the admission procedures as outlined in element 10.3 to illustrate where, how, and by whom these attributes are assessed.

Personal attributes of the applicants are assessed by the Committee on Admissions through the written primary and secondary AMCAS application and during the interview process. Attributes are also assessed during the discussion of the applicant at the committee meetings where the two interviewers present and answer any questions about the applicant they interviewed.

c. Describe how the members of the admission committee and the individuals who interview applicants (if different than members of the admission committee) are prepared and trained to assess applicants' personal attributes.

Committee on Admissions members are responsible for conducting the interviews of the MD applicants. Committee members are trained during the orientation meetings. They learn how to review an application, they are shown where to find information on the applicant's attributes, they are provided with a list of sample interview questions, and they are given guiding points for each question so that they can better understand what they are trying to obtain during the interview. The Co-Chairs train new committee members and members from the previous cycle provide input on their own experiences. New committee members are also provided an opportunity to shadow an experienced interviewer at the start of the application cycle.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.4

1. Copies of any standard form(s) used to guide and/or to evaluate the results of applicant interviews.

Attached are a copy of the committee binder which includes the UNM mission and vision, Admissions Policy statement, the *AAMC Roadmap to Diversity: Integrating Holistic Review Practices into Medical School Admissions Processes*, sample interview questions, sample applicants, secondary application questions, interview evaluation sections, and guiding points.

See Appendix 10.4-1 SOM Admissions Orient Manual.pdf

See Appendix 10.4-1 Sample Rank Matrix Rpt.pdf

See Appendix 10.4-1 2016-17 BAMD Orien Manual.pdf

See Appendix 10.4-1 Committee Member Role.pdf

10.5 TECHNICAL STANDARDS

A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students with disabilities, in accordance with legal requirements.

10.5 NARRATIVE RESPONSE

a. Describe how often the technical standards are reviewed and approved.

The technical standards are periodically reviewed by the Cerkship Directors and by the Associate Dean for Undergraduate Medical Education. There have been two reviews within the past five years; no amendments have been made other than to update language to reflect changes in committee names. The standards must be approved by the Curriculum Committee, by University Counsel, and by a vote of the general faculty of the medical school. This was last done in 2017.

b. Describe how the technical standards for admission, retention, and graduation are disseminated to potential and actual applicants, enrolled medical students, faculty, and others.

The technical standards are available on the SOM Admissions website; they are posted on the websites for Assessment & Learning and Undergraduate Medical Education and are available for review by any interested party. The technical standards are also disseminated to medical school applicants during the interview process. A link to the technical standards is also included in the email when confirming an applicant's interview date. Once accepted applicants agree to matriculate, they are sent another copy of the technical standards and are required to sign a document stating whether or not they can meet the standards with or without accommodations.

Enrolled medical students who may identify a disability after matriculation are informed of the posted policy and given the appropriate information to request accommodations if needed. This can be accomplished in one of several ways: through the Office of Medical Student Affairs, through the Office of Academic Resources and Support, through Assessment and Learning, or through students' Learning Communities mentors. Faculty can access this information through contacting the same offices and/or by reviewing the posted policies on the Assessment & Learning website.

c. Describe how medical school applicants and/or students are expected to document that they are familiar with and capable of meeting the technical standards with or without accommodation (e.g., by formally indicating that they have received and reviewed the standards).

After an applicant is accepted, the accept website lists the technical standards and he / she is required to indicate either that s/he can complete the curriculum "WITH Accommodations" or "WITHOUT Accommodations". If s/he selects "WITH Accommodations," the following information populates:

In accordance with University Administrative Policy 2310, Academic Adjustments for Students with Disabilities, if you are seeking academic accommodations, you must do so through the Accessibility Resource Center (ARC). You may contact the ARC Director, Joan Green, at (505) 277-3506 to assist you with that process, or visit their webpage at http://as2.unm.edu/.

In May, an Academic Advisement Specialist will run a report to see which applicants have indicated that they will need accommodations and will follow-up with an email reminder that it is their responsibility to contact ARC to discuss the accommodation necessary.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.5

1. The medical school's technical standards for the admission, retention, and graduation of applicants and students.

See Appendix 10.5-1 Technical Standards Policy.pdf

10.6 CONTENT OF INFORMATIONAL MATERIALS

A medical school's catalog and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g., immunization) requirements for the MD degree and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the medical education program.

10.6 NARRATIVE RESPONSE

a. Describe how and how often informational materials about the medical education program are developed. How does the leadership of the medical education program ensure that the materials are accurate and timely?

Informational materials are reviewed by the Admissions Deans periodically throughout the year and annually, prior to the start of the next admissions cycle, to identify any areas that require updating. Application minimum requirements and information regarding the medical education we offer are disseminated in three ways: 1. Uploaded on the Medical School Application Requirment (MSAR) directory; 2. Listed on our website; and 3. Described in an informational brochure for public distribution. The MSAR is updated annually by the Assistant Dean for Admissions. The website is reviewed and updated annually by Office of Admissions staff and reviewed by the Associate and Assistant Deans for Admissions. The brochure is updated every 3-4 years. If a significant change occurs, the brochure is updated sooner. All updates are sent to the Associate & Assistant Deans for Admissions and/or to the Associate Dean for Undergraduate Medical Education for review.

b. Describe how recruitment materials about the medical education program are made available (e.g., online, in the media, in hard-copy) to potential and actual applicants, career advisors, and/or the public.

Recruitment materials about the medical education program for potential applicants, current applicants, advisors, and the public are made available online and through hard copy materials. The SOM Admissions website: http://som.unm.edu/education/md/admissions/index.html also includes an electronic copy of the pre-medical brochure. A hard copy of the pre-medical brochure is distributed at recruitment events, sent to advisors at New Mexico higher education institutions, and mailed out upon request. A more detailed hard copy/recruitment booklet is included in the interview day packets for all current applicants.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.6

1. Samples of any recruitment materials related to the medical school.

Pre-Medical Brochure (electronic) available at:
https://som.unm.edu/education/md/admissions/pre-med-advisement.pdf

See Appendix 10.6-1 Intvw Recruitment Booklet.pdf

2. Copy of the current medical school academic bulletin or catalog. Indicate where in the bulletin/catalog, or other informational materials available to the public, the following information can be accessed:

    a. Medical education program mission and objectives
    See Appendix 10.6-2 Med School Info Booklet.pdf – pages 1; 3-5

    b. Requirements (academic and other) for the MD degree and joint degree programs
    See Appendix 10.6-2 Med School Info Booklet.pdf – page 5

c. Academic calendar for each curricular option
See Appendix 10.6-2 Med School Info Booklet.pdf – page 10

d. Required course and clerkship descriptions
See Appendix 10.6-2 Med School Info Booklet.pdf – pages 6-9

10.7 TRANSFER STUDENTS

A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

10.7 SUPPORTING DATA

Table 10.7-1 | Transfer/Advanced Standing Admissions

Provide the number of transfer students and students with advanced standing admitted from the program types listed below into the first, second, third, and fourth-year curriculum during the indicated academic years.

	YEAR 1		YEAR 2		YEAR 3		YEAR 4	
	AY 2015-16	AY 2016-17	AY 2015-16	AY 2016-17	AY 2015-16	AY 2016-17	AY 2015-16	AY 2016-17
LCME-accredited, MD-granting medical school	0	0	0	0	0	0	0	0
AOA-accredited, DO-granting medical school	0	0	0	0	0	0	0	0
Non-LCME or AOA-accredited international medical school	0	0	0	0	0	0	0	0
Non-MD-granting graduate or professional degree program	0	0	0	0	0	0	0	0

10.7 NARRATIVE RESPONSE

a. Describe the procedures used for selecting applicants for transfer or for admission with advanced standing, including the procedures by which the medical school determines the comparability of the applicants' educational experiences and prior academic achievement to those of medical students in the class that they would join. List the criteria (e.g., GPA, USMLE scores, MCAT scores) that are considered in making the determination of comparability.

The University of New Mexico School of Medicine will consider transfer students on a case-by-case basis who satisfy the following criteria:

- The applicant must be classified as a State of New Mexico resident as classified under the guidelines of the Registrar of the University of New Mexico.

- The applicant must demonstrate a compelling need to transfer. Examples of a compelling need include (but are not limited to) the following: (1) The applicant wishes to join a spouse who is currently a resident in the State of New Mexico. (2) The applicant needs to be in the state to help care for an immediate family member (parent, sibling or offspring) with a serious illness. (3) The applicant requires medical treatment that must be administered by a New Mexico physician.

- The applicant must satisfy all of the minimum criteria that are in place for the regular admissions process: (1) The applicant must be classified as a resident of the State of New Mexico by the University of New Mexico Office of the Registrar. (2) The applicant must have a reasonable GPA; MCAT and USMLE scores are considered in the review process. (3) The applicant must have taken the MCAT and received a score of 491 or 22 or above.

- The applicant must be currently a medical student in good academic standing at a U.S. medical school accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association, or at a foreign medical school approved by the World Health Organization (WHO).

- The applicant must have finished all pre-clinical education (normally the first 1.5-2 years of a medical school curriculum), taken and passed the U.S. Medical Licensing Exam (USMLE) Step 1 with a score of 200 or better, and be prepared (with some remediation if necessary) to enter Phase II of the UNM SOM curriculum.

In addition, the following considerations are taken into account:

- There must be vacancies in Phase II and III of the medical school curriculum so as to accommodate the applicant for the duration of his/her undergraduate medical education. The Associate Dean of Students will be asked to determine whether such vacancies exist.

- The applicant must be willing to complete all requirements of the UNM SOM curriculum. The applicant may be required to extend his/her undergraduate medical education beyond the normal four years to complete these requirements. The exact point in the curriculum where the successful transfer student is permitted to join the curriculum would be determined on a case-by-case basis.

The following procedure will be used for admission of transfer applicants:

1. The applicant will submit a formal request for transfer with information that addresses the criteria for transfer as outlined above.
2. The Office of Admissions will screen the applicant for suitability for transfer.
3. If the applicant meets the criteria for transfer, the applicant will be asked to submit a formal application along with the application fee and be scheduled for an interview.
4. Transfer applicants will be interviewed and evaluated by a special subcommittee of the Committee on Admissions that includes the Associate Dean of Students, a member of the Curriculum Committee, a current Phase II Clerkship Director or Phase III elective/selective course director, and a representative designated by the Committee on Admissions. This "Transfer Sub-Committee" will be chaired by the Assistant Dean of Admissions. The Transfer Sub-Committee will meet on an ad hoc basis and make a recommendation to the Committee on Admissions on whether or not to admit the applicant.
5. The Committee on Admissions will consider approval of the recommendation at its next scheduled committee meeting.
6. If approved for admissions, the applicant will work with the Office of Medical Student Affairs to develop an optimal timetable for entrance into the curriculum.

b. Describe the role of the admission committee and members of the medical school administration: (1) in determining if space and resources are available to accept transfers and (2) in making the decision to accept applicants for transfer or for admission with advanced standing.

In the event that a transfer applicant meets the minimum criteria, his/her application will be forwarded to the Committee on Admissions for review. They will then determine if any interviews are necessary based on the preliminary review of the application.

The Committee on Admissions will also approve the applicant for acceptance or transfer to the UNM SOM.

c. Describe how policies and procedures related to transfer/admission with advanced standing are made available to potential applicants for transfer and advanced standing and their advisors.

Policies and procedures for transfer applicants are listed on the SOM Admissions website.

Source: https://som.unm.edu/education/md/admissions/applications.html

d. If the medical school admitted one or more transfer students to the final year of the curriculum during any year since the previous full survey visit, describe the circumstances surrounding that admission decision.

The University of New Mexico School of Medicine is not accepting transfers at this time.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.7

1. Medical school policies and procedures related to transfer and admission with advanced standing.

See Appendix 10.7-1 Transfer Stdt Policy.pdf

See Appendix 10.7-1 Insts Info Transfer App.pdf

10.8 VISITING STUDENTS

A medical school does all of the following:

- Verifies the credentials of each visiting medical student
- Ensures that each visiting medical student demonstrates qualifications comparable to those of the medical students he or she would join in educational experiences
- Maintains a complete roster of visiting medical students
- Approves each visiting medical student's assignments
- Provides a performance assessment for each visiting medical student
- Establishes health-related protocols for such visiting medical students
- Identifies the administrative office that fulfills these responsibilities

10.8 NARRATIVE RESPONSE

a. Describe the procedures and criteria used by the medical school to determine if a potential visiting medical student has qualifications comparable to those of the medical students he or she would join in a clinical experience. Qualifications includes comparable educational experiences. Identify the medical school, university, or other office that is responsible.

The Office of Medical Student Affairs (OMSA) at the UNM SOM reviews and processes all visiting student applications. Visiting students are expected to meet the same requirements placed on our own medical students in order to qualify for an away elective with UNM SOM. Requirements include:

- Must be in final year of medical school
- Must be in good academic standing
- U.S. students must be enrolled in LCME or AACOM accredited medical school
- Must have completed a background check
- Must have completed core clinical clerkships in Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Neurology, Psychiatry, and General Surgery
- Must provide proof of Basic Life Support certification
- Must provide proof of personal health insurance
- Must provide proof of malpractice liability insurance ($1 million per occurrence/$3 million aggregate)
- Must provide proof of passing USMLE Step 1 (or COMLEX for DO students)
- Must complete and submit immunization form (provided by UNM SHAC)
- Students are also required to complete OSHA and HIPAA trainings (trainings are provided to students via UNM's Learning Central portal)

For AAMC's Visiting Student Application Service (VSAS) applicants, the eligibility and documentation sections are reviewed to ensure students meet all of these requirements. If a student is missing a requirement, they are contacted and advised to submit within two weeks or their application is denied as incomplete.

International visiting students must submit proof of all requirements in an application packet which is then review for completeness and accuracy.

b. Describe the procedures by which the medical school grants approval for medical students from other medical schools to take electives at the institution. Include the following information in the description:

The UNM SOM requires that all domestic MD students wishing to participate in a visiting elective apply utilizing AAMC's Visiting Student Application Service (VSAS). Once an application is received through VSAS, it is reviewed for eligibility and completeness.

1. How the academic credentials and immunization status of visiting students are verified

The Office of Medical Student Affairs reviews the eligibility section (completed by student's home institution) to ensure that the student meets the following requirements:

- Is in good academic standing
- Has been instructed on OSHA safety measures
- Has current BLS (Basic Life Support) certification
- Holds personal health insurance
- Holds malpractice liability insurance (limits are verified)
- Has completed required core clerkships
- Is in final year of medical school at the time of the elective
- Has met all immunization requirements as defined by home school
- Has completed HIPAA training
- Has completed a background check at home institution
- Has passed USMLE Step 1 or COMLEX-1

The Office of Medical Student Affairs also requires that visiting students submit the following:

- A copy of their USMLE Step 1 (or COMLEX-1) transcript
- A UNM-provided immunization form (lists required immunizations and requires the signature of a health professional attesting that student is in compliance with all listed immunizations)
- A transcript
- A photo
- A one-page personal statement

2. How the medical school approves the assignments of visiting students to ensure that there are adequate resources (including clinical resources) and appropriate supervision at the site for both the visiting student and any of the medical school's own students

Once an application is deemed eligible and complete, the application is "scheduled" in the VSAS system, releasing it to the appropriate department coordinators for review in VSAS. Department coordinators then review applications and grant approval based on merit and availability of departmental resources. Once a department approves an application, the application is added to the Office of Medical Student Affairs "pending notification" queue in VSAS. The Office of Medical Student Affairs then makes note on an internal spreadsheet of the approval and sends the student the approval notification through VSAS.

For international visiting student applicants, an application packet is provided and requires that the student meet all of the same requirements as VSAS applicants. Home institutions are required to provide signature and seal verifying the student has either delivered proof or met all of the requirements as outlined above. Packets are submitted to the Office of Medical Student Affairs for review. Once deemed eligible and complete, the entire packet is forwarded to the appropriate department for review and potential approval. The department is then required to submit an approval form to the Office of Medical Student Affairs.

3. How the medical school ensures that a performance assessment is provided for each visiting student

While visiting students are strongly encouraged to obtain their evaluation prior to leaving UNM, the Office of Medical Student Affairs also requests that department coordinators submit copies of visiting student evaluations to ensure they are provided to the home institution in a timely manner.

c. Identify the medical school or university staff member(s) who is/are responsible for maintaining an accurate and up-to-date roster of visiting medical students.

Chamonix Berry in the Office of Medical Student Affairs is the Program Coordinator for the Phase III rotations.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.8

1. List the types of information included in the roster of visiting medical students (if there is a standardized template for the roster, provide a copy).

    - Student name
    - Student date of birth
    - School name
    - Approved elective course #, title, and dates of elective
    - Student UNM Banner ID (assigned prior to elective, used in lieu of SS#)

    See Appendix 10.8-1 VSAS Checklist.pdf

10.9 STUDENT ASSIGNMENT

A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

10.9 NARRATIVE RESPONSE

a. Describe the process for medical student assignment to an instructional site or parallel curriculum in the following circumstances, as relevant. In the description, include when, how, and by whom the final decision about assignment is made. Note the ability of students to select or rank options.

1. A clinical clerkship site (e.g., a hospital) for an individual clerkship

The process for medical student assignments to an instructional site varies with each clerkship.

a. In the Pediatric Clerkship, all students share the same instructional site for inpatient pediatrics, hematology oncology, and newborn nursery. There is no student selection for this portion of the clerkship. There are two student options during the outpatient portion of the clerkship. For ambulatory pediatrics, students may request to work at UNM 3ACC Urgent Care Clinic or at a UNM off-site clinic in the community. Students are placed by the Clerkship Coordinator or Clerkship Director; requests are accommodated. Military scholarship students (HPSP) may elect to work at Kirtland Air Force Base, if a preceptor is available. These preceptors are UNM volunteer faculty. Students on the Pediatrics Clerkship have one week of an elective with a pediatric specialty clinic. These are offered based on availability of the specialist, and students may rank preferences when requesting their clerkship schedules. Students are always granted an elective in one of their top three choices.
b. The Obstetrics & Gynecology (OB/GYN) Clerkship requests that students rank the order of their GYN selectives and whether they have a preference for going off-site or to UNM's Sandoval Regional Medical Center. The Clerkship Director tries to give students one of their top two choices. She also tries to pair two gynecology rotations so the student will get some general gynecology knowledge (rather than only subspecialty experience) and to balance time commitments for their rotations. For example, students are not assigned to both Urogynecology and Gynecology Oncology since they are both sub-specialties and difficult, time-intensive rotations.
c. For the Family Medicine Clerkship, students are given the opportunity to work in rural and/or underserved locations around the state. For those students interested in participating in a non-local experience, the selection is by lottery.
d. Students on the Internal Medicine Clerkship attend the same sites and are randomly assigned. Some students may elect to do a palliative care week.
e. Two to six weeks prior to the beginning of the Psychiatry Clerkship, students are contacted by the Clerkship Coordinator and asked for their preference of primary inpatient assignment to the University Psychiatric Center, Children's Psychiatric Hospital, or the Veterans Affairs Adult Psychiatric Unit. The Coordinator, in conjunction with the Clerkship Director, assigns the students based on availability, the number of clerkship students, and faculty/resident supervision. Students are generally able to attend their selected site. In addition, they are able to select from a list of possible ambulatory experiences to complement their clerkship experience given their interests and transportation or other needs. The final decision is made by the Clerkship Director.

2. A regional campus that includes only the clerkship (clinical years) phase of the curriculum

Not Applicable

3. A regional campus that includes the pre-clerkship phase of the curriculum or all years of the curriculum

Not Applicable

4. A parallel curriculum ("track") located on the central medical school campus or at a regional campus

Not Applicable

b. Describe if, in any of the circumstances above, medical students have the opportunity to negotiate with their peers to switch assignment sites or tracks after an initial assignment has been made but before the experience has begun.

It varies by clerkship, but it is possible for extenuating circumstances. Students must communicate their needs to the Office of Medical Student Affairs (OMSA) at least six weeks prior to the start of the clerkship. After review of the individual student's case, and with the approval of the Clerkship Director and OMSA, adjustments to a clinical site may be made.

c. Describe the procedures whereby a student can formally request an alternative assignment through a medical school administrative mechanism either before or during his or her attendance at the site / in the track. Describe the criteria used to evaluate the request for the change and the individual(s) tasked with making the decision. Describe how medical students are informed of the opportunity to request an alternative assignment.

Students assigned to a specific clinical site for completion of Continuity Clinic, the Specialty Exploration Experience, Doctoring 3 (Practical Immersion Experience) or the third and fourth year clerkships may request re-assignment to another clinical location because of health and safety concerns, family issues, or other extenuating circumstances. To request an alternative curriculum assignment, the student should first contact either the clerkship or rotation director with the request. The issue will be carefully reviewed by the clerkship or rotation director, and if a change in site, physician, or curricular assignment is determined to be the best option and in the best interest of the student, the clerkship or rotation coordinator will arrange the change and inform the sites and student of the details within two weeks of the request. This "Medical Student Clinical Reassignment" policy is posted in the policy section of the Office of Medical Student Affair's website, and students are notified during the respective orientation sessions for Continuity Clinic, Practical Immersion Experience, as well during the Transitions Block preceding Phase II Clerkships.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 10.9

1. Medical school policy/procedure allowing a medical student to formally request an alternative educational site or curriculum assignment.

See Appendix 10.9-1 Clinical Re-assignment Plcy.pdf

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

A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

STANDARD 11 SUPPORTING DOCUMENTATION

Table 11.0-1 | Attrition and Academic Difficulty

Provide the number and percentage of *first-year medical students* and the number and percentage of *all medical students* who withdrew or were dismissed from the medical school in the indicated academic years.

	AY 2013-14	AY 2014-15	AY 2015-16	AY 2016-17
First-year students	1 / 111 (0.9%)	1 / 111 (0.9%)	1 / 113 (0.9%)	1 / 108 (0.9%)
All medical students	2 / 415 (1.7%)	5 /438 (1.1%)	8 / 420 (1.9%)	2 / 406 (0.5%)

Table 11.0-2 | Attrition and Academic Difficulty by Curriculum Year

Provide the number of medical students who fell into one of the following categories during the listed academic years. *Count each student only once.*

	AY 2015-16					AY 2016-17				
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL
Withdrew or were dismissed	1	3	0	4	8	1	1	0	0	2
Transferred to another medical school	0	0	0	0	0	0	0	0	0	0
Were required to repeat the entire academic year	10	7	0	0	17	4	4	0	0	8
Were required to repeat one or more required courses or clerkships	0	0	2	0	2	0	0	1	0	1
Moved to a decelerated curriculum	0	0	0	8	8	0	0	0	5	5
Took a leave of absence as a result of academic problems	1	0	7	0	8	7	6	17	0	30
Took a leave of absence for academic enrichment (including research or a joint degree program)	0	1	0	1	2	0	3	1	3	7
Took a leave of absence for personal reasons	1	1	3	2	7	4	13	4	0	21

Table 11.0-3 | Average Graduation Rates Over Five Years	
Provide the overall graduation rate, and the percentage of medical students that graduated in four years *averaged over the past five years*. *Note: these data should be updated immediately prior to submission of the DCI.*	
Four-Year Graduation Rate	Overall Graduation Rate
70.6%	86.0%*

* Five percent of our matriculants from the entering classes of 2013, 2014, 2015, 2016 and 2017 have either resigned or been dismissed, nine percent are still enrolled, and 86% have graduated. Notably, there are currently ten students enrolled in the MD/PhD Program and one student enrolled in the MD/MPH program. Three of the MD/PhD students have re-entered the MD curriculum and are expected to graduate in May 2019. The MD/MPH student is in the MPH curriculum and will graduate in May 2019. Please see appendix 11.0-3 Mat Grad Class 2012 to 2017.pdf report in supplemental documents.

Table 11.0-4 | Residency Match Rates				
Provide the number and percentage of participating medical students who initially matched to PGY-1 programs in the National Resident Matching Program without entering the Supplemental Offer and Acceptance Program (SOAP), as well as the percentage of participating students that remained unmatched at the end of the SOAP.				
	AY 2013-14	AY 2014-15	AY 2015-16	AY 2016-17
Percent initially matched (prior to SOAP)	90.7	90.9	95.1	97.7
Percent unmatched (after SOAP)	5.4	6.5	2.0	1.1

Table 11.0-5 | Graduates Not Entering Residency		
Provide the number of medical school graduates who did not enter residency training in the following graduating classes for each of the listed reasons (provide a brief description of the reason for students counted under "other"). Provide the total number of students and the percentage of students who did not enter residency in each graduating class. Count each graduate only once and do not include students who graduated late.		
Reason	Class of 2016	Class of 2017
Family responsibilities/maternity/child care	0	0
Change of careers	0	0
Did not gain acceptance to a residency position	0	2
Preparation for the USMLE	0	0
Research/pursuing additional degree or training	0	0
Other: (add rows as required)	0	0
Describe "Other":	n/a	n/a
Total number of students in each graduating class who did not enter residency training.	0	2
Percent of students in each graduating class who did not enter residency training.	0	2

Table 11.0-6 | Academic/Career Advising at Geographically Distributed Campuses					
Indicate how the following services are made available to students at each regional campus by placing an "X" in the appropriate columns(s). Add additional rows for each service/campus. *Note: this question only applies to schools with regional campus (es).*					
Services	Campus	Available to Students Via			
		Personnel located on campus	Visits from central campus personnel	E-mail or Tele/Videoconference	Student travel to central campus
Academic counseling	n/a				
Tutoring	n/a				
Career advising	n/a				

11.1 ACADEMIC ADVISING

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

11.1 SUPPORTING DATA

Table 11.1-1 | Academic Advising/Counseling

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with academic advising/counseling.

GQ 2016		GQ 2017	
School %	National %	School %	National %
80.3	73.8	68.5	73.5

Table 11.1-2 | Academic Advising/Counseling by Curriculum Year

Provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with academic advising/counseling and tutoring services. Add rows for each additional question on the student survey. Schools with regional campuses should also specify campus.

Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Availability of academic counseling	94.2	85.0	89.2	75.4
Quality of academic counseling through the Office of Academic Resources and Support (OARS)	89.2	70.1	81	71.4
Availability of tutorial help	93.1	84.0	80.3	77
Quality of tutorial help (i.e. OARS – Peer Tutoring)	85.3	77.2	82	73

11.1 NARRATIVE RESPONSE

a. Describe how medical students experiencing academic difficulty are identified. When would be the first time an entering medical student could be identified as being in academic difficulty?

The Office of Academic Resources & Support (OARS) has three Learning Specialists (LS) who meet with all students the first week of school during New Student Orientation to introduce students to offered services. The Learning Specialists review scores after every graded assessment in all pre-clerkship courses. Any student scoring below standard (70% for the classes matriculating in or before 2015; 75% for classes matriculating in or after 2016) on any graded quiz or exam is contacted by an OARS Learning Specialist for a coaching meeting. Meeting after a failed assessment is optional but strongly encouraged; nearly all contacted students respond and take advantage of the services OARS provides. OARS continues to monitor and coach all students, those scoring below standard, as well as those passing but wanting to improve performance. Intervention is based on medical school performance; the first quiz of the first block is the initial identification of academic difficulty. Formative assessments are available in every course/block but these are for students' personal benefit and are not tracked by OARS, although they are referenced during interventional meetings. Because of the early introduction of academic support specialists at orientation, students are familiar with OARS and nearly all students take advantage of meeting requests and individual study skills coaching. Grades are monitored throughout the pre-clerkship curriculum, so students are followed individually and

closely when in academic difficulty. When the Learning Specialist contacts a student for a meeting based on low performance, the student's Learning Communities mentor is copied on the email to provide additional support. (Learning Communities mentors are considered "coaches," and do not evaluate students.) This allows each student's mentor to act as a coach and reinforce the need to address and improve study skills. The result is a supportive academic environment for students.

b. Describe the types of academic assistance available to medical students (e.g., tutoring, academic advising, study skills/time management workshops). For each type of assistance provided to students, summarize the role and organizational locus (e.g., medical school, university) of the individual(s) who provide this support and how medical students can gain access to each of the resources.

Academic Advising is available from several sources: Block/course faculty, Undergraduate Medical Education (UME), and Learning Specialists in the Office of Academic Resources & Support (OARS). These services are coordinated and implemented by medical school offices and personnel. OARS academic advising is comprehensive, starting with assessment of study processes, which includes all aspects of learning in medical school such as time management, testing anxiety, generalized stress, anxiety or depression, family concerns, pre-medical preparation, use of resources, and troubleshooting outside pressures that are distracting from study attention. Advising also includes individual assistance with United States Medical Licensing Exams (USMLE) and National Board of Medical Examiners (NBME) shelf exams, as well as class informational sessions.

Students are introduced to OARS at orientation with guidance on how, where, and from whom to access services for academic support. Students make appointments with Learning Specialists by email, phone, or face-to-face in the office. Study skills and time management workshops are offered by Learning Specialists to the first year class in small groups at orientation and after the first quiz in the first block. Later, students are coached individually by Learning Specialists after low performance or on a drop-in basis. Students have access to their course faculty on a drop-in, email, or appointment basis. Time management is addressed through these individual meetings.

Second-year medical student peer tutors for first-year students are recruited, hired, trained, and coordinated through the OARS and UME Administration Offices. Tutors are screened and must have achieved 80% or above in courses they wish to tutor. Depending on the number of interested first-year students, individual and/or small group tutoring is offered to all students. Additionally, second-year students hold independent (from OARS) quiz-based review sessions weekly during the first year; UNM SOM faculty conduct weekly review sessions as well. An optional same-class, volunteer peer-to-peer tutoring project was implemented by students in 2015, an additional resource available to any interested student.

c. Describe how the medical school provides an option for medical students to obtain academic counseling from individuals who have no role in assessment or advancement decisions about them.

OARS Learning Specialists are the main resource for troubleshooting academic difficulty, and they have no role in assessment, grading, or promotional decision-making. This information is shared with students. Similarly, peer tutors, whether second-year students or same-year peers, have no role in grading or promotions for first-year students. Block faculty lecturers with content expertise who have no role in student evaluation may also provide academic counseling. If students are ever uncomfortable with the academic support they have available, adjustments can easily be made to address their concerns. Occasionally, fourth-year students are engaged as volunteers to work with first or second-year students as peer tutors. Student comfort is always a factor in matching student-to-student tutors or when making referrals to faculty members.

Additional counseling and support options are discussed in Standard 12.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.1

1. Schools with regional campus (es) may provide data from the AAMC Graduation Questionnaire or independent student analysis by campus (as available).

Not Applicable

11.2 CAREER ADVISING

A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

11.2 SUPPORTING DATA

Table 11.2-1 | Career Planning Services

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied (aggregated)* in the following areas.

	GQ 2014		GQ 2015		GQ 2016		GQ 2017	
	School %	National %	School %	National %	School %	National %	School %	National %
Overall satisfaction with career planning services	51	65.1	44.9	64.1	64.6	64.4	65.1	63.9
Information about specialties	56.6	70.2	51	70.6	67.2	71.5	73.0	71.3

Table 11.2-2 | Career Planning Services by Curriculum Year

Provide data from the independent student analysis, by curriculum year, on the percentage of respondents that were *satisfied/very satisfied* (aggregated) with career advising. Add rows for each additional question on the student survey. Schools with regional campuses should also specify campus.

Survey Question	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Adequacy of career counseling in Phase I	85	65	67	43.3
Adequacy of career counseling in Phase II			74.1	57
Adequacy of career counseling in Phase III				64.4
Adequacy of Residency advisement (*Class 2017 only*)				64.4
Adequacy of counseling about Phase III elective choices (*Class 2017 only*)				60.3

Table 11.2-3 | Optional and Required Career Advising Activities

Provide a brief description of each career information session and advising activity available to medical students during the most recently completed academic year. Indicate whether the session was optional or required for students in each year of the curriculum.

