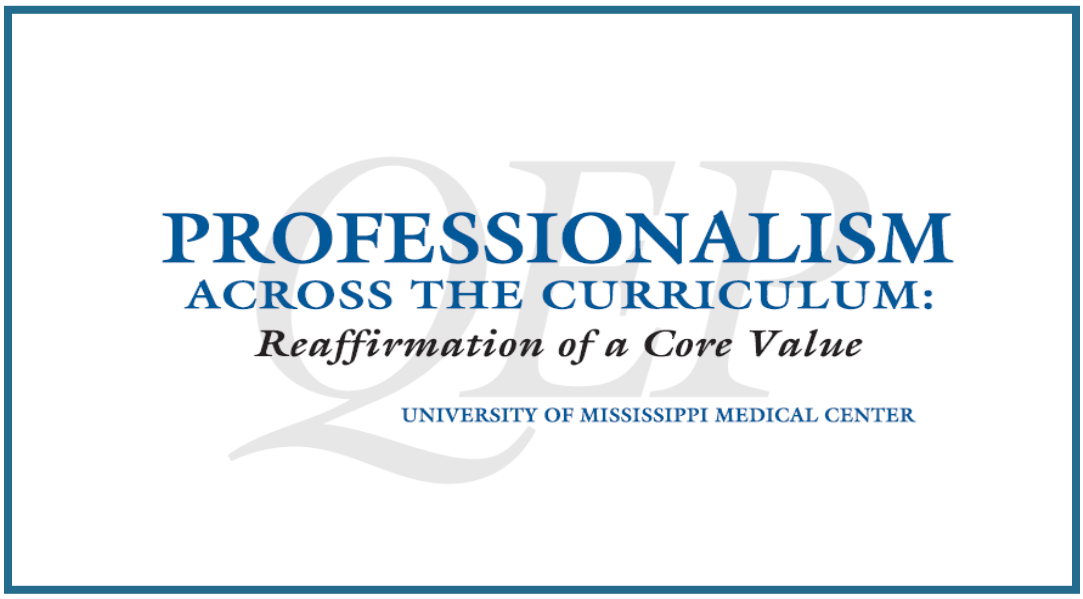

The Quality Enhancement Plan
for
The University of Mississippi Medical Center

Submitted by:
The QEP Development Committee
The University of Mississippi Medical Center
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Site visit, March 29-31, 2011

Executive Summary

Professionalism Across the Curriculum: Reaffirmation of a Core Value

Professionalism, defined as active adherence to the norms, values, and ethical standards of one's professional community, is the focus of the University of Mississippi Medical Center (UMMC) Quality Enhancement Plan (QEP). The choice of this topic represents a campus-wide, multidisciplinary endeavor to reaffirm professionalism as a core value within the educational culture of the institution. This theme resonates strongly with UMMC's effort to produce graduates who are technically excellent within their discipline, exhibit the best of professionalism, and who will serve as engaged, responsible members of the communities in which they practice. The selection of professionalism as a QEP topic was the result of a comprehensive needs assessment campaign that included all campus constituencies. The broadly based involvement of all sectors of the UMMC community was also utilized to achieve identification of specific student-learning and learning environment outcomes, development of well-focused operational goals, design of a structured plan for implementation and assessment, as well as allocation of sufficient resources. The specific objectives of the five-year Professionalism Across the Curriculum (PAC) program are measurable improvement in the following areas:

1. the standards of professional behavior during our students' interactions with patients and colleagues,
2. the skills by which our students recognize and manage professional conflict and ethical dilemmas,
3. the literacy of professional ethics among our students, and
4. the degree to which faculty and staff serve as role models who embrace professionalism as a fundamental value.

The QEP will utilize the "across the curriculum" concept to embed professionalism content into existing teaching and learning activities. This proven instructional technique has compelling features for the introduction of new professionalism curriculum content into the teaching and learning environment of an academic health science center. These features include several that are particularly suitable:

- Little or no requirement for additional teaching time
- Utilization of existing course instructors
- Placing minimal stress on an already overcrowded curriculum
- Integrating professionalism instruction seamlessly with core content
- Embedding content that is discipline-specific and stage-appropriate

Implementation of the QEP will begin with a campus-wide curriculum audit that identifies courses and other student learning activities into which professionalism content can be embedded. Professionalism content will be generated through collaboration between the regular teaching faculty and the staff of the recently established UMMC Center for Bioethics and Medical Humanities. This content will be integrated into the curriculum using traditional and non-traditional instructional methods. The impact of the integrated professionalism curriculum content on student learning outcomes and environment will be measured by a battery of metrics that is tailored both to the topic of the QEP and to our unique learning environment. Outcome data will be used to continuously improve student outcomes and the climate of professionalism in which our students learn. UMMC has established an organizational structure and committed sufficient resources not only to implement and complete the QEP but also to sustain professionalism as a fundamental part of the ongoing UMMC student experience.

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Introduction

The Basis of Professionalism as a QEP Focus

The focus of the Quality Enhancement Plan (QEP) at the University of Mississippi Medical Center (UMMC) is **professionalism**. The concept of professionalism is multidimensional and in many cases discipline-specific. It often eludes concise definition. However, for the purpose of this QEP, professionalism may be defined as the possession of an array of attributes that reflect a specific knowledge base and a unique set of skills, attitudes, and behaviors that represent the highest norms, values, and ethics of a professional group. The plan described in this document acknowledges a deliberate commitment of the UMMC community to professionalism as a fundamental value in its education, service, and research activities. In a time of unprecedented change in the expectations for empathic, effective, and economic delivery of health care, re-emphasis on and reaffirmation of professionalism are needed more than ever in the education of future health care providers and researchers. Such a reaffirmation resonates strongly with the mission of the UMMC which includes a firm commitment to educate students to assume leadership roles as well as clear goals to maintain an education environment that fosters respect for and sensitivity to individual differences, promote personal and professional development, and give all students the opportunity to succeed.[1]

The UMMC's institutional mission is also accurately reflected in its vision and goals. Central among these are educating outstanding health care professionals and promoting the value of professionalism.[2] The concept of professionalism that is the basis of this QEP is derived, in part, from the work of Howard Gardner and his coworkers[3] who describe the **effective professional** as ***excellent, engaged, and ethical***. In no setting is this triad of characteristics more relevant than in the context of the health care professional. Both for clinicians and biomedical research scientists, **excellence** most often refers to the individual's technical expertise to practice his or her specialty or discipline. UMMC consistently produces students who are technically facile, able to achieve certification in their chosen course of study, and successful in their scope of practice. It is toward the latter two components of professionalism then, **engagement** and **ethics**, that the UMMC QEP is directed.

Engagement, as a characteristic of the effective professional, includes those factors that allow one's discipline to be understood and practiced within the context of a community. That community may be as small as one physician, one nurse, and one patient who are together during a routine clinical encounter. In other professional settings, community may consist of a class, an academic department, an institution, or the geographic community in which one lives, studies or practices. Whatever its size, engagement with

one's community requires communication skills, respect for stakeholders, and a comprehension of the needs, values, and norms of others. More specifically for the biomedical professional, engagement demands a robust understanding of how human factors impact not only health and health care but also how these factors influence the perception or position of a profession within a culture or society and how that position creates opportunity to effect positive social change.

Ethics, as it relates to professionalism, encompasses not only the "corrective lens" described by William F. May[4] through which we see ourselves "as we ought to be" but also a profound and compelling knowledge of the responsibilities that a professional assumes within a community and the moral obligations inherent in assuming those responsibilities. Furthermore, ethics provides a moral framework within which practitioners may meet and appropriately manage the ethical conflicts they will inevitably encounter over the course of their professional lives.

Our QEP will drive enhancement of student learning and the UMMC learning environment within this broad conception of professionalism by achieving four specific objectives. These objectives specify improvement in the following areas:

1. the standards of professional behavior during our students' interactions with patients and colleagues,
2. the skills by which our students recognize and manage professional conflict and ethical dilemmas,
3. the literacy of professional ethics among our students, and
4. the degree to which faculty and staff serve as role models who embrace professionalism as a fundamental value.

Any effort to improve student learning in an academic health science center must acknowledge the complexity of this unique learning environment. Beyond the platforms of classroom, library, computer and traditional pedagogy, the learning activities of modern health care professional students extend directly into real-world settings in which professional behaviors and attitudes are actively modeled and constitute a profoundly influential component of the student's educational experience. These real-world settings carry with them what is often referred to as the hidden, un-written, or implicit curriculum.[5] [6] [7] This educational reality is observed in many fields and can have a profound and long-lasting impact on student learners. However, there is no learning environment in which this reality is more influential, more prevalent, or more deeply acculturated than in the setting of health care education. There is also no teaching or learning environment in which the negative consequences of an implicit curriculum are more significant, more far reaching, or more perilous. The complex relationships among professional behaviors,

the hidden or implicit curriculum, and the dynamic teaching atmosphere of the modern academic medical center have served as a backdrop for the development and design of this enhancement plan. The choice of topic, the plan of implementation, and the assessment methodology are all tailored to this environment.

While the initial impetus for this QEP resides in compliance with SACS Core Requirement 2.12 and Comprehensive Standard 3.3.2, its goals soon grew beyond compliance. Early in our planning process, the UMMC academic leadership recognized the QEP as an important opportunity to develop a project that effects needed change in our educational culture. This change will not only lead to substantive improvement in our student outcomes as they relate to health care professionalism but also help to maintain our educational efforts in perfect alignment with our institutional goals. As Mississippi's only academic health sciences center, UMMC bears a significant obligation to provide health care practitioners for our state. Implementing an effective enhancement plan that fosters graduating professionals who are ***excellent***, ***ethical***, *and* ***engaged*** in their practices helps UMMC meet this important obligation responsibly.

With this in mind, UMMC's QEP is titled as follows:

"Professionalism Across the Curriculum:

reaffirmation of a core value."

The origins and evolution of the QEP's history as well as the inspiration and goals of its future will be described in three phases:

- QEP topic selection phase
- QEP development phase
- QEP implementation phase

Topic selection phase (November 2008 – June 2010) - This phase consisted of a comprehensive campus-wide campaign that solicited input from all sectors of the institution regarding our teaching and learning needs. A broad array of stakeholders evaluated formal proposals to meet these needs and ultimately selected professionalism as the QEP topic.

QEP development phase (July 2010 – June 2011) - The second phase of the QEP process was a collaborative effort to identify best practices in professionalism education and to design a focused, student-centric enhancement plan tailored specifically to the learning needs and resources of our campus. This phase also included identification of needed resources and building a functional infrastructure to implement, sustain, and complete the QEP.

QEP implementation phase (July 2011 – June 2016) - This phase outlines the detailed processes by which professionalism education will be integrated into existing curricula using an array of instructional techniques. This phase of the plan also describes how the impact of the QEP on student learning outcomes and on our educational environment will be assessed.

QEP TOPIC SELECTION PHASE

Organizational Structure-

Formal QEP activities began at UMMC in September 2008 with the formation of the QEP Steering Committee. This committee was established by the SACS Steering Committee to create effective administrative oversight of the needs assessment and topic selection process.

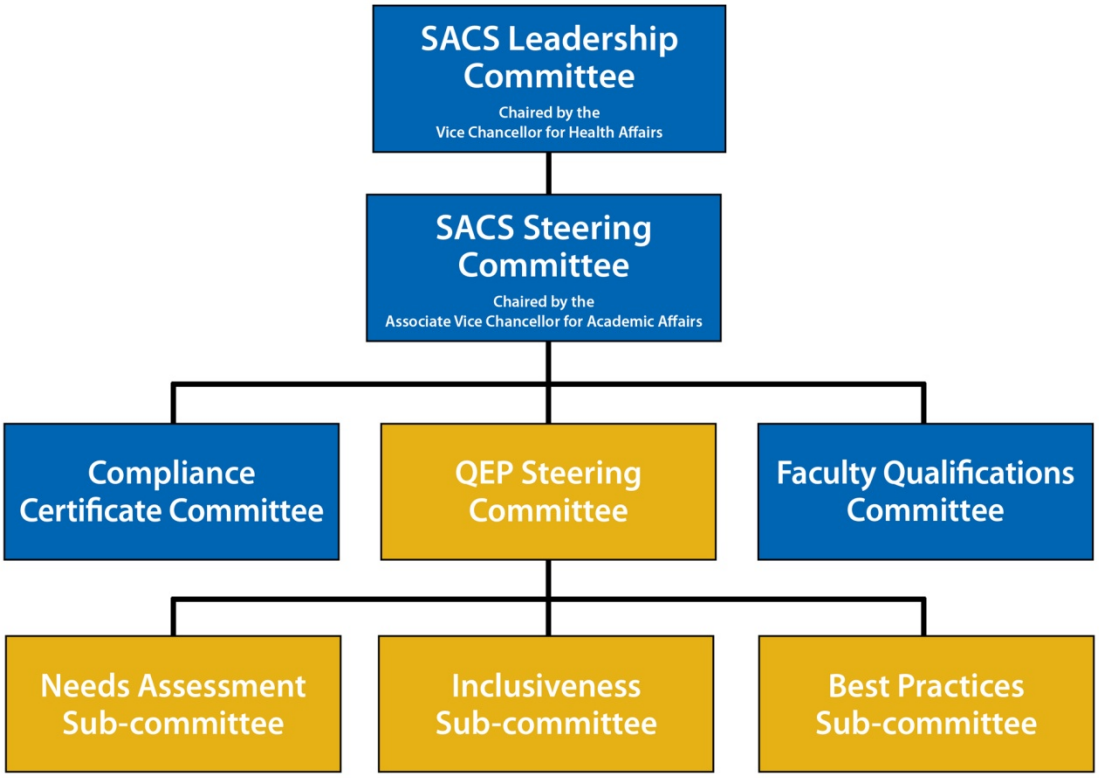
The QEP Steering Committee was charged to create, implement, and monitor progress leading to submission of a QEP to the SACS-COC and to assure the development of a broadly based, campus-wide QEP that would have a meaningful and positive impact on the student learning environment. From the earliest activities of this phase, every effort was made to engage all campus constituencies in planning and executing the needs assessment as well as the topic selection process. This philosophy is reflected in the membership of the QEP Steering Committee which represents students, faculty, and staff from all five UMMC schools as well as representatives from the major components of the student learning environment and the greater local community. The members of this committee, their UMMC position, and the constituency they represent are shown in the following table.

Member	Position	Constituency
Rob Rockhold, PhD, Chair	Deputy Chief Academic Officer	Academic Affairs (AA)
Jennifer Bain, M3	President, Associated Student Body	School of Medicine (SOM)
Joshua Bias, PhD	Director, Academic Counseling	AA
David Brown, PhD	Professor of Biochemistry	School of Graduate Studies in the Health Sciences (SGHS)

Member	Position	Constituency
William T. Buchanan, DDS, MS	Professor of Dentistry	School of Dentistry (SOD)
V. Gregory Chinchar, PhD	Professor of Microbiology, Associate Dean School of Graduate Studies	SGHS
Jerry Clark, PhD	Associate Dean for Student Affairs	SOM
Susan Clark	Director, Rowland Medical Library	AA
Benjamin Dillard, MD	Assistant Professor of Pediatrics	SOM
David Fowler, PhD	Director, Academic Information Systems	AA
Thomas Hampton	Student	School of Health Related Professions (SHRP)
Loretta Jackson-Williams, M.D.	Associate Dean for Academic Affairs	SOM
Marcella McKay, RN, BSN	Alumna	School of Nursing
Molly McVey, M4	President, Carl G. Evers, MD, Society	SOM
Tonya Moore	Chief Learning Officer	University of Mississippi Health Care
Mitzi Norris, PhD	Director of Accreditation	AA
Joanne Olson, PhD	Director of Institutional Research	AA
Rebecca Pearson, PhD	President, Faculty Senate	SHRP
Erin Plummer, N2	Student	SON
LaToya Richards, PhD	Assistant Professor, Clinical Laboratory Sciences	SHRP
Cyndi Scott, PhD	Associate Dean for Administrative and Academic Affairs	SHRP

Member	Position	Constituency
Jonathan Steadman, M3	Student	SOM
Jasmine Taylor, MD	Associate Vice Chancellor for Multicultural Affairs	SOM
Pat Waltman, ED,RN, CNNP	Associate Dean for Academic Affairs	SON
Beverly Weeks	Community Liaison	Community
Barbara Westerfield	Registrar	AA
Whitney Wiltshire, PhD	Assistant Professor of Anesthesiology	SOM
Karen Winters, PhD	Associate Professor	SON
Phoebe Winters, D2	Student	SOD

In November of 2008, the QEP Steering Committee established the Needs Assessment, Inclusiveness, and Best Practices Sub-committees to operationalize the needs assessment/topic selection process. Echoing the philosophy of broadly based campus involvement, each of these sub-committees was structured to provide the widest possible representation of campus stakeholders. The organizational relationships of these committees to the institution's academic officers and to the established UMMC SACS Leadership Committee during the needs assessment and topic selection process are shown in the organizational chart displayed on this page. The committees and sub-committees directly responsible for the topic selection process are highlighted in yellow.



Charges and membership rosters for these committees are listed in appendices I through V and the agendas of these committees meetings are available through the link at reference. [8] The *Needs Assessment Sub-committee* was charged with identifying key issues relating to student learning and/or the UMMC learning environment through a process of systematic assessment. This sub-committee's responsibilities also included creation, dissemination, and summarization of the results from a campus-wide needs assessment instrument or instruments. Additionally, the Needs Assessment Sub-committee was asked to draft a request for formal proposals for an enhancement plan that addressed campus learning issues. A target date of July 2009 was set to submit a draft request for QEP proposals to the SACS Steering and SACS Leadership Committees for review and ultimately for issue to the UMMC community at large.

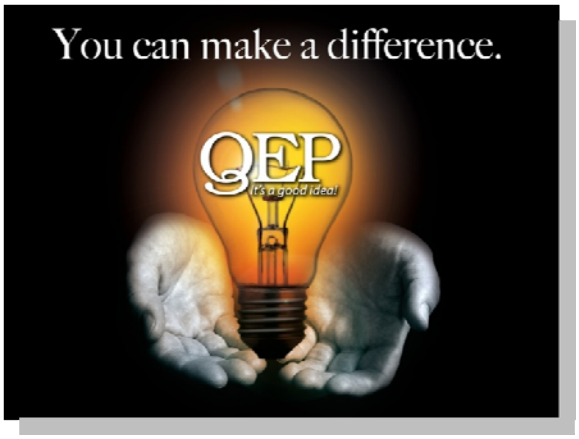
The *Inclusiveness Sub-committee* was given the charge to ensure the broadly based involvement of all institutional constituencies in the development and proposed implementation of the UMMC QEP. This group's major responsibilities included creation of a campus-wide marketing plan for the QEP needs assessment process, dissemination of that plan to all involved campus stakeholders, and assessment of the campus perception of the QEP process.

The *Best Practices Sub-committee* was charged with identifying, summarizing, and providing the full QEP Steering Committee with the relevant education literature and information about institutional best practices related to the successful development and implementation of a QEP. The information brought forward by this group was intended to ensure that the QEP Steering Committee had a comprehensive understanding of the elements needed to successfully address the SAC-COC Core Requirement 2.12 and Comprehensive Standard 3.3.2.

From the initial work of these three sub-committees, a "***QEP-It's a good idea***" campaign was developed to educate the campus about the enhancement plan process and to gather data for the needs assessment.

Engaging the Campus-

The UMMC Division of Public Affairs was engaged to develop materials to raise the campus profile of the QEP campaign and to advertise the needs assessment activities. The **"QEP-*It's a good idea*"** informational campaign began with the publication of an article in *CenterView*, an internal publication of UMMC.[9] This article introduced the SACS QEP concept and process to the UMMC community and invited all faculty, staff, and students to participate in the planned QEP activities. The publication of this initial article was followed by the creation of a QEP webpage[10] and additional electronic communications intended to engage the campus in the QEP process. This campaign also established numerous mechanisms to collect impressions about student learning and the student learning environment. These mechanisms included physical suggestion boxes distributed across campus, virtual suggestion boxes posted on the UMMC Intranet, and group email solicitations to submit ideas, information, perceptions or questions. In addition, 50 individual focus groups were conducted with a broad spectrum of campus constituents including students at all levels from each of the five schools, clinical and basic science faculty, administrative staff, and various student government groups. Opportunities for focus group participation were also extended to the UMMC Traditional BSN students who matriculate on the University of Mississippi's Oxford campus. All focus groups were facilitated by members of the QEP Steering Committee and were centered around the following questions:



- What do you think helps students learn?
- What do faculty need to do to help students learn better?
- What ideas do you have about how we can improve student learning?
- What ideas do you have about how we can improve the student learning environment?
- Is there anything else we should have talked about but didn't?

Parallel to the work of the Needs Assessment Sub-committee, extensive efforts were made by the Inclusiveness Sub-committee to ensure that all members of the UMMC community were informed about the QEP process and had ample opportunity to provide input. These efforts included distribution of 3000 QEP lapel buttons, numerous articles in campus publications, and campus-wide distribution of QEP posters.

The needs assessment campaign resulted in the submission of 550 individual suggestions that were reviewed by the Needs Assessment Sub-committee. Distillation of these suggestions yielded 375 topic ideas that were relevant to student learning and judged by the committee to merit further consideration. Qualitative research methods were employed to group the 375 topic ideas into six broad thematic areas of campus need related to student learning. These areas were as follows:

- curriculum expansion beyond classical biomedical topics
- campus collegiality
- instructional enhancement
- accommodation of learning styles
- instructional services and facilities, and
- enhancement of instructional technologies.

These six topics were vetted as to relevance and priority by numerous campus constituencies through a series of "town hall" meetings, campus publications, and email

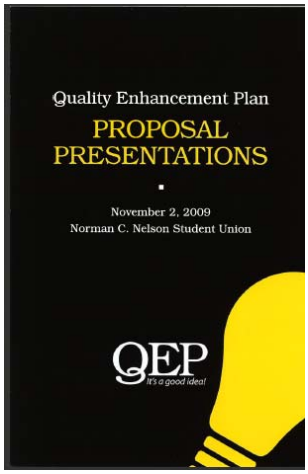
announcements sent to all UMMC faculty, staff, and students. Additional email announcements were sent to alumni for comment on these topic areas.

The work of the Needs Assessment Sub-committee was presented to the QEP Steering Committee in a final report in May 2009. This report is provided in appendix VI. In response to this report, the QEP Steering Committee directed that all formal QEP proposals should be focused on one or more of the six thematic areas identified in the Needs Assessment report.

Request for QEP proposals-

In June 2009, a campus-wide request for formal QEP proposals was issued and disseminated through multiple electronic means.[11]

Detailed guidelines for proposal submission were published on the QEP Web site. These guidelines included the identified areas of need to be addressed, the proposal review criteria, and an outline of the final QEP topic selection process. Workshops for those who were considering the development of a formal QEP proposal were conducted by the QEP Steering Committee to provide additional guidance in proposal preparation and submission. Awards of $5,000 were established for each of the authors or author teams submitting the four most compelling QEP proposals. An additional $10,000 award was extended for the winning proposal.



By September 30, 2009, the deadline set by the QEP Steering Committee, eight formal QEP proposals fulfilling all criteria were submitted. Each of these was reviewed by the QEP Steering Committee using an evaluation rubric developed for this specific purpose (See appendix VII) and four finalist proposals were selected. These proposals are available through the link at reference.[12] The titles of these submissions were as follows:

- *Campus Wide Focus on Patient Safety and Quality of Care* (submitted by School of Nursing faculty)
- *Collaborative Teaching and Learning Center* (submitted by a School of Medicine student)
- *Enhancing Education through Integrating Simulation into the Curricula* (submitted by UMMC Academic Affairs faculty)
- *Ethics, Professionalism, and Humanities Across the UMMC Curriculum: A Plan for Core Value Enhancement* (submitted by Center for Bioethics and Medical Humanities (CBMH) faculty)

Each of these proposals was made available, in its entirety, to the UMMC community for review. Opportunities for campus comment were provided through mass email and online surveys. A widely advertised public forum was then scheduled for live presentation of the four finalist proposals by the authors.

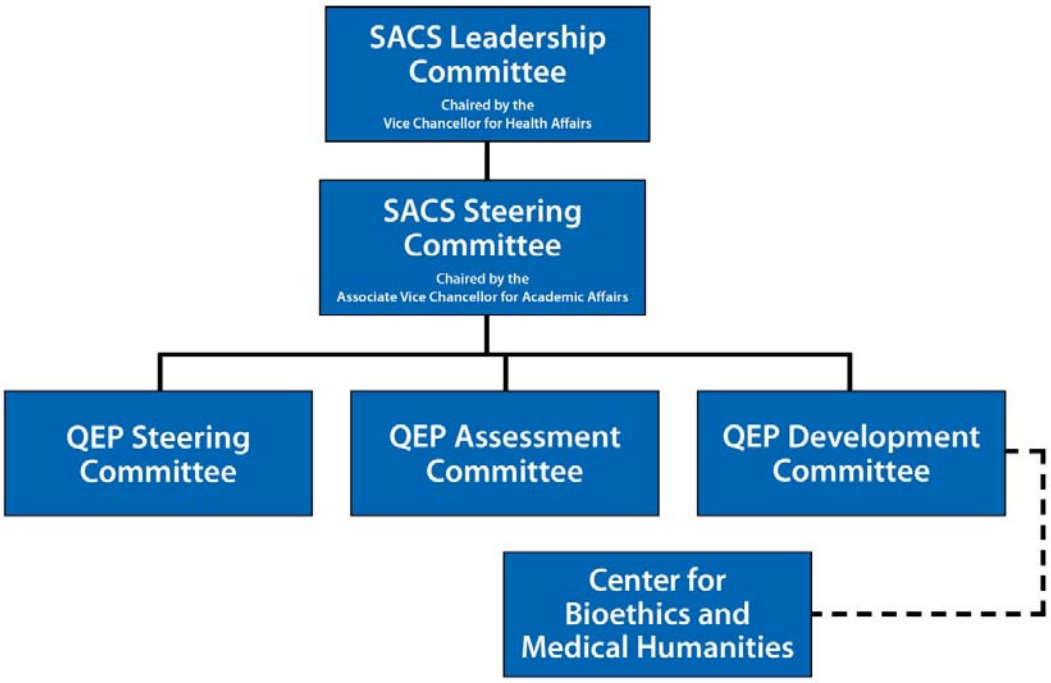
This forum was attended by a broad spectrum of campus stakeholders. Each presentation was followed by a question and answer session with the author-presenters.

The slides and audio of each presentation were posted on the QEP Web site. Following a 30-day period of public comment (October – November 2009) and additional interviews of the authors of each plan, the QEP Steering Committee recommended the proposal "*Ethics, Professionalism, and Humanities Across the UMMC Curriculum*" should be selected as the QEP topic. The SACS Steering Committee forwarded this recommendation to the SACS Leadership Committee. The Leadership Committee accepted the recommendation and directed that this proposal topic be developed into a focused enhancement plan.

QEP TOPIC DEVELOPMENT PHASE

Organizational Structure-

Administrative oversight of the QEP Topic Development Phase was assigned to the QEP Development Committee. This group was established by the QEP Steering Committee and charged with the task of developing the selected topic of *professionalism, ethics, and the humanities* into a focused executable enhancement plan that conformed to the requirements of the SACS reaffirmation process. This committee was also charged with the production of the formal QEP proposal document. Additionally, the QEP Steering Committee recommended the appointment of a full-time QEP Director to chair the Development Committee. This recommendation was intended to ensure continuity in the QEP process as it transitioned from needs assessment to development and ultimately through implementation. Dr. Ralph Didlake, Director of the CBMH and author of the selected QEP proposal, was appointed to chair the QEP Development Committee and to serve as QEP Director for the five year project. Dr. Didlake accepted this position as a full-time endeavor beginning July 1, 2010 and extending through the QEP Development Phase. The Development Committee was provided with a direct reporting relationship to the QEP Steering Committee and the SACS Leadership Committees. The administrative relationships among these committees for the development phase are diagramed below.



The membership of the QEP Development Committee was selected to represent all five of UMMC's schools and to provide not only technical expertise in the areas relevant to the topic of the QEP but also the expertise necessary to create a functional infrastructure for successful QEP implementation. The membership of the development committee is shown in following table.

Member	Title	Constituency
Ralph Didlake, MD	QEP Director	AA
Gregory Chinchar, PhD	Professor of Microbiology	SGSHS
John Davis, M4	Student	SOM
Sondra Redmont, MSW	Program Manager	Office of Research
Kim L. Gratz, PhD	Associate Professor of Psychiatry	SOM
Jason Griggs, PhD	Professor and Chair of Biomedical Materials Science	SOD
Patrick Kyle, PhD	Assistant Professor of Pathology, President, UMMC Faculty Senate	SOM

Member	Title	Constituency
Anna Lerant, MD	Administrative Director, Medical Advanced Skill and Simulation Education Center	AA
Ian Paul, PhD	Professor of Psychiatry	SGSHS
Rebecca Pearson, PhD	Professor of Physical Therapy	SHRP
Tommy Prewitt, MD	Associate Professor of Surgery	SOM
Rob Rockhold, PhD	Deputy Chief Academic Officer	AA
Karen Winters, PhD	Associate Professor of Nursing	SON
Steve Watson, PhD	Associate Dean for Student Services	SHRP

Focusing the QEP Topic-

The first task of the QEP Development Committee was to review the selected proposal and consider it in relation to QEP best practices. This review concluded that, although the selected plan was directed toward clearly documented student learning needs, it outlined an overly-broad approach to those needs and encompassed a scope of work that would ultimately diffuse the impact of the QEP. Specifically, *ethics, professionalism, and the medical humanities* were determined to represent distinct but overlapping topics that should be narrowed or combined in order to focus both the efforts and the goals of the QEP. However, it was also determined that any effort to narrow the focus of the selected proposal must preserve the integrity and the inclusiveness of the original needs assessment and topic selection process. To achieve this, additional data were collected within the UMMC community to prioritize the themes and topic ideas relating to ethics, professionalism, and the medical humanities that inspired the originally selected QEP proposal. These data were obtained through an email survey sent to all faculty, students, and employees. The survey instrument consisted of 20 questions which directed respondents to rank and prioritize each of these topics and issues relative to their perceived importance to student learning and the UMMC student learning environment.[13]

An email invitation to participate in the survey was extended from Dr. James Keeton, the Vice Chancellor for Health Affairs and CEO for UMMC. This email explained the need to gather additional data to further focus the QEP topic. The invitation was sent to approximately 8,000 UMMC students, staff, resident physicians, and faculty. In addition, the message was also sent to 250 alumni who graduated from UMMC schools during the past four years, for whom email addresses were known. A hyperlink was included that directed the participants to the survey webpage. A total of 1,465 individuals responded to the survey and represented a reasonable cross section of the UMMC community (42% staff, 26% student, 20% faculty, 11% administrative, 2% resident physician). The response rate was 15% for students and 32% for faculty.

Among all respondents, honesty and integrity were rated most highly as important characteristics or behaviors in the UMMC learning environment with 99.5% of respondents ranking this characteristic as very or extremely important. This was followed closely by professional ethics (98.8%), respect for colleagues (98.3%), and working effectively as a team (97.4%). Other factors that fall under the heading of professionalism that were ranked as very or extremely important by over 90% of respondents included having ethical role models, effective verbal communication, and modeling ethical behavior. This grouping of highly-ranked intrinsic values was consistent across all schools and all disciplines. In contrast, issues and characteristics that more closely align with the medical humanities were reported as less important to the student learning environment. For example, “the history of one’s discipline” was ranked not at all or somewhat important by 28.7% of all respondents. Similar issues and characteristics such as the philosophy of health care were consistently ranked not important at all or only somewhat important. This grouping was also very consistent across all self-identified groups. The survey data can be found in tabular form through reference.[14]

The outcome of this survey clearly indicated that professionalism, as it relates to student learning, is a significantly greater concern for UMMC’s community than the broader area of medical humanities. The result of the QEP focus survey was analyzed by the QEP Development Committee. The committee determined that the data justified a decision to further sharpen the focus of the QEP topic to the following:

Professionalism Across the Curriculum.

Eighteen work groups were created to design a plan of implementation for a ***Professionalism Across the Curriculum*** (PAC) program. The groups were also responsible for identifying the resources necessary for a successful program based on this focused topic. These groups functioned under the aegis of the QEP Development Committee members and their activities were coordinated by the QEP Director. The

leaders and area of responsibility of each of these work groups is shown in the following organizational chart.

Although many tasks in the development phase were decentralized, all activities of this phase were directed toward three major aims:

- identifying best practices in professionalism education,

- developing a rigorous plan of outcome assessment, and
- securing the resources necessary for successful implementation.

Best practices in professionalism education-

The *Best Practices Work Group* of the QEP Development Committee performed an extensive literature search to examine the current status of professionalism education both at the undergraduate and graduate levels. The committee also worked to identify proven teaching and learning methodologies for this type of curriculum content.[15] The result of this review indicated that the need to introduce professionalism education into university curricula is not unique to UMMC nor is the question of how best to teach professionalism new in American education. A clear consensus was identified that institutions of higher learning in general and professional schools specifically have a responsibility to develop not only the requisite knowledge base and technical abilities of its graduates but also their character, ideals, and values as members of their respective professions and as participants in a responsible society. The role of an educational institution to produce graduates who are fluent in the language of character, values, and responsibility as features of professionalism was articulated in the mid-20th century by the Spanish philosopher Jose Ortega Y Gasset:

> *"General education means the whole development of an individual, apart from his occupational training. It includes the civilizing of his life purposes, the refining of his emotional reactions, and the maturing of his understandings about the nature of things according to the best knowledge of our time."*[16]

More recently Eric Mount suggested that the ethics and other human elements which create the complex mosaic of professionalism are normative forces both for institutions and for professions;

> "*[P]eople must share more than intellectual capacity if they are to share moral values, and they must share more than common institutional membership if those values are to be more than instruments for the reinforcement of institutional self-interests narrowly conceived."*[17]

Boylan and Donahue outlined clear educational goals to avoid a narrow conception of professionalism:

> *"[T]he concern of ethics in professional schools is to provide an understanding of the moral challenges and conflicts that arise in the conduct of professional activity, and its aim to give students the tools for making good choices in their future professional careers and to inform*

them on the state of the art in understanding certain kinds of moral conflicts."[18]

These passages suggest how broadly professionalism can be envisioned and underline the role that the educational institution can play in developing this professionalism. However, other evidence raises serious questions about the ability and commitment of universities to achieve these goals. This doubt was expressed unambiguously in May's analysis in which he warned that American academia may become *"too narcissistic, and self-preoccupied"* to properly prepare students for the modern world.[19]

Our literature review confirmed that health care education is not immune to these deficiencies. Even though disciplines such as medicine and nursing have well-developed ethical traditions and easily recognized professional identities, considerable concern exists regarding proper balance of the technical aspects of modern health care education and the human and social aspects of health care professionalism. Coombs and Paulson noted distrust of the narrowly focused science-dominated premedical curriculum which resulted in students who *"lack the breadth of interest and the social experience necessary for the development of a socially sensitive and emotionally mature personality."* They also suggested that this educational deficit was *"linked to a perceived lack of physician concern for patients, interpersonal warmth, and humanitarian care."* [20]

Numerous other observers have recognized this deficiency including Mish who pointed out that*"[T]he public has regularly decried the apparent replacement of physicians' humanism with technologic sophistication…"*[21]

Even more disturbing is the significant and growing body of literature indicating that the medical school experience may serve to actually inhibit the moral growth of students and that some attitudes toward patients may actually erode over the course of medical education.[22] This research is unsettling, but it is also not without hope. Over the last decade, there has been growing consensus among health care educators that professionalism and its components should become a core element of a health science center's curriculum. However, there has been little consensus concerning what, when, and how health care professionalism should be taught. A survey of medical ethics education at U.S. and Canadian medical schools found wide-spread variation in content, method, and timing of ethics and professionalism instruction as well as insufficient commitment of curricular time and funding to these subjects.[23] Further analysis reveals numerous barriers to the establishment of a professionalism curriculum in health care education. The first is the well-known "silo" organizational structure inherent in academic health science centers which inhibits not only interdisciplinary communication but also the implementation of programs that reside outside of traditional disciplinary boundaries. This problem is often exacerbated in an academic medical center where specialty

fragmentation creates a culture in which resources, efforts, and agendas are concentrated in ever-narrowing areas of focus.

Another common barrier to incorporating professionalism, ethics, or any of the medical humanities into the core bioscience curriculum is marginalization of non-clinical subject areas. Courses and subject areas that are outside of the traditional biomedical curriculum are frequently viewed by highly trained specialists as having a "lesser gravitas" than strictly clinical curriculum content. This type of marginalization not only limits incorporation of professionalism topics into the core bioscience curriculum but also reinforces "siloed" organizational structures. The already crowded teaching schedule is also a considerable impediment that is self-reinforcing due to the rapid rate at which bioscience information expands. The disciplinary demands of the core curriculum content universally challenge the time needed to cover the standard course material.

Ethics Across the Curriculum: A model for our QEP-

A compelling educational model that overcomes the institutional and programmatic barriers to introducing new content into a core biomedical curriculum is found in the **Ethics Across the Curriculum (EAC)** concept. The philosophical basis of the concept is the recognition that university students, especially at the graduate level, should be taught by faculty who model ethical behavior, engage in moral reasoning, and consider moral/ethical issues **within the contexts of their specific professional skills and activities.** An applied ethics course taught by a philosopher may be of isolated interest and benefit to a non-philosophy major. However, having a professor from one's own discipline or field of study weave ethical awareness, moral concepts, social responsibility, and professional behavior into the very fabric of a given course will have a much greater impact. Among the early proponents of this teaching and learning concept was Lawrence M. Hinman of the University of San Diego who developed the concept into a functional framework that can be applied to any subject or discipline.[24] This framework has served as a primary source of inspiration for the UMMC QEP. Variations of this construct have found successful application in an extensive and diverse array of academic environments ranging from business, agriculture, and accounting to engineering, biomedical sciences, and journalism.[25 26 27 28 29 30 31 32]

A well developed EAC program has four distinct features that can be extended to a ***Professionalism Across the Curriculum*** **(PAC)** program to facilitate the integration of professionalism content into student learning activities.

- Utilization of existing course instructors
- Little or no requirement for additional teaching time
- Embedding context that is discipline-specific and stage-appropriate

- Integrating professionalism instruction seamlessly with the core content and communicating to the student that professionalism is an integral component of the discipline

The theoretical core of the EAC model is the utilization of a curriculum's regular instructors. Although visiting lecturers, docents, and discussants can enrich a student's course experience, sole dependence on them to teach ethics or professionalism sends the message that these topics are in some way isolated or disconnected from "real" course content or a student's major subject. The importance of professionalism issues and their direct connection to a specific area of study are reinforced when the students' regular instructors are voicing the value of professionalism and modeling moral reasoning **from within** the subject or discipline being taught. Teaching professionalism and its component topics through health care content experts emphasizes the fact that professionalism in this setting is inextricable from day-to-day patient care, biomedical research, education, and administration regardless of one's field of study or practice. The practical core of the EAC model is **embedded curriculum**, which can be defined as the integration of new content into already scheduled teaching activities and by inserting new content through non-traditional instructional methods such as online content delivery.

While the EAC may be applied at a macro level by inserting courses into programs, its advantages are best realized at a micro level by inserting individual elements such as facts, definitions, or concepts into lectures or other student learning activities. At the micro level any need to identify additional dedicated block-time for new content is eliminated. In addition, the new content does not compete with core course content for teaching time and already-committed instructional resources are leveraged for maximum use. Flexibility in the way content can be embedded is another attractive feature of an EAC approach. Integrating individual professionalism elements allows them to be tailored to the student's educational level, to prior content exposure, as well as to relevance regarding current subject matter. Embedding professionalism content using multiple instructional methods can also compensate for learning differences and for the unique learning styles of neo-millennials and digital natives.

Two final advantages of the embedded curriculum approach for professionalism education are specific to an academic health science environment. The first relates to the current trend in teaching at both the graduate and post-graduate levels to base instruction on the analysis of cases and problems. This approach actively engages the student and ensures the relevance of the subject matter to the learner's discipline but, as a sole teaching technique for professionalism, it also has two distinct disadvantages. Case examples often create the misimpression that, in practice, professional dilemmas

can always be resolved into a right or a wrong answer. This is a significant risk in a health care environment in which case presentation and analysis are the mother's milk of training a student to "get the right diagnosis." Cases involving moral and ethical issues, however, frequently have a range of acceptable resolutions as opposed to "the one right answer." Additionally, case analysis as a single teaching method does not provide a sufficient factual base from which critical thinking about moral and ethical issues can be developed. The elegance of the embedded curriculum approach is that both of these deficiencies are abrogated. Sufficient theoretical material can be embedded into course lectures and other learning activities to provide a basis for understanding the substantive professionalism concepts encountered in teaching cases.

The second advantage of the embedded curriculum construct as it applies specifically to health care education is that it directly confronts the hidden or implicit curriculum. Incorporating the regular teaching faculty, to which the student is most often exposed, into a program in which they repeatedly voice the values and demonstrate the behaviors associated with high standards of professionalism creates an educational culture that will actively contest the negative influence of the hidden curriculum.

The QEP Development Committee adopted the EAC-embedded curriculum model as the primary mechanism for presenting professionalism content to student learners. Each component of QEP implementation is designed to drive this primary mechanism. The final product of the QEP Development Phase is a student-centric, systematized plan of implementation, supported by an organized infrastructure, and focused on measurable outcomes. The Needs Assessment and Development Phases achieved an additional important step that is critical to the success of this QEP. These broadly-based efforts resulted in acceptance and support of the QEP as evidenced by the endorsement of the UMMC Faculty Senate (see appendix VIII).

