LCME

LIAISON COMMITTEE ON
MEDICAL EDUCATION

Team Report of the
Limited Survey of the

UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE

Farmington, Connecticut
February 26-29, 2012

PREPARED BY AN
AD HOC SURVEY TEAM FOR THE
LIAISON COMMITTEE ON MEDICAL EDUCATION

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July 6, 2012

Frank M. Torti, MD, MPH
Vice President for Health Affairs and Dean
University of Connecticut School of Medicine
263 Farmington Ave
Farmington, CT 06030-5456

RE: Limited survey visit, February 26-29, 2012

Dear Dean Torti:

The purpose of this letter is to inform you of the determinations made by the Liaison Committee on Medical Education (LCME) at its June 12-14, 2012 meeting regarding the accreditation status of the medical education program leading to the MD degree at the University of Connecticut School of Medicine and to transmit to you the enclosed report of the LCME survey team that conducted a limited survey of the program on February 26-29, 2012.

After reviewing the report of the limited survey team, the LCME voted to continue the program's accreditation for the balance of the current term. The LCME also voted to rescind the status of "warning" for the medical education program. The program's next full survey will take place during the 2017-2018 academic year.

DETERMINATIONS REGARDING COMPLIANCE WITH ACCREDITATION STANDARDS

I. COMPLIANCE WITH STANDARDS

Compliance

The LCME determined that the medical education program is currently in compliance with the following accreditation standards:

A. *IS-1 (strategic planning)*

B. *ED-30 (formative and summative assessment)*

C. *ED-32 (narrative feedback)*

D. *ED-35 (systematic review and revision of the curriculum)*

E. *MS-19 (career counseling)*

F. *MS-23 (financial aid and debt counseling)*

G. *MS-27-A (health care providers' involvement in student assessment)*

H. *MS-37 (study and lounge space and secure storage)*

I. *FA-4 (faculty commitment to effective teaching)*

J. *FA-10 (feedback to faculty on performance)*

K. *ER-7 (clinical instructional facilities and information resources)*

L. *ER-9 (affiliation agreements)*

Compliance, with a Need for Monitoring

The LCME determined that the medical education program is in compliance with the following accreditation standards but that ongoing monitoring is required to ensure continued compliance:

A. *IS-11. The administration of an institution that offers a medical education program should include such associate or assistant deans, department chairs, leaders of other organizational units, and staff as are necessary to accomplish its mission(s).*

Finding: Permanent chairs are now in place for the departments of Microbiology, Cell Biology, Internal Medicine, and Surgery. There are two current chair vacancies: Psychiatry (as of February 12, 2010) and Obstetrics and Gynecology (as of June 30, 2010). There is a final candidate in Psychiatry who has given a verbal commitment. Candidates for the Obstetrics and Gynecology chair have had second interviews, and the search committee is preparing a short list for consideration by the new dean. The position of associate dean for clinical affairs has been vacant since July 26, 2010; an interim is in place currently, and a search will be initiated now that the next permanent dean has been identified. The new vice president for health affairs/dean was announced on February 24, 2012; he will assume his duties on May 1, 2012.

B. *ED-8. The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.*

Finding: The school of medicine has implemented centralized processes to monitor and ensure comparability of student experiences and assessments across alternate

clinical sites in all Phase 2 clerkships. These include common clerkship requirements, orientations, lecture series, student logs, clinical passports, and end-of-clerkship and end-of-year comparability surveys. While the small numbers of students at each site make in-depth analyses difficult, interpretation of data by the Curriculum Operating Subcommittee for the 2010-2011 surgery clerkship indicates comparable student experiences at all sites except for St. Mary's Hospital. Based on these data, St. Mary's Hospital was dropped as a clinical site in the 2011-2012 academic year.

C. *ED-33. There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.*

Finding: The school of medicine has created and implemented a new, well-organized governance structure for central management of the curriculum. The system has been welcomed and accepted by the faculty. Central authority for the educational program now rests with the Education Council, to which the Committee on Undergraduate Medical Education reports. Within this new structure, the school of medicine has already started to make meaningful changes in the curriculum. In addition, several administrative positions have been developed, funded, and filled to assist in the administration, implementation, and evaluation of the curriculum.

D. *ED-36. The chief academic officer of a medical education program must have sufficient resources and authority to fulfill his or her responsibility for the management and evaluation of the curriculum.*
FA-2. A medical education program must have a sufficient number of faculty members in the subjects basic to medicine and in the clinical disciplines to meet the needs and missions of the program.

Finding: The State of Connecticut's $865 million BioScience CT initiative, which was approved by the legislature in May 2011, will provide funding for capital expenditures. In addition, as a part of this initiative, there is also a commitment from the governor to support the recruitment and start-up costs of 90 new faculty (40 clinician-scientists, 10 basic scientists, and 40 clinicians) over the next few years, with funding for these positions being determined during annual legislative appropriations processes.

E. *MS-24. A medical education program should have mechanisms in place to minimize the impact of direct educational expenses on medical student indebtedness.*

Finding: No plan was apparent to address the continuing rise in medical student indebtedness in the face of projected 4% annual increases in tuition for the next four years.

F. *ER-2. The present and anticipated financial resources of a medical education program must be adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.*

Finding: Health Center leadership has advocated to the State of Connecticut for increased recurring general funds that make up 21% of the school of medicine budget. Both one-time and recurring funds have been diverted to the educational mission of the school in the last year. In addition, the state has committed $865 million through BioScience CT to enhance educational and clinical facilities on the school of medicine campus, and the governor has committed to start-up funding and ongoing support for 90 additional faculty members.

REQUIRED FOLLOW-UP

In order to address the compliance issues mentioned above, the LCME has requested that the dean submit a status report by **December 15, 2013** regarding the information listed below. Please refer to the following web page for current LCME submission requirements: www.lcme.org/submission_requirements.htm.

I. COMPLIANCE, WITH A NEED FOR MONITORING

A. *IS-11 (administrative structure)*

1. Describe the current administrative structure in the dean's office and provide a current organization chart showing the incumbents in each position. Note the percent of time each member of the dean's staff devotes to his or her administrative duties/

2. Provide information about vacancies in administrative positions that have been filled since the February 2012 limited survey visit. For any currently existing vacancies, describe the status of recruitment activities and the timelines for filling vacant positions.

B. *ED-8 (comparability across instructional sites)*

Provide data about the comparability of student experiences and assessments across clinical education sites in all required Phase 2 clerkships during the 2012-2013 academic year and (as data are available) during the 2013-2014 academic year, including information related to comparability in clinical encounters and in student satisfaction.

C. ED-33 (curriculum management)

Describe the impact, to date, of the recently implemented structure for central management of the curriculum. Note any recent meaningful enhancements to the medical education program and any increases in administrative staffing to support the Committee on Undergraduate Medical Education and its subcommittees and the Home Office for Medical Education.

D. ED-36 (authority and sufficient resources to manage and evaluate the program)

Report on progress made, to date, in the funding and implementation of the State of Connecticut's BioScience CT initiative. Include specific information on levels of funding for additional faculty positions and the status of hiring of new faculty to fill those positions.

E. MS-24 (student educational debt)

1. Describe the status of development and implementation of the school of medicine's plan for a medical student loan repayment program associated with the State of Connecticut's BioScience CT initiative.

2. Complete the following table for the indicated academic years:

	2011-12	2012-2013
Tuition and Fees for First-year In-State Students		
Tuition and Fees for First-year Out-of-State Students		
Average Debt of Indebted Graduates (Med school debt)		
Average Debt of Indebted Graduates (Total educational debt)		
% of Indebted Graduates with Med School Debt > $200,000		
% of Indebted Graduates with Total Debt > $200,000		

3. Provide a copy of the most recent LCME Part I-B Financial Aid Questionnaire.

F. *FA-2 (sufficient faculty)*

1. Complete the table below for the indicated academic years:

Numbers of Basic Science Faculty:
2011-2012, 2012-2013, and 2013-2014 Academic Years

Academic Year	# of Faculty FTEs in Basic Science Departments	# of Full-Time Basic Science Faculty	# of Part-Time Basic Science Faculty	# of Volunteer Basic Science Faculty
2011-12				
2012-13				
2013-14*				

2. Complete the table below for the 2012-2013 academic year:

Basic Science Department*	Full-Time Faculty					Part-Time Faculty
	Professor	Associate Professor	Assistant Professor	Instructor/ Other	Vacant	

*Report Pathology data here only if the school considers Pathology as a basic science department

G. *ER-2 (financial resources)*

1. Describe any additional financial resources that have accrued to the school of medicine from implementation of the State of Connecticut BioScience CT initiative during the 2012-2012 and 2013-2014 academic years and indicate how those resources have been allocated.

2. Provide a copy of the most recent LCME Part I-A Annual Financial Questionnaire.

COMPLIANCE TERMINOLOGY

In reviewing the compliance determinations above, please refer to the attached memorandum for an overview of LCME compliance terminology and note the October 2011 implementation of a new category of compliance called *compliance, with a need for monitoring*, which indicates that the program is in compliance with the cited accreditation standard, but that monitoring is required to ensure continued compliance. A determination of *noncompliance* indicates that the program does not meet one or more of the requirements of the cited standard.

UNITED STATES DEPARTMENT OF EDUCATION REGULATIONS

The LCME is bound by the regulations of the United States Department of Education to document compliance with all cited LCME accreditation standards **within two years of a program's initial notification of noncompliance.** As such, the LCME will require timely follow-up on all determinations of *compliance, with a need for monitoring* and *noncompliance*. Please see the "Required Follow-up" section above for details and refer to the following web page for current LCME submission requirements: www.lcme.org/submission_requirements.htm.

NOTIFICATION POLICY

The LCME is required to notify the United States Department of Education and the relevant regional accrediting body of all final accreditation actions, including determinations of "Accredited," "Accredited, with Warning," and "Accredited, on Probation." The LCME will also make final determinations of "Accredited" and "Accredited, on Probation" available to the public. Note that the determination "Accredited, on Probation" is only final after a program has exercised its right to waive or undergo an official reconsideration by the LCME.

ACCREDITATION STANDARDS

To review the current list of LCME accreditation standards and their annotations, please refer to the most recent version of the *Functions and Structure of a Medical School* document, available on the LCME website at www.lcme.org/standard.htm. Programs asked to submit future status reports will be responsible for aligning the follow-up items in the report with the *Functions and Structure* document that is current at the time the status report is due.

CHANGES THAT MAY IMPACT ACCREDITATION

Accreditation is awarded to a medical education program based on a judgment that there exists an appropriate balance between student enrollment and the total resources of the institution, including faculty, facilities, and operating budget.

If there are plans to significantly modify the educational program, or if there is to be a substantial change in student enrollment or in the resources of the institution such that the balance becomes distorted, the LCME expects to receive prior notice of the proposed change. Substantial changes may lead the LCME to re-evaluate a program's accreditation status. Please refer to the submission requirements page on the LCME website for details on submitting such notifications: www.lcme.org/submission_requirements.htm.

This report is for the use of the University of Connecticut School of Medicine and the university, and any public dissemination or distribution of its contents is at the discretion of institutional officials.

Sincerely,

Barbara Barzansky, PhD, MHPE
LCME Co-Secretary

Dan Hunt, MD, MBA
LCME Co-Secretary

enc: Memorandum regarding categories of compliance with accreditation standards
Team report of the limited survey of the University of Connecticut School of Medicine, February 26-29, 2012

Memorandum

LIAISON COMMITTEE ON MEDICAL EDUCATION

SUBJECT: New Category of Compliance with LCME Accreditation Standards and Glossary of Compliance Terminology

In its review of survey reports and follow-up status reports, the Liaison Committee on Medical Education (LCME) determines a medical education program's compliance with individual accreditation standards.

Historