

HRSA 89-177

3611

AMS No. 7705

**SELF-EVALUATION INSTRUMENT FOR THE
CENTERS OF EXCELLENCE**

FINAL REPORT

June, 1990

Prepared for:

**Department of Health and Human Services
Health Resources Services Administration
Division of Disadvantaged Assistance
5600 Fishers Lane, Room 8A-09
Rockville, Maryland 20857**

Contract #240-89-0015

Prepared by:

**Applied Management Sciences, Inc.
962 Wayne Avenue, Suite 701
Silver Spring, Maryland 20910**

TABLE OF CONTENTS

<u>Chapter</u>		<u>Page</u>
	EXECUTIVE SUMMARY	
	ACKNOWLEDGMENTS	
1	INTRODUCTION	1.1
	1.1 Background	1.1
	1.2 Need for the Project	1.3
	1.3 Conceptual Orientations.	1.4
	1.3.1 Scope of the Investigation.	1.4
	1.3.2 Integration of Themes from the Secretary's Task Force.	1.5
	1.3.3 Use of Quantitative Data.	1.5
	1.3.4 Comparability Across Health Professions	1.5
	1.3.5 Emphasis on Outcomes.	1.6
2	OBJECTIVES OF THE PROJECT.	2.1
3	DEVELOPMENT OF THE INSTRUMENTS	3.1
4	OVERVIEW OF INSTRUMENTS AND GUIDELINES	4.1
5	RECOMMENDATIONS AND OPTIONS FOR IMPLEMENTATION	5.1
	5.1 How to Use the Instruments	
	5.2 Data Collection Strategy for Grantee Data.	4.:
	5.2.1 Self-Study.	5.2
	5.2.2 Site Visits to Grantee Institutions	5.6
	5.3 Data Collection Strategy for Secondary Data.	5.8
	5.4 Analyses	5.9
	5.5 Potential Problems and Solutions	5.11
	5.5.1 Slow or Delayed Participation	5.11
	5.5.2 Inconsistent Ratings.	5.12
	5.5.3 Incomplete Data	5.12
	APPENDICES	
	APPENDIX A: BASELINE EVALUATION INSTRUMENT	
	APPENDIX B: GUIDELINES FOR BASELINE EVALUATION INSTRUMENT	
	APPENDIX C: ASSESSMENT EVALUATION INSTRUMENT	
	APPENDIX D: GUIDELINES FOR ASSESSMENT EVALUATION INSTRUMENT	
	APPENDIX E: SECONDARY DATA PROTOCOLS	

EXECUTIVE SUMMARY

This report presents the results of a project initiated to develop baseline materials for assessing the progress of grantees in the Centers for Excellence (CFE) Program. The program, administered by the Department of Health and Human Services (DHHS), makes grants to predominantly minority health professions schools to assist them in supporting programs of excellence in the health professions education for minority individuals.

In creating the CFE program, Congress recognized the role of predominantly minority institutions in the education of minority health professionals and the importance of minority health professionals in caring for disadvantaged populations. The need for more minority health professionals to reach underserved populations was one of the major recommendations of a recent Task Force commissioned by the Secretary of DHHS to examine the health of Blacks and other minorities.

Section 1 of this report reviews the major events leading up to the authorization of the CFE program. The conceptual approach used to develop the instruments for the overall evaluation of grantees' programs is also presented.

The primary goal of this project was the creation of baseline materials and procedures for assessing, on a continuing basis, the status of the CFE programs with respect to their legislatively-established objectives. In order to capture the full range of program activities and accomplishments, two sets of self-evaluation instruments were created: a baseline instrument to measure conditions prior to the CFE program and a

second instrument design to measure current conditions. To aid in the interpretation of the self-evaluation data, protocols were also developed for the compilation of secondary data from other, national sources. The objectives of each of the instruments are presented in section 2.

The Instruments were developed by Applied Management Sciences under the direction of staff members of the Division of Disadvantaged Assistance, Bureau of Health Professions, Health Resources and Services Administration. An Advisory Panel of experts on health professions education (including representatives of the CFE institutions) provided guidance, suggestions and advice in the preparation of instruments and instructions. A listing of Advisory Committee members and a full description of the process used to develop the instruments are presented in section 3. A brief overview of the contents of each instrument is presented in section 4.

The optimal use of the evaluation instruments would combine the data collection and review activities of the grantees with a site visit by representatives of the funding agency and members of the relevant health professions. The self-study findings would be examined by the site visitors prior to their arrival on campus. A set of recommendations for the organization and implementation of the evaluation by HRSA is presented in section 5.

The Instruments are presented in appendices to this report. Instructions and guidelines for the use of each instrument are also included in separate appendices.

ACKNOWLEDGMENTS

This project was conducted by Howard Garrison and Donna Atkinson of Applied Management Sciences, Inc. Henry Felder assisted in the development of the self-evaluation Instruments. Rosemary Diliberto and Grace Madison of the Division of Disadvantaged Assistance, Bureau of Health Professions served as Project Officers. They and several of their colleagues made important contributions to the Instruments and gutdelfnes.

1

INTRODUCTION

1.1 BACKGROUND

The Centers for Excellence (CFE) Program was created by the Excellence in Minority Health Education and Care Act.* This law authorized the Secretary of the Department of Health and Human Services (DHHS) to "make grants to certain predominantly minority health professions schools to assist such schools in supporting programs of excellence in health professions education for minority individuals."

In developing the legislation, the report of the Senate Committee on Labor and Human Resources (Kennedy 1987) referred to the unmet health needs of Black and other minority populations. The Senate report quoted at length from a major study commissioned by the Secretary of DHHS that showed Black infant mortality rates to be twice as high as those for Whites. When mortality rates were compared for Black and White Americans, it was found that deaths among the Black population exceed those expected from a comparable White population by 60,000 deaths per year (Task Force 1985).

According to the Task Force on Black and Minority Health, one of the major reasons for the disparity between the health status of minority and majority group members is a difference in access to comprehensive and high quality health care. The Task Force report cited studies which have shown that health

*Section 788A of the Public Health Service Act, amended and redesignated as Section 782 by Public Law 100-607, the Health Professions Reauthorization Act.

professionals from minority groups are more likely to provide this health care to minority populations and, furthermore, that a large fraction of the minority health care providers are educated at schools serving predominantly Black students.

Four schools in particular have had a disproportionate impact on the training of Black health professionals in the U.S. According to the report of the Kennedy Committee, Meharry Medical College School of Medicine has trained forty percent of all Black physicians in practice today and the School of Dentistry has trained half of all Black dentists. The Tuskegee University School of Veterinary Medicine has educated three-fourths of all Black veterinarians while the Xavier University School of Pharmacy has trained over one-fourth of all Black pharmacists,

These same schools, the Senate report noted, have experienced financial distress over the years and have had to struggle to survive. These institutions do not receive state funds. Their students are drawn primarily from socioeconomically disadvantaged families, thus restricting the schools' ability to raise funds through tuition. With alumni serving disadvantaged populations, these schools cannot depend on large contributions from former students to maintain programs. Opportunities for research funding are also limited, due to the heavy teaching loads of faculty members.

In order to assist these schools, Congress created the Financial Distress and the Advanced Financial Distress Programs with the goal of helping these institutions achieve financial independence. However, the elimination of other types of Federal support for disadvantaged students and schools made it difficult for the targeted institutions to achieve the level of success originally projected (Kennedy 1987).

The principal intent of Congress was twofold: a) to strengthen the national capacity to train minority students in the health professions; and b) to support the health professions schools which have trained a significant number of the Nation's minority health professionals and enable those schools to supply health professionals to serve minority populations in underserved areas.

The grants to health professions schools authorized under the Act had six explicit purposes:

- (1) Develop a plan to achieve institutional improvements, including financial independence, to enable the school to support programs of excellence in health professions education for minority individuals;
- (2) Improve the capacity of the school to recruit and retain faculty;
- (3) Provide improved access to the library and information resources of the school;
- (4) Establish, strengthen, or expand programs to enhance the academic performance of students in the school;
- (5) Establish, strengthen, or expand programs to increase the number and quality of applicants for admission to the school; and
- (6) Develop curricula and carry out faculty training programs in order to enable the school to become, for the Nation's health care providers, a resource with respect to the health problems of minority communities, such as higher infant mortality rates and higher incidences of acquired immunodeficiency syndrome.

1.2 NEED FOR THE PROJECT

The CFE program is a major initiative directed toward improving the health of a large segment of the population who have previously had insufficient access to health care services. The importance of the CFE Program makes it essential that DHHS carefully monitor the progress of the grantee institutions. The purpose of this evaluation project is to develop baseline materials for assessing, on a continuing basis, the status of the CFE Programs with respect to the legislative purposes for which it was funded.

An evaluation of this program required a large amount of information from the grantee institutions. In proposing that the evaluation be conducted as a self-study, DHHS intended for the review to be helpful to the grantee institutions in the improvement of their programs as well as providing data for oversight and management purposes.

1.3 CONCEPTUAL ORIENTATIONS

Five major conceptual orientations guided the development of the instruments. Early in the design stages, decisions were reached regarding the scope of the investigation, integration of themes from the Secretary's Task Force report, use of quantitative data, comparability across health professions, and emphasis on outcomes over intentions. Each of these decisions are described below.

1.3.1 Scope of the Investigation

The instruments were designed to focus on each of the six legislatively mandated purposes of the CFE Program as presented in the CFE Program Guide (Health Resources and Service Administration 1989). The Program Guide required applicants to address the first objective (a long-range plan to achieve institutional improvements) and two or more of the other five legislative goals.

The flexibility in program design grew out of the recognition of the individual history, mission, and resources of the participating schools. Each institution had its own unique pattern of strengths and shortcomings. For example, at some institutions student performance and student recruitment objectives are currently addressed by a Health Careers Opportunity Program (HCOP) grant. At these schools, CFE resources might be more appropriately directed toward faculty recruitment and retention.

To accommodate the need of the program managers to respond to all of the legislative goals, the evaluation instruments contain six separate sections addressing each of the legislatively mandated purposes. However, an initial question in each section asks whether or not the objective was part of the institutions original grant application. This information will help place the data from a given school in the appropriate context.

1.3.2 Integration of Themes from the Secretary's Task Force

The report of the Secretary's Task Force (1985) mentioned six causes of death that together account for more than 80 percent of the excess mortality among Blacks: heart disease and stroke; homicide and accidents; cancer; infant mortality; chemical dependency; and diabetes. Given the importance of these health issues, specific questions on these topics were added to sections of the evaluation instrument (curriculum and faculty development).

Since most of the topics in the Secretary's Task Force Report were directly related to medicine, special efforts were made to include topics relevant to the other health professions. With the aid of suggestions from the Advisory Committee, the focus on health issues was expanded to include eight other topics: AIDS; teenage pregnancy; public health; environmental health/medicine; social barriers to health care; generic drugs; animal-human disease transmission; and patient education.

1.3.3 Use of Quantitative Data

Wherever possible, quantitative data on program performance are requested. While countable Indicators of program performance (e.g., student test score data and information on library holdings) are sought, it is also recognized that many important accomplishments cannot be adequately summarized in this fashion. Therefore, descriptive data are requested at the end of every major section. These open-ended questions enable the participating Institution to describe the qualitative impact of the CFE Program on major areas of the health professions education programs.

1.3.4 Comparability Across Health Professions

The CFE grantees include schools of medicine, dentistry, veterinary medicine and pharmacy. While recognizing the substantial differences across the professions and their education programs, a single set of instruments was designed for all grantees.

Within a framework that is general across all relevant health professions, individual questions are tailored for the variations across professions. For example, the scores on student admissions examinations are designed to include all of the relevant examinations (e.g., MCAT, DAT, VAT, or GRE). Questions on student admissions are designed to incorporate information on multiple degree programs in pharmacy.

1.3.5 Emphasis on Outcomes

The majority of the information requested concerns program accomplishments. Plans and intentions are given less emphasis than the actual achievements of the grantees. Rather than linking outcomes directly to an initial plan or document, the current instruments capture accomplishments regardless of when they were designed. Thus, Institutions that modify an initial plan are not penalized by measures of success that are rigidly linked to an initial plan or proposal. All beneficial outcomes are credited to the institution.

REFERENCES

Health Resources and Services Administration. Bureau of Health Professions. Division of Disadvantaged Assistance. 1989. Program Guide. Excellence in Minority Health Care Act, Section 782, Public Health Service Act. "Centers for Excellence."

Kennedy, Edward. 1987. Report from the Committee on Labor and Human Resources to Accompany S. 769, The Excellence in Minority Health Education and Care Act. Report 100-110. Calendar No. 239. July 15, 1987.

Task Force on Black and Minority Health. 1985. Report of the Secretary's Task Force on Black & Minority Health. Washington, DC: U.S. Department of Health and Human Services.

OBJECTIVES OF THE PROJECT

This project was designed to develop baseline materials and procedures for assessing, on a continuing basis, the status of the Centers for Excellence (CFE) with respect to the legislative purposes for which they were funded. These materials were to be used by the institutions themselves as part of a self-evaluation. The evaluation instruments were to measure change over time.

Two strategies were used to obtain information on change. For some areas of interest (e.g., student performance and faculty salaries), data collection instruments were developed to obtain comparable information from two points in time. In other cases, the development of new programs and their impacts were ascertained through direct questions focusing on innovations.

Two major instruments were developed. The first instrument, called the Baseline Evaluation Instrument, collects quantitative information on the status of the health professions program during the year prior to the receipt of CFE funds. The second instrument, called the Assessment Evaluation Instrument, collects quantitative information on the current status of the health professions program as well as on the implementation and impact of new programs facilitated by the receipt of the CFE grant. For a given cohort of grantees, the Baseline Instrument will be used once. The Assessment Instrument was designed for use on an annual basis throughout the period of the CFE grant.

The level of detailed knowledge required for the complete assessment of the CFE Program required the grantee institutions to play a major role in the

data collection activity. A self-evaluation provided the most thorough, informed and Insightful means for obtaining information of this quality. Most of the health professions programs were familiar with this approach, since elements of it are typically part of the accreditation reviews conducted by the regulatory bodies in each field. The design of the evaluation instruments reflects this anticipated use. To assist the institutions in the employment of the instruments designed for this project, guidelines were prepared for both the Baseline and Assessment Evaluation Instruments.

The final objective of the project was to design a set of instruments for the collection of secondary data (i.e., information already compiled by other organizations) for use in interpreting and evaluating the information from the CFE institutions. Information on student performance, for example, is best understood in light of national trends. Therefore, to aid in the interpretation of student and faculty data, procedures for the assembly of national norm data were developed. The secondary data covers faculty salaries, admissions tests, and national certification board examinations.

DEVELOPMENT OF THE INSTRUMENTS

The development of the instruments began with a series of discussions with staff members of the Division of Disadvantaged Assistance (DDA), Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA). These sessions included both program and evaluation staff. During these meetings, the agency's basic objectives were discussed and the design of the project was refined.

Early in the course of the project, an Advisory Committee was created. Along with the CFE Program directors (or their representatives), experts in program evaluation, higher education financial administration, and minority health professions education were asked to serve on the committee. The Committee Members were:

James Ferguson, D.V.M., Ph.D.
Associate Dean for Administration
School of Veterinary Medicine
Tuskegee University

James Jones, Ph.D.
Executive Director for Public Interest
American Psychological Association

Henry E. Felder, Ph.D.
Independent Consultant
Mitchellville, MD.

Charles Vincent, M.D.
Assistant Dean for Admissions
Wayne State University School of Medicine

Robert Marshak, D.V.M.
New Bolton Center
University of Pennsylvania

Elisha Roscoe Richardson, D. D. S.
Meharry Medical College
School of Dentistry

Louis J. Bernard, M.D.
Meharry Medical College
School of Medicine

Marcellus Grace, Ph.D.
School of Pharmacy
Xavier University of Louisiana

In order to insure that the evaluation materials created in connection with this project reflected the intent of Congress, Applied Management Sciences staff carefully reviewed the legislative history of the program and the program descriptions prepared by HRSA. Applied Management Sciences staff also carefully examined the materials submitted by the grantee Institutions: grant applications, progress reports and implementation plans.

The first stage of the project was concluded with a meeting of the Advisory Committee to discuss the proposed design of the project and to elicit the committee members views on important issues. The meeting was held in October, 1989 in Silver Spring, Maryland and was chaired by Dr. James Ferguson. Dr. Betty Cleckly of Meharry Medical College and Mr. Frederick Greene of Xavier University also participated in the meeting.

Prior to the meeting, members of the Advisory Committee had been sent briefing materials introducing them to the project team, the goals of the project, and the proposed technical approach. During the meeting the project design was reviewed in detail by the Advisory Committee and suggestions for modifications were made. The minutes of the meeting summarized the committees' recommendations. A draft copy of the minutes were circulated to the participants and the ammended version was formally submitted to HRSA.

The second stage of the project involved the development of evaluation criteria and draft instruments. Applied Management Sciences' staff, working closely with the HRSA staff and Henry Felder of the Advisory Committee, prepared a series of draft documents to capture the information needed for the evaluation of the CFE Program. The guidance and direction of the Advisory Committee was considered in designing the form and content of these documents.

Several members of the Advisory Committee suggested that the accreditation standards used by the accrediting bodies in each of the health professions be consulted in the development of evaluation instruments. Guides to the accreditation process were obtained for medicine, dentistry, veterinary medicine, and pharmacy*. These materials were examined with the utmost care. Most of the standards and practices outlined, however, could not be used directly in the development of evaluation instruments since many of the accreditation standards were very qualitative in nature. The accreditation manual of the Liaison Committee on Medical Education, for example, explicitly states on page 6 that "[t]hese standards are sometimes stated in a fashion that is not susceptible to quantification or to precise definition because the nature of the evaluation is qualitative in character and can be accomplished only by the exercise of professional judgement by qualified persons." While not able to serve as sources of quantifiable items for evaluation instruments, these accreditation guides were useful in a number of ways. They helped identify the general areas of education that could or should be contained in the CFE evaluation and provided a model for the implementation of the self-study (described in Section 5 below).

