



TTU HSC

FOCUSED REPORT

FEBRUARY 2019



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Institutional Information for Reviewers

Texas Tech University Health Sciences Center

(1) HISTORY AND CHARACTERISTICS

With a growing shortage of physicians in West Texas, the 61st state legislature authorized the Texas Tech University School of Medicine in 1969. The school charter was expanded a decade later to the Texas Tech University Health Sciences Center (TTUHSC), and the institution began preparing future healthcare professionals in multiple disciplines. As of February 4, 2019, TTUHSC offers undergraduate, graduate, and professional academic programs in five schools: (1) Graduate School of Biomedical Sciences, (2) School of Health Professions, (3) School of Medicine, (4) School of Nursing, and (5) School of Pharmacy.

Lubbock, Texas, serves as the administrative base for TTUHSC. The institution has branch campuses in Amarillo, Abilene, Dallas, and Odessa. Off-campus instructional sites are located in Midland and at Covenant Health System in Lubbock. In previous accreditation reports, TTUHSC reported a branch campus in El Paso. However, Texas Tech University Health Sciences Center El Paso was granted independent accreditation through the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) in June 2018.

As a comprehensive health sciences center, TTUHSC's mission is to enrich the lives of others by educating students to become collaborative health care professionals, providing excellent patient care, and advancing knowledge through innovative research. In Fall 2018, TTUHSC enrolled a total of 5,083 students. Because a large percentage of TTUHSC programs are at the graduate and professional levels, the institution has selective admissions standards for many programs. On average, more than 70 percent of all students are females, and about 50 percent are classified as non-White. Finally, of the degrees awarded by TTUHSC from June 1, 2017, through May 31, 2018, more than half were awarded to students enrolled in distance education programs.

With regard to peer institutions, health sciences centers vary greatly in program offerings. Therefore, TTUHSC faculty often identify peers at the academic program level. For the institution as a whole, the most salient peer group includes other health-related institutions in Texas, such as the University of North Texas HSC, University of Texas HSC—Houston, University of Texas HSC—San Antonio, and University of Texas Medical Branch—Galveston. Out-of-state peers may include Louisiana State University Health Sciences Center—New Orleans and University of Oklahoma Health Sciences Center.

(2) LIST OF DEGREES

The following table lists all degrees and certificates currently offered at TTUHSC, including concentrations within those programs. Tracks leading to the same degree are indicated in parentheses. For each credential offered, the number of graduates is provided for the following period: June 1, 2017, through May 31, 2018. Please note that TTUHSC does not offer any credit, non-credit, or pathways for English as a Second Language (ESL) programs.

Table IS-1. Graduates by Degree/Certificate Program (June 1, 2017 – May 31, 2018)

Certificate/Degree Program by School	No. of Graduates
Graduate School of Biomedical Sciences	59
Graduate Certificate in Public Health (Traditional, Online ^a)	2
Master of Public Health (Traditional, Accelerated ^a , Online ^a)	28
Master of Science in Biomedical Sciences	10
• Concentration: Biochemistry, Cellular, and Molecular Biology	0
• Concentration: Graduate Medical Sciences	9
• Concentration: Immunology and Infectious Diseases	0
• Concentration: Molecular Biophysics	0
• Concentration: Translational Neuroscience and Pharmacology	1
Master of Science in Biotechnology ^c	6
Master of Science in Pharmaceutical Sciences	0
Doctor of Philosophy in Biomedical Sciences ^c	9
• Concentration: Biochemistry, Cellular, and Molecular Biology	1
• Concentration: Immunology and Infectious Diseases	2
• Concentration: Molecular Biophysics	3
• Concentration: Translational Neuroscience and Pharmacology	3
Doctor of Philosophy in Pharmaceutical Sciences	4
School of Health Professions	546
Post-Baccalaureate Certificate in Clinical Laboratory Science ^a	17
Bachelor of Science in Clinical Laboratory Science (Traditional, Second Degree ^a)	41
Bachelor of Science in Healthcare Management ^a	39
Bachelor of Science in Speech, Language and Hearing Sciences (Traditional, Second Degree)	70
Graduate Certificates in Healthcare Administration ^a	0
• Healthcare Finance and Economics	0
• Health Informatics and Data Analytics	0
• Health Systems Engineering and Management	0
• Health Systems Policy and Management	0
• Long Term Care Administration	0
Master of Athletic Training	21
Master of Occupational Therapy	49
Master of Physician Assistant Studies	50
Master of Rehabilitation Counseling ^{a,b}	13
Master of Science in Addiction Counseling ^a	0
Master of Science in Clinical Mental Health Counseling ^a	0
Master of Science in Clinical Rehabilitation Counseling ^a	9
Master of Science in Healthcare Administration ^a	53
Master of Science in Molecular Pathology	33

Table IS-1. Graduates by Degree/Certificate Program (June 1, 2017 – May 31, 2018)

Certificate/Degree Program by School	No. of Graduates
Master of Science in Speech-Language Pathology	37
Doctor of Audiology	12
Doctor of Philosophy in Communication Sciences and Disorders ^b	1
Doctor of Philosophy in Rehabilitation Science	0
Doctor of Philosophy in Rehabilitation Sciences ^b	2
Doctor of Physical Therapy (Traditional, Transitional ^a)	87
Doctor of Science in Physical Therapy ^a	12
School of Medicine	174
Doctor of Medicine (Traditional, Family Medicine Accelerated Track)	174
School of Nursing	1,259
Bachelor of Science in Nursing (Traditional, Accelerated ^a , RN to BSN ^a)	1,006
Post-Baccalaureate Certificates ^a	2
• Rural Community Health	1
• Global Health	1
Master of Science in Nursing ^a	193
• Concentration: Advanced Practice Registered Nurse (<i>Adult Gerontology Acute Care NP, Family NP, Pediatric Acute Care NP, Pediatric Primary Care NP, Nurse Midwifery, Psychiatric Mental Health NP</i>)	137
• Concentration: Leadership (<i>Administration, Education, Informatics</i>)	56
Post-Master's Certificates ^a	33
• Pediatric Acute Care Nurse Practitioner	6
• Adult Gerontology Acute Care Nurse Practitioner	11
• Family Nurse Practitioner	10
• Nurse Midwifery	2
• Pediatric Primary Care Nurse Practitioner	4
• Psychiatric Mental Health Nurse Practitioner	0
• Nursing Education	0
• Nursing Informatics	0
Doctor of Nursing Practice ^a	25
• Concentration: Advanced Practice Nursing	9
• Concentration: Executive Leadership	16
• Concentration: BSN to DNP-Family Nurse Practitioner	0
• Concentration: BSN to DNP-Psychiatric Mental Health Nurse Practitioner	0
School of Pharmacy	136
Doctor of Pharmacy ^d	136
TTUHSC	2,174

^a 50 percent or more of credit hours are delivered via distance education.

^b Teach-out in progress

^c Includes MS/MBA, MS/JD, PhD/MBA dual degree programs per SACSCOC definition

^d Includes PharmD/MBA dual degree program per SACSCOC definition

(3) OFF-CAMPUS INSTRUCTIONAL LOCATIONS AND BRANCH CAMPUSES

TTUHSC offers coursework toward its certificate and degree programs through traditional instruction and/or via distance education. Traditional instruction is provided at the main campus in Lubbock, two off-campus instructional sites, and multiple branch campuses.

Off-Campus Instructional Sites for Traditional Programs

TTUHSC has one off-campus instructional site at which 50% or more of credit hours can be obtained through traditional instruction. See *Table IS-2*. TTUHSC also has one off-campus instructional site at which 25-49% credit hours can be obtained through traditional instruction. Refer to *Table IS-3* for additional information.

Table IS-2. TTUHSC Off-Campus Instructional Sites (50% or more)

Name	Physical Address	Date Approved by SACSCOC	Date Implemented by TTUHSC	Program(s)	Status
Off-Campus Instructional Site					
50% or more of credit hours offered at the site					
Midland	3600 N. Garfield Midland, TX 79705	1/2004 ^a	Summer 1999	Master of Physician Assistant Studies	Active

^a The site was included in the initial application for separate accreditation from TTU in August 2003, which was subsequently granted by SACSCOC on January 1, 2004.

Table IS-3. TTUHSC Off-Campus Instructional Sites (25-49%)

Name	Physical Address	Date of Notification to SACSCOC	Date Implemented by TTUHSC	Program(s)	Status
Off-Campus Instructional Site					
25-49% of credit hours offered at the site					
Covenant Health System	3706 20 th Street Lubbock, TX 79410 ^a	11/2015	Fall 2016	Doctor of Medicine	Active

^a Notification of this new site address was sent to SACSCOC on January 4, 2019.

Branch Campuses for Traditional Programs

TTUHSC provides traditional instruction for some degree programs at multiple branch campuses. These are instructional sites located geographically apart and independent from the main campus. TTUHSC has classified these sites as branch campuses because they meet the following criteria to varying degrees: (1) permanent in nature; (2) offer courses in educational programs that lead to a degree, (3) have their own faculty and administrative/supervisory organization, and (4) have their own budgetary and hiring authority. The programs listed in *Table IS-4* are those for which 50% or more credits toward the degree are offered at the branch campus.

Table IS-4. TTUHSC Branch Campuses for Traditional Programs

Name	Physical Address	Date Approved by SACSCOC	Date Implemented by TTUHSC	Program(s)	Status
Branch Campuses					
≥ 50% of credit hours offered at the campus					
Abilene	1718 Pine St. Abilene, TX 79601	9/2007	Fall 2007	BS, Nursing Grad. Cert. in Public Health Master of Public Health MS, Biotechnology Doctor of Pharmacy	Active
Amarillo	1400 S. Coulter St. Amarillo, TX 79106	1/2004 ^a	Fall 1972	MS, Pharm. Sciences PhD, Pharm. Sciences Doctor of Medicine Doctor of Pharmacy Doctor of Physical Therapy	Active
Dallas	5920 Forest Park Rd. Suite 500 Dallas, TX 75235	1/2004 ^a	Fall 1999	Doctor of Pharmacy	Active
Odessa	800 W. 4th St. Odessa, TX 79763	1/2004 ^a	Fall 1994	BS, Nursing Doctor of Medicine Doctor of Physical Therapy	Active

^a The site was included in the initial application for separate accreditation from TTU in August 2003, which was subsequently granted by SACSCOC on January 1, 2004.

(4) DISTANCE AND CORRESPONDENCE EDUCATION

TTUHSC was officially approved to offer distance education on January 1, 2004, when the institution was granted separate SACSCOC accreditation from Texas Tech University. At the time of submission of the initial application in August 2003, distance education programs were offered through the School of Health Professions and School of Nursing.

Currently, TTUHSC does not offer courses or degree programs via correspondence education. TTUHSC continues to offer some degree/certificate programs that can be completed primarily through distance education. *Table IS-5* lists all of the programs in which 50 percent or more of the credit hours are delivered via distance education, including whether the program is taught using synchronous and/or asynchronous technology.

Table IS-5. Distance Education Programs by School and Instructional Method

Degree/Certificate Program	Synchronous	Asynchronous
Graduate School of Biomedical Sciences		
Graduate Certificate in Public Health (Online)	✓	✓
Master of Public Health (Accelerated, Online)	✓	✓
School of Health Professions		
Post-Baccalaureate Certificate in Clinical Laboratory Science	✓	✓
Bachelor of Science in Clinical Laboratory Science (Second Degree)	✓	✓
Bachelor of Science in Healthcare Management		✓
Graduate Certificates in Healthcare Administration		✓
Master of Rehabilitation Counseling ^a	✓	✓
Master of Science in Addiction Counseling	✓	✓
Master of Science in Clinical Mental Health Counseling	✓	✓
Master of Science in Clinical Rehabilitation Counseling	✓	✓
Master of Science in Healthcare Administration		✓
Doctor of Physical Therapy (Transitional)	✓	✓
Doctor of Science in Physical Therapy	✓	✓
School of Nursing		
Bachelor of Science in Nursing (Accelerated)	✓	✓
Bachelor of Science in Nursing (RN to BSN)	✓	✓
Graduate Certificates—All Concentrations	✓	✓
Master of Science in Nursing	✓	✓
Doctor of Nursing Practice	✓	✓

^a *Teach-out in progress*

(5) ACCREDITATION

Table IS-6 identifies all agencies that accredit TTUHSC or its academic programs. For each accreditor, the table provides the date of the last review and anticipated expiration date for the current accreditation period. The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) is the primary accreditor for access to USDOE Title IV funding. No USDOE-recognized agencies have terminated accreditation, and TTUHSC has not withdrawn voluntarily from any of these agencies. Finally, during the two years prior to the submission of this report, no sanctions were applied, and no negative actions were taken by any USDOE-recognized accrediting agency.