Advising Activity/ Information Session (Required/Optional)	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Required	Introduction to Careers in Medicine	Career Day	Residency Fair	Phase III Schedule Review
Required	Specialty Lunches	Specialty Lunches		
Optional	Student Interest Group Participation	Student Interest Group Participation		
Required	Career Day		Careers in Medicine	MSPE Review
Required	All students are scheduled for individual counseling		Phase III Planning Match advising	Match advising

11.2 NARRATIVE RESPONSE

a. Provide an overview of the personnel from the medical school administration, faculty (e.g., career advisors), and other sites (e.g., a university career office, outside consultants) available to support the medical student career advising system and the role(s) played by each. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management of the career advising system.

The UNM SOM Office of Medical Student Affairs (OMSA), managed by the Associate and Assistant Dean of Students, offers a robust career advisement program to medical students.

YEAR 1:
Career advisement starts in Phase I-1, the first year of medical school, with an introduction to the AAMC's Careers in Medicine website. Phase I-1 students are advised to take the "Medical Specialty Preference Inventory (MSPI)" to help them identify interests in medicine, whether or not they have a clear idea of what they want to do. Next, the Associate and Assistant Deans of Students have required meetings with each individual student to review MSPI results and to identify potential faculty advisors in specialties in which students show interest and aptitude. Students contact faculty directly to seek opportunities for observational experiences, search for mentors for scholarly projects, and later in Phase I-1, for hands-on clinical experiences. Furthermore, an Organization Fair is held each September to promote student organizations on campus. These organizations include specialty interest groups, with faculty and resident advisors ready, willing, and available to mentor students as they start to navigate the medical world. Finally, students in Phase I are required to attend at least two out of eight scheduled "Specialty Lunches" in the first and second year of medical school. These lunch sessions provide Phase I students direct access to specialists and sub-specialists in a variety of fields. The "Specialty Lunches" are scheduled so they are related to what students are currently studying in the curriculum. For example, Phase I-1 students in the Hematology Block will have the chance to meet with Pathologists who can provide context for what the students are learning and a possible career path they might follow.

YEAR 2
Phase I-2 students, upon return from their summer "Doctoring 3" are encouraged to re-take the MSPI because attitudes and aptitudes change over time. Many Phase I-2 students, after exposure to more areas of medicine, find that their interests have changed. The Associate and Assistant Deans of Students have optional meetings with individual students to review these changes and to find opportunities for faculty advisement and mentoring.

Career Day, held annually in September, is an opportunity for all Phase I students to meet with Residency Program Directors to learn more about specific specialties. Program Directors talk about competitiveness for residency, describe what the training is like, report average compensation rates, and speak to quality of life during and after training. Based on their career interests, students then meet with the Program Directors in small groups for question and answer sessions.

As in Phase I-1, students in Phase I-2 are required to attend at least two out of eight scheduled "Specialty Lunches" in their second year of medical school. These lunch sessions provide Phase I students direct access to specialists and sub-specialists in a variety of fields. The "Specialty Lunches" are scheduled so they are related to what students are currently studying in the curriculum. For example, Phase I-2 students in the Infectious Disease Block will have the chance to meet with Infectious Disease sub-specialists from Pediatrics and Internal Medicine, Epidemiologists, and Preventive Medicine Specialists who can provide information on career options beyond residency and fellowship.

In early spring, during Doctoring 5: Transitions, the Associate and Assistant Deans of Students meet with pre-clinical students in a large group setting to discuss how Phase II Clerkship experiences will assist them as they prepare to choose a career path. Again, students are referred to the Careers in Medicine website and the "Clinical Rotation Evaluation" form provided by the AAMC. The deans emphasize that this is one way of documenting and subsequently reflecting on experiences during a clerkship and that this can help with final decision-making. During

this meeting, a panel of Phase III students who have successfully matched to a residency program, discuss how Phase II influenced their career choices and how they utilized resources to make a successful residency match possible.

YEAR 3
Career advisement continues in Phase II. Not only do students have day-to-day encounters with the individual specialties during their clerkships, they also meet directly with Program Directors during the annual Residency Fair, held every September. At the Residency Fair, Program Directors and their staff are available to answer questions regarding training, competitiveness, and quality of life during training. This is a valuable networking opportunity, as many students later take advantage of these new relationships as they seek rotations at other facilities during Phase III. In recent years, up to twenty local and regional programs have participated in the fair.

Towards the end of Phase II, as students are about to embark on their next phase of training, the Associate and Assistant Deans of Students meet with Phase II students in a large group setting to discuss Phase III scheduling, advisement, and the residency application process. Based on specialty choice, students are assigned specialty-specific "Match Advisors". These Match Advisors are generally Program Directors, Assistant/Associate Program Directors, Clerkship Directors, Assistant Clerkship Directors, Rotation Directors, or faculty with a defined role in education in their respective departments. The Deans of Students provide ALL Match Advisors with up-to-date match statistics and current literature regarding the Match process. Staff in the Office of Medical Student Affairs (OMSA) provides individual academic reports to each student; the student is then tasked with discussing these reports with their Match Advisor to determine competitiveness for a residency and to develop a plan for the Phase III year. Furthermore, the Deans of Students meet individually with each student to review the Phase 3 plans. At these one-on-one meetings in February and March, the following are reviewed: Phase I academics, USMLE Step 1 score, Phase II academics (clinical evaluations and overall grades), scholarly activity (research, quality improvement, publications, presentations, curriculum development), service to school and community, anticipated Phase III scheduling, and USMLE Step 2 CK and CS preparation. The Phase III schedule itself is critical to a student's success. Input from the Match Advisor and endorsement from the Deans of Students help to ensure that each student will be able to complete all curricular requirements, obtain necessary skills for residency, acquire strong letters of recommendation in a timely manner, and have adequate time to schedule residency interviews. Because of this oversight, UNM SOM has seen its match rate improve over the last five years.

YEAR 4
Phase III advisement continues over the course of the final year of medical school. In April of year 3, Match Advisors and graduating Phase III students who were successful in the match in March, meet with the rising Phase III students to help them as they develop a schedule for Phase III. Match Advisors and students discuss the application and interview process, and early Phase III students are able to develop a strategy for success. Additionally, the Deans of Students meet with Phase III students individually from May through August each year to prepare the Medical Student Performance Evaluation and to ensure that each student is competitive for his/her specialty choice to ensure that all curricular requirements will be met for graduation. Workshops to assist with the development of the personal statement and curriculum vitae, mock interviews, and to navigate the Electronic Residency Application Service are conducted by OMSA staff.

b. Provide a description of the print and/or online resources available to medical students to support their career investigations. Note if students are required to use some or all of these materials (e.g., as part of career advising sessions).

Phases I and II:

- Careers in Medicine (required): www.aamc.org/cim
  Phase I: Introduction to medical careers
  Phase II: Resource for exploration of opportunities in different arenas (clinical experiences, research fellowships, policy training, etc.), as well as specific information on medical specialties

Phases II and III:

- Careers in Medicine (required): www.aamc.org/cim
  Resource for exploration of opportunities in different arenas (clinical experiences, research fellowships, policy training, etc.), as well as specific information on medical specialties
- FREIDA Online(optional but highly encouraged): https://freida.ama-assn.org/Freida/user/search/programSearch.do
  Residency and fellowship search engine that provides information and links to programs around the country
- American Urological Association (required for Urology match): http://www.auanet.org/education/urology-and-specialty-matches.cfm
  Urology residency application and program information
- San Francisco Match (required for Ophthalmology and Plastic Surgery match): https://www.sfmatch.org/Specialty.aspx
  Ophthalmology and Plastic Surgery residency applications and program information

c. Identify the individual(s) who are primarily responsible for providing guidance to medical students on their choice of intramural and extramural electives during each year of the curriculum. Note the role(s) or title(s) (e.g., student affairs dean, college advisor, departmental faculty advisor) of the individual(s) who are responsible for the formal approval of medical students' elective choices. Describe any formal (required) sessions where counseling on electives occurs.

The Match advisors and the Associate and Assistant Deans of Students provide guidance to the medical students on their choice of intramural and extramural electives. As noted above, Phase II students attend a required large group informational session on Phase III scheduling and are given access to the annually updated Phase III Course Catalog and Phase III Handbook. Each student is assigned a Match Advisor and is required to meet with the Match Advisor AND the Associate or Assistant Dean of Students before submitting his/her Phase III schedule request. Students must schedule four electives during Phase III. Beginning with the Class of 2019, the current Phase II students meet with the Phase III students to discuss Phase III electives before submitting their Phase III schedule request. Match Advisors and the Deans of Students advise students on appropriate electives, but selection is based on student choice.

d. List the individual(s) primarily responsible for the preparation of the Medical Student Performance Evaluation (MSPE). Describe the opportunities for medical students to request another MSPE writer.

The Associate and the Assistant Deans of Students write all MSPEs. Medical students are required to select and meet with one of these two individuals in preparation for development of the MSPE. During each individual meeting with a student, the Associate or Assistant Dean reviews the student's academic file, USMLE scores, and Phase III schedule. The student's curriculum vitae and personal statement are reviewed and feedback is provided as well. This system has been in place since the inception of the MSPE. No student has yet requested another MSPE writer; however, should a student wish for an alternative, the Associate Dean for Undergraduate Medical Education would also be an option.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.2

1. A sample MSPE for a recent graduate with good academic credentials and a sample MSPE for a student who has experienced academic difficulty. Personally identifiable information should be redacted.

See Appendix 11.2-1 MSPE Sample Acad Cred.pdf
See Appendix 11.2-1 MSPE Sample Acad Diff.pdf

2. Schools with regional campus (es) may provide the supporting data requested above for each campus (as available).

Not Applicable

11.3 OVERSIGHT OF EXTRAMURAL ELECTIVES

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

- Potential risks to the health and safety of patients, students, and the community
- The availability of emergency care
- The possibility of natural disasters, political instability, and exposure to disease
- The need for additional preparation prior to, support during, and follow-up after the elective
- The level and quality of supervision
- Any potential challenges to the code of medical ethics adopted by the home school

11.3 NARRATIVE RESPONSE

a. Describe how and by whom extramural electives are reviewed and approved prior to being made available for student enrollment.

DOMESTIC EXTRAMURAL ELECTIVES

UNM SOM students who wish to attend an away elective are encouraged to apply for an elective using the Visiting Student Application Service (VSAS). The Office of Medical Student Affairs will issue all eligible students the authorization to access this system. If a student is accepted for an elective they applied for in VSAS, the student is then required to complete a Course Change Request form and submit it to the Office of Medical Student Affairs (OMSA). Once received, the request is compared to the elective information provided in VSAS for accuracy, and then processed by the Academic Program Support Manager. OMSA will consider a rotation accepted in VSAS "pre-approved" for credit if it meets the follow criteria:

- It is at an LCME School
- It is 4 weeks in length
- The student is using it only for "Elective" credit
- It is NOT an international rotation

If the rotation does not meet these criteria, or if the student wishes to use the extramural elective rotation to satisfy a Sub-Internship or ICU selective requirement, "pre-approval" does not apply, and the student must follow the directions for "Non-VSAS Extramural Elective Rotations" below, in order to receive credit.

NON-VSAS EXTRAMURAL ELECTIVE ROTATIONS

For extramural rotations at institutions that do not participate in VSAS, students must complete the Phase III Credit Request Form, which requires information on the elective requested, the type of rotation (clinical or non-clinical elective, sub-internship, or ICU), a description of the course objectives, and how the student will be evaluated. This completed form and the supporting documents are then given to the corresponding Department Chair or Clerkship Director at our institution who reviews and approves it if it is judged to be equivalent to a course offered here. The documents then are given to the Associate Dean for Undergraduate Medical Education, the Associate Dean of Students, and finally, to the Chair of the Committee on Student Promotion & Evaluation (CSPE). If any of these individuals have any questions about the requested extramural elective, the student is asked to provide further documentation and/or the request is sent to CSPE for further discussion before final approval is given. Final approval is given by consensus of the Associate

Dean for Undergraduate Medical Education, Associate Dean of Students, and the Chair of CSPE, or, for non-standard electives, by a vote of CSPE. Requests must be submitted 45 days in advance of the start of the rotation. Following approval, the student is notified by email of the decision regarding the request. The student is also responsible for providing the faculty evaluator at the other institution with the appropriate evaluation form to receive a grade or credit.

Credit for a course will not be given until a completed UNM SOM evaluation form with a passing grade is received in the Office of Medical Student Affairs (OMSA). In the event of a canceled rotation, students are responsible for meeting any policies set forth by the intended institution, including but not limited to: cancelation deadlines, fees, notifications, etc. Students must also ensure that the course is removed from their UNM SOM schedule by contacting OMSA.

INTERNATIONAL EXTRAMURAL ELECTIVE ROTATIONS

During Phase III, students may choose to participate in an international clerkship. UNM does not provide specific courses in this area. These electives generally include international stay and travel. Students are required to do all the research and planning for the journey. Students will be responsible for all costs incurred (travel, accommodations, language school tuition, meals, etc.). Approval for electives will not be granted for countries that are on the United States State Department's Travel Warning List or the Center for Disease Control & Prevention's Travel Advisory List. Students must complete the following for approval:

Step 1: Fill out a Phase III Credit Request Form and attach a description of the program he/she plans to complete. Students should also submit a brochure or provide a link to the program website (if available). The rotation should be a minimum of 4 weeks in duration and should provide at least 20 hours of work per week. The completed form should be submitted to OMSA and must have the appropriate course director signature. All Phase III Credit Request Forms must be completed **at least 6 months** prior to the experience. Credit cannot be granted after the fact.

Step 2: SOM Approval. The application must meet the following criteria to be approved for credit:

- Level of participation in the elective must be active and meaningful
  - Experiences that are predominantly observational or passive may not be approved.
  - Clinical care includes direct participation in care giving and decision making.
  - Participation in a research project involves a meaningful role.
- Supervision with regard to educational goals and responsibilities must be active to ensure the quality of the experience, critical assessment, and feedback on strengths and weaknesses of the student.
- An individual at the site must be responsible for monitoring the student's learning objectives, ensuring the quality of the experience, and providing a written evaluation of the student's performance. Evaluation must address the required levels of participation of the student's clinical experience or project, gathering of information, critical management of information and setting of priorities, intervention, or implementation, and the ability to evaluate outcomes.
- Seeking approval to participate in an international clerkship must follow the same procedures for requesting Phase III Credit at a domestic location, and meet the following requirements:
  - Student must be in good academic standing
  - Student must submit a written report describing the experience to CSPE
  - Student must have appropriate language skills
  - Proposed educational activities must not violate applicable laws or regulations
  - Student is responsible for financing

The documents are given to the Associate Dean for Undergraduate Medical Education, the Associate Dean of Students, and to the Chair of CSPE. If any of these individuals have any questions about the requested extramural elective, the student is asked to provide further documentation and/or the request is sent to the Committee on Student Promotion and Evaluation (CSPE) for further discussion before final approval is given.

Final approval is given by consensus of the Associate Dean for Undergraduate Medical Education, Associate Dean of Students, and the Chair of CSPE, or, for non-standard electives, by vote of CSPE. Requests for an international rotation must be submitted at least 6 months in advance of the start of the rotation. Following approval, the student is notified by email of the decision regarding the request. The student is also responsible for providing the faculty evaluator at the other institution with the appropriate evaluation form to receive a grade or credit.

Step 3 (if approved by UME, OMSA, and Chair of CSPE): Register with Global Education Office
The University of New Mexico places the highest priority on protecting students' health and safety when traveling outside the US as part of University programs. Therefore, students planning to travel outside the country must register their international travel with the Global Education Office. Registration can be completed online at: https://studyabroad.unm.edu/section/independent-study-abroadacademic-travel-registration.

Students will register for "Independent Travel" and work with the Global Education Office to:

- Complete and submit the conditions of travel form
- Purchase the following insurance policies as applicable
  - TRAVMED
  - Health insurance which includes medical evacuation and repatriation of remains
- Submit a travel itinerary and emergency contact form
- Obtain health and safety information for travelers from the US State Department
- Submit a copy of passport

b. Describe how the medical school evaluates each of the following areas in its review of electives at sites where there is a potential risk to medical student and patient safety:

1. The availability of emergency care
2. The possibility of natural disasters, political instability, and exposure to disease
3. The need for additional preparation prior to, support during, and follow-up after the elective
4. The level and quality of supervision
5. Potential challenges to the code of medical ethics adopted by the home school
6. Provide an example of how medical students were prepared and supported before and during electives in which there is a risk to student and patient safety.

The University of New Mexico School of Medicine uses the AAMC's Visiting Student Application Service (VSAS) for almost all domestic electives. Students are encouraged to use only LCME-accredited institutions that have been vetted through the AAMC, such as the Extramural Electives Compendium. Use of these vetted institutions ensures that the level and quality of supervision (4), and potential risks to medical student and patient safety (2) have been carefully considered and approved as sites for medical student electives. Students applying for an extramural elective at an international site must submit their request to the Director of the University of New Mexico School of Medicine's Global Health program. The Director then reviews the request and evaluates the safety in that country (1, 2) by monitoring the US State Department's list of dangerous areas. She calls the faculty sponsor in the international location to verify the quality of the supervision (4). Once the request has been tentatively approved by the Director, the student is required to meet with the staff at the University of New Mexico's Global Education Office to discuss preparations before travel to an international location (1, 2, 3). The Student Health and Counseling Center (SHAC) advises students traveling to international destinations about current CDC immunization recommendations or need for prophylactic medications and arranges for them as needed (3). SHAC can also provide follow-up health care as needed after returning from the elective (3). All students are required to have insurance that provides coverage for emergency care for the student while off campus or at an extramural electives (1). For international travel, students are required to purchase TRAVMED insurance or another health insurance which covers medical evacuation and repatriation of remains. All students are asked to contact the Office of Medical Student Affairs if they experience any

ethical conflict or have any cause for concern during the elective (5).

Those electives for which there may be a potential risk to the medical student are primarily those at international sites. Below is a checklist given to students who are applying for an international extramural elective (6). We provide the checklist below to our students participating in domestic extramural rotations as well.

INTERNATIONAL ROTATION PREPAREDNESS

The UNM School of Medicine's main concern for your international rotation is your safety and well-being. Traveling abroad to further your medical education is a wonderful opportunity and we want you to have the best possible experience. Being able to answer the questions on this checklist is a great way to prepare and we encourage you to learn as much about your destination before your departure.

How Foreign Laws Apply to You

- ☐ I am familiar with the basic social laws of the countries to which I will be traveling, including laws related to drug and alcohol use.
- ☐ I am familiar with how the legal system works in each country I plan to visit.
- ☐ I know the location of the U.S. Embassy/Consulate in each country I plan to visit.
- ☐ I have registered/will register with the U.S. Embassy abroad.
- ☐ I have proper insurance

Communication While Abroad

- ☐ I know all the important telephone and fax numbers and addresses for my program's office both in the U.S. and abroad, including emergency after–hours numbers:
- ☐ I know the address and telephone number for my residence abroad.
- ☐ I know how my calling card plan works and how to use my card to call home.
- ☐ I know where to buy a cell phone abroad in case I need one.
- ☐ If I bring a mobile phone, its wireless service will work abroad.
- ☐ I have created an internationally accessible e–mail account address.
- ☐ All of my emergency contacts in the U.S. and abroad have all of my contact information, and I have theirs.
- ☐ I know how the mail service operates abroad (efficiency, costs, etc.) and what to expect when mailing items.
- ☐ I have a list of everyone to whom I have given out my contact information.
- ☐ I have asked those to whom I have given my address to tell me before they mail me anything.

Medical Care and Insurance

- ☐ I am familiar with the health care system of the country where I will be studying, including the quality of facilities and the cost of services.
- ☐ I know the location of the nearest hospital to my abroad residence.
- ☐ I know what my insurance policy does and does not cover.
- ☐ I know who to contact if I get a needlestick.
- ☐ I will be provided with a translator if needed during a doctor visit or hospital stay.
- ☐ I have an emergency contact in the U.S. and abroad.
- ☐ I know how to refill needed prescriptions abroad.

Basic Health and Safety

- ☐ Before leaving, I have gotten a complete physical from my doctor.
- ☐ I have received all necessary immunizations required/recommended for entry to the countries I will visit, and I know where to obtain other inoculations abroad if needed later.
- ☐ I know who the emergency contact will be at the U.S. and abroad.
- ☐ I know who my emergency contact will be at home.

- ☐ I know how extensive, safe, and reliable the public transportation system is abroad.
- ☐ I am aware of the laws and codes of conduct that are likely to impact me.

Risk Factors and Strategies to Reduce Risk

- ☐ I know which non–verbal behaviors are considered inappropriate/rude and which are commonly used (certain hand gestures, greeting by bowing, kissing or shaking hands, etc.).
- ☐ I know which areas are considered unsafe in the cities I will visit.
- ☐ I know which forms of public transportation are safest to use.
- ☐ I know where to get help if I need it.
- ☐ I am aware of the prevailing local attitudes towards, and local laws dealing with, sexual harassment and sexual assault.
- ☐ I am aware of any travel advisories issued by the U.S. State Department for the countries to which I will be traveling.

Special Issues

- ☐ I am aware of the prevailing local sentiment towards people of my cultural background, race, religion, sex, sexual orientation, etc.
- ☐ I am aware of how past and current U.S. policy has affected/affects the countries where I will visit.
- ☐ I know how to avoid confrontations over politics/religion, and how to avoid provoking unwanted attention by not flaunting my "American–ness".
- ☐ I am aware of the prevailing national sentiment towards the U.S. and U.S. citizens in the countries I will visit.

Crisis Management

- ☐ I am familiar with my program's Emergency Action Plan.
- ☐ I have updated my EAP and given copies of it to all of my U.S. and abroad emergency contacts.
- ☐ In the event of serious injury or death, I have made my wishes clear to family in the U.S., and to my program director abroad.
- ☐ I am aware of what my program, the Embassy and the Consulate can and cannot do to assist me in the event of a crisis.
- ☐ I have been provided with comprehensive information from my program, and I have shared this information with parents/guardians/family members.

In the spring of 2017 two UNM School of Medicine students participated in an extramural elective in Peru, after completing all the required paperwork. While they were in Peru, a significant rain storm resulted in flooding. We were able to communicate with the students via text to ensure they were safe (6). They returned to campus unharmed and with an international educational experience.

c. Describe the system for collecting performance assessments of medical students and evaluations of electives from medical students completing extramural electives.

All grades for Phase III blocks will be submitted within 6 weeks after the completion of the clerkship/course. The student is responsible for giving the evaluation form, or an electronic link to the form, to his/her preceptors during the last week of the rotation. The host institution must submit a UNM Phase III evaluation. It can be emailed to hsc-omsa@salud.unm.edu or mailed to:

Office of Medical Student Affairs
The University of New Mexico
Fitz Hall Room 107 MSC08 4700
Albuquerque NM 87131-0001

The Office of Medical Student Affairs (OMSA) will notify the student and the contact at the extramural elective if the evaluation form has not been received by 2 weeks after the last day of that rotation. Weekly reminders will be sent until the evaluation form is obtained. If the evaluation from the outside elective is not returned within four weeks after the last day of the elective, the student will contact the preceptor. If an evaluation has not been received within five weeks of the end of the elective, the Office of Medical Student Affairs will call the preceptor directly to request completion.

d. Describe how the evaluation data on extramural electives provided by medical students is used by the school. For example, how are these data made available to medical students considering their elective options?

We do not currently collect student feedback on extramural electives. When considering their elective options, students often discuss extramural elective options with their Match Advisor, the Residency Program Director, interns in the desired specialty, and peers. Beginning with the Class of 2019, a session is scheduled for the current Phase II students meet with the Phase III students to discuss Phase III electives before the deadline for Phase III schedule requests. The students may review the program's institutional web site as well. We maintain a "Grad Directory" with the name, contact information, type, and location of residency match for any graduate who consents to provide this information. Fourth year students then have the opportunity to contact our graduates to inquire about the graduate's experience on extramural electives in that specialty and / or their experiences in that residency.

11.4 PROVISION OF MSPE

A medical school provides a Medical Student Performance Evaluation required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.

11.4 NARRATIVE RESPONSE

1. Provide the earliest date for release by the medical school of the MSPE.

The completed drafts of the MSPE are reviewed by the students in September before final edit and upload to residency application websites (e.g. ERAS, San Francisco Match, the American Urological Association, Military Match) and release on October 1.

11.5 CONFIDENTIALITY OF STUDENT EDUCATIONAL RECORDS

At a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

11.5 NARRATIVE RESPONSE

a. Describe the general content of the medical student's academic file and non-academic file. How does the medical school differentiate between academic records and other relevant records (e.g., health information) so that there is an appropriate separation and assurance of confidentiality?

The general content of a student's academic file consists of:

- Course evaluation forms
- Course scheduling forms
- General correspondence
- Compliance acknowledgements
- Medical Student Performance Evaluation

Annual health compliance acknowledgement forms are kept in the student file. No actual medical records are stored in the student file. Students' medical records are stored in the students' medical files at the Student Health & Counseling Center. The "Compliance of Immunization Record" is a certification that the student has complied with the UNM HSC immunization requirements. There is no actual medical record or medical language on the form. This separation insures confidentiality.

b. Describe how the medical school determines which individuals have permission to review a medical student's file. Identify the institution officials (i.e., administrators, faculty) who are permitted to review medical student records. How does the medical school ensure that student educational records are available only to those individuals who are permitted to review them?

The UNM School of Medicine determines which individuals have the permission to review a medical student's file under the FERPA guidelines. This is operationalized by the following criteria:

Only UNM SOM officials with a demonstrated business need to review a file can review a student file. The Office of Medical Student Affairs maintains and monitors access of student files based on strict adherence to the criteria. These criteria include:

- Office of Medical Student Affairs employees during normal business functions
- Deans of Students during normal business functions
- Student Appeals Committee members during the appeal of an adverse action

c. Describe the location(s) where medical student academic records are kept.

The majority of the students' academic records are electronic (digital) and can be accessed only by University of New Mexico School of Medicine faculty, staff, and students. The files are password protected. Physical student files are kept and maintained in the Office of Medical Student Affairs. The office has a locked door and is locked except for normal business hours. Within the Office of Medical Student Affairs, the student files are stored in a secure file cabinet. The keys to the file cabinet are stored in a locked office drawer.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.5

1. Policy and procedure for a member of the faculty/administration to gain access to a medical student's file.

See Appendix 11.5-1 Stdt Records Policy.pdf

11.6 STUDENT ACCESS TO EDUCATIONAL RECORDS

A medical school has policies and procedures in place that permit a medical student to review and to challenge his or her educational records, including the Medical Student Performance Evaluation, if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate.

11.6 NARRATIVE RESPONSE

a. Describe the procedure that medical students must follow in order to review or challenge their records. Can students gain access to their records in a timely manner? Note if there are any components of students' records that students are not permitted to review.

Student Access to Records
The Office of Medical Student Affairs (OMSA) maintains an academic record for each student. The majority of the academic record is electronic, and contains all grades and narrative evaluations submitted by faculty for academic work completed. The student can view his / her own electronic record at any time from any location with internet access. The physical record contains only non-electronic information, such as documentation from the Student Health and Counseling Center that a student's immunizations are updated (without the actual medical information) or that the student passed the required drug screen. Letters of recommendation, letters of commendation, and correspondence from the Committee for Student Promotion and Evaluation and the Ad Hoc Student Appeals Committee are also included in the physical file. The physical file is available for student review during regular working hours (Monday-Friday, 8AM-5PM). Students must make a request in writing to view their file, and then a location within the Office of Medical Student Affairs is made available and the student is given their file to review that day in the office. All student files are governed by the Student Records Policy of the University of New Mexico, found in the UNM Student Handbook, http://pathfinder.unm.edu. Students are permitted to review all components of their student records.

Challenging a grade
If a student receives a narrative evaluation or grade that s/he feels is unfair, s/he may follow this procedure:

- Informal resolution:
  - The student should approach the faculty involved and discuss the reasons the student believes the evaluation should be changed.
  - If the student and faculty member cannot reach an agreement, the student should discuss the grievance with the chairperson or supervisor of the department or division.
  - If the student is not satisfied with the outcome of the discussion, s/he may add a written response to the evaluation that will be included in the student's file.
  - If the student is uncomfortable addressing the faculty member directly, the student may meet with the block chair, Clerkship Director, or the Associate or Assistant Dean of Students.
- Formal appeals of academic matters
  - If the informal discussions do not resolve the grievance, the student may bring a formal appeal to the Executive Vice Dean of the School of Medicine, using the procedures set forth in Article 2.3 of the Pathfinder

(See Appendix 11.6-1 Stdt Grievance Procedure.pdf)

The policy and procedure for appealing an evaluation is governed by the Student Grievance Procedure found in the UNM Handbook: http://pathfinder.unm.edu.

b. Indicate whether medical students are permitted to review and potentially challenge the following records. If review and challenge are possible, describe the procedures used.

1. Content of the MSPE

The Associate Dean of Students and the Assistant Dean of Students in the Office of Medical Student Affairs prepare and compose all the MSPEs. At the end of each Phase II Clerkship, the Clerkship Director reviews all of the narrative comments submitted by faculty and residents who worked with and evaluated the student. The Clerkship Director then writes a narrative evaluation describing the student's performance throughout the clerkship, as well as a brief concise summary that is part of the final grade and is included in the "Dean's Letter Summary" section of the final evaluation. The student is able to view the entire evaluation including the "Dean's Letter Summary" once the grades have been finalized. The narrative comments contained in the MSPE are directly copied from the "Dean's Letter Summary" section, and have been edited for length, grammar, and/or spelling, but not for content. If the student has concerns about the narrative comments, they are instructed to discuss these concerns with the Clerkship Director directly. If the Clerkship Director revises the "Dean's Letter Summary", the revision will be included in the MSPE. Students are permitted to review the MSPE for accuracy prior to its transmission. If they have concerns about the accuracy of information, they can request changes be made. The Associate and Assistant Deans will review the student's request and they determine the final content of the MSPE.

2. Course and clerkship data (e.g., examination performance, narrative assessments)

Students are encouraged to review their Phase I course quizzes and examinations, Clinical Skills and OSCE grades, and small group narratives upon receipt and to discuss them with the Phase I Block Chair or course director immediately if there are any concerns. Students may challenge a narrative evaluation as described above.

3. Course and clerkship grades

Students are encouraged to review their final Phase I block and clerkship grades and narratives upon receipt and to discuss with the course or Clerkship Director immediately if there are any concerns. Students may challenge a grade as described above.

c. Describe how the medical school's policies and procedures related to students' ability to review and challenge their records are made known to students and faculty.

This information is included in the student handbook. In addition, the students are required to complete an on-line module on UNM's Learning Central site that describes these policies. Each student is invited and encouraged to meet individually with the Associate or Assistant Dean of Students in the fall semester of the first year to assess how the student is adapting to medical school, answer any questions, and discuss career advisement. A brief review of the relevant student policies and their online location on our website is discussed and any questions answered.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 11.6

1. Formal medical school policies and procedures related to medical student ability to review and challenge their records, including the length of time it takes for students to gain access to their records.

See Appendix 11.6-1 SOM Assessment Policy.pdf
See Appendix 11.6-1 Stdt Grievance Procedure

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

A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

STANDARD 12 SUPPORTING DOCUMENTATION

Table 12.0-1 | Tuition and Fees

Provide the *total tuition and fees* assessed to first-year medical students (both for in-state residents and out-of-state non-residents) for the indicated academic years. Include the medical school's health insurance fee, even if that fee is waived for a student with proof of existing coverage.

	AY 2013-14	AY 2014-15	AY 2015-16	AY 2016-17	AY 2017-18
In-state	$21,105	$21,303	$20,689	$20,629	$20,784
Out-of-state	$51,282	$51,480	$50,565	$50,057	$50,361

Table 12.0-2[2] | Median Medical School Educational Debt

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the **median** reported medical school educational indebtedness of all medical student graduates with medical school debt and the percentage of graduates with indebtedness **equal to or** in excess of $200,000.

	GQ 2014		GQ 2015		GQ 2016		GQ 2017	
	School %	National %	School %	National %	School %	National %	School %	National %
Median medical school debt	$155,000	$173,000	$150,000	$180,000	$120,000	$180,000	$120,000	$180,000
Percent of graduates with debt **equal to or** greater than $200,000	15.8	27.1	15.4	26.5	10.7	25.5	4.5	33.0

Table 12.0-3[3] | Median Overall Educational Debt

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the ***median*** *overall educational debt (*including undergraduate college/university debt) of all medical school graduates with educational debt and the percentage of graduates with debt **equal to or** in excess of $200,000.

	GQ 2014		GQ 2015		GQ 2016		GQ 2017	
	School %	National %	School %	National %	School %	National %	School %	National %
Median overall educational debt	$160,000	$180,000	$150,000	$185,000	$120,000	$190,000	$120,000	$195,000
Percent of graduates with debt **equal to or** greater than $200,000	21.1	27.4	21.6	26.6	11.9	25.5	7.5	36.9

[2] Due to a change in the 2016 AAMC Graduation Questionnaire (GQ) data, table 12.0-2 has been revised. The changes are indicated in red. The prepopulated data has been deleted because it was in error on 8/11/2016.

[3] Due to a change in the 2016 AAMC Graduation Questionnaire (GQ) data, table 12.0-3 has been revised. The changes are indicated in red. The prepopulated data has been deleted because it was in error on 8/11/2016.

Table 12.0-4 | Support Services at Regional Campuses

Indicate how the following services are made available to students at each regional campus by placing an "X" in the appropriate columns(s). Add additional rows for each service/campus. *Note: this question only applies to schools with regional campus (es).*

Available to Students via	Campus	Services			
		Personal counseling	Student health services	Student well-being programs	Financial aid management
Personnel located on campus	N/A				
Visits from central campus personnel	N/A				
E-mail or Tele/Videoconference	N/A				
Student travel to central campus	N/A				

12.1 FINANCIAL AID/DEBT MANAGEMENT COUNSELING/STUDENT EDUCATIONAL DEBT

A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

12.1 SUPPORTING DATA

Table 12.1-1 | Financial Aid and Debt Counseling Services.

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) in the following areas.

	GQ 2014		GQ 2015		GQ 20165		GQ 2017	
	School %	National %	School %	National %	School %	National %	School %	National %
Financial aid administrative services	92.9	79.5	92.0	78.9	92.2	75.7	91.8	75.0
Overall educational debt management counseling	71.4	72.5	81.6	70.4	82.6	67.3	80.0	66.3

Table 12.1-2 | Financial Aid and Debt Counseling Services.

Provide data from the independent student analysis, by curriculum year, on the percentage of respondents that were *satisfied/very satisfied* (aggregated) with financial aid services and debt management counseling. Add rows for each additional question on the student survey.

Survey Question	Year 1	Year 2	Year 3	Year 4
Quality of financial aid administrative services	88.2	89	93	86
Overall (*availability of*) debt management counseling	88	79	72.0	70
Quality of debt management counseling	81	78	72	72.2

Table 12.1-3 | Financial Aid/Debt Management Activities			
Describe financial aid and debt management counseling/advising activities (including one-on-one sessions) that were available for medical students in each year of the curriculum during the most recently completed academic year. Note whether they were required (R) or optional (O).			
Financial Aid/Debt Management Activities (specify R or O for Required or Optional)			
YEAR 1	YEAR 2	YEAR 3	YEAR 4
One-on-one counseling offered to all students (O) Understanding Your Loans Group Session (R) Basics of Budgeting Group Session (O) 5 Tenants of Financial Planning Group Session (O) AAMC MedLoan Organizer and Calculator (O) Federal Student Loan Borrower Entrance Counseling (R)	One-on-one counseling offered to all students (O) Basics of Budgeting Group Session (O) 5 Tenants of Financial Planning – Group Session (O) AAMC MedLoan Organizer and Calculator (O)	One-on-one counseling offered to all students (O) Basics of Budgeting Group Session (O) 5 Tenants of Financial Planning Group Session (O) AAMC MedLoan Organizer and Calculator (O)	One-on-one loan repayment options counseling (O) Basics of Budgeting Group Session (O) 5 Tenants of Financial Planning Group Session (O) AAMC MedLoan Organizer and Calculator (O) Borrower exit counseling – Group Session (O) This is not required but attended by most borrowers.

12.1 NARRATIVE RESPONSE

a. Describe the staffing of the financial aid office used by medical students and the reporting relationship(s) of the director of financial aid.

    1. Note if the financial aid office resides organizationally within the medical school or at the university level. If the latter, list the other schools/programs supported by financial aid office staff.
    2. Indicate the number of financial aid staff who are available to specifically assist medical students.
    3. Describe how the medical school determines and evaluates the adequacy of financial aid staffing.

The UNM SOM Student Financial Aid Office resides under the umbrella of the Office of Medical Student Affairs; both are part of the School of Medicine's Office of Education. Along with medical students, the Student Financial Aid Office supports students in the following School of Medicine (SOM) programs: Master of Occupational Therapy, Doctor of Physical Therapy, Physician Assistant Program, Dental Hygiene Programs (graduate and undergraduate), Master of Public Health, Emergency Medical Academy, and Medical Laboratory Science Program (undergraduate).

There are two individuals in the Financial Aid Office who support these programs: one Financial Aid Officer and one Financial Aid Manager. The Financial Aid Officer assists students and oversees day-to-day operations. The Financial Aid Manager acts as a liaison to other Health Sciences Center Departments and to the University of New Mexico's Main Campus Financial Aid Office; the Financial Aid Manager also assists with students and manages large projects. The Financial Aid Manager reports to the Academic Support Program Manager in the Office of Medical Student Affairs.

Staffing is determined by the number of students in their respective programs, the technology available to administer aid, and number of large scale projects being worked on. Adjustments to staffing are assessed based on aggregate responsiveness to student needs/inquiries as well as a review of staffing needs with Associate Dean of Students and/or Office of Medical Student Affairs Program Support Manager at regular meetings or as determined by the Financial Aid Manager.

b. If the medical school has one or more regional campuses, describe which of the required and optional advising sessions were available at each campus during the most recently completed academic year.

Not Applicable

c. Provide a description of the types of print and/or online debt management information available to medical students. Note if students are required to use some or all of these materials (e.g., as part of financial aid/debt management sessions).

Students receive handouts at orientation regarding debt and debt management. Students are encouraged to "borrow as needed and in increments" to reduce borrowing and unnecessary debt. Students receive options to set a monthly loan disbursement schedule to assist in monthly budgeting and minimize overspending. Students receive budget sheets to assist on monthly spending and budgeting.

Web-based information is also available. The University of New Mexico developed a mobile app called "Financial Rx", which is used to assist students on monthly budgeting and provides information on loan repayment and credit. Furthermore, students have access to the National Student Loan Data System to monitor borrowing as well as the AAMC MedLoan Organizer and Calculator.

d. Describe current activities at the medical school or university to raise funding for scholarship and grant support for medical students (e.g., a current fund-raising campaign devoted to increasing scholarship resources). Describe the goals of these activities, their current levels of success, and the timeframe for their completion.

The University of New Mexico School of Medicine's (SOM) fundraising is administered by the UNM Foundation and SOM Office of Advancement and Alumni Relations.

The SOM Office for Advancement and Alumni relations manages two fundraising boards: The La Tierra Sagrada Society (LTSS) and The SOM Alumni Association. LTSS is a member driven organization which celebrated its 20th Anniversary in 2016 and distributed $150,000 in scholarships, an all-time high for the organization. The SOM Alumni Association solicits alumni annually for student support through scholarships, travel grants, emergency loans and special projects. Together the organizations manage over $1.2 million worth of endowed dollars and raised over $170k annually in small awards.

Working in close partnership with the Dean, faculty and staff at the SOM, the UNM Foundation recorded gift totals of $18.1M in FY2016. The UNM Foundation's "Changing Worlds" comprehensive fundraising campaign for the SOM has raised over $145M since 2006. Currently, the SOM endowments total over $80M. The SOM has met or exceeded the University assigned fundraising goal every year since FY2009. The "Changing Worlds" campaign had two phases since 2006 with the most recent phase extending the campaign through 2020. Many of the dollars raised during the campaign will support students in the form of scholarships and student success funds. Many scholarships are solicited and secured to assist students who are from communities or counties in New Mexico that are considered rural and/or underserved. Scholarship fundraising has been extremely successful, thanks to a recent donor's major gift that matches donor funds dollar for dollar when a new endowment is established. This matching gift effort was the catalyst for the creation of 26 new scholarship endowments at the SOM. In recent years, the SOM's scholarship fundraising has increased while the AAMC reported this as a declining trend nationally in recent years. The UNM Foundation and SOM Advancement & Alumni Relations Office work closely with corporations, family foundations and major gift prospects to identify areas of interest and greatest need. Additionally, UNM Foundation actively solicits planned gifts (bequests, trusts and gift annuities) as part of the overall solicitation strategy. Annual stewardship and engagement efforts involving donors and students continue to be fruitful fundraising efforts for the SOM.

e. Describe other mechanisms that are being used by the medical school and the university to limit medical student debt, such as limiting tuition increases.

The School of Medicine Dean, with approval of the University of New Mexico Regents, has created a plan over the course of the past three years, to lower tuition by 1% each year to assist in debt reduction. We have also been the recipients of Health Resources & Service Administration Scholarships for Disadvantaged Students (SDS). The SDS scholarships have been instrumental in assisting in debt management and reduction. We have encouraged students who have dependents (other than a spouse) to apply for the SDS scholarship to provide these students with financial aid to offset high borrowing. We have established a scheduled monthly loan disbursement to simulate a "monthly pay" and encouraged to students to borrow as needed and in increments. Students correspond with Financial Aid Office staff regularly to discuss their financial situation and seek borrowing advice. The University of New Mexico also works closely with the New Mexico Higher Education Department to promote Loan-for-Service Programs, and because of our proximity to Kirkland Air Force Base, we promote our U.S. Military Service and support students who wish to participate in the Health Professions Scholarship Program. We also promote Indian Health Service and Tribal/Navajo Nation Scholarships for our American Indian students. Lastly, we advertise and assist students in need of government services, e.g. WIC, Food Stamps, and Medicaid.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.1

1. The most recent LCME Part I-B Financial Aid Questionnaire

See Appendix 12.1-1 Par I-B Fin Aid Quest 2016-17

Note that the University of New Mexico School of Medicine is #2 on the list of the top 10 most affordable US medical schools: http://www.beckershospitalreview.com/rankings-and-ratings/top-10-most-affordable-us-medical-schools.html

12.2 TUITION REFUND POLICY

A medical school has clear, reasonable, and fair policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

12.2 NARRATIVE RESPONSE

a. Briefly describe the tuition and fee refund policy. Describe how the policy is disseminated to medical students.

Medical school tuition at the University of New Mexico School of Medicine is not prorated; students are considered full-time at any School of Medicine enrollment. Thus, if a student withdraws from one or more courses, but remains registered for at least 1 credit hour, there is no refund. If a student requests a total withdrawal from coursework, a refund is granted based upon the census date for student's first class of the first module of the semester. Refunds are not granted if the withdrawal date is after the census date.

Students who receive financial aid and either withdraw, take an approved leave of absence, or are dismissed from medical school are REQUIRED to meet with the Financial Aid Manager to discuss the implications for their financial aid prior to their dismissal, withdrawal or leave of absence being approved. This counseling includes information similar to that of an Exit Interview with special emphasis on grace and repayment periods of their loans including options for forbearance and loan repayment.

Withdrawals that occur soon after a financial aid disbursement may result in the repayment of some or all of those funds in accordance the U.S. Department of Education's and the University of New Mexico's Return of Title IV policy. Students who receive Federal (Title IV) aid such as Perkins or Direct Stafford Student loans and withdraw from all classes may owe a repayment to UNM. The U.S. Department of Education policies require the UNM Student Financial Aid Office to perform a return of Title IV aid calculation for any student who withdraws prior to completing 60% of the semester.

b. If not included in the tuition refund policy, describe policies related to the refund of payments made for health and disability insurance and for other fees.

Medical School disability insurance and needle stick insurance are refunded in accordance with the Tuition Refund Policy. Health Insurance is NOT refunded and will expire at the conclusion of the student's normally scheduled enrollment period.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.2

1. Policy for refunding tuition and fee payments to medical students who withdraw or are dismissed from the medical education program.

Financial aid website available at: https://hsc.unm.edu/academicaffairs/financialaid/som/index.html

See Appendix 12.2-1 Tuition Refund Policy.pdf

12.3 PERSONAL COUNSELING/WELL-BEING PROGRAMS

A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

12.3 SUPPORTING DATA

Table 12.3-1 | Personal Counseling

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with personal counseling.

GQ 2014		GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %	School %	National %
82.8	75.1	62.5	75.5	84.3	73.3	66.7	72.3

Table 12.3-2 | Mental Health Services

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with student mental health services.

GQ 2014		GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %	School %	National %
81.2	75.1	69.2	77	85.2	74.1	64.8	74.0

Table 12.3-3 | Well-being

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with programs and activities that promote effective stress management, a balanced lifestyle, and overall well-being.

GQ 2014		GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %	School %	National %
67.3	74.1	60.8	75.5	80	73.3	72.3	72.1

Table 12.3-4 | Student Support Services by Curriculum Year

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with the listed student support services. Add rows for additional student survey questions.

Survey Question	Year 1	Year 2	Year 3	Year 4
Accessibility of personal counseling	92.3	78	77	78.1
Confidentiality of personal counseling	93.4	83.3	79.0	96.3
Availability of mental health services	91.4	79.0	63.4	81.2
Quality of mental health services for students	90	82	73.3	91
Availability (*Quality*) of programs to support student well-being (Wellness)	93	64.4	61.2	65

12.3 NARRATIVE RESPONSE

a. Describe the system for personal counseling for medical students, including how, by whom (i.e., roles and titles), and where services are provided. Describe how students are informed about the availability of personal counseling services.

Personal counseling is provided for students in numerous safe and confidential settings:

1. UNM Student Health and Counseling Center (SHAC) – Multidisciplinary professional staff (psychiatry, psychology, and counseling) offers assessment and referral, counseling, and workshops in addition to crisis intervention. SHAC is located in its own facility on UNM's Main Campus, a fifteen-minute walk from the HSC campus. The Crisis hot line is available 24 hours/day, 7 days/week.
2. Jeffrey Dunn, MD, Department of Psychiatry. Dr. Dunn provides no-cost, confidential psychiatric outpatient services to our medical students in the Psychiatry Clinic, located in the Family and Community Medicine building on the UNM HSC campus.
3. Cheri Koinis, PhD, Department of Family and Community Medicine and UNM Accessibility Resource Center. Dr. Koinis provides no-cost, confidential psychological counseling to our medical students in her office in the Family and Community Medicine building on the UNM HSC campus.

Additional support resources and advising for students:

1. Elizabeth C. Lawrence, MD, Director of Medical Student and Physician Wellness, is a general internist available to meet with students to identify wellness concerns and to suggest appropriate referrals. These no-cost, confidential services are provided in the Office of Medical Student Wellness in Fitz Hall on the UNM HSC campus.
2. Jonathan Bolton, MD, Director of Office of Professionalism. Dr. Bolton is available to meet with students in his office in the Clinical and Translational Science Center on the UNM HSC campus to discuss any concerns about professionalism.
3. Cameron Crandall, MD, Director for LGBTQ Equity and Inclusion, UNMHSC Office of Diversity. Dr. Crandall meets with interested students in his office in the Emergency Department. Dr. Crandall is a no-cost, confidential resource for students with questions about gender identity and sexuality.
4. Learning Communities (LC) Mentors: Each incoming first year medical student is assigned to one of sixteen LC houses. Students remain in the same house with the same LC mentor for all four years of medical school. LC mentors meet individually with each student and hold monthly small group meetings to provide confidential mentoring and support. LC mentors never grade or evaluate the students in their house, nor do they have any responsibility for student promotion. The current LC mentors are:
    - Michelle Bardack, MD. Department of Family and Community Medicine
    - Douglas Binder, MD. Department of Emergency Medicine
    - Julie Bohan, MD. Department of Psychiatry
    - Kendall Crookston, MD-PhD. Department of Pathology
    - Kathryn Fraser, MD. Department of Psychiatry
    - Gillian Harris, MD. Department of Pediatrics
    - Peter Jeppson, MD. Department of Obstetrics/Gynecology
    - George Kennedy, MD. Department of Emergency Medicine
    - John Leggott, MD. Department of Family and Community Medicine
    - James McKinnell, MD. Department of Pediatrics
    - Yasmin Magdaleno, MD. Department of Pediatrics
    - Anju Manral MD. Department of Internal Medicine
    - Melissa Martinez, MD. Department of Internal Medicine
    - Leonard Noronha, MD. Department of Internal Medicine
    - Brad Pickett, MD. Department of Surgery
    - Amy Robinson, MD. Department of Internal Medicine
    - Joyce Phillips, MD. Department of Anesthesiology
    - John Russell, MD. Department of Surgery

- Pooja Singh, MD. Department of Internal Medicine
- Janet Veesart MD. Department of Emergency Medicine
- Byrch Williams, MD. Department of Family and Community Medicine

5. Academic counseling is outlined in Standard 11.1
6. Career counseling is outlined in Standard 11.2
7. Financial aid counseling is outlined in Standard 12.1 and 12.2

Students are informed about all of these counseling, advising, and support services at new student orientation, in which several of the faculty members listed above present an overview of health services available to incoming students. At this time, we also give students a booklet, updated annually, entitled the "UNM Health Science Center Psychotherapy and Counseling Guide." A copy of this guide is available year-round to all medical students at http://som.unm.edu/education/md/omsa/wellness.html. Public announcements about services are made throughout the school year to students and faculty in all years of training at both informal interest groups and other student meetings, during Learning Communities house meetings, and during scheduled curricular activities covering topics such as professionalism, professional identity formation, and wellness. When students access faculty and staff who provide one service, we often refer students to another service. For example, a student receiving information from a financial aid officer might be referred to the Director of Medical Student and Physician Wellness, or a student seeing the Director of Medical Student and Physician Wellness might be referred to the Office of Professionalism.

The Director of Medical Student and Physician Wellness informs students of various health services, including mental health, counseling, and wellness resources, at small group meetings of first year students during their first months of medical school, at planned wellness activities in the curriculum, and at individual meetings with students.

b. Comment on how the medical school ensures that personal counseling services are accessible and confidential.

Students can access the Student Health and Counseling (SHAC) website to learn about available services (https://shac.unm.edu/). To schedule an appointment with a provider at SHAC, students can walk into SHAC from 8:30 to 5:30 Monday through Thursday, or from 9:00 to 5:00 on Fridays. They may also call during business hours to schedule an appointment. As noted above, there is a 24/7 crisis line available to students as well. SHAC is a fifteen-minute walk from the Health Sciences Center to UNM's main campus.

SHAC providers are never in a position to grade, evaluate, or assess students. SHAC providers maintain all records on an electronic medical record system that is NOT linked in any way to the UNM Hospital electronic medical record and CANNOT be accessed unless privileges are granted by SHAC administration. UNM faculty, house staff, and medical students do not provide care at SHAC, nor do they rotate through student health. The SHAC electronic medical record is Medicat. It is CCHIT, FERPA, and HIPPA compliant. It connects to UNM's Banner system used by the UNM Bursar to determine the student's eligibility for services.

Students are given contact phone numbers, website and email addresses for SHAC and for the other services noted above when we inform them of these services during orientation and throughout the year. A copy of a resource guide is available year-round to all medical students at https://som.unm.edu/education/md/omsa/wellness.html. With the exception of the SHAC providers, students can email or phone the relevant provider to schedule an individual counseling or advising appointment. When a student meets with one of the non-SHAC providers described above, the provider does NOT chart in the UNM Hospital or Medical Group's electronic medical record. Personal files of students, which include some handwritten notes about the reason for their visit and the interactions, are kept in locked file cabinets in locked offices; only the provider rendering services has the needed keys to access records. Dr. Dunn is credentialed to use Medicat, the SHAC electronic medical record which is not accessed by any other SOM providers.

None of the faculty listed above who advise and/or informally counsel students are ever in a position of working with students in clinics or wards, nor do they ever have a role in grading, evaluating, or assessing students.

At the time a student meets with one of the counselors, the student is informed that there are some limits on the confidentiality to the meetings. These limits are due to Title IX and other Office of Equal Opportunity (OEO)-related organizational mandates to report sexual harassment and assault, and to concerns about student's likelihood to harm self or others.

c. Summarize medical school programs or other programs designed to facilitate students' ongoing adjustment to the physical and emotional demands of medical school. Describe how students are informed about the availability of these programs/activities.

We offer programs to promote student well-being and to facilitate student adjustment to the physical and emotional demands of medical education. One of the major programs for student support is the Learning Communities Program, also referenced above in Standard 12.3.a.7. The mission of our Learning Communities Program is to facilitate the development of safe, significant relationships and a sense of community with faculty and peers while enabling each student to develop his/her unique professional identity and find meaning within his/her academic, personal, and professional life. The Learning Communities Program was created to provide all medical students with a faculty mentor who will be available to provide advisement and personal support for the student. Each incoming first year student is assigned to one of sixteen Learning Communities houses. Each house consists of 6 – 8 students and one faculty mentor. Mentors meet individually with each student twice a semester and as needed. Monthly house meetings with all students and the mentor are scheduled. The discussion themes for these monthly house meetings include professional identity formation and clinical skills. Each mentor has a house of students in all four years of school. Some of the monthly house meetings are combined meetings with first and second year students or second and third year students to discuss any upcoming transitions. Students are briefly informed about our Learning Communities Program during their Admission interview day. Once students have matriculated, a more in-depth discussion about advisement occurs during Orientation and students meet their Learning Communities Mentor and their house peers during the first week of school.

Specific wellness programming spans the continuum of medical education from orientation to graduation (the following applies to Class of 2020):

1. First year students (Phase I-1):
    a. Orientation: White Coat Ceremony (introduction to professionalism); introduction to the rigors and stresses of medical school for student families; overview of student health and wellness services offered; wellness sessions on self-care as part of professional identity formation and class bonding activities; meeting with each Learning Communities house to discuss wellness issues
    b. Participation in ropes course, bowling, and other team-building events with Learning Communities house during orientation
    c. Participation in the "Zia Bowl", an afternoon of creative challenges and team-building activities
    d. Wellness Seminar: How to use feedback to promote wellness, respect, and a positive learning environment, a 90 minute session in the Learning Communities curriculum
    e. Doctoring: training as health coaches
    f. Wellness Retreat: An afternoon of wellness as part of the Learning Communities curriculum, including a healthy lunch, a panel of physicians in recover and discussion of substance use in physicians, and introduction of a particular wellness tool (2016 – yoga, 2017 – hypnotherapy for stress management)
2. Second year students (Phase I-2):

   a. Pie for PIE: Celebration at end of students' first in-depth clinical experience, sharing of narrative reflections
   b. Healer's Art Curriculum
   c. Wellness Seminar: Cook-off to learn about nutrition in the Learning Communities curriculum
   d. Wellness Seminar: How to use feedback to promote wellness, respect, and a positive learning environment, a 90 minute session in the Learning Communities curriculum
   e. Elective sessions on stress management while studying for Step 1
   f. Wellness in Doctoring 5: Transitions: How to maintain self-care and find balance while on clerkships (includes students acting as health coaches to coach each other on personal wellness)
   g. Transitions Ceremony: ritual and celebration marking the end of the preclinical years and the transitions to clinical work
3. Third year students (Phase II):
   a. Elective sessions as part of Doctoring 4 to introduce wellness tools to students, including nutrition, hypnotherapy, mindfulness, narrative reflection, and yoga.
   b. Wellness Seminar on burnout as part of Learning Communities curriculum
4. Fourth year students (Phase III):
   a. 3-hour seminar in the required Comprehensive Ambulatory Care rotation focusing on personal values and exploring personal boundaries

Students are informed about these offerings on their schedules, on their learning management systems, in their course syllabi, by email reminders, by flyers, and by faculty announcements. Based on student feedback, the Wellness offerings have been modified to provide more options.

Additionally, peer counseling is available and provided by Crossroads, a student advocacy organization promoting the health and well-being of all medical students. The membership consists of elected representatives from each class and several faculty members at-large. Crossroads members recognize the unique stresses that health professionals face, as well as the increased risk of the development of emotional difficulties and/or dependencies in response to those stresses. Crossroads members are available for personal counseling that is confidential and easily accessible. Crossroads sponsors several group events including a barbeque during Orientation for the incoming first year students and the MedBall (an evening social event with food, music, and dancing) in April for all medical students and Health Sciences Center students.

12.4 STUDENT ACCESS TO HEALTH CARE SERVICES

A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

12.4 SUPPORTING DATA

Table 12.4-1 | Student Satisfaction with Health Services

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with student health services.

GQ 2014		GQ 2015		GQ 2016		GQ 2017	
School %	National %	School %	National %	School %	National %	School %	National %
84.4	77.8	69.1	79.7	87.0	78.9	83.3	79.5

Table 12.4-2 | Student Satisfaction with Health Services by Curriculum Year

As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with health care services. Add rows for each additional student survey question.

Survey Question	Year 1	Year 2	Year 3	Year 4
Accessibility of student health services	87.3	81.0	88.0	82

12.4 NARRATIVE RESPONSE

a. Describe the current system for providing medical students with access to diagnostic, preventive, and therapeutic health services, including where and by whom (i.e., roles and titles) services are provided. For example, if there is a student health center, comment on its location, staffing, and hours of operation.

Medical students have access to diagnostic, preventive, and therapeutic services at the UNM Student Health and Counseling (SHAC). Students can access the SHAC website to learn about available services (https://shac.unm.edu/). To schedule an appointment with a provider at SHAC, students can walk into SHAC from 8:30 to 5:30 Monday through Thursday or from 9:00 to 5:00 on Fridays. They may also call during business hours to schedule an appointment. As noted above, there is a 24/7 crisis line available to students as well. SHAC is a fifteen-minute walk from the Health Sciences campus on UNM's main campus. SHAC employs five physicians and six advanced practice clinicians to meet student physical and mental health needs.

Other medical services provided by SHAC include pharmacy, lab and x-ray, massage therapy, physical therapy, acupuncture, allergy and immunization clinic, and travel health. In addition, The SHAC Nurse Manager screens and scores the Occupational Safety Health respiratory medical evaluation questionnaire (about 400 per year). Once the health screening is completed, Safety & Risk Services performs fittings for students who need to wear respirators because of particulate or vapor exposure in their classes.

Students can access SHAC in person from 8:30 to 5:30 Monday through Thursday and from 9:00 to 5:00 on Fridays. They may also call SHAC at (505) 277-3136 during business hours to schedule an appointment. Although SHAC does not offer emergency services, they do have an after-hours crisis counselor available 24/7 at (505)277-3136, option 3. The SHAC website lists an after-hours option at https://shac.unm.edu/about/after-hours-links.html.

Students who prefer not to receive healthcare at SHAC are able to access the full range of their healthcare needs with providers in the community who take their particular health insurance. A list of community health resources can be found at https://shac.unm.edu/about/after-hours-links.html.

b. Describe how medical students at all instructional sites/campuses with required educational activities are informed about availability and access to health services.

Students are informed about these services multiple times at new student orientation. Providers from SHAC join the Director of Medical Student and Physician Wellness to present an overview of services offered. Additional information on wellness resources is found in the "UNM Health Science Center Psychotherapy and Counseling Guide (See Appendix 12.4-1 Psychotherapy Counseling Guide.pdf)," a resource that is updated annually. A link to SHAC and additional resources can be found at http://shac.unm.edu/about/.

All students are given a badge to wear with their ID that lists information about hand hygiene, blood and body fluid protocol, and important student support contact numbers:

Blood & Body Fluid Exposure Protocol for Students

- Clean area by washing with soap & water. If exposure is to eyes/mucous membranes, irrigate thoroughly with tap water.
- Notify supervisor. Report immediately to Student Health & Counseling (SHAC) with name and MR# of source. SHAC Phone: **505.277.3136.**
- After hours: Report to ER: call nursing admin supervisor on call with name and MR # of source.

Students at high risk for HIV exposure: Start post-exposure prophylaxis ASAP. For OHS or ER consult: Provider can call **505.272.2000** or 1.888.UNM.PALS (**1-888-866-7257**).
Student rotating in VA: Go to VA Employee Health Clinic or ER.
Students rotating in other facilities: Go to nearest ER, Provider can contact PALS.
Post Exposure Protocol: http://shac.unm.edu/bbp.htm

Hand Hygiene before & after every patient contact is the best way to prevent nosocomial infections.

Standard precautions prevent you from coming into contact with blood and other potentially infected material (OPIM) of all patients by using the correct personal protective equipment (PPE):

- **Wash hands**: before & after patient care, after glove removal.
- **Wear gloves**: if blood or OPIM contact with hands is likely,
- **Wear gowns**: if blood or OPIM contact with clothing is likely.
- **Wear goggles & mask or face shield**: if blood or OPIM splash is likely.
- Don't touch anything w/glove that others will touch w/out gloves.
- Dispose of all sharps promptly in sharps containers.

Important Contacts and Phone Numbers

Student Support Services:

- Sheila Hickey, MD, Assoc. Dean of Students **505.272.3414**
- Teresa Vigil, MD Assist. Dean of Students **505.272.3414**
- Cheri Koinis, PhD Depart. of Family Medicine **505.272.3898**
- Liz Lawrence, MD, Dir. Medical Student Wellness **505.272.3414**
- UNM Student Health and Counseling (SHAC) **505.277.3136**

UNM Sexual Misconduct and Assault Response Team (SMART):
Available 24/7*

- Sexual Assault Nurse Examiners (SANE) ***505.884.7263**
- Rape Crisis Center of Central New Mexico ***505.266.7711**
- Student Health and Counseling (SHAC) ***505.277.3136**
- UNM Police Department ***505.277.2241**
- Dean of Student **505.277.3361**

Suicide Hotline **1-800-273-8255 ***
Agora Crisis Center **505.277.3013 ***

Other after hour options: https://shac.unm.edu/about/after-hours-links.html

c. Describe how medical students, faculty, and residents are informed of policies that allow students to be excused from classes or clinical activities in order to access health services.

Medical students, faculty, and residents are informed of policies that allow students to be excused from classes or clinical activities in order to access health services at new student orientation, to second-year students before they start their clerkships, and to third-year students before they begin their final year in medical school. These guidelines are reviewed with faculty at meetings of the clerkship directors and the Curriculum Committee. The clerkship directors review the guidelines annually with their residents. Leave guidelines are outlined in our Medical Student Handbook and in our Phase II Student Handbook, each of which are updated annually. All students, course directors, block chairs, and clerkship directors receive these handbooks. In addition, electronic copies of the handbooks are available on the Office of Medical Student Affairs website. Course Directors ("Block Chairs") and Clerkship Directors have opportunities to review and update these policies at their regularly scheduled academic meetings. All changes to the handbooks are approved by the Curriculum Committee. Faculty and residents review these policies annually on UNM's Learning Central website. They are required to sign an attestation verifying review.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.4

1. Policy or guidance document that specifies that medical students may be excused from classes or clinical activities in order to access health services.

See Appendix 12.4-1 Excused Absence HC Policy.pdf
See Appendix 12.4-1 Psychotherapy Counseling Guide.pdf

2. Schools with regional campuses may provide the supporting data requested above for each campus (as available).

Not Applicable

12.5 NON-INVOLVEMENT OF PROVIDERS OF STUDENT HEALTH SERVICES IN STUDENT ASSESSMENT/ LOCATION OF STUDENT HEALTH RECORDS

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

12.5 NARRATIVE RESPONSE

a. Describe how the medical school ensures that a provider of health and/or psychiatric/psychological services to a medical student has no current or future involvement in the academic assessment of, or in decisions about, the promotion of that student. Describe how medical students, residents, and faculty are informed of this requirement.