DESIRED STUDENT OUTCOMES

Achieving the four specific objectives of the PAC Program will result in the following student outcomes:

Objective 1: improvement in the standards of professional behavior during our students' interactions with patients and colleagues

Outcome: students will exhibit significant improvement in professionalism assessments.

Objective 2: improvement in the skills by which our students recognize and manage professional conflict and ethical dilemmas

Outcome: students will score significantly higher on measures of empathy and moral decision making

Objective 3: improved literacy of professional ethics among our students

Outcome: students will exhibit higher scores on objective ethics testing

Objective 4: improvement in the degree to which faculty and staff serve as role models who embrace professionalism as a fundamental value

Outcome: Measures of the UMMC professionalism climate of the student learning environment will improve significantly

The metrics by which these outcomes will be assessed are described in detail in section 5.b.v. Qualitative outcome targets are listed by year in the Master Implementation Timeline on page 63. Specific quantitative targets for these measures have not been set because baseline values are not yet established. Additional outcome benchmarks, both qualitative and quantitative may be set for QEP years 3 through 5 at the discretion of the QEP Assessment Committee (see page 58).

QEP IMPLEMENTATION PHASE

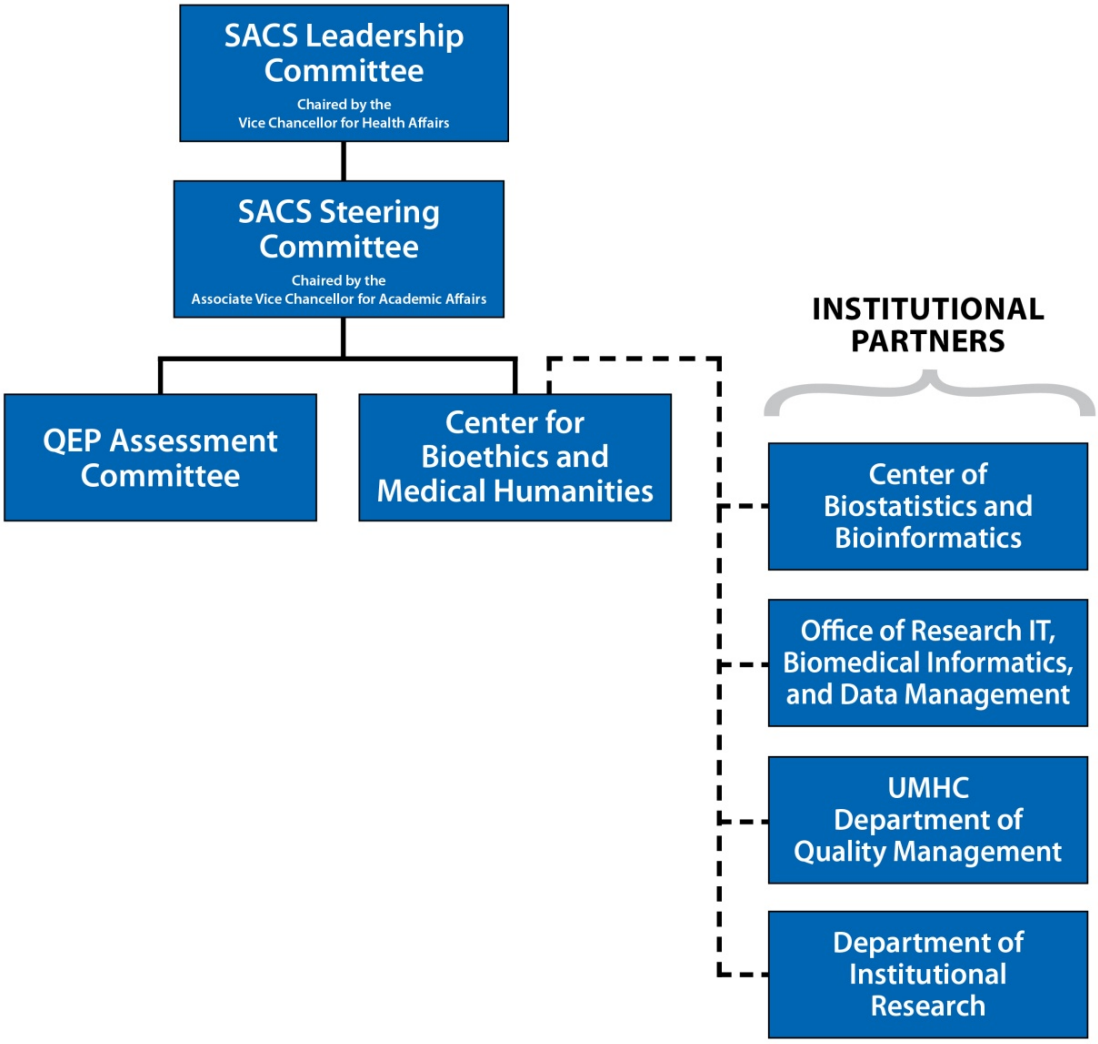
Organizational Structure-

Responsibility for the **Implementation Phase** of the PAC program rests with the UMMC's Center for Bioethics and Medical Humanities (CBMH). This Center was established in 2008 to add value to the existing educational, research, and service missions of UMMC by placing an emphasis on health care ethics and seeking greater understanding of the social and cultural contexts of the modern biomedical enterprise. In its educational role, the Center serves as a teaching and learning resource for bioethics. This educational role works in conjunction with the research mission of the Center, which has two components. The first is to provide ethics support to the UMMC research community as it makes an effort to examine ethical issues such as research using human subjects, the use of laboratory animals, and scientific integrity. The second component of the Center's research mission is its own internal research programs which focus on the socio-cultural context of modern health care. The educational role and research mission of CBMH also compliment the service mission of the Center, which provides clinical ethics consultation for UMMC's hospitals and clinics. These three roles of the CBMH are carried out by the staff and seven core faculty members who have extensive experience and training in the Center's areas of responsibility. They are well equipped to provide the technical expertise needed to support all of the CBMH programs. The core faculty is detailed in the following chart:

Faculty Member	Position	Area of expertise
Ralph Didlake, MD	Director, CBMH Professor of Surgery	Research Ethics Medical Humanities
April Palmer, MD	Professor of Pediatrics	Research Ethics Health Care Access
Rick Boyte, MD	Professor of Pediatrics	Palliative Care End-of-Life Issues
Susan Shands-Jones Esq.	Senior Staff Attorney	Clinical Ethics Medical Humanities
Ruth Black, Ed.D	Director, Pastoral Services	Spirituality in Health Care
Dennis Watts, PhD	Associate Professor of Health Sciences	Technology and Society
Sharon Douglas, MD	Associate Professor of Medicine	Clinical Ethics
Helen Turner, MD, PhD	Associate Vice Chancellor for Academic Affairs Professor of Medicine	Educational and Institutional Ethics
Jasmine Taylor, MD	Associate Vice Chancellor for Multicultural Affairs Assistant Professor of Psychiatry	Patient-Physician Relationship

Biographical sketches of CBMH faculty and staff are available at the CBMH Web site [33] and complete CV's are available through the link at reference.[34] Currently, the full-time CBMH staff consists of its director and an Educational Technologist. QEP funding will provide 2 additional full-time CBMH positions including a PhD-level education specialist and an administrative assistant (See Budget and Resource Commitments, page 64).

Administratively and physically, the Center resides in the Office of Academic Affairs and reports to Dr. Helen Turner, associate vice chancellor for academic affairs and UMMC's chief learning officer.

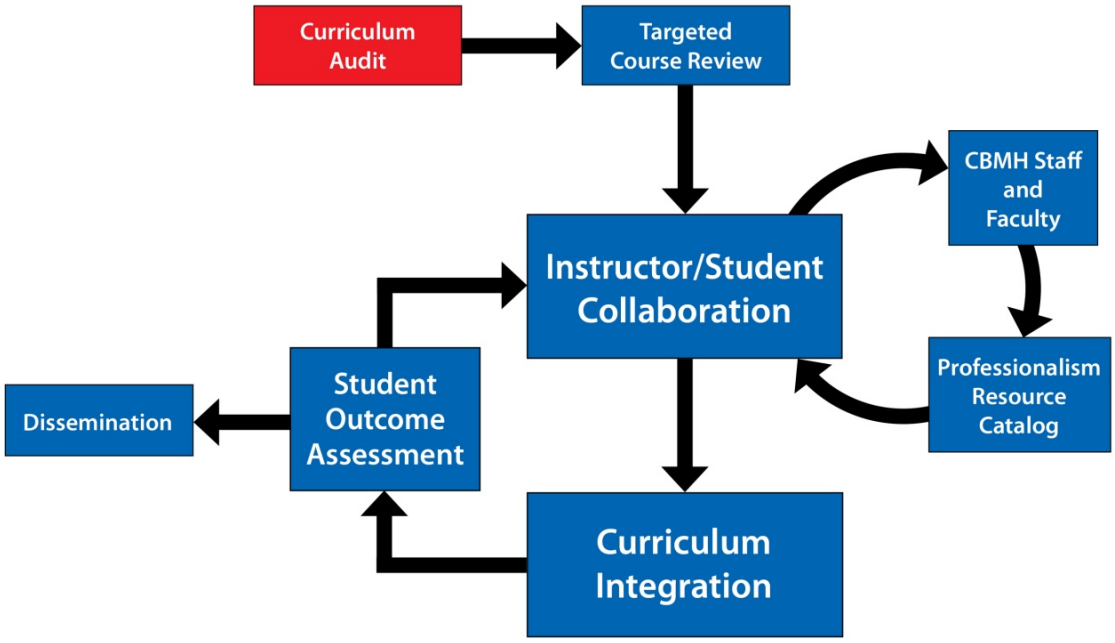


Actions to be Implemented-

The ***Professionalism Across the Curriculum*** **(PAC)** plan will be implemented in five interconnected steps:

- a comprehensive curriculum audit,
- targeted course review,
- teaching/learning collaboration,
- curriculum integration, and
- student outcome assessment.

The flow diagram that follows outlines the operational relationships between these steps.



Curriculum Audit-

The first operational goal of PAC implementation is to complete a comprehensive curriculum audit. The audit will be carried out by the CBMH staff in collaboration with the academic leadership of each school. The curriculum audit has four specific goals:

- to define the spectrum of current UMMC practices related to the teaching of professionalism,
- to identify existing courses with the greatest opportunity to integrate new professionalism content into teaching and learning activities, and
- to identify current institutional best practices for the teaching of professionalism content.

The audit will include all courses, both core and elective, listed in the 2010-2011 UMMC Bulletin.[35] Audit data will be obtained from course coordinators or individual instructors working through the Dean's office of each school. Direct interview of individual instructors will be carried out by the CBMH staff where necessary, in order to obtain complete information regarding the content of individual lectures and the types of instructional methods employed. Each course will be evaluated on four criteria:

- substantive professionalism content,
- presentation of professionalism content by regular course instructors,
- assessment of student learning outcomes related to professionalism content, and

- suitability of professionalism content to the course subject.

For the purpose of this audit, substantive course content is defined as specific information that directly addresses one or more components of professionalism. This substantive content is presented to the student during the routine conduct of the course. Professionalism content may be specific to the topic or subject being taught or generalizable to a broader interdisciplinary health care environment. A check list of outlining examples of professionalism content topics has been developed by the CBMH to assist course directors and instructors in accurately identifying topics relevant to the aims of the audit. The audit topic check list is shown in appendix IX.

The second audit criterion examines the manner in which professionalism content, if present, is integrated into the course or program and the extent to which it is presented by the regular course instructors as opposed to “outside experts.” Evaluating content on this criterion will gauge how closely the course aligns with the “Across the Curriculum” philosophy. For the purposes of the audit an “outside instructor” is defined as an individual who is not an expert in the discipline or field of the course being taught. This measure will effectively identify those opportunities wherein regular instructors can be encouraged to present professionalism content that is currently taught by individuals outside of the specific discipline of the student’s course of study.

The audit process will also score each course with regard to whether or not testing or evaluation of student learning related to professionalism or its components is performed. This information will identify opportunities to improve the direct assessment of student learning outcomes relative to professionalism issues.

The final criterion of the curriculum audit will be the suitability of professionalism content to the course subject, course content, or the specific instructional methods utilized in that course. For example, Fundamentals of Polymer Science (B.MS 710) may be poorly suited to embedded professionalism content and would receive a low suitability score. In contrast, the Third-year Medical Student Surgery Clerkship (SURG 631) provides extensive opportunity to embed professionalism content for presentation by the regular course instructors. This course would receive a high suitability score.

Scoring of the audit criteria for each course will be based on a four point Likert scale. Each course will receive a composite professionalism content score based on the three content criteria and a separate applicability score based on the measure of suitability. A Curriculum Audit Worksheet has been developed to facilitate data collection and is shown below.

Curriculum Audit Worksheet

School_____ Course # _____

Course Title_____

Credit hours _____ Coordinator or Contact _____

Elective or Core

A. Is professionalism currently taught in this course?

No content High level of content

0 1 2 3 4

Professionalism content delivery methods_____

_____

B. Who teaches the professionalism content in this course?

Outside instructors only Both Regular instructors only

0 1 2 3 4

C. Assessment of student learning related to professionalism content

No assessment Comprehensive assessment

0 1 2 3 4

Composite professionalism content score [(**A** + **B** + **C**) / 3 =] _____

D. Suitability

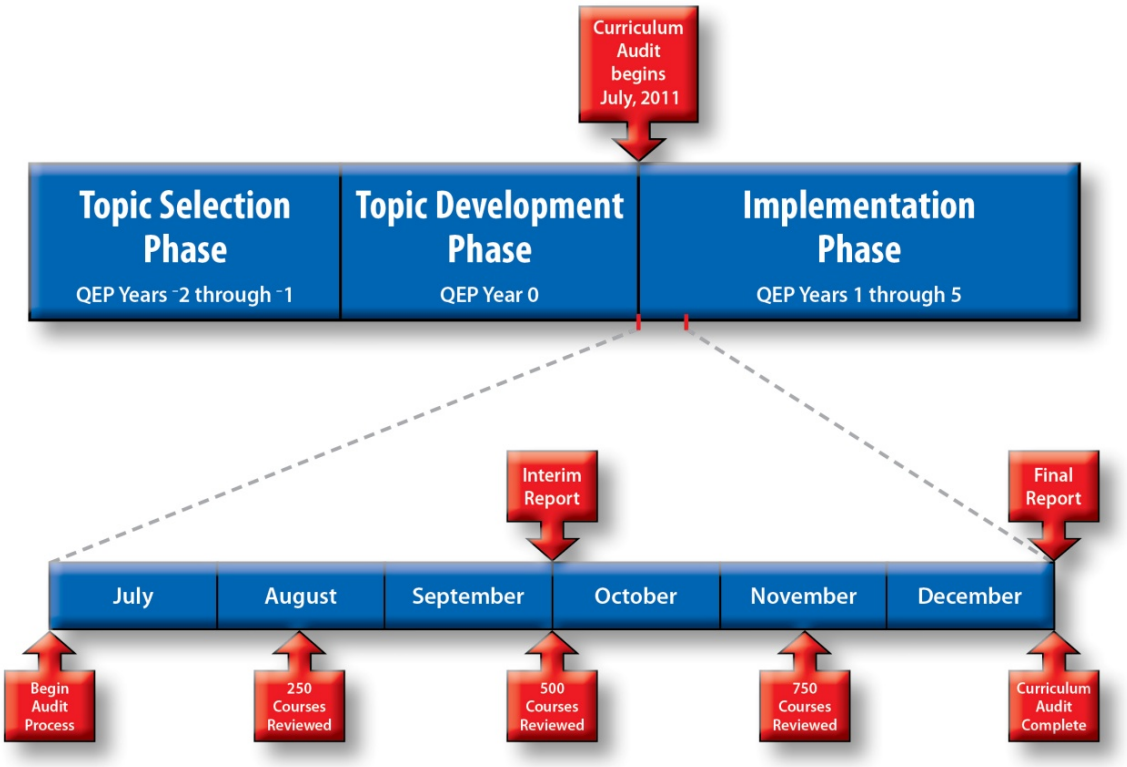
Not applicable at all Perfectly suited

0 1 2 3 4

The CBMH staff has generated a spreadsheet populated with course numbers and descriptions from the UMMC Bulletin to collate the audit data. The spreadsheet can be viewed through the link at reference.[36] An electronic data form version of the audit worksheet is linked to the spreadsheet and will allow the CBMH staff to enter these data directly.

The Office of the Dean of each school will be asked to review the course list for their respective schools to ensure that no new course offerings are omitted from the audit process. The completed spreadsheet will also contain the number of semester hours earned for each course, the course coordinator, and the instructional methods by which the course is conducted.

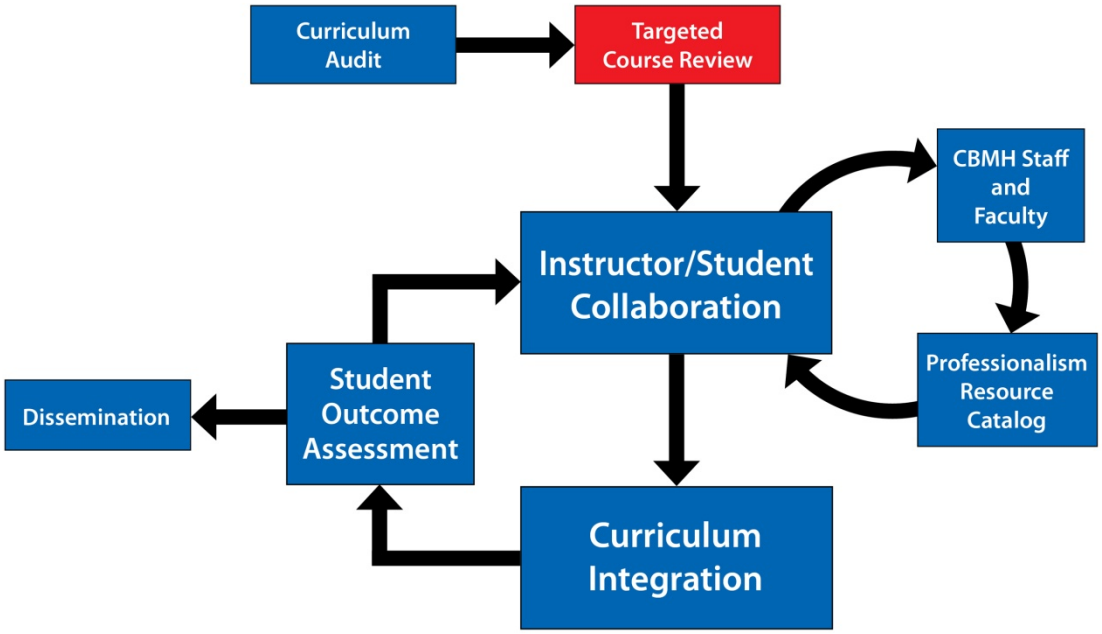
In addition to the formally-listed courses, several other UMMC teaching and learning activities will be included in this audit process. These include learning activities and teaching resources that may fall outside the purview of defined courses but have sufficient structure into which embedding professionalism content may be possible. These activities include the extramural rotations, the Medical Advanced Skill and Simulation Education Center, the School of Nursing Skills Lab, the Clinical Skills Assessment Center, and the Surgical Skills Lab. Approximately 975 courses and other learning activities will be included in the audit. An aggressive time line has been established for completion of this audit and for submitting interim and final audit reports to the QEP Assessment Committee (See QEP Assessment Section, pp 46). The audit time line is depicted graphically below.



Using the data from the completed curriculum audit, all UMMC courses will be assigned a composite score and divided into quartiles based on these scores. Those courses falling into the 4th quartile (the lowest composite score) will be prioritized based on their applicability score. Courses within the 4th quartile with the highest applicability score will be considered to be the best candidates for embedded professionalism curriculum and therefore the initial targets for focused review. This quartile of courses and learning activities will be the central focus of the PAC program. Scoring courses in this way creates a data-driven mechanism to **focus the efforts of the QEP** while maintaining a substantive and cross-disciplinary impact on the learning environment. The program benchmarks for completing the targeted review are described in the master implementation time line shown on page 63.

Targeted Course Review

The next phase of PAC implementation will be the systematic detailed review of the targeted quartile of courses and learning activities by the CBMH staff. This step is shown schematically in the flow chart below.