The basic form and content of the instruments evolved over an eight week period. In the Assessment Evaluation Instrument, materials from six separate sections (one for each legislative objective) were integrated and coordinated with the Baseline Evaluation Instrument. Successive drafts of the instruments (and accompanying guidelines) were reviewed by HRSA and modifications were made.

*Functions of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree. Liaison Committee on Medical Education. 1989. Association of American Medical Colleges and American Medical Association; Accreditation Standards for Dental Education Programs. Commission on Dental Accreditation. 1988. Chicago, IL: American Dental Association; AMA Council on Education and Accreditation Policies and Procedures. 1989. Schaumburg, IL: American Veterinary Medical Association; Accreditation Manual, 8th Edition. 1988. Chicago, IL: American Council on Pharmaceutical Education.

The documents were extensively reviewed and revised during the final phase of the project. In February, 1990 the draft evaluation Instruments (Baseline and Assessment) were sent to the members of the Advisory Committee for their examination. Based on the Advisory Committee members' comments and recommendations, a revised set of evaluation instruments were produced.

During this final stage work was also completed on the secondary data collection protocol. A set of instructions for collecting national information to complement the data from the grantee Institutions was created. This protocol, developed in coordination with the Baseline and Assessment Evaluation Instruments, was "pilot tested" by collecting information corresponding to the baseline period for the first group of CFE grantees (1987-88 academic year).

OVERVIEW OF INSTRUMENTS AND GUIDELINES

Five major documents were produced in connection with this project: two self-evaluation instruments, two sets of Instructions, and a secondary data collection protocol. Each of these are briefly described below.

The Baseline Evaluation Instrument was designed to obtain information on the status of the health professions education program prior to the initiation of the CFE grant. It collects retrospective data on students, faculty, facilities and curriculum. For the four initial grantees, the Instrument refers to the 1987-88 academic year. In order to be used for future cohorts of grantees, the reference dates on this Instrument need to be modified to indicate the applicable pre-CFE period.

The Baseline Evaluation Instrument is contained in Appendix A of this report.

A set of guidelines was prepared to assist the grantee institutions in the use of the evaluation forms. The Instructions assume that the project director will have the overall responsibility for the provision of information, but that specific data collection duties may be delegated to appropriate staff members. Suggestions for the organization of data collection activities are provided.

The Guidelines for the Baseline Evaluation Instrument are presented in Appendix 8 of this report.

The Assessment Evaluation Instrument collects information on outcomes related to each of the six legislative objectives of the CFE program. All requested information refers to the current status of the health professions program. This instrument may be used on a continuing basis to update information on current and future grantees.

The Assessment-Evaluation Instrument is contained in Appendix C of this report.

A set of guidelines was prepared to assist the grantee institutions in the use of these evaluation forms. The instructions also assume that the project director will have the overall responsibility for the provision of information, but that specific data collection duties may be delegated to appropriate staff members. The guidelines, like the evaluation instruments themselves, were designed to be as similar as possible to those for the Baseline.

The Guidelines for the Assessment Evaluation Instrument are presented in Appendix D of this report.

The Secondary Data Collection Protocols consist of three sections: basic instructions, information sources, and baseline data. The basic instructions for the collection of secondary data describe the types of data to be obtained and the location of comparable data in the Baseline and Assessment Instruments. Three types of are sought: faculty salaries, admissions tests, certification --examinations.

The second section lists the data on sources of information. Sources are listed for each type of data, by health profession, for each of the four health professions currently represented in the CFE Program (medicine, dentistry, veterinary medicine, and pharmacy). The name of the published or unpublished data source is presented along with its price and its frequency of publication. To aid in the collection of the information, the name, address, and telephone number of the individual responsible for the dissemination of this information is also presented.

The final section of the secondary data protocol contains actual data for the baseline period for the first group of CFE grantees. The collection and assembly of this data represents a "pilot test" of the secondary data collection protocols. All available secondary data for the 1987-88 academic year are presented. These presentations illustrate the amount, the format, and the degree of detail in the available information.

The Secondary Data Protocols are contained in Appendix E of this report.

RECOMMENDATIONS AND OPTIONS FOR IMPLEMENTATION

Each of the data collection instruments has its own set of guidelines and instructions for use. In this chapter, recommendations are presented for ways in which HRSA can structure the data collection activities for its evaluation of the entire CFE program. This chapter is intended for agency use only.

5.1 HOW TO USE THE INSTRUMENTS

The Baseline Evaluation Instrument is designed to be used once for each grantee institution. It is best to have this data collected as close to the initial award date as possible. Retrospective data is subject to errors from incomplete recall or from the destruction of records.

The current version of the Baseline Evaluation Instrument is designed for the first cohort of CFE grantees. Therefore, the time period used in most questions is the 1987-88 academic year. If additional cohorts of grantees are added to the program in the future, the reference year should be changed to the applicable pre-CFE time period.

The Assessment Instrument is designed to be used on an annual basis. All chronological references are relative (e.g., last year, this year, or the most recent graduates). These instruments can be used without modification to assess, on an ongoing basis, current and future cohorts of CFE grantees.

1

2

3

Both the Baseline and the Assessment Evaluation Instrument are designed to be easily implemented. All questions are designed to be completely self-contained and require no additional instructions. Guidelines, however, are provided to clarify and expedite the general data collection.

The Secondary Data Protocols contain directions for the collection of national norm data on faculty salaries, student admissions tests, and certification examinations. These data may be requested by the grantees, HRSA, or a third party. Most of the information can be obtained from a telephone request. In some cases, a letter and/or a purchase order may be necessary. Academic institutions or Government agencies may be able to obtain complimentary copies for publications sold to the general public.

5.2 DATA COLLECTION STRATEGY FOR GRANTEE DATA

The data collection strategy for grantee data outlined in this section is designed to maximize the role of the most knowledgeable parties, the grantees themselves; involve on-site examination of program attributes by outside evaluators; and be supported by a common structure to maximize comparability across grantee institutions. The recommended approach consists of two stages: a self-study and a site visit. These procedures may be easily implemented and are similar to those used by accreditation bodies such as the American Council on Pharmaceutical Education (ACPE).

5.2.1 Self-Study. It is suggested that the basic collection, organization and preparation of the evaluation data be done by the grantees themselves. HRSA should facilitate the data collection and insure its comparability by providing guidance and direction. For the initial implementation of the self-study, a meeting of project directors and HRSA staff should be convened to discuss coordination and operational issues. In subsequent years, memoranda or conference calls can be substituted for the meeting. However, an initial meeting would insure that the data collection procedures will be consistently implemented by all parties.

Our recommended approach for the self-study consists of seven separate stages. Each stage is described below and summarized in Exhibit 5.1, Suggested Self-Study Timetable.

Step 1: Letter of Notification. All CFE grantees should be notified by HRSA that the evaluation cycle is to begin. The notification should present a timetable of events, deadlines and a brief description of the procedures to be followed. This notification should be sent to the grantees twelve weeks prior to the due date of the self-study report. HRSA should also send a letter to the grantees periodically, reminding them of their expected progress with the self-evaluation.

Step 2: Start-up Conference (Memorandum). At least ten weeks prior to the due date of the self-study report, HRSA should describe, in detail, the procedures and methodologies to be used in conducting the self-study. For the initial implementation, a meeting of project directors is recommended. This general meeting will allow the immediate and consistent resolution of any perceived difficulties in the self-study methodology. In subsequent years, it may be more efficient to review the procedures by mail and conduct a short conference call to update or modify the methodology.

The agenda for the meeting should consist of a general review of the goals of the evaluation. The evaluation instruments should be distributed for review at this time and the procedures for the entire evaluation should be discussed in detail.

Step 3: Create Self-Study Teams. The project directors at each of the grantee institutions should form a broad-based working group to respond to the questions on the evaluation instruments. Based on the content of these instruments, the team will need access to data on financial planning, student admissions, student performance, faculty salaries, information resources, and faculty/curriculum development activities. Representatives on the data collection team of the various units responsible for these data would facilitate the implementation of the self-study.

For the baseline period, a smaller team could be employed. However, in preparation for future self-studies using the more detailed Assessment Evaluation Instrument, grantees may chose to include a full complement of members on the initial self-study team

The team should be under the overall direction of the project director. Faculty members as well as administrators should be represented on the self-study team. These teams should be in place eight weeks before the due date of the self-study.

Step 4: Plan Assignments. The project director at each grantee institution should make assignments for each section of the evaluation instrument. Assignments should include due dates and allow the project director sufficient time to review the products for completeness. Project directors should confer with the team members receiving assignments to insure that the due date can be met. Assignments should be made at least seven weeks before the self-study report is due. These assignments should take into consideration the institutional responsibilities of the team members as well as their professional commitments and obligations away from the campus.

Step 5: Collect Data. The data-collection instruments request two types of information, quantitative data on program attributes and qualitative data on the impact of the CFE program. Collecting the quantitative data will be very straightforward. For each of the six legislative purposes, team members will need to obtain information on the institutions' achievements as part of the CFE Program. This may involve contacting several departments (e.g., in the curriculum section) or several administrative units (e.g., in the information resources section).

The qualitative data on the impact of the CFE Program will require supporting statements. These short essays may require detailed expertise not available on the self-study team. The project director should give the team members the authority to reassign specific tasks to the most appropriate parties.

The data collection should take place in the three weeks immediately after the teams are established. Three weeks will allow the team members sufficient time to obtain the required data without placing extreme demands on their other teaching or research responsibilities. The data collection period should be short enough that it can be easily coordinated. All data collection should be completed and submitted to the coordinator (dean) four weeks before the scheduled site visit.

Step 6: Consolidate and Review Data. The project director should be responsible for consolidating the information collected by the various members of the self-study team. The compiled data should be collated into a single document and distributed to the entire team for their review and comments. Final assignments for revision of the information in the evaluation should be made by the project director.

Step 7: Submit Report to HRSA. It shall be the project directors' responsibility to submit the completed evaluation instruments (including supporting statements) to HRSA on or before the date specified in the original notification letter (corresponding to three weeks before the site visit). A reminder of the due date should be sent to each project director three weeks prior to this date.

5.2.2 Site Visits to Grantee Institutions. The submission of the evaluation materials by the grantee institutions should be followed by a site visit by representatives of HRSA. The four steps involved in these visits are described below.

Step 1: Select Team and Schedule Visit. Efforts to assemble a site visit team and schedule its activities can begin as soon as the notification letters have been sent to the project directors at the grantee institutions (twelve weeks prior to the site visit). This provides sufficient lead time to recruit a group of individuals with the expertise and stature needed.

The site visit team should include HRSA staff who have a strong understanding of the objectives of the CFE Program and who have experience evaluating similar education programs. Ideally, the HRSA staff members would serve on all of the site visit teams and visit all of the grantee institutions. The continuity would be very valuable in the preparation of reports on the CFE Program.

In addition to the HRSA staff, the team should include representatives of the profession whose education program is being examined. As the accreditation guide of the Liaison Committee for Medical Education notes, certain aspects of the educational experience can only be assessed by qualified representatives of the profession itself.

Experts in the field of education should also be included on the site visit team. Given the importance of financial issues (all grantees were required to address this objective), at least one member of the team should have expertise in financial management in higher education. Other team members should have special expertise or understanding of the challenges facing minority students and faculty. It would also be helpful if one or more of the team members had a thorough understanding of the issues confronting historically Black colleges and universities.

As soon as the team has been recruited, HRSA staff should begin to schedule the visit. Advanced planning of the trip will serve several functions. It will help to avoid schedule conflicts and cancellations as well as insuring that people of the highest caliber (with very busy schedules) can be brought into the evaluation. Furthermore, it will also serve as a reminder for the grantee institutions that their work must be completed on schedule.

Members of the site visit team should be prepared for a two day site' visit. They should also be informed that they will receive copies of the grantee's self-study materials prior to the visit.

Step 2: Review Grantees Evaluation Materials. The grantee institutions will be required to submit copies of their self-studies three weeks prior to the site visit. This will allow HRSA one week to copy and distribute the materials to the site visit team. The opportunity to examine these materials in advance will enable the site visit team to prepare a list of questions on matters in need of clarification or additional information.

HRSA should also prepare a small package of information on the history and goals of the CFE programs to serve as an orientation for the outside members of the team. These materials will help insure that the assessment of the site visit team is grounded in the initial legislative objectives.

Step 3: Conduct Site Visits. The site visits should be conducted over a two-day period. In order to be prepared for a full day of work, the site visitors should arrive on campus the evening prior to the first day of activity.

The first day should consist of an examination of the CFE Program activities, Accompanied by the CFE project director and members of the self-study team the site visitors should review the operation of the CFE Program At the end of the day, the members of the site visit team should meet in executive session to review their findings and to exchange impressions of the program Requirements for additional information or clarification should be discussed. Members of the site visit team should draft a set of initial comments and suggestions for presentation to the self-study team

The second day of the site visit should begin with the debriefing of the self-study team A designated representative of the site visit team will describe their initial findings and allow the self-study team the opportunity to respond. Requests for additional information may also be made at this time. In some cases, this may require the collection of information to be submitted at a later date.

Step 4: Submit Reports. Members of the site visit team time should be requested to prepare short reports on their observations. These reports, to be submitted within two weeks of the site visit, should include:

- a summary of the program's strengths
- a discussion of the areas in need of improvement
- an evaluation of the program's performance relative each of the relevant legislative objectives.

5.3 DATA COLLECTION STRATEGY FOR SECONDARY DATA

There are two options for collecting the secondary data. The most direct is for HRSA or its representative to contact the sources of information listed in the Secondary Data Collection Protocol and request the necessary information. In most cases, these requests may be made by telephone.

An alternative approach is to include the Secondary Data Collection Protocol with the evaluation instruments sent to the grantee institutions. The instructions to the grantee could include a request to obtain the relevant national norm data for their profession.

There are several advantages to the latter approach. In some cases, the grantees may have more access to information. Dental school deans, for example, have access to testing data that is not available to the general public. Furthermore, by collecting the national norm data themselves, the grantees will have an opportunity to compare themselves to the patterns and practices of the other institutions. They will be able to use this information early on in the evaluation process and will not be dependent on other organizations for the transmission of this comparative data.

If the grantees are designated as the collectors of the secondary data, the timetable for this activity can be the same as for the preparation of the evaluation instruments. The initial notification letter should include a reference to the collection of secondary data. The protocols should be distributed at the same time as the evaluation instruments and assignments should be made along with the delegation of other duties. Most of the additional work will involve the individuals working on student admission and performance data. The members of the self-study teams charged with collecting faculty salary information will also have some additional work.

5.4 ANALYSES

The information collected from the grantee institutions needs to be compiled and synthesized to summarize the accomplishments of the CFE Program and to provide guidance for the program administrators and grantees. These goals can best be achieved by a thorough analysis of the information presented by the self-study and site visit teams.

All analytic activities, except for the most general summary statements, should be organized according to the six legislative objectives of the CFE program. However, in each section, an opening statement should note how many of the grantees choose to address this specific objective. This approach responds to the overall reporting requirements, but at the same time does not hold any one institution to an inapplicable performance standard.

Both quantitative and qualitative information will be needed. The quantitative data on program achievements will be the easiest to present and

summarize across programs. The quantitative accomplishments of each of the CFE Programs can be summed and presented on a single evaluation instrument. For example, the number of schools developing special tutorial programs and the number of students participating in these activities can be conveniently summarized.

Some of the quantitative data is comparative in nature. For example, the average grade point averages (GPAs) of the first year students admitted prior to the CFE Program can be compared to the GPA of the students admitted in later cohorts. For those quantitative measurements contained on both the Baseline and Assessment Evaluation Instruments, the actual comparisons need to be done first. The amount of change needs to be determined first for each program

For some of these quantitative comparisons, national (or regional) norm data should be used to guide the interpretation. Faculty salaries for medical school faculty members, for instance, will probably rise over the period of study. However, a more important comparison is the rate of growth relative to other faculty salaries. Information from the salary survey of the Association of American Medical Colleges, obtained as part of the secondary data collection procedures, will help to provide that comparative perspective. The average salaries at the CFE institution should be compared to the national and regional norms at both periods in time to determine the relative performance of the institution.

While the quantitative data is most easily summarized, "excellence" is a qualitative concept. The accomplishments of the CFE Program need to be evaluated in terms of their content and their impact on the entire institution. Many of these achievements will not produce easily countable results, but will be captured by the supporting materials provided in the self-study and in the reports of the site visit team

The analysis of this information will require careful review and synthesis by knowledgeable program managers. Members of the site visit team should be a part of this process. The individual reports from each self-study and site-visit need to be reviewed. Significant accomplishments need to be

highlighted with the findings organized according to the six legislative objectives.

After noting the most significant accomplishments of the CFE programs, the analysts will be in a good position to evaluate the areas of needed improvement. The summary of the outcomes will provide a context for assessing each individual program. The reviewers will be able to carefully examine the achievements and HRSA will be able to recommend specific activities and changes where needed.

The limitations and shortcomings of the individual CFE Programs should be addressed directly in a confidential memorandum to each grantee. These assessments should be detailed enough to guide the institution in making changes in the operation of its program. A second, general summary of shortcomings should be part of the overall evaluation. While noting all of the points made in the individual reviews, the discussion should be at a sufficient level of abstraction to protect the identity of individual grantees.

5.5 POTENTIAL PROBLEMS AND SOLUTIONS

The most likely problems in the execution of the CFE evaluation involve the collection of data. Delays could cause substantial inconvenience. Inconsistent ratings would invalidate comparisons across institutions and incomplete data would mean that the evaluation report could not fully meet all of its analytic objectives. Each of these potential problems is discussed below.

5.5.1 Slow or Delayed Participation. The proposed schedule for the evaluation includes several interrelated tasks. Materials and instructions must be distributed to the grantee institutions who must, in turn, conduct self-studies. The reports from the self-studies must then be distributed to members of a site-visit team whose appointments on campus must be scheduled in advance.

Major delays at any point in the schedule could seriously inconvenience the evaluation. To prevent these delays, HRSA should follow a clearly

articulated schedule. The due dates for Items need to be communicated clearly to the participants and the importance of timely submission needs to be emphasized repeatedly. Clear instructions will facilitate timeliness. The importance of the due dates needs to be stated in all communications from HRSA, beginning with the original notification letter and continuing in the periodic status communications.

5.5.2 Inconsistent Ratings. Most of the information requested in the evaluation instruments is objective data on program activities. Opinions and speculations are not included. However, there is the possibility that information from different institutions may be reported in varying levels of detail. While the data collection activities should not burden the grantees with requests for extreme and unnecessarily detailed reporting, the degree of specificity needs to be well coordinated.

Detailed directions have been included on the evaluation instruments and in the accompanying guidelines. In addition, a start-up meeting at the beginning of the self-study will greatly reduce the likelihood of divergent interpretations. A face-to-face meeting is particularly important for the initial implementation of the self-study. In subsequent implementations, HRSA may find it possible to effectively conduct the coordination activities through less expensive mechanisms such as telephone or mail.

However, as questions may still arise, HRSA should designate a single individual as the coordinator of the self-study. This individual should have the responsibility for interpreting the instructions for the grantees and resolving all questions. If any institution is unclear about a particular item in the self-evaluation, the HRSA coordinator should resolve the problem and notify all participating schools.

5.5.3 Incomplete Data. The evaluation instruments prepared for this study assume that each of the CFE grantees has access to detailed information about characteristics of students, faculty members, information resources, and curriculum components. Many institutions have highly computerized records on student and faculty characteristics; but it is possible that not all

institutions will be able to provide the same level of detail. However, it should be noted that none of the representatives of the CFE institutions on the Advisory Committee raised this issue. No one expressed concern over the ability of their institution to provide the information requested at the level of detail specified.

APPENDIX A
Baseline Evaluation Instrument

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE**

HEALTH RESOURCES AND SERVICES ADMINISTRATION

BASELINE DATA

for Self-Evaluation of the

**CENTERS FOR EXCELLENCE
Section 782, PHS Act**

This baseline data collection instrument refers to the year prior to the implementation of the Centers for Excellence Program (For the original grantees, Centers for Excellence Funds were first received in July, 1988. Therefore, for them the baseline data collection period is the 1987-1988 academic year.) Please refer to this time period when reporting data.

THE COMPLETED FORMS ARE DUE ON _____

Please return the completed forms to:

**Program Official
Division of Disadvantaged Assistance
Health Resources and Services Administration
Parklawn Building, Room 8A-09
5600 Fishers Lane
Rockville, MD 20857**

Please read the instructions carefully before completing this form. If several individuals contribute information, please be sure that each person has a copy of the instructions.

SCHOOL NAME: _____

PROGRAM DIRECTOR: _____ Telephone: _____

PROGRAM REPRESENTATIVES RESPONSIBLE FOR COMPLETING SECTIONS OF THIS FORM

- | | |
|------------------------------------------|----------------------------|
| I. FACULTY SECTION | Completed by: _____ |
| | Telephone: _____ |
| II. STUDENT SECTION | Completed by: _____ |
| | Telephone: _____ |
| III. FACILITIES/RESOURCES SECTION | Completed by: _____ |
| | Telephone: _____ |
| IV. CURRICULUM SECTION | Completed by: _____ |
| | Telephone: _____ |

I. FACULTY

1. Please complete the Faculty Data Collection Form on the following page. The form is modelled after those used by the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Pharmacy (AACP).

Please use as many copies of the form as necessary to list the entire full-time teaching faculty associated with the health professions education program awarded the Centers for Excellence grant during the year prior to the initiation of the grant. If it is easier for your institution, you may substitute a computer-generated listing with this same information.

Use the numerical codes listed at the bottom of the page to report each individual's rank, educational degrees, race/ethnicity, sex, department, and salary.

Where applicable, report base salary separately from other components (such as faculty practice plan income).

After recording the requested data, the names of the individual faculty members should be removed to preserve confidentiality.

FACULTY DATA COLLECTION FORM

Faculty Identification	Line #	Rank	Highest Degree	Race/Ethnicity	Sex	Department	Annual Base Salary* (\$)	Salary From Other Components* (\$)
_____	1	_____	_____	_____	_____	_____	_____	_____
_____	2	_____	_____	_____	_____	_____	_____	_____
_____	3	_____	_____	_____	_____	_____	_____	_____
_____	4	_____	_____	_____	_____	_____	_____	_____
_____	5	_____	_____	_____	_____	_____	_____	_____
_____	6	_____	_____	_____	_____	_____	_____	_____
_____	7	_____	_____	_____	_____	_____	_____	_____
_____	8	_____	_____	_____	_____	_____	_____	_____
_____	9	_____	_____	_____	_____	_____	_____	_____
_____	10	_____	_____	_____	_____	_____	_____	_____
_____	11	_____	_____	_____	_____	_____	_____	_____
_____	12	_____	_____	_____	_____	_____	_____	_____
_____	13	_____	_____	_____	_____	_____	_____	_____
_____	14	_____	_____	_____	_____	_____	_____	_____
_____	15	_____	_____	_____	_____	_____	_____	_____
_____	16	_____	_____	_____	_____	_____	_____	_____
_____	17	_____	_____	_____	_____	_____	_____	_____
_____	18	_____	_____	_____	_____	_____	_____	_____
_____	19	_____	_____	_____	_____	_____	_____	_____
_____	20	_____	_____	_____	_____	_____	_____	_____

2

Names	Rank	Highest Degree	Race/Ethnicity	Sex	Department	*Salary
After entering data, remove names to preserve confidentiality	1 = Chairman 2 = Professor 3 = Assoc. Prof. 4 = Asst. Prof. 5 = Instructor/Lecturer	1 = M.D., D.D.S., D.V.M., or equivalent 2 = Ph.D. 3 = Pharm. D 4 = Other 5 = More than one doctorate (e.g., MD. and Ph.D.)	1 = Black 2 = Hispanic 3 = Amer./Ind. 4 = Asian/Pac. 5 = White 6 = Foreign	1 = Male 2 = Female	1 = Clinical Sciences 2 = Basic Sciences	Report Dollar Amount per year for July 1 to June 30 of base line year

II. STUDENTS

1. List the TOTAL NUMBER OF STUDENTS in this health professions program, by ENROLLMENT STATUS and by race/ethnicity and sex, for 1987-88 (the year prior to the initiation of the CFE grant). If there is more than one degree program (e.g., B.S., Pharm.D. or Ph.D.), list enrollment separately for each program

A. First degree program _____
(Name)

ENROLLMENT STATUS	TOTAL	BLACK	HISP	AM INDJ	ASIAN/	WHITE	FOREIGN
	M / F	(NOT HISP) M / F	M / F	AK NAT M / F	PAC IS M / F	(NOT HISP) M / F	
FULL-TIME	_____	_____	_____	_____	_____	_____	_____
PART-TIME	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

B. Second degree program _____
(Name)

ENROLLMENT STATUS	TOTAL	BLACK	HISP	AM INDJ	ASIAN/	WHITE	FOREIGN
	M / F	(NOT HISP) M / F	M / F	AK NAT M / F	PAC IS M / F	(NOT HISP) M / F	
FULL-TIME	_____	_____	_____	_____	_____	_____	_____
PART-TIME	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

C. Third degree program _____
(Name)

ENROLLMENT STATUS	TOTAL	BLACK	HISP	AM INDJ	ASIAN/	WHITE	FOREIGN
	M / F	(NOT HISP) M / F	M / F	AK NAT M / F	PAC IS M / F	(NOT HISP) M / F	
FULL-TIME	_____	_____	_____	_____	_____	_____	_____
PART-TIME	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

2. List the number of **NEW FIRST-YEAR STUDENTS** in this health profession program by race/ethnicity and sex, in the last class of students prior to the initiation of the CFE grant (academic year 1987-1988). If more than one degree is offered, list the new students separately for each degree program

NEW STUDENTS	TOTAL	BLACK	HISP	AMIND/	ASIAN/	WHITE	FOREIGN
	M / F	(NOT HISP) M / F	M / F	AK NAT M / F	PAC IS M / F	(NOT HISP) M / F	M / F
DEGREE 1	_____	_____	_____	_____	_____	_____	_____
DEGREE 2	_____	_____	_____	_____	_____	_____	_____
DEGREE 3	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

3. Is a standardized admissions test (e.g., SAT, MCAT, OAT, VAT or GRE) used in this school?

NO. If NO, skip to question 5.

YES. If YES, which tests are used? _____

4. List the median scores on the ADMISSIONS TEST* for the first-year health professions students admitted in 1987-88, (the year prior to the initiation of the CFE grant). List the median scores by race/ethnicity and sex. If scores are reported for separate test components, please list these scores as well. If more than one test is used, list the main test below and report additional tests on a separate sheet.

ADMISSIONS TEST SCORE	TOTAL	BLACK	HISP	AM IND/ AK NAT	ASIAN/ PAC IS	WHITE	FOREIGN
	M / F	(NOT HISP) M / F	M / F	M / F	M / F	(NOT HISP) M / F	M / F
TEST NAME:	_____						
TOTAL SCORE	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____

* The major standardized admissions test used by this program (e.g., SAT, ACT, MCAT, DAT, VAT or GRE)

5. List the AVERAGE CUMULATIVE GRADE POINT AVERAGE (GPA) for the last degree earned for the first-year health professions students admitted in the 1987-88 academic year (the year prior to the initiation of the CFE grant). List the GPA by race/ethnicity and sex. If more than one degree is offered, list data for each degree program separately.

AVG GPA	TOTAL	BLACK (NOT HISP)	HISP	AM IND/ AK NAT	ASIAN/ PAC IS	WHITE (NOT HISP)	FOREIGN
	M / F	M / F	M / F	M / F	M / F	M / F	M / F
DEGREE 1	_____	_____	_____	-	-	_____	_____
DEGREE 2	_____	-	-	-	-	_____	_____
DEGREE 3	_____	-	-	-	-	_____	_____
TOTAL	_____	_____	_____	-	-	_____	_____

6. Is there a case set of required science courses for admission into this health professions program?

NO. Skip to question 8.

YES. Please continue.

7. List the AVERAGE CUMULATIVE GRADE POINT AVERAGE (GPA) in the required science courses for the last degree earned for the first-year health professions students admitted in the 1987-88 academic year. List the GPA by race/ethnicity and sex. If more than one degree is offered, list data for each degree program separately.

AVG. GPA IN REQ. SCIENCE COURSES	TOTAL	BLACK (NOT HISP)	HISP	AM IND/ AK NAT	ASIAN/ PAC IS	WHITE (NOT HISP)	FOREIGN
	M / F	M / F	M / F	M / F	M / F	M / F	M / F
DEGREE 1	_____	_____	_____	-	-	_____	_____
DEGREE 2	_____	_____	_____	-	-	_____	_____
DEGREE 3	_____	-	-	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

8. List the AVERAGE CUMULATIVE GRADE POINT AVERAGE (GPA) earned in this health professions program by the first year students admitted in the 1987-88 academic year. List the GPA by race/ethnicity and sex. If more than one degree is offered, list the data for each degree program separately.

AVG. GPA FOR 1ST YEAR STUDENTS	TOTAL M / F	BLACK (NOT HISP) M / F	HISP M / F	AM IND/ AK NAT M / F	ASIAN/ PAC IS M / F	WHITE (NOT HISP) M / F	FOREIGN M / F
DEGREE 1	_____	_____	_____	_____	_____	_____	_____
DEGREE 2	_____	_____	_____	_____	_____	_____	_____
DEGREE 3	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

9. Do students in this school take a national certifying examination* prior to graduation?

NO. Skip to question 12.

YES. If YES, which examination(s) do they take? _____

10. List the median scores on the NATIONAL CERTIFICATION EXAMINATION* taken by the students in 1987-88 (the last administration of the test prior to the initiation of the CFE grant). List the median scores by race/ethnicity and sex. If scores are reported for separate test components, please list these scores as well. Report data only for first-time examination takers on this page. If students in this program have taken the examination more than once, report the scores for repeat test-takers on a separate sheet.

Test Name: _____

Date Administered: _____

CERTIFICATION EXAM SCORE	TOTAL	BLACK (NOT HISP)	HISP	AMIND/ AK NAT	ASIAN/ PAC IS	WHITE (NOT HISP)	FOREIGN
	M / F	M / F	M / F	M / F	M / F	M / F	M / F
TOTAL SCORE	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____

* National Board Examination for Veterinary Medical Licensing, National Board of Medical Examiners Examination, National Board of Dental Examiners Examination or National Association of Boards of Pharmacy Licensing Examination.

11. Record the pass rate on the NATIONAL CERTIFICATION EXAMINATION* taken by the students in 1987-88 (the last administration of the test prior to the initiation of the CFE grant). Report the pass rate by race/ethnicity and sex. If pass rates are reported for separate test components, please list these pass rates as well. Report data only for first-time examination takers on this page. If students in this program have taken the examination more than once, report the scores for repeat test-takers on a separate page.

Test Name: _____

Date Administered: _____

CERTIFICATION EXAM SCORE	TOTAL	BLACK (NOT HISP)	HISP	AM IND/ AK NAT	ASIAN/ PAC IS	WHITE (NOT HISP)	FOREIGN
	M / F	M / F	M / F	M / F	M / F	M / F	M / F
OVERALL RATE	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____

• National Board Examination for Veterinary Medical Licensing, National Board of Medical Examiners Examination, National Board of Dental Examiners Examination or National Association of Boards of Pharmacy Licensing Examination.

12. Graduates

Please complete the Graduation Data Collection Form on the following page. Use as many copies of the form as necessary to list information on all graduates from this health professions program during the year prior to the initiation of the Centers for Excellence grant (1987-88).

If it is easier for your institution, you may substitute a computer-generated list with the same information.

Use the numerical codes at the bottom of the page to report the following data for each graduate:

- degree earned**
- race/ethnicity**
- sex**
- year of first enrollment in the program**

After recording the requested data, the names of the individual students should be removed to preserve confidentiality.

Name	Line Number	Degree Earned	Race/Ethnicity	Sex	Year of First Enrollment in Program
_____	1	_____	_____	_____	_____
_____	2	_____	_____	_____	_____
_____	3	_____	_____	_____	_____
_____	4	_____	_____	_____	_____
_____	5	_____	_____	_____	_____
_____	6	_____	_____	_____	_____
_____	7	_____	_____	_____	_____
_____	8	_____	_____	_____	_____
_____	9	_____	_____	_____	_____
_____	10	_____	_____	_____	_____
_____	11	_____	_____	_____	_____
_____	12	_____	_____	_____	_____
_____	13	_____	_____	_____	_____
_____	14	_____	_____	_____	_____
_____	15	_____	_____	_____	_____

Name After entering data, remove names to preserve confidentiality	<u>Degree Earned</u>	<u>Race/Ethnicity</u>	<u>Sex</u>	<u>Year of First Enrollment</u>
	1 = M.D., D.D.S., D.V.M, or equivalent	1 = Black	1 = Male	(Use last two digits (e.g., 85)
	2 = Ph.D.	2 = Hispanic	2 = Female	
	3 = Pharm D	4 = Asian/Pac.		
	4 = Other	5 = White		
	5 3 More than one doctorate (e.g., MD. and Ph.D. 1	6 = Foreign		

III. FACILITIES AND RESOURCES

1. Describe the status of the following FACILITIES AND RESOURCES available on campus during 1987-88 (the year prior to the initiation of the CFE grant). Answer in terms of resources and facilities relevant to this health professions program (e.g., books and journals should include only those relevant to health professions and not general library holdings>

PHYSICAL RESOURCES DEDICATED TO THIS PROGRAM	AMOUNT
Total laboratory work space for teaching (square feet):	_____
Total laboratory work space for research (square feet):	_____
Number of volumes in libraries (include departmental or specialty libraries):	_____
Number of journal subscriptions (include departmental and specialty libraries):	_____
Number of microcomputers (total):	_____
Number of microcomputers for research:	_____
Number of microcomputers for instruction:	_____
Number of microcomputers for administration:	_____
Main frame computer (model type):	_____
Number of terminals connected to mainframe computer:	_____

2. Indicate whether the following teaching resources were available on campus to students and faculty in this health professions program in 1987-88 (the year prior to the initiation of the CFE grant).

PROGRAM RESOURCES AVAILABLE TO THIS PROGRAM	YES/NO
Computer-assisted instruction capability:	_____
Self-study courses:	_____
Tutorial programs:	_____
Computerized literature search capability in library:	_____
Computerized check-out capability in library:	_____
Teaching resource center:	_____
Resource center for research proposal preparation:	_____
Other teaching resources (Please specify) _____	_____

IV. CURRICULUM

1. The following questions about the curriculum in your health professions program refer to the 1987-88 academic year (the year prior to the initiation of the CFE grant). Indicate with a check mark the components of your health professions curriculum that were primarily devoted to each of the listed disease and health problem areas of special concern to minorities. If there were other disease and health problem areas of special concern to minorities that are not listed below, add them in the spaces provided.

DISEASE AND HEALTH PROBLEM AREAS	CURRICULUM COMPONENTS		
	CONCENTRATION WITHIN A DEGREE PROGRAM	REGULAR COURSE OFFERED	UNITS WITHIN COURSES
Heart disease/stroke	_____	_____	_____
Cancer	_____	_____	_____
Homicide and accidents	_____	_____	_____
Infant mortality	_____	_____	_____
Chemical dependency	_____	_____	_____
Diabetes	_____	_____	_____
Teen-age pregnancy	_____	_____	_____
AIDS	_____	_____	_____
Public health	_____	_____	_____
Environmental Medicine/ Health	_____	_____	_____
Social barriers to health care	_____	_____	_____
Generic drugs	_____	_____	_____
Animal-human disease transmission	_____	_____	_____
Patient education	_____	_____	_____
Others (please specify)	_____	_____	_____
_____	_____	_____	_____

APPENDIX B

Guidelines for Baseline Evaluation Instrument

GUIDELINES

**FOR USE OF CENTERS FOR EXCELLENCE
EVALUATION INSTRUMENTS**

BASELINE DATA

PURPOSE OF THE EVALUATION

The purpose of this evaluation is to develop baseline materials and procedures for assessing on a continuing basis, the status of the Centers for Excellence with respect to the legislative purposes for which they are being funded.

The purposes of the program are to 1) strengthen the national capacity to train minority students in the health professions, and 2) support the health professions schools which have trained a significant number of the nation's minority health professionals, enabling those schools to continue to train health professionals to serve minority populations in underserved areas.

This evaluation will enable program managers to set up a framework for acquiring continuous feedback on the program operations, and will enable them to make informed decisions based on detailed performance data.

PURPOSE OF THE BASELINE INSTRUMENT

The baseline instrument is designed to measure conditions prior to the implementation of the Centers' for Excellence Program. Additional instruments will be used to gauge performance under the grant.

REFERENCE PERIOD

This BASELINE assessment form refers to the academic year prior to the implementation of the Centers for Excellence program. For the original grantee institutions, CFE funds were first received in July 1988. Therefore, the baseline data collection period refers to the 1987-88 academic year.

DEADLINES

The completed forms must be filled out and returned within four weeks. The official due date is stamped on the cover of the evaluation instrument.

ORGANIZATION OF THE INSTRUMENT

There are four separate sections to this form, one for each of the following aspects of the institution:

- faculty
- students
- facilities
- curriculum

Each section is self-contained and may be filled out independently from the other sections.

WHO SHOULD FILL OUT THIS FORM

These forms are being sent to the deans of the health professions schools which were awarded Centers for Excellence awards. The deans are responsible for completing and coordinating the data collection. However, the evaluation instrument is composed of separate sections which may be filled out by representatives with expertise in specific areas.

The faculty section requests information on faculty salaries, rank, and demographic characteristics. Some of this data may be part of the administrative records in the payroll department. Otherwise, department chairs should be able to provide these data.

The student section requests data on attributes of students admitted to the program and performance of students during the course of their studies. The dean of students should have most of the requested data. Some questions may have to be referred to the office of admissions.

The facilities section requires information about computing, library and mass media resources. The director of the library should have most of the requested data. Some assistance may be needed from the directors of the computing and mass media centers.

The curriculum section involves questions about degree programs and courses. Members of the faculty curriculum committee should be able to provide the answers to these questions.

If more than one person provides information, be sure that: 1) each person receives a copy of the instructions, and 2) each person is listed on the front of the form

HOW TO FILL OUT THIS FORM

Please answer each question as completely as possible. However, if information is "not available", please write "NA" in the space provided.

This instrument has been designed for use in several different health professions. Efforts have been taken to make questions general enough for all fields. However, some questions may not be appropriate for all fields. Please write "INAPP" where questions are "inapplicable" to your health professions program

MULTIPLE DEGREE PROGRAMS

If this school offers more than one health professions degree (e.g., Pharm D. and Ph.D. in Pharmacy), please report student data separately for each degree program

FOR FURTHER INFORMATION

For further information on the completion and submission of this evaluation form, please contact:

Program Official
Division of Disadvantaged Assistance
Health Resources and Services Administration
Parklawn Building, Room 8A-09
5600 Fishers Lane
Rockville, MD 20857
Telephone (301) 443-4493

DEFINITIONS OF KEY TERMS

- PROGRAM** The term program refers to the health professions education program that was awarded the Centers for Excellence (CFE) grant (i.e., for the initial award this is the School of Medicine or School of Dentistry, Meharry Medical College, School of Veterinary Medicine, Tuskegee University, and the College of Pharmacy; Xavier University).
- BASELINE** The baseline period is the academic year prior to the implementation of the CFE program (The original grantees first received CFE funds in July, 1988. Therefore, for them the baseline data collection period is the 1987-1988 academic year.)
- ADMISSIONS TESTS** The standardized, nationally administered admissions test for this profession. These would include the Medical College Admissions Test (MCAT), the Dental Admissions Test (DAT), and the Veterinary Aptitude Test (VAT), Scholastic Aptitude Test (SAT), American College Testing (ACT) scores or the Graduate Records Examination (GRE).
- NATIONAL TEST CERTIFICATION EXAMINATION** The standardized, nationally administered proficiency test for this profession. This includes the National Board Examination for Veterinary Medical Licensing, the National Board of Medical Examiners Examination, the National Board of Dental Examiners Examination, and the National Association of Boards of Pharmacy Licensing Examination.
- FACULTY** Refers to those individuals who are full-time, permanent employees of the institution. Unless specifically requested, do not include visiting faculty.
- GRADE POINT AVERAGE** The numeric representation of the student's course grades on a four point scale where an A = 4, B = 3, C = 2, D = 1, and F = 0.
- RACE/ETHNICITY** Use the following categories to report race/ethnicity:
- Black (non-Hispanic)
 - Hispanic
 - American Indian/Alaskan Native
 - Asian American/Pacific Islander
 - White (non-Hispanic)
 - Foreign
- Use the race/ethnicity categories only for U.S. students. Report all foreign students (regardless of race/ethnicity) in the "Foreign" category.

APPENDIX C

Assessment Evaluation Instrument

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE**

HEALTH RESOURCES AND SERVICES ADMINISTRATION

ASSESSMENT DATA

for Self-Evaluation of the

**CENTERS FOR EXCELLENCE
Section 782, PHS Act**

This data collection instrument refers to the current status of the school.

THE COMPLETED FORMS ARE DUE ON _____

Please return the completed forms to:

**Program Official
Division of Disadvantaged Assistance
Health Resources and Services Administration
Parklawn Building, Room 8A-09
5600 Fishers Lane
Rockville, MD 20857**

Please read the instructions carefully before completing this form. If several individuals contribute information, please be sure that each person has a copy of the instructions.

SCHOOL NAME: _____

PROGRAM DIRECTOR: _____

Telephone: _____

PROGRAM REPRESENTATIVES RESPONSIBLE FOR COMPLETING SECTIONS OF THIS FORM

- | | |
|-------------------------------------------------------|----------------------------|
| I. LONGRANGE PLAN SECTION | Completed by: _____ |
| | Telephone: _____ |
| II. FACULTY RECRUITMENT AND RETENTION SECTION | Completed by: _____ |
| | Telephone: _____ |
| III. INFORMATION RESOURCES SECTION | Completed by: _____ |
| | Telephone: _____ |
| IV. STUDENT PERFORMANCE SECTION | Completed by: _____ |
| | Telephone: _____ |
| V. STUDENT RECRUITMENT SECTION | Completed by: _____ |
| | Telephone: _____ |
| VI. CURRICULUM AND FACULTY DEVELOPMENT SECTION | Completed by: _____ |
| | Telephone: _____ |

I. LONG-RANGE PLAN

THIS SECTION REVIEWS THE LONG-RANGE PLAN TO ACHIEVE INSTITUTIONAL IMPROVEMENTS, INCLUDING FINANCIAL INDEPENDENCE. THIS REVIEW IS DIVIDED INTO SECTIONS ON IMPLEMENTATION OF THE PLAN, METHODS USED TO ENHANCE INCOME AND ENDOWMENTS, AND METHODS USED TO ADMINISTER EXPENDITURES MORE EFFICIENTLY.

A. IMPLEMENTATION OF THE PLAN.

Indicate those activities that were facilitated by the receipt of the CFE grant.

ACTIVITY	INCLUDED IN THE PLAN (YES/NO)	CURRENT STATUS	
		PLANNED (YES/NO)	STARTED (YES/NO)
ESTABLISHMENT OF TASK FORCE TO MONITOR THE PLAN	_____	_____	_____
ESTABLISHMENT OF TASK FORCE ON FINANCE	_____	_____	_____
ESTABLISHMENT OF TASK FORCE ON ACADEMIC STANDARDS	_____	_____	_____
ESTABLISHMENT OF OTHER ADVISORY GROUPS (PLEASE DESCRIBE)	_____	_____	_____
USE OF CONSULTANTS FOR:			
SETTING ACADEMIC OR CLINICAL STANDARDS	_____	_____	_____
FINANCIAL PLANNING	_____	_____	_____
FUND RAISING	_____	_____	_____
PHYSICAL PLANT IMPROVEMENTS	_____	_____	_____
STUDENT RECRUITMENT	_____	_____	_____
OTHER (PLEASE DESCRIBE)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ON A SEPARATE PAGE, PLEASE SUBMIT THE MOST CURRENT VERSION OF THE LONG-RANGE PLAN AND PROVIDE A STATEMENT ABOUT HOW THE PLAN WILL FACILITATE MAKING THE INSTITUTION A CENTER FOR EXCELLENCE (ATTACHMENT A).

6. METHODS TO ENHANCE INCOME AND ENDOWMENTS.

Indicate all methods to enhance income and endowments facilitated by the receipt of the CFE grant. Indicate the date on which they began. For actions still in the planning stage, indicate their proposed starting date.

METHOD	INCLUDED IN THE PLAN (YES/NO)	CURRENT STATUS	
		PROPOSED STARTING DATE	DATE INITIATED
MASTER PLAN FOR ENDOWMENTS	_____	_____	_____
MASTER PLAN FOR REVENUE ENHANCEMENT FROM AUXILIARY ENTERPRISES	_____	_____	_____
ENHANCED SUPPORT FOR GRANT APPLICATIONS	_____	_____	_____
UPWARD REVISION OF TUITION AND FEES	_____	_____	_____
ENHANCED ALUMNI CONTRIBUTION SUPPORT EFFORTS	_____	_____	_____
ENHANCED CORPORATE CONTRIBUTION SUPPORT EFFORTS	_____	_____	_____
ENHANCED STATE CONTRIBUTION (APPROPRIATIONS)	_____	_____	_____
ENHANCED FOUNDATION CONTRIBUTIONS"	_____	_____	_____
ENHANCED LAND LEASES AND RENTS	_____	_____	_____
DEVELOP METHODS FOR ENHANCEMENT OF INCOME FROM HEALTH PROFESSIONS REVENUE CENTERS:			
CLINICAL LABS	_____	_____	_____
CLINICAL PRACTICE	_____	_____	_____
ANIMAL HUSBANDRY	_____	_____	_____

METHOD (CONTINUED)	INCLUDED IN THE PLAN (YES/NO)	CURRENT STATUS	
		PROPOSED STARTING DATE	DATE INITIATED
PHARMACY	_____	_____	_____
DIRECT PATIENT SERVICES	_____	_____	_____
OTHER (PLEASE DESCRIBE)	_____	_____	_____

ON A SEPARATE PAGE, PLEASE PROVIDE ADDITIONAL DETAIL ABOUT HOW THESE ACTIVITIES WILL ENHANCE INCOME AND ENDOWMENTS AND FACILITATE MAKING THE INSTITUTION A CENTER FOR EXCELLENCE (ATTACHMENT B).

C. METHODS TO ENHANCE ADMINISTRATIVE AND FINANCIAL EFFICIENCY.

Indicate activities designed to increase the administrative and financial efficiency of the institution that were facilitated by the receipt of the CFE grant. Indicate the dates on which they began. For actions still in the planning stage, indicate their proposed starting date.

ADMINISTRATIVE/ FINANCIAL AREA	INCLUDED IN THE PLAN (YES/NO)	CURRENT STATUS	
		PROPOSED STARTING DATE	DATE INITIATED
SPENDING RATIOS*			
REVIEW SPENDING RATIOS	_____	_____	_____
DEVELOP METHODS TO BRING RATIOS INTO ALIGNMENT	_____	_____	_____
OTHER OPERATIONAL ISSUES, REVIEW AND MODIFICATIONS (PLEASE DESCRIBE)	_____	_____	_____
STAFFING NEEDS			
REVIEW OF LEVELS	_____	_____	_____
METHODS TO REDUCE, WHERE NECESSARY	_____	_____	_____
OTHER STAFFING ISSUES, REVIEW AND MODIFICATIONS (PLEASE DESCRIBE)	_____	_____	_____
COST CONTROL ACTIVITIES			
REVIEW PURCHASING, PAYROLL AND OTHER ADMINISTRATIVE SERVICES	_____	_____	_____
MODIFY PURCHASING, PAYROLL AND OTHER ADMINISTRATIVE SERVICES	_____	_____	_____
OTHER MODIFICATIONS OF SERVICE SYSTEMS (PLEASE DESCRIBE)	_____	_____	_____

* Spending ratios are comparisons of budget components, e.g., operational spending to total budget, scholarships to total budget, and institutional spending to total budget.

ADMINISTRATIVE/ FINANCIAL AREA (CONTINUED)	PART OF THE PLAN (YES/NO)	CURRENT STATUS	
		PROPOSED STARTING DATE	DATE INITIATED
ACCOUNTING SYSTEM			
REVIEW OF ACCOUNTING STANDARDS	_____	_____	_____
COMPREHENSIVE AUDIT OF FINANCES	_____	_____	_____
MODIFICATION OF ACCOUNT- ING SYSTEM, WHERE NECESSARY	_____	_____	_____
COMPREHENSIVE REVIEW OF CASH FLOW SYSTEM (INCLUD- ING COLLECTION PROCEDURES)	_____	_____	_____
MODIFICATION OF METHODS TO MONITOR CASH FLOW (INCLUD- ING COLLECTION PROCEDURES>	_____	_____	_____
OTHER ACCOUNTING ISSUES, REVIEW AND MODIFICATIONS (PLEASE DESCRIBE>	_____	_____	_____
ENDOWMENT PORTFOLIO			
REVIEW OF INVESTMENT RETURN	_____	_____	_____
REVIEW OF USE OF ENDOWMENT FUNDS	_____	_____	_____
REVIEW OF ENDOWMENT GOALS	_____	_____	_____
REVIEW OF METHODS USED TO INCREASE ENDOWMENT	_____	_____	_____
DEVELOPMENT OF METHODS TO ENHANCE SIZE OF ENDOWMENT	_____	_____	_____
OTHER ENDOWMENT ISSUES, REVIEW AND MODIFICATIONS (PLEASE DESCRIBE)	_____	_____	_____

ADMINISTRATIVE/ FINANCIAL AREA (CONTINUED)	PART OF THE PLAN (YES/NO)	CURRENT STATUS	
		PROPOSED STARTING DATE	DATE INITIATED
INTERACTION AMONG UNITS			
REVIEW ADMINISTRATIVE RELATIONSHIPS AMONG SCHOOLS, COLLEGES OR DEPARTMENTS	_____	_____	_____
DEVELOP PROPOSALS FOR SHARING RESOURCES ACROSS ADMINISTRATIVE UNITS	_____	_____	_____
MODIFIED ARRANGEMENTS FOR USE OF RESOURCES ACROSS ADMINISTRATIVE UNITS	_____	_____	_____
OTHER ISSUES IN ADMINISTRATIVE/ FINANCIAL EFFICIENCIES (PLEASE DESCRIBE)	_____	_____	_____

**ON A SEPARATE PAGE, PLEASE PROVIDE ADDITIONAL DETAIL ABOUT HOW THE
ACTIVITIES WILL ENHANCE ADMINISTRATIVE AND FINANCIAL EFFICIENCY AND
FACILITATE MAKING THE INSTITUTION A CENTER FOR EXCELLENCE (ATTACHMENT C).**

II. FACULTY RECRUITMENT AND RETENTION

1. Were faculty recruitment and retention stated objectives in this health professions program's original CFE application?
 NO.
 YES.
2. Have CFE funds been used to improve faculty recruitment and retention in the health professions program?
 NO. If NO, skip to section III, Information Resources.
 YES. If YES, continue with this section.
3. Please complete the Faculty Data Collection Forms on the following pages. The form is modelled after those used by the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Pharmacy (AACCP).

Please use as many copies of the form as necessary to list the entire full-time teaching faculty associated with the health professions education program awarded the Centers for Excellence grant at your institution. If it is easier for your institution, you may substitute a computer-generated list with this same information.

Use the numerical codes listed at the bottom of the page to report each individual's rank, educational degrees, race/ethnicity, sex, department, and salary.

Where applicable, report base salary separately from other components (such as faculty practice plan income).

After recording the requested data, the names of the individual faculty should be removed to preserve confidentiality.

IMPORTANT: NOTE THAT THERE ARE TWO FORMS

ONE FORM IS FOR NEW FACULTY MEMBERS (WHO BEGAN THIS YEAR)

ONE FORM IS FOR CONTINUING FACULTY MEMBERS

The form for new faculty members requests information on the origin of the position (expansion or replacement).

The form for continuing faculty members requests information on new degrees awarded or expected during the current academic year.