Table IS-6. Current TTUHSC Accreditors

Program(s) by School	Accrediting Body	Last Review	Expiration
INSTITUTION			
Texas Tech University Health Sciences Center	Southern Association of Colleges and Schools Commission on Colleges ^a	2009	2019
GRADUATE SCHOOL OF BIOMEDICAL SCIENCES			
Master of Public Health	Council on Education for Public Health ^a	2018	2023
SCHOOL OF HEALTH PROFESSIONS			
Certificate, Clinical Laboratory Science B.S., Clinical Laboratory Science	National Accrediting Agency for Clinical Laboratory Science	2013	2020
Master of Athletic Training	Commission on Accreditation of Athletic Training Education	2009	2018-2019 ^c
Master of Occupational Therapy	Accreditation Council for Occupational Therapy Education ^a	2010	2020-2021
Master of Physician Assistant Studies	Accreditation Review Commission on Education for the Physician Assistant	2016	2023
Master of Rehabilitation Counseling M.S., Clinical Rehabilitation Counseling	Council for Accreditation of Counseling and Related Educational Programs	2015	2023
M.S., Molecular Pathology	National Accrediting Agency for Clinical Laboratory Science	2016	2026
M.S., Speech-Language Pathology Doctor of Audiology	American Speech Language-Hearing Association ^a	2016	2024

Table IS-6. Current TTUHSC Accreditors

Program(s) by School	Accrediting Body	Last Review	Expiration
Doctor of Physical Therapy	Commission on Accreditation in Physical Therapy Education ^a	2008	2018 ^c
SCHOOL OF MEDICINE			
Doctor of Medicine	Liaison Committee on Medical Education ^a	2017	2025
SCHOOL OF NURSING			
B.S., Nursing	Texas Board of Nursing (BON)	Ongoing-Annual Report	Ongoing-Annual Report
M.S., Nursing (Concentration: APRN-Nurse Midwifery)	Accreditation Commission for Midwifery Education (ACME) ^a	2018	2028
School of Nursing ^b	Commission on Collegiate Nursing Education ^a	2015	2025
SCHOOL OF PHARMACY			
Doctor of Pharmacy	Accreditation Council for Pharmacy Education ^a	2014	2020

^a USDOE-recognized accrediting body

^b The Commission on Collegiate Nursing Education (CCNE) accredits the school, not individual programs within the school.

^c Awaiting final report on recent review process

(6) RELATIONSHIP TO THE U.S. DEPARTMENT OF EDUCATION

TTUHSC has not received any limitations, suspensions, or terminations from the U.S. Department of Education in regard to student financial aid or other financial aid programs during the past three years. In addition, TTUHSC is not on reimbursement or any other exceptional status in regard to federal or state financial aid.

5.1

Chief Executive Officer

The institution has a chief executive officer whose primary responsibility is to the institution.

Judgment

Compliance Partial Compliance Non-Compliance Not Applicable

Narrative

Texas Tech University Health Sciences Center (TTUHSC) demonstrated compliance with the current requirement upon submission of the Compliance Certification Report in September 2018. Refer to *Standard 5.1 (Chief Executive Officer)* to view the original narrative. Due to recent leadership changes, however, we are submitting a request for an alternative approach at this time.

Tedd L. Mitchell currently serves as the TTUHSC President. In October 2018, he was also appointed as the Chancellor and Chief Executive Officer of the Texas Tech University System (TTUS). Our SACSCOC Liaison notified Dr. Denise Young of the change via email on October 8, 2018, and submitted an official letter of notification to President Belle Wheelan on December 4, 2018. Dr. Wheelan acknowledged receipt of the notification letter on December 20, 2018. Refer to the [attached letter](#).

Per the SACSCOC Policy Statement for [Core Requirement 5.1: Documenting an Alternative Approach](#), the following information is being submitted for consideration.

(1) and (2): A combined [job description](#) has been developed for the dual appointment as Chancellor and President. The Chancellor's duties are highlighted in yellow, and the President's duties are highlighted in green. The Board of Regents will conduct an annual performance evaluation based on the duties outlined in the job description.

(3): The TTUHSC chief executive officer, or President, has a primary responsibility to the institution. As outlined in Chapters 109, 109A, 110, and Section 51.352 of the Texas Education Code, the Legislature has delegated to the Board of Regents of the Texas Tech University System (TTUS) the power and authority to govern, control, and direct the policies of the System. More specifically, *Texas Education Code §110.01* states, "Texas Tech University Health Sciences Center is a separate institution and not a department, school, or branch of Texas Tech University but is under the direction, management, and control of the Texas Tech University System Board of Regents." Furthermore, "the board of regents has the same powers of governance, control, jurisdiction, and management over the Health Sciences Center as it exercises over the Texas Tech University System and its components" (*Texas Education Code §110.02*).

Chapter 2 of the TTUS Regents' Rules is consistent with the provisions of the Texas Education Code and outlines the responsibilities of the TTUS Chancellor and TTUHSC President under the direction of the board. *Section 02.04.2* of the *Regents' Rules* lists the specific expectations of the President. Key responsibilities are summarized below:

- Develop, administer, and coordinate all operations and programs of the component institution;
- Develop and administer policies relating to students, and where applicable, to the proper management of services to patients;

- Ensure that all facets of the component institution receive instruction in and provide a customer service orientation to its internal and external constituencies;
- Provide for cultural diversity throughout all facets of the institution;
- Ensure that the component institution provides a high quality of educational curriculum and faculty for the benefit of its students;
- Recommend operating budgets and supervise expenditures under approved budgets;
- Nominate all members of the faculty and staff under the jurisdiction of the president, and make recommendations to the board for the award of tenure for faculty members;
- Maintain efficient personnel programs;
- Ensure the proper administration of the financial affairs of the component institution, including the accounting, financial oversight, and financial report preparation functions required;
- Assume initiative in developing long-range and strategic plans for the program of the component institution;
- Work actively to ensure that the component institution acquires the necessary public and private resources for successful achievement of its goals and objectives; engage in fundraising activities that increase the institution's endowment and address the needs of all the institution's schools and colleges in accordance with policies and procedures established by the chancellor and the Regents' Rules;
- Develop and implement plans and policies to ensure that the component institution remains in compliance with any accreditation requirements appropriate to the institution or its programs, including, for the health components and those academic components with student health services, the accreditation of hospitals, clinics, and patient-care facilities;
- Develop and implement programs and policies that promote ethical behavior and ensure compliance with all applicable policies, laws, and rules governing public higher education in Texas, including research and health care to the extent applicable; and
- Develop and implement a contract management handbook that provides consistent contracting policies and practices, contract review procedures, a risk analysis procedure, and a contract review checklist approved by general counsel describing contract execution processes.

TTUHSC OP 01.07, Organization of Texas Tech University Health Sciences Center, further defines the President's authority as follows: "*The President oversees the educational, fiscal, operational and research programs of TTUHSC. The President is charged with developing, implementing, and reviewing academic policies and programs including the education, research, and clinical missions of the Health Sciences Center.*" Through *TTUHSC OP 10.11, Delegation of Authority by the President*, the TTUHSC President also has the responsibility to establish a clear delegation of authority to selected senior administrative officers to facilitate the management of TTUHSC. The updated **TTUHSC organizational chart** illustrates the President's senior administrative team. These individuals are critical in supporting President Mitchell in meeting his responsibilities to TTUHSC.

After he was appointed as Chancellor, President Mitchell asked two of his senior leaders to assume expanded roles across the institution. This included Dr. Steven Berk, who serves as the TTUHSC Executive Vice President and Provost, as well as Dean of the School of Medicine. President Mitchell also named Dr. Lori Rice-Spearman as an Associate Provost for the institution, in addition to her role as Dean of the School of Health Professions. Drs. Berk and Rice-Spearman are charged with working collaboratively with other TTUHSC leaders to advance key institution-wide initiatives.

In summary, the TTUHSC President has clear roles and responsibilities, which are outlined in the Texas Education Code, TTUS Regents' Rules, and HSC policies. In serving as Chancellor and President, he will still be expected to fulfill his responsibilities to TTUHSC. Upon appointment as Chancellor, his offer letter stated that the appointment as Chancellor did not impact his standing employment agreement as TTUHSC President.

Furthermore, in the event that President Mitchell or the Board terminate the appointment as Chancellor, then he would return to serving only as the President under the terms and conditions set forth in the employment agreement in effect at that time. Based on these considerations, President Mitchell has a primary responsibility to TTUHSC and remains committed to advancing the mission of the institution.

(4): Because Mitchell serves as the President of TTUHSC, consideration must be given to serving the interests of the other System institutions and avoiding a conflict of interest. The other TTUS institutions include Texas Tech University, Angelo State University, and Texas Tech University Health Sciences Center at El Paso. In alignment with Texas law, referenced above, *Regents' Rule 02.03.1b* delineates the role of the Chancellor in the appointment, dismissal, or reassignment of the Presidents of the component institutions: "*Each president of a component institution shall be appointed and may be dismissed or reassigned (for good cause or without cause) by the affirmative vote of a majority of the board members in office at that time.*" Thus, while the Chancellor shall provide a recommendation for the board's consideration, the final decision reflects a majority vote. The same is true for any salary decisions or modifications to employment agreements. The Chancellor provides a recommendation, but these decisions must be approved by an affirmative vote by the majority of board members. Finally, *Regents' Rule 02.03.1b* also states: "*Each president of a component institution shall report to and be responsible to the chancellor; but the component institution presidents shall have access to the board, and the board shall have access to the component institution presidents.*" Combined, these rules provide a system of checks and balances to prevent conflicts of interest and ensure appropriate consideration of the interests of all component institutions.

(5): The process for the appointment or dismissal of chief executive officers is referenced in (4) above. To elaborate, when there is a vacancy in the office of the President at an institution, the Chancellor may provide a recommendation for the Board's consideration or be delegated by the Board to appoint a presidential search committee. To avoid potential conflicts of interests, however, the Board may, at its discretion, appoint, charge, and determine the process to be used by a presidential search committee. The search committee submits the recommended candidates to the Board, with a copy to the Chancellor. With a recommendation from the Chancellor, the Board shall determine which candidates, if any, will be interviewed by the Board and Chancellor prior to the Board naming a finalist. If none of the candidates are satisfactory, the Board may either name a new search committee or follow other procedures deemed appropriate. To reiterate, all appointments, dismissals, or reassignments of component institution Presidents will be decided by an affirmative vote of a majority of Board members.

With regard to academic programs, *Regents' Rule 4.09.1* states: "*The board shall approve the establishment, consolidation, restructuring, or deletion of degree programs.*" Refer to the minutes from the **August 2018 Board meeting** to see an example of the approval of a proposed dual degree program for TTU and TTUHSC. Consider another example of the Board's role in such changes. If the Texas Higher Education Coordinating Board (i.e., Coordinating Board) recommends to the Board to consolidate or eliminate any degree or certificate program at a component institution of TTUS, then the President and Provost of the institution, along with the TTUS Vice Chancellor for Academic Affairs, are notified of the recommendation. The Provost and TTUS Vice Chancellor for Academic Affairs review the Coordinating Board recommendation and make a recommendation to the President of the institution. The President's recommendation, with concurrence of the Chancellor, is presented to the Board. The Board determines if any action will be taken on the matter and what response will be submitted to the Coordinating Board.

Another responsibility of the Board is to ensure the regular review of the missions of each of its component institutions. As described in the original response to **Standard 4.2.a (Mission Review)**, the Academic, Clinical, and Student Affairs Committee, a standing committee of the Board of Regents, consider the missions and academic programs of the various schools, colleges, and units within the TTU System. For example, TTUHSC's

current mission statement was most recently reviewed and approved by the Board of Regents in May 2017, as shown in the following [meeting minutes](#).

(6): The preceding narrative offers insights into the administrative structure of the TTU System, including its reporting structure. To summarize, the System is governed, controlled, and directed by a ten-member Board of Regents, who are appointed by the Governor and confirmed by the Legislature. The Board of Regents is guided by the *Regents' Rules and Regulations* and upholds the operating policies of each member institution. The Chancellor serves as the chief executive officer of the TTU System, a position that is appointed by the Board of Regents. The Chancellor leads TTU System policy and has direct oversight of operations at the four universities. An Executive Leadership team guides the TTU System in areas including academic affairs, fundraising, and governmental relations, among many more. Finally, each of the four institutions has a President who is appointed by the Chancellor. Each President is the chief executive officer of that university and is responsible for its strategic operation. The attached [organizational chart](#) presents a visual representation of the reporting structure.

With regard to funding, each component institution is an independent state agency, established by the enabling statutes:

- **Texas Education Code § 109.101**
TEXAS TECH UNIVERSITY. Texas Tech University is a coeducational institution of higher education located in the city of Lubbock.
- **Texas Education Code § 109A.001**
[ANGELO STATE UNIVERSITY] ESTABLISHMENT; SCOPE. (a) Angelo State University is a general academic teaching institution located in the city of San Angelo. (b) The university is a component institution of the Texas Tech University System and is under the management and control of the board of regents of the Texas Tech University System. The board of regents has the same powers and duties concerning Angelo State University as are conferred on the board by statute concerning Texas Tech University and Texas Tech University Health Sciences Center.
- **Texas Education Code § 110.01**
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER; SEPARATE INSTITUTION. Texas Tech University Health Sciences Center is a separate institution and not a department, school, or branch of Texas Tech University but is under the direction, management, and control of the Texas Tech University System Board of Regents. The center is composed of a medical school and other components assigned by law or by the coordinating board.
- **Texas Education Code § 110.31**
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO; SEPARATE INSTITUTION. (a) The Texas Tech University Health Sciences Center at El Paso is a component institution of the Texas Tech University System under the direction, management, and control of the board of regents. (b) The center is not a department, school, or branch of any other institution in the system. The center is composed of a medical school and other components assigned by law or by the board of regents.

Each component institution receives independent allocations from the Texas Legislature under the General Appropriations Act. Each institution is also responsible for developing its own Legislative Appropriations Request and annual operating budget. As stated in the original response to [Standard 13.2 \(Financial Documents\)](#), [Regents' Rule 07.04](#) outlines the budget rules and procedures for the component institutions of the TTU System. As stated in this rule, the Board of Regents is required by law to approve an annual operating

budget in advance of each fiscal year. In accordance with this requirement, the Board approved the FY 2019 budgets at its August 2018 meeting. Refer to the attached [meeting minutes](#).

(7): As discussed throughout this narrative, each institution in the TTU System has considerable autonomy. All are recognized as independent state agencies. Each receives independent allocations from the Texas Legislature and develops an annual operating budget. Furthermore, each component institution has its own President with general authority and responsibility for the administration of the institution. Each President reports to the Chancellor, but the Presidents maintain access to the Board, and vice versa. Ultimately, the TTU System is governed, controlled, and directed by the Board of Regents through appropriate rules and regulations.

SUMMARY

With the appointment of Tedd L. Mitchell as Chancellor of the TTU System in October 2018, TTUHSC requests approval of an alternative approach to the current standard. President Mitchell remains committed to advancing the TTUHSC mission and will be held accountable for meeting the expectations of his positions as President and Chancellor. Furthermore, President Mitchell's dual appointment is not expected to have an adverse impact on the other System institutions. As described above, the Board's ultimate authority and oversight of the TTU System will enable the interests of each institution to be considered in a systematic and appropriate manner.

6.1

Full-time Faculty

The institution employs an adequate number of full-time faculty members to support the mission and goals of the institution.

Judgment

Compliance Partial Compliance Non-Compliance Not Applicable

Narrative

FINDINGS OF THE OFF-SITE REAFFIRMATION COMMITTEE

"Faculty roles regarding teaching, research and service are described in Texas Regents' rule 04.04.2. Tenure requirements as well as definitions of full-time and part-time faculty roles appear in HSC OP 60.01 Tenure and Promotion Policy for four areas (teaching, research, clinical service and academic/public service). On average, the majority (90%) of courses in the institution are taught by full-time faculty with an average student to full-time faculty ratio of 15:1. Faculty also engage in research, scholarship and clinical activities, based on the mission of each college. Guidelines for probationary period as well as regulations for non-tenure track appointments, non-renewals and dismissal are also in HSC OP 60.01. While the faculty numbers appear adequate, the Off-Site Reaffirmation Committee could not find a description of the process for determining the appropriate number of faculty or percentage of full-time faculty."

RESPONSE TO FINDINGS

The original response to *Standard 6.1 (Full-time Faculty)* provides the percent teaching effort by full-time faculty members, as well as the student to full-time faculty ratios for each TTUHSC school. Approximately 90% of teaching effort at TTUHSC is fulfilled by full-time faculty members. The teaching effort by full-time faculty ranges from 82% in the School of Health Professions to 99% in the Graduate School of Biomedical Sciences. In addition, the ratio of full-time faculty to students is 15:1 at TTUHSC. Ratios range from 8:1 in the Graduate School of Biomedical Sciences and School of Medicine to 23:1 in the School of Health Professions. The purpose of the current response is to describe how TTUHSC determines the appropriate number of faculty or percentage of full-time faculty.

The two primary determinants for the appropriateness of faculty numbers include statutory and program accreditation requirements. All new degree programs must be approved by the Texas Higher Education Coordinating Board (THECB). *Title 19 Texas Administrative Code, §5.45*, describes the criteria for baccalaureate and master's degree programs. With regard to faculty resources, THECB states that "there should be sufficient numbers of qualified faculty dedicated to a new program. This number shall vary depending on the discipline, the nature of the program, and the anticipated number of students; however, there must be at least one full time equivalent (FTE) faculty already in place in order for the program to begin enrolling students." The *Standards for Bachelor's and Master's Degree Programs* (page 3) offers more specific guidance on faculty numbers.

Title 19 Texas Administrative Code, §5.46, describes the criteria for doctoral programs, including the faculty resources needed to initiate a high quality doctoral program. The requirement emphasizes the qualifications of faculty members more than a specific number, but it also indicates that teaching loads in the doctoral program should not exceed two or three courses per term. The *Proposal for a Doctoral Program* (page 10) offers more specific guidance on faculty numbers. At the time of submission of the proposal, the proposed program should currently have at least four FTE core faculty members who have appropriate qualifications. Refer to an excerpt from the *Doctor of Occupational Therapy proposal*, which is currently under review by THECB.

Degree programs are also subject to the program review requirements of *Title 19 Texas Administrative Code, §5.52*. Per these requirements, TTUHSC must conduct formal reviews of all doctoral and stand-alone master's

programs at least once every ten years. As part of this required process, each program review must include at least two external reviewers with subject-matter expertise who are employed by institutions of higher education outside of Texas. Criteria for review include many factors, such as faculty qualifications, number of core faculty, and faculty-to-student ratios. See, for example, the most recent [graduate program review](#) (page 5) for the PhD in Communication Sciences and Disorders. The report includes the self study, report of external review, and response to the external review.

As described above, TTUHSC must abide by the faculty requirements established by THECB for new programs, as well as ongoing review of existing programs. In addition to statutory requirements, TTUHSC must also meet the faculty requirements of specialized accrediting bodies. Refer to the [list of current accreditors](#). These external bodies often have requirements for faculty numbers, full-time faculty, and/or student-to-faculty ratios. For example, the [Council for Accreditation of Counseling and Related Educational Programs](#) (CACREP) accredits the Master of Science in Clinical Rehabilitation Counseling. It requires accredited programs to employ a minimum of 3 full-time core faculty members and to maintain a 12:1 ratio of FTE students to FTE faculty. The program was last accredited by CACREP in 2015, and there were no issues with faculty numbers or ratios. The program will be reviewed again in 2023.

Other program accreditors have less specific expectations related to the sufficiency of faculty. The Liaison Committee on Medical Education, which accredits the Doctor of Medicine, requires a medical school to have in place a sufficient cohort of faculty members with the qualifications and time to deliver the medical curriculum and fulfill the other missions of the institution. Refer to [LCME Standard 4.1](#). During its program accreditation review processes, the School of Medicine must provide adequate information to LCME to justify compliance with this standard. As noted on the list of program accreditors in the preceding paragraph, the TTUHSC Doctor of Medicine was last reviewed in 2017 and is accredited through 2025.

Finally, some TTUHSC schools have specific policies related to faculty numbers and/or ratios. In the School of Nursing, for example, [SON OP 30.760](#) describes the expectations for student-to-faculty ratios in clinical settings. In an acute care setting, for example, the ratio is limited to 1 faculty member for every 10 students. The policy helps to ensure that appropriate supervision is provided for safe practice and sufficient teacher/learner interaction in clinical environments. TTUHSC also addresses the adequacy of faculty in [HSC OP 60.11](#), which outlines the general procedures for initiating, developing, and implementing new degree and certificate programs; implementing significant curricular changes; and terminating or merging existing degree or certificate programs. Compliance with this policy reflects the initial step in implementing program changes at TTUHSC before submission of formal proposals to the THECB.

SUMMARY

Determining the appropriate number of faculty, percentage of full-time faculty, or student-to-faculty ratios in TTUHSC programs is based primarily on statutory and program accreditation requirements. When proposing new programs, TTUHSC must seek approval from the Texas Higher Education Coordinating Board. The THECB evaluates many factors, including faculty resources. Once approval is obtained from the state, individual programs must engage in a program review process every ten years. Faculty resources, such as number of core faculty and student-to-faculty ratios, are part of the review criteria. As a health sciences center, TTUHSC also has many specialized accrediting bodies. All of these bodies review the adequacy of program faculty during their periodic review processes. TTUHSC's accredited programs remain in good standing with all of these bodies. For these reasons, TTUHSC is compliant with the current standard.

6.2.a

Faculty Qualifications

For each of its educational programs, the institution justifies and documents the qualifications of its faculty members.

Judgment

Compliance Partial Compliance Non-Compliance Not Applicable

Narrative

FINDINGS OF THE OFF-SITE REAFFIRMATION COMMITTEE

"The Off-Site Reaffirmation Committee identified some faculty for whom additional information/justification is needed."

RESPONSE TO FINDINGS

In pursuit of the institution's mission, Texas Tech University Health Sciences Center (TTUHSC) seeks to educate students to become collaborative healthcare professionals, provide excellent patient care, and advance knowledge through innovative research. To accomplish this three-part mission, TTUHSC understands the importance of highly qualified faculty. For each of its educational programs, the institution justifies and documents the qualifications of its faculty members. The original response to *Standard 6.2.a (Faculty Qualifications)* includes the entire faculty roster and descriptions of each school's policies and procedures related to faculty.

The off-site committee requested additional information and justification for eighteen (=18) School of Medicine faculty members and sixteen (=16) School of Nursing faculty members. The **School of Medicine** and the **School of Nursing** faculty rosters include the original content provided to the off-site committee, as well as additional information and/or justification in green. A list of **course descriptions** is also provided for reference.

School of Medicine

Many courses for first and second year medical students are team-taught by multiple faculty. In these courses, faculty members are assigned lecture topics relevant to their specialties and areas of expertise. When evaluating qualifications of faculty for these courses, reviewers should refer to the lecture topics listed in column two of the roster report or column 3 of the table below. For instance, Dr. Nancy Beck who is board certified in pediatric endocrinology, leads an independent study session on obesity within the MSCI 6108 Integrated Neurosciences course.

The curricular focus in Year 3 is on patient assessment. Some students remain on the Lubbock campus, while others move to the Lubbock-Covenant Health System or the Amarillo and Odessa campuses. Each student focuses on one clinical discipline at a time and rotates through six eight-week clerkships in internal medicine, surgery, family medicine, obstetrics/gynecology, pediatrics, and psychiatry. In Year 4, students complete a two-week rotation in geriatrics; a two-week selective experience in an ambulatory setting, a four-week selective in critical care, and a four-week sub-internship. The remainder of the fourth year curriculum consists of five months of broadly-based elective experiences.

For third-year clinical clerkships and fourth-year clinical rotations, a director on each campus is assigned to oversee each specialty clerkship or rotation. The **Clerkship Director Job Description** defines the qualifications necessary to serve in such capacity. Year 4 Directors for students participating in clinical rotations operate similarly to Clerkship Directors. Specialty rotations on some branch campuses are delivered by volunteer

community physicians if there is not a department on that campus. In these cases, the process for developing the curriculum and learning objectives is as follows:

- Curricular content and learning objectives are developed by faculty on the campus where the department exists. This is the Lubbock campus for most specialty rotations outside the six core clerkships. These materials are reviewed by the Curriculum and Educational Policy Committee to ensure that they fit with the educational program objectives of the school and are approved if these expectations are met.
- Each campus can then determine whether they have the faculty capacity to offer each rotation. If capacity exists, then the rotation is established for each campus that meets the capacity expectation.
- If the faculty capacity is met entirely by volunteer community physicians, then a faculty-of-record is identified from full-time TTUHSC faculty in the most closely related department on that campus, usually the Year 4 Director from that department. In general, surgical sub-specialties (e.g., Orthopedic Surgery, Otolaryngology) will be assigned to a Year 4 Director from the Department of Surgery, while sub-specialties from rotations more closely related to the field of Internal Medicine (e.g., Dermatology) will be assigned to the Year 4 Director from the Department of Internal Medicine.
- In these cases, the role of the Year 4 Director is to coordinate student assignments to volunteer community physicians in the appropriate area and to ensure that student assessments are completed on-time and submitted to the central assessment office.
- Year 4 Directors on all campuses meet on a monthly basis to review curricular content and to ensure that all rotations meet curricular expectations. Year 4 Directors are indicated in column one of the table below and in the attached rosters.

School of Nursing

The nursing faculty cited by the off-site reviewers had several courses in common, which seemed to generate more questions than others. Below the reader will find a link to each course description and other relevant notes about the course content.

NURS 4322: Scholarship for Evidence-based Practice: Evidence-based practice (EBP) is applicable to all health-related professions and is identified by the Institute of Medicine as a major component in the education of health professionals. EBP is an approach to healthcare where health professionals integrate scientific evidence, clinical practice, and individual patient needs to provide the best care for individual patients and patient populations for achievement of the best outcomes. While EBP is not research, development of EBP guidelines for healthcare practice are developed from systematic reviews and meta-analyses of research studies.

NURS 4345: Healthcare Information Technology: This course introduces undergraduate students to quality improvement strategies which can be supported by healthcare technology with a particular focus on the ethics and privacy issues that can arise from use of the electronic health record. It is important to note that this course is not about computers nor computer system design.

