



**Meharry Medical College  
Quality Enhancement Plan:  
Center for Educational Development and  
Support (CEDS)**

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## I. EXECUTIVE SUMMARY

To accomplish its historic mission, Meharry Medical College must take into consideration the academic preparation of all students who are enrolled and will potentially apply and matriculate in its academic programs. The college's mission is *“to improve the health and health care of minority and underserved communities by offering excellent education and training programs in the health sciences; placing special emphasis on providing opportunities to people of color and individuals from disadvantaged backgrounds, regardless of race or ethnicity; delivering high quality health services; and conducting research that fosters the elimination of health disparities.”* To achieve this end, the College must also develop an outstanding faculty with exceptional pedagogical skills that will prepare students from diverse educational and cultural backgrounds to meet the challenges of: (1) comprehensive and competitive health professions curricula; (2) timely course progression; (3) success on licensure certification examinations; and (4) continuous, self-directed, lifelong learning.

To improve student learning, the schools, departments, and divisions of the College came together to collaborate and to develop the Quality Enhancement Plan (QEP). Under the leadership of the SACS Liaison, the College launched a campus-wide series of activities that included orientation to the SACS accreditation reaffirmation process for faculty, staff, and students. The orientation process consisted of other orientation sessions—one for the appointed Steering Committee; one for the Chairs and Co-Chairs of the subcommittees—addressing the Comprehensive Standards, and Core and Federal Regulations. Additionally, to determine the key QEP issues on the campus, campus-wide surveys were conducted. The survey findings were, in rank order: (1) support services for faculty, staff, and students; (2) excellence in student performance; and (3) faculty development and support.

### **The Quality Enhancement Plan**

The Quality Enhancement Plan, as conceived, designed, and based on our survey findings, addresses defined challenges and will provide additional learning opportunities for students and faculty. The QEP consists of two primary initiatives: (1) student academic support initiatives and (2) faculty development and support initiatives. The Quality Enhancement Plan incorporates defined strategies, techniques, and skill sets aimed at improving student learning and performance, as well as, developing pedagogical skills of the teaching faculty. They include:

- Using student profiling at orientation as an assessment tool for identifying students' learning skills, strengths and weaknesses to develop appropriate interventions;
- Enhancing critical thinking of students to facilitate their learning, thinking within alternate systems, raising the important questions; and communicating their thoughts effectively;
- Building skills for time management and stress management as students adjust to the demands of professional school;

- Instituting a peer tutoring program for academic support and to foster collaboration and teamwork;
- Using small group case-based reviews to develop clinical application skills;
- Utilizing computerized practice testing to develop student proficiency in test-taking;
- Requiring faculty-facilitated United States Medical Licensure Examination (USMLE) and National Board of Dental Examiners (NBDE) reviews to prepare students to successfully negotiate the certification examinations and increase the MMC passage rate;
- Using consultant-led faculty development to structure faculty seminars and workshops;
- Providing instruction that will enhance technology assisted teaching;
- Addressing issues of professionalism and ethical teaching; and
- Instituting a mini-sabbatical program for faculty.

### **The Center for Educational Development and Support**

The college will deliver a highly-sophisticated, comprehensive academic support system through a new Center on Educational Development and Support (CEDS). The Center for EDS will draw upon institutional expertise in strategically identifiable areas from across all disciplines, departments, divisions within the college. Hence, within the context of its capacity and resources, the college will provide an innovative technological learning environment that reinforces faculty members' pedagogic skills and enhances student academic performance, pass rates on national standardized certification examinations, and timely progression and graduation.

### **Evaluation of Outcomes and Effectiveness**

Objectives and evaluation measures have been identified and listed for each activity that will be undertaken under the Quality Enhancement Plan. The measures include collection of quantitative and qualitative data that will be assess at the unit and institutional levels. The CEDS administrative staff will prepare annual reports of its activities and outcomes to the senior vice president for student and academic affairs and the college's Institutional Effectiveness Committee. The center's performance will be judged in terms of its measurable contributions to the college's strategic priority for educational excellence, which includes objectives for student retention, timely progression to graduation, and increased pass rates on national licensure certification examinations.

### **Implementation and Resources**

Preliminary steps toward opening the Center for Educational Development and Support occurred during 2006. The building that houses the CEDS was renovated and furnished during 2006; funding to implement the QEP was secured; and a director and an education skills specialist were hired.

### **Implementation Timeline**

The timeline for implementation of the QEP over the next five years is:

<b>Academic Year</b>	<b>Activity</b>
2006-2007	Planning, development, and collection of baseline data for the CEDS
2007-2008	Implementation of Student Academic Support Initiatives
2008-2009	Implementation of Faculty Development Consultant-led Workshops
2009-2010	Implementation of the Mini-Sabbatical Program
2010-2011	Comprehensive evaluation of the CEDS program and activities
2011-2012	Implement modifications to programs and services resulting from the comprehensive evaluation. Implementation of new services as recommended.

### **Administration and Staffing**

Administrative leadership for the Center for Educational Development and Support will be provided by the Senior Vice President for Student/Academic Affairs and the Associate Vice President for Student Academic Support Services. Key staffing of the CEDS will include: a director, computer project coordinator, program associate coordinator, twenty intervention counselors (junior faculty), intervention coordinator, twenty-four student peer tutors, two educational specialists, and a stress management counselor.

### **Financial Resources**

The estimated annual operating budget for the CEDS is \$768,520. Federal and institutional funding will be used to support the center over the next five years.

### **Benefits of the Quality Enhancement Plan**

The college's "Vision Statement" underscores the college's intent to sustain a "uniquely nurturing campus environment and outstanding training programs." It also captures and promotes excellence and teamwork in "encouraging, supporting and valuing the collaborative efforts of faculty, staff, and students to enhance the quality of education, research, and patient care." Moreover, this "Vision" for Meharry Medical College provides the institutional foundation for the design and implementation of our QEP activities. It is anticipated that the QEP will impact the college by enhancing academic student support systems and faculty development.

## II. INTRODUCTION

Since its founding in 1876, Meharry Medical College has evolved into the nation's largest, independent, private, historically black college dedicated to educating health sciences professionals. The college is well-known for its highly effective educational programs, health disparities research, culturally sensitive and evidence based health services and its significant contributions to the diversity of the nation's health professions workforce.

Presently, Meharry Medical College is comprised of three schools—School of Medicine, School of Dentistry, and School of Graduate Studies and Research. As of the fall of 2006, the college enrolled a total of 730 students. A total of 210 faculty members address the educational needs of the student body. While the campus community is racially and ethnically diverse, the majority of its students and faculty are African-American. The college awards the Doctor of Medicine (M.D.), Doctor of Dental Surgery (D.D.S.), Doctor of Philosophy (Ph.D.), Master of Science in Clinical Investigation (MSCI), and the Master of Science in Public Health (MSPH). The college also supports an MD/PhD dual degree program.

### **The Learning Environment**

Meharry addresses its goal of offering excellent education and training in the health sciences by fostering learning in its broadest sense - acquiring and applying knowledge in one's chosen profession that will lead to independence and the pursuit of lifelong learning. The college accomplishes this goal through a multi-faceted approach that involves:

- didactic interchanges between faculty and students (i.e. lectures, small-groups, problem-based and self-directed learning exercises);
- skills training (i.e. hands-on experiences with clinic and hospital based patients and procedures, supervised and independent research including presentations at regional and national meetings); and publications and
- socialization to the professions (i.e. lectures and seminars by visiting professors, journal clubs supporting professional interests, informal student-to-student and faculty-to-student interactions, institutional and inter-collegiate student organizations, promotion of student engagement in national and international service projects).

All of these approaches are bound together by a climate of professionalism. The importance of demonstrating professional, ethical behavior is incorporated into all three facets of the educational programs through didactic presentations on professionalism and small group discussions of ethical issues; skills training in cultural sensitivity and the real-world demands of providing quality health care for the poor and uninsured; and personal demonstrations of professionalism by faculty members and other health care providers.

The institutional focus on providing quality health care for disadvantaged communities and eliminating health disparities permeates all aspects of Meharry's learning environment. Students are afforded opportunities to interact with residents in the surrounding neighborhoods and throughout middle Tennessee through formal educational and research activities, and through community service projects developed by students.

The development of this Quality Enhancement Plan and the Center for Educational Development and Support offers additional opportunities to make the transfer, acquisition, and application of knowledge more accessible to all students. In doing so, Meharry assures the long-term vitality of its academic programs, students, faculty, alumni, and its mission.

### **III. THE QUALITY ENHANCEMENT PLAN (QEP) DEVELOPMENT PROCESS**

#### **Identifying and Selecting a Focus for the Quality Enhancement Plan**

In 2004, Meharry Medical College began preparing for reaffirmation of its Southern Association of Colleges and Schools (SACS) accreditation by the selection of the SACS liaison who is the Special Advisor to the President, Professor of Medicine, Dean Emerita of the School of Medicine, and past Vice President for Academic Affairs for the College and former interim president of Meharry Medical College. Under this leadership, a review of the College's 2004-2008 Strategic Plan was conducted to ascertain compliance with the *Principles of Accreditation* and to establish progress toward fulfilling the objectives of the Strategic Plan. Members of the Institutional Effectiveness Committee participated in this review. In February 2005, the formal report was submitted to the president.

Institutional involvement in the affirmation accreditation process began in March 2005. Orientation sessions for the Executive Leadership Team, Senior Staff, and the campus-at-large were held. During the orientation sessions, the expectations for the Compliance Certification and Quality Enhancement Plan, as well as the process of review by an Off-Site Committee and a visit by an On-Site Committee, were presented for discussion, suggestions, recommendations, and collaboration.

Faculty, students, and staff members who attended the orientation sessions were invited to volunteer to serve on SACS committees and to share their ideas for the Quality Enhancement Plan. The first *SACS Newsletter* was distributed during the campus-wide orientation meeting and was circulated to the entire campus community by e-mail the same day. To determine the most important QEP issue on the campus, a campus-wide survey was conducted.

The [Initial SACS Survey \(Appendix A\)](#) was distributed by e-mail in March 2005. All employees and students on the campus e-mail system were invited to respond to 15 open-ended questions related to enhancing the quality of the educational programs at the

college. The sample questions included: “how can we best create an environment in which enhanced teaching occurs?”; “how best can Meharry Medical College demonstrate that it is fulfilling its stated mission?”; “what should be the primary focus of the QEP?”; “what component of the learning environment should Meharry develop and implement over the next five years to enhance student achievement, active learning and positive developments?”; and “what can be done to increase student engagement in opportunities, experiences and events that would contribute to students’ active learning and development?”

The analysis of the responses to the Initial SACS Survey was conducted by the Senior Research Analyst in the School of Medicine Department of Medical Education. Methods of analysis included capturing the core responses for each question and categorizing and coding the responses to illuminate patterns and themes for drawing conclusions.<sup>1</sup> The SACS Initial Survey Preliminary Analysis listed the core responses to each question by response category. The next phase of the analysis consisted of categorizing the core responses by area of emphasis. Ten major themes emerged: academic support for all students, cultural competency, curriculum advancement with more student input, demonstrating excellence in student performance, evaluation of stated educational objectives, faculty development and support, research enhancement, service learning, student recruitment and enrollment, and technology advancement. The responses relative to each theme were further delineated based on the frequency of similar suggestions. This final analysis of responses to the Initial SACS Survey became the content for the second campus wide survey to solicit recommendations for the college’s Quality Enhancement Plan.

The second survey, [SACS Campus-wide Survey of Recommendations for the Meharry Medical College Quality Enhancement Plan \(Appendix B\)](#), was distributed by e-mail to the campus community in November 2005. Respondents were asked to rank their top three recommendations for the goal of the QEP and the related top three strategies for each goal. Members of the campus community were given two weeks to respond to the survey. They were provided follow-up requests to complete the survey at the mid-point and near the end of the response period. The responses were sent to the SACS Liaison Office. The [survey responses \(Appendix C\)](#), which were analyzed by the Office of Institutional Research, identified academic support services for all students (43%), demonstrating excellence in student performance (43%), and faculty development and support (34%) as the top three suggested foci for the QEP.

#### **IV. BACKGROUND AND NEED: HISTORICAL OVERVIEW**

As the number of minority students admitted to medical and dental schools increased, academic institutions sought to identify the best ways to predict the success of these students, many of whom were considered “at-risk” on the basis of their undergraduate grade point averages, standardized admission test scores, and other non-cognitive characteristics such as socio-economic background and the selectivity of the undergraduate college or university attended.<sup>2,3,4</sup> Some research studies suggest that the

standardized admission tests, such as the Medical College Admission Test (MCAT), Dental Admission Test (DAT), and Graduate Record Examination (GRE) are reliable predictors of student success in medical, dental, and graduate school coursework and licensure examinations in medicine and dentistry.<sup>2, 5, 6, 7</sup>

Other research studies examined the effects of enrichment programs that were offered just prior to matriculation or during enrollment in professional schools. The educational intervention programs that were offered during medical school matriculation have been viewed as augmenting efforts to assist minority students in completion of course requirements, pass licensure certification examinations, and graduate on time.<sup>1, 8</sup> Saks and Karl<sup>8</sup> found that the majority of respondents to their survey of U.S. and Canadian medical schools offer academic support programs for students. Although the length and types of support services varied, common types of support included content review sessions, faculty/student tutoring, peer tutors (medical or graduate students), and designated faculty or staff to provide individual support. Studies of the effectiveness of student support services in dental schools revealed formal and informal academic support programs for first year dental students can be beneficial<sup>9</sup> and that summer enrichment programs are effective methods for increasing underrepresented minorities (URM) enrollment in dental school.<sup>10</sup> Cregler<sup>11</sup> found that pre-matriculation programs in the biomedical sciences also contributed to increasing minority enrollment in graduate school as well as medical and dental schools.

Just as teaching and learning are inextricably linked, support for faculty professional development as teachers is linked to student achievement and performance. Teaching is the most common task but the least attended to during preparation to enter the professoriate.<sup>12</sup> To function effectively in an information-intense and rapidly evolving profession, health professions faculty must be prepared to handle a variety of instructional/learning environments. Ideally, faculty development in academic medicine or dentistry should incorporate professional and instructional development, leadership development, and organizational development that will allow faculty members to excel as teachers, leaders, and scholars.<sup>13</sup> Wilkerson and Irby<sup>13</sup> contend “Comprehensive faculty development, which is more important today than ever before, empowers faculty members to excel as educators and to create vibrant academic communities that value teaching and learning.” Achieving this type of individual and institutional vitality is an important goal for Meharry Medical College.

### **The Meharry Experience**

Because of its mission, the college is dedicated and committed to educating and training to a diverse student population and the production of minority physicians and dentists who will serve the medically underserved. Therefore, the college addresses on a continuous basis, the issues of preparing, retaining, and graduating a percentage of at-risk” URM students. To achieve this goal, the college has developed and is implementing reinforcement and enrichment pre-matriculation programs for high school and undergraduate students as well as long-term academic support services to retain enrolled students. Since 1996, the college’s pre- and post-baccalaureate Health Careers

Opportunity Programs (HCOP) have served as a reliable pipeline for bringing minority students into the health professions programs at Meharry Medical College and other institutions. Additionally, the Health Resources and Services Administration (HRSA) funded Center of Excellence in Minority Training reinforces training, role modeling and mentoring for URM students and faculty.

Students who matriculate at Meharry have competitive academic credentials. However, there are a percentage of students who enroll with inadequate basic skills in such areas as reading, mathematics, and time management. Frequently, these students have MCAT, DAT, and GRE scores and undergraduate grade point averages (GPA) that are below the national averages. Some may have had high school counselors who underestimated their abilities to succeed in a health profession and, consequently, did not guide them into the appropriate course of study. Students may come from low-income families or they may be first generation college graduates whose families may not understand the financial and academic demands of professional school. Others may not have had role models who were health care professionals.

Once these students have been enrolled in a course of study, these circumstances or situations may interfere with normal progression in the curriculum and on-time graduation. Additionally, successful performance by students may be hampered on national examinations such as: (1) the United States Medical Licensing certification Examinations (USMLE) Step 1 and Step 2; (2) the National Board of Dental Examiners (NBDE) Part 1 and Part 2 certification examinations; and (3) the completion of the independent research project or dissertation required for graduation from the School of Graduate Studies and Research programs in biomedical sciences.

Student academic support at Meharry has come to mean sustained academic intervention for prospective candidates and for students throughout their matriculation. To meet these needs, the college has responded positively to the needs by creating appropriate and effective services for academic and psychosocial support. In 1987, the college established the Academic Development and Support Service (ADSS). This service's objective was to improve the academic performance of disadvantaged minority students at the college. ADSS assumed responsibility for board certification exam review sessions that had been managed by academic departments in prior years.

The ADSS was reorganized and renamed the Teaching and Learning Resources Center (TLRC) in 1992. This comprehensive academic support unit was charged with improving the teaching and learning environment throughout the college in addition to managing the board certification review programs for the Schools of Medicine and Dentistry. Additionally, the TLRC was responsible for coordinating and sustaining academic support services for all students; offering individual and group training for time management, stress management, studying, and test-taking; and coordinating staff, faculty and peer tutoring for students. Any student who expressed a wish to improve his/her academic performance was eligible for assistance. Committees that monitored students' academic progress as well as individual faculty or Student Academic Affairs

administrators directed students to seek assistance from TLRC when it became apparent the student was having difficulty. TLRC staff members designed and implemented intervention strategies for individual or groups of students who were experiencing academic difficulty.

To facilitate improvements in teaching, the TLRC provided assistance to faculty development committees in planning and implementing programs. To improve instruction, it conducted workshops on topics such as item writing, alternatives to the lecture, and the role of the practitioner in the assessment of medical students' clinical skills. Faculty also received assistance with the selection and purchase of educational equipment and financial resources to attend external teaching-related conferences.

Over a six month period in 2002, the staff of the TLRC reported a total of 919 student encounters, which included structured programs for students in the pre- and post-baccalaureate programs, Mini Academic Program for Success, comprehensive review programs for freshman and senior dental students, comprehensive review program for sophomore medical students, referrals by school academic support committees, and walk-in student visits. The staff of the TLRC was actively involved in coordinating the School of Medicine's 2002 Faculty Retreat, which included internal and external speakers, focused on "The Importance of Research in Academic Institutions."

Critical changes in program staff, administrative philosophy, funding, and the diversion of national funding for student support services redirected the college's centralized efforts. In December 2002, a decentralized student support structure was implemented. This structure emphasized more individualized student support at the school and department levels. The college has maintained its responsibility for academic support services for students and faculty through the Offices of Student Academic Affairs in each school, the Counseling Center, and the Office of Faculty Affairs and Development.

Student Academic Affairs personnel have worked within their schools to provide skills enhancement workshops, tutoring, course reviews, and preparation for licensure certification examinations. When necessary, students have been referred to the Counseling Center for assistance with learning disabilities, stress, and time management issues.

Under the leadership of the Office of Faculty Affairs and Development and the Division of Research, activities for faculty members have included development of a structured mentoring program for all junior faculty and the Joy McCann Mentoring Program for Women Faculty in Medicine; paid professional leave to complete master level programs in the health sciences and bench research; financial support to attend workshops, seminars, and courses in professional development focusing on leadership, administration, evaluation, and cultural competency; and workshops, seminars, and individualized sessions on grant writing, publishing, and strategies for handling stress, time management, pedagogical improvement skills, use of presentation software, and informatics.

**The Past as Prologue**

Since its inception, the college has made a significant contribution to the number of African American physicians, dentists, and biomedical scientists who practice, teach, and conduct research in the United States. As of 2004, based on American Medical Association and American Dental Association membership's rosters and federal reports, an estimated 18 percent of practicing African American physicians, and 33 percent of practicing African America dentists are Meharry graduates. The AAMC recognized a need to enhance the diversity of the physician workforce and to assure underserved communities have adequate health coverage.<sup>2</sup> Recently, the AAMC revised its definition of URM to reflect the "changing demographics of society" and to shift the focus from "a national perspective to a regional or local perspective on under-representation."<sup>14</sup> The current purpose for improving diversity in medical education also recognizes the benefit of enhancing cultural competence throughout the profession.

Similar efforts to increase minority representation in dentistry have been endorsed by the American Dental Education Association (ADEA). Expanding diversity is one of the core values of the organization and an integral aspect of its goals to improve the delivery of quality dental care for the public.<sup>15</sup> The nation's dental schools also face the challenges of attracting, enrolling, retaining, and graduating minorities who will join the cadre of dental providers.

**V. THE QUALITY ENHANCEMENT PLAN (QEP)**  
**FOCUS AREAS:**  
**Improvement of Student Learning and Performance**  
**and Faculty Development**

The decision to focus on student academic support services and faculty development as the core of the QEP emerged from the findings of the campus surveys. The findings from our surveys correlate favorably with current research findings in trends of educational outcomes for students. Additionally, the Institutional Effectiveness Committee's recommendation to restore a full-service academic support service supported our findings and the campus-wide recommendations. These independent findings document that strengthening the delivery of academic support services for students is essential for achieving the college's strategic priorities and fulfilling its mission. Under the QEP, the college will implement the Center for Educational Development and Support (CEDS). This center, under the leadership of the senior vice president for student/academic affairs, will be an academic unit where student support services will be centralized to enhance the quality its student support programs and to support improvement of student learning and performance.

The CEDS will reestablish an academic support system that will include: (1) student-centered components: student profiling at orientation, critical thinking techniques—time and stress management, peer tutoring, small group case-based reviews, computerized practice testing, faculty-facilitated board preparation reviews, and training in cultural

competency; and (2) “teaching the teacher” components: consultant-led faculty development workshops, pedagogical technology-assisted methodologies, faculty mini-sabbaticals, and ethical teaching seminars. Further, it is expected that the college’s faculty development program will include prioritizing enhanced technological methodology to engage junior faculty in the innovative interventions that are conducive to enhanced student learning.

### **Going Forward**

Quality student support services at Meharry are directly mentioned or implied in all aspects of student achievement and success at the college. They topped the list of recommendations advanced for the Quality Enhancement Plan in a campus-wide survey of faculty, staff, and students. Also identified in the survey were two other essential goals related to student achievement. They were excellence in student performance and faculty development and support. Going forward, Meharry will invest significant resources to upgrade the quality of student support services, particularly those that directly support improvements in learning and performance. These student support services will address needs that transcend academic support assistance. They will include personal counseling and referral services for students with special needs, as well as support groups for health professional students and their spouses or significant others, programs for students with special learning needs, and counseling for students experiencing stress-related and coping problems. Therefore, the plan for quality enhancement will include a holistic view of our students.

One of the principal goals of our QEP effort is to assure an innovative learning environment that will engage students and result in enhanced performance and pass rates on national standardized certification examinations, progression, and timely graduation. Documentation and evaluation of the efficacy and effectiveness of learning strategies is equally as important so that the learning model can be replicated by other institutions interested in improving performance and success of underrepresented minorities in the health professions. Over the next five years, students and faculty will be monitored and tracked to determine the most efficient methodologies for improvement and to evaluate the effectiveness of the services offered in relationship to their educational, personal and professional development.

Meharry is a critical partner in the national commitment to increase racial and ethnic diversity in the health professions. How well the college upgrades the basic skills and confidence of students underrepresented in the health professions workforce will have a major impact on the quality of health care in America and on reducing and eliminating health disparities among racial/ethnic minorities and the disadvantaged. In *Covenant with Black America*,<sup>16</sup> Dr. David Satcher, former president of Meharry Medical College and former Surgeon General of the United States., states that those who make a difference in society must be willing “to conquer territory that heretofore has been left unchallenged . . . America’s new frontier is not the wilderness, or the air, or the sea; it is the inner cities, the barrios, and the reservations, where disparities persist and where dreams are dim.”

The following QEP endeavors give substance and process to our commitment to overcome our challenges by fulfilling the college's pledge of "*Keeping the promise...Delivering the dream.*" The following sections describe the components of the student support services and the faculty development program. The goals, objectives, methodology, and evaluation methods of each service or program are presented.

### **THE QUALITY ENHANCEMENT PLAN PROJECT: The Center for Educational Development and Support (CEDS)**

Meharry Medical College plans to enhance the quality of student learning and performance by reestablishing a comprehensive academic support center, the Center for Educational Development and Support (CEDS). The Center for EDS is intended to be centralized operational unit that is charged with developing and implementing innovative programs that buttress the institutional goals of providing uniquely nurturing, highly effective educational programs. The center will fulfill its responsibilities by offering effective, sustained support for the educational endeavors of students and faculty across all disciplines, departments, and divisions. Evaluation of the center's programs and outcomes are expected to provide documented evidence of improved instruction and student learning.

The Center for EDS is housed in the Daniel Rolfe Student Center, a 15,000-square-foot, two-story building that is centrally located on the Meharry campus. The Rolfe Center was completely renovated during 2006. The Center for EDS includes two classrooms, two study rooms, three faculty consultation/study rooms, one practicum/instructional room, a 20-station computer lab for practicing computer-based test-taking, a conference room, five offices for student organizations, a chapel, and offices for the director, coordinators, and skill specialists.

The Center for EDS will be open to students Monday through Friday. The upper level, which houses study rooms, the chapel, vending area, post office, and offices for student organizations will be open from 8 a.m. to midnight. The lower level, which houses the computer lab, and other instructional equipment, will be open from 8 a.m. to 6 p.m. Letters and e-mails will be distributed to students and faculty to announce the Center's availability and the services that will be available. A "grand opening" activity will be held to introduce the campus community to the new center.

The Center for Educational Development and Support will be headed by a director who will be responsible for the overall administration and direction of services provided by the center. The director will report to the associate vice president for student services, who will be responsible for monitoring and managing the CEDS. The Senior Vice President for Student Academic Affairs will provide administrative oversight for the Center for Educational Development and Support.

The Center for Educational Development and Support will be organized into two functional areas: (1) academic support services for students and (2) faculty development and support. The college's **QEP Development Team (Appendix D)** was charged with researching and identifying relevant issues and practices in the areas of student academic support and faculty development in the health professions. The information that was gathered by committee members contributed to the development of the goals, objectives, and methods that will be undertaken to enhance teaching and learning at Meharry.

### **Student Academic Support**

The goals of the student academic support initiatives are to assist students, who arrive with multiple levels of preparation, with meeting the challenges of high caliber health professions curricula, facilitate timely course progression, foster success on licensure certification examinations, increase retention and graduation rates, and provide skills for continuous and self-directed, lifelong learning. Identified strategies for accomplishing these goals include:

- Profiling at orientation to identify each student's learning strengths and weaknesses;
- Providing individual and group instruction on time management, stress management, critical thinking, test-taking, and study techniques;
- Developing a peer tutoring program;
- Coordinating faculty-facilitated small group case-based reviews;
- Providing resources (computers and validated test questions) for developing proficiency in computerized testing;
- Organizing departmental faculty-facilitated review sessions for licensure certification examinations; and
- Developing intervention plans that meet the specific needs of students with identified specific or multiple academic challenges.

As a result of these activities to bolster students' acquisition, retention, and application of knowledge, a greater percentage of students will be able to demonstrate the following essential skills for entering and sustaining practice in a health-oriented profession:

- **Critical Thinking:** Critical thinking is defined as the ability to assess the credibility of information, to distinguish between fact and opinion, and to develop reasonable solutions based on the information.
- **Clinical Competency:** Clinical competency is defined as the ability to synthesize one's understanding of the scientific basis of medicine with the physical characteristics presented by patients to provide appropriate care and management of illness and disease.

### **Faculty Development and Support**

The goal of the faculty development initiative is to foster greater synergy and collegiality between teaching and learning by supporting instructional and leadership development

among faculty within and across all academic disciplines. Among the strategies that will be used to attain this goal are:

- Offering consultant-led seminars and workshops that address pedagogy, teaching techniques, curriculum development, student assessment, mentoring, utilizing informatics and instructional technology, and current issues in health professions and biomedical sciences curricula;
- Instituting a mini-sabbatical program to encourage improvement of pedagogical skills and curriculum development at Meharry; and
- Providing career mentoring to aid the professional advancement of participating faculty members.

The following sections provide details about the components of the student academic support and faculty development initiatives. The goals, objectives, methodology and evaluation methods for each strategy are described.

## V A. STUDENT ACADEMIC SUPPORT INITIATIVES

The admissions data below provide an overview of the student population and a recent framework for shaping the academic support initiatives. The tables below include the year of entrance, number of matriculants, average grade point average, and average score on admissions tests (MCAT, DAT, GRE) for each school.

**School of Dentistry, 2003 to 2006**

Year of Entrance	Numbers of Matriculants	Average GPA	DAT Academic Average
2003	51	3.0	15.9
2004	60	3.01	15.5
2005	59	3.11	15.5
2006	62	3.07	16.05

**School of Graduate Studies and Research, 2003-2006**

Program	Year of Entrance	Numbers of Matriculants	Average GPA	Average GRE
PhD	2003	15	3.2	918
MSPH	2003	23	2.96	820
<b>Total</b>	<b>2003</b>	<b>38</b>		
PhD	2004	9	3.2	900
MSPH	2004	13	2.92	851
<b>Total</b>	<b>2004</b>	<b>22</b>		

Program	Year of Entrance	Numbers of Matriculants	Average GPA	Average GRE
PhD	2005	9	3.1	991
MSPH	2005	8	2.96	970
<b>Total</b>	<b>2005</b>	<b>17</b>		
PhD	2006	10	3.2	948
MSPH	2006	8	3.03	838
<b>Total</b>	<b>2006</b>	<b>18</b>		

#### School of Medicine, 2003-2006

Year of Entrance	Numbers of Matriculants	Average GPA	Average MCAT
2003	80	3.01	8.13
2004	80	3.14	8.2
2005	85	3.11	8.28
2006	93	3.39	7.87

While the GPA and standardized admission test scores are within range of the strategic plan goals set for Meharry's applicant pool (mean GPA greater than 3.25 with minimum MCAT scores of 24 (or 8 per section), DAT mean of 15, and a GRE mean of 500), these benchmarks are below the national averages for majority students who are admitted to medical, dental, and graduate schools. The academic credentials of Meharry's entering students suggest they are somewhat "at risk" for having difficulty mastering the curricular content offered by each school and passing licensure certification examinations. The following support and intervention strategies will be employed to assure optimal success for most matriculating students.

### 1. STUDENT PROFILING

Assessing students' learning skills at the outset of professional school provides a mechanism for identifying learning strengths and weaknesses for students and CEDS staff.

**Goal:** To assess entering students' academic skills to assist them with understanding their learning strengths and the weaknesses that may impede their academic progress.

**Objectives:**

1. To test all participants in pre- and post-baccalaureate programs and first year medical, dental, and graduate students to measure their reading

comprehension, analytical reasoning, critical thinking, study skills, and learning styles.

2. To prepare and maintain academic profiles for each matriculating students.
3. To counsel students whose test results indicate there are demonstrated deficiencies.
4. To develop and implement intervention plans for students who require or request assistance with improving skills that are deficient.

**Methodology:**

1. Standardized student development instruments will be administered to all entering students during the first weeks of the academic year. The instruments include the Nelson Denny Reading Comprehension Test, Watson-Glaser Critical Thinking Appraisal, Myers-Briggs Type Indicator (MBTI), and Learning and Study Strategies Inventory (LASSI).
2. The same student development instruments will be administered to all participants in pre- and post-baccalaureate intervention efforts at the beginning of those programs.
3. Each test will be scored within two weeks of administration by computer or CEDS staff.
4. Individual and group profiles will be developed for each cohort of students. Individual profiles will target potential strengths and weaknesses and identify appropriate learning strategies. Group profiles will highlight the aggregate strengths and weaknesses of each cohort and suggest appropriate learning tactics.
5. Individual profiles will be given to each student. Group profiles for the respective cohorts will be distributed to Student Academic Affairs personnel in each school.
6. Relevant intervention and support programs will be developed and offered to students. These may include one-on-one counseling, group workshops, and group or individual tutoring.

**Outcome and Evaluation Measures:***Outcome Measures:*

1. Number of student development instruments administered each academic year.
2. Number of individual student profiles produced for each cohort of students.
3. Evidence of development and distribution of group profiles to each school.
4. Number of intervention plans developed.
5. Number of students who participate in prescribed plans to improve learning strategies.
6. Number of student participants in CEDS sponsored workshops and group tutoring sessions.
7. Number of students who receive individual counseling or tutoring to improve learning strategies.

*Evaluation Measures:*

8. Percent of students who participate in CEDS activities and make timely progression in their academic programs.
9. Cohort comparisons of pass rates on course, subject board, and certification examinations.

Data collected during the second semester of the 2007-2008 academic year will serve as the baseline for future evaluations of outcomes related to student profiling. The student profiling data will be factored into the overall evaluation of the CEDS.

**2. SKILLS IMPROVEMENT INSTRUCTION**

Identifying ineffective study habits, weak academic skills, and problems with time management have little value without mechanisms that will help students change the habits and improve deficient skills. The CEDS will assist students by providing instruction on how to change or adjust behaviors to improve learning.

**Goal:** To assist students with changing non-productive habits and improving learning by providing individual instruction and group workshops that highlight techniques for improving critical skills.

**Objectives:**

1. To utilize learning style inventories to assist students in enhancing their strengths and improving their self-advocacy skills.
2. To offer workshops that provide reliable and effective techniques for time management, stress management, studying, critical thinking, and test-taking.
3. To provide consultation and instruction that will help students address specific obstacles to managing time or stress and improving critical thinking, study habits, or test-taking skills.

**Methodology:**

1. Update existing teaching materials or develop new materials that will teach students how to evaluate what they hear in lectures and read in textbooks, develop note-taking skills, apply test-taking strategies, reduce test anxiety, and set priorities to manage time.
2. Update or develop specific learning objectives for each workshop.
3. Develop a schedule for the systematic, periodic presentation of workshops which will provide multiple opportunities for student participation throughout the academic year.
4. Assign CEDS staff to work with students who require or request individual consultation and assistance with improving skills.
5. Monitor and document the academic progress of students who participate in workshops and individual consultations.

**Outcome and Evaluation Measures:***Outcome Measures:*

1. Evidence of workshop presentations and instructional materials;
2. Documentation of scheduled workshops;
3. Number of students who participate in scheduled workshops;
4. Number of students who participate in individual consultations;
5. Documentation of participating students' timely progress in their academic programs.

*Evaluation Measures:*

6. Pre- and post- assessments of participating students' skills;
7. Student evaluations of workshops and CEDS consultations;
8. Percent of participating students who demonstrate measurable improvement in their coursework; and
9. Cohort comparisons of pass rates on course, subject board, and certification examinations.

**3. PEER TUTOR PROGRAM**

There are occasions when students learn more effectively when they review and study difficult material with a peer. The Peer Tutor Program will offer a structured service whereby students may seek assistance from another student to master specific aspects of a course.

**Goal:** To institute a peer tutor program that will serve the needs of students who choose to enhance their learning by working with another student who has demonstrated high proficiency in the subject matter and has been recommended by his/her department.

**Objectives:**

1. To bridge the gap between classroom teaching and individual studying by providing an academic support program that is staffed by student tutors.
2. To foster the dynamics of individual or group tutorial interaction among peers.
3. To develop the interest and capabilities of students who may pursue careers in academia.

**Methodologies:**

1. Develop instructional materials and design instructional sessions for tutorial training to include goals and objectives of the Peer Tutor Program; duties and responsibilities of being a peer tutor; guidelines for confidentiality; requirements for becoming a peer tutor; and guidelines for effective tutoring and evaluation.

2. Organize a multidisciplinary committee that includes representatives from all three schools to oversee the development of training materials and the selection of peer tutors.
3. Validate the qualifications of peer tutor candidates through content tests and qualitative measurements (i.e. structured interviews).
4. Conduct training sessions (two per semester) for selected peer tutors. Faculty and CEDS staff will provide the training.
5. Create a system for assigning tutors to students and scheduling group and individual tutorial sessions and documentation of occurrences.
6. Secure financial resources to provide stipends for peer tutors.
7. Establish a system for monitoring peer tutor-student interactions.
8. Schedule group meetings with peer tutors, faculty, and CEDS counselors to provide feedback on student improvement and performance.
9. Develop ways to recognize peer tutors for their service within departments and the college.
10. Develop a mechanism whereby students can evaluate the effectiveness of their peer tutor.

#### **Outcome and Evaluation Measures:**

##### *Outcome Measures:*

1. Documentation of the program guidelines (i.e. a Peer Tutors Manual).
2. Documentation of multidisciplinary committee activities.
3. Documentation of recruitment, selection process, and training of peer tutors.
4. Number of participating peer tutors.
5. Number of students who participate in peer tutorial sessions.
6. Number of peer tutoring sessions held during the academic year.

##### *Evaluation Measures:*

7. Peer tutor evaluations of the program.
8. Student evaluations of the tutors.
9. Faculty evaluation of tutors.
10. Student evaluations of the overall peer tutor program
11. Percent of student participants who demonstrate measurable improvement in course performance.
12. Cohort comparisons of pass rates on course, subject board, and certification examinations.

#### **4. SMALL GROUP CASE-BASED REVIEWS**

Small group and case-based teaching are proven methodologies for encouraging students to take more responsibility for their own learning. This type of instructional method will encourage students employ critical thinking to make decisions or judgments based on facts, information, and logic or rationalization with minimal guidance from faculty facilitators. This will be a voluntary program for interested students.

**Goal:** To engage students' interest in acquiring knowledge on their own and to motivate them to probe for deeper understanding of the scientific and practical application of concepts being introduced through clinical and/or ethical cases.

**Objectives:**

1. To engage faculty and small groups of students in exercises that will stimulate students' critical thinking and independent study.
2. To provide a mechanism for reviewing key concepts of pathophysiology, microbiology, or pharmacology and applying them to clinical presentations.
3. To develop skills for patient management among dental and medical students.

**Methodologies:**

1. Develop a plan for assigning interested students to groups of two to four members that will change with each case assignment.
2. Identify cases that present realistic clinical problems and reinforce basic science concepts and information.
3. Develop guidelines for faculty facilitators to engage students in self-directed learning.
4. Identify and train faculty facilitators following the established guidelines.
5. Develop learning objectives for students.
6. Develop process for presenting the case, formulating responses, and presenting the groups' solution.
7. Develop criteria for evaluating student performance.

**Outcome and Evaluation Measures:**

*Outcome Measures:*

1. Evidence of assignment of students to small groups.
2. Evidence of small group meetings and attendance by faculty and students.
3. Syllabi that document the guidelines for facilitators, learning objectives for students, and expectations for performance.

*Evaluation Measures:*

4. Evaluations of student performance in clinical assessments.
5. Student evaluations of the initiative, faculty facilitators, and learning outcomes.
6. Faculty evaluations of the overall initiative.
7. Cohort comparisons of pass rates on course, subject board, and certification examinations.

## **5. COMPUTERIZED PRACTICE TESTING**

A student's familiarity and comfort with taking a test on a computer can positively affect performance on national licensure certification examinations, which are administered by computer. Affording multiple opportunities to practice answering exemplary questions under timed conditions on the computer can foster a high level of comfort and familiarity.

**Goal:** To provide multiple opportunities to develop computer-based testing skills.

**Objectives:**

1. To enhance student proficiency in computer testing.
2. To provide a dedicated computer lab for practice testing.
3. To utilize a bank of test questions that are similar to those found on the medical and dental licensure examinations.
4. To provide test-taking techniques that are particularly applicable to the computerized licensure certification examinations.
5. To develop interventions that will address identified perceptual and psychomotor problems which may be revealed during timed computer testing.

**Methodologies:**

1. Set up a computer lab in the CEDS. The lab will consist of 20 desktop computers and a dedicated printer.
2. Update current software library of computer-based tutorials in the basic sciences, clinical disciplines, and patient case simulations.
3. Acquire additional tutorial software for review of basic sciences disciplines and patient case simulations applicable to both dental and medical students.
4. Update or acquire valid, reliable, and comprehensive question banks that simulate national licensure certification test environments.
5. Acquire practice test questions from faculty members for locally based examinations.
6. Present workshops on strategies for computer-based testing.
7. Develop intervention plans for students who demonstrate difficulty with taking computer-based tests.
8. Monitor and track student performance on licensure certification examinations.

**Outcome and Evaluation Measures:**

*Outcome Measures:*

1. Frequency of use of tutorial software and question banks.
2. Number of students who participate in skill development workshops and interventions.

*Evaluation Measures:*

3. Student evaluations of the process of practice testing, software, question banks, equipment, and facilities.
4. Student pass rates on departmental, subject board, and national licensure certification examinations.
5. Percentage of participating students who pass national examinations on the first attempt.
6. Cohort comparisons of pass rates on course, subject board, and certification examinations.

## **6. FACULTY-FACILITATED REVIEWS to PREPARE for LICENSURE EXAMINATIONS**

Passing national licensure certification examinations on the first attempt is critically important to students' academic and professional success. Failure to pass the first part of the medical or dental licensure certification examinations will delay a student's progression to clinical training. Failure to pass the second part of the examinations will delay awarding of a degree from Meharry and entry into graduate medical education. Some states, including Tennessee, have established timeframes for passing all three medical licensure certification examinations—failure to pass all exams within the timeframe may prevent the student from being licensed in that state. The preparatory reviews are designed to help students pass the examinations in a timely manner.

**Goal:** To prepare students to successfully negotiate the United States Medical Licensure Examinations (USMLE, Step 1 and Step 2) and the National Board of Dental Examiners (NBDE, Part 1 and Part 2) examinations on the first attempt.

### **Objectives:**

1. To provide extensive, structured, mandatory review sessions for sophomore and junior medical and freshmen dental students.
2. To engage basic and clinical faculty in providing comprehensive reviews of basic science and clinical knowledge and concepts that are tested on the licensure certification examinations.
3. To achieve a first time pass rate on required licensure certification examinations for medical and dental students that is comparable to the respective national averages.
4. To facilitate timely progression and on-time graduation for all students.

### **Methodologies:**

1. Develop and implement two formats for faculty-facilitated preparation for licensure examinations.
  - a. *Independent study:* Self-directed review of material from the freshman and sophomore curriculum with faculty consultation and tutoring on an individual basis. Students will be expected to spend 40 hours/week on the reviews.
  - b. *Course Based Reviews:* Led by a faculty member, a series of reviews that cover basic sciences and clinically-based problems will be presented over a six month period. Students will be required to take a two-hour computer-based practice test once a week.
2. Consult with Student Academic Affairs and Promotion Committees in the School of Medicine and School of Dentistry to assign students to the appropriate review format.
3. Monitor students' participation in their assigned review courses.

4. Evaluate students' readiness to sit for licensure certification examinations and make recommendations to the School of Medicine and School of Dentistry Student Academic Affairs and Promotion committees.

### **Outcome and Evaluation Measures:**

#### *Outcome Measures:*

1. Number of students who participate in the faculty facilitated review sessions.
2. Number of students who participate in intervention plans.

#### *Evaluation Measures:*

3. Student performance and pass rates on national licensure certification examinations.
4. Cohort comparisons of pass rates of Meharry's students with national pass rates on USMLE and NBDE examinations on first attempts.
5. Evaluations of the review programs by course and clerkship directors and faculty facilitators.
6. Student evaluations of the review programs and faculty facilitation.

## **V. B. FACULTY DEVELOPMENT INITIATIVES**

The focus of the faculty development initiatives in the Center for Educational Development and Support will address faculty members' instructional and leadership development, which encompass teaching improvement, mentoring, and development of skills to effectively evaluate and advance medical education. The CEDS will collaborate with the Office of Faculty Affairs and Development as well as academic departments to present activities that promote career advancement and development of research and grant-writing skills especially for junior faculty.