When students are seen at SHAC, their records are entered into SHAC's electronic medical record (EMR), Medicat. This EMR has no connection to the UNM Hospitals EMR. SHAC providers do not supervise medical students, do not have a role in assessing medical students, and do not make decisions about student promotion.

When students are told about other health, wellness, and counseling resources available to them, they are told that these services are provided confidentially. As noted in 12.3.b, students are also notified of the limits of confidentiality as related to mandatory reporting requirements for sexual harassment and assault and concerns for self-harm or harm to others. This message is repeated to students when they meet with any of the individual counselors and advisors listed in 12.3.a above. These counselors and advisors are never in a role to academically assess or make decisions about student promotion, and all of these counselors and advisors are made aware of this mandate during their training. These providers do not enter any information about student counseling or advising into the main UNM Hospital electronic health record.

Our students have choices of where, and by whom, to be seen that would ensure confidentiality as well as would avoid potential conflicts from involvement in academic assessment or promotion of the student. The providers at the Student Health and Counseling Center, as well as Drs. Dunn and Koinis on the HSC campus, are available to students for medical and mental health services. Their records are completely separate from the UNMH electronic medical records, and those faculty have no role in evaluation or promotion decisions. Studnets MAY elect to see UNMH providers or may require emergency care or sub-specialty care at UNMSOM. In that case, the student's records would be entered into the hospital's electronic medical record, and the provider would be expected to recuse himself or herself from any academic evaluation or promotion decisions.

b. If health and/or psychiatric/psychological services are provided by university or medical school service providers, describe where these student health records are stored. Note if any medical school personnel have access to these records.

As previously noted, SHAC providers document student health visits in Medicat, an electronic medical system that is entirely separate from the UNMH electronic provider and that can only be accessed by SHAC providers. Dr. Koinis, maintains minimal hand-written notes of student visits. These notes are kept in each provider's locked office in a locked file cabinet. Dr. Dunn currently follows this same procedure, although he is in the process of being credentialed to have access to Medicat, the SHAC electronic medical record, and will begin documentation in Medicat as soon as possible (anticipate switch to Medicat on 9/1/17 or sooner). UNMSOM providers – other than Drs. Dunn and Koinis – are required to keep all medical records for their patients in the UNMH EMR. Students are not routinely

seen by other UNMSOM providers, but if a student chooses to be seen by a UNMSOM provider, the provider would have access to the student's medical records but not their mental health records.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.5

1. Policies and/or procedures that specify that providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student.

Students may seek individual, confidential counseling from Dr. Elizabeth Lawrence in the Office of Medical Student Wellness, Dr. Jonathan Bolton in the Office of Professionalism, Dr. Cheri Koinis in Family and Community Medicine, Dr. Jeffrey Dunn in Psychiatry, and/or Learning Communities Mentors. None of these faculty members are allowed to contribute to student assessment and promotion decisions.

Student Health and Counseling (SHAC) providers are employees of UNM and not of the UNM Health Sciences Center. These providers never encounter medical students in the hospital or in clinics, and these providers do not play any role in student assessment and promotion decisions.

See Appendix 12.5-1 Non-involv Stdt Care Assessment.pdf

12.6 STUDENT HEALTH AND DISABILITY INSURANCE

A medical school ensures that health insurance and disability insurance are available to each medical student and that health insurance is also available to each medical student's dependents.

12.6 NARRATIVE RESPONSE

a. Indicate whether health insurance is available to all medical students and their dependents.

All students enrolled in the MD program are required to have personal health insurance. This insurance must cover them while at UNM as well as when on rotation within or outside the state of New Mexico. In most cases, students purchasing their own insurance will be eligible for financial aid to cover that cost. Students are required to complete an online insurance waiver through UNM Human Resources and Academic Health Plans to show proof of coverage. Students without adequate coverage or those who wish to purchase UNM student insurance will be charged for the insurance to their UNM Bursar account. For an additional fee, students may obtain coverage for their spouse and dependents as well.

b. Indicate whether and when (e.g., at enrollment, at the beginning of the third year) disability insurance is made available to medical students. Describe when (e.g., during orientation) and by what means medical students are informed of its availability.

Disability Insurance
All medical students are required to enroll in the disability insurance program offered through the University. Our current provider is Guardian Life Insurance Company. Students may convert their disability insurance upon graduation to an individual insurance policy. Students are billed Disability Insurance separate from their tuition and fees and must pay the premium during the fall semester; billing is conducted by the UNM Bursar's Office and is charged directly to the students' Bursar account. Disability Insurance is refunded in accordance with the Tuition Refund Policy.

Needle-Stick Exposure Insurance
Insurance coverage for body fluid and blood-borne pathogen exposure is mandatory for all medical students. Coverage is provided by the National Union Fire Insurance Company of Pittsburgh, PA. The fee is charged to students' Bursar accounts annually in September and February and is billed separately from tuition and fees. Needle-Stick Exposure Insurance is refunded in accordance with our Tuition Refund Policy.

12.7 IMMUNIZATION REQUIREMENTS AND MONITORING

A medical school follows accepted guidelines in determining immunization requirements for its medical students and monitors students' compliance with those requirements.

12.7 NARRATIVE RESPONSE

a. Summarize the immunization requirements for medical students and note if the guidelines follow national and regional recommendations (e.g., from the Centers for Disease Control and Prevention, state agencies, etc.). Summarize the rationale for any school requirements that differ from national/regional guidelines.

Consistent with the recommendations made by the Centers for Disease Control & Prevention, all medical students are required to submit proof of immunization or immunity to rubeola, mumps, rubella, hepatitis B (along with Hepatitis B completion titer), and varicella. Students should also have boosters for tetanus, diphtheria, pertussis (Tdap), as well as an annual influenza vaccination. All of these immunizations and/or titers are available at the UNM Student Health & Counseling (SHAC) Immunization Clinic.

If students obtain their immunizations and titers somewhere other than SHAC, they are required to bring all of the records and lab results to the SHAC Immunization Clinic. The SHAC nurses will verify immunization compliance and supply documentation of status for the Office of Medical Student Affairs. Students are responsible for maintaining their records of immunization. The Office of Medical Student Affairs does not keep immunization records on file. In addition to the above requirements, all students are required to have a two-step tuberculin skin test or T-Spot blood test. They will then be required to have this test done annually thereafter. UNM School of Medicine will adopt the AAMC Immunization Form for the Class of 2021.

b. Note if immunizations are available on campus (e.g., at the student health center) and how the costs of immunizations are covered.

Immunizations are available at the Student Health and Counseling Center. The majority of students who receive vaccines at SHAC have insurance and their insurance is billed. Those who have insurance that is not accepted by SHAC will pay out of pocket. Students may also choose to obtain the vaccine from their primary care provider or pharmacy.

c. Describe how and by whom the immunization status of medical students is monitored.

The Office of Medical Student Affairs has a schedule for compliance with immunizations and TB testing every year for every student. The providers at SHAC review the student's vaccination records and then notify OMSA that the student is current on their immunizations.

12.8 STUDENT EXPOSURE POLICIES/PROCEDURES

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:

- The education of medical students about methods of prevention
- The procedures for care and treatment after exposure, including a definition of financial responsibility
- The effects of infectious and environmental disease or disability on medical student learning activities

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

12.8 NARRATIVE RESPONSE

a. Describe institutional policies in the following areas related to medical student exposure to infectious and environmental hazards:

1. The education of medical students about methods of prevention.

Education about all methods of prevention and procedures for care and treatment after exposure are completed via Learning Central, the on-line training resource for faculty, students, and staff at the University of New Mexico. Completion of required modules is monitored by the Office of Medical Student Affairs.

2. The procedures for care and treatment after exposure, including definition of financial responsibility.

Procedures for care and treatment after exposure are outlined in several documents (see "Supporting Documents for Element 12.8, below). If a student has a blood or body fluid exposure at a UNM Clinic during regular business hours (8:00 AM – 5:00 PM, Monday through Friday), they should seek care at the Student Health & Counseling Center. If the exposure occurs after regular business hours, they should go to the Emergency Room at the University of New Mexico Hospital. If a student experiences a blood or body fluid exposure while working at the VA hospital during regular business hours, the student would go to the Employee Health Clinic at the VA. After hours, the student would seek care at the Emergency Department at the VA hospital.

Insurance coverage for body fluid and blood-borne pathogen exposure is mandatory for all medical students. Coverage is provided by the National Union Fire Insurance Company of Pittsburgh, PA. The fee is charged to students' accounts annually in September and February and is billed separately from tuition and fees. The plan provides 100% reimbursement for laboratory tests performed for the students and patient donor, physician visits, emergency room visits, and medications with the maximum benefit of $21,000 per exposure. Visiting students are required to have insurance coverage as well.

3. The effects of infectious and/or environmental disease or disability on medical student learning activities.

The treatment of healthcare providers who have infection with bloodborne pathogens is governed by state statute: they are required to self-identify and then have their practice evaluated to see if they engage in exposure-prone practices. Medical students are included in the term "healthcare providers" for purposes of policy. We do not seek this information from students. If a medical student should develop a communicable disease, the diagnosing health care provider, in addition to providing a treatment plan, should also counsel the infected student on appropriate infection control policies to prevent transmission of infection to patients or to other health care workers. For unusual infections

(e.g. TB and others), the diagnosing physician will usually consult the Infectious Disease service for advice and the student will be treated or counseled on a case-by-case basis. Standard precautions take care of this in most cases. If a medical student should disclose their status regarding HIV, Hepatitis C or Hepatitis B seropositivity to a faculty member at the University of New Mexico School of Medicine, the information will remain confidential and only essential faculty (the Associate or Assistant Dean of Students and the Director of Wellness) – with the student's permission – will be notified. These faculty will review the student's clinical requirements for the remainder of his / her tenure in medical school, counsel the infected student on appropriate infection control policies to prevent transmission of infection to patients or to other health care workers, and when discussing future career plans with the student, will verify he / she knows about the state's reporting requirements for healthcare providers. See "Policy on Implications of infectious disease on medical student educational activities" (See Appendix 12.8-2 HIV Policy – PRELIM.doc) in supplemental documents.

b. Describe when and in what way(s) the school's own medical students and visiting medical students are informed of the medical school's policies and procedures related to exposure to infectious and environmental hazards at all instructional sites.

At orientation, our students are given a laminated card to attach to their badge lanyard which describes procedures for care after an exposure based on clinical site and time of day. Our visiting students are given this card as well as contact information and links to websites with additional information. Students complete OSHA and blood-borne pathogens on-line modules at matriculation and annually; they also have a large group lecture on infection prevention immediately before starting their clinical clerkships. They are given information on how to prevent blood and body fluid exposures, as well as who to contact after an exposure based on time of day and location of clinical experience.

c. Briefly summarize any protocols that must be followed by medical students regarding exposure to contaminated body fluids, infectious disease screening and follow-up, hepatitis-B vaccination, and HIV testing. Describe when and how students, including visiting students, learn about the procedures to be followed in the event of exposure to blood-borne or air-borne pathogens (e.g., a needle-stick injury).

The link to the "post-exposure protocol" is included on the laminated card: http://shac.unm.edu/bbp.htm. It includes an algorithm that describes the protocol after a blood or body fluid exposure. The protocol for Blood & Body Fluid Exposure is as follows:

When an exposure occurs:

1. Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. There is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated. Use of caustic agents, e.g., bleach, is not recommended.
2. Medical Evaluation: It is very important that medical evaluation take place immediately because treatment decisions must be made within two hours of exposure. HIV prophylaxis for high-risk exposure appears most effective if started within 2–4 hours. It is also extremely important to evaluate the donor's risk status immediately.
3. Medical Evaluation Facilities: The student should report IMMEDIATELY to UNM Student Health & Counseling (SHAC). [SHAC Hours: 8 am to 5 pm, Mon. through Thurs. Friday, 9:00 am to 5:00 pm.] Hours are subject to change; check website (shac.unm.edu) for updates.
   On Tuesdays, SHAC is closed from 8 to 9 am.
   Outside of these hours, the student should go IMMEDIATELY to the nearest emergency room associated with the clinic or office where the incident occurred for the initial evaluation. Follow-up can be done at SHAC. (Do not go to UNM Employee Occupational Health unless you are a student employee and the exposure occurred as a result of your employment.)

The student should notify his/her supervisor immediately. The supervisor and student should fill out a UNM Notice of Incident form http://policy.unm.edu/common/documents/6150-exhibit-d.pdf. This form should go with the student to his/her evaluation for treatment.
Note: If the incident occurs at the VAMC, the VA Employee Health Clinic will do the initial evaluation.

4. Insurance: The insurance identification card should be shown when a medical evaluation is needed. For information, contact UNM Safety& Risk Services at 505-277-2753. Web: https://srs.unm.edu/.
5. Laboratory Testing/Treatment:
   To determine whether treatment of the student is necessary, blood must be drawn from the patient/donor to evaluate Hepatitis B, C, and HIV status. Call the Infection Control Nurse or Nursing Supervisor to order these tests on the patient/donor. The Infection Control Nurse (7 am to 4 pm) or Nurse Supervisor (after hours) should review the medical record, question the patient/donor about risk factors, and obtain the patient's/donor's consent to do the tests necessary to evaluate their health status. If the exposure occurs in an outpatient setting (and these tests cannot be done), send the patient/donor to Student Health & Counseling (SHAC) with the exposed student for evaluation.
6. For more information on testing and treatment decisions or protocols:
   - UNMH Epidemiology: 505-272-9722 (phone) or 505-380-3000 (pager)
   - PALS line, Infectious Disease physician on call: (505) 272-2000 or 1-888-UNM-PALS (1-888-866-7257)
   - Student Health & Counseling (SHAC): (505) 277-3136 (Mon. through Fri., 8 am to 5 pm
   - Student Health & Counseling (SHAC) Web Page: http://shac.unm.edu/medical-services/blood-body-fluid-exposure.html.

Please note: SHAC does a limited amount of education about methods of prevention when the students records are checked or when a student is seen for a needle-stick. Any restrictions on educational activities would not be handled by SHAC. Protocols regarding exposure to contaminated body fluids are posted on the Student Health and Counseling web site. Follow-up labs are required six months after exposure. Hepatitis B vaccination is described in 12.7 a, above and included in the supporting documents. We have no requirement for HIV testing other than that for post-exposure evaluation.

d. Describe when in the course of their education medical students learn how to prevent exposure to infectious diseases, especially from contaminated body fluids.

Before beginning patient care (Continuity Clinic) in the second semester of the first year and annually after that, students complete mandatory training in prevention of blood and body fluid exposure and related protocols (OSHA Training). Information regarding the procedures to follow in the event of a needle-stick or other exposure is contained in the student handbook, the Student Health and Counseling website, and each student is given a laminated card (outlining the procedure) at medical school orientation to be carried with them while on duty.

e. Provide data on the percentage of medical students who report being familiar with the protocol following exposure to infectious and environmental hazards. For programs with regional campuses, provide data by campus.

Data from the ISA report indicate the following percentage of students are responding that they are familiar with the protocal:

Class of 2018: 82.9%
Class of 2019: 73.2%
Class of 2020: 67.9%

f. Provide data from the Independent Student Analysis on student satisfaction with the adequacy of education about prevention and exposure to infectious and environmental hazards.

Percentage of student satisfaction who were *satisfied/very satisfied* (aggregated)
Class of 2017: 84.2%
Class of 2018: 82.4%
Class of 2019: 74.0%
Class of 2020: 80.0%

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 12.8

1. Relevant policies on medical student exposure to infectious and environmental hazards.

See Appendix 12.8-1 Preventing Spread Disease.pdf
See Appendix 12.8-1 Exposure UNMH_UNM.pdf
See Appendix 12.8-1 Exposure VAMC.pdf
See Appendix 12.8-1 Med Care for Exposures.pdf

2. Policies related to the implications of infectious and/or environmental disease or disability on medical student educational activities.

See Appendix 12.8-2 HIV Policy – PRELIM.doc

GLOSSARY OF TERMS FOR LCME ACCREDITATION STANDARDS AND ELEMENTS

Adequate types and numbers of patients (e.g., acuity, case mix, age, gender): Medical student access, in both ambulatory and inpatient settings, to a sufficient mix of patients with a range of severity of illness and diagnoses, ages, and both genders to meet medical educational program objectives and the learning objectives of specific courses, modules, and clerkships. (Element 5.5)

Admission requirements: A comprehensive listing of both objective and subjective criteria used for screening, selection, and admission of applicants to a medical education program. (Standard 10)

Admission with advanced standing: The acceptance by a medical school and enrollment in the medical curriculum of an applicant (e.g., a doctoral student), typically as a second or third-year medical student, when that applicant had not previously been enrolled in a medical education program. (Element 10.7)

Any related enterprises: Any additional medical school-sponsored activities or entities. (Element 1.2)

Assessment: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a medical student has acquired the competencies (e.g., knowledge, skills, behaviors, and attitudes) that the profession and the public expect of a physician. (Element 1.4)

Benefits of diversity: In a medical education program, the facts that having medical students and faculty members from a variety of socioeconomic backgrounds, racial and ethnic groups, and other life experiences can 1) enhance the quality and content of interactions and discussions for all students throughout the preclinical and clinical curricula and 2) result in the preparation of a physician workforce that is more culturally aware and competent and better prepared to improve access to healthcare and address current and future health care disparities. (Standard 3)

Central [or centralized] monitoring: Tracking by institutional (e.g., decanal) level offices and/or committees (e.g., the curriculum committee) of desired and expected learning outcomes by students and their completion of required learning experiences. (Element 8.6)

Clinical affiliates: Those institutions providing ambulatory and/or inpatient medical care that have formal agreements with a medical school to provide clinical experiences for the education of its medical students. (Element 1.4)

Clinical and translational research: The conduct of medical studies involving human subjects, the data from which are intended to facilitate the translation and application of the studies' findings to medical practice in order to enhance the prevention, diagnosis, and treatment of medical conditions. (Element 7.3)

Community service: Services designed to improve the quality of life for community residents or to solve particular problems related to their needs. Community service opportunities provided by the medical school complement and reinforce the medical student's educational program. (Element 6.6)

Comparable educational experiences: Learning experiences that are sufficiently similar so as to ensure that medical students are achieving the same learning objectives at all educational sites at which those experiences occur. (Element 8.7)

Competency: Statements of defined skills or behavioral outcomes (i.e., that a physician should be able to do) in areas including, but not limited to, patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and ethics, and systems-based practice for which a medical student is required to demonstrate mastery prior to completion of his or her medical education program and receipt of the MD degree. (Element 8.7)

Core curriculum: The required components of a medical curriculum, including all required courses/modules and clinical clerkships/rotations. (Element 7.9)

Clinical reasoning: The integration, organization, and interpretation of information gathered as a part of medical problem-solving. (Elements 7.4 and 9.4)

Coherent and coordinated curriculum: The design of a complete medical education program, including its content and modes of presentation, to achieve its overall educational objectives. Coherence and coordination include the following characteristics: 1) the logical sequencing of curricular segments, 2) coordinated and integrated content within and across academic periods of study (i.e., horizontal and vertical integration), and 3) methods of instruction and student assessment appropriate to the achievement of the program's educational objectives. (Element 8.1)

Critical judgment/critical thinking: The consideration, evaluation, and organization of evidence derived from appropriate sources and related rationales during the process of decision-making. The demonstration of critical thinking requires the following steps: 1) the collection of relevant evidence, 2) the evaluation of that evidence, 3) the organization of that evidence, 4) the presentation of appropriate evidence to support any conclusions, and 5) the coherent, logical, and organized presentation of any response. (Elements 7.4 and 9.4)

Curriculum management: Involves the following activities: leading, directing, coordinating, controlling, planning, evaluating, and reporting. An effective system of curriculum management exhibits the following characteristics: 1) evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment as a frame of reference, 2) monitoring of content and workload in each discipline, including the identification of omissions and unplanned redundancies, and 3) review of the stated objectives of each individual curricular component and of methods of instruction and student assessment to ensure their linkage to and congruence with programmatic educational objectives. (Element 8.1)

Direct educational expenses: The following educational expenses of an enrolled medical student: tuition, mandatory fees, books and supplies, and a computer, if one is required by the medical school. (Element 12.1)

Direct faculty participation in decision-making: Faculty involvement in institutional governance wherein faculty input to decisions is made by the faculty members themselves or by representatives chosen by faculty members (e.g., versus appointed by administrators). (Element 1.3)

Diverse sources [of financial revenues]: Multiple sources of predictable revenues that include, but are not unduly dependent upon any one of, the following: tuition, gifts, clinical revenue, governmental support, research grants, endowment, etc. (Element 5.1)

Effective: Supported by evidence that the policy, practice, and/or process has produced the intended or expected result(s). (Standard 1)

Eligibility requirements…for initial and continuing accreditation: Receipt and maintenance of authority to grant the MD degree from the appropriate governmental agency and initial and continuing accreditation by one of the six regional accrediting bodies. (Element 1.6)

Equivalent methods of assessment: The use of methods of medical student assessment that are as close to identical as possible across all educational sites at which core curricular activities take place. (Element 8.7)

Evaluation: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a program is fulfilling its mission(s) and achieving its goal(s). (Element 3.3)

Fair and formal process for taking any action that may affect the status of a medical student: The use of policies and procedures by any institutional body (e.g., student promotions committee) with responsibility for making

decisions about the academic progress, continued enrollment, and/or graduation of a medical student that ensure: 1) that the student will be assessed by individuals who have not previously formed an opinion of the student's abilities, professionalism, and/or suitability to become a physician and 2) that the student has received timely notice of the proceedings, information about the purpose of the proceedings, and any evidence to be presented at the proceedings; his or her right to participate in and provide information or otherwise respond to participants in the proceedings; and any opportunity to appeal any adverse decision resulting from the proceedings. (Element 9.9)

Fair and timely summative assessment: A criterion-based determination, made as soon as possible after the conclusion of a curricular component (e.g., course/module, clinical clerkship/rotation) by individuals familiar with a medical student's performance, regarding the extent to which he or she has achieved the learning objective(s) for that component such that the student can use the information provided to improve future performance in the medical curriculum. (Element 9.8)

Final responsibility for accepting students rests with a formally constituted admission committee: Ensuring that the sole basis for selecting applicants for admission to the medical education program are the decisions made by the faculty committee charged with medical student selection in accordance with appropriately approved selection criteria. (Element 10.2)

Formative feedback: Information communicated to a medical student in a timely manner that is intended to modify the student's thinking or behavior in order to improve his or her subsequent learning and performance in the medical curriculum. (Element 9.7)

Functionally integrated: Coordination of the various components of the medical school and medical education program by means of policies, procedures, and practices that define and inform the relationships among them. (Element 2.6)

Health care disparities: Differences between groups of people, based on a variety of factors including, but not limited to, race, ethnicity, residential location, sex, age, and socioeconomic, educational, and disability status, that affect their access to health care, the quality of the health care they receive, and the outcomes of their medical conditions. (Element 7.6)

Independent study: Opportunities either for medical student-directed learning in one or more components of the core medical curriculum, based on structured learning objectives to be achieved by students with minimal faculty supervision, or for student-directed learning on elective topics of specific interest to the student. (Element 6.3)

Integrated institutional responsibility: Oversight by an appropriate central institutional body (commonly a curriculum committee) of the medical education program as a whole. An effective central curriculum authority exhibits the following characteristics: 1) participation by faculty, students, and administrators, 2) the availability of expertise in curricular design and methods of instruction, student assessment, and program evaluation, and 3) empowerment, through bylaws or decanal mandate, to work in the best interests of the medical education program without regard for parochial or political influences or departmental pressures. (Element 8.1)

Learning objectives: A statement of the specific, observable, and measurable expected outcomes (i.e., what the medical students will be able to do) of each specific component (e.g., course, module, clinical clerkship, rotation) of a medical education program that defines the content of the component and the assessment methodology and that is linked back to one or more of the medical education program objectives. (Element 6.1)

Major location for required clinical learning experiences: A clinical affiliate of the medical school that is the site of one or more required clinical experiences for its medical students. (Element 5.6)

Medical education program objectives: Broad statements, in measurable terms, of the knowledge, skills, behaviors, and attitudes (typically linked to a statement of expected competencies) that a medical student is expected to exhibit

as evidence of his or her achievement of all programmatic requirements by the time of medical education program completion. (Standard 6 and Element 6.1)

Medical education track: A parallel program of study for a subset of the medical student body that requires participating students to complete specific programmatic learning objectives (e.g., in research, primary care, leadership) in addition to the medical educational program objectives required of all medical students. (Element 5.12)

Medical problem-solving: The initial generation of hypotheses that influence the subsequent gathering of information. (Elements 7.4 and 9.4)

Mission-appropriate diversity: The inclusion, in a medical education program's student body and among its faculty and staff and based on the program's mission, goals, and policies, of persons from different racial, ethnic, economic, and/or social backgrounds and with differing life experiences to enhance the educational environment for all medical students. (Element 3.3)

Narrative assessment: Written comments from faculty that assess student performance and achievement in meeting the objectives of a course or clerkship. (Element 9.5)

National norms of accomplishment: Those data sources that would permit comparison of relevant medical school-specific medical student performance data to national data for all medical schools and medical students (e.g., USMLE scores, AAMC GQ data, specialty certification rates). (Element 8.4)

Need to know: The requirement that information in a medical student's educational record be provided only to those members of the medical school's faculty or administration who have a legitimate reason to access that information in order to fulfill the responsibilities of their faculty or administrative position.
(Element 11.5)

Outcome-based terms: Descriptions of observable and measurable desired and expected outcomes of learning experiences in a medical curriculum (e.g., knowledge, skills, attitudes, and behavior). (Element 6.1)

Primacy of the medical education program's authority over academic affairs and the education/assessment of medical students: The affirmation and acknowledgement that all decisions regarding the creation and implementation of educational policy and the teaching and assessment of medical students are, first and foremost, the prerogative of the medical education program. (Element 1.4)

Principal academic officer at each campus is administratively responsible to the dean: The administrator identified by the dean or the dean's designee (e.g., associate or assistant dean, site director) as having primary responsibility for implementation and evaluation of the components of the medical education program that occur at that campus. (Element 2.5)

Program objectives: See definition for Medical education program objectives above.

Publishes: Communicates in hard-copy and/or on-line in a manner that is easily available to and accessible by the public. (Standard 10)

Regional accrediting body: The six bodies recognized by the US Department of Education that accredit institutions of higher education located in their regions of the US: 1) Higher Learning Commission, 2) Middle States Commission on Higher Education, 3) New England Association of Schools and Colleges Commission on Institutions of Higher Education, 4) Northwest Commission on Colleges and Universities, 5) Southern Association of Colleges and Schools Commission on Colleges, and 6) Western Association of Schools and Colleges Senior Colleges and University Commission. (Element 1.6)

Regional campus: A medical school with a regional campus is a school that has two or more campuses, with each campus offering one or more complete years of the medical education program. (Element 2.5)

Regularly scheduled and timely feedback: Information communicated periodically and sufficiently often (based on institutional policy, procedure, or practice) to a faculty member to ensure that the faculty member is aware of the extent to which he or she is (or is not) meeting institutional expectations regarding future promotion and/or tenure. (Element 4.4)

Self-directed learning: Includes medical students' self-assessment of their learning needs; their independent identification, analysis, and synthesis of relevant information; and their appraisal of the credibility of information sources. (Element 6.3)

Senior administrative staff: People in academic leadership roles, to include but not limited to, associate/assistant deans, directors, academic department chairs, and people who oversee the operation of affiliated clinical facilities and other educational sites. Many, if not most, of these people also have faculty appointments, and for tracking purposes should only be counted in one category when completing tables such as those listed in the DCI under Element 3.3. (Standard 2 and Elements 2.1, 2.4, and 3.3)

Service-learning: Educational experiences that involve: 1) medical students' service to the community in activities that respond to community-identified concerns, 2) student preparation, and 3) student reflection on the relationships among their participation in the activity, their medical school curriculum, and their roles as citizens and medical professionals. (Element 6.6)

Single standard for the promotion and graduation of medical students across all locations: The academic and non-academic criteria and levels of performance defined by a medical education program and published in programmatic policies that must be met by all medical students on all medical school campuses at the conclusion of each academic year for promotion to the next academic year and at the conclusion of the medical education program for receipt of the MD degree and graduation. (Element 9.9)

Standards of achievement: Criteria by which to measure a medical student's attainment of relevant learning objectives and that contribute to a summative grade. (Element 9.6)

Technical standards for admission, retention, and graduation of medical students with disabilities: A statement by a medical school of the: 1) essential academic and non-academic abilities, attributes, and characteristics in the areas of intellectual-conceptual, integrative, and quantitative abilities; 2) observational skills; 3) physical abilities; 4) motor functioning; 5) emotional stability; 6) behavioral and social skills; and 7) ethics and professionalism that a medical school applicant or enrolled medical student must possess or be able to acquire, with or without reasonable accommodation, in order to be admitted to, be retained in, and graduate from that school's medical educational program. (Element 10.5)

Transfer: The permanent withdrawal by a medical student from one medical school followed by his or her enrollment (typically in the second or third year of the medical curriculum) in another medical school. (Element 5.10)

Visiting students: Students enrolled at one medical school who participate in clinical (typically elective) learning experiences for a grade sponsored by another medical school without transferring their enrollment from one school to the other. (Element 5.10)

ABBREVIATIONS AND ACRONYMS

A&L	Assessment and Learning
BATCAVE	Basic Advanced Trauma Computer-Assisted Virtual Experience (Laboratory)
BBRP	Bill and Barbra Richardson Pavilion
BREP	Biomedical Research Education Program
BSGP	Biomedical Sciences Graduate Program
CAPE	Committee for the Advancement of Professionalism and Ethics
CC	Curriculum Committee
CMBD	Cellular & Molecular Basis of Disease
CoS	Community of Scholars
CSPE	Committee on Student Promotion and Evaluation
CTL	Center for Teaching and Learning
DOM	Domenici
EBM	Evidence-based medicine
HRSA	Health Resources and Services Administration
HSC	Health Sciences Center
HSLIC	Health Sciences Library and Informatics Center
MES	Medical Education Scholars
MSCR	Master of Science in Clinical Research
OARS	Office of Academic Resources and Support
OCME	Office of Continuing Medical Education
OFACD	Office of Faculty Affairs and Career Development
OILS	Organization, Information and Learning Sciences
OMED	Office for Medical Educator Development
OSCE	Objective Structured Clinical Examination
PCC	Primary Care Curriculum
PEAR	Office of Program Evaluation, Education and Research
Phase I	Pre-clinical curriculum lasting 18 months
Phase II	Required clinical clerkships, year 3
Phase III	Year 4 electives and selectives
PIC	Professionalism Improvement Committee
PIE	Practical Immersion Experience
PrEP	Premedical Enrichment Program
RHFH	Reginald Heber Fitz Hall

SHAC	Student Health and Counseling
SOM	School of Medicine
SRMC	Sandoval Regional Medical Center
UNM	University of New Mexico
UNMH	University of New Mexico Hospital
UNMMG	University of New Mexico Medical Group
URM	Under-Represented Minority
VAMC	Albuquerque Veterans Affairs Medical Center

Doctoring Curriculum

Doctoring 1 (Laying the Foundation for Clinical Practice) - Fall Semester of 1st Year

Doctoring 2 (Stepping into Roles & Exploring Perspectives) - Spring Semester of 1st Year

Doctoring 3 (Practical Immersion Experience) – Summer After 1st Year

Doctoring 4 (Equipping Your Professional Tool Box) – Fall of 2nd Year

Doctoring 5 (Transitioning into Clerkships) – Spring of 2nd Year

Doctoring 6A & B (Honing Your Skills and Cultivating Resilience Clinical Practice) - Phase 2, 3rd Year