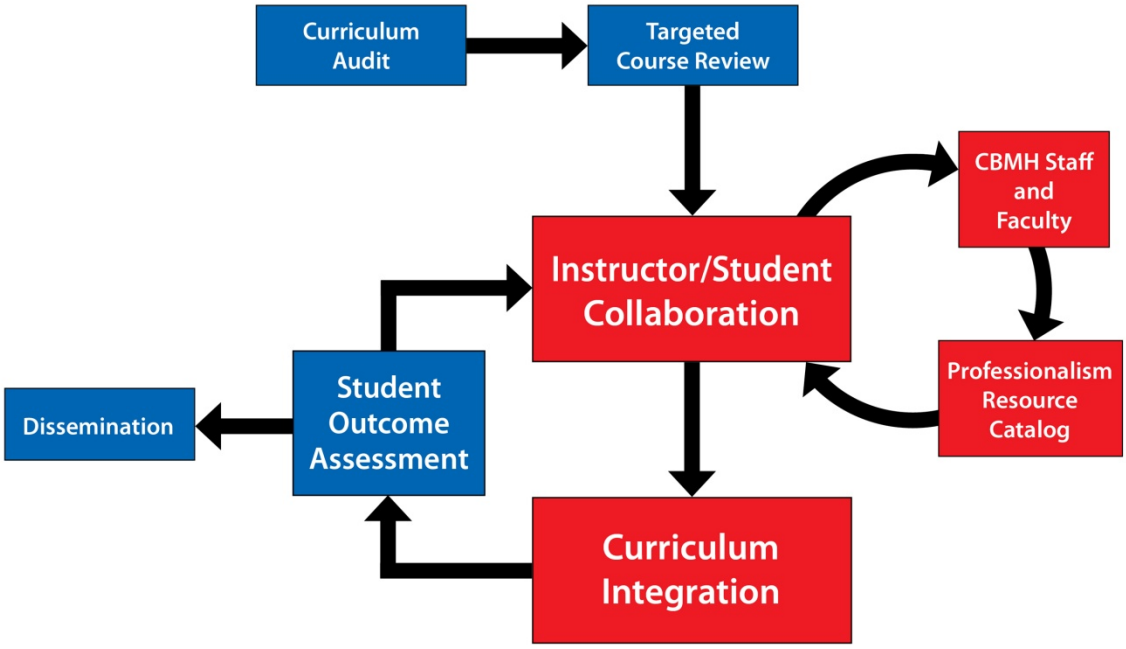


This focused review of targeted courses will consist of five elements:

- detailed examination of the course syllabus,
- examination of individual learning activity content,
- identification of opportunities to embed professionalism topics,
- recommendations for embedded content and/or learning activities to the course, director and/or individual lecturers, and
- prioritization courses and activities for curriculum integration.

The CBMH staff will examine the syllabus of each targeted course to identify specific opportunities to embed relevant and stage-appropriate professionalism content directly into the conduct of the course. Such opportunities will include all materials presented to the student: printed course content, lectures, group activities, self-directed learning activities, case illustrations, and the course syllabus itself. Each of these materials will be examined in order to identify potential points in the conduct of the course where professionalism elements may be introduced. Upon completion of each course review, the CBMH staff will make recommendations to the course director for introducing embedded professionalism content and thus begin the collaborative curriculum integration process.

Instructor/Student Collaboration and Curriculum Integration



This will begin a collaborative process with the course director and individual instructors to identify or develop the specific topics, format, and instructional methods for professionalism content delivery. Close collaboration with the directors and instructors is a critical component of this process for three reasons. First, close collaboration ensures that the professionalism content is stage-appropriate and discipline-specific. Embedded content must be tailored to the student's level of understanding and take into account any prior professionalism content to which they have been exposed. Professionalism instruction must also be relevant to the students' overall course of study. An "Across the Curriculum" program achieves maximum success when embedded curriculum elements are neither contrived nor appear to be "shoehorned" into the course. Second close collaboration encourages the course coordinator and instructors to become deeply engaged in this step of the process. This engagement contributes to the "buy in" of the faculty and further demonstrates that the QEP represents a value-added resource for instruction rather than a regulatory mandate. Finally, close collaboration with the specific instructor who will deliver the professionalism subject matter also ensures that the embedded content fits both the teaching style and the learning objectives of that instructor. The last is important because some faculty may not feel fully qualified to teach professionalism or ethics content. Discerning this type of reluctance during the collaboration process will identify opportunities for faculty development in the areas of teaching professional decorum in a practice setting, moral decision making, bioethics, social responsibility, community engagement, cultural context, and the many other areas

that comprise professionalism for the student of a health care discipline. The CBMH faculty and staff are prepared to create and deploy educational programs and provide individual mentoring to faculty should this need be identified.

The collaboration-integration process will obtain student input through analysis of course evaluations and post graduation surveys. All UMMC courses participate in an evaluation process. In QEP Year 0, the CBMH and the course directors will begin to insert questions regarding professionalism education into all course evaluations. This initiative will be complete for all schools by the beginning of QEP Year 1. These data will help identify the most effective venues and most engaging techniques for embedding professionalism content.

Other opportunities for student input are already in place. Graduates of the School of Medicine (SOM) participate in the Association of American Medical Colleges (AAMC) Graduation Questionnaire (GQ).[37] This questionnaire is an important tool for medical schools to use in program evaluation and to improve the medical student experience. It includes questions related to communication, professionalism, and ethics. The data are available annually and include five years worth of comparable data as well as aggregate data from graduating students at all LCME accredited US medical schools for the most recent year. These data will provide the PAC program with important insight regarding UMMC medical student perception of professionalism education. The Office of Institutional Research will work with the CBMH staff to structure annual post-graduation surveys to obtain similar information from graduates of UMMC's other schools.

Professionalism Resource Catalog

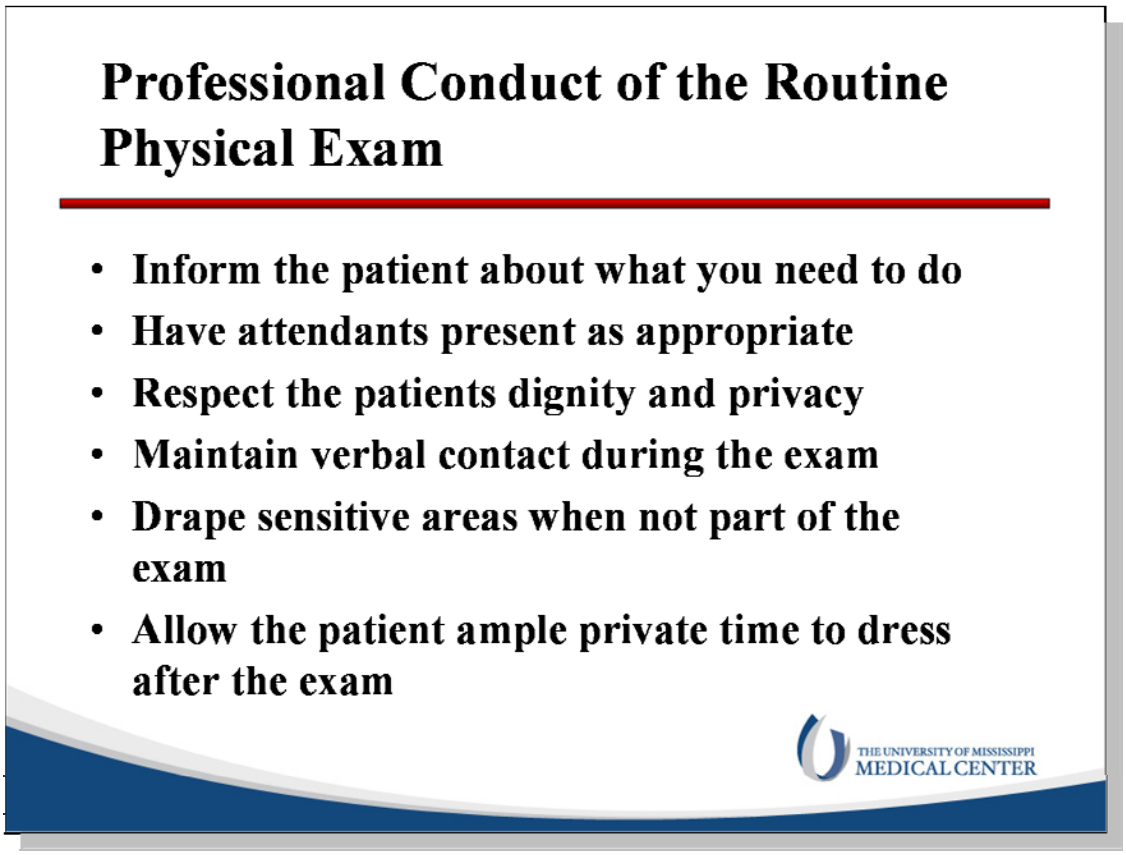
The primary source for the professionalism content that will be embedded into existing instructional activities will be the Professionalism Resource Catalog. This catalog will be developed and maintained by the CBMH and will contain a broad spectrum of professionalism curriculum elements that faculty can insert into existing instructional activities. The catalog will be maintained as a searchable online database available through the QEP webpage.[38] All professionalism teaching activities and elements that are identified or developed during the collaboration-integration process will be included in the PRC. Professionalism content elements that will be available in this catalog include the following:

- topical slides,
- annotated case discussions,
- complete lectures on professionalism/ethics topics,
- e-learning modules,

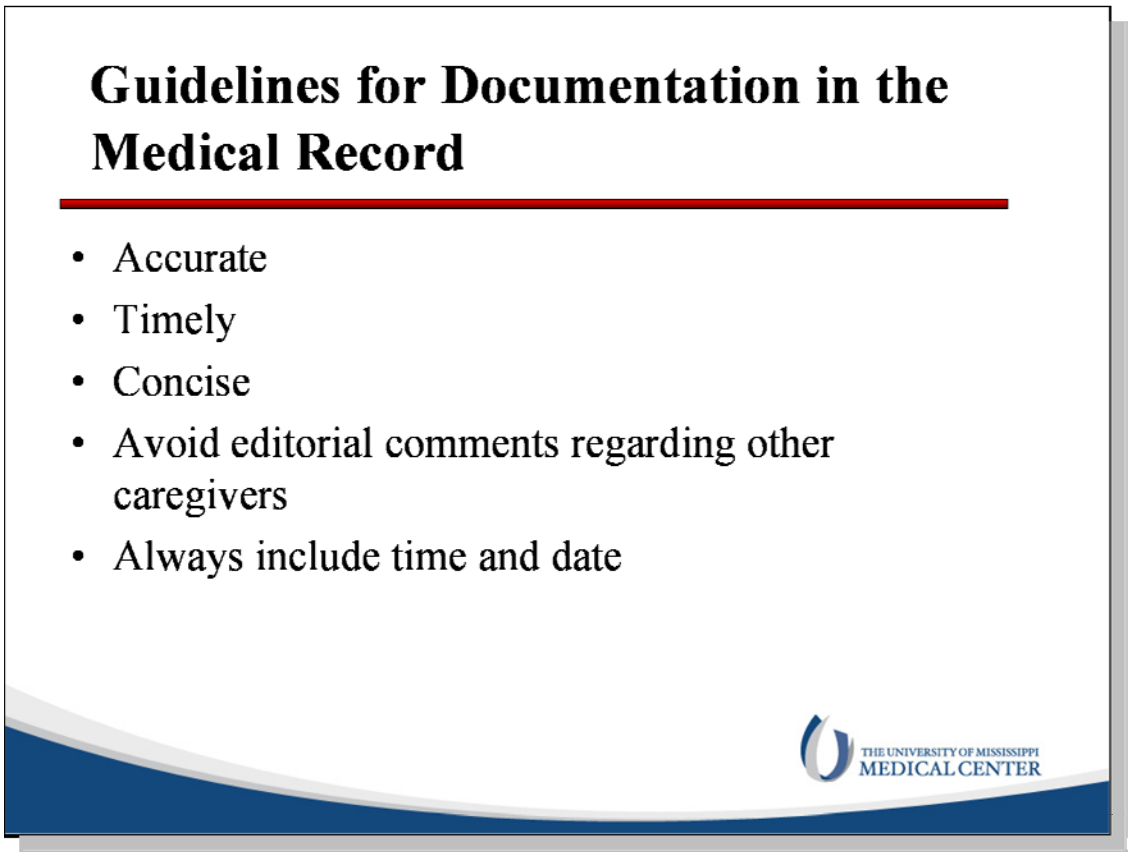
- objective structured clinical examinations (OSCE's),
- small group activities,
- simulation scenarios,
- video segments, and
- a bibliography.

Topical Slide Collection-

This collection will consist of PowerPoint slides, created by the CBMH staff, that present basic professionalism content. Faculty may select slides from this collection in order to embed the content into their lectures or to include in other presentation formats. A professionalism content slide might consist of bullet points outlining the proper conduct of a physical examination of an opposite sex patient. The salient points of respect, decorum, and the need for an attendant to be present would be listed as teaching points. Citations and references for further discussion, study, or development of additional teaching materials will be cataloged with the slide. Such a slide could be embedded into almost any lecture in which physical examination is discussed or described. Also, because the slide has such broadly applicable professionalism content, it is appropriate for multiple disciplines and teaching programs. An example of this PowerPoint slide is shown below.



A second example of a broadly-applicable professionalism content slide resources is shown in the following figure. This slide demonstrates guidelines for documenting information in a patient's medical record. As a professionalism issue, documentation in an office or hospital record applies to all health care disciplines and is an activity that is integral to the daily practice of physicians, nurses, dentists, pharmacists, and therapists. Again, this type of professionalism content can be easily embedded into a broad range of lectures across multiple disciplines.



Incorporating this type of content into multiple presentations that are delivered by multiple faculty members will communicate the centrality of professionalism issues to health care practice. Repetitive presentation of professionalism content in this manner will improve student learning of facts, concepts, and reinforce behaviors related to professional standards and norms. The slide collection portion of the PRC will include all slides produced through the instructor collaboration process. In addition, professionalism content slides identified during the Curriculum Audit or slides that can be generated from professionalism content identified during the audit process will also be included in the catalog. Proper attribution of the source of each slide will provide a means of campus wide communication of the best practices used by those faculty members who currently include professionalism content in their courses and lectures. It is expected that the PRC will contain at least 200 professionalism slides by QEP year 5.

Annotated Case Discussions-

Illustrative clinical cases have long been considered to be the mother's milk of health care education for good reason. The presentation, analysis, and discussion of typical and atypical patient scenarios provide a platform for testing not only factual knowledge of and conceptual understanding by the student learner but also his or her ability to

extract information from a real-world context and apply it for the purpose of diagnosis and treatment. Specific cases will be developed by the CBMH faculty and staff that highlight professionalism issues. Sufficient information will be archived with each case so that it may be modified as needed for oral presentation to a small group, embedded within a lecture, assigned as a case study requiring a written report, or used as a team learning exercise. An example of a clinical case containing a prominent professionalism issue is outlined in the following abstract:

> The patient is a 43 year old Puerto Rican male who was the unrestrained driver of a pickup truck. He was brought to the Emergency Department (ED) in the middle of the night after a motor vehicle collision. Paramedics stated that he ran a red light and hit an oncoming vehicle. He is immobilized in the usual manner.
>
> *ED Physician: 'Hello, Mr. Cruz, I am Dr. Jones. What happened?'*
>
> *Patient: 'I don't know. I look both ways before I go, you know. It was dark, and I saw nobody was coming.'*
>
> *ED Physician: 'Did you lose consciousness or pass out?'*
>
> *Patient: 'No, this is all because of El brujo they put on me.'*
>
> *ED Physician: ''Did you hit your head?'*
>
> *Patient: 'No, I no hit my head.'*
>
> *ED Physician: 'El brujo?'*
>
> *Patient: 'El brujo! El brujo! Don Jose told me something bad was gonna happen!'*
>
> Obviously puzzled, the doctor looks at the nurse who is obtaining vital signs. She just smiles back at him. The patient notices the interaction between them and becomes agitated.
>
> *Patient: 'I am gonna die! So many people have died in there. I see them all over the place.'*
>
> *Nurse: 'Yes, but a lot of people have survived in this room also, and you will be just fine,sir. Just fine.'*
>
> The physician does not seem to know about 'El brujo' and why the patient is blaming the collision on it. How could the patient's care be affected by the physician's lack of understanding?[39]

The professionalism skill that is required for understanding this case centers on cross-cultural communication. Proper clinical management would require the care team to recognize that engagement of the patient's cultural narrative is necessary to differentiate his genuine expression of a culturally-based concern from behaviors that suggest a closed head injury. This case could be easily integrated into a lecture or discussion of emergency room care, evaluation of trauma patients, or as part of a presentation related to obtaining an accurate history from a neurology or neurosurgical patient. The content of this case, both from a technical biomedical perspective and from a professionalism perspective is applicable to students in the schools of medicine, nursing, and several programs in SHRP. Each of these schools has students who rotate through clinical settings in which this type of care scenario occurs.

A second case example features issues of public health ethics and the interface of health care and public policy. The case narrative is as follows:

> In 1994 California voters approved proposition 187, legislation to restrict or eliminate access by illegal immigrants to a variety of public services, including health care. One provision of the measure requires that health care providers and others report suspected illegal aliens to authorities:
>
> *If any publicly-funded health care facility in this state from whom a person seeks health care services, other than emergency medical care as required by federal law, determines or reasonably suspects, based upon the information provided to it, that the person is an alien in the United States in violation of federal law, the following shall be followed by the facility; 1) The facility shall not provide the person with services; 2) The facility shall, in writing, notify the person of his or her apparent illegal immigration status, and that the person must either obtain legal status or leave the United States; 3) The facility shall also notify the State Director of Health Services, the Attorney General of California, and the United States Immigration and Naturalization Service of the apparent illegal status, and shall provide any additional information that may be requested by any other public entity.*
>
> After the legislation passed, there were a number of reports that undocumented individuals were forgoing health care for fear of being deported. In some cases, clinic patient loads declined 20 percent. Elsewhere, there were fears of increased tuberculosis and other infections to such an extent that a Hospital Council of Southern California spokesperson called Proposition 187 "a public health nightmare."

Discussion questions for this case include:

1. From a medical ethics perspective, should care of undocumented aliens be underwritten by taxes collected from legal residents of the U.S.?
2. Should health workers be required to report illegal immigrants to law enforcement authorities?
3. For the purposes of public policy, would it be possible (or appropriate) to distinguish between communicable diseases and other medical conditions for which illegal aliens might require health care?

This simple case can be included in a conventional lecture, given as a self-directed assignment requiring a written report, or used as the basis of a facilitated discussion.

Other case examples that will be archived in the resource catalog will emphasize a broad range of professionalism issues. These issues will include the following:

- interdisciplinary communication,
- dealing with bereaved families,
- conducting difficult conversations,
- ethical conflicts among caregivers,
- resolving patient conflicts,
- integrity in publication,
- responsible conduct of research,
- dealing with an impaired colleague,
- withholding care,
- withdrawing life support,
- conflicts of interest, and
- enrollment in clinical trials.

In addition to cases produced by the CBMH faculty and staff, the PRC will also contain case studies from extramural resources. These will range from links to illustrative cases discussed in the popular media to complete case narratives from sources such as the Tutorials and Case Studies Web site (Bioethics Resources on the Web) maintained by the National Institutes of Health[40] and the bioethics *"Case Studies for the Classroom"* collection of Iowa State University.[41] Each case will be cataloged in a standard format that includes a case narrative, suggested teaching points, test questions, references, a PowerPoint presentation of the case, and appropriate attribution of its source. The

format in which cases will appear in the catalog may be viewed by going to the PRC webpage cited at reference.[42]

In order to communicate the availability of the case collection, a solicitation will be made to all faculty members to submit teaching cases that have a prominent professionalism feature for inclusion in the collection. Such a campus-wide solicitation will elevate the profile of the collection as a teaching resource and contribute to faculty "buy in" of the entire professionalism project. The PRC will contain at least 50 annotated case discussions by QEP year 5.

Complete Lectures-

The PRC will also contain a selection of complete lectures addressing a broad spectrum of professionalism topics. The format of these lectures will consist of PowerPoint Slides, a Word document script, and an audio tract of the script. This resource will provide course directors and lecturers the flexibility of embedding this lecture into a course as a live lecture, presenting it online as archived, or voicing over their own version of the lecture for online use. All faculty who wish to use this material will be encouraged to create their own edition of the lecture to remain in accord with the "Across the Curriculum" concept of teaching professionalism from "within" their respective fields of study. An example of a complete lecture in the catalog format may be found through the link at reference.[43] This simple voice-over-slide presentation was developed by the CBMH in collaboration with the Department of Medicine faculty as a stage-appropriate and discipline-specific professionalism element to be embedded into the second year medical student preventive medicine course (PM 623). These 30 minute presentations address ethical dilemmas that are commonly encountered in public health practice and contrast professionalism in public health practice with that in traditional medical practice. This lecture also defines and explains any concepts that are new at this stage of the medical curriculum. This is a required activity for completion of PM 623 but the lecture can be viewed at any time during the course. An optional pretest and post test is provided to give the student immediate feedback of learning achieved.

Additional examples of complete lecture topics currently in the PRC are as follows:

- inter-professional communication in the heath care setting,
- professionalism in modern surgical practice,
- the history of bioethics,
- an overview of research integrity, and
- ethics principles for health care professionals.

A target has been set for the CBMH faculty and staff to produce a minimum of 10 new complete lectures over the course of the PAC program.

E-learning modules-

In a very concrete way, e-learning is a natural and logical extension of the embedded curriculum concept. Online learning modules addressing professionalism topics can be easily and fully integrated into course requirements and thereby serve as an effective tool with which to achieve expansion of the traditional biomedical curriculum without creating additional burdens on teaching time or regularly scheduled teaching activities. In addition, online or other technology-based learning activities connect effectively with the current neo-millennial generation of digital learners. The PRC will include a wide variety of learning modules related to professionalism from which faculty can select for their courses and programs. Each module will be completely self-contained and structured to be an "off-the-shelf" teaching and learning asset that can be exploited by individual faculty members to meet their specific instructional needs and course objectives. Each archived module will consist of four components:

- a pre-test,
- content presentation,
- suggested further references and readings,
- a post-test, and
- mechanisms to document completion and scoring.

Each e-learning module begins with a pre-test that serves two functions. The first is to guide the student learner to the major concepts and learning objectives of the module content. The second function of the pre-test is to generate data that will allow the CBMH faculty and staff to assess the knowledge level of students at specific levels of training regarding professionalism issues. These data will guide the development of additional e-learning modules and help to determine the appropriateness of individual modules for specific student groups. The content of each module will be presented in a format designed to be completed in a time frame ranging from 30 minutes to one hour.

Each module will include a list of suggested readings for those students who wish to investigate the module topic in greater depth. Vetted references and source citations will also be included to serve as a resource for students who wish to user the topic or information contained in the module in the fulfillment of other course assignments or presentations.

Assessment of student learning for each module will be achieved by a post-test. The post-test data will provide the student learner with immediate feedback on their level of

learning and help the CBMH staff to determine the effectiveness of the module in achieving its specific teaching and learning goals.

The CBMH staff and the UMMC Office of Academic Innovation and Pedagogy have developed a template to standardize the e-module development process and ensure consistent quality of this teaching resource. This template requires a six-step process for the development of excellent electronically delivered content:

- Specify the module learning goals
- Select appropriate teaching strategies
    - Conceptual learning
    - Problem solving
    - Object or document analysis
    - Data gathering and synthesis
    - Case studies
    - Virtual labs or field trips
- Develop and format learning content
- Pilot module with content experts
- Integrate into curriculum
- Evaluation of module

The primary technical platform for presenting modular e-learning content to UMMC students is the Blackboard Curriculum Management System. All e-learning modules created for the PRC will be compatible with this format. Students in all schools have ready access to this system both through the on-campus intranet and off-campus through internet access. E-learning is well established in the UMMC learning environment and the institution has made a significant commitment to its support (see Budget and Resource Commitments pp 61). All e-learning modules produced by the CBMH staff or imported into the PRC from other sources will met the accreditation criteria set by the Accreditation Council for Continuing Medical Education.[44] The target goal for the PRC is to provide access to a minimum of 20 modules with professionalism topics as their primary content.

Objective Structured Clinical Examination (OSCE)-

The OSCE concept was originally developed as an examination method for assessing clinical skills in health science education. A typical OSCE consists of a series of stations

in which each test candidate is evaluated on the competency of a performed task such as physical examination of a patient, a medical procedure, or other specific patient interaction. The interactions occur on a one-to-one basis with an impartial examiner or an actor portraying a simulated patient. This methodology can be applied to a wide variety of clinical tasks across numerous health care disciplines including medicine, dentistry, nursing, physical therapy, and pharmacy. The OSCE format has become increasingly popular in medical education and is described by Dent and Harden as "a valid, reliable and feasible of assessing the range of skills physicians require to practice competently; it has become the prototype performance-based examination to test the skills required of physicians."[45] Although originally designed as an examination platform, the OSCE construct is now recognized as an effective teaching tool for attaining and improving clinical skills.[46] The PRC will contain numerous professionalism-centered OSCE's formatted both for testing and instruction from which course coordinators and instructors may choose to embed into their instruction. An example of such an OSCE would be an encounter requiring the conduct of a difficult conversation with a patient's family regarding the withdrawal of treatment from a terminally ill patient.

Each OSCE scenario archived in the catalog may be searched and selected by viewing an abstract that includes a description of the issue addressed by the scenario, a brief summary of the presenting situation, an activity descriptor, the time required for completion of the task, and appropriate citations and attributions. The OSCE archive format will also provide all of the materials necessary for implementing the OSCE. These materials include a task description for the student participant, an evaluator checklist, and a script for the standardized patient. An example of an OSCE archived in the PRC can be found through the link at reference.[47]

UMMC maintains a Clinical Skills Assessment Center (CSAC) that is fully equipped for OSCE-based evaluation and teaching and employs approximately 80 part-time standardized patients. The facility is equipped with ten exam rooms furnished with exam tables, x-ray boxes, and wall- mounted diagnostic equipment normally found in an outpatient clinic. Each room is also equipped with video cameras and microphones for recording and reviewing the encounters. A separate video control room is available for viewing encounters in real time. Although this facility is widely used by UMMC educational programs, sufficient excess capacity exists to allow instructors ample opportunity to embed professionalism OSCE's into their existing courses and programs. In addition to professionalism-centered OSCE's, professionalism elements may be embedded with existing OSCE scenarios. For example, a standardized patient who undergoes a diagnostic exam that leads to a recommendation for surgery might reveal an objection to blood transfusion. This information will require the student not only to

perform routine diagnosis and therapy, but also to explore the patient's religious beliefs in relation to their health care.

Over the course of the QEP, a minimum of 10 OSCE's centered on or containing professionalism elements will be available for instructors to embed in their course requirements. The CSAC director has embraced both the QEP topic and will collaborate with the CBMH to achieve the aims of the PAC.[48]

Small Group Activities-

The PRC will contain a variety of small group activities that faculty can embed in their regular instructional activities. These activities include the following:

- role playing exercises,
- team-based case analysis, and
- discussion group topics.

An example of this type of professionalism content may be seen through the link at reference.[49]

Simulation Scenarios-

Mechanical and virtual simulation, have enjoyed broad acceptance in the education of the health care professional and will remain at the forefront of health care education as these technologies continue to evolve.[50] [51] [52] Using simulation to teach and practice the complex skills of professionalism is a natural application of this growing technology. UMMC has made a significant investment in this teaching resource.[53] The management of ethical dilemmas and professional interactions can be modeled and simulated to a high degree of accuracy. These tools have demonstrated their utility in bioethics education. They can provide students exposure to and practice in a wide range of case scenarios in which moral, ethical, and professional issues are at play. Such cases can include recognizing ethical conflict, obtaining informed consent, conducting uncomfortable conversations, delivering bad news, and withholding or withdrawing care. Scenarios can be constructed as stand-alone exercises, or embedded within other clinical case scenarios without straining student schedules or creating an additional burden on teaching resources.

Video Segments-

The CBMH will archive video segments that demonstrate professional behaviors, care giver-patient interactions, management of inter-professional conflict, and effective interdisciplinary communication. These segments will be keyword searchable in the PRC

and presented in a format that contains an abstract as well as appropriate citations for the source of the video.

Annotated Bibliography-

The PRC contains an annotated bibliography of print and electronic professionalism references, resources, and information from which faculty, students, and other stakeholders may draw as needed for professionalism content as well as course or program development. This component of the PRC may be reviewed through the link at reference.[54]

Assessment of the QEP

Overview-

PAC implementation includes a specifically designed, rigorous metrics battery that includes externally validated instruments to assess the degree to which the QEP achieves the desired student outcomes. Quantitative evaluation of competency, technical performance, and outcome is a familiar part of the health care environment; however these common evaluations have not traditionally included ethical literacy, communication skills, workplace relationships, cultural awareness, or components of professionalism. Furthermore, quantitative assessments of one's level of professionalism or gauging an individual's attitude regarding issues with complex moral dimensions are not normally associated with the measurement precision encountered in a bioscience environment. However, modern scholarship, coupled with data resources that are routinely found in health care institutions, now provides bioscience educators with a variety of empirically-supported tools for assessing many of the difficult-to-quantify areas that constitute health care professionalism.

Despite the availability of such empirically-supported individual tools for measuring these areas, developing a comprehensive and meaningful assessment battery requires clear recognition that professionalism is multidimensional. Accordingly, any plan for the evaluation of learning outcomes related to professionalism must also be multidimensional. The design of the PAC assessment plan is based on this recognition and includes knowledge, skill, behavior, and values metrics that will generate data on each of these domains of student learning.

The impact of the PAC program on the desired student learning outcomes will be tested over the course of the QEP using a battery of seven metrics. Assessing randomly-selected student groups of adequate size from each of UMMC's schools will test for student learning and allow correlation of student outcomes with exposure to newly embedded professionalism content in the targeted quartile of core courses.

The same battery of metrics that will be used to evaluate student learning will also be applied to representative groups of faculty, resident physicians, and staff who populate the student learning environment. This application will allow direct measurement of the climate of professionalism in which student learning is taking place, provide an indirect assessment of the professionalism component of the implicit curriculum, and assess whether or not the specific aim of providing role models who embrace professionalism has been achieved. These metrics selected for the assessment plan are as follows:

- Professionalism Assessment Tool,
- Jefferson Scales of Empathy,
- Defining Issues Test,
- Moral Judgment Test,
- Ethics Literacy Test,
- UMHC Patient Satisfaction Data, and
- UMHC Customer Connector.

This multi-component assessment plan has multiple advantages for our QEP:

- assessment of multiple domains of learning,
- inclusion of multiple externally validated instruments,
- assessment of student learning and learning environment, and
- generation of quantitative data for continuous outcome and program improvement.

In summary, the components of this battery were selected to produce analyzable data directly related to the specific aims of the QEP. The type of data derived from each metric, the rationale for its inclusion in the assessment battery, and the timing and methods of administration are described in detail below.

Metrics Battery-

Professionalism Assessment Tool (PAT)

The knowledge, attitudes, and behaviors that make up professionalism are most visibly exhibited by the student during their clinical rotations and clerkships. In these real-world settings, students are expected to participate in many aspects of patient care that relate to their discipline. The spectrum of these activities includes communication with patients and staff, patient examination, assisting in surgery, working with confidential medical records, and performing other direct caregiver responsibilities. These learning activities provide an excellent opportunity for the faculty and other supervisory personnel to

evaluate the extent to which students have mastered professionalism skills. Evaluation of a student's professional behavior and conduct has been standardized for UMMC clinical rotations through the development of a Professionalism Assessment Tool (PAT). This tool is fashioned after the Professionalism Assessment Form described by Blesofsky[55] and is based on the six elements of professionalism identified by The American Board of Internal Medicine including altruism, accountability, excellence, duty, honor, and integrity.

The format of the PAT is unique compared to common Likert-type scale scoring instruments in two ways. First, it provides the evaluator with prompts that describe specific behavioral examples of each professionalism element. These prompts assist the evaluator in accurately scoring the student and limit misinterpretation regarding the specific student behaviors that fall within each category. Second, the PAT is constructed on a quasi-Gaussian scale rather than on a traditional Likert-type scale. This 0 to 100 to 0 format allows the evaluator to more precisely score a student who, for example, may be "too empathetic" or "too blunt" as compared to a student who is empathetic or communicates honestly in a more balanced way. The complete PAT may be reviewed through the link at reference.[56]

The professionalism sub-committee of the School of Medicine Curriculum Committee worked to expand the original Blesofsky form to include written and verbal communication skills. They also conducted a pilot project to apply the PAT to the evaluation of third-year medical students. The success of this project led to the inclusion of the PAT in the QEP metrics battery and the adoption of this instrument for student grading. To facilitate timely completion of the PAT by the student's clinical supervisor, the tool was adapted to E*Value™, an online platform routinely used by the SOM for student evaluation and grading. Incorporation of the PAT into this format facilitates both efficient data collection and the creation of a readily accessible database that meshes effectively with the QEP data collection and management scheme (see page 58). Although modifications to this instrument were minimized so that its established validity and inter-rater reliability (97% agreement on 3,605 data points) were not jeopardized, data from the November 2010 pilot project was used to revalidate this instrument in our learning environment. The PAT is available in a paper format and is adaptable to other online evaluation platforms for the UMMC schools that do not use E*Value™. Where possible the PAT will be completed online. When this is not feasible, paper PAT instruments and Scantron® scoring sheets will be distributed and collected by the CBMH staff and the data converted to a digital format.

Beginning in July 2011 (QEP Year 1), all undergraduate students in the Schools of Medicine, Dentistry, and Nursing will be evaluated using the PAT by their clinical

supervisors at the end of each clinical rotation. PAT data will be analyzed by school and in aggregate starting in QEP Year 0 and at six month intervals thereafter.

An educational module describing the development and use of the PAT has been developed for evaluators who will use this instrument.[57] Paper and electronic versions of this educational module will be made available to all faculty and resident physicians who are involved in assessing students following their clinical rotations. In addition, the CBMH is available to educate evaluators regarding the proper use of the PAT.

Jefferson Scales of Empathy (JSE)

Empathy is a fundamental component of health care professionalism and in this context may be described as the capacity to appreciate another's feelings without "joining" or experiencing them.[58] When exercised as a cognitive activity, empathy allows a health care provider to understanding a patient's emotions, sensibilities, and experiences while also maintaining a level of emotional separation that is sufficient to prevent interference with clinical judgment or action. The centrality of empathy to effective provider-patient relationships has been well documented.[59] [60] [61] [62] Some of the most commonly-used measures of empathy in the healthcare environment are the JSE.[63] These instruments are self-administered, 20-item, seven point Likert-type scale tests that derive an empathy score for each respondent. Three versions of the JSE are available, each with slightly different wording, for medical students, practicing physicians, and other health care providers. Construct validity of the scale scores has been documented to be convergent with components of empathy described in the literature and to correlate with numerous metrics that are conceptually relevant to empathy.[64] The JSE have been used effectively to document the decline in empathy observed in medical students over the course of their education.[65] These instruments have also been used to compare the empathy of nurses with that of physicians[66] and to correlate empathy with academic performance in medical students.[67]

For the purposes of the PAC, the Jefferson Scales will provide a direct measure of learning outcomes related to this important component of health care professionalism. The appropriate version of the JSE will be administered to cohorts of randomly selected students from the Schools of Medicine, Nursing, Dentistry, and Health Related Professions. Students in the SGSHS will not undergo JSE testing because these measures have not been validated in pre-clinical sciences or research groups.

Power analysis indicates that a sample of 48 students in each cohort group will allow inferences regarding outcome trends over time. Current class sizes will accommodate this sample size with the exception of the School of Dentistry for which the D1 and D2 years and the D3 and D4 years will be combined for cohort selection. Administration of

the JSE will begin with baseline determinations obtained at the end of QEP Year 0 and at the end of QEP Years 1 through 5. Scoring will be performed by the Center for Research in Medical Education and Health Care, Jefferson Medical College, Philadelphia, PA[68] and data will be managed through the PAC data management plan (see p 58).

Defining Issues Test (DIT)

The DIT is a well-validated metric that measures an individual's preference for post-conventional or principle-based moral reasoning. This test is predicated on Kohlberg's model of moral development and is one of the most widely-used measures of moral development, having been used in well over 400 studies.[69] Recently, the DIT was revised and reformulated into the DIT-2. The DIT-2 features more modern social dilemmas, including a father stealing food for his starving family, a newspaper reporter exposing a favored political candidate's criminal background, a school board holding a contentious and dangerous meeting, a doctor giving an overdose of painkillers to a suffering patient, and college students demonstrating against U.S. foreign policy. Scoring of the DIT-2 includes a new—or "N2"—index that has been developed and is considered to be more powerful than the traditional "P" index of the original DIT.

The DIT-2 is included in the QEP assessment battery to examine the extent to which integrated professionalism curriculum has a positive impact on moral reasoning among students. Inclusion of a moral reasoning measure in general is based on the positive association between moral judgment and professional performance.[70] The DIT-2 was also selected for the metrics battery because this test has been used previously to demonstrate that incorporating ethics content into professional education has a positive impact on moral reasoning.[71]

Administered as a paper-and-pencil, recognition-type test, the goal of the DIT-2 is to present enough information regarding a moral dilemma to activate respondents' existing moral schemas, which is thought to guide their responses to the test and reveal their level of moral reasoning. The structure of the DIT-2 is based on the presentation of six moral dilemmas, each of which is followed by two actions or resolutions. For each dilemma, respondents are asked to indicate which of the two actions or resolutions to the dilemma they would choose. Next, the test presents twelve stage-prototypic statements for each dilemma and asks respondents to rank each statement in terms of its importance to their decision making. Finally, respondents rank the statement that is most important in their thinking, as well as second, third, and fourth in importance.

The DIT-2 will be administered to student cohorts from all five schools over the course of the QEP to determine the impact of the embedded professionalism curriculum on

students' levels of moral reasoning. Power analysis for this test indicates that a sample size of 48 students from each class of each school will allow valid conclusions regarding learning outcome (see appendix X). Current class sizes will accommodate this sample size with the exception of the School of Dentistry for which the D1 and D2 years and the D3 and D4 years can be combined for cohort selection. DIT-2 testing will begin with a baseline determination obtained at the end of QEP Year 0. This will be followed by annual determinations at the end of each of the following five years of integrated curriculum implementation. Scoring will be performed by the test's developers, The Center for the Study of Ethical Development at the University of Alabama.[72]

Moral Judgment Test (MJT)

As a complement to the DIT-2, the Moral Judgment Test (MJT) was developed to assess two parameters of moral judgment that are fundamental to the actualization of professional behavior. The first is moral judgment competence which Kohlberg defines as the capacity to make decisions and judgments that are moral and based on internal principles. The second parameter is the ability to act in accordance with the moral judgments that one makes.[73] Thus, in contrast to the DIT-2, which gauges the preferences that one exhibits in making moral decisions, the MJT is considered to be a direct measure of a moral-based competency. This empirically-supported test has been widely used over the past 30 years to evaluate educational programs and assess the impact of teaching moral development at the graduate school level.

The test consists of two moral dilemmas about which arguments are presented. Respondents are asked to judge each of the 24 arguments for acceptability. Scoring the responses results in a *C-score* that indicates the degree to which the subject's judgment and behavior are determined by moral concerns or principles.

The MJT will be conducted six times over the life of the QEP using the same testing schedule and student cohorts outlined for the DIT-2. Sample sizes needed to assess change in MJT scores and their association with aspects of the learning environment such as the number of courses containing embedded professionalism content are also similar to the DIT-2. The MJT will be administered as pencil and paper test. Administration of the MJT will be performed by the CBMH staff who will also collate the responses into a standard format and submit the data file to the test's author, Dr. Georg Lind (University of Konstanz, Germany), for scoring.

Ethics Literacy Test (ELT)

Ethics is a critical component of professionalism and serves as a primary source of the normative behavior and values for the members of any professional group. For the health care professional, it is the rich discipline of bioethics that informs the specific

conduct, attitudes, and mores of the health professions. In order to adequately assimilate these behaviors and values, every student in a health care program must have a minimum knowledge base of bioethics terms, facts, and concepts. This fundamental knowledge base provides the foundation for the professionalism framework of the student's education. In order to directly measure student learning outcomes in this critically important area, an Ethics Literacy Test (ELT) will be developed, piloted, and validated with the goal of creating a 50 question multiple-choice type instrument that accurately and reproducibly measures a student's knowledge of fundamental ethical principles, theory, and application across schools and disciplines.

The faculty of the CBMH began the development of this test in July of 2010 by generating a 250 question pool that spanned 29 topic areas in bioethics including ethical theory, research integrity issues, and end- of life care. The areas selected represent the full spectrum of concepts and issues encountered by practicing clinicians and biomedical researchers. A content/task matrix was generated to insure that the question pool was sufficiently balanced in terms of topic content and the relative emphasis placed on knowing specific facts, understanding concepts, and applying principles. Using a modified Delphi method,[74] the questions were then individually vetted by the seven member CBMH faculty to ensure that the pool was representative of a core bioethics knowledge base and was relevant to all health care disciplines.

The completed ELT will be given as pencil and paper test and will be scored by Scantron®. Scores will be stratified by school and analyzed for trends over the five years of the program as well as for any correlation with the total number of completed course hours that have included embedded professionalism components. The ELT will be used as a direct measure of student learning outcomes by testing all medical, dental, nursing, and graduate students at the beginning of their first year and at the completion of each year of training thereafter. Validation of the ELT will be performed as described by Betz[75] and will be completed in early in QEP year 1 in order to begin collecting baseline outcome data.

Patient Satisfaction Data

The final arbiters of professional behavior are those to whom professional services are rendered. In the case of health care, it is the patient who can provide this ultimate and perhaps most objective assessment of integrity, decorum, communication, empathy, and sensitivity as well as other markers that constitute professionalism in their health care providers. UMMC regularly gauges patient perception of these qualities and actions through patient satisfaction surveys administered to all inpatients and outpatients who receive services in UMMC hospitals and clinics.

The version used following inpatient discharge includes six questions related to the level of professionalism displayed by their care team and represents a direct measure of the climate of professionalism in which student clinical rotations occur. These questions are provided in appendix XI.

UMMC contracts the collection of these data with Quality Data Management (QDM, Broadview Heights, Ohio) and receives reports monthly. The CBMH has been given access to a specialized data report consisting only of responses to the six professionalism questions. This data is reported quarterly and provides an easily accessible metric of the student learning environment regarding professionalism. The trends of this metric will be tracked quarterly over the five-year duration of the PAC. Any changes in the perceived level of professional behavior reported by patients will be tested for correlation with the curriculum integration.

Customer Care Connection Data

The second patient-generated assessment of professionalism that is available to the CBMH staff is the UMMC "Customer Care Connection." This data source is a confidential complaint reporting system through which patients can communicate concerns about the safety, quality, or caregiver interactions experienced during their care.[76] The UMMC Quality Improvement Department compiles reports that allow trend analysis of patient-reported inappropriate or unprofessional conduct. These reports are stratified as involving staff, students, resident physicians, or faculty. The number of individual incidents reported per quarter involving students provides a direct measure of student learning outcomes relative to professional behavior.

The Customer Care Connection report received by the CBMH will consist only of quarterly aggregate data. The CBMH will have no knowledge of individuals involved in these reports. The University Hospital and Clinics' Department of Quality Improvement will collaborate with the CBMH staff for quarterly reporting of both the patient survey and the Costumer Care Connector data.[77]

Using the metrics battery described above, student learning outcomes can be tracked over time and analyzed for any correlation with the number of course hours containing professionalism content that are available in each school. Changes noted over time will be tested for correlation with PAC curriculum implementation benchmarks.

A summary of metrics battery administration and the size of the student, staff, and faculty cohorts are outlined in the tables shown on pages 55 and 56.

Measures of the Learning Environment

The battery of professionalism metrics that will be used for assessing student learning will also serve as a measure of the student learning environment. One can obtain a multidimensional picture of this environment by applying the metrics battery to the resident physicians, faculty, and selected clinical staff who are the determinants of the climate of professionalism in which student learning takes place. The JSE, the DIT-2, and the MJT were specifically selected, and the ELT specifically designed, to allow their application to faculty and staff as well as students. The patient-generated data also apply to students, faculty, and staff with equal validity. Patient survey data and the number of patient-reported incidents per quarter involving staff, resident physicians, or faculty provide a direct measure of the student learning environment through an assessment of those who are modeling professional behaviors within this environment. Using the same metrics battery to evaluate professionalism in students, faculty, and staff also emphasizes a single standard of professional behavior for all health care practitioners.

Measures of the UMMC professionalism climate will be obtained by administering components of the metrics battery to four cohorts that serve as proxies for the student learning environment. Each cohort will consist of 48 randomly selected individuals selected from the schools listed in the tables on pages 55 and 56.

Test Administration-

The metrics battery will be applied to student sample populations from each of the five UMMC schools. Baseline testing will be performed at the end of QEP year 0 and be completed in the beginning of QEP year 1. All measures will be repeated at the end of years 1 through 5 (See Master Implementation Timeline p 68). Administration of the JSE, DIT-2, MJT, and ELT will be conducted by the CBMH staff. Students will be accessed for testing during regularly-scheduled class time. Locations, times, and attendance will be coordinated between the CBMH staff in collaboration with course directors. The Deans Council, representing the deans of all five UMMC schools, has assured the CBMH that students will be made available for assessment of learning outcomes related to the QEP (see appendix XII). The data regarding courses completed by each student are available through UMMC's Student Life Cycle Management System. This system is described on page 68 under resource support.

	School				
Metric	SHRP	SOM	SON	SOD	SGSHS
Professionalism Assessment Tool	Selected clinical rotations	All clinical rotations	Selected clinical rotations	All clinical rotations	1Not administered[1]
Jefferson Scale of Empathy	48 students[2]	48 students/class[3]	48 students	24 students/class[2]	Not administered[1]
Defining Issues Test	48 students	48 students/class	48 students	24 students/class	48 students
Moral Judgment Test	48 students	48 students/class	48 students	24 students/class	48 students
Ethics Literacy Test	48 students	48 students/class	48 students	24 students/class	48 students
Patient Survey	All students on clinical rotations are subject to these metrics. Data are collected continuously and reported quarterly.				
Customer Connector					

Student outcome assessment rubric QEP years 0 through 5

[1]Metric not validated for this group

[2]All sample sizes determined by power analysis (see appendix X)

[3]Students sample groups will be tested at all four year levels for this school

	Group			
Metric	Clinical Faculty	Pre-clinical Faculty	Resident Physicians	Clinical Staff
Professionalism Assessment Tool	48[2]	Not Administered[3]	48	48
Jefferson Scale of Empathy	48	Not Administered[4]	48	48
Defining Issues Test	48	48	48	48
Moral Judgment Test	48	48	48	48
Ethics Literacy Test	48	48	48	48
Patient Survey	All Clinical faculty, resident physicians, and clinical staff are subject to these metrics. Data are collected continuously and reported to the CBMH quarterly.			
Customer Connector				

Learning environment assessment rubric QEP years 0 through 5

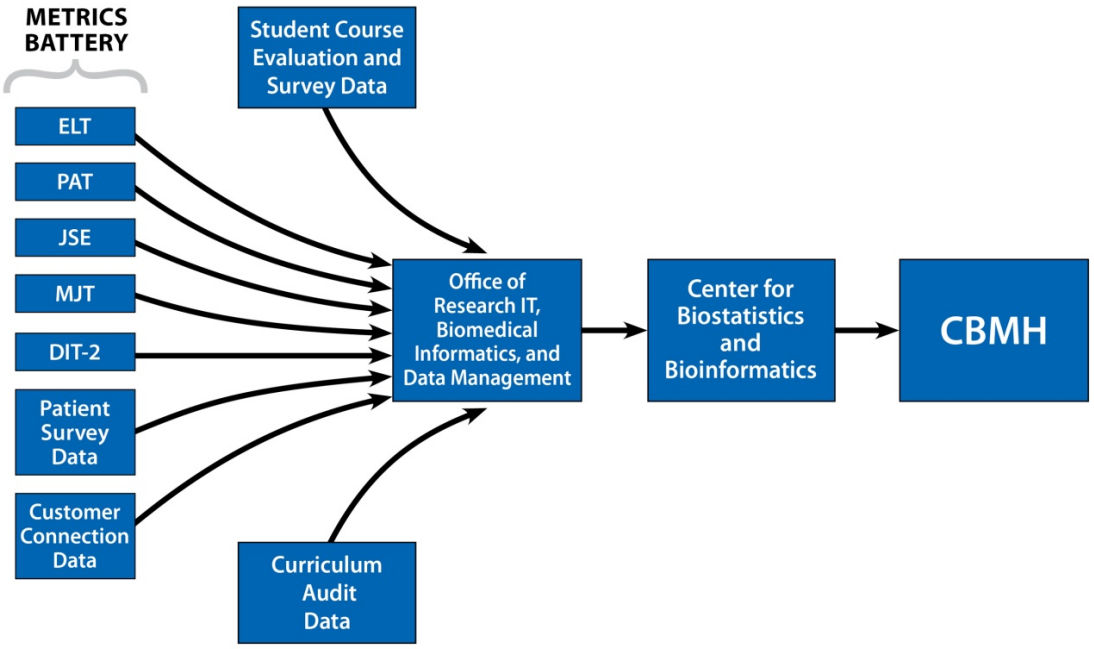
[2] All sample sizes determined by power analysis (see appendix X)
[3] Metric not validated in this group
[4] Metric not validated in this group

The metrics battery also serves a purpose beyond assessment of student learning outcome and evaluation of the student learning environment. Faculty acceptance or “buy in” is known to be a critical component of any broad educational initiative. The absence of such acceptance can pose a significant barrier to substantive change within the culture of an educational institution. This is even more critical for a program based on the Across-the-Curriculum concept because this approach requires not only faculty acceptance of the philosophy, but also active faculty participation as the new curriculum is integrated into regular teaching activities. The architects of the PAC strongly contend that in order to achieve the necessary level of endorsement and participation on the part of a biomedical faculty, the QEP assessment methodology must mirror the measurement precision and scientific standards adhered to within their own disciplines. The extent and structure of the assessment scheme has, to some extent, been driven by an effort to meet this high scientific standard and thereby achieve maximum faculty acceptance of both the Across-the-Curriculum concept and the plan of implementation.

Management of Assessment Data-

The CBMH has established a QEP data management plan to ensure efficient capture, secure storage, and reliable availability of curriculum audit, course evaluation, and assessment data. Analysis of assessment data for outcome trends and correlation with program benchmarks will be performed by the UMMC Center of Biostatistics and Bioinformatics and reported to the CBMH for formal reporting and continuous PAC program improvement. The data management plan is shown schematically in the following figure.

QEP Data Management Plan



Data from all sources will be archived by the Office of Research IT, Biomedical Informatics, and Data Management. Data derived from individual students, faculty, and staff will be stored using randomly generated unique identifiers linked to the individual's student or employee numbers. The identification key will be held securely by the QEP Director to protect student, staff, and faculty confidentiality. A Claim of Exemption for QEP assessment was submitted to the UMMC Institutional Review Board (IRB) and a determination was made that QEP activities do not constitute human subjects research (See appendix XII).

Accountability for Assessment Benchmarks-

The progress of the PAC will be monitored by the QEP Assessment Committee. This group was formed by the QEP Steering Committee and charged with monitoring the performance of the CBMH in achieving the programmatic and student-learning benchmarks of the QEP. In addition, the Assessment Committee will make recommendations to the CBMH staff regarding continuous quality improvement of the PAC program and dissemination of PAC information to campus stakeholders. The Assessment Committee will meet quarterly and report its findings and benchmark recommendations to the SACS Steering Committee. Additional reports may be requested by the QEP Steering or the SACS Leadership committees as needed.

Dr. John Schweinfurth, Professor of Otolaryngology & Communicative Sciences, will serve as chair of this committee. Dr. Schweinfurth has specific expertise in educational assessment and learning outcome metrics. The membership of this group represents all five UMMC schools and the major venues in which student learning takes place. It also includes one member who is not affiliated with UMMC.

The CBMH will provide appropriate data to the Assessment Committee on which its determinations can be made. Unanalyzed data or access to the QEP database for audit purposes will be made available to the Assessment Committee upon request. The reporting relationships of the Assessment Committee are shown in organizational chart of page 14 and the members of this committee are listed in appendix XIV.

Dissemination

Both the programmatic and student learning outcomes of this QEP will contain important information for a variety of stakeholders in the UMMC academic community. These stakeholders include individual instructors, students, student leadership groups, the academic leadership of UMMC, institutional policymakers, and course and program directors. An important aspect of the QEP is an obligation to effectively disseminate to these groups the information generated during implementation and assessment phases of the PAC program. To meet this obligation, a Dissemination Work Group was formed and charged to identify opportunities to communicate the impact of the QEP on student learning outcomes, the student learning environment, and any other findings or outcomes of the plan by which UMMC programs might be improved, new initiatives developed, or new policy derived. This work group functions under the aegis of the CBMH and is led by Dr. Tommy Prewitt who has significant expertise in the area of health policy communication. This work group may also receive recommendations from the QEP Assessment Committee.

UMMC provides numerous avenues through which QEP information will be communicated:

- Online venues
  - The Office of Academic Affairs, CBMH, and QEP Web sites
  - This Week at UMMC (the medical center's online newsletter)
  - The UMMC Intranet
  - Rowland Medical Library Web site
- UMMC publications
  - the *Triad*
  - the *CenterView*
  - *The Murmur*
- Leadership Development Program
- Faculty Scholar Exchange

The CBMH staff maintains two Web sites through which PAC information will be disseminated. The first is the dedicated QEP Web site which contains the history of the UMMC QEP as well as the plan of implementation. This Web site also includes information for students and faculty and serves as the primary access to the PRC. It is available for the dissemination of QEP information to all interested constituencies. The

QEP Web site will be maintained throughout the five-year life of the QEP. The CBMH also maintains a Web site that features QEP information and is linked to the QEP site.

In addition, the UMMC Division of Public Affairs maintains two frequently accessed online publications that support the educational mission. *This Week at UMMC* [78] and the UMMC intranet "scroll"[79] are both excellent vehicles for direct communication of information derived from the QEP and a means of directing the UMMC community to other sites and resources in which this information is archived. The Rowland Medical Library maintains an active webpage that includes news, links to information, announcements of interest to the UMMC academic community, and an information blog. This site is one of the most often visited by the UMMC users and is an effective means of disseminating QEP information to all campus stakeholders.

Three additional publications are widely distributed to the UMMC community and will be used to disseminate QEP information:

- the *Triad*, a monthly newsletter produced by the Office of Faculty Development that fosters scholarship in health care education delivery,
- the *CenterView,* a campus wide biweekly newsletter produced by the Division of Public Affairs, and
- *The Murmur,* a monthly student-produced magazine.

Additional opportunities to communicate QEP outcome data to faculty and other stakeholders who can sustain and improve upon the anticipated gains in student learning achieved by the QEP include two established UMMC assets: the Leadership Development Program [80] and the Faculty Scholarship Exchange.

The UMMC Leadership Development Program (LDP) is an 11 month development exercise for mid-career faculty which uses specific program presentations, focused activities, and organized mentorship to refine skills essential to a future leader in an academic health sciences campus. The CBMH will participate in the presentations and educational activities of the LDP to directly communicate the nature and structure of the QEP process as a SACS accreditation requirement. These presentations and activities will also include an in depth analysis of our QEP implementation and assessment.

Linking QEP dissemination activities to the LDP program has multiple benefits for student learning. First, it contributes to faculty "buy in" which has been emphasized as a critical component in the successful application of the across the curriculum model. Second, participation will create additional opportunity to work directly with faculty in developing educational activities that may include embedded professionalism content.

Third, fostering the mission of the LDP to enhance the potential of mid-career faculty will in turn enhance the student learning environment in general.

The UMMC Faculty Scholarship Exchange provides venues for faculty to share information and will be utilized by the CBMH to further disseminate QEP Information.

The institution also has a significant responsibility to disseminate its QEP experience and outcome with interested parties beyond UMMC. The Dissemination Work Group will seek opportunities, both regionally and nationally, to publish QEP findings and outcomes in academic journals and to present at academic meetings.

Master Implementation Timeline

PROGRAM TASKS		BENCHMARKS
• Complete curriculum audit • Validate ethics literacy test • Begin targeted reviews and curriculum integration • Complete baseline assessment measures • Audit by QEP Assessment Committee	YEAR 1	• Targeted Review 10% complete • 5% of core courses/activities with embedded professionalism content • 5% of core courses/activities with new professionalism content in development • 2.5% of elective courses/activities with embedded professionalism content
• Continue targeted reviews and curriculum integration • Continue student outcome assessments • Continue learning environment assessments • Develop and deploy education program for new faculty • Audit by QEP Assessment Committee	YEAR 2	• Targeted Review 35% complete • 20% of core courses/activities with embedded professionalism content • 10% of core courses/activities with new professionalism content in development • 5% of elective courses/activities with embedded professionalism content **Increase over baseline for all student outcome measures**
• Continue targeted reviews and curriculum integration • Continue student outcome assessments • Continue learning environment assessments • Audit by QEP Assessment Committee • Mid-course program review	YEAR 3	• Targeted Review 50% complete • 30% of core courses/activities with embedded professionalism content • 15% of core courses/activities with new professionalism content in development • 10% of elective courses/activities with embedded professionalism content **Positive trend in all student outcome measures** **Increase over baseline for all learning environment measures**
• Continue targeted reviews and curriculum integration • Continue student outcome assessments • Continue learning environment assessments • Audit by QEP Assessment Committee	YEAR 4	• Targeted Review 75% complete • 40% of core courses/activities with embedded professionalism content • 20% of core courses/activities with new professionalism content in development • 20% of elective courses/activities with embedded professionalism content **Positive trend in all student outcome measures and all student environment measures**
• Continue targeted reviews and curriculum integration • Continue student outcome assessments • Continue learning environment assessments • Audit by QEP Assessment Committee • Final report and recommendations	YEAR 5	• Targeted Review 100% complete • 50% of core courses/activities with embedded professionalism content • 20% of core courses/activities with new professionalism content in development • 40% of elective courses/activities with embedded professionalism content **Positive trend in all student outcome measures and all student environment measures**

BUDGET AND RESOURCE COMMITMENTS

UMMC has committed sufficient financial and capital resources to ensure the success of the QEP. An initial allocation of $1.5 million was made on May 1, 2010 (UMMC Account 59352, Quality Enhancement Plan Account) to support QEP development and CBMH operations related to the enhancement plan. Long-term financial support of QEP operations and CBMH personnel will be provided by a combination of institutional funds and endowment revenues. The latter will be provided by an endowment established by the Bower Foundation.[81] A Memorandum of Understanding between Bower Foundation and UMMC regarding the CBMH endowment is provided in appendix XV. The Bower Foundation has committed $3 million contingent upon 1:1 matching funds from other sources to establish a fully-funded endowment for the CBMH. The first $1 million of this match from the Bower Foundation was transferred to the UMMC Office of Development in September 2009 and has a current asset value of $1.3 million. Completion of the Bower match will provide sufficient revenue to augment the operating budget of the CBMH in perpetuity. UMMC's institutional commitment of financial support has been affirmed by the Office of the Vice Chancellor for Health Affairs. (see appendix XVI).

The budget commitments made by UMMC will provide four fulltime CBMH staff to support implementation of the QEP. These positions are as follows:

- Dr. Ralph Didlake, QEP Director,
- Education Specialist, (to be hired)
- Paul Matlock, Instructional Technologist, and
- Administrative Assistant II, (to be hired).

The QEP Director will have primary management responsibility for QEP implementation including administrative oversight of the CBMH staff, ensuring that the QEP benchmarks are met, and the goals of the PAC Program are achieved. The director will personally participate in every phase of QEP implementation as well as have primary responsibility for reporting the progress of the QEP to SACS Steering Committee and the QEP Assessment Committee.

The Education Specialist will have a PhD in education as well as experience and expertise in curriculum development and learning outcomes assessment. A job description for the Education Specialist position is provided in Appendix XVII. This individual will assist the director in every phase of QEP implementation with special focus on the instructor/student collaboration step of implementation. The Education Specialist will also have primary responsibility for QEP assessment. This position will be filled during QEP Year 0 so that the Education Specialist will be available to participate

in the completion of ELT validation and preparation for the curriculum audit in QEP Year 1.

Paul Matlock will coordinate all data gathering and technology-based activities for the QEP. Mr. Matlock has 15 years of experience in his areas of responsibility and will work closely with the CBMH's institutional partners to ensure the smooth flow of assessment data for storage and analysis. Mr. Matlock will also maintain the PRC and have responsibility for development and maintenance of the QEP Web site. He will assist the Director, the Educational Specialist, and UMMC faculty in the technical aspects of developing e-learning modules. He will also ensure that the PRC is produced in a "user friendly" format and that archived professionalism content is easily accessible.

QEP funding will also support an Administrative Assistant II who will provide the scheduling, document production, and general office functions necessary for successful QEP implementation. Additionally, this individual will assist the staff in test administration and data entry as needed to meet the QEP benchmarks. A UMMC job description for this position may be found in appendix XVIII. A detailed six-year budget is outlined in the table on the following page.

Other Resource Commitments

In addition to direct funding of the QEP through the CBMH, UMMC has ongoing commitments to resources that are central to QEP implementation.

Physical resources-

The CBMH currently shares administrative space with the Office of Academic Affairs. UMMC has made an additional 750 sq. ft. of office space available in the Verner Holmes Learning Resources Center to accommodate the QEP functions of the CBMH. This new space will be sufficient to support all CBMH personnel and activities. The CBMH will continue to share common infrastructure resources (networked computer systems, photocopiers, conference room, etc) with the Office of Academic Affairs

E-learning resources-

UMMC maintains student and faculty access to numerous e-learning platforms which include the following:

- The Blackboard curriculum management system,
- Respondus,
- Study Mate,
- Lock-Down, and
- Wimba

The detailed QEP budget is available in the master edition of this document and may be accessed by contacting Dr. Ralph Didlake, QEP director at 601-915-4964.

Blackboard (Bb) is a popular software system for online teaching and learning. It includes capabilities for programmed learning modules, online-testing, asynchronous and synchronous shared desktops as well as integration with WIMBA and other teaching systems. The UMMC annual contract for 2000 student-users is approximately $60,000 and includes off site hosting, free upgrades for version changes, and administrative support for Bb integration with UMMC resources. UMMC recently upgraded to Bb version 9.1.

Respondus 4.0 is a powerful tool for creating and managing exams that can be printed to paper or published directly to Blackboard, ANGEL, Desire2Learn, eCollege, Moodle, and other eLearning systems.

StudyMate Class helps students “master the basics” of course material through the use of learning activities within Blackboard, ANGEL, and Moodle courses. Instructors and students can enter facts or sample questions online that are then transformed into a variety of learning activities for practice and study.

The LockDown Browser is a custom browser that locks down the testing environment within Blackboard, ANGEL, Desire2Learn, or Moodle. Students are locked into the assessment and are unable to print, copy, go to another URL, or access other applications during testing.