NURS 4346: Community and Public Health Nursing: This course exposes undergraduate students to the role of the professional nurse in monitoring and supporting health and minimizing disease progression.

One School of Nursing faculty member, Dr. Lynda Billings, was assigned to teach an undergraduate nursing course in error in Spring 2018. Measures have been taken to prevent a mistake like this in the future. **SON OP 10.090: Faculty Course Assignment** has been implemented with a new procedure requiring check-points for faculty course assignments. Specifically, those with non-nursing graduate degrees will be flagged within the electronic database.

Identified Faculty Members for Additional Information/Justification

Additional information about each of the thirty-four (=34) faculty members can be found in the tables below. The first column of each table includes a link to each individual's original roster components with new information indicated in green. This is the same information given in the school rosters provided earlier in the narrative. The tables also include links to each faculty member's curriculum vitae and relevant course syllabi, if applicable. These supplemental materials may be helpful in determining a faculty member's qualifications to teach a particular course.

Table 6.2.a-1: School of Medicine Faculty Qualifications

School of Medicine		
Department of Pediatrics Faculty	Curricula Vitae	Course Syllabi
Nancy Beck	Nancy Beck CV	<p>MSCI 6108: Integrated Neurosciences (Fall 2017) - Lecture Topic: Obesity (Independent Study Session)</p> <p>MSCI 6104: System Disorders II and Life Span Issues (Spring 2018) - Lecture Topic: Calcium Pharmacology (Concept Session) - Lecture Topic: Vitamin & Mineral Pharmacology in Herbal Medicine (Concept Session)</p>
Daina Dreimane	Daina Dreimane CV	<p>MSCI 5103: Structure and Function of Major Organ Systems (Spring 2018) - Lecture Topic: Diabetes Mellitus</p> <p>MSCI 6104: System Disorders II and Life Span Issues (Spring 2018) - Lecture Topic: Genetic Diseases (Concept Session)</p>
<p>Lara Johnson</p> <p>Year 4 Director: Radiology - TTUHSC Lubbock Pediatrics - TTUHSC Lubbock and TTUHSC Covenant</p>	Lara Johnson CV	<p>MPED 8417: Genetics Elective (Fall 2017 and Spring 2018)</p> <p>MRAD 8401: Radiology Elective (Fall 2017 and Spring 2018)</p>
<p>Mubariz Naqvi</p> <p>Year 4 Director:</p>	Mubariz Naqvi CV	MPED 8412: Pharmacology and Therapeutics Elective (Fall 2017 and Spring 2018)

Pediatrics - TTUHSC Amarillo		
Marcela Nur	Marcela Nur CV	MSCI 6108: Integrated Neurosciences (Fall 2017) - Lecture Topic: Childhood and Adolescents
Patti Patterson	Patti Patterson CV	MSCI 6108: Integrated Neurosciences (Fall 2017) - Lecture Topic: Child Abuse
Department of Pharmacology and Neuroscience Faculty	Curricula Vitae	Course Syllabi
John Lawrence	John Lawrence CV	GSBS 5372: Core II: Cells (Fall 2017) - Lecture Topic: Excitability - Lecture Topic: Neurotransmission and Plasticity
Ali Roghani	Ali Roghani CV	Dr. Roghani was included in the original Faculty Roster in error. He did not teach at TTUHSC in Fall 2017 or Spring 2018.
Department of Psychiatry Faculty	Curricula Vitae	Course Syllabi
Marina Chavez	Marina Chavez CV	MPSY 8409: Substance Use Disorder Treatment Elective (Fall 2017 and Spring 2018)
Thomas McGovern	Thomas McGovern CV	MSCI 5106: Patients, Physicians and Populations/Development of Clinical Skills (Fall 2017) - Lecture Topic: Q&A with the Dean: Anatomy of a Kidnapping MSCI 5106: Patients, Physicians and Populations/Development of Clinical Skills (Spring 2018) - Lecture Topic: Q&A with the Dean: Anatomy of a Kidnapping
Department of Surgery Faculty	Curricula Vitae	Course Syllabi

<p>Laith Al-Balbissi</p> <p><u>Year 4 Director:</u> Surgery - TTUHSC Amarillo</p>	<p>Laith Al-Balbissi CV</p>	<p>MSUR 8409: Female Breast Disease and Treatment (Fall 2017 and Spring 2018)</p>
<p>Valerie Bauer</p> <p><u>Year 4 Director:</u> Anesthesiology, Ophthalmology, Orthopedic Surgery, Radiology, and Surgery - TTUHSC Permian Basin</p>	<p>Valerie Bauer CV</p>	<p>MANE 8401: Anesthesiology Elective (Fall 2017 and Spring 2018) MOPH 8401: Ophthalmology Elective (Fall 2017 and Spring 2018) MRAD 8401: Radiology Elective (Fall 2017 and Spring 2018) MSUR 8201: Cardiovascular Surgery (Fall 2017 and Spring 2018) MSUR 8401: Otolaryngology/Head/Neck Surgery Elective (Fall 2017 and Spring 2018) MSUR 8403: Plastic Surgery Elective (Fall 2017 and Spring 2018) MSUR 8407: Neurosurgery Elective (Fall 2017 and Spring 2018)</p>
<p>Sharmila Dissanaik</p>	<p>Sharmila Dissanaik CV</p>	<p>MSCI 5104: General Principles and Infectious Diseases (Spring 2018) - <i>Lecture Topic: Necrotizing Infections (Clinical Correlation)</i></p>
<p>Allan Haynes, III</p> <p><u>Year 3 Clerkship Director:</u> Surgery - TTUHSC Covenant</p> <p><u>Year 4 Director:</u> Anesthesiology, Surgery, and Orthopedic Surgery - TTUHSC Covenant</p>	<p>Allan Haynes, III CV</p>	<p>MANE 8401: Anesthesiology Elective (Fall 2017 and Spring 2018) MORS 8401: Orthopedic Surgery Elective (Fall 2017 and Spring 2018) MORS 8402: Physical Medicine/Rehabilitation Elective (Fall 2017 and Spring 2018) MSUR 7101: Surgery Clerkship (Fall 2017 and Spring 2018) MSUR 8202: Emergency Medicine Elective (Fall 2017 and Spring 2018)</p>

		<p>MSUR 8401: Otolaryngology/Head/Neck Surgery Elective (Fall 2017 and Spring 2018)</p> <p>MSUR 8402: Pediatric Surgery Elective (Fall 2017 and Spring 2018)</p> <p>MSUR 8403: Plastic Surgery Elective (Fall 2017 and Spring 2018)</p> <p>MSUR 8407: Neurosurgery Elective (Fall 2017 and Spring 2018)</p> <p>MSUR 8416: Cardiothoracic Surgery Elective (Fall 2017 and Spring 2018)</p>
<p>Darren Peterson</p> <p><u>Year 4 Director:</u> Anesthesiology, Ophthalmology, Radiology, and Surgery - TTUHSC Amarillo</p>	Darren Peterson CV	<p>MANE 8401: Anesthesiology Elective (Fall 2017 and Spring 2018)</p> <p>MOPH 8401: Ophthalmology Elective (Fall 2017 and Spring 2018)</p> <p>MORS 8401: Orthopedic Surgery Elective (Fall 2017 and Spring 2018)</p> <p>MRAD 8401: Radiology Elective (Fall 2017 and Spring 2018)</p>
<p>Catherine Ronaghan</p> <p><u>Year 4 Director:</u> Surgery - TTUHSC Lubbock</p>	Catherine Ronaghan CV	<p>MSUR 8401: Otolaryngology/Head/Neck Surgery Elective (Fall 2017 and Spring 2018)</p> <p>MSUR 8402: Pediatric Surgery Elective (Fall 2017 and Spring 2018)</p> <p>MSUR 8403: Plastic Surgery Elective (Fall 2017 and Spring 2018)</p> <p>MSUR 8406: Vascular Surgery Elective (Fall 2017 and Spring 2018)</p> <p>MSUR 8407: Neurosurgery Elective (Fall 2017 and Spring 2018)</p>
<p>Caleb Sallee</p> <p><u>Year 4 Director:</u></p>	Caleb Sallee CV	<p>MSUR 8401: Otolaryngology/Head/Neck</p>

Anesthesiology, Surgery, and Orthopedic Surgery - TTUHSC Covenant		Surgery Elective (Fall 2017 and Spring 2018) MSUR 8402: Pediatric Surgery Elective (Fall 2017 and Spring 2018) MSUR 8407: Neurosurgery Elective (Fall 2017 and Spring 2018)
Department of Urology Faculty	Curricula Vitae	Course Syllabi
James Cammack	James Cammack CV	MSCI 6108: Integrated Neurosciences (Fall 2017) - <i>Lecture Topic:</i> <i>Substance-Related Disorders (Co-Taught with Dr. David Trotter, Ph.D. Clinical Psychology)</i>

Table 6.2.a-2: School of Nursing Faculty Qualifications

School of Nursing		
Graduate Faculty	Curricula Vitae	Course Syllabi
Barbara Cherry	Barbara Cherry CV	NURS 6440: Informatics VI: Practicum (Fall 2017)
Julia Kuzin	Julia Kuzin CV	NURS 5500: Pediatric Acute Care I (Fall 2017) NURS 5600: Pediatric Acute Care II (Spring 2018)
Youngja Moore	Youngja Moore CV	NURS 5342: Advanced Health Assessment (Spring 2018) NURS 5561: Adult Gerontology Acute Care II (Spring 2018)
Grace Sun	Grace Sun CV	NURS 5322: Health Informatics for Advanced Nursing Practice (Fall 2017)
Undergraduate Faculty	Curricula Vitae	Course Syllabi
Lynda Billings	Lynda Billings CV	NURS 4343: Foundations of Nursing Knowledge (Spring 2018)
Faculty Replacement: Ronda Mintz-Binder	Faculty Replacement: Ronda Mintz-Binder CV	
Aaron Duebner	Aaron Duebner CV	NURS 4322: Scholarship for Evidence-based Practice (Fall 2017) NURS 4322: Scholarship for Evidence-based Practice (Spring 2018)
Emily Gully	Emily Gully CV	NURS 4345: Healthcare Information Technology (Spring 2018)

		NURS 4346: Community and Public Health Nursing (Spring 2018)
Courtne Moore	Courtne Moore CV	NURS 3212: Integrated Nursing Learning (Fall 2017) NURS 3212: Integrated Nursing Learning (Spring 2018) NURS 3502: Mental and Behavioral Health Nursing Lab (Fall 2017) NURS 3502: Mental and Behavioral Health Nursing Lab (Spring 2018) NURS 3512: Complex Concepts of Nursing Care I (Fall 2017) NURS 3512: Complex Concepts of Nursing Care I (Spring 2018)
Heather Morris	Heather Morris CV	NURS 4345: Healthcare Information Technology (Fall 2017)
Kelly Moseley	Kelly Moseley CV	NURS 4345: Healthcare Information Technology (Spring 2018)
Mary Mwaura	Mary Mwaura CV	NURS 4322: Scholarship for Evidence-based Practice (Fall 2017) NURS 4322: Scholarship for Evidence-based Practice (Spring 2018)
Belen Ramirez	Belen Ramirez CV	NURS 4322: Scholarship for Evidence-based Practice (Fall 2017) NURS 4322: Scholarship for Evidence-based Practice (Spring 2018)
Debra Schmidt	Debra Schmidt CV	NURS 4346: Community and Public Health Nursing (Spring 2018)
Deborah Sikes	Deborah Sikes CV	NURS 4317: Community and Population Health Nursing (Fall 2017)
Charlotte Silvers	Charlotte Silvers CV	NURS 4345: Healthcare Information Technology (Fall 2017) NURS 4345: Healthcare Information Technology (Spring 2018)
Christi Weems	Christi Weems CV	NURS 4322: Scholarship for Evidence-based Practice (Fall 2017) NURS 4322: Scholarship for Evidence-based Practice (Spring 2018)

SUMMARY

Upon review of the qualifications of its faculty, TTUHSC has determined that the institution is in compliance with the current standard. For each of its educational programs, the institution justifies and documents the qualifications of its faculty members, as evidenced by the information provided.

6.2.b

Program Faculty

For each of its educational programs, the institution employs a sufficient number of full-time faculty members to ensure curriculum and program quality, integrity, and review.

Judgment

Compliance Partial Compliance Non-Compliance Not Applicable

Narrative

FINDINGS OF THE OFF-SITE REAFFIRMATION COMMITTEE

"Courses in each degree program are taught by more than 50% full-time faculty. The one exception, MS in Healthcare Administration, initially had 46% full-time faculty due to three full-time faculty vacancies. To compensate for their vacancies, several adjuncts with pertinent professional experience, a department chair hired at the associate professor level, and two full-time assistant faculty, one who serves as the assistant program director, were hired by December 2017.

Despite these updates, the institution does not appear to have mechanisms in place to determine the number of full-time faculty needed in a program and does not provide much as to how other "faculty functions" are delivered. There also is not a clear articulation as to how mission expectations specific to a particular school affect faculty workload and expectations. The role of part-time faculty in these processes is lacking."

RESPONSE TO FINDINGS

Other Faculty Functions

The original response for *Standard 6.2.b (Program Faculty)* is provided for reference. As noted in that narrative, TTUHSC employed approximately 741 full-time faculty members across all schools, programs, and campuses. All TTUHSC programs are taught by a majority (>50%) of full-time faculty members. Two exceptions were noted. Student to full-time faculty ratios ranged from a low of 3:1 in the Doctor of Philosophy in Communication Sciences and Disorders program on the Lubbock campus to a maximum of 52:1 in the Bachelor of Science in Speech, Language and Hearing Sciences program on the Lubbock campus. There were no concerning differences in these ratios by campus or method of instruction.

Full-time faculty members devote approximately 47% of their time to instructional activities, which TTUHSC defined as direct instruction; student advising; curriculum design, development, and evaluation; and identification and assessment of appropriate student learning outcomes. Based on our understanding of the comment, the following comprise the other "faculty functions" referenced by the off-site reviewers: (a) advising; (b) curriculum design, development, and evaluation; and (c) identification and assessment of appropriate student learning outcomes.

Full-time faculty members at TTUHSC accept full responsibility for these other faculty functions, with one exception. Staff members across all schools fulfill various roles in student advising. In the Graduate School of Biomedical Sciences, for example, staff members coordinate the scheduling of advising sessions between students and faculty and often participate in advising sessions to document the content of those discussions. They perform an administrative support function on behalf of the faculty member. In the School of Nursing, moreover, staff members also perform a limited advising role by responding to basic questions about students' degree plans or offering general career guidance related to the nursing profession. Students with more complex questions are directed to a faculty member, and all degree plan changes are approved by full-time faculty members with the appropriate authority.

Part-time faculty. In general, part-time faculty do not engage in the same faculty functions as full-time faculty members. Part-time faculty do not participate in formal student advising; curriculum design, development, and evaluation; or the identification of student learning outcomes. Their roles are more limited in that they participate in direct instruction and the assessment of student learning outcomes for designated courses. In addition, part-time faculty members are not expected to contribute to the research and service missions of the institution.

Mission Expectations

Of the 741 full-time faculty members at TTUHSC, approximately 53% of their time is dedicated to responsibilities beyond teaching or related instructional activities. In alignment with the three-part mission of TTUHSC, each school's individual mission statement reflects an emphasis on education, service, and/or scholarship and research. Thus, responsibilities for full-time faculty members across all TTUHSC schools may include research, patient care, clinical service, professional service, and other institutional service.

Processes vary across schools, but the expectations for teaching, research, and service are typically determined collaboratively between the faculty member and program director and/or department chair, as applicable. These expectations are referenced in various policies, such as *HSC OP 60.01 (Tenure and Promotion Policy)*, *SHP OP FC.07 (Academic Workload Calculation Policy)*, and *SOM OP 20.20 (Faculty Evaluation Guidelines and Procedures)*. Some of this content was addressed in the original response to *Standard 6.1 (Full-time Faculty)*. Expectations for teaching, research and service are also often referenced in general terms in the faculty member's *offer letter of employment*.

Specific expectations for teaching, research, and service also serve as the basis for annual performance reviews and/or tenure and promotion processes. For example, in the School of Health Professions, a faculty member summarizes their contributions to teaching, scholarship, and service/patient care for the previous academic year. These activities are evaluated by the program director and department chair. Finally, the faculty member establishes objectives for the upcoming academic year with regard to teaching, scholarship, and service/patient care. Refer to the attached *annual performance appraisal*. Failure to meet expectations for teaching, research, and service becomes evident during these regular evaluation processes.

Similarly, faculty members in the School of Medicine complete a *Faculty Activities Form* on an annual basis in conjunction with the school's performance review process. This requires a faculty member to describe his/her teaching, research, and clinical service activities for the preceding calendar year. Faculty appointment and evaluation is discussed in detail in the original response to *Standard 6.3 (Faculty Appointment and Evaluation)*. Because expectations for teaching, research, and service vary by school and individual faculty member, program directors and/or department chairs have some flexibility in adjusting these expectations, as needed, to meet the current needs of the school.

Determining Number of Faculty

As described in the Focused Report response for *Standard 6.1 (Full-time Faculty)*, determining the appropriate number of faculty, percentage of full-time faculty, or student-to-faculty ratios in TTUHSC programs is based primarily on statutory and program accreditation requirements. When proposing new programs, TTUHSC must seek approval from the Texas Higher Education Coordinating Board. The THECB evaluates many factors, including faculty resources. Once approval is obtained from the state, individual programs must engage in a program review process every ten years. Faculty resources, such as number of core faculty and student-to-faculty ratios, are part of the review criteria. As a health sciences center, TTUHSC also has many specialized accrediting bodies. All of these bodies review the adequacy of program faculty during their periodic review

processes. TTUHSC's accredited programs remain in good standing with all of these bodies. For the reader's convenience, much of the narrative from Standard 6.1 is repeated below.

The two primary determinants for the appropriateness of faculty numbers include statutory and program accreditation requirements. All new degree programs must be approved by the Texas Higher Education Coordinating Board (THECB). [Title 19 Texas Administrative Code, §5.45](#), describes the criteria for baccalaureate and master's degree programs. With regard to faculty resources, THECB states that "there should be sufficient numbers of qualified faculty dedicated to a new program. This number shall vary depending on the discipline, the nature of the program, and the anticipated number of students; however, there must be at least one full time equivalent (FTE) faculty already in place in order for the program to begin enrolling students." The [Standards for Bachelor's and Master's Degree Programs](#) (page 3) offers more specific guidance on faculty numbers.

[Title 19 Texas Administrative Code, §5.46](#), describes the criteria for doctoral programs, including the faculty resources needed to initiate a high quality doctoral program. The requirement emphasizes the qualifications of faculty members more than a specific number, but it also indicates that teaching loads in the doctoral program should not exceed two or three courses per term. The [Proposal for a Doctoral Program](#) (page 10) offers more specific guidance on faculty numbers. At the time of submission of the proposal, the proposed program should currently have at least four FTE core faculty members who have appropriate qualifications. Refer to an excerpt from the [Doctor of Occupational Therapy proposal](#), which is currently under review by THECB.

Degree programs are also subject to the program review requirements of [Title 19 Texas Administrative Code, §5.52](#). Per these requirements, TTUHSC must conduct formal reviews of all doctoral and stand-alone master's programs at least once every ten years. As part of this required process, each program review must include at least two external reviewers with subject-matter expertise who are employed by institutions of higher education outside of Texas. Criteria for review include many factors, such as faculty qualifications, number of core faculty, and faculty-to-student ratios. See, for example, the most recent [graduate program review](#) (page 5) for the PhD in Communication Sciences and Disorders. The report includes the self study, report of external review, and response to the external review.

As described above, TTUHSC must abide by the faculty requirements established by THECB for new programs, as well as ongoing review of existing programs. In addition to statutory requirements, TTUHSC must also meet the faculty requirements of specialized accrediting bodies. Refer to the [list of current accreditors](#). These external bodies often have requirements for faculty numbers, full-time faculty, and/or student-to-faculty ratios. For example, the [Council for Accreditation of Counseling and Related Educational Programs](#) (CACREP) accredits the Master of Science in Clinical Rehabilitation Counseling. It requires accredited programs to employ a minimum of 3 full-time core faculty members and to maintain a 12:1 ratio of FTE students to FTE faculty. The program was last accredited by CACREP in 2015, and there were no issues with faculty numbers or ratios. The program will be reviewed again in 2023.

Other program accreditors have less specific expectations related to the sufficiency of faculty. The Liaison Committee on Medical Education, which accredits the Doctor of Medicine, requires a medical school to have in place a sufficient cohort of faculty members with the qualifications and time to deliver the medical curriculum and fulfill the other missions of the institution. Refer to [LCME Standard 4.1](#). During its program accreditation review processes, the School of Medicine must provide adequate information to LCME to justify compliance with this standard. As noted on the list of program accreditors in the preceding paragraph, the TTUHSC Doctor of Medicine was last reviewed in 2017 and is accredited through 2025.

Finally, some TTUHSC schools have specific policies related to faculty numbers and/or ratios. In the School of Nursing, for example, *SON OP 30.760* describes the expectations for student-to-faculty ratios in clinical settings. In an acute care setting, for example, the ratio is limited to 1 faculty member for every 10 students. The policy helps to ensure that appropriate supervision is provided for safe practice and sufficient teacher/learner interaction in clinical environments. TTUHSC also addresses the adequacy of faculty in *HSC OP 60.11*, which outlines the general procedures for initiating, developing, and implementing new degree and certificate programs; implementing significant curricular changes; and terminating or merging existing degree or certificate programs. Compliance with this policy reflects the initial step in implementing program changes at TTUHSC before submission of formal proposals to the THECB.

SUMMARY

For each of its educational programs, TTUHSC employs a sufficient number of full-time faculty members to ensure curriculum and program quality, integrity, and review. This conclusion is based primarily on the high percentages of full-time faculty in each program and appropriate ratios of students to full-time faculty. The quality of these programs is evident by a history of strong performance on student achievement indicators, like licensure exams and graduation rates, ongoing compliance with statutory requirements, and continued program accreditation by multiple federally recognized accrediting bodies. For these reasons, TTUHSC is compliant with the current standard.

6.2.c

Program Coordination

For each of its educational programs, the institution assigns appropriate responsibility for program coordination.

Judgment

Compliance Partial Compliance Non-Compliance Not Applicable

Narrative

FINDINGS OF THE OFF-SITE REAFFIRMATION COMMITTEE

"The Graduate School of Biomedical Sciences (seven departments), School of Health Professions (five major divisions), School of Medicine, School of Nursing and School of Pharmacy provided information about chairs and program directors. A summary of the qualifications for chairs and program directors for each school is provided below.

Graduate School of Biomedical Science: Chairs and program directors are qualified based on degree and experience to oversee academic programs. Additionally, Biomedical Sciences relies on a faculty curriculum to approve changes to the academic programs.

School of Health Professions: Additional documentation is needed for two Program Directors:

- The individual serving as the Interim Department Chair (Speech, Language and Hearing Science) and Program Director (M.S. Speech-Language Pathology) does not hold a terminal degree in the discipline.
- Additional documentation of experience and qualifications is needed for the Program Director of the M.S. in Healthcare Administration.

School of Medicine: Additional documentation is needed for two Departmental Directors:

- Departmental Director – Emergency Medicine, Permian Basin Campus. There was no documentation of the individual's qualifications to direct clerkships in Emergency Medicine.
- Departmental Director – Dermatology, Permian Basin Campus. There was no documentation of the individual's qualifications to direct clerkships in Dermatology.

The School of Medicine has a committee structure to deal with the curriculum. These include the Educational Policy Committee, Education Operations Committee, and the Clinical Education Operations Committee.

School of Nursing: Chairs and program directors are qualified based on degree and experience to oversee academic programs. Additionally, the School of Nursing has several faculty committees to guide the work of the school. These include: Coordinating Council; Faculty Council; Professional Development Council; and, Program Councils.

School of Pharmacy: Faculty members determine the curriculum for the Pharm-D including student learning outcomes, course descriptions, credit hours, prerequisites and course sequencing. Additional documentation is needed for one Division Head:

- Division Head, Pharmacy Practice Management does not have a pharmacy degree. There was insufficient information to determine if the lack of this credential was consequential."

RESPONSE TO FINDINGS

The Compliance Certification Report response to *Standard 6.2.c (Program Coordination)* is linked for reference. The original information provided for the five individuals in question appears below, as well as additional justification for each of these individuals.

ROSTER OF PROGRAM AND CURRICULUM OVERSIGHT			
Curricular Role in Question	Name	Formal Education	Other Qualifications (as appropriate)
School of Health Professions			
Interim Department Chair, Speech, Language, and Hearing Sciences Program Director, M.S., Speech-Language Pathology	Cheryl ("Sherry") Sancibrian	MS, Speech Pathology and Audiology, Texas Tech University	<ul style="list-style-type: none"> Interim Chair, Speech, Language, and Hearing Sciences (2017-present) Program Director, Speech-Language Pathology (1998-present) Certificate of Clinical Competence (CCC-SLP) Texas State Board of Examiners for Speech-Language-Pathology and Audiology Presiding Officer, Texas State Board of Examiners for Speech-Language Pathology and Audiology, 2000-2006, 2016-2021 Director of Clinical Services, Speech-Language-Hearing Clinic, Texas Tech University Health Sciences Center, 1984-98
Program Director, M.S., Healthcare Administration (MSHA)	Sharon Hunt	MBA, Wayland Baptist University	<ul style="list-style-type: none"> Program Director MSHA, 2016-present Certified Healthcare Manager / Fellow, American College of Healthcare Executives (FACHE), 2012-present President-Elect of Texas Midwest Healthcare Executives (ACHE), 2017-present
School of Medicine			
Year 4 Departmental Director – Emergency Medicine (Permian Basin)	Nimat Alam	MD, Bangladesh Medical College, University of Dhaka MD, Family Medicine Accelerated Track, Texas Tech University Health Sciences Center	<ul style="list-style-type: none"> Board Certification in Family Medicine, American Board of Family Medicine (ABFM) Certificate of Added Qualifications (CAQ) in Geriatric Medicine, American Board of Family Medicine (ABFM) Fellowship in Geriatric Medicine, Texas Tech University Health Sciences Center Residency in Family and Community Medicine, Texas Tech University Health Sciences Center
Year 4 Departmental Director – Dermatology (Permian Basin)	William Davis	MD, Medicine, Baylor College of Medicine	<ul style="list-style-type: none"> Board Certification in Internal Medicine, American Board of Internal Medicine (ABIM) Residency in Internal Medicine, Memorial Medical Center, 1976 – 1979 <u>Awards:</u> Dean's Distinguished Faculty Service Award (2016), Resident Teacher of the Year, Department of Internal Medicine, Texas Tech University Health Sciences Center (2012) Teaching medical students since 1984
School of Pharmacy			
Pharmacy Practice Management Division Head	Joel Epps	PhD, Research and Evaluation, Walden University MBA, Business Administration, Texas Woman's University	<ul style="list-style-type: none"> Research interests include academic contrapower harassment and academic dishonesty within health sciences education.