As the table below illustrates, in fall 2006, Meharry employed a total of 210 faculty members. The majority of Meharry's faculty members are minorities, full-time (91%), and perform the traditional responsibilities of teaching, clinical care, and research. As a result of their involvement in the community, Meharry's faculty members are also important role models for our students. Enhancement of teaching and leadership skills among Meharry's faculty members offers an opportunity to foster a vibrant academic community.

<b>Faculty by Ethnic Origin</b>	<b>Number</b>	<b>%</b>
<b>Black, Non-Hispanic</b>	128	60
<b>White, Non-Hispanic</b>	37	18
<b>Asian/Pacific Islander</b>	35	17
<b>Hispanic</b>	8	4
<b>American Indian/Alaskan Native</b>	2	1
<b>Total</b>	210	100

The need to help faculty members excel in their role as educators and academicians is ongoing. The CEDS will address these needs through the following initiatives.

## **1. CONSULTANT-LED WORKSHOPS AND SEMINARS**

Consultant-led faculty development initiative will consist of a structured program of lectures, workshops, seminars, and individualized consultation sessions for faculty members that will address best practices for curriculum development, teaching, and evaluating student performance. The workshops will also address developing a research focus and writing for publication, which will assist faculty members in preparing for promotion and tenure within the college.

**Goal:** To provide a structured program of lectures, workshops, seminars, and individual sessions that will expand the knowledge and skills of faculty members in the areas of teaching, research, and career development.

### **Objectives:**

1. To combine efforts across disciplines and departments to establish a structured program of consultant-led faculty development activities.
2. To provide information and experiences that will enhance understanding of pedagogy, teaching techniques, student assessment, and curriculum development.
3. To assist faculty members with increasing opportunities for promotion and tenure within the college.
4. To present an annual Faculty Development Conference for junior faculty.

### **Methodologies:**

1. Reconstitute a Committee on Faculty Development to include representatives from the Office of Faculty Affairs and Development, School of Medicine, School of Dentistry, School of Graduate Studies and Research, and other faculty members.
2. Develop a master calendar of workshops, seminars, and presentations sponsored by all divisions that contribute to faculty development.
3. Identify topics and areas of focus that are not being covered by existing efforts.
4. Develop special interest workshops that will be sponsored by the CEDS, including:
  - a. *Technology Assisted Teaching Methodologies:* This recurring series of workshops will be designed to familiarize faculty members with existing campus technology that can enhance student learning, introduce faculty to best practices for pedagogically sound uses of technology in the classroom.
  - b. *Workshops in Ethical Teaching:* This extended series of workshops will be designed to assist health sciences faculty with recognizing and

addressing the ethical issues that impact their effectiveness as educators. Proposed topics are Philosophy of Education and Development of a Code of Professional Teaching Behavior, Maintenance and Confidentiality of Student Records and Grades, Plagiarism and Copyright Violations, Addressing Student Behaviors, Educational Research, Conflict Resolution and Academic Freedom, Tolerance vs Multi-culturalism, Affirmative Action and Other Admission Policies, Mentoring and Evaluation of Student Professionalism and Clinical Behavior, and Peer Review of Teaching.

- c. *Annual Faculty Development Conference*: Designed with an emphasis on junior faculty members, this one day conference will be open to all faculty members. The conference will assist participants in identifying professional development goals, exploring the expectations and requirements for teaching, scholarship, and service at Meharry, and examining personal styles for interacting with students and colleagues. The conference will provide opportunities for development of selected skills and for networking with colleagues.
5. Identify local and national consultants to lead the workshops.
6. Publish and distribute an annual calendar of faculty development activities to faculty, adjunct faculty, and clinical preceptors to encourage broad participation in the conference.

### **Outcome and Evaluation Measures:**

#### *Outcome Evaluations:*

1. Number of consultant-led workshops, seminars, lectures, and individualized sessions presented annually.
2. Number of participants in consultant-led faculty development activities.
3. Evidence of presentation and teaching materials for special interest workshops.
4. Evidence of improved teaching, research, and scholarship (i.e. student evaluations, grants, publications, peer-reviewed teaching evaluation) by participants in faculty development activities.

#### *Evaluation Measures:*

5. Participant evaluations of the workshops, seminars, lectures, and consultants.
6. Faculty evaluations of the overall program of faculty development.
7. Percentage of participants promoted compared to non-participants within two years.

## **2. MINI SABBATICAL PROGRAM**

Meharry Medical College grants, on a discretionary basis, up to one calendar year of sabbatical leave after seven years of significant college service. While traditional sabbaticals are opportunities for enrichment and renewal, providing opportunities (mini sabbaticals) for rejuvenation in fewer than seven years and shorter time periods are more

compatible with the demands of the college's schedule and the multiple responsibilities of faculty members. Such "mini-sabbaticals" will benefit faculty and complement the college's faculty development initiatives.

**Goal:** To provide opportunities, especially for non-tenured junior faculty, to have release time to develop or enhance teaching, practice, or research skills that will facilitate curriculum improvement, student learning, and individual promotion or tenure.

**Objectives:**

1. To make release time from teaching, clinical, research, or service duties available to all faculty members to pursue in-depth activities that will contribute to the academic program.
2. To provide appropriate funds, information, and support for faculty who pursue mini-sabbaticals.
3. To increase the ongoing integration of innovative pedagogical procedures into the educational programs.
4. To increase use of technology in the academic programs of the college.
5. To increase faculty members' options for professional and personal development.

**Methodologies:**

1. Finalize program parameters and criteria for participation. The proposed requirements include:
  - a. *Eligibility:* Tenured and non-tenured faculty members are eligible to apply during and after their third year of service.
  - b. *Application:* The faculty member must submit a 1-2 page narrative that describes how the mini-sabbatical will benefit the college's academic program, the department, and the individual career plan; program of study, duration, and location of the mini-sabbatical; estimated expense; plan for coverage of duties while on release time; and plan for incorporating new skills/knowledge obtained into teaching, research, or service at Meharry.
  - c. *Approval:* The program of work for the mini-sabbatical, release time, and continuation of salary and fringe benefits must be developed in consultation with the faculty member's department chair and dean.
  - d. *Acknowledgement of Responsibilities:* The faculty member must sign an acknowledgment stating that the mini-sabbatical is only a release from a specific portion of usual responsibilities and not from other obligations such as committee meetings, advising, and other contractual obligations. The obligation to fulfill all responsibilities may be waived if the mini-sabbatical is in a distant location.
  - e. *Follow-up:* Within 30 days after the mini-sabbatical, the faculty member must submit a 1-2 page summary report to CEDS and the department chair about the experience and how it will contribute to enhancing

teaching and learning at Meharry. The faculty member will be required to present a seminar to the campus community to share information gained through the mini-sabbatical.

2. Work with the Office of Faculty Affairs and Development, Office of Lifelong Learning, Office of Graduate Medical Education, and academic departments to facilitate integration and implementation of this new faculty benefit.
3. Form a committee to facilitate peer-review of the proposed mini-sabbatical projects and to make recommendations for approval to department chairs.
4. Publicize the availability of the Mini Sabbatical Program among faculty through campus e-mail, letters and other written communication, and presentations to the Faculty Senate, Faculty Councils, and departmental meetings.
5. Monitor the implementation of innovative educational projects that impact student learning and progression to timely graduation.

### **Outcome and Evaluation Measures:**

#### *Outcome Measures:*

1. Documentation that the intent and parameters of the Mini Sabbatical program, criteria for eligibility, application process, and expectations for performance are being met.
2. Number of applications for Mini Sabbaticals per year.
3. Number of approved Mini Sabbaticals per year.
4. Scope and quality of the proposed sabbatical projects.
5. Evidence of the introduction of new and innovative educational methodologies in the faculty member's course(s) or department.

#### *Evaluation Measures:*

6. Peer evaluation of the implementation and effect of new methodologies introduced as a direct result of the faculty member's participation in a mini sabbatical.
7. Student evaluations of the faculty member's teaching and course administration.
8. Percentage of participants promoted compared to non-participants.

## **VI. IMPLEMENTATION PLAN AND ASSESSMENT OF OVERALL EFFECTIVENESS**

Operating on the premise that developing the Center for Educational Development and Support is a viable plan for enhancing the quality of student learning at Meharry Medical College, preliminary steps toward opening the center have been taken. During 2006, the designated location for CEDS was renovated and furnished to accommodate the proposed academic support and faculty development initiatives. A director, who was hired in 2006, and a former TLRC skills specialist, who has continued to assist the schools in that capacity since the TLRC closed, comprise the current CEDS staff.

Plans for opening the CEDS have been shared with students, faculty, and other members of the campus community. To generate additional awareness and interest in the Center, there will be a “Grand Opening” of the renovated Rolfe Student Center. During the grand opening, t-shirts with “QEP” on one side and information about the CEDS on the other will be given to students and other attendees to help publicize the reestablishment of an academic support service that is open to all students. Other activities will be planned to create awareness and introduce faculty members to the CEDS’ new professional development initiatives.

**A. Implementation Timeline**

The operational program of the CEDS will be implemented in stages to address the most critical needs first and to accommodate staffing and funding requirements. The general timeline for implementation is:

<b>Timeframe</b>	<b>Activity</b>
Academic Year 2006-2007	Planning, development, and collection of baseline data for the CEDS
Academic Year 2007-2008	Implementation of Student Academic Support Initiatives
Academic Year 2008-2009	Implementation of Faculty Development Consultant-Led Workshop Initiatives
Academic Year 2009-2010	Implementation of the Mini Sabbatical Program
Academic Year 2010-2011	Comprehensive Evaluation of the Centers’ programs and activities
Academic Year 2011-2012	Implementation of modifications to programs and services resulting from the comprehensive evaluation; implementation of new services as recommended

**B. Plan for Staffing and Funding the CEDS**

Federal dollars currently support the Center for Educational Development and Support in relationship to its development and implementation in the amount of \$768,520.

Center Personnel Year 1	\$242,760
Non-Personnel Year 1	\$525,760
<b>TOTAL:</b>	<b>\$768,520</b>

Funding years 1-5 will come from the Office of Minority Health (OMH) and Title III Department of Education funding with adjustments for inflation and additional projects. Renewal and sustenance of funding will be derived from the Title III source upon renewal and institutional matching funds.

**Key CEDS Staffing:**

**Senior Vice President, Student/Academic Affairs** will be responsible for administrative oversight of the CEDS.

**Associate VP, Academic Support Services** will be responsible for monitoring and management of the Center for Educational Development and Support.

**Director**, Center for Educational Development and Support (CEDS) will be responsible for the overall day-to-day administration and direction of the peer tutoring, academic skill support services (test taking, learning, study strategies, time management) for individual students and small groups, as well as for all staff actions.

**Computer Project Coordinator** will report to the Director of the CEDS and will be responsible for implementing the objectives associated with question banks and computer-based testing. This position will supervise all staff members associated with testing and will be responsible for ensuring that all simulated examinations are administered timely.

**Program Associate Coordinator/TBA** will be responsible to the director of the CEDS for facilitation of program evaluation/outcome assessment.

**Program Assistant Coordinator** will be assigned to assist the Program Director in arranging meetings with students, peer tutors, coordination and faculty development mentoring relationships for students, arranging educational skills workshops for students and faculty workshops for the new Center.

**Intervention Counselors (20)** – junior faculty members will work in close association with the Intervention Coordinator, working with medical and dental students offering 10% of their professional time and compensation for same through reviews. (No stipends)

**Intervention Coordinator** will be responsible for coordinating all tutorials and simulated computer examinations administration and assist in evaluation in close association with the Program Associate Coordinator (TBA).

**Peer Student Tutors (24 supported by stipends)** will be paired with first and second year students throughout the year for mentoring, academic assistance and individual tutorial support.

**Educational Skills Specialists (2)** will conduct pre- and post-tests, score and provide results to the Project Coordinator and other appropriate staff.

**Stress Management Counselor** will report directly to the CEDS director and will be responsible for working with students from all three schools that have been identified as

demonstrating test anxiety and/or stress and require a mechanism to cope with those experiences.

Initial staffing for the Center for Educational Development and Support was initiated during the fall semester of 2006. The Center is presently staffed by Jacqueline Gardner, associate vice president for Academic Support Services, and Pamela Rucker, educational skills specialist. Both Ms. Gardner and Mrs. Rucker have extensive experience in the area of student academic support services. Pamela C. Williams, M.D., serves as the senior vice president for student/academic affairs. [Resumes for Ms. Gardner](#), and [Mrs. Rucker](#), and a [curriculum vitae for Dr. Williams](#) are attached as [Appendix E](#), [Appendix F](#), and [G](#), respectively. All Center staff is expected to be on board by the end of the 2006-2007 academic year.

### **C. Evaluating Overall Effectiveness of the QEP**

Objectives and evaluation measures have been identified and are listed with each activity the CEDS will undertake over the next five years. The measures include collection of quantitative and qualitative data as well as documentation of the development, presentation, and progression of the center's activities.

Data collected during the implementation phase and the first year of the center's operation will formulate a quantifiable baseline for the initiatives and activities. The objectives will be updated at the end of the first year of operation to revise timeframes and establish measurable target outcomes for succeeding years. The data generated by the evaluation measures will be collected and assessed annually by the CEDS director and senior vice president for student and academic affairs. An advisory committee for the CEDS, composed of faculty and administrators from each school and students, as well as other academic affairs subcommittees within the schools, will also provide periodic evaluations of the centers' activities and outcomes.

The Center for Educational Development and Support will prepare and submit an annual report of its activities and outcomes to the senior vice president for student and academic affairs and the college's Institutional Effectiveness Committee. The Institutional Effectiveness Committee will assess the CEDS contributions to achieving strategic objectives that pertain to improving student performance on licensure certification examinations and timely progression to graduation as well as its overall contributions to accomplishing the college's mission and strategic planning objectives.

## **VII. Conclusion**

There is historical evidence that Meharry's students and faculty have benefited from a centralized, institutional unit that attends to their needs for personal and professional development. The Center for Educational Development and Support is designed to meet ongoing needs for student and faculty support. It presents an opportunity to bring academic support for students and faculty development under one umbrella and to assure the services are designed, presented, and administered by a dedicated staff and qualified

personnel. The proposed initiatives of the CEDS have the potential to touch all students and faculty without regard to discipline, department, or school. We are confident that the people who choose to take advantage of the Center's services will be well served as they pursue their first professional degree or prepare to advance their academic careers. The Center for Educational Development and Support will meet the expectations of the *Principles of Accreditation* by enhancing the quality of student learning and engagement in the educational programs at Meharry Medical College.

### VIII. References\*

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\* Copies of articles listed as references are available on the CD that accompanies the hard copy of this document.

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\* Copies of articles listed as references are available on the CD that accompanies the hard copy of this document.

## IX. Appendix A



### SACS Commission on Colleges Meharry Medical College Campus Community Survey

March 15, 2005

*Accreditation requires institutional commitment and engagement, thus we invite you – members of the Meharry Family – to participate initially in the SACS reaffirmation of accreditation process voluntarily by completing this brief survey on enhancing the quality of the educational programs and the learning experiences of student matriculants in the Schools of Medicine, Dentistry and the School of Graduate Studies and Research.*

- 
1. How can we best create an environment in which enhanced teaching occurs by:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
  2. Within the context of Meharry Medical College's mission, resources, and capacities, how can we best provide public services to the Nashville community which improves student learning?  
\_\_\_\_\_  
\_\_\_\_\_.
  3. How can we improve and increase research by our faculty and students on Meharry's campus?  
\_\_\_\_\_  
\_\_\_\_\_.
  4. What programs would you think would be important for our academic community to be engaged in to assure enhanced learning by our students?  
\_\_\_\_\_  
\_\_\_\_\_.
  5. How best can Meharry Medical College demonstrate that it is fulfilling its stated mission?  
\_\_\_\_\_  
\_\_\_\_\_.

- 6. What specific analysis and professional judgment(s) best evaluate and document the educational quality and effectiveness of Meharry's academic offerings?

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- 7. What should be the primary focus of the Quality Enhancement Plan (QEP)?

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- 8. What would be the strategic focus that would best demonstrate the enhancement of the learning environment for supporting student achievement?

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- 9. What component of the learning environment should Meharry Medical College develop and implement over the next five (5) years to enhance student achievement, active learning and positive developments?

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- 10. In focusing on matters related to quality enhancement pertaining to student learning, what project would you propose to create a stronger focus on "quality enhancement issues" bearing upon student learning outcomes?

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- 11. In all phases of the students' experiences at Meharry Medical College, what can be done to increase student engagement in opportunities, experiences, and events that would contribute to students' active learning and development?

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- 12. What project can the campus community as a whole invest in the lifetimes of Meharry's students and demonstrate our shared commitment to excellence in their learning activities and developmental transformation?

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- 13. What outcomes/goals would best express the values of faculty and staff in terms of academic expectations for students?

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- 14. What indices of the College's quality would enhance the academic reputation of Meharry and its graduates?

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15. In developing an environment and learning culture that increases student involvement with the curriculum, what would best demonstrate enhancement of student achievement matching their potential over the entire course of their study?

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Thank you for your participation.

*Office of the SACS Liaison*

### IX. Appendix B

#### SACS Campus-wide Survey of Recommendations for the Meharry Medical College Quality Enhancement Plan (QEP)

The Southern Association of Colleges and Schools (SACS) requires the colleges and universities it accredits to develop a Quality Enhancement Plan (QEP) that addresses “a well-defined issue or issues directly related to improving student learning” (SACS, 2004, p. 9). Earlier this year, the Meharry SACS Liaison Office distributed a questionnaire to the campus community to obtain comments about enhancing educational programs and learning experiences for students. This follow-up survey reflects the recurring suggestions for enhancing the educational programs and student learning that were mentioned in the prior questionnaire. By responding to this survey, you will assist the SACS Steering Committee with finalizing the focus of the QEP.

#### DIRECTIONS FOR COMPLETING THE SURVEY

Please indicate your top three recommendations for the **primary goal of the QEP (in boldface type)** by assigning the number **1, 2, or 3** before the suggested goal with 1 having the highest priority. **Then**, please rank your top three strategies under each primary goal by assigning the letter **A, B, or C** before the suggested strategy with A being the most important strategy.

**For example: Rank the top 3 primary goals; and then rank the top 3 strategies under each goal.**

3__ Suggested goal A __B__ suggested strategy	__1__ Suggested goal G __A__ suggested strategy	__2__ Suggested goal I __C__ suggested strategy
__C__ suggested strategy	1 __B__ suggested strategy	1 __A__ suggested strategy 2
__A__ suggested strategy	2 __C__ suggested strategy	__B__ suggested strategy 3
	3	

#### QEP Project Recommendations Survey

Check only one: \_\_\_ Faculty \_\_\_ Student \_\_\_ Staff \_\_\_ Administrator

___ <b>Academic Support Services for All Students</b> ___ Focus on learning strategies ___ Focus on critical problem solving skills ___ Focus on peer tutoring program ___ Focus on discipline oriented study groups ___ Focus on faculty/student mentoring program	___ <b>Faculty Development and Support</b> ___ Training for teaching ___ Supporting achievement of faculty research goals ___ Discipline related continuing education ___ Integrating technology with teaching
___ <b>Cultural Competency</b> ___ Diversity training for faculty and students ___ Developing a cultural competency curriculum ___ Developing medically oriented foreign language courses for faculty and students to enhance clinical care	___ <b>Research Enhancement</b> ___ Enhance research infrastructure ___ Allocate time in curriculum for research ___ Develop student research program ___ Create system to provide information about student research opportunities
___ <b>Curriculum Advancement with More Student Input</b> ___ Increasing student participation in curriculum planning and evaluation ___ Responding to student concerns/complaints	___ <b>Service Learning</b> ___ Develop a student-run entity for community health education and service (i.e. health fairs) ___ Institutional support for student volunteerism ___ Required activities and training through

<ul style="list-style-type: none"> <li><input type="checkbox"/> Staffing for small group teaching</li> <li><input type="checkbox"/> Revising course schedules to allow more time for students' independent study</li> <li><input type="checkbox"/> Consistent enforcement of academic policies</li> </ul>	<ul style="list-style-type: none"> <li>volunteer work</li> <li><input type="checkbox"/> Promote service in troubled parts of country and world</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Demonstrating Excellence in Student Performance</b></li> <li><input type="checkbox"/> Achieving 100% first time pass rate on board exams</li> <li><input type="checkbox"/> Achieving higher board scores</li> <li><input type="checkbox"/> Eliminating repeating of courses and clerkships</li> <li><input type="checkbox"/> Improving on-time graduation rates</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Student Recruitment and Enrollment</b></li> <li><input type="checkbox"/> Revise admission standards</li> <li><input type="checkbox"/> Recruit students with better academic standing</li> <li><input type="checkbox"/> Offer competitive scholarships</li> <li><input type="checkbox"/> Engage interest of middle and high school students</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Evaluation of Stated Educational Objectives</b></li> <li><input type="checkbox"/> Implementation of campus-wide outcome assessment plan for all curriculums</li> <li><input type="checkbox"/> Regular surveys and feedback to measure student learning</li> <li><input type="checkbox"/> Assess and modify ineffective programs/systems</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Technology advancement</b></li> <li><input type="checkbox"/> Integration and use of technology throughout the curriculum</li> <li><input type="checkbox"/> Facilitating use of technology by students</li> <li><input type="checkbox"/> Increasing computer assisted teaching modules</li> </ul>

***Please return the survey to the SACS Liaison Office. Thank you for your contribution to this important project!***

Commission on Colleges of the Southern Association of Colleges and Schools (2004). *The principles of accreditation: foundations for quality enhancement*. [Brochure]. Atlanta, GA: Author.

**IX. Appendix C**

**QEP Project Recommendation Survey Results**

*Total (Number of Respondents = 68)*

<i>Suggested Primary Goal</i>	<i>%</i>	<i>Rank</i>	<i>Suggested Strategy</i>	<i>%</i>	<i>Rank</i>
Academic Support Services for All Students	43%	1	Focus on learning strategies	39%	2
			Focus on critical problem solving skills	53%	1
			Focus on faculty/student mentoring program	33%	3
Demonstrating Excellence in Student Performance	43%	2	Achieving 100% first-time pass rate on board exams	70%	1
			Achieving higher board scores	15%	3
			Improving on-time graduation rates	30%	2
Faculty Development and Support	34%	3	Training for teaching	56%	1
			Supporting achievement for faculty research goals	24%	2
			Integrating technology with teaching	24%	3

Source: SACS Campus-Wide Survey of Recommendation for the Meharry Medical College Quality Enhancement Plan (QEP)  
SACS Liaison Office

## IX. Appendix D

### Members of the Quality Enhancement Planning Team

Team Member	Position/ Affiliation
A. Cherrie Epps, Ph.D.	Team Chair, SACS Liaison, Sr. Advisor to President, former Interim President
Renee Bowen, RN, JD	Director, Office of Lifelong Learning
John Britton	Assistant to the President, President's Office
Juanita Buford, Ed.D.	SACS Steering Committee Co-Chair, former Interim SACS Liaison, Sr. Research Analyst, Department of Medical Education, School of Medicine
Cheryl Hamberg, MLS	Community Representative, former director of the Meharry Medical Library
Patricia Matthews-Juarez, Ph.D.	Associate Dean, Faculty Affairs and Development, School of Medicine
Edna Lockert, Ph.D.	Counselor, Counseling Center
Victoria Mosley	Associate Dean for Information Technology, School of Medicine
Annie W. Neal, Ph.D.	SACS Steering Committee Co-Chair, former Associate Dean for Administration, School of Medicine, and Professor, Department of Medical Education
Linda Sander, Ph.D.	Professor, Department of Medical Education, School of Medicine
Bernard Turner, Ed.D.	Associate Vice President, Corporate and Foundation Relations
James Tyus, D.D.S.	Associate Professor, School of Dentistry
Pamela C. Williams, M.D.	Vice Dean and Sr. Associate Dean for Student Academic Affairs, School of Medicine

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## **IX. Appendix E**

Jacqueline Dee Gardner

Associate Vice President for  
Student Support Services  
Director for Center of Educational Development  
And Support  
Meharry Medical College  
1005 D.B. Todd Boulevard  
(615) 327-6760 (Phone)  
(615)327-5746 (Fax)  
[jgardner@mmc.edu](mailto:jgardner@mmc.edu)

### Education

**Master of Arts**, English Literature, Indiana State University

**Bachelor of Arts**, Elementary Education, Indiana State University

**Institute for Women in Higher Education Administration**, Bryn Mawr College

### **Professional Work Experience**

#### **Current**

**Associate Vice President for Academic Support Services, Director for Center for Educational Development and Support**  
Meharry Medical College  
Nashville, TN

Manage the overall day-to-day administration and direction of the Center for Educational Development and Support for individual students and small groups, as well as responsible for all staff actions, to include:

- Peer tutoring
  - Academic skill support services
  - Test taking & Learning Strategies
-

➤ Faculty & Student Development

**Chief of Staff for the Dean of the School of Medicine** 2006  
Meharry Medical College  
Nashville, TN

- Managed strategic alignment within department in the hiring and orientation practices within the School of Medicine
- Provided project support to inter-department initiatives helping them better manage their academic areas
- Assisted in the development of the 1<sup>st</sup> and 2<sup>nd</sup> year student mentor program
- Worked with Human Resources and Faculty Affairs to develop New Faculty Orientation

**Dean of Academic Affairs ITT Technical Institute** 2004-2006  
San Diego, CA

- Planned Organized and directed Academic Affairs Department to include staffing, training, evaluating and motivating personnel to achieve completion and other college objectives
  - Performed attrition analysis and directed college's retention program
  - Complied class loading schedules in collaboration with Registrar for both instructors and students
  - Ensured compliance and accrediting body regulations
  - Exercised independent judgment with college/company guidelines, policies and procedures
  - Managed department budget
  - Developed and maintained faculty professional development programs including in-service training
  - Assisted College Director in public relations activities
  - Advised faculty on issues relating to policy, program and administration
  - Directly supervised three Associate Deans and Program Chairs
  - Managed 50 full time and adjunct faculty
-

**Director of New University Relations****2003-2004**

Posse Foundation

New York, NY

- Maintained professional contacts and networks with potential university partners; including donors, supporters and University Presidents
- Developed and managed outreach strategies to cultivate relationships which included individuals from the corporate sector, the public school system and the non-profit community
- Developed marketing strategies that resulted in an increase of University Partners from 15-24 in less than one year including: Babson College, Claremont McKenna College and Bowdin College
- Negotiated contacts with the Foundation's partner universities. The scholars are awarded \$100,000 four-year, full-tuition leadership scholarships. Posse scholars persist and graduate at a rate of over 90%. A rate higher than the national average graduation rate of institutions of higher education

**Dean of First Year Students, Academic Services & ADA Coordinator****1994-2003****Assistant Dean of Academic Affairs****1988-1994**

DePauw University

Greencastle, IN

- Operated and administered the Academic Resource Center, Horizon Scholar, Posse Scholar and 1<sup>st</sup> Generation Programs
  - Provided oversight for the first year students transitioning for high school, increasing retention from 72% to 92%
  - Served as liaison to Posse Foundation for the New York and Chicago offices
  - Coached Posse mentors during the first two years of the on campus component of the program
  - Worked closely with Posse Foundation and key campus administrators to select each Posse Scholar
  - Assisted with the development and provided the university with
-

- advising procedures, programs, guidelines and training for faculty, staff and students
- Assisted in the development of the Scholastic Standing Program and Academic Alert System for students on academic probation
  - Created and implemented university education forums and training on diversity and ADA issues for faculty, administration and students, while working directly with Physical Plant, Vocational Rehabilitation and university constituents to improve the review process and compliance standards which resulted in full access and services for the university community
  - Designed programs and activities to create effective learning environments and strengthen student's academic and social life on campus, including Student Success and Study Strategies classes for underperforming students and special interests groups for Students of Color and Students with Disabilities
  - Advised students in developing programs that crossed academic interests and met graduation requirements
  - Assisted in the development of the First Multicultural Affairs Office on campus
  - Assisted in the development of Staff Development Program for Student Services Staff
  - Worked directly with visually impaired students, faculty and Technology Department to ensure course/education access specifically in the School of Music
  - Served on numerous university search committees, including the Diversity Committee, Retention Committee, Admissions & Recruitment Committee and Sexual Harassment Committee
  - Assisted the university in writing \$500k grant from The Lilly Foundation to improve retention and quality of life for students
  - Served as staff member on Great Lakes College Association Course Design Teaching Workshop specializing in training college professor to practice multiple ways of teaching to accommodate multiple ways of learning

**Writing Instructor**  
DePauw University  
Greencastle, IN

**1988-1993**

- Responsible for teaching intensive writing courses
  - Academic advisor for students focusing on individual study plans and
-



## **IX. Appendix F**

**PAMELA ERNESE RUCKER  
104 JUDD COURT  
NASHVILLE, TENNESSEE 37218  
TELEPHONE NUMBERS:  
HOME: 615-876-0788  
WORK: 615-327-6530**

### **EDUCATION**

1975

The University of Detroit  
School of Arts and Sciences  
Bachelor of Arts (B.A.)  
Major: Sociology

1977

The University of Detroit  
School of Arts and Sciences  
Master of Arts (M.A.)  
Major: Sociology

1984

Tennessee State University  
Master of Public Administration (M.P.A.)  
Major: Public Administration

1993-1995

Tennessee State University  
School of Arts and Sciences  
Special Student  
Courses taken in: Chemistry, Physics, and Biology

### **EMPLOYMENT**

2006, December-Present

Educational Skills Specialist  
The Center for Educational Development and  
Support (CEDS)  
Meharry Medical College

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1005 D.B. Todd Jr. Boulevard  
Nashville, Tennessee 37208  
Telephone: 615-327-6530

Duties:

- Provide individual skill consultations
- Skill sessions for preparation for standardized testing
- Assist in student workshops and seminars in:
  - Test Strategies
  - Comprehension Building
  - Analytical Reasoning and Critical Thinking
  - Study Skills
  - Time Management
  - Stress Management
  - Confidence Building

2003-2006, December

Assistant Clerkship Coordinator  
Meharry Medical College  
Department of Psychiatry and Behavioral Sciences  
1005 D.B. Todd Jr., Boulevard  
Nashville, Tennessee 37208  
Telephone: 615-327-6823

Duties:

- Coordinate placement of students at clinical clerkship sites
- Proctor quizzes and examinations
- Facilitated the orientation for each new clerkship
- Calculated and recorded students' performance scores
- Assisted in the planning and development of departmental curricular activities
- Attended departmental staff meetings

1991-2003

Instructional Development Assistant  
Meharry Medical College  
Teaching and Learning Resource Center (TLRC)  
1005 D.B. Todd Jr., Boulevard  
Nashville, Tennessee 37208  
Telephone: 615-327-6614

Duties:

- Assist in coordinating various board prep review programs for the Schools of Medicine and Dentistry
-

- Assist in facilitating study skill activities/sessions for the following schools:
- -School of Medicine
- School Dentistry
- Facilitated skill development workshops for the Dental Hygiene Program at Tennessee State University
- Provided individual skill consultations to students from the Schools of Medicine, Dentistry and Graduate Studies
- Write report concerning the board review programs that I assisted in coordinating.
- Assisted in coordinating the development of faculty development workshops for clinical and basic science faculty.

1990-1991

Mental Health Specialist  
Lloyd C. Elam Mental Health Center  
Meharry Medical College  
Nashville, Tennessee 37208

Duties:

- Counselor for adult outpatients
- Maintained patient progress notes
- Developed patient treatment plans
- Presented cases during weekly staffing
- Attended grand rounds, conferences, and workshops

1989-Presnet

Adjunct Faculty  
University of Saint Francis  
College of Graduate Studies  
500 Wilcox Street  
Joliet, Illinois 60435

Duties:

- Teach Medical Sociology courses to graduate students in the Health Services Administration Program
- Taught Health Services Planning and Marketing
- Taught Public Health Care Administration
- Proctored comprehensive examinations

1987-1990

Instructor

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Meharry Medical College  
Department of Family and Preventive Medicine  
Nashville, Tennessee

Duties:

- Coordinated and facilitated the student clerkship orientation sessions
- Calculated student clerkship grades
- Assisted with the recruitment of field faculty as preceptors
- Monitored field faculty sites
- Coordinated monthly student clerkships

Additional duties:

- Coordinator for the Meharry Family Practice Club.
- Pledge caller for the Annual Meharry Medical Caller Fund Raiser

1979-1987

Teaching Assistant  
Department of Family Medicine  
Meharry, Medical College  
Nashville, Tennessee 37208

Duties:

- Assisted in monitoring training sites
- Proctor examinations
- Processed financial forms for student stipend and travel refunds
- Assisted in coordinating student placement for clerkships

1978-1979

Social Worker-Adult Day Care Worker  
Wayne County Office of Aging  
Eloise, Michigan

Duties:

- Assisted in developing activities for the clients
- Served as program liaison to the clients and program coordinator
- Attended departmental meetings
- Attended workshops

1977-Summer

Instructor  
Shaw College at Detroit

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Detroit, Michigan

Duties:

- Taught freshman level sociology courses
- Attended departmental meetings
- Wrote progress report at the end of the summer session

**CERTIFICATIONS:**

1978-1979

State of Tennessee Department of Education Substitute Teacher

**Professional Affiliations**

1987-1990 Society of Teachers of Family Medicine (STFM)

1986-1987 American Society for Public Administration (ASPA)

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**IX. Appendix G****CURRICULUM VITAE****PAMELA CANICE WILLIAMS, M.D.**

**Professor, Department of Internal Medicine  
Senior Vice President – Student and Academic Affairs  
Vice Dean - School of Medicine  
Meharry Medical College  
1005 D. B. Todd Boulevard  
Nashville, Tennessee 37208-3599  
(615) 327-6413 (Phone)  
(615) 327-5746 (Fax)  
[pwilliams@mmc.edu](mailto:pwilliams@mmc.edu)**

**EDUCATION**

**Medical School:** Meharry Medical College, Nashville, Tennessee  
Doctor of Medicine, 1981

**College:** Fisk University, Nashville, Tennessee  
B.A. - Chemistry (*Cum laude*) 1976

**POST GRADUATE MEDICAL TRAINING**

**January 1985 - July 1985** Chief Resident, George W. Hubbard Hospital of  
Meharry Medical College, Nashville, Tennessee

**July 1984 - December 1984** Chief Resident, Alvin C. York V.A. Medical  
Center, Murfreesboro, Tennessee

**September 1981 - June 1984** Residency, Internal Medicine, George W.  
Hubbard Hospital of Meharry Medical  
College, Nashville, Tennessee

**CERTIFICATIONS**

Eligible for the American Board of Internal  
Medicine

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**LICENSURE**

State of Tennessee - #MD 14786

**MEDICAL STAFF APPOINTMENTS**

1996-1999	Metropolitan Nashville General Hospital
1995-1999	Columbia HCA - Columbia Care Medical Centers, Nashville, Tennessee
1986-1998	Baptist Hospital - Convenient Care Medical Centers, Nashville, Tennessee
1985-1986	Jesse Holman-Jones Hospital, Springfield, Tennessee
1984-1994	George W. Hubbard Hospital, Nashville, Tennessee
1983-1985	Macon County General Hospital, Lafayette, Tennessee

**FACULTY/ADMINISTRATIVE APPOINTMENTS - MEHARRY MEDICAL COLLEGE**

2006	Senior Vice President – Student and Academic Affairs
2006	Professor with Tenure, School of Medicine, Department of Internal Medicine
2004-2005	LCME Committee Member – <i>Program Leading to the MD Degree</i>
2004-Present	Chairman – Curriculum Design Committee – School of Medicine
2000-Present	Vice Dean, School of Medicine
1998-Present	Senior Associate Dean, Student/Academic Affairs, School of Medicine
1998-Present	Liaison to the Academic Affairs Committee-Meharry Board of Trustees
1998-Present	Associate Professor, School of Medicine, Department of Internal Medicine

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1998-Present	Program Director, Health Careers Opportunity Program (Meharry HCOP)
1996-1998	Meharry LCME Coordinator – <i>Program Leading to the MD Degree</i>
1995-Present	Chairperson, Department of Medical Education
1995-1998	Associate Dean, Student/Academic Affairs, School of Medicine
1995-1997	Coordinator, Pathophysiology Course
1994-2002	Coordinator Activity VIII, Title III Grant
1992-2000	Director of Ambulatory Clinical Teaching, Department of Medicine
1992-1998	Assistant Professor, School of Medicine, Department of Medicine
1991-2000	Advisory Committee Member, Preventive Cardiology Academic Award Program
1991- Present	Women’s Liaison Officer (WLO) for Meharry Medical College <b>AAMC</b>
1989-1996	Coordinator, Physical Diagnosis
1985-1995	Internal Medicine Clerkship Coordinator
1985-1990	Coordinator of Emergency Room Scheduling, George Hubbard Hospital of Meharry Medical College
1984-1994	Attending Physician, George Hubbard Hospital of Meharry Medical College
1984-1992	Instructor, Department of Medicine
1984-1995	Instructor, Advanced Cardiac Life Support and Post Resuscitation Management

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**COMMITTEES - MEHARRY MEDICAL COLLEGE - SCHOOL OF MEDICINE**

1997-2001	Co-Chairperson, Meharry Medical College/Vanderbilt University Alliance Subcommittees – Curriculum and Infrastructure
1995-Present	Chairperson, Curriculum Committee (member since 1985)
1995-2002	Chairperson, Student Evaluation and Promotions Committee
1994	Sub-committee Chairperson, Liaison Committee in Medicine Evaluation (LCME), Program Leading to the M.D. Degree
1994-1995	Interim Chairperson Committee, Department of Medicine, Meharry Medical College Nashville, Tennessee
1993-1994	Student Life Committee, Faculty Senate
1992-1994	Member, Medical Ethics Committee - George W. Hubbard Hospital of Meharry Medical College, Nashville, Tennessee
1991-1995	Chairperson, Education Committee, Department of Medicine
1990-1994	Academic Standards and Review Committee, School of Medicine
1989-1991	Faculty Senate Representative
1988-1990	Member, Search Committee, Chairperson, Department of Medicine
1987-1995	Member, Curriculum Council, Clinical Sub-Committee
1987-1990	Member, Interim Committee
1985-1987	Member, Credentials Committee, George W. Hubbard Hospital
1985-1987	Department of Medicine Liaison, G. W. Hubbard Hospital, Utilization Review Committee

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**PROFESSIONAL DEVELOPMENT/TRAINING**

2006	Baldrige National Quality Program Workshop – Orlando Florida at the Southern Association of Colleges and Schools Annual Meeting
2000-2005	AAMC, Annual Meetings
2004	AAMC 2004 Medical Education Conference: Enhancing Geriatric Education in Medical Schools
2002	AAMC, Careers in Medicine Training Workshop (CiM)
2002	AAMC, GSA/MAS Professional Development Conference
2002	Reviewer – National Board of Medical Examiners Subject Board Examination Program
2001	American Medical Association – Reports and Resolutions Reviewer – Section on Medical Schools Governing Council
2001	SACS – Commission on Colleges – Accreditation Site Visit Team Member
2000-2001	Hedwig van Amerigen Executive Leadership in Academic Medicine (ELAM) Fellowship
2000	Credentialing Physician Specialists: A World Perspective – The American Board of Medical Specialists
1999	AAMC, MedCareers Training Workshop
1999	AAMC, GSA Professional Development Conference
1997-1999	Health Careers Opportunity Program (HRSA), Peer Reviewer
1997	AAMC Executive Development Seminar for Associate Deans and Department Chairs
1996	AAMC, GSA Professional Development Conference
1996	Item Writing Workshop (NBME) Tulane University

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1996	Harvard - Macy Program for Leaders in Medical Student Education
1993	Item Writing Workshop (NBME), Meharry Medical College
1993	Teaching and Learning Retreat - Meharry Medical College
1992	Women in Academic Medicine and Health Science Roundtable, Society for the Advancement of Women's Health Research (Joint Scholarship, Vanderbilt University and Meharry Medical College)
1991	Women in Medicine/Professional Development Seminar, AAMC
1991	Minority Faculty Career Development Seminar, AAMC, October
1991 Mexico,	Problem - Based Learning Training Session, University of New School of Medicine
1990	AAMC Management Education Programs – Introducing a Problem - Based Learning Curriculum
1989	Problem - Based Learning and Standardized Patient Faculty Development Workshop Dr. Howard Barrows
1987-1998	AAMC Annual Meetings
1985	Observation and participation in the Objective Structured Clinical Examination, University of Texas, Galveston

### **CURRICULAR INNOVATIONS**

- Provided leadership as chairperson of the Curriculum Design Committee which was charged by the Dean of the School of Medicine to **develop and implement an integrated curriculum** in less than six months. This task was implemented on time.
  - **Dr. Clay E. Simpson Clinical Skills Assessment Center** – Designed and developed (10 audio and visually monitored *simulated patient examination rooms* to be utilized for teaching and evaluating the clinical skills of medical students and residents.
  - **Development of an Objective Structure Clinical Examination (OSCE)** for senior students (required for graduation)
  - **Development and implementation of a standardized patient program (OSCE)** for evaluation of the clinical competency of second year medical students (1989)
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- **Development and implementation of an Introduction to Clinical Medicine Course** which was integrated across the first two years of the medical curriculum (1995-1996)
- Development of a lecture series and syllabus on *Medical Management of the Systemically Compromised Dental Patient*
- Development and implementation of a *Clinical Pathologic Conference Series* for the School of Medicine
- Development and implementation of a *Pathophysiology Course* for second year medical students (1995-1996)
- Development and implementation of a course in *Physical Diagnosis and Medical Risk Management* for residents in Oral Maxillofacial Surgery and Hospital Dentistry

### **HONORS AND AWARDS**

2006	Meharry Medical College - Founder's Circle Award 104 <sup>th</sup> NMA Convention
2005	<b>First Annual Dean's Award for Humanitarianism</b> for outstanding service, concern and support to medical students
2005	Meharry Medical College - Founder's Circle Award 103 <sup>rd</sup> NMA Convention
2005	<b>Leonard Tow Humanism in Medicine Award</b> Presented by the Arnold P. Gold Foundation for exemplifying humanism in medicine and the promotion of the integration of humanism in the delivery of care to patients and their families.
2005	<b>Alpha Omega Alpha Honor Medical Society</b> – Gamma Chapter
2004	Meharry Medical College - Founder's Circle Award 102 <sup>nd</sup> NMA Convention
2003	Freshman - II Class of 2003 – “Beacon of Light” Appreciation Award
2002	<b>The Association of American Medical Colleges (AAMC) Humanism in Medicine Award</b> in conjunction with the Pfizer Medical Humanities Initiative

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2002	Women of Color Health, Science & Technology Award
1999	Joseph Stinson, MD Memorial Award - Academic Medicine and Excellence in Teaching
1998	Alumnus Faculty of the Year, Meharry Medical College
1996	Pre-Alumni Association Service Award
1995	Pre-Alumni Association Award for Commitment to Students
1992-93	The Kaiser Permanente Award for Excellence in Clinical Teaching, Meharry Medical College
1991-92	Teaching and Staff Support Award, Emergency Medicine Department, Meharry Medical College
1987-88	Teaching and Staff Support Award, Emergency Medicine Department, Meharry Medical College

### **PROFESSIONAL MEMBERSHIPS/CIVIC ORGANIZATIONS**

- American College of Physician Executives
  - Society for Executive Leadership in Academic Medicine (SELAM)
  - American College of Physicians
  - Association of American Medical Colleges
  - National Medical Association
  - American Medical Association
  - Association of Black Cardiologists (ABC)
  - The Links, Incorporated
  - Alpha Kappa Alpha Sorority, Incorporated
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