The Wimba Collaboration Suite is a course management and virtual learning system that fosters interaction between students and instructors as well as peer-to-peer communication between students and instructors. Wimba is in use by the SON and SHRP which pay a charge per student for using this software. This resource is available for QEP activities at no additional cost.

E-learning Support -

Support and training for these e-learning platforms are administered by the UMMC e-learning committee (ELC).[82] This university-wide, interdisciplinary committee was established in 2001 to train representatives of each of UMMC’s five schools in the administration and use of Blackboard (Bb) and other electronic means of computer-aided-instruction. The 23 current members of the ELC are e-Learning administrators and experienced users of Blackboard. These individuals have administrative rights on the Blackboard system for creation of course shells and administrative support of teaching through Bb in each of their schools or divisions. The list of e-learning administrators is posted on the UMMC intranet to provide immediate reference for students, faculty, or staff who need help with Bb. An overview of e-learning support is available through the link at reference. [83]

Student Data Management-

UMMC maintains a site license for the SAP® Student Lifecycle Management application which is an integrated software platform for academic services and student administration. This system will provide course data for the QEP audit and allow analysis of courses completed by student cohorts.

Rowland Medical Library (RML)-

The RML serves as the primary reference resource for UMMC and houses a physical collection of approximately 310,000 print books, bound periodicals, and audiovisual materials. In addition, the RML provides access to approximately 350 e-texts, 4800 e-journals, and 125 databases in health sciences with additional databases and e-journals available through Magnolia, a statewide consortium funded by the Mississippi Legislature. Critical to the support of the QEP, the RML maintains a robust computer network and provides server space at no cost to the CBMH for all of its online QEP activities. This support includes maintenance of hardware, daily backups, DNS functions, and user assistance.

Institutional Partners-

UMMC has ongoing commitments to four institutional resources that will provide direct support to the CBMH for QEP implementation. These resources include the following:

- Office of Research IT, Biomedical Informatics, and Data Management- This office is an operation of the Division of Information Systems and provides technology and data services to support the needs of UMMC. Funding for the data management services of this Office related to the QEP are a line item in the detailed QEP budget.
- Center of Biostatistics and Bioinformatics[84]- The Center of Biostatistics and Bioinformatics operates as a core for UMMC providing cutting edge biostatistical and information science expertise The Center promotes the highest standards in research and education by providing consummate biostatistical expertise to collaborators and scholars towards translating data into evidence and answers**.** Both the philosophy and methodology of the QEP have been embraced by the Center[85] and funds for its services have been allocated in the detailed QEP budget.
- Office of Quality and Clinical Systems Improvement[86]- This unit conducts the continuous quality improvement programs for University Hospitals and Health System including collecting and reporting the patient survey data and Customer Care Connection data that will be utilized by the QEP. The required data reports will be provided to the CBMH at no charge.

- Department of Institutional Research (DIR) - A division of the Office of Academic Affairs, the DIR will provide technical assistance to each of UMMC's five schools for the course evaluation. The DIR also maintains resources for conducting and analyzing campus-wide surveys and for test scoring and analysis. Student surveys and analysis of course evaluations for the QEP will be provided to the CBMH at no cost.[87]

SUMMARY

The overarching goal of this QEP is to produce graduates with high standards of professionalism. The PAC program represents a structured method to achieve this goal, by weaving the thread of professionalism into the cultural fabric of UMMC's educational programs. This thread has been spun directly from needs identified by the UMMC community which reminds us that healthcare is not practiced, that research is not performed, and that education does not take place in a vacuum. Rather, these activities occur in a complex environment where technical expertise and human factors must be bridged by professionalism. The PAC program strengthens this bridge through the enculturation of professionalism into the student learning experience.

Operationally, the PAC will focus on courses into which professionalism content can be embedded and presented to the student learner by experts within the discipline being taught. The impact of this process on student learning will be rigorously assessed by validated outcomes and environmental metrics.

The program we have outlined is both bold and innovative but it is not naïve. The authors neither expect nor think it necessary that every UMMC student become a moral philosopher in order to be a competent practitioner. It is, however, critical that every health science student who will care for the ill and the injured, or whose research centers on human disease, has the ability to recognize the moral dilemmas, human elements, and obligations of professional practice. Furthermore, it is necessary that all professionals in the entire biomedical enterprise have some level of ethical literacy with which such dilemmas and obligations can be articulated. In these regards, UMMC is strongly committed to enhancing our student learning and our learning environment by reaffirming professionalism as a core educational value.

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SACS Leadership Committee

The charge of the SACS Reaffirmation Leadership Committee is as follows:

1. approve the structure and timelines to accomplish the internal review process,
2. appoint the committees and work teams as needed to prepare the compliance certificate and Quality Enhancement Plan (QEP),
3. review and approve the compliance certification and QEP,
4. represent the institution during the on-site visit,
5. ensure completion of any follow-up activities or reports, and
6. monitor the implementation and progress of the QEP.

Member	Position	Constituency
James E. Keeton, MD, Chair	Vice Chancellor for Health Affairs	Institutional Leadership
Helen Turner, MD, PhD, Co-chair	Associate Vice Chancellor of Academic Affairs	AA
Jerry Clark, PhD	Assistant Vice Chancellor for Student Affairs	SOM
Charles Enicks	Chief Information Officer	Department of Information Systems
Tom Fortner	Director	Department of Public Affairs
Butch Gilbert, DMD	Interim Dean	SOD
Joey Granger, PhD	Professor of Physiology and Medicine Dean	SGSHS
John Hall, PhD	Professor and Chair of Physiology Associate Vice Chancellor for Research	Office of Research SGSHS
Kim Hoover, PhD	Interim Dean	SON
Mike Lightsey	Associate Vice Chancellor for Financial Affairs	Accounting
Ben Mitchell, PhD	Dean	SHRP
Mitzi Norris, PhD	Director, Office of Accreditation	AA
Joanne Olson, PhD	Director, Department of Institutional Research	AA
Becca Pearson, PhD	President	Faculty Senate
David Powe, PhD	Associate Vice Chancellor for Administrative Affairs	Office of the Vice Chancellor
Rob Rockhold, PhD	Assistant Vice Chancellor for Academic Affairs	AA
Jon Steadman, M4	President, Associated Student Body	Student Body
Jeff Walker	Interim Director	Human Resources
LouAnn Woodward, MD	Associate Dean for Academic Affairs	SOM

SACS Accreditation Steering Committee

The SACS Accreditation Steering Committee is charged with leading all aspects of the reaffirmation process. Activities include but are not limited to the following:

1. serve as a liaison with the SACS-COC on all issues,
2. constitute committees to assist with the ongoing work,
3. coordinate instructional and AES program assessment,
4. provide faculty training,
5. conduct an internal audit on the SACS-COC core requirements and comprehensive standards,
6. establish a Web site and electronic method of submitting the compliance certificate, and
7. lead faculty in formulating the institution's Quality Enhancement Plan.

Member	Position	Constituency
Helen Turner, MD, PhD, Chair	Associate Vice Chancellor for Academic Affairs	AA
David Fowler, PhD	Director, Academic Innovation and Pedagogy	AA
Mitzi Norris, PhD	Director, Office of Accreditation	AA
Joanne Olson, PhD	Director, Department of Institutional Research	AA
Rob Rockhold, PhD	Assistant Vice Chancellor for Academic Affairs	AA
Dennis Watts, PhD	Assistant Dean for Assessment and Accreditation, SHRP	SHRP
Molly Brasfield	Director, Human Resources – Academics and Research	Human Resources
Ralph Didlake, MD	Director, Center for Bioethics and Medical Humanities	AA

Needs Assessment Sub-committee

The charge to this sub-committee is identifying key issues related to student learning and/or the UMMC learning environment through a process of systematic assessment of learning needs. The Needs Assessment Sub-committee will also draft a formal Request for Proposals for a QEP that addresses those issues. Major responsibilities include creation, dissemination, and summarization of the results from a campus-wide needs assessment instrument or instruments, and submission of the formal Request for Proposals for a QEP that addresses campus learning issues to the full QEP Steering Committee.

Member	Position	Constituency
Joanne Olson, PhD, Chair	Director, Department of Institutional Research	AA
Jessica Bain, D4	Co-President, Hembree Society	Student Body
Bill Buchanan, PhD	Associate Dean for Academic Affairs	SOD
Greg Chinchar, PhD	Professor of Microbiology Associate Dean	SGSHS
Loretta Jackson-Williams, MD, PhD	Assistant Dean for Academic Affairs	SOM
Cyndi Scott, PT, MBA, PhD	Associate Dean for Academic and Administrative Affairs	SHRP
Barbara Westerfield	UMMC Registrar	AA

Inclusiveness Sub-committee

The Inclusiveness Sub-committee was given the charge to ensure the broadly based involvement of all institutional constituencies in the development and proposed implementation of the UMMC QEP. This group's major responsibilities included creation of a campus-wide marketing plan for the QEP needs assessment process, dissemination of that plan to all involved campus stakeholders, and assessment of the campus perception of the QEP process.

Member	Position	Constituency
Susan Clark, Chair	Director, Rowland Medical Library	AA
David Brown, PhD	Professor of Microbiology	SGSHS
Jerry Clark, PhD	Vice Chancellor for Student Affairs	SOM
Benjamin Dillard, MD	Assistant Professor of Pediatrics	SOM
David Fowler, PhD	Director, Academic Innovation and Pedagogy	AA
Kim Gannon	President, Associated Student Body	Student Body
Ken Heard, MS	President, Faculty Senate	UMMC Faculty

Best Practices Sub-committee

The charge to this sub-committee is to identify, summarize, and provide to the full QEP steering committee the relevant educational literature and institutional best practices related to successful development and implementation of a Quality Enhancement Plan (QEP). The information brought forward should ensure that the QEP Steering Committee has a comprehensive understanding of the elements needed to successfully address the SACS-COC Core Requirement 2.12.

Member	Position	Constituency
Mitzi Norris, PhD, Chair	Director, Office of Accreditation	AA
Olivia Martin	Chief Learning Officer	UMHC
Marcella McKay, PhD	President and CEO	Mississippi Hospital Association Health, Research & Educational Foundation
La'Toya Richards, PhD	Assistant Professor of Clinical Laboratory Sciences	SHRP
Christy Walters, M3	President, Carl G. Evers Society	Student Body
V. Gregory Chinchar, PhD	Professor of Microbiology Associate Dean	SGSHS
Whitney Wiltshire, PhD	Director, Medical Education Programs	SOM
Karen Winters, RN, PhD	Assistant Professor of Nursing	SON

Report - QEP Needs Assessment Sub-committee

The QEP Needs Assessment Committee, consisting of 24 members, including the Academic Deans of each of the Schools of Medicine, Nursing, Dentistry, and Health Related Professions. In November and December 2008, the Associate Deans examined hard data in their programs to determine student needs and reported to the Sub-Committee. Beginning in January 2009, 23 focus group leaders were trained. These leaders subsequently conducted almost 50 focus groups. Additionally, an online QEP Web site was established by the QEP Inclusiveness Sub-committee on which ideas could be submitted at any time. The QEP Inclusiveness Sub-committee also produced and monitored hard copy suggestion boxes and sent a needs assessment survey to over 2000 alumni.

Almost 550 ideas related to the QEP were submitted with 83 being received on the QEP Website. Of these, several focused on one school or department. These comments were forwarded to the appropriate unit. Additional comments not related to student learning were removed. Approximately 375 usable comments remained.

The results of these investigations indicated needs in the areas listed below:

1. A need for curriculum expansion in areas such as the following:
    - Communication with patients, families, and staff members
    - Patient safety
    - Critical and creative thinking
    - Joint Commission standards
    - Quality improvement
    - Preventive medicine and wellness
    - Health disparities
    - Charting and coding
    - Ethics
    - Managed care
        - Teamwork
        - Professionalism
2. A need for campus collegiality such as the following:
    - increased accessibility to study space including longer hours for the library, labs, quiet study spaces with comfortable furnishings and group study spaces,
    - increased faculty/student communication and involvement. Faculty are seen as neither approachable nor available. Several comments noted “uninvolved faculty”,
    - increased inter-school opportunities including inter-school courses in topics such as those shown in #1 and #5 on this list, and
    - increased use of interdisciplinary teams working on patient quality projects
3. A need for instructional enhancement such as the following:
    - More case-based and problem-based classes
    - More demonstrations and real-life examples
    - More interactive class sessions
    - More teaching “where the students are”-not above or below their knowledge level
    - More visuals and less print
    - Attention should be paid to work load
    - More training on Blackboard for faculty
    - A need for faculty to be current with emerging technologies
    - More clinical applications in class
    - More hands-on class sessions
    - Improved use of questions
    - More small group instruction

- Selective introduction of topics: depth should be appropriate for program.
- More communication and collaboration by the faculty both within courses and within programs.
- Appropriate use of technology
- Improved web pages

4. A need for accommodations to learning styles including the following:
   - Alternative learning paths to meet a variety of learning styles and intelligences.
   - Appropriate use of technology.
5. A need for improved instructional services/facilities such as the following:
   - Equipment and guidance for all students to tape lecture classes
   - Equipment and guidance for all students to produce note services
   - A Career Center
   - English as a second language classes
   - Writing skills classes
   - Business writing skills classes
   - Multicultural education classes and activities
   - Opportunities for international study and program exchanges
   - Opportunities to practice rural medicine
   - Medical Spanish classes available on increasing levels of difficulty throughout each student's program
   - Enrichment opportunities including exploring the arts, music, literature, and creative writing as they relate to medical fields.
   - Study skills:
     - Time management for professional education
     - How to study classes for professional education
     - Tutoring
     - Textbook reading skills
     - Test-taking skills for standardized exams
     - Test-taking skills for course tests and exams
6. Enhancement of Instructional Technologies including the following:
   - Increase the use of technology in the education programs
     - Multiple methods for instant and rapid communication with students including emailing, text messaging, etc.
     - A specialist should be assigned to assist faculty with upgrading instruction through the use of technology
     - Improve printing facilities for students
     - Maintain and upgrade technology as needed
     - Advanced computer technology and network access through an improved DIS function
     - Minimize technology problems such as disconnections and interruptions
     - Make sure distance education technology equipment is compatible at each distance learning site
     - More computer-based learning
   - Upgrade the technical research infrastructure
     - Core facilities
     - Cooperative technical facility efforts
     - State-of-the-art equipment
     - Center-wide site licenses for frequently used scientific programs

For the sub-committee,
Joann Olson, PhD
May 15, 2009

Rubric for Evaluating QEP Proposals

Proposal # _____ Thematic Area(s) _____Reviewer: _____

Descriptive title of QEP proposal (max 100 characters):

_____

Score	Item	Comments
	1. Identification of Campus Need: What are the major elements in the current student learning environment that need to be addressed by the proposed QEP? *[i.e,, what current problems/issues currently exist that this QEP will address?; what strengths will the QEP build on; background/need; sufficient qualitative and/or quantitative data are provided that support the need for the QEP]* 0 – Contains no description of the current student learning environment 2 – The current learning environment is referenced; little justification provided 4 – The current learning environment is clearly described but supporting information is minimal 6 – The current learning environment is clearly described. Sufficient qualitative and/or quantitative data support the need for the QEP	
	2. Statement of Purpose: What is the purpose/focus of the proposed QEP? 0 – Contains no obvious purpose/focus statement 3 – The purpose/focus statement addresses student learning but is vague and/or broad. 6 – The purpose/focus statement succinctly but clearly *describes* how the implementation of the QEP described in the proposal will increase/enhance student learning at UMMC. *NOTE: SACSCOC broadly defines student learning as changes in 1) knowledge, 2) skills, 3) behaviors, or 4) values.*	
	3. Plan of Action: Resources: What are the specific needs – including estimated costs – for staffing, funding, facilities, equipment, and administrative support to implement and maintain the QEP? 0 – No budget; plan does not address resources needed or requires resources in excess of available funds for award. 2 – Plan describes resource needs which appear to be insufficient for scope of project or excessive for scope of project 4 – Plan describes resource needs that can be adapted to the project and are within the expected funding range 6 – Plan describes resource needs that are appropriate and sufficient to the project and are within the expected funding range	
	4.A. Plan of Action: Strategies and Activities: How will the QEP direct the institution in addressing the issues identified in the ***Identification of Campus Need*** section (above)? 0 – Does not address specific strategies and activities 2 – Provides general descriptions of strategies/activities; no discussion as to how they are linked to student learning outcomes 4 – Provides specific strategies/activities that are linked to the achievement of student learning outcomes described in Future Environment (below). 6 – Provides specific strategies/activities that are clearly defined as to how they will potentially impact student learning and/or the future environment; a realistic timeline for implementation is included	

	4.B. Plan of Action: Strategies and Activities: How will the QEP direct the institution in achieving the outcomes described in **Results/Outcomes** (below)? 0 – Does not address specific strategies and activities 2 – Provides general descriptions of strategies/activities; no discussion as to how they are linked to student learning outcomes 4 – Provides specific strategies/activities that are linked to the achievement of student learning outcomes described in Future Environment (below). 6 – Provides specific strategies/activities that are clearly defined as to how they will potentially impact student learning and/or the future environment; a realistic timeline for implementation is included	
	5. Results/Outcomes: If resources are provided and strategies/activities implemented for the QEP, what *tangible* results might be expected in terms of number of faculty trained, students involved, courses or programs developed or modified, student learning, etc.? 0 – Results/outcomes are not addressed 3 – Results/outcomes are discussed in quantitative terms 6 – Results/outcomes are discussed and potential impact on student learning is described	
	6. Potential for Broad-based Impact 0 - Potential for impact is not discussed or is unclear 2 – Potential for impact is limited to one school or on campus 4 – Potential for impact involves multiple schools on campus 6 – Potential for impact involves ALL schools on campus	
	7. Potential for empirical, data-based measurement of impact on student learning *(Multiple strategies using both quantitative and qualitative measures)* 0 – Based on discussion/justification provided, potential appears weak 3 – Based on discussion/justification provided, potential appears adequate 6 – Based on discussion/justification provided, potential appears high	
	8. Potential for rapid deployment/timeline *(Project appears to be able to provide meaningful results five years hence)* 0 – Based on discussion/justification provided, potential appears weak 3 – Based on discussion/justification provided, potential appears adequate 6 – Based on discussion/justification provided, potential appears high	
	9. Potential for time-sensitive adjustments for improvement over its five-year period *(project is flexible enough to allow for changes in implementation/timelines based on ongoing assessment activities)* 0 – Based on discussion/justification provided, potential appears weak 3 – Based on discussion/justification provided, potential appears adequate 6 – Based on discussion/justification provided, potential appears high	
	10. Relationship to UMMC's Institution-Wide Mission Statement (Attached at end of Rubric) 0 – Relationship to UMMC's mission statement is not addressed. 3 – Relationship to UMMC's mission statement is mentioned but not clearly defined. 6 – Demonstrates a clear relationship to UMMC's mission statement	
Point Total _____		

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
The Faculty Senate
2500 North State Street
JACKSON, MISSISSIPPI, 39216-4050

Patrick B Kyle, PhD *President* Facsen-president@umc.edu
Stephen J Stray, PhD *Secretary* Facsen-secretary@umc.edu
Kenneth R Butler, Jr, PhD *President Elect* Joy C Kuebler, PT MS *Secretary Elect*

December 17, 2010

Whereas, the UMMC faculty is strongly committed to producing graduates who are highly skilled practitioners of their discipline, and

Whereas, the UMMC faculty strives to develop students who are leaders in their respective fields, and

Whereas, the UMMC faculty sets high standards of professional conduct,

Let it be known that the UMMC Faculty Senate endorses and supports the quality enhancement plan, **"Professionalism across the curriculum: reaffirmation of a core value."**

We believe this plan will reinforce worthwhile principles and maximize the engagement of stakeholders within the institution. As part of the academic community, we aim to instill the highest possible standard of ethics and professionalism in order to equip our students for success in their careers as health care providers, educators, and researchers. We are confident that this plan will benefit our graduates and the community in which we serve.