School of Health Professions

(1) **Interim Department Chair (Speech, Language and Hearing Science) and Program Director (M.S. Speech-Language Pathology):** Cheryl ("Sherry") Sancibrian has a Master of Science in Speech Pathology and Audiology. She currently serves as the Interim Department Chair of Speech, Language, and Hearing Sciences and Program Director of the Master of Science in Speech-Language Pathology program. Ms. Sancibrian has served as the Program Director for twenty years. In this role, she mentors faculty colleagues, leads her program in curriculum development and revision, has spearheaded three successful professional accreditation site visits, and has achieved 100% first-time pass rates by students taking the national certification exam for 11 consecutive years. During her time as Program Director, she has also performed many of the administrative tasks required of a department chair, such as preparing and proposing budget requests, establishing expenditure priorities, assigning faculty teaching responsibilities, supervising and evaluating staff, and projecting space and equipment needs. Refer to [Ms. Sancibrian's Curriculum Vitae](#) for additional information.

In her professional experiences, Ms. Sancibrian has also acquired a variety of external leadership experiences. These include assuming fiduciary responsibility for nearly \$1 million in funds while serving as President of the Texas Speech-Language-Hearing Foundation; managing a team responsible for the American Speech-Language-Hearing Association's annual convention with more than 13,000 registrants; establishing standards as the Chair of the American Board of Child Language and Language Disorders; and creating and implementing rules as Chair of the Texas licensure board for speech-language pathologists and audiologists. Combined, Ms. Sancibrian's service to her academic department and to various professional organizations has prepared her to manage the duties as Interim Chair and Program Director.

(2) Program Director of the M.S. in Healthcare Administration: Ms. Sharon Hunt has a Master of Business Administration and approximately 30 years of experience in healthcare administration. She has served as the Program Director of the Master of Science (M.S.) in Healthcare Administration for over three years. Prior to serving in her current role, she assisted the previous Program Director for three years with curriculum development and administrative duties as needed. Her background in healthcare administration includes 14 years as a hospital Chief Executive Officer and 8 years as a financial director or Chief Financial Officer of various healthcare organizations. For the past 7 years, Ms. Hunt has provided consulting services to hospitals throughout the state and is a Certified Healthcare Executive, Fellow American College of Healthcare Executives (FACHE). Ms. Hunt is currently completing the dissertation for a doctorate in Family Consumer and Sciences Education and has an anticipated graduation date of December 2019. Graduate courses in administration, assessment, instructional technology, and curriculum design have supplemented her professional work experience in preparing Ms. Hunt for her role as Program Director in the M.S. in Healthcare Administration. Refer to [Ms. Hunt's Curriculum Vitae](#) for additional information.

School of Medicine

Before providing additional documentation for the Department Directors in the School of Medicine, it may be beneficial to provide some important background information. Specialty rotations on some branch campuses are delivered by volunteer community physicians if there is not a department on that campus. In these cases, the process for developing the curriculum and learning objectives is as follows:

- Curricular content and learning objectives are developed by faculty on the campus where the department exists. This is the Lubbock campus for most specialty rotations outside the six core clerkships. These materials are reviewed by the Curriculum and Educational Policy Committee to ensure that they fit with the educational program objectives of the school and are approved if these expectations are met.
- Each campus can then determine whether they have the faculty capacity to offer each rotation. If capacity exists, then the rotation is established for each campus that meets the capacity expectation.
- If the faculty capacity is met entirely by volunteer community physicians, then a faculty-of-record is identified from full-time TTUHSC faculty in the most closely related department on that campus, usually the Year 4 Director from that department. In general, surgical sub-specialties (e.g., Orthopedic Surgery, Otolaryngology) will be assigned to a Year 4 Director from the Department of Surgery, while sub-specialties from rotations more closely related to the field of Internal Medicine (e.g., Dermatology) will be assigned to the Year 4 Director from the Department of Internal Medicine.
- In these cases, the role of the Year 4 Director is to coordinate student assignments to volunteer community physicians in the appropriate area and to ensure that student assessments are completed on-time and submitted to the central assessment office.
- Year 4 Directors on all campuses meet on a monthly basis to review curricular content and to ensure that all rotations meet curricular expectations.

(3) Departmental Director – Emergency Medicine, Permian Basin: There is no Emergency Medicine department on the Odessa campus, and instruction in this field is provided by volunteer community physicians at the emergency rooms in one of the affiliated hospitals in Midland or Odessa (i.e., Permian Basin). Dr. Nimat Alam, Clerkship Director for the Family Medicine clerkship on the Odessa campus, was appointed as faculty-of-record for this campus. Dr. Alam is board certified in Family Medicine from the American Board of Family Medicine and

oversees both the third and fourth year curriculum for students in the Family Medicine clerkship and fourth year rotations related to Family Medicine. In many rural communities, including those around the Midland/Odessa region in West Texas, emergency rooms are run by Family Medicine physicians. Students on all TTUHSC campuses are exposed to the field of Emergency Medicine both during their Family Medicine Clerkship experience and in fourth year rotations. Thus, Dr. Alam is in a unique position to coordinate student rotations in Emergency Medicine with EM-trained community physicians with whom she has a close working relationship. See [Dr. Alam's Curriculum Vitae](#) for more information.

(4) **Departmental Director – Dermatology, Permian Basin:** Similar to medical students in Emergency Medicine rotations, students in the Permian Basin region receive instruction in dermatology from volunteer community physicians in Midland and Odessa. As a faculty-of-record, Dr. William Davis coordinates these placements and oversees related assessments. He has worked collaboratively with dermatologists in the region for more than a decade. Dr. Davis is a board certified physician in Internal Medicine with certification from the American Board of Internal Medicine. Often referred to as general internists, physicians like Dr. Davis are recognized as experts in diagnosis, treatment of chronic illness, and in health promotion and disease prevention. They are not limited to a specific type of medical problem or organ system. Dr. Davis' academic experience includes serving as the past Chair of the Department of Internal Medicine, past Program Director for the Internal Medicine residency program, and current Year 4 Director for the Internal Medicine clerkship on the Odessa campus. [Dr. Davis' Curriculum Vitae](#) is provided for reference.

School of Pharmacy

(5) **Division Head, Pharmacy Practice Management:** Dr. Joel Epps is an instructor in the Department of Pharmacy Practice and Division Head of Pharmacy Practice Management in the School of Pharmacy. (To clarify, the Practice Management Division is home to faculty who are engaged in contractual pharmaceutical patient care services and who focus on the core areas of management, economics, health informatics, drug policy, law and ethics, public health, and behavioral sciences relevant to pharmacy practice.) Dr. Epps' formal education includes a Doctor of Philosophy in Psychology, with an emphasis in Research and Education, and a Master of Business Administration. Dr. Epps teaches business-related courses in the Doctor of Pharmacy (PharmD) and dual PharmD/MBA degree program with Texas Tech University. Teaching topics include financial management, business plans, human resources, leadership, and ethics. In addition, Dr. Epps has an extensive background in financial management, business operations, and budgeting. As a former City Manager and Assistant Dean of Finance and Administration, he has extensive budgetary and financial planning experience. As a former Assistant Director for Parks Recreation and Health Services, he was also responsible for city-wide programs and projects including Women, Infant, and Children (WIC), funding for state Department of Health offices, and enforcement of health and safety ordinances. Combined, his areas of teaching expertise and past professional experience qualify Dr. Epps to serve as the Division Head of Pharmacy Practice Management. Refer to [Dr. Epps' Curriculum Vitae](#) for more information.

SUMMARY

In consideration of the additional information provided above, TTUHSC is compliant with the current standard. For each of its educational programs, the institution assigns appropriate responsibility for program coordination.

7.3

Administrative Effectiveness

The institution identifies expected outcomes of its administrative support services and demonstrates the extent to which the outcomes are achieved.

Judgment

Compliance Partial Compliance Non-Compliance Not Applicable

Narrative

FINDINGS OF THE OFF-SITE REAFFIRMATION COMMITTEE

"The institution reports the process by which departments and schools identify objectives, and related tasks to be accomplished, through an annual planning and assessment process. The process is described as being organized through a central office and requires key units to document expected objectives, assess the extent to which they achieve them, and provide descriptions of achievements from the analysis of related measures. Annual unit reports are recorded in an assessment management system and examples from the past three cycles are provided from fifteen (15) institutional departments and eleven (11) samples from four out of five Schools.

The institution states explicitly that administrative, research, and community outreach areas may identify customer outcomes or process objectives as outcomes, such as anticipated actions intended to help the unit accomplish its mission. In these units, a number of the goals and objectives refer to tasks and processes that are planned for completion, and achievements indicate whether the task was partially or fully completed, or numbers and counts observed. However, operating goals frequently state the intended outcomes are to improve efficiency and effectiveness; yet, few reports cite metrics that demonstrate whether changes in processes or completed tasks actually resulted in efficiency, effectiveness, or improved quality outcomes. A few exceptions are described in the narrative and an ongoing rubric-based peer review process provides evidence that the participation in unit planning and reporting has increased and the quality of written reports has improved. The extent to which results have led to more effective administrative departments and processes is not well described."

RESPONSE TO FINDINGS

The original response to *Standard 7.3 (Administrative Effectiveness)* is provided for reference. The narrative describes the annual planning and assessment process, provides links to three years of reports for all administrative units at TTUHSC, and highlights specific examples of outcomes/objectives, assessment methods, and use of assessment results to promote continuous improvement. Finally, the original narrative describes the annual peer review process, which was implemented at TTUHSC in 2014 to improve the quality of annual assessment plans and provide an additional forum for ongoing discussions about planning and assessment at an institutional level. The reader is encouraged to review the original response for a comprehensive understanding of TTUHSC's existing processes.

The primary purpose of the current narrative is to offer an additional explanation of "the extent to which results have led to more effective administrative departments and processes." Before attempting to do so, however, it may be beneficial to offer our understanding of the expectations of the current standard. As it's worded, the second half of the requirement states that an institution "demonstrates the extent to which the outcomes are achieved." In contrast, *Standard 8.2.c (Student Outcomes: Academic and Student Services)* requires that an institution "provides evidence of seeking improvement based on analysis of the results for academic and student services that support student success." From our perspective, the expectations for

Standard 7.3 and *Standard 8.2.c* differ substantially. The former seems to require that an institution identify outcomes/objectives, establish achievement targets, and measure achievement of those targets. However, the institution is not required to demonstrate how the results are used to promote continuous improvement. Because these are new accreditation standards, we also recognize that our interpretation of the standard may indeed be misinformed. If so, we have provided below several examples of how TTUHSC administrative units use results to make improvements in their respective areas.

Human Resources

A key objective for the Office of Human Resources (HR) is to comply with HSC policies, state regulations, and federal laws related to employment. More specifically, HR staff monitor new employee onboarding processes and Form I-9 compliance through eVerify. This system has been used since 2015 to verify that Form I-9 documents presented by a new employee are valid for verifying identity and establishing work eligibility in the United States. Employers have three work days from the date of an employee's first day of work to establish an eVerify case. In 2016-2017, the HR offices on some campuses did not meet the desired target of 100% compliance within the appropriate timeframe (i.e., Abilene=97%, Lubbock=95%.)

To improve on-time compliance rates, HR staff utilized multiple communication methods, such as TTUHSC Announcement Page, targeted emails, and quarterly Finance & Administration meetings, to emphasize the importance of timely completion of I-9 documentation. Deans and Vice Presidents were also notified monthly of non-compliance by departments under their supervision. In 2017-2018, the Abilene and Lubbock campus still did not meet the desired target of 100% but achieved higher compliance rates in comparison to the previous year (i.e., Abilene=99%, Lubbock=98%). This serves as one example of how data obtained in HR were used to promote continuous improvement. Even though the desired target was still not met on some campuses in 2017-2018, increases in on-time completion rates were observed. See the [2017-2018 Detailed Assessment Report-Human Resources](#) for more information.

Office of Institutional Effectiveness and Accreditation

The Office of Institutional Effectiveness and Accreditation (OIEA) requires designated faculty and staff to use Weave to document planning and assessment efforts in their respective areas. To measure this objective, the Senior Director of Academic Affairs calculates Weave completion rates on the designated due date each year (i.e., September 30) and tracks these completion rates in an internal spreadsheet. Currently, OIEA aims for least 85% of required faculty and staff to complete their assessment plans in Weave by September 30. Completion rates are expected to increase to 100% by December 31.

Although the current target is 85%, it reflects an increase from 75% in previous years. As OIEA staff began seeing improvements in completion rates, they increased the achievement target in order to seek continuous improvement. For example, only 64% of Weave plans were completed by the designated due date in September 2014 even though completion rates improved to 100% by the end of December 2014. Because OIEA staff failed to meet the desired target for several consecutive years, they considered lowering the target but ultimately decided to leave it unchanged. Staff members simply continued to advertise the September 30 deadline through general reminder emails to Weave users, announcements on the TTUHSC website, and personalized emails regarding the status of specific Weave plans. OIEA staff even displayed posters or flyers on each campus and distributed free t-shirts to Weave users. These efforts contributed to an 80% completion rate by September 30, 2015, which was the highest on-time completion rate since tracking began in 2008-2009.

The on-time completion rates have steadily continued to increase over the past few years (i.e., 2016=86%, 2017=90%, 2018=95%). This example illustrates the extent to which results (i.e., low on-time completion rates) led to more effective communication strategies and user accountability in meeting Weave deadlines in a

timely manner. Refer to the [2017-2018 Detailed Assessment Report-OIEA](#) to view the most current assessment report in its entirety.

Office of Research Integrity

The Office of Research Integrity seeks to maintain the effective and efficient operations of TTUHSC's Human Research Protection Program by monitoring the review times of the Institutional Review Board (IRB). Consistent with requirements of the Association for the Accreditation of Human Research Protection Programs (AAHRPP), personnel in the Office of Research Integrity measure IRB review time by counting the median number of days between submission and approval of new studies for full board reviews, expedited reviews, and exemption determinations. For more than 15 years, TTUHSC excelled in meeting the desired achievement target. In 2016-2017, for example, TTUHSC aimed to meet or exceed the median turnaround statistics reported by AAHRPP-accredited institutions in 2016, which included 37 calendar days from submission to protocol approval by convened meeting, 19 calendar days for expedited reviews, and 10 calendar days for determination of exemption. The TTUHSC IRB exceeded the established targets in all review levels.

In 2017-2018, however, TTUHSC did not compare favorably to other IRB's with regard to approval time for expedited and full board reviews. In consideration of these results, the Office of Research Integrity collaborated with IRB reviewers to analyze the reasons for the disappointing outcome and brainstorm potential strategies for improvement. They determined that the resignation of a very reliable, long-term IRB reviewer provided an ideal opportunity to re-train the remaining reviewers. In addition, IRB reviewers decided to become more stringent in granting extensions to the 60-day policy for researchers to respond to reviewer requests for changes or clarifications. In doing so, they seek to decrease overall review times yet again. Results of these efforts will be available in September 2019. This example reflects the ongoing cycle of seeking improvement based on assessment results. Refer to the [2017-2018 Detailed Assessment Report-Office of Research Integrity](#) to view the most current assessment report in its entirety.

Office of Institutional Advancement

An important objective for staff in the Office of Institutional Advancement is to conduct discovery, stewardship, and cultivation visits and/or calls of private donor prospects to expand TTUHSC's base of financial support and express appreciation to current supporters. Each Development Officer is expected to meet at least 90% of the call goals established by the Chief Development Officer or Vice President of External Relations. In 2016-2017, Institutional Advancement did not achieve the desired target. Of six Development Officers, one team member left the department, and one achieved only 75% of his/her call goals. The remaining Development Officers achieved 96% to 110% of their established call goals.

To facilitate the success of TTUHSC's Development Officers, the Vice President of External Relations and the Chief Development Officer conducted regular meetings with each Development Officer to ensure calls/visits remain on track throughout the year. An additional meeting was held every six weeks with the TTU System's Institutional Advancement team, which allowed for a strategic review of prospect lists. This review helped to ensure that each Development Officer's call list was robust in terms of prospect potential. In 2017-2018, the Office of Institutional Advancement achieved the desired target. All six Development Officers met at least 90% of their call goals, ranging from 93% to 123%. The [2017-2018 Detailed Assessment Report-Institutional Advancement](#) contains additional information about the office's planning and assessment activities.

School of Medicine Faculty Affairs & Development

The Office of Faculty Affairs & Development in the School of Medicine seeks to promote scholarly activity among faculty members. In support of this objective, office staff utilize a faculty credentialing system (i.e., Digital Measures) to record faculty scholarship, presentations, and grants. Thus, on an annual basis, office staff

expect at least 95% of related departments across the Amarillo, Lubbock, and Odessa campuses to submit faculty scholarship activities for entry into Digital Measures by office personnel.

In 2016-2017, four of 31 departments failed to submit their scholarship activities on time, resulting in 87% compliance. In an attempt to increase compliance, the Office of Faculty Affairs and Development continued their communication efforts, emphasizing the importance of documenting scholarship activities in Digital Measures for accurate tracking and reporting purposes to entities who request such information. In 2017-2018, office personnel achieved 100% compliance by all departments. See the [2017-2018 Detailed Assessment Report-SOM Faculty Affairs & Development](#) for more information.

SUMMARY

The preceding examples describe how TTUHSC administrative units have used results from planning and assessment processes to make improvements in their respective areas. The selected examples represent distinct administrative departments at the school and institutional levels. Each department fulfills very different roles across the institution. These incremental improvements lead to better administrative processes and more effective departments as a whole. Collectively, moreover, the efforts of these departments support the strategic goal of ensuring that TTUHSC's operations and infrastructure effectively and efficiently support the institution's mission. For these reasons, TTUHSC is compliant with the current standard.

8.2.c

Student Outcomes: Academic and Student Services

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results in the academic and student services that support student success.

Judgment

Compliance Partial Compliance Non-Compliance Not Applicable

Narrative

FINDINGS OF THE OFF-SITE REAFFIRMATION COMMITTEE

"The institution reports the process by which departments and schools identify objectives, and related tasks to be accomplished, through an annual planning and assessment process. The process is described as being organized through a central office and requires key units to document their expected objectives, assess the extent to which they achieve them, and provide descriptions of achievements from the analysis of related measures. Annual academic and student support services unit reports are recorded in an assessment management system and examples from the past three cycles are provided for nine (9) institutional, and six (6) school-specific academic and students support services.

The institution states explicitly that administrative, research, and community outreach areas may identify customer outcomes or process objectives as outcomes, such as anticipated actions intended to help the unit accomplish its mission. In these units/services, the majority of the goals and objectives refer to tasks and processes that are planned for completion, and achievements indicate whether the task was partially or fully completed, or numbers and counts observed. In some cases, percentage targets were set for attendance, procedural compliance, and time to task completion. While some reports noted specific data-informed improvements, others more often referred to the need for further evaluation before plans for improvement could be made."

RESPONSE TO FINDINGS

The original response to *Standard 8.2.c (Student Outcomes: Academic and Student Services)* is provided for reference. The narrative describes the annual planning and assessment process, provides links to three years of reports for all academic and student services at TTUHSC, and highlights specific examples of outcomes/objectives, assessment methods, and use of assessment results to promote continuous improvement. Finally, the original narrative describes the annual peer review process, which was implemented at TTUHSC in 2014 to improve the quality of annual assessment plans and provide an additional forum for ongoing discussions about planning and assessment at an institutional level. The reader is encouraged to review the original response for a comprehensive understanding of TTUHSC's existing processes. The primary purpose of the current narrative is to describe how academic and student services seek improvement based on analyses of assessment results.

Information Technology

Each school and key student support areas are required to complete an annual Survey Action Plan if results are lower than expected on the Student Satisfaction Survey (SSS), as determined by the Associate Vice President for Academic Affairs. In the most recent administration of the survey in Spring 2017, no departments were required to complete a Survey Action Plan. In 2015-2016, however, personnel in Information Technology (IT) were required to complete a **Survey Action Plan** based on Spring 2015 results

from the SSS. Results indicated a potential area of needed improvement regarding the reliability of wireless connectivity on the Lubbock campus. Students expressed a mean satisfaction level of 4.34 of 6.00 on this item.

As the report demonstrates, IT provided a context for the survey data, developed a strategy for improvement, and evaluated the outcome. More specifically, IT personnel engaged the third party wireless partner for engineer services in order to identify issues, optimize wireless performance, and mitigate any issues. In addition, IT purchased additional wireless network diagnostic equipment to enable the collection of real-time data for purposes of improving the wireless network. In Spring 2017, the Student Satisfaction Survey reflected a complete re-design with a new 5-point scale, so direct comparisons to Spring 2015 results were not advisable. With that in mind, the mean satisfaction level was 3.51 of 5.00. The item was not flagged as an immediate area of concern (≤ 2.99), and results will be monitored when the survey is administered again in April 2019.

The [2017-2018 Detailed Assessment Report-Information Technology](#) provides the most recent overview of planning and assessment activities for this area.

Office of Institutional Health

The Office of Institutional Health offers another example of seeking improvement based on analyses of results. This example is related to the management of exposures to bloodborne pathogens in the provision of patient care. Employees and students who are exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses and are expected to follow appropriate protocols to manage such exposures. In 2016, for example, TTUHSC had a total of 19 student exposures across all schools and campuses, and three students did not follow the appropriate protocol for exposure management. This presents an ongoing challenge for the Office of Institutional Health because TTUHSC has students and employees in over 500 clinical sites, for which TTUHSC has no control over related policies and procedures. Nonetheless, the Office of Institutional Health continues to promote student health and safety by providing education on the prevention of bloodborne pathogen exposure, as well as providing timely access to healthcare when an occupational exposure to a bloodborne pathogen occurs.

For example, the Managing Director of Institutional Health developed and implemented an institutional policy that includes relevant information regarding pre- and post-exposure management. See [HSC OP 75.11, Health Surveillance Program for TTUHSC](#). In addition, office personnel plan, develop, and/or sponsor at least two structured educational programs for each TTUHSC school on an annual basis to provide information about bloodborne pathogens and diseases, methods to control occupational exposure, and post-exposure follow-up procedures. Refer to the [Exposures presentation](#). They also distribute badges with information about exposure management for students to wear behind their photo identification badges in clinic rotations. These badges provide basic instructions and key contact numbers in the case of an incident. As described in the [2017-2018 Detailed Assessment Report-Institutional Health](#), all school orientations included educational material on the prevention of bloodborne pathogen exposures, and all students received an exposure badge in 2017-2018. In the same academic year, TTUHSC had a total of 20 student exposures across all schools and campuses, and only one student did not follow the appropriate protocol for exposure management.

Office of Interprofessional Education (IPE)

The IPE Fall Symposium is an annual day-long event to advance interprofessional education and collaborative care across TTUHSC. Hosted by the Office of Interprofessional Education, the event features a keynote presentation in the morning and a case-based student learning activity during the afternoon. As indicated in the [2017-2018 Detailed Assessment Report-Interprofessional Education](#), the 2017 IPE Symposium marked the first year that distance students and faculty could join the morning keynote presentation through Zoom, a

video conferencing application. Approximately 72 of 1,711 attendees participated in the morning session via Zoom.

The theme of the 2018 IPE Symposium was *Values and Ethics in Interprofessional Practice: The Patient's Voice in End of Life Care*. The morning session featured national palliative care speaker, Dr. Timothy Ihrig, and TTUHSC faculty member, Dr. Patti Patterson. The afternoon session included a moderated case-based learning activity for interprofessional teams of students, as well as an activity from *The Conversation Project*. To build on the 2017 success of expanding the participant base via Zoom, IPE staff sought to further increase the participation of distance education students and faculty in 2018. Thus, they extended the Zoom option to the afternoon sessions as well. In total, 294 of 1,936 faculty and students attended the morning session via Zoom, and 213 of 1,163 individuals participated in the afternoon session via Zoom. Refer to the [2018 Fall Symposium-Annual IPE Day Report](#) for more information.

School of Health Professions-Educational Technology & Support Services

The Department of Educational Technology & Support Services (ETSS) in the School of Health Professions seeks to ensure that faculty members have access to appropriate technology and support to deliver high quality online instruction to students enrolled in their programs. To measure satisfaction with the services provided by ETSS staff, faculty members have an opportunity to provide feedback through an annual survey. The desired achievement target is to achieve a mean score of at least 4.0 on a 5.0 scale for each survey item. Based on the [2017 ET Customer Survey](#) results, item means ranged from 3.78 to 4.14. Five of seven survey items produced mean satisfaction levels below 4.0.

In response to these survey results, the Educational Technology Committee (ETC) decided to implement several actions to promote improvement in this area. For example, as of August 1, 2018, ETSS transitioned to a centralized model for service. In the past, requests to ETSS personnel were communicated via multiple methods, such as individual emails, individual office phone numbers, cell phone numbers, instant messages, and informal conversations. These diverse communication methods made it difficult to identify trends and address requests effectively as a centralized unit. Beginning August 1, all requests for ET support and services are required to be submitted through two channels: (a) department phone number, and (2) department email address. Once a request is received, a work order is created. The customer receives an email containing the work order number and work order details. Periodic updates are provided to the customer. ETC also revised the survey used to collect customer feedback. Now they administer a survey with two scaled items and one open-ended question on a quarterly basis. For October 1-December 31, 2018, the item means on the [revised survey](#) were 4.88 and 4.79, which exceeded the desired target of at least 4.0 on a 5.0 scale.

Refer to the [2017-2018 Detailed Assessment Report-SHP Education Technology](#) for more information about the planning and assessment activities of the department.

School of Medicine-Student Affairs

Many academic and student services seek improvement based on analyses of results from various data collection methods. The preceding examples offer several examples. However, it can be argued that it is not always advisable to seek improvements based on the results from a single source of data. One year of data does not reflect a trend, nor does one source of data always align with the results from other data sources. The School of Medicine-Student Affairs offers such an example.

In 2016-2017, data from the Association of American Medical Colleges (AAMC) Graduation Questionnaire (GQ) indicated that 66.1% of Class of 2017 graduates were 'Satisfied' to 'Very Satisfied' with academic counseling services and expressed a 56.2% overall level of satisfaction with tutorial support provided by the School of Medicine. These results compared to the national averages of 73.5% and 71.3%, respectively. The desired

achievement target was to meet or exceed the national benchmark for graduating students at other U.S. medical schools.

These results contrasted with another school-based survey, in which 84.87% of respondents were 'Satisfied' to 'Very Satisfied' with the availability of academic counseling and 86.79% indicated they were 'Satisfied' to 'Very Satisfied' with the availability of tutorial help. Rather than act immediately to improve academic counseling and tutoring services, school personnel engaged in process to review the GQ results very carefully. They identified possible explanations for the discrepancy in results, including a low GQ response rate and high percentage of neutral responses, which was not a response option in the school-based survey. See the [2017-2018 Detailed Assessment Report-SOM Student Affairs](#) for additional details.

In the subsequent year, the Class of 2018 graduates completed the AAMC Graduation Questionnaire as well. They indicated a 92% satisfaction level with academic counseling services and 82.1% satisfaction level with tutoring support. These results placed the School of Medicine above the 90th percentile nationally with regard to satisfaction with academic counseling and the 75th-90th percentile nationally for satisfaction with tutoring services. Therefore, School of Medicine personnel have attributed the Class of 2017 results to a data anomaly and have opted not to implement any specific continuous improvement efforts based solely on those data.

SUMMARY

The preceding examples describe how TTUHSC academic and student services seek improvement based on analyses of assessment results in their respective areas. The selected examples represent departments at the school and institutional levels. In some cases, seeking improvement based on the results from a single data source is not always appropriate, especially if those results conflict with other data sources. However, it is always expected that department personnel will evaluate all conflicting results to identify potential reasons for any discrepancies. This process of reflection is critical to a cycle of continuous improvement. For these reasons, TTUHSC is compliant with the current standard.

13.1

Financial Resources

The institution has sound financial resources and a demonstrated, stable financial base to support the mission of the institution and the scope of its programs and services.

Judgment

Compliance Partial Compliance Non-Compliance Not Applicable

Narrative

FINDINGS OF THE OFF-SITE REAFFIRMATION COMMITTEE

"The (unaudited) financial statements report the Educational and General (E&G) and Clinical component entities in a blended fashion. Results of operations of the Texas Tech Physicians Associates (TTPA) are outside the scope of this accreditation review. Therefore, it was not possible for the reader to discern results of operations related to the Education & General mission. Additionally, the notes to the financial reports state that the institution is considered for audit by the state auditor as part of the State's Comprehensive Annual Financial Report (CAFR). However, the state audit report (CAFR) provided no details related to the institution, and no campus audit/review letter was provided. Therefore, the Off-Site Reaffirmation Committee could not fully evaluate the financial resources of this institution."

RESPONSE TO FINDINGS

TTUHSC's mission as a comprehensive health sciences center is "to enrich the lives of others by educating students to become collaborative health care professionals, providing excellent patient care, and advancing knowledge through innovative research." Unlike some other health sciences centers, TTUHSC does not own or operate a hospital. The TTUHSC clinical operations serve as the classroom for the clinical education of students and residents, as well as the lab for clinical research. In fiscal year 2018, patient care was delivered to over 200,000 patients through 500,000 clinical visits. These clinical operations are directly related to the institutional mission.

Texas Tech Physicians Associates (TTPA) is a certified, non-profit health corporation organized and operated exclusively for the benefit of, to perform the function of, or to carry out the purposes of Texas Tech University Health Sciences Center. As an agency of the State of Texas, TTUHSC is prohibited from entering into at-risk contracts. TTPA serves as the contracting vehicle for these contracts, and the resulting income is used to operate the TTUHSC clinics. Thus, TTPA activity is an integral part of the financial base supporting the clinical operations of the institution. As such, blended financial data is required by generally accepted accounting principles in TTUHSC's financial statements. Thus, the financial information presented in the original response to *Standard 13.1 (Financial Resources)*, accurately includes all clinical operations, including TTPA.

The *TTUHSC Annual Financial Report for FY 2018* and *Standard Independent Accountants' Review Report* (report page 7) are now available. For transparency, condensed financial statements for TTPA are presented in *Note 19* (report page 53) of TTUHSC's Annual Financial Report. The classifications and amounts of TTPA activity shown in Note 19 are included in the corresponding classifications and amounts in TTUHSC's financial statements.

SUMMARY

Combined, the original response and updated information provided herein demonstrate that the institution has sound financial resources and a demonstrated, stable financial base to support the mission of the institution and the scope of its programs and services. Therefore, TTUHSC is compliant with the current standard.

13.2

Financial Documents

The member institution provides the following financial statements: (a) an institutional audit (or Standard Review Report issued in accordance with Statements on Standards for Accounting and Review Services issued by the AICPA for those institutions audited as part of a system-wide or statewide audit) for the most recent fiscal year prepared by an independent certified public accountant and/or an appropriate governmental auditing agency employing the appropriate audit (or Standard Review Report) guide; (b) a statement of financial position of unrestricted net assets, exclusive of plant assets and plant-related debt, which represents the change in unrestricted net assets attributable to operations for the most recent year; and (c) an annual budget that is preceded by sound planning, is subject to sound fiscal procedures, and is approved by the governing board.

Judgment

Compliance Partial Compliance Non-Compliance Not Applicable

Narrative

FINDINGS OF THE OFF-SITE REAFFIRMATION COMMITTEE

"The institution provided a multi-year (unaudited) Statement of Unrestricted Net Assets Exclusive of Plant Assets and Plant-Related Debt (UNAEP) reflecting a trend of increases in net position for fiscal years 2015-2017. The institution provided a (balanced) operating budget for fiscal year 2018, along with a thorough description of their annual budgeting process. The process includes general guidelines from central administration, scheduled budget hearings in March and April, and approval from the Board of Regents. Audited financial statements for fiscal year ending August 31, 2018 were not provided. The institution states that an independent audit firm engagement has been requested to conduct a review of FY 2018 operations."

RESPONSE TO FINDINGS

The institution's original response to *Standard 13.2 (Financial Documents)* was submitted in September 2018. At the time of submission, the most recent fiscal year (FY 2018) concluded on August 31, 2018, and the Standard Review Report was not yet completed. The requested report is now available.

The Certified Public Accounting Firm of Belt Harris Pechacek, LLLP, conducted a review of the Statement of Net Position; Statement of Revenues, Expenses, and Changes in Net Position; Statement of Cash Flows; and related notes to the financial statements of Texas Tech University Health Sciences Center (TTUHSC) for the year ended August 31, 2018. The review was conducted in accordance with Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants (AICPA). Based on this review, the independent accountants concluded that they are not aware of any material modifications that should be made to the accompanying financial statements for them to be in accordance with generally accepted accounting principles. Refer to the *TTUHSC Annual Financial Report (August 31, 2018)* for detailed information.

The reviewed Annual Financial Report, or AFR, includes a *Statement of Net Position* (report page 25) that specifically identifies unrestricted net assets, exclusive of plant and plant-related debt. This section of the AFR is summarized in *Table 13.2-1* for fiscal years 2016 – 2018. Fiscal year 2017 has been updated from the prior submission to reflect restated balances in the reviewed AFR in accordance with generally accepted accounting principles. These restatements are discussed in detail in *Note 14* of the AFR (report page 49).

Table 13.2-1 Unrestricted Net Assets (Revised)

Net Position	2016	2017	2018
Invested in Capital Assets, Net of Related Debt	\$ 216,695,500.65	\$ 224,362,338.39	\$ 275,325,937.76
Restricted for:			
Capital Projects	7,267,330.92	-	-
Endowments	61,276,729.63	66,726,682.25	68,864,593.98
Other	91,184,908.75	90,313,452.84	100,616,427.36
Unrestricted	314,931,648.19	338,261,234.17	349,112,597.28
Total Net Position	<u>\$ 691,356,118.14</u>	<u>\$ 719,663,707.65</u>	<u>\$ 793,919,556.38</u>

SUMMARY

With the submission of this updated response, TTUHSC is in full compliance with the current standard.

13.5

Control of Sponsored Research/External Funds

The institution maintains financial control over externally funded or sponsored research and programs.

Judgment

Compliance Partial Compliance Non-Compliance Not Applicable

Narrative

FINDINGS OF THE OFF-SITE REAFFIRMATION COMMITTEE

"The institution provided information regarding the organizational structure of pre-and post-award processing with examples of policies and procedures. However, while there was reference to the state single audit report, the Off-Site Reaffirmation Committee could not find external evidence relating to the institution or showing federal and state policies were being followed at an institutional level."

RESPONSE TO FINDINGS

As stated in the original response for *Standard 13.5 (Control of Sponsored Research/External Funds)*, Texas Tech University Health Sciences Center (TTUHSC) maintains financial control over externally funded or sponsored research and programs. Various measures of accountability help ensure that the institution follows federal, state, and institutional policies.

The following TTUHSC policies address the management and usage of external research funds: (1) *HSC OP 65.03, Sponsored Program Fund Management*; and (2) *HSC OP 65.04, Allowable Activities and Allowable Costs*. *HSC OP 65.03* states that departmental personnel, such as Principle Investigators and Fund Managers, have primary responsibility for ensuring that expenses are allowable and appropriate per grant guidelines. Common allowable and unallowable direct costs are listed in *Attachment A* of *HSC OP 65.01*. These align with the federal Office of Management and Budget's (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards found in *2 CFR 200, Subpart E (Cost Principles)* (page 6). In addition, the Texas Comptroller of Public Accounts is responsible for ensuring compliance with the state's Uniform Grant Management Standards. Refer to *Attachment A: General Principles for Determining Allowable Costs* (page 9). Like TTUHSC's institutional policies, the state management standards align with federal requirements.

To ensure that institutional policies, as well as state and federal requirements, are being followed, various measures of accountability are utilized. First, TTUHSC develops an Annual Financial Report, or AFR, in which external funding is included. The *TTUHSC Annual Financial Report (August 31, 2018)* (report page 28) reflects the most current fiscal year. (Please note that grants and contract revenue is combined in the AFR. This reflects revenue generated by both research programs and patient care activities, such as medical services contracts.) In December 2018, the Certified Public Accountants of Belt Harris Pechacek, LLLP, conducted a review of the Statement of Net Position; Statement of Revenues, Expenses, and Changes in Net Position; Statement of Cash Flows; and related notes to the financial statements. The review was conducted in accordance with Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants (AICPA). Based on this review, the independent accountants concluded that they are not aware of any material modifications that should be made to the accompanying financial statements for them to be in accordance with generally accepted accounting principles.

The State of Texas also periodically audits the Research and Development Clusters of state institutions as part of the Single Audit of the State of Texas. TTUHSC was selected for a Research and Development Clusters audit in 2011. This reflects the most recent audit for this particular cluster. An excerpt of the state audit, including the findings related to TTUHSC, is available [here](#). TTUHSC responded to the resulting recommendations by the State Auditor's Office and developed appropriate [corrective action plans](#) (page 5).

A third measure of accountability includes internal audits conducted by the [TTUHSC Research Integrity Office](#). Through the Research Compliance Program, compliance officers audit research studies to monitor compliance with federal regulations, state laws, and institutional policies. These internal audits are based on the post-award requirements of [2 CFR 200 Subpart D](#) (page 4) and cost principles established in [2 CFR 200 Subpart E](#) (page 6). Subjects of reviews are selected on a random basis and according to risk level. See the [2017-2018 internal reviews](#) for reference.

SUMMARY

In summary, TTUHSC exercises appropriate control over all its externally funded or sponsored research and programs. Measures of accountability include the Annual Financial Report, which was reviewed by an independent accounting firm in December 2018, periodic audits of the Research and Development Cluster by the State of Texas, and internal audits conducted by the TTUHSC Research Compliance Program. These strategies help ensure that the university is operating in a prudent and responsible manner with regard to externally funded or sponsored research and programs. Thus, TTUHSC is compliant with the current standard.



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