FACULTY DATA COLLECTION FORM - FOR NEW FACULTY

Faculty Identification	Line #	Rank	Highest Degree	Race/Ethnicity	Sex	Department	Annual Base Salary (\$)	Salary From Other Components* (\$)	Origin of Position
_____	1	_____	_____	_____	_____	_____	_____	_____	_____
_____	2	_____	_____	_____	_____	_____	_____	_____	_____
_____	3	_____	_____	_____	_____	_____	_____	_____	_____
_____	4	_____	_____	_____	_____	_____	_____	_____	_____
_____	5	_____	_____	_____	_____	_____	_____	_____	_____
_____	6	_____	_____	_____	_____	_____	_____	_____	_____
_____	7	_____	_____	_____	_____	_____	_____	_____	_____
_____	8	_____	_____	_____	_____	_____	_____	_____	_____
_____	9	_____	_____	_____	_____	_____	_____	_____	_____
_____	10	_____	_____	_____	_____	_____	_____	_____	_____
∞ _____	11	_____	_____	_____	_____	_____	_____	_____	_____
_____	12	_____	_____	_____	_____	_____	_____	_____	_____
_____	13	_____	_____	_____	_____	_____	_____	_____	_____
_____	14	_____	_____	_____	_____	_____	_____	_____	_____
_____	15	_____	_____	_____	_____	_____	_____	_____	_____
_____	16	_____	_____	_____	_____	_____	_____	_____	_____
_____	17	_____	_____	_____	_____	_____	_____	_____	_____
_____	18	_____	_____	_____	_____	_____	_____	_____	_____
_____	19	_____	_____	_____	_____	_____	_____	_____	_____
_____	20	_____	_____	_____	_____	_____	_____	_____	_____

Names	Rank	Highest Degree	Race/Ethnicity	Sex	Department	*Salary	Origin of Position
After entering data, remove names to preserve confidentiality	1 = Chairman 2 = Professor 3 = Assoc. Prof. 4 = Asst. Prof. 5 = Instructor/Lecturer	1 = M.D., D.D.S., D.V.M., or equivalent 2 = Ph.D. 3 = Pharm.D. 4 = Other 5 = More than one doctorate (e.g., M.D. and Ph.D.)	1 = Black 2 = Hispanic 3 = Amer. Ind. 4 = Asian/Pac. 5 = White 6 = Foreign	1 = Male 2 = Female	1 = Clinical Sciences 2 = Basic Sciences	Report Dollar Amount per year for July 1 to June 30 of current year	1 = Expansion 2 = Replacement

FACULTY DATA COLLECTION FORM -- FOR CONTINUING FACULTY

Faculty Identification	line #	Rank	Highest Degree	Race/Ethnicity	Sex	Department	Annual Base Salary (\$)	Salary From Other Components* (\$)	New Degrees Earned
_____	1	_____	_____	_____	_____	_____	_____	_____	_____
_____	2	_____	_____	_____	_____	_____	_____	_____	_____
_____	3	_____	_____	_____	_____	_____	_____	_____	_____
_____	4	_____	_____	_____	_____	_____	_____	_____	_____
_____	5	_____	_____	_____	_____	_____	_____	_____	_____
_____	6	_____	_____	_____	_____	_____	_____	_____	_____
_____	7	_____	_____	_____	_____	_____	_____	_____	_____
_____	8	_____	_____	_____	_____	_____	_____	_____	_____
_____	9	_____	_____	_____	_____	_____	_____	_____	_____
_____	10	_____	_____	_____	_____	_____	_____	_____	_____
6 _____	11	_____	_____	_____	_____	_____	_____	_____	_____
_____	12	_____	_____	_____	_____	_____	_____	_____	_____
_____	13	_____	_____	_____	_____	_____	_____	_____	_____
_____	14	_____	_____	_____	_____	_____	_____	_____	_____
_____	15	_____	_____	_____	_____	_____	_____	_____	_____
_____	16	_____	_____	_____	_____	_____	_____	_____	_____
_____	17	_____	_____	_____	_____	_____	_____	_____	_____
_____	18	_____	_____	_____	_____	_____	_____	_____	_____
_____	19	_____	_____	_____	_____	_____	_____	_____	_____
_____	20	_____	_____	_____	_____	_____	_____	_____	_____

Names	Rank	Highest Degree	Race/Ethnicity	Sex	Department	Salary	New Degrees
After entering data, remove names to preserve confidentiality	1 = Chairman 2 = Professor 3 = Assoc. Prof. 4 = Asst. Prof. 5 = Instructor/Lecturer	1 = M.D., D.D.S., D.V.M., or equivalent 2 = Ph.D. 3 = Pharm.D. 4 = Other 5 = More than one doctorate (e.g., M.D. and Ph.D.)	1 = Black 2 = Hispanic 3 = Amer. Ind. 4 = Asian/Pac. 5 = White 6 = Foreign	1 = Male 2 = Female	1 = Clinical Sciences 2 = Basic Sciences	Report Dollar Amount per year for July 1 to June 30 of current year	1 = M.D., D.D.S., D.V.M., or equivalent 2 = Ph.D. 3 = Pharm.D. 4 = Other

4. Were there any vacancies for faculty positions during the past year?

NO. Skip to Question 6.

YES.

If yes, how many? _____

How many
were filled? _____

How many
remained vacant? _____

5. Were CFE funds used during the past year for any of the following activities related to FACULTY RECRUITMENT? [PLEASE CHECK ALL THAT APPLY AND REPORT THE LEVEL OF ACTIVITY]

ACTIVITY

ADVERTISE FACULTY POSITIONS IN NEWSLETTERS, JOURNALS
AND OTHER PUBLICATIONS

IF YES, HOW MANY ADVERTISEMENTS WERE MADE? _____

DEVELOP RECRUITING MATERIALS (E. G., FILMS,
VIDEOS OR BROCHURES)

IF YES, ATTACH A LIST OF MATERIALS DEVELOPED.

MAKE TRIPS TO RECRUIT FACULTY (INCLUDE CONFERENCES
WHEN RECRUITMENT WAS A PRIMARY OBJECTIVE)

IF YES, HOW MANY TRIPS WERE MADE FOR THIS GOAL? _____

BRING PROSPECTIVE FACULTY IN FOR INTERVIEW

IF YES, HOW MANY CANDIDATES WERE BROUGHT IN? _____

ON A SEPARATE PAGE, BRIEFLY DESCRIBE HOW THE USE OF CFE FUNDS FOR FACULTY RECRUITMENT HAS ENHANCED THE ABILITY OF THE INSTITUTION TO BECOME A CENTER FOR EXCELLENCE (ATTACHMENT D).

6. Were CFE funds used during the past year for any of the following activities related to FACULTY RETENTION? [PLEASE CHECK ALL THAT APPLY AND INDICATE THE LEVEL OF ACTIVITY]

ACTIVITY

FUNDING FOR FACULTY POSITIONS

IF YES, HOW MANY FTE POSITIONS DID CFE FUNDS SUPPORT? _____

FACULTY PAY RAISES

IF YES, HOW MANY FACULTY MEMBERS WERE GIVEN RAISES WITH CFE FUNDS? _____

DEVELOPING A CLINICAL PRACTICE PLAN FOR FACULTY MEMBERS

IF YES, ATTACH A DESCRIPTION OF THE PLAN.

FACULTY SABBATICAL LEAVE

IF YES, HOW MANY SABBATICALS DID CFE FUNDS SUPPORT? _____

FACULTY RELEASE TIME FOR ADVANCED STUDY

IF YES, HOW MANY FACULTY MEMBERS WERE GIVEN RELEASE TIME FOR ADVANCED STUDY? _____

FACULTY RELEASE TIME FOR DEVELOPMENT OF NEW COURSES

IF YES, HOW MANY FACULTY MEMBERS WERE GIVEN RELEASE TIME TO PREPARE NEW COURSES? _____

CREATION OR EXPANSION OF A VISITING FACULTY PROGRAM

IF YES, HOW MANY VISITING FACULTY MEMBERS DID CFE FUNDS BRING TO CAMPUS? _____

FUNDING FOR FACULN TRAVEL TO MEETINGS AND CONFERENCES

IF YES, HOW MANY CONFERENCE TRIPS DID CFE FUNDS SUPPORT? _____

UPGRADING OF LABORATORY SPACE

IF YES, HOW MANY LABS WERE UPGRADED WITH CFE FUNDS? _____

**ACTIVITY
(CONT.)**

CREATION OF NEW LABORATORY SPACE

IF YES, HOW MANY SQUARE FEET WERE ADDED? _____

UPGRADING OF CLASSROOM OR INSTRUCTIONAL SPACE

IF YES, HOW MANY ROOMS WERE UPGRADED WITH CFE FUNDS? _____

UPGRADING OF EQUIPMENT

IF YES, ATTACH A LIST OF EQUIPMENT PURCHASES WITH CFE FUNDS? _____

FUNDING FOR TEACHING ASSISTANTS

IF YES; HOW MANY TEACHING ASSISTANTS WERE SUPPORTED WITH CFE FUNDS? _____

FUNDING FOR TECHNICAL SUPPORT STAFF

IF YES, HOW MANY TECHNICIANS WERE SUPPORTED WITH CFE FUNDS? _____

FUNDING FOR ADMINISTRATIVE OR SECRETARIAL STAFF

IF YES, HOW MANY SECRETARIES OR ADMINISTRATIVE ASSISTANTS WERE SUPPORTED WITH CFE FUNDS? _____

**OTHER SIGNIFICANT ACTIVITY RELATED TO FACULTY RETENTION
(PLEASE DESCRIBE)** _____

ON A SEPARATE PAGE, BRIEFLY DESCRIBE HOW THE USE OF CFE FUNDS FOR FACULTY RETENTION HAS ENHANCED THE ABILITY OF THE INSTITUTION TO BECOME A CENTER FOR EXCELLENCE (ATTACHMENT E).

III. INFORMATION RESOURCES

A. OBJECTIVES AND EXPENDITURES

1. Was the improvement of information resources a stated objective in this health professions program's original CFE application?

NO.

YES.

2. Have CFE funds been used to improve the information resources (e.g., computing, library, telecommunications and mass media resources) available to students and faculty in this health professions program?

NO. If NO, skip to section IV, Student Performance

YES. If YES, continue with this section.

B. CHANGES IN COMPUTER RESOURCES

1. Has a comprehensive plan for the improvement and enhancement of computer resources been developed?

NO.

YES.

2. To what extent have there been changes in the following computer resources as a result of the receipt of the CFE grant funds?

COMPUTER RESOURCE	IMPROVEMENTS MADE (YES/NO)	ESTIMATED NUMBER OF USERS AFFECTED (STUDENTS)	ESTIMATED NUMBER OF USERS AFFECTED (FACULTY)
HARDWARE			
ADDITION OF MICROCOMPUTERS (e.g., PCs)			
FOR RESEARCH	_____	_____	_____
FOR INSTRUCTION	_____	_____	_____
FOR ADMINISTRATION	_____	_____	_____
UPGRADE MAINFRAME	_____	_____	_____
ADDITION OF TERMINALS FOR MAINFRAME	_____	_____	_____

COMPUTER RESOURCE	IMPROVEMENTS MADE (YES/NO)	ESTIMATED NUMBER OF USERS AFFECTED (STUDENTS>	ESTIMATED NUMBER OF USERS AFFECTED (FACULTY)
SOFTWARE			
EXPANSION OF LOCAL AREA NETWORK	_____	_____	_____
EXPANSION OF DESKTOP PUBLISHING	_____	_____	_____
EXPANSION OF ON-LINE DATABASES	_____	_____	_____
IMPLEMENT EXTERNAL NETWORK (eg. BITNET, INTERNET)	_____	_____	_____
EXPANSION OF DEDICATED SOFTWARE:			
FOR RESEARCH	_____	_____	_____
FOR CLINICAL SERVICE	_____	_____	_____
FOR TEACHING	_____	_____	_____
FOR FINANCE/ ADMINISTRATION	_____	_____	_____
HUMAN FACTORS			
EXPANSION OF USER SERVICES	_____	_____	_____
EXPANSION OF ACCESS HOURS	_____	_____	_____
EXPANSION OF PHYSICAL SPACE DEVOTED TO COMPUTER USE	_____	_____	_____
OTHER PURPOSES (PLEASE DESCRIBE)	_____	_____	_____

ON A SEPARATE PAGE, BRIEFLY DESCRIBE HOW THE USE OF CFE FUNDS FOR COMPUTER HARDWARE AND SOFTWARE HAS ENHANCED THE ABILITY OF THE INSTITUTION TO BECOME A CENTER FOR EXCELLENCE (ATTACHMENT F).

C. CHANGES IN LIBRARY RESOURCES

1. Describe how library resources and use have changed as a result of the receipt of the CFE grant.

LIBRARY RESOURCE	IMPROVEMENTS MADE (YES/NO)	ESTIMATED NUMBER OF USERS AFFECTED (STUDENTS)	ESTIMATED NUMBER OF USERS AFFECTED (FACULTY)
HOLDINGS			
PURCHASE BOOKS	_____	_____	_____
JOURNALS SUBSCRIPTIONS	_____	_____	_____
REFURBISH HOLDINGS	_____	_____	_____
INCREASE SHELF/ DISPLAY SPACE	_____	_____	_____
UPGRADE CATALOG SERVICES	_____	_____	_____
PURCHASE COMPUTER SEARCH SOFTWARE	_____	_____	_____
OTHER (PLEASE DESCRIBE> _____			
USE			
EXPANSION OF ACCESS HOURS	_____	_____	_____
USE/EXPANSION OF ON-LINE LIBRARY INFORMATION SYSTEMS	_____	_____	_____
EXPANSION OF INTERLIBRARY LOANS	_____	_____	_____
EXPANSION OF RESERVED COLLECTION	_____	_____	_____
OTHER (PLEASE DESCRIBE> _____			

ON A SEPARATE PAGE, PLEASE BRIEFLY DESCRIBE HOW THE USE OF CFE FUNDS FOR LIBRARY RESOURCES HAS ENHANCED THE ABILITY OF THE INSTITUTION TO BECOME A CENTER FOR EXCELLENCE (ATTACHMENT Gi.

D. CHANGES IN TELECOMMUNICATIONS AND MEDIA FACILITIES

1. As a result of the receipt of the CFE grant, were there any changes made in communications, telecommunications, or media facilities?

NO. If NO, skip to section IV, Student Performance.

YES. If YES, continue with this section.

2. Describe the changes, or expected changes, that resulted from the receipt of the CFE grant.

RESOURCE	IMPROVEMENTS MADE (YES/NO>	ESTIMATED NUMBER OF USERS AFFECTED (STUDENTS)	ESTIMATED NUMBER OF USERS AFFECTED (FACULTY)
EXPANSION OF BROADCAST/RECEIVING FACILITIES:			
SPACE DEVOTED TO FACILITIES	_____	_____	_____
INCREASE ACCESS TIME	_____	_____	_____
EQUIPMENT FOR BROADCASTING	_____	_____	_____
EQUIPMENT FOR RECEIVING EDUCATIONAL PROGRAMS	_____	_____	_____
EXPANSION OF TELECOMMUNICATIONS:			
UPGRADE EQUIPMENT	_____	_____	_____
INCREASE ACCESS TIME	_____	_____	_____
OTHER (PLEASE DESCRIBE>	_____	_____	_____

ON A SEPARATE PAGE, PLEASE BRIEFLY DESCRIBE HOW THE USE OF CFE FUNDS FOR TELECOMMUNICATIONS AND MEDIA SERVICES HAS ENHANCED THE ABILITY OF THE INSTITUTION TO BECOME A CENTER FOR EXCELLENCE (ATTACHMENT H).

IV. STUDENT PERFORMANCE

THIS SECTION FOCUSES ON CHANGES IN STUDENT PERFORMANCE THAT ARE SUBSEQUENT TO THE RECEIPT OF CFE GRANT FUNDS

1. Was the improvement of student performance a stated objective in this health professions program's original CFE application?

NO.

YES.

2. Have CFE funds been used in connection with any activity designed to improve student performance in the health professions program?

NO. If NO, skip to section V, Student Recruitment.

YES. If YES, continue with this section.

3. List the median scores on the NATIONAL CERTIFICATION EXAMINATION* taken by the students in this health professions school during the most recent administration of the test. List the median scores by race/ethnicity and sex. If scores are reported for separate test components, please list these scores as well. Report data only for first-time examination takers on this page. If students in this program have taken the examination more than once, report the scores for repeat test-takers on a separate sheet.

Test Name _____

Date Administered _____

CERTIFICATION EXAM SCORE	TOTAL M / F	BLACK (NOT HISP) M / F	HISP M / F	AM IND/ AK NAT M / F	ASIAN/ PAC IS M / F	WHITE (NOT HISP) M / F	FOREIGN M / F
TOTAL SCORE	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____

* National Board Examination for Veterinary Medical Licensing, National Board of Medical Examiners Examination, National Board of Dental Examiners Examination or the National Association of Boards of Pharmacy Licensing Examination.

4. Record the pass rate on the NATIONAL CERTIFICATION EXAMINATION* taken by the students in this health professions school during the most recent administration of the test. Report the pass rate by race/ethnicity and sex. If pass rates are reported for separate test components, please list these pass rates as well. Report data only for first-time examination takers on this page. If students in this program have taken the examination more than once, report the scores for repeat test-takers on a separate sheet.

Test Name _____
 Date Administered _____

CERTIFICATION EXAM SCORE	TOTAL	BLACK	HISP	AM IND/	ASIAN/	WHITE	FOREIGN
	M/ F	(NOT HISP) M/ F	M/ F	AK NAT M/ F	PAC IS M / F	(NOT HISP) M/ F	M/ F
OVERALL PASS RATE	_____	_____	_____	_____	_____	_____	_____
SUBJESJ	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____

* National Board Examination for Veterinary Medical Licensing, National Board of Medical Examiners Examination, National Board of Dental Examiners Examination or the National Association of Boards of Pharmacy Licensing Examination.

5. Graduates

Please complete the Graduation Data Collection Form on the following page. Use as many copies of the form as necessary to list information on all graduates from this health professions program during the current year (July 1 through June 30). If it is easier for your institution, you may substitute a computer-generated list with the same information.

Use the numerical codes at the bottom of the page to report the following data for each graduate:

- degree earned
- race/ethnicity
- sex
- year of first enrollment in the program

After recording the requested data, the names of the individual students should be removed to preserve confidentiality.

Name	Line Number	Degree Earned	Race/Ethnicity	Sex	Year of First Enrollment in Program
_____	1	_____	_____	_____	_____
_____	2	_____	_____	_____	_____
_____	3	_____	_____	_____	_____
_____	4	_____	_____	_____	_____
_____	5	_____	_____	_____	_____
_____	6	_____	_____	_____	_____
_____	7	_____	_____	_____	_____
_____	8	_____	_____	_____	_____
_____	9	_____	_____	_____	_____
_____	10	_____	_____	_____	_____
_____	11	_____	_____	_____	_____
_____	12	_____	_____	_____	_____
_____	13	_____	_____	_____	_____
_____	14	_____	_____	_____	_____
_____	15	_____	_____	_____	_____

Name	Degree Earned	Race/Ethnicity	Sex	Year of First Enrollment
After entering data, remove names to preserve confidentiality	1 = M.D., D.D.S., D.V.M., or equivalent 2 = Amer./Ind. 3 = Pharm D 4 = Other 5 = More than one doctorate (e.g., MD. and Ph.D.)	1 = Black 2 = Hispanic 4 = Asian/Pac. 5 = White 6 = Foreign	1 = Male 2 = female	(Use last two digits (e.g., 85))

6. Were CFE funds used during the past year for any of the following activities? [PLEASE CHECK ALL THAT APPLY AND INDICATE THE LEVEL OF PARTICIPATION]

ACTIVITY

COMPUTER-ASSISTED INSTRUCTIONAL MATERIALS

IF YES, HOW MANY INSTRUCTION PROGRAMS DID CFE FUNDS HELP CREATE? _____

HOW MANY STUDENTS USED THESE PROGRAMS? _____

SELF-STUDY COURSES

IF YES, HOW MANY COURSES DID CFE FUNDS SUPPORT? _____

HOW MANY STUDENTS PARTICIPATED IN THESE COURSES? _____

STUDENT TUTORIAL ASSISTANCE

IF YES, HOW MANY TUTORS DID CFE FUNDS SUPPORT? _____

HOW MANY STUDENTS USED THESE PROGRAMS? _____

STUDY SKILLS PROGRAMS

IF YES, HOW MANY STUDENTS USED THESE PROGRAMS? _____

SUMMER ENRICHMENT PROGRAMS

IF YES, HOW MANY STUDENTS PARTICIPATED IN THESE PROGRAMS? _____

REVIEW COURSES FOR NATIONAL BOARD EXAMINATIONS

IF YES, HOW MANY STUDENTS PARTICIPATED IN THESE PROGRAMS? _____

OTHER SPECIAL OR INNOVATIVE ACADEMIC PROGRAMS

IF YES, ATTACH A BRIEF DESCRIPTION OF THE PROGRAMS SUPPORTED

ACTIVITY (CONT.)

STUDENT COUNSELING SERVICES

IF YES, HOW MANY STUDENTS USED
THESE SERVICES? _____

STUDENT ORGANIZATIONS OR PEER SUPPORT SYSTEMS

IF YES, ATTACH A BRIEF DESCRIPTION OF THE
ACTIVITIES SUPPORTED.

OTHER PSYCHOLOGICAL AND SOCIAL INTERVENTION
STRATEGIES TO AID STUDENTS

IF YES, ATTACH A BRIEF DESCRIPTION OF THE
STRATEGIES SUPPORTED

ON A SEPARATE PAGE, PLEASE BRIEFLY DESCRIBE HOW THE USE OF CFE FUNDS FOR
STUDENT PERFORMANCE HAS ENHANCED THE ABILITY OF THE INSTITUTION TO BECOME
A CENTER FOR EXCELLENCE (ATTACHMENT 1).

V. STUDENT RECRUITMENT

THIS SECTION FOCUSES ON CHANGES IN STUDENT RECRUITMENT THAT ARE A RESULT OF THE RECEIPT OF CFE GRANT FUNDS.

1. **Was the development of a stronger or expanded student recruitment program a stated objective in this health professions program's original CFE application:**

NO.

YES.

2. **Have CFE funds been used to develop a stronger or expanded student recruitment program for this health professions programs?**

NO. If NO, skip to section VI, Curriculum and Faculty Development.

YES. If YES, continue with this section.

3. **How many requests for application materials were filled during the last recruiting period?** _____

4. **How many completed applications were processed during the last recruiting period?** _____

5. **How many new students were accepted into your first year class? If more than one degree is offered, list the numbers of students separately for each degree:**

DEGREE 1 _____

DEGREE 2 _____

DEGREE 3 _____

6. **List the number of NEW FIRST-YEAR STUDENTS in this health profession program enrolled this year, by race/ethnicity and sex. If more than one degree is offered, list the new students separately for each degree program**

NEW STUDENTS	TOTAL	BLACK	HISP	AMIND/	ASIAN/	WHITE	FOREIGN
	M/ F	(NOT HISP) M/ F	M/ F	AK NAT	PAC IS	(NOT HISP) M/ F	M/ F
DEGREE 1	_____	_____	-	-	_____	_____	_____
DEGREE 2	_____	_____	-	-	_____	_____	_____
DEGREE 3	_____	_____	-	-	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

7. List the median scores on the ADMISSIONS TEST* for the first-year health professions students enrolled this year. List the median scores by race/ethnicity and sex. If scores are reported for separate test components, please list these scores as well. If more than one test is used, list the main test below and report additional tests on a separate sheet.

ADMISSIONS TEST SCORE	TOTAL	BLACK (NOT HISP)	HISP	AH IND/ AK NAT	ASIAN/ PAC IS	WHITE (NOT HISP)	FOREIGN
	M/ F	M/ F	M/ F	M/ F	M/ F	M/ F.	M/ F
TEST NAME:	_____	_____	_____	_____	_____	_____	_____
TOTAL SCORE	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____
SUBTEST	_____	_____	_____	_____	_____	_____	_____

* The major standardized admissions test used by this program (e.g., SAT, ACT, MCAT, DAT, VAT or GRE).

8. List the AVERAGE CUMULATIVE GRADE POINT AVERAGE (GPA) for the last degree earned for the first-year health professions students enrolled this year. List the GPA for each admissions category by race/ethnicity and sex. If more than one degree is offered, list data for each degree program separately.

AVERAGE GPA	TOTAL M / F	BLACK (NOT HISP) M / F	HISP M / F	AM IND/ AK NAT M / F	ASIAN/ PAC IS M / F	WHITE (NOT HISP) M / F	FOREIGN M / F
<u>DEGREE</u> 1	_____	_____	_____	_____	_____	_____	_____
<u>DEGREE</u> 2	_____	_____	_____	_____	_____	_____	_____
<u>DEGREE</u> 3	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

9. Is there a core set of required science courses for admission into this health professions program?

NO. If NO, skip to Question 11.

YES. If YES, continue with Question 10.

10. List the AVERAGE CUMULATIVE GRADE POINT AVERAGE (GPA) in the required science courses for the last degree earned for the first-year health professions students enrolled this year. List the GPA by race/ethnicity and sex. If more than one degree is offered, list data for each degree program separately.

AVG. GPA IN REQ. SCIENCE COURSES	TOTAL M / F	BLACK (NOT HISP) M / F	HISP M / F	AM IND/ AK NAT M / F	ASIAN/ PAC IS M / F	WHITE (NOT HISP) M / F	FOREIGN M / F
<u>DEGREE</u> 1	_____	_____	_____	_____	_____	_____	_____
<u>DEGREE</u> 2	_____	_____	_____	_____	_____	_____	_____
<u>DEGREE</u> 3	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

11. List the AVERAGE CUMULATIVE GRADE POINT AVERAGE (GPA) earned in this health professions program by the most recent cohort of first year students. List the GPA by race/ethnicity and sex. If more than one degree is offered, list the data for each degree program separately.

AVG. GPA FOR FIRST YEAR STUDENTS	TOTAL	BLACK	HISP	AM IND/ AK NAT	ASIAN/ PAC IS	WHITE	FOREIGN
		(NOT HISP) M/F	M/F	M/F	M/F	(NOT HISP) M/F	M/F
<u>DEGREE</u>	1	_____	_____	-	-	_____	_____
<u>DEGREE</u>	2	_____	_____	-	-	_____	_____
<u>DEGREE</u>	3	_____	_____	_____	_____	_____	_____
<u>TOTAL</u>		-	-	-	-	_____	_____

12. List the **TOTAL NUMBER OF STUDENTS** in this health professions program by **ENROLLMENT STATUS** and by race/ethnicity and sex, for the current academic year. If there is more than one degree program (e.g., B.S., Pharm D or Ph.D. in Pharmacy), list enrollment separately for each program

A. First degree program _____
(Name)

ENROLLMENT STATUS.	TOTAL	BLACK (NOT HISP)	HISP	AM IND/ ASIAN/ WHITE	AK NAT PAC IS	WHITE (NOT HISP)	FOREIGN
	M / F	M / F	M / F	M / F	M / F	M / F	M / F
FULL-TIME	_____	_____	_____	_____	_____	_____	_____
PART-TIME	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

B. Second degree program _____
(Name)

ENROLLMENT STATUS	TOTAL	BLACK (NOT HISP)	HISP	AM INDJ ASIAN/ WHITE	AK NAT PAC IS	WHITE (NOT HISP)	FOREIGN
	M / F	M / F	M / F	M / F	M / F	M / F	M / F
FULL-TIME	_____	_____	_____	_____	_____	_____	_____
PART-TIME	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

C. Third degree program _____
(Name)

ENROLLMENT STATUS	TOTAL	BLACK (NOT HISP)	HISP	AM INDJ ASIAN/ WHITE	AK NAT PAC IS	WHITE (NOT HISP)	FOREIGN
	M / F	M / F	M / F	M / F	M / F	M / F	M / F
FULL-TIME	_____	_____	_____	_____	_____	_____	_____
PART-TIME	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____

13. Were CFE funds used during the past year for any of the following activities?
[PLEASE CHECK ALL THAT APPLY AND INDICATE THE LEVEL OF PARTICIPATION]

ACTIVITY

HIRE STAFF WITH RESPONSIBILITY FOR RECRUITING

IF YES, ATTACH A DESCRIPTION OF THE
PERSONNEL HIRED.

MAKE RECRUITMENT TRIPS TO HIGH SCHOOLS OR COLLEGES

IF YES, HOW MANY TRIPS DID CFE
FUNDS SUPPORT? _____

ESTABLISH ACADEMIC ENRICHMENT PROGRAMS AT AREA
HIGH SCHOOLS AND COLLEGES

IF YES, HOW MANY PROGRAMS DID CFE
FUNDS SUPPORT? _____

HOW MANY INDIVIDUALS PARTICIPATED
IN THESE PROGRAMS? _____

ESTABLISH SUMMER ENRICHMENT PROGRAMS (ON CAMPUS)
FOR INCOMING FIRST-YEAR STUDENTS

IF YES, HOW MANY INDIVIDUALS PARTICIPATED IN
THESE PROGRAMS? _____

ESTABLISH A COMPUTERIZED TRACKING SYSTEM FOR
APPLICANTS

IF YES, ATTACH A BRIEF DESCRIPTION OF THE SYSTEM

ESTABLISH A SYSTEM FOR TRACKING STUDENT PROGRESS. “:

IF YES, ATTACH A BRIEF DESCRIPTION OF THE SYSTEM

CREATE NEW RECRUITING MATERIALS

IF YES, ATTACH A SHORT DESCRIPTION OF THE MATERIALS.

EXPAND DISTRIBUTION OF RECRUITING MATERIALS

IF YES, ATTACH A SHORT DESCRIPTION OF THESE ACTIVITIES.

ON A SEPARATE PAGE, PLEASE BRIEFLY DESCRIBE HOW THE USE OF CFE FUNDS FOR
STUDENT RECRUITMENT HAS ENHANCED THE ABILITY OF THE INSTITUTION TO BECOME
A CENTER FOR EXCELLENCE (ATTACHMENT J).

VI. CURRICULUM AND FACULTY DEVELOPMENT

THIS SECTION FOCUSES ON CHANGES TO THE CURRICULUM AND FACULTY DEVELOPMENT THAT ARE A DIRECT RESULT OF THE RECEIPT OF CFE GRANT FUNDS. PLEASE NOTE THAT SEVERAL ITEMS IN PART II, "FACULTY RECRUITMENT AND RETENTION," COVER ISSUES RELATED TO FACULTY DEVELOPMENT (ESPECIALLY QUESTION 6 AND ATTACHMENT E).

A. OBJECTIVES AND EXPENDITURES

1. Were curriculum and faculty development stated objectives in this health professions program's original CFE application?

NO.

YES.

2. Have CFE funds been used for curriculum or faculty development in this health professions program?

NO. If NO, this is the last question on this form for your institution.

YES. If YES, continue with the next question.

B. MODIFICATIONS IN THE CURRICULUM

1. In the past year were there any major initiatives to review the curriculum as a whole?

NO. If NO, skip to Question 2.

YES. If YES, what were the circumstances surrounding the review (e.g., accreditation or other reasons)

ON A SEPARATE PAGE, BRIEFLY DESCRIBE THE MAJOR CONCLUSIONS OF THE CURRICULUM REVIEW (ATTACHMENT K).

2. Was a new degree or speciality program added to the curriculum or is a new degree or speciality program planned to be added, as a result of receipt of CFE funds?

NO. If NO, skip to Question 4.

YES. If YES, continue with the following question.

3. Describe the degree or specialty programs which have been added or are in the development stage.

	PROGRAM/ DEGREE # 1	PROGRAM/ DEGREE # 2	PROGRAM/ DEGREE # 3
NAME OF PROGRAM OR DEGREE	_____	_____	_____
DATE STARTED/EXPECTED START DATE	_____	_____	_____
NUMBER OF FACULTY ASSIGNED TO PROGRAM	_____	_____	_____
NUMBER OF COURSES IN THE PROGRAM	_____	_____	_____
NUMBER OF DEGREES EXPECTED TO BE AWARDED PER YEAR	_____	_____	_____
NUMBER OF STUDENTS PER YEAR PARTICIPATING	_____	_____	_____
MAJOR AREAS OF MINORITY HEALTH CONCERN ADDRESSED BY DEGREE/SPECIALTY PROGRAM (USE CODES BELOW)	_____	_____	_____

For each new degree or specialty program listed above, indicate if it fits within one of the major areas of health concern listed below. Use the reference number to indicate the health issue.

- | | |
|---------------------------|---------------------------------------|
| 1. HEART DISEASE/STROKE | 9. PUBLIC HEALTH |
| 2. CANCER | 10. ENVIRONMENTAL MEDICINE/HEALTH |
| 3. HOMICIDE AND ACCIDENTS | 11. SOCIAL BARRIERS TO HEALTH CARE |
| 4. INFANT MORTALITY | 12. GENERIC DRUGS |
| 5. CHEMICAL DEPENDENCY | 13. ANIMAL-HUMAN DISEASE TRANSMISSION |
| 6. DIABETES | 14. PATIENT EDUCATION |
| 7. AIDS | 15. OTHER (PLEASE DESCRIBE) |
| 8. TEEN-AGE PREGNANCY | |

ON A SEPARATE PAGE, BRIEFLY DESCRIBE HOW THE USE OF CFE FUNDS FOR NEW DEGREE OR SPECIALTY PROGRAMS WILL FACILITATE MAKING THE INSTITUTION A CENTER FOR EXCELLENCE (ATTACHMENT L).

4. Was a current degree or specialty program modified or enhanced, or is there a planned modification or enhancement, as a direct response to the receipt of CFE grant funds?

NO. If NO, skip to Question 6.

YES. If YES, continue with the following question.

5. Describe the modifications or enhancements

	PROGRAM/ DEGREE # 1	PROGRAM/ DEGREE # 2	PROGRAM/ DEGREE # 3
NAME OF PROGRAM OR DEGREE ENHANCEMENT	_____	_____	_____
START DATE/EXPECTED START DATE	_____	_____	_____
NUMBER OF ADDITIONAL FACULTY ASSIGNED TO ENHANCED PROGRAM	_____	_____	_____
NUMBER OF COURSES IN THE PROGRAM	_____	_____	_____
NUMBER OF DEGREES EXPECTED TO BE AWARDED PER YEAR	_____	_____	_____
NUMBER OF STUDENTS EXPECTED TO PARTICIPATE IN ENHANCED PROGRAM PER YEAR	_____	_____	_____
MAJOR FOCUS OF MODIFIED PROGRAMS CUSE CODES BELOW	_____	_____	_____

For each modification to the degree or specialty program listed above, indicate if it fits within one of the major areas of health concern listed below. Use the reference number to indicate the health issue.

- | | |
|---------------------------|---------------------------------------|
| 1. HEART DISEASE/STROKE | 9. PUBLIC HEALTH |
| 2. CANCER | 10. ENVIRONMENTAL MEDICINE/HEALTH |
| 3. HOMICIDE AND ACCIDENTS | 11. SOCIAL BARRIERS TO HEALTH CARE |
| 4. INFANT MORTALITY | 12. GENERIC DRUGS |
| 5. CHEMICAL DEPENDENCY | 13. ANIMAL-HUMAN DISEASE TRANSMISSION |
| 6. DIABETES | 14. PATIENT EDUCATION |
| 7. AIDS | 15. OTHER (PLEASE DESCRIBE) |
| 8. TEEN-AGE PREGNANCY | |

ON A SEPARATE PAGE, BRIEFLY DESCRIBE HOW THE USE OF CFE FUNDS FOR MODIFICATIONS TO EXISTING DEGREE OR SPECIALTY PROGRAMS WILL FACILITATE MAKING THE INSTITUTION A CENTER FOR EXCELLENCE (ATTACHMENT M).

6. Were any new courses added to the existing curriculum or were any courses modified, in direct response to the goal of making your institution a Center for Excellence?

NO. If NO, skip to Question 8.

YES. If YES, continue with the following question.

7. List the new or modified courses. Describe their attributes using the codes presented below.

NAME OF COURSE	PROGRAM AREA (SEE CODES BELOW)	NEW (N)/MOD (M)	NO. OF STUDENTS	NO. OF FACULTY	DATE STARTED

For each course addition or modification to the curriculum listed above, indicate if it fits within one of the major areas of health concern listed below. Use the reference number to indicate the health issue.

- | | |
|---------------------------|---------------------------------------|
| 1. HEART DISEASE/STROKE | 9. PUBLIC HEALTH |
| 2. CANCER | 10. ENVIRONMENTAL MEDICINE/HEALTH |
| 3. HOMICIDE AND ACCIDENTS | 11. SOCIAL BARRIERS TO HEALTH CARE |
| 4. INFANT MORTALITY | 12. GENERIC DRUGS |
| 5. CHEMICAL DEPENDENCY | 13. ANIMAL-HUMAN DISEASE TRANSMISSION |
| 6. DIABETES | 14. PATIENT EDUCATION |
| 7. AIDS | 15. OTHER (PLEASE DESCRIBE) |
| 8. TEEN-AGE PREGNANCY | |

INDICATE WHETHER THE COURSE WAS A NEW ADDITION (N) OR A MODIFICATION (M) OF AN EXISTING COURSE.

8. Were any clinical outreach programs established using CFE funds to help prepare students to work in underserved rural areas or inner city areas?

If yes, attach a brief description of these programs (ATTACHMENT N).

9. Were any activities designed or initiated to improve Interaction between schools, departments and other units on campus?

If yes, attach a brief description of these activities (ATTACHMENT O).

10. On a separate page, briefly describe how the changes to the program's curriculum contributed to making the institution a center for excellence (ATTACHMENT P).

C. CHANGES IN FACULTY DEVELOPMENT

Indicate the faculty training programs introduced or substantially modified as a direct result of the receipt of the CFE grant.

TRAINING EMPHASIS AREA	PART OF GRANT REQUEST (YES/NO)	LOCATION ON/OFF CAMPUS	NUMBER OF FACULTY PARTICIPATING
RESEARCH TECHNIQUES (LIST AND DESCRIBE)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
CLINICAL APPROACHES (LIST AND DESCRIBE)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
INSTRUCTIONAL METHODS (LIST AND DESCRIBE)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAINING EMPHASIS AREA	PART OF GRANT REQUEST (YES/NO)	LOCATION ON/OFF CAMPUS	NUMBER OF FACULTY PARTICIPATING
CONFERENCES OR SYMPOSIA (LIST AND DESCRIBE)	_____	_____	_____

NOTE: ALL FACULTY MEMBERS EARNING DEGREES FROM OUTSIDE INSTITUTIONS SHOULD BE REPORTED IN SECTION II, FACULTY RECRUITMENT AND RETENTION

ON A SEPARATE PAGE, BRIEFLY DESCRIBE HOW THE USE OF CFE FUNDS FOR THE FACULTY DEVELOPMENT WILL FACILITATE MAKING THE INSTITUTION A CENTER FOR EXCELLENCE (ATTACHMENT Q).

0. FACULTY RESEARCH/COMMUNITY SERVICE

1. For the current academic year, report the number of grant proposals submitted and the number of awards received by faculty members in the health professions school receiving the CFE grant. Provide separate counts for each of the program areas listed below.

PROGRAM AREA	NUMBER OF GRANT APPLICATIONS WRITTEN	NUMBER OF PROJECTS FUNDED EXTERNALLY	TOTAL DOLLAR AMOUNT OF EXTERNALLY- FUNDED GRANTS
TOTAL	_____	_____	_____
HEART DISEASE AND STROKE	_____	_____	_____
CANCER	_____	_____	_____
HOMICIDE AND ACCIDENTS	_____	_____	_____
INFANT MORTALITY	_____	_____	_____
CHEMICAL DEPENDENCY	_____	_____	_____
DIABETES	_____	_____	_____
AIDS	_____	_____	_____
TEEN-AGE PREGNANCY	_____	_____	_____
PUBLIC HEALTH	_____	_____	_____
ENVIRONMENTAL MEDICINE/HEALTH	_____	_____	_____
SOCIAL BARRIERS TO HEALTH CARE	_____	_____	_____
GENERIC DRUGS PATIENT EDUCATION	_____	_____	_____
ANIMAL- HUMAN DISEASE TRANSMISSION	_____	_____	_____
OTHERS (DESCRIBE>	_____	_____	_____
_____	_____	_____	_____

2. On a separate page, (ATTACHMENT R) list those projects which are group efforts, collaborative efforts, or establish specific centers. Report only those projects where development was facilitated by CFE funds. For each project describe:

- A. The number of faculty and staff involved.
- B. The manner in which the project will enhance the meeting of minority health needs.
- C. The type of institutional resources and coordination used in the project.
- D. The type of non-institutional, non-CFE resources used in the project.
- E. How the project will contribute to the institution's effort to become a Center for Excellence.

**Checklist of Supplemental Materials
Submitted as Part of Centers for Excellence
Self-Evaluation**

(Please circle the letters corresponding to the Attachments that your institution intends to submit)

<u>Attachment</u>	<u>Description</u>
A	long-Range Plan
B	Methods to Enhance Income and Endowments
C	Methods to Enhance Administrative and Financial Efficiency
D	Faculty Recruitment
E	Faculty Retention
F	Computer Hardware and Software
G	Library Resources
H	Telecommunications and Media Services
I	Student Performance
J	Student Recruitment
K	Curriculum Review
L	New Degree Programs
M	Modifications to Existing Programs
N	Clinical Outreach Programs
O	Interaction Between Units on Campus
P	Changes in Curriculum
Q	Faculty Development
R	Group Research Projects

APPENDIX D
Guidelines for Assessment Evaluation Instrument

GUIDELINES

**FOR USE OF CENTERS FOR EXCELLENCE
EVALUATION INSTRUMENTS**

ASSESSMENT DATA

PURPOSE OF THE EVALUATION

The purpose of this evaluation is to develop baseline materials and procedures for assessing on a continuing basis, the status of the Centers for Excellence with respect to the legislative purposes for which they are being funded.

The purposes of the program are to 1) strengthen the national capacity to train minority students in the health professions, and 2) support the health professions schools which have trained a significant number of the nation's minority health professionals, enabling those schools to continue to train health professionals to serve minority populations in underserved areas.

This evaluation will enable program managers to set up a framework for acquiring continuous feedback on the program operations, and will enable them to make informed decisions based on detailed performance data.

PURPOSE OF THE ASSESSMENT INSTRUMENT

This instrument is designed to measure conditions during the first two years of the implementation of the Centers for Excellence Program. A similar form will be used to measure achievements at subsequent points in the Centers for Excellence Program.

REFERENCE PERIOD

This ASSESSMENT instrument refers to the current conditions. The BASELINE instrument measured the conditions prior to the implementation of the Centers for Excellence Program.

DEADLINES

The completed forms must be filled out and returned within four weeks. The official due date is stamped on the cover of the evaluation instrument.

ORGANIZATION OF THE INSTRUMENT

This instrument is designed to collect data on each of the six legislative objectives of the Centers for Excellence Program. A separate section is devoted to each of the following topics:

- Long range planning
- Faculty recruitment and retention
- Information resources
- Student performance
- Student recruitment
- Curriculum and Faculty development

Each section is self-contained and may be filled out independently from the other sections.

For details concerning the legislative objectives, see:

Program Guide

**Excellence in Minority Health Care Act
Section 782, Public Health Service Act
Health Resources and Services Administration
May, 1989**

WHO SHOULD FILL OUT THESE FORMS

These forms are being sent to the deans of the health professions schools which were awarded Centers for Excellence awards. The deans are responsible for completing and coordinating the data collection. However, the evaluation instrument is composed of separate sections which may be filled out by representatives with expertise in specific areas.

The section covering the long-range plan can best be addressed by the individuals who developed the original grant application. Information from the institution's financial officers may be helpful.

The faculty recruitment and retention section requires information on faculty salaries, rank, and demographic characteristics. Some of these data

may be part of the administrative records in the payroll department. Department chairs should be able to provide the requested data on recruitment and faculty development activities.

The information resources section requires data on computing, library and mass media facilities. The directors of the library, computing center, and media center should have most of the requested data.

The student performance section requests data on the achievements of students during the course of their studies. The dean of students should have most of the requested data. Some questions may have to be referred to the directors of counseling or tutorial programs.

The student recruitment section requests data on the attributes of students admitted to the program. The office of admissions should have most of the requested data. Some questions may have to be referred to the dean of students.

The curriculum and faculty section involves questions about degree programs and courses. Members of the faculty curriculum committee should be able to provide the answers to these questions. The department chairs may best be able to respond to the items pertaining to faculty development activities.

If more than one person provides information, please be sure that: 1) each person receives a copy of the instructions; and 2) each person responsible for a particular section is listed on the front of the form

HOW TO FILL OUT THIS FORM

Please answer each question as completely as possible. However, if information is "not available", please write "NA" in the space provided.

These instruments have been designed for use in several different health professions. Efforts have been taken to make questions general enough for all fields. However, some questions may not be appropriate for all fields. Please write "INAPP" where questions are "inapplicable" to your health professions program

MULTIPLE DEGREE PROGRAMS

If this school offers more than one health professions degree (e.g., Pharm D. and Ph.D. in Pharmacy), please report student data separately for each degree program

FOR FURTHER INFORMATION

For further information on the completion and submission of this evaluation form, please contact:

**Program Official
Division of Disadvantaged Assistance
Health Resources and Services Administration
Parklawn Building, Room BA-09
5600 Fishers Lane
Rockville, MD 20857**

Telephone (301) 443-4493

DEFINITIONS OF KEY TERMS

PROGRAM

The term program refers to the health professions education program that was awarded the Centers for Excellence (CFE) grant (i.e., for the initial award this is the School of Medicine or School of Dentistry, Meharry Medical College, School of Veterinary Medicine, Tuskegee University, and the College of Pharmacy, Xavier University).

ADMISSIONS TESTS

The standardized, nationally administered admissions test for this profession. These would include the Medical College Admissions Test (MCAT), the Dental Admissions Test (DAT), and the Veterinary Aptitude Test (VAT), Scholastic Aptitude Test (SAT), American College Testing (ACT) Scores or the Graduate Records Examination (GRE).

NATIONAL CERTIFICATION EXAMINATION

The standardized, nationally administered proficiency test for this profession. This includes the National Board Examination for Veterinary Medical Licensing, the National Board of Medical Examiners Examination, the National Board of Dental Examiners Examination, and the National Association of Boards of Pharmacy Licensing Examination.

FACULTY

Refers to those individuals who are full-time, permanent employees of the institution. Unless specifically requested, do not include visiting faculty.

GRADE POINT AVERAGE

The numeric representation of the student's course grades on a four point scale where an A = 4, B = 3, C = 2, D = 1, and F = 0.

RACE/ETHNICITY

Use the following categories to report race/ethnicity:

Black (non-Hispanic)
Hispanic
American Indian/Alaskan Native
Asian American/Pacific Islander
White (non-Hispanic)
Foreign

Use the race/ethnicity categories only for U.S. students. Report all foreign students (regardless of race/ethnicity) in the "Foreign" category.

APPENDIX E
Secondary Data Protocols

Centers for Excellence

Secondary Data

- I. **General Instructions**
- II. **Data collection protocols**
- III. **Baseline data**

I. GENERAL INSTRUCTIONS

PURPOSE:

This document contains the instructions for collecting "secondary data" (i.e., data from existing sources) to be used in conjunction with the data collection instruments for the Centers For Excellence (CFE) Program.

The basic objective of the secondary data collection is to compare the conditions at program schools with national norms. This data will be collected at periods corresponding to the baseline period (1987-88 academic year for the original four schools) and the subsequent assessment periods.

These data will enable the evaluation of the CFE Program to assess changes at grantee institutions in light of the conditions at schools across the nation.

TYPES OF DATA TO BE COLLECTED:

Three basic types of data are required for the evaluation:

Faculty salaries (national and regional norms)

Student admissions test scores

Student scores on certification board examinations

DATA SOURCES

The sources for the required data are listed in the second part of this document. They are arranged by type of data and health profession. Most of the information is available in annual publications. However, in some cases, the desired information must be obtained by special request. In those cases, the name of the contact person is specified.

BASELINE DATA

As part of the process of developing these procedures, data for the baseline period were collected. It is reported below in a separate section.

USE OF THE DATA

The data on national norms and standards (for each health profession) need to be compared to the data from the grantee institutions. Each type of secondary data corresponds to a question on the BASELINE and ASSESSMENT instruments. The relationships are as follows:

<u>Type of data</u>	<u>Baseline Instrument</u>	<u>Assessment Instrument</u>
Faculty salaries	Section I, item 1 (page 2)	Section II, item 3 (pages 8-9)
Admission tests	Section II, item 4 (page 5)	Section V, item 7 (page 23)
Certification examinations	Section I, items 10-11 (pages 8-9)	Section IV, item 3-4 (pages 17-18)

II. DATA COLLECTION PROTOCOLS

A. SALARIES

1. Dentistry

American Association of Dental Schools (AADS) says that they do not have information to release. [Telephone communication from Eric Solomon, D. D. S. of the AADS.]

2. Medicine

Report on Medical School Faculty Salaries, 1988-89 by William C. Smith, Jr. Association of American Medical Colleges, One Dupont Circle, N.W., Washington, DC 20036.

Price: \$15.00 plus \$2.50 shipping/handling

Orders: Association of American Medical Colleges
Publication Sales
One Dupont Circle, N.W., Suite 200
Washington, DC 20036

Telephone: (202) 828-0400

Status: Annual publication

3. Pharmacy

Annual Survey of Faculty Salaries, 1988-89 by Richard P. Penna, Pharm D. and Michael S. Sherman, Ph.D. American Association of Colleges of Pharmacy

Price: No charge

Orders: American Association of Colleges of Pharmacy
1426 Prince Street
Alexandria, VA 22314

Telephone: (703) 739-2330.

Status: Annual publication

4. Veterinary Medicine

Veterinary Economic Statistics. American Veterinary Medical Association.

Price: No charge

Orders: American Veterinary Medical Association
930 N. Meham Road
Schaunberg, IL 60196

Telephone: (708) 605-8070

Status: Occasional publication

B. ADMISSIONS TESTS

1. Dentistry: Dental Admissions Test (DAT)

Data are not published. [Telephone communication with American Dental Association (ADA) Research Department, Demographic and Behavioral Studies Division. (Telephone: 312/440-2579)]

2. Medicine: Medical College Admissions Test (MCAT)

Minority Facts and Figures, Trends in Medical School Applicants and Matriculants. Association of American Medical Colleges, One Dupont Circle, N.W., Washington, DC 20036.

Price: No charge

Orders: Association of American Medical Colleges
Publication Sales
One Dupont Circle, N.W., Suite 200
Washington, DC 20036

Telephone: (202) 828-0400

Status: Annual publication

MCAT data are also published in other AAMC publications, including Minority Student Opportunities in United States Medical Schools, an annual publication edited by Mary Cureton Russell.

3. Pharmacy: Various Tests

Pharmacy degrees are offered at several levels. There are undergraduate (bachelor of science) degree programs as well as professional (Pharm. D.) and graduate degree programs (M.S. and Ph.D.). The admissions tests used may vary by degree program

- a. Pharmacy College Admissions Test (PCAT)

The PCAT is administered by the Psychological Corporation. A pamphlet, Guide for Admissions Officers, lists national norms.

Price: No charge

Orders: Dr. Charles Friedman
Measurement Division
The Psychological Corporation
555 Academic Court
San Antonio, TX

Telephone: (512) 299-1061 ext. 365

Status: Occasional publication

b. Scholastic Aptitude Test (SAT)

National Report: College Bound Seniors. Annual Report. New York: College Entrance Examination Board.

Price: \$9.95

Orders: College Board Publications
College Entrance Examination Board
Box 886
New York, NY 10101

Telephone (212) 713-8165

Status: Annual publication

Data on SAT scores are also published in Education Indicators, an annual publication of the U.S. Department of Education, Office of Educational Research and Improvement.

c. American College Testing (ACT) scores

The High School Profile Report, Normative Data. Annual Report. Iowa City, IA: American College Testing Program

Price: No charge

Orders: The American College Testing Program
2201 North Dodge Street
P.O. Box 168
Iowa City, IA 52243

Telephone: (319) 337-1000

Status: Annual publication

Data on ACT scores are also published in Education Indicators, an annual publication of the U.S. Department of Education, Office of Educational Research and Improvement.

4. Veterinary Medicine: Various Tests

[There is no single admissions test for veterinary medicine. Six of the 27 U.S. veterinary schools use the Veterinary Aptitude Test (VAT). Other schools use the Medical College Admissions Test (MCAT) administered by the AAMC. Other schools require the Graduate Records Examination (GRE), while some schools have no required tests. Some schools have adopted a particular test on a temporary basis. There is a lot of change in the use of admissions tests among veterinary colleges (Telephone communication from Dr. Billy Hooper of the Association of American Veterinary Medical Colleges (AAVMC).)]

a. **Veterinary Aptitude Test (VAT)**

There are no regularly published reports on this test. However, Dr. Charles Friedman of the Psychological Corporation offered to try and find some summary tabulations to send us.

Price: No charge

**Orders: Dr. Charles Friedman
Measurement Division
The Psychological Corporation
555 Academic Court
San Antonio, TX**

Telephone: (512) 299-1061 ext. 365

Status: Occasional publication

b. **Graduate Records Examination (GRE)**

Interpreting Your GRE General and Subject Test Scores. Pamphlet contains summary data for October 1985 through October 1988. This is the most recent compilation.

Price: No charge

**Orders: Graduate Records Examination
Educational Testing Service
Rosedale Road
Princeton, NJ 08541**

Telephone (609) 771-7670

Status: Occasional publication

c. **Medical College Admissions Test (MCAT)**

See section on medicine (above)

C. BOARD EXAMINATIONS

1. Dentistry

National Board of Dental Examiners Examination

National statistics are not published. However, national averages are sent to dental schools. National norm data may be obtained from dental school deans. [Communication with Mr. Oliver, American Dental Association, Council on Dental Education. (Telephone 312/440-2500)]

2. Medicine

National Board of Medical Examiners Examination

At the present time, there is not a regular program of research and publication on the NBME examination. Beth Dawson-Saunders, Ph.D., the chief psychometrician, hopes that there soon will be one. Data are occasionally reported in The Examiner, a monthly publication of the board.

Currently, the test uses a modified, norm-referenced standard based on a combination of data from four test administrations. Passing scores, therefore, vary from year to year depending on the performance of all test takers during the four-year period. In practice, however, the passing score has been very stable over the last few years. For this test, it may be best to look at the percentage of the test takers earning a passing score.

Price: No charge

Orders: National Board of Medical Examiners
3930 Chestnut Street
Philadelphia, PA 19104

Telephone: (215) 349-6400

Contact: Beth Dawson-Saunders, Ph.D.

Status: Occasional publication

3. Pharmacy

National Association of Boards of Pharmacy Licensing Examination (NABPLEX)

No published data. Individual requests for information are accepted in writing.

Orders: Debra Bunch
Director, Testing Program
National Association of Boards of Pharmacy
1300 Higgins, Suite 103
Park Ridge, IL 60068

Telephone: (708) 698-6227

4. **Veterinary Medicine**

National Board Examination for Veterinary Medical Licensing (NBEVML)

A Report on the Veterinary Medical Licensing Program Prepared for the National Board Examination Committee by the Professional Examination Service, New York, New York

Price: No charge

**Orders: Professional Examination Service
475 Riverside Drive
New York, NY 10115**

Telephone: (212) 870-3159

Contact: Patrick Jones, Ph.D.

Status: Occasional publication

[NOTE: While the NBEVML is a standard examination, the "passing score" is set by each of the 36 states which use the test. Therefore, test scores can be compared, but "pass rates" may be misleading, depending on the states to which the test scores are sent. (Communication from Dr. Billy Hooper, Association of American Veterinary Colleges. (202/371-9195)]

III. BASELINE DATA

A. SALARIES

1. Dentistry

No data available.

2. Medicine

a. Compensation of All Full-time Faculty in Public and Private U.S. Medical Schools, All Regions, September 1987 (dollars)

	Instructor	Assistant Professor	Associate Professor	Professor	Chair
Basic Science					
20th pct	23,000	33,000	41,000	54,000	74,000
50th pct	28,000	38,000	48,000	65,000	92,000
80th pct	33,000	43,000	55,000	79,000	108,000
Clinical Science					
20th pct	30,000	47,000	59,000	81,000	125,000
50th pct	45,000	70,000	86,000	109,000	161,000
80th pct	70,000	100,000	121,000	146,000	210,000

SOURCE: Table 8. William C. Smith, Jr. Report on Medical School Faculty Salaries, 1987-88. Washington, DC: Association of American Medical Colleges.

b. Compensation of Full-time Faculty in Public and Private U.S. Medical Schools with M.D. Degrees, All Regions, September 1987 (dollars)

	Instructor	Assistant Professor	Associate Professor	Professor	Chair
Basic Science					
20th pct	20,000	37,000	45,000	63,000	87,000
50th pct	26,000	47,000	57,000	77,000	102,000
80th pct	32,000	61,000	73,000	95,000	119,000
Clinical Science					
20th pct	38,000	61,000	77,000	93,000	127,000
50th pct	55,000	78,000	96,000	117,000	163,000
80th pct	80,000	108,000	130,000	152,000	211,000

SOURCE: Table 9. Ibid.

c. **Compensation of Full-time Faculty in Public and Private U.S. Medical Schools with Other Doctoral Degrees, All Regions, September 1987 (dollars)**

	Instructor	Assistant Professor	Associate Professor	Professor	Chair
Basic Science					
20th pct	23,000	33,000	41,000	54,000	70,000
50th pct	27,000	38,000	48,000	64,000	86,000
80th pct	32,000	43,000	55,000	76,000	102,000
Clinical Science					
20th pct	25,000	34,000	44,000	58,000	51,000
50th pct	30,000	40,000	53,000	70,000	85,000
80th pct	39,000	49,000	65,000	86,000	101,000

SOURCE: Table 10. Ibid.

d. **Compensation of All Full-time Faculty in Public and Private U.S. Medical Schools Receiving Only a Base Component, All Regions, September 1987 (dollars)-**

	Instructor	Assistant Professor	Associate Professor	Professor	Chair
Basic Science					
20th pct	23,000	33,000	41,000	54,000	74,000
50th pct	28,000	38,000	48,000	65,000	92,000
80th pct	34,000	43,000	55,000	78,000	108,000
Clinical Science					
20th pct	27,000	37,000	48,000	66,000	104,000
50th pct	35,000	52,000	67,000	92,000	148,000
80th pct	50,000	83,000	99,000	128,000	187,000

SOURCE: Table 11. Ibid.

e. **Compensation of Full-time Faculty in Public and Private U.S. Medical Schools with M.D. Degrees Receiving Only a Base Component, All Regions, September 1987 (dollars)**

	Instructor	Assistant Professor	Associate Professor	Professor	Chair Professor
Basic Science					
20th pct	19,000	37,000	45,000	63,000	87,000
50th pct	23,000	46,000	55,000	76,000	100,000
80th pct	32,000	60,000	65,000	93,000	119,000
Clinical Science					
20th pct	35,000	57,000	74,000	90,000	113,000
50th pct	45,000	74,000	91,000	112,000	152,000
80th pct	65,000	109,000	128,000	141,000	189,000

SOURCE: Table 12. Ibid.

f. **Compensation of Full-time Faculty in Public and Private U.S. Medical Schools with M.D. Degrees Receiving Only a Base Component, Southern Region, September 1987 (dollars)**

	Instructor	Assistant Professor	Associate Professor	Professor	Chair Professor
Basic Science					
20th pct	19,000	33,000	47,000	57,000	81,000
50th pct	24,000	44,000	56,000	71,000	101,000
80th pct	32,000	57,000	77,000	83,000	121,000
Clinical Science					
20th pct	35,000	57,000	72,000	87,000	110,000
50th pct	40,000	68,000	87,000	105,000	148,000
80th pct	55,000	85,000	113,000	132,000	186,000

SOURCE: Table 15. Ibid.

9. **Compensation of Full-time Faculty in Public and Private U.S. Medical Schools with Other Doctoral Degrees Receiving Only a Base Component, All Regions, September 1987 (dollars)**

	Instructor	Assistant Professor	Associate Professor	Professor	Chair
Basic Science					
20th pct	23,000	33,000	41,000	54,000	71,000
50th pct	27,000	38,000	48,000	63,000	87,000
80th pct	32,000	42,000	55,000	76,000	102,000
Clinical Science					
20th pct	25,000	33,000	43,000	55,000	68,000
50th pct	30,000	39,000	51,000	67,000	92,000
80th pct	37,000	47,000	61,000	80,000	101,000

SOURCE: Table 19. Ibid.

h. **Compensation of Full-time Faculty in Public and Private U.S. Medical Schools with Other Doctoral Degrees Receiving Only a Base Component, Southern Region, September 1987 (dollars)**

	Instructor	Assistant Professor	Associate Professor	Professor	Chair
Basic Science					
20th pct	22,000	32,000	40,000	52,000	71,000
50th pct	26,000	37,000	46,000	61,000	82,000
80th pct	30,000	41,000	53,000	74,000	101,000
Clinical Science					
20th pct	23,000	31,000	41,000	52,000	44,000
50th pct	28,000	37,000	50,000	63,000	81,000
80th pct	37,000	44,030	60,000	77,000	101,000

SOURCE: Table 22. Ibid.

i. **Compensation of All Full-time Faculty in Public and Private U.S. Medical Schools Receiving Base and Supplement Components, All Regions, September 1987 (dollars)**

	Instructor	Assistant Professor	Associate Professor	Professor	Chair
Basic Science					
20th pct	22,000	32,000	41,000	59,000	74,000
50th pct	26,000	39,000	49,000	71,000	93,000
80th pct	32,000	49,000	60,000	89,000	113,000
Clinical Science					
20th pct	35,000	58,000	72,000	90,000	130,000
50th pct	55,000	76,000	93,000	115,000	167,000
80th pct	80,000	105,000	128,000	152,000	218,000

SOURCE: Table 26. Ibid.

j. **Compensation of Full-time Faculty in Public and Private U.S. Medical Schools with M.D. Degrees Receiving Base and Supplement Components, All Regions, September 1987 (dollars)**

	Instructor	Assistant Professor	Associate Professor	Professor	Chair
Basic Science					
20th pct	no data	38,000	45,000	64,000	91,000
50th pct	no data	56,000	73,000	85,000	105,000
80th pct	no data	65,000	82,000	108,000	136,000
Clinical Science					
20th pct	40,000	62,000	78,000	95,000	131,000
50th pct	60,000	80,000	97,000	119,000	167,000
80th pct	84,000	108,000	132,000	155,000	218,000

SOURCE: Table 27. Ibid.

k. **Compensation of Full-time Faculty in Public and Private U. S. Medical Schools with M.D. Degrees Receiving Base and Supplement Components, Southern Region, September 1987 (dollars)**

	Instructor	Assistant Professor	Associate Professor	Professor	Chair
Basic Science					
20th pct	no data	29,000	34,000	56,000	66,000
50th pct	no data	47,000	42,000	80,000	120,000
80th pct	no data	59,000	87,000	97,000	142,000
Clinical Science					
20th pct	32,000	62,000	77,000	93,000	123,000
50th pct	54,000	80,000	97,000	117,000	153,000
80th pct	80,000	106,000	129,000	152,000	200,000

SOURCE: Table 30. Ibid.

l. **Compensation of Full-time Faculty in Public and Private U. S. Medical Schools with Other Doctoral Degrees Receiving Base and Supplement Components, All Regions, September 1987 (dollars)**

	Instructor	Assistant Professor	Associate Professor	Professor	Chair
Basic Science					
20th pct	22,000	32,000	41,000	58,000	69,000
50th pct	26,000	39,000	48,000	68,000	83,000
80th pct	31,000	48,000	58,000	83,000	102,000
Clinical Science					
20th pct	26,000	36,000	48,000	63,000	43,000
50th pct	31,000	43,000	57,000	75,000	62,000
80th pct	40,000	54,000	73,000	97,000	112,000

SOURCE: Table 34. Ibid.

3. Pharmacy

[NOTE: The AACP data on salaries for pharmacy faculty are collected in two formats: Calendar year and academic year appointments.]

a. Average Salary for All Schools, By Rank and Sex

Rank	Calendar Appointments			Academic Appointments		
	Male	Female	Total	Male	Female	Total
Dean	76,000	*	76,000	.	*	*
Assoc Dean	58,000	46,000	57,000	*	*	*
Professor	61,000	51,000	60,000	47,000	42,000	46,000
Assoc Prof	46,000	44,000	46,000	37,000	35,000	36,000
Asst Prof	38,000	37,000	38,000	31,000	30,000	31,000
Instructor	35,000	29,000	32,000	28,000	.	26,000
Lecturer	34,000	37,000	35,000	*	*	*
Librarian	*	28,000	27,000	*	*	*

* No data or too few cases to report

SOURCE: Table E, Richard P. Penna and Michael S. Sherman. 1988. Annual Survey of Faculty Salaries, 1987-88. Alexandria, VA: American Association of Colleges of Pharmacy.

b. Average Salary for All Schools, By Degree and Sex

Degree	Calendar Appointments			Academic Appointments		
	Male	Female	Total	Male	Female	Total
B.S.	37,000	32,000	35,000	26,000	28,000	26,000
M.S.	45,000	34,000	41,000	33,000	32,000	32,000
Pharm D.	44,000	39,000	42,000	37,000	31,000	34,000
Ph. D.	54,000	43,000	53,000	41,000	35,000	40,000
Other	50,000	45,000	49,000	39,000	*	40,000

* No data or too few cases to report

SOURCE: Table H, Ibid.

c. Average Salary for All Schools, By Discipline and Sex

<u>Discipline</u>	<u>Calendar Appointments</u>			<u>Academic Appointments</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Biol.Sci.	45,000	31,000	42,000	37,000	32,000	35,000
All Others*	51,000	39,000	48,000	40,000	33,000	39,000

* Computed from weighted average of all other disciplines listed in tables.

SOURCE: Table I, Ibid.

4. Veterinary Medicine

Mean and Median Professional Incomes of Veterinarians Not in Private Practice, 1985 (dollars)

	<u>Mean Income</u>	<u>Median Income</u>	<u>No. of Respondents</u>
College or University	43,704	40,990	239
Federal Government	43,323	40,264	213
State or Local Gov't.	40,549	37,857	211
Armed Forces	41,688	38,200	194
Industry/Commercial	62,547	57,357	146
Other Not-for-Profit	53,529	51,833	71

SOURCE: "1985 Income of U.S. Veterinarians." Journal of the American Veterinary Medical Association, 190 (May 15, 1987): 1335.

B. ADMISSIONS TESTS

1. Dentistry

No data available.

2. Medicine

Mean MCAT scores and GPA (by sex and selected ethnic groups) for minority matriculants

1987 Female					
	Black	American Indian	Mexican American	Mainland Puerto Rican	All Female
Total GPA	3.02	3.20	3.17	3.25	3.45
MCAT scores					
Biology	7.7	8.8	8.7	8.5	9.6
Chemistry	6.6	7.9			9.1
Physics	7.0	7.6	7.8	7.3	8.9
Problems		7.9	7.8	7.7	9.1
Reading	7.0	8.2	8.2	7.5	8.9
Quantitative	6.0	7.4	7.1	6.1	8.3

1987 Male					
	Black	American Indian	Mexican American	Mainland Puerto Rican	All Male
Total GPA	3.01	3.22	3.16	3.17	3.44
MCAT scores					
Biology	8.1	8.7	9.2	9.0	10.0
Chemistry	7.4	8.3	8.6	8.2	9.8
Physics	7.5	8.2	8.7	8.4	10.0
Problems	...	8.5	8.7	8.3	9.0
Reading	6.6	8.3	7.7	7.5	8.8
Quantitative	6.3	7.9	7.4	7.1	9.1

SOURCE: Table 8, Minority Students in Medical Education: Facts and Figures IV, 1988. Washington, DC: Association of American Medical Colleges.

3. Pharmacy

Depending on the degree program (B. S., M.S., Pharm D. or Ph. D.), Pharmacy Schools use different admission tests.

a. PCAT (Pharmacy College Admission Test)

February 1986 PCAT Test Section Statistics

Section	Number of Questions	Minimum Raw Score	Maximum Raw Score	Mean Raw Score	Standard Deviation
Verbal Ability	75	11	74	41.39	13.63
Reading Comprehension	65	16	44	32.24	5.99
Biology	60	13	45	27.76	7.07
Chemistry	60	16	54	34.12	8.06
Quantitative Ability	50	12	63	39.72	10.40

SOURCE: Handbook for Admission Officers: Pharmacy College Admission Test. 1986, San Antonio, TX: The Psychological Corporation.

b. SAT (Scholastic Aptitude Test)

	<u>1987 SAT Verbal</u>	<u>1987 SAT Mathematical</u>
American Indian	393	432
Asian American	405	521
Black	351	377
Mexican American	379	424
Puerto Rican	360	400
Other Hispanic	387	432
White	447	489
Other	405	455
All Students	430	476
All Men	435	500
All Women	425	453

SOURCE: "National SAT Scores for Class of 1989 Show Little Change." News from the College Board (September 12, 1988). New York: College Entrance Examination Board

c. ACT (American College Testing Program)

<u>Race-Ethnic Background</u>	<u>Number of Students</u>	<u>Average Score</u>
Afro-American/Black	61,129	13.4
Amer/Alaskan Native	7,247	14.6
Caucasian Amer/White	600,329	19.5
Mexican Amer/Chicano	17,216	15.4
Oriental/Pacific Amer	13,558	19.8
Puerto Rican/Hispanic	7,396	16.8
Other/Prefer No Resp	25,375	16.7
TOTAL	737,000	18.7

SOURCE: The High School Profile Report: Normative Data, 1987
Iowa City, IA: The American College Testing Program

4. Veterinary Medicine

Several tests are used, including the MCAT and Graduate Records Examination (GRE)

- a. MCAT (See Medicine above)
- b. GRE (Graduate Records Examination)

C. **ACADEMIC PROGRESS AND CERTIFICATION BOARD EXAMINATIONS**

1. **Dentistry**

No data available.

2. **Medicine**

a. **Academic Progress**

Students Repeating the Academic Year 1987-1988

Ethnic Background	First-Year Class		All Other Classes	
	Enrolled, Total	Repeating, No. (%)	Enrolled, Total	Repeating, No. (%)
Black (not of Hisp. origin)	1, 67	191 (15.2)	2, 832	151 (5.3)
Amer/Ind or Alaska Native	313	5 (7.5)	168	4 (2.4)
Mexican American		27 (8.6)	833	34 (4.1)
Puerto Rican	223	10 (4.5)	714	4 (0.6)
Puerto Rican (mainland)	114	8 (7.0)	317	18 (5.7)
Other Hispanic	281	38 (7.8)	766	21 (2.7)
Asian or Pacific Islander	1, 855	388 (2.0)	3, 998	73 (1.8)
All Other Students	12, 579	(2.7)	39, 428	355 (0.9)
TOTAL	16, 686	639 (3.8)	49, 056	660 (1.3)

SOURCE: Table 18. Minority Students in Medical Education: Facts and Figures V, 1987. Washington, DC: Association of American Medical Colleges.

b. **NBME (National Board of Medical Examiners)**

NBME Part I Failure Rates (1988)

June		September	
Reference Group*	Total Group	Reference Group*	Total Group
15.6%	18.4%	33.4%	40.3%

* All first-time examinees who were candidates for NBME certification and who were two years from anticipated date of graduation from medical school.

SOURCE: Figure 1. "National Board Examinations." The National Board Examiner, 35 (Fall, 1988).

Candidate and Noncandidate Pass Rates Parts I, II, and III (1988)

Exam	Candidates		Noncandidates		Total	
	Number Tested	Percent Passed	Number Tested	Percent Passed	Number Tested	Percent Passed
Part I	15,591	78	1,112	68	16,703	78
Part II	13,153	98	380	95	13,533	98
Part III	13,136	98	--	--	13,136	98

SOURCE: Table 2. Ibid.

3. **Pharmacy**

No data available.

4. **Veterinary Medicine**

**Veterinary Medical Licensing - National Board Examination (NBE)
Tested December 12, 1989**

1873 First-Time Graduates or Canadian Schools (Criterion Group)

Subject Headings	Average Raw Scores	Standard Deviation	Average Percent Correct
TOTAL	249.80	24.24	69.39
Pre-Clinical Sciences	96.15	10.1a	68.19
Other Practice Areas	25.18	3.19	71.94
Clinical Sciences	128.47	13.77	69.82

All 2548 Candidates Taking the NBE

Subject Headings	Average Raw Scores	Standard Deviation	Average Percent Correct
TOTAL	235.57	38.03	65.44
Pre-Clinical Sciences	90.88	14.72	64.45
Other Practice Areas	24.05	4.06	68.73
Clinical Sciences	120.64	21.19	65.56

**226 U. S. /Canadian School Repeaters or Prior Graduates
(Non-criterion Group)**

Subject Headings	Average Raw Scores	Standard Deviation	Average Percent Correct
TOTAL	220.14	24.68	61.15
Pre-Clinical Sciences	84.30	10.30	59.78
Other Practice Areas	23.58	3.39	67.38
Clinical Sciences	112.26	14.80	61.01

449 Foreign-Trained Candidates

Subject Headings	Average Raw Scores	Standard Deviation	Average Percent Correct
TOTAL	183.99	42.75	51.11
Pre-Clinical Sciences	72.21	17.07	51.21
Other Practice Areas	19.60	4.47	56.01
Clinical Sciences.	92.18	23.36	50.10

SOURCE: Table 3. A Report on the Veterinary Medical Licensing Program 1990. New York: Professional Examination Service.

Clinical Competency Test Group Data Summaries

Subject Headings	Average Raw Scores	Standard Deviation	Average Percent Correct
Criterion Group'	1,712	500.00	100.00
All Candidates	2,199	477.68	111.60
Non-criterion	185	470.39	99.06
Foreign-Trained	302	347.31	123.21

SOURCE: Table 6. [REDACTED]