Professionalism Topic Check List

Dealing with impaired colleagues

Informed consent issues

Confidentiality issues

Patient decision making capacity

Health care resource allocation

Medical-Business ethics

Conscientious objection

Social policy issues

Patient autonomy

Professional decorum

Beneficence

Non-maleficence

Health care justice

End-of-life care

Ethical issues related to genetics

Reproductive rights

Public health ethics

Appropriate use of animals in research

Protection of human research subjects

Religious issues in health care

Law/ethics interface

Cultural issues in health care

Care-giver patient relationships issues

Discipline specific professionalism

Advertising in healthcare practice

Conflicts of interest

Professionalism related to social networking

History of medicine, nursing, or dentistry

Surrogate decision making

Dual loyalty in medical or nursing practice

Ethical issues in military or correctional health care

Effective communication

Dealing with language or cultural barriers

Relationships with industry

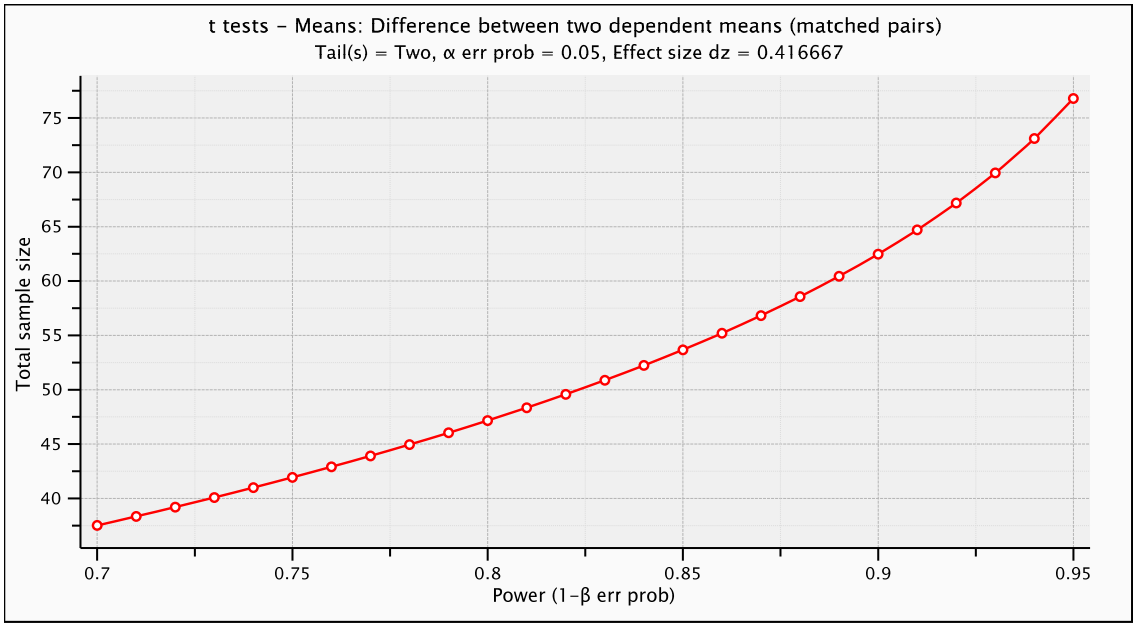
Integrity in publication

Conducting difficult conversations with patients and staff

Professional responsibility

Power/Sample size analyses for the Professionalism Metrics Battery

For the Jefferson Scale of Empathy Test, we assumed a baseline mean for the total score of 120 ± 12 based on review of the literature. Assuming the correlation between tests repeated on the same individuals would be approximately r = 0.5, a shift in the mean of 5 points (i.e., from120 to 125) would require n=48 subjects to achieve 80% power at the nominal 5% level of significance. The following graph illustrates the effect of increasing power relative to required sample size. For example, to achieve 90% power, we would require n=63 subjects.



A similar computation for the individuals items for the Jefferson Scale of Empathy was performed by assuming the baseline item score was 5 ± 1 and the follow-up score was 5.5 ±1 representing an effect size of Cohen's d=0.5. The same sample size of n=48 subjects would provide over 90% power to detect item differences of that magnitude at the 5% level of significance for each item (i.e., with no adjustment for multiple testing).

For the overall score on the Defining Issues Test, we assumed a baseline score of 330 ± 40. To find a 20 point difference, we assumed the follow-up score would be on the order of 350 ± 40 with a positive correlation between the two of r=0.5. Based on these criteria, we could detect moderate shifts (d=0.5) with 90% power at the 5% level of significance using samples of n=45 subjects. If we assume the Stage scores for the DIT are 3.5 ± 0.5 at baseline and increase to 3.75 ± 0.5 at follow-up and an assumed r=0.5, the sample of size n=48 subjects would again provide 90% power at the 5% level of significance.

For the Social Moral Reflection Test, the range of scores is 1 to 4 and reported means are on the magnitude of 3 ± 0.5. Similar to the computations for the DIT, a change in the baseline score from 3 ± 0.5 to 3.75 ± 0.5 on the follow up test, assuming a correlation of r=0.5, would provide over 90% power at the 5% level of significance using samples of n=48.

Based on observed values from the literature, the Moral Judgment Test was assumed to have a baseline mean of 15 ± 12. Assuming the follow up mean was 20 ± 12 with a correlation for baseline and follow up of r = 0.5, samples of n=48 would provide 80% power at the 5% level of significance. Medical professionals may score slightly higher than many other professions on the MJT. Suppose the MJT C-score at baseline is 25 ± 15 with an increase to 35 ±15 at follow-up. Assuming the correlation between baseline and follow-up MJT C-scores is r=0.5, a sample of n=20 measured at baseline and follow-up would provide 80% power at the 5% level of significance to detect a shift of this magnitude.

All schools with the exception of the Dental school should provide adequate sample sizes to accomplish the tests for changes from baseline to follow up at, say, the third year of professional training. All students enrolled for a particular year could be tested to ensure the power remains high. Faculty at all schools would appear to give adequate sample sizes with the exception of the School of Pharmacy but there would be repetition for year-to-year for all schools except, possibly, the School of Medicine and the School of Graduate Studies (Basic Science).
For the Data Analysis Work Group
Warren May, PhD

Reference:
Erdfelder E, Faul, F, & Buchner A. GPOWER: A general power analysis program. Behavior Research Methods, Instruments, & Computers. 1996: 28, 1-11.

The QDM patient survey contains proprietary information and has not been printed in this edition of the QEP document. It is available in the master edition which may be viewed, for accreditation purposes, by contacting Dr. Ralph Didlake, QEP Director at 601-815-4964.

THE UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER

Office of the Associate Vice Chancellor
for Academic Affairs

2500 North State Street
Jackson, Mississippi 39216-4505
Phone (601) 984-5009
Fax (601) 984-2970

November 30, 2010

Ralph Didlake, M.D.
Director
Center for Bioethics and Medical Humanities

Dear Dr. Didlake,

We write in unanimous support of the Quality Enhancement Plan (QEP) titled "Professionalism Across the Curriculum: Reaffirmation of a Core Value." The Dean's Council recognizes the importance of the QEP to the SACS/COC reaffirmation process and the importance of professionalism to our educational mission. As deans of UMMC's schools we endorse the concept of incorporating professionalism content into the curricula and concur that the plan of implementation will have a positive impact on both student learning outcomes and the student learning environment. Specifically, we offer our assurance of the following:

- using regular course instructors, where possible, to teach professionalism,
- making faculty available for the collaboration-integration steps of implementation,
- ensuring appropriate data are available for completion of the curriculum audit,
- alteration of faculty work loads as necessary to achieve the specific aims of the QEP, and
- making students available for assessment of learning outcomes related to the QEP.

We look forward to working with you on this important project and to our common goal of producing health-care practitioners who understand, profess and exhibit the highest attributes of their professions.

Sincerely,

Helen Turner, M.D., Ph.D.
Associate Vice Chancellor for Academic Affairs

Joey P. Granger, Ph.D.
Dean, School of Graduate Studies
in the Health Sciences

Kim W. Hoover, Ph.D.
Dean, School of Nursing

Ben L. Mitchell, Ph.D.
Dean, School of Health Related Professions

Gary W. Reeves, D.M.D.
Interim Dean, School of Dentistry

Leigh Ann Ross, PharmD.
Associate Dean for Clinical Affairs

LouAnn Woodward, M.D.
Vice Dean, School of Medicine

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street
Jackson, Mississippi 39216-4505

Institutional Review Board
Telephone (601) 984-2815
Facsimile (601) 984-2961

DHHS FWA #00003630
IORG #0000043
IRB 1 Registration #00000061
IRB 2 Registration #00005033

Determination Notice
Activity Does Not Meet the Definition of "Research"

October 4, 2010

Ralph Didlake, M.D.
Medicine
University of Mississippi Medical Center
2500 North State Street
Jackson, MS 39216

RE: IRB File # 2010-0232
SACS Quality Enhancement Plan

Dear Dr. Didlake:

The above activity was reviewed on October 4, 2010. From the information you have provided, the proposed activity does not meet the definition of research, as defined in 45 CFR 46.102(d), and is not subject to oversight by the Institutional Review Board.

> 45 CFR 46.102(d): *Research* means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

If the intent of this project changes and/or you decide to measure outcomes please notify us of the change. At that point in time we will reconsider the project and if it requires an additional level of review.

A copy of this letter is being provided to your Department Chairman for the department's research files. If you have questions or need additional information, please contact the Human Research Office at (601) 984-2815.

Sincerely,
T. David Elkin, PhD/kc
T. David Elkin, Ph.D.
Chairman, Institutional Review Board 1

TDE/kc

cc: Shirley Schlessinger, M.D., Medicine

QEP Assessment Committee

The QEP Assessment Committee will monitor the performance of UMMC in achieving the program metric and student learning benchmarks of the QEP. This committee will also establish student learning outcome benchmarks for QEP years 3, 4, and 5. In addition, the QEP Assessment Committee will make recommendations to the CBMH staff regarding continuous quality improvement of the PAC program and dissemination of PAC information to campus stakeholders. The Assessment Committee will meet quarterly and report its findings and benchmark recommendations to the SACS QEP Steering Committee. Additional reports may be requested by the QEP Steering or SACS Leadership Committees as needed.

Member	Title	Constituency
John Schweinfurth, M.D., Chair	Professor of Surgery	SOM
Kim Gratz, PhD	Assistant Professor of Psychiatry	SOM
Heather Drummond, PhD	Associate Professor of Physiology	SGSHS
Sarah Bares, PhD	Assistant Professor of Spanish, Millsaps College	Unaffiliated member
Lishia Lee, MSN	Assistant Professor of Nursing	SON
Tonia Taylor, PhD	Assistant Professor of Occupational Therapy	SHRP
James Hupp, DMD, MS	Associate Professor of Endodontics	SOD
Ralph Didlake, M.D. (Ex officio)	QEP Director	AA

MEMORANDUM OF UNDERSTANDING
FOR FUNDING OF THE
CENTER FOR BIOETHICS AND MEDICAL HUMANITIES

This Memorandum of Understanding (the "MOU") dated as of the 19th day of December, 2008, is entered into by and among The Bower Foundation, a Mississippi non-profit corporation (the "Foundation") and the University of Mississippi Medical Center ("UMMC").

RECITALS

WHEREAS, the Foundation anticipates the establishment of a Center for Biomedical Ethics and Humanities (the "Ethics Center") at UMMC to be funded in part by a series of grants (the "Matching Funds") to fund in part the establishment and operation of the Ethics Center.

WHEREAS, the parties to the MOU wish to describe the terms of the establishment, funding, administration and operation of the Ethics Center and memorialize the parties' mutual intent with respect to the establishment, funding and operation of the Ethics Center.

NOW, THEREFORE, the parties agree to the following terms and conditions:

AGREEMENTS

1. Responsibilities of UMMC

(a) Efforts to Fund the Ethics Center. UMMC will commit a reasonable amount of resources to assist in seeking grants and other funding sources to meet the Ethics Center's funding needs, but in no event less than either (i) five percent (5%) of the annual budget for UMMC's development office, or (ii) an amount of development office personnel hours actually performed for the benefit of the Ethics Center equal to five percent (5%) of the development office's budget.

(b) Establishment and Operation of the Ethics Center. UMMC will establish the Ethics Center and commit to the promotion of the Ethics Center. The funds raised by UMMC for the Ethics Center pursuant to this Agreement and the Matching Funds shall be held as an endowment pursuant to which the principal of the endowment will be preserved for long-term growth and not used for the Ethics Center's operational budget. The management, operations and oversight of the Ethics Center will be solely the responsibility of UMMC.

(c) Ethics Center Requirements. UMMC will ensure the following elements are present in the establishment and operation of the Ethics Center:

(i) Employment of a director for the Ethics Center;

(ii) Indirect reporting to the Vice Chancellor for Health Affairs for UMMC;

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2136300-098111 12/8/2008

(iii) Creation of a multidisciplinary panel to guide the Ethics Center and implement its recommendations and proposals; and

(iv) Integrate the Ethics Center and its resources into the educational, research and clinical services provided by UMMC and its five schools.

(d) No Overhead Charges. UMMC shall not charge or allocate any overhead, indirect or general UMMC administrative expenses to the Ethics Center.

2. Responsibilities of the Foundation

(a) Overall Grant Funding. Subject to the conditions set forth in Section 2(f) below, the Foundation will provide up to $3,000,000 in matching funds for the Ethics Center's sole benefit. The funds will be provided at a minimum of a 1:1 ratio, so that if UMMC raises $1,000,000 from other sources, the Foundation will provide $1,000,000 in matching funds.

(b) Minimum Funding Requirements. The Foundation's obligation to provide matching funds will not be binding until UMMC or the Ethics Center has raised at least $1,000,000 in funding from other sources (the "Minimum Funding Requirement").

(c) Timing of Matching Funds. The Foundation will provide the Matching Funds within a reasonable amount of time after UMMC raises the Minimum Funding Requirement or from time to time thereafter as additional funds are raised by UMMC; provided, however, that the Foundation shall have the discretion to delay payment of any portion of the Matching Funds to allow it to best manage its cash flow and annual minimum distribution requirements as a private foundation under the Internal Revenue Code.

(d) Advance of Funding Prior to Minimum Funding Requirements. Upon request by UMMC or the Ethics Center, and in the Foundation's reasonable discretion, the Foundation will advance funds prior to UMMC raising the Minimum Funding Requirement, which advanced funds will be held in a separate interest bearing endowed account at UMMC.

(e) Return of Funding. If the Ethics Center or UMMC fail to raise funds sufficient to meet the Minimum Funding Requirement by December 31, 2011, unless extended by the Foundation in its sole discretion, the Foundation's obligation to provide matching funds will be terminated and the Foundation shall have no further obligation to provide such funds. If funds have been advanced pursuant to Section 2(d) above, UMMC shall return (or shall cause the Ethics Center to return) all funds previously advanced by the Foundation, with any interest earned thereon while held by UMMC or the Ethics Center.

(f) Operational Objectives. Notwithstanding anything to the contrary herein, the Foundation's obligation to provide matching funds in excess of $1,000,000 shall be conditioned on (i) UMMC raising additional funds in excess of $1,000,000, and (ii) the Ethics Center shall have satisfied the operational objectives set forth on Exhibit A. As a

point of clarification, the Foundation shall be obligated to provide $1,000,000 in matching funds solely on the condition of UMMC raising $1,000,000 for the Ethics Center within the time frame provided above, and any obligation to provide matching funds in excess of such amount shall be conditioned on UMMC raising such additional funds and satisfaction of the operational objectives.

3. Use of Funds and Requirements of the Ethics Center

(a) Operation of the Ethics Center. The Ethics Center shall be structured and operated in the discretion of its director in a manner to best achieve the following goals (the "Intended Purposes"):

(i) Coordinate existing ethics related resources and programmatic cooperation;

(ii) Develop capacities to attract new sources of funding;

(iii) Develop and promote infrastructure support for ethics curriculum and programs

(iv) Encompass both bioethics and medical humanities;

(v) Address needs center/community wide; and

(vi) Promote ethics through research, patient care and education to be used by UMMC system-wide in a value-added approach to enhance existing missions.

(b) Use of Funds. All funds raised by UMMC pursuant to this MOU and the corresponding Matching Funds contributed by the Foundation pursuant to this MOU shall be used exclusively for the financial support of the Ethics Center and in furtherance of the Intended Purposes, and such amounts shall be held as an endowment pursuant to which the principal shall be preserved. All decisions regarding the expenditure and use of such funds shall be made in the discretion of the director of the Ethics Center, subject to the limitations in this MOU.

(c) Annual Reporting. UMMC shall provide or cause the Ethics Center to provide annual reports to the Foundation, which reports shall include financial statements reflecting the value and investment of the funds contributed by the Foundation to the Ethics Center, the expenditure and uses of such funds or profits therefrom by the Ethics Center, similar financial data to allow the Foundation to review the investment and use of the funds it contributes to the Ethics Center and a summary of the status of the achievement of the goals and operations of the Ethics Center. Further, the first three annual reports following the date of this MOU shall include a description of the status of the operational objectives set forth on Exhibit A. The first annual report shall cover the twelve (12) month period beginning January 1, 2009, and all annual reports shall cover a calendar year period.

4. Miscellaneous

(a) Governing Law. This MOU and the interpretation thereof shall be governed by the laws of the State of Mississippi.

(b) Entire Agreement/Amendment. This MOU supersedes all previous contracts, and constitutes the entire agreement of whatsoever kind or nature existing between or among the parties respecting the subject matter and no party shall be entitled to benefits other than those specified herein. As between or among the parties, no oral statements or prior written material not specifically incorporated herein shall be of any force and effect.

[Signatures on following page]

IN WITNESS WHEREOF, the parties have executed this MOU as of the date above written.

THE BOWER FOUNDATION

By: John D Bower MD

Printed Name: John D. Bower, MD

Title: President

UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER

SSJ
Legal

By:

Printed Name: Daniel W. Jones, MD

Title: Vice Chancellor for Health Affairs
Dean, School of Medicine

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2136300-098111 12/8/2008

THE UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER

Office of the Vice Chancellor
for Health Affairs

2500 North State Street
Jackson, Mississippi 39216-4505
(601) 984-1010

January 6, 2011

Dr. Ralph Didlake, Director
Center for Bioethics and Medical Humanities
The University of Mississippi Medical Center
2500 North State Street
Jackson, MS 39216

Dear Dr. Didlake

I write to confirm UMMC's commitment to the financial support of the Quality Enhancement Plan (QEP). The Professionalism Across the Curriculum is not only a critical component of our SACS/COC reaffirmation process but also an important long-term contribution to our educational programs. The attached five-year budget appears appropriate to initiate, implement, and complete the plan that was put forth by the QEP Development Committee and approved by the SACS Leadership Committee.

This office looks forward to the positive impact of the QEP on our student outcomes and our learning environment.

Sincerely,

Dr. James E. Keeton
Vice Chancellor for Health Affairs

Position Information	
Req. no.	To be determined
Department	Academic Affairs
Job Title:	Education Specialist
Job code:	E010033
Location:	Verner S. Holmes Learning Resource Center
Reports to:	Director of The Center for Bioethics and Medical Humanities
Position Summary:	Provides assistance to the quality enhancement plan director in every phase of qep implementation with special focus on the instructor/student collaboration step of implementation to include primary qep assessment responsibility.
Internal Open Date:	To be determined
Internal Closing Date:	To be determined
External Open Date:	To be determined
External Closing Date:	To be determined
Posting Type	External
Minimum Requirements:	Master's degree in education or other related field and four (4) years related experience. No substitute for graduate degree. ph.d. degree preferred.
Special Knowledge, Skills & Abilities:	Knowledge of educational technology. Knowledge of media delivery formats. Skill in incorporating technology into classroom teaching. Skill in the use of computers and related software applications. Verbal and written communication skills. customer service skills. Ability to work with faculty on the design, development, and modification of instructional technology. Ability to understand and interpret educational technology needs. Ability to create, upgrade, and maintain documentation resources ability to provide technical assistance to faculty and students.
Work Schedule	Full-Time
Shift	1 - Day shift
Description of duty/responsibility:	Develops professionalism curriculum based on sacs quality enhancement plan (qep). Collaborates with educational program directors and instructors for integration of professionalism curriculum. Administers test to students, faculty, and staff as defined by the qep assessment plan. Analyzes data generated by the qep assessment plan and prepares reports. Manages professionalism education projects conducted by the center for bioethics and medical humanities(cbmh). Shares administration of cbmh programs with cbmh director. Participates in cbmh research activities. The duties listed are general in nature and are examples of the duties and responsibilities performed and are not meant to be construed as exclusive or all-inclusive. Management retains the right to add or change duties at any time.
Posting Department Description	Academics

Position Information	
Req. no.	To be determined
Department	Academic Affairs
Job Title:	Administrative Assistant II
Job code:	C020002
Location:	Verner S. Holmes Learning Resource Center
Reports to:	Director of The Center for Bioethics and Medical Humanities
Special instructions to Applicants:	This position requires a minimum typing skill of 35 wpm. A typing test must be taken within fourteen (14) days of the date of the application.
Position Summary:	To provide general and some specialized administrative support for a department or area such as word processing, report writing, etc. Responds to patient and/or staff needs by consulting with others as appropriate and by following established departmental guidelines. may serve as a worklead (non-supervisory) for other departmental clerical staff.
Internal Open Date:	To be determined
Internal Closing Date:	To be determined
External Open Date:	To be determined
External Closing Date:	To be determined
Posting Type	External
Minimum Requirements:	Associates degree plus two (2) years of directly related experience or equivalent combination of education/experience. Minimum speed of 35 words per minute on typing test. The department has the right to specify higher typing requirements.
Special Knowledge, Skills & Abilities:	Verbal and written communciation skills. Interpersonal skills. Knowledge and understanding of typical computer systems, tools and programs. Ability to work in a team environment. Ability to type 35 words per minute.
Work Schedule	Full-Time
Shift	1 - Day shift
Posting Department Description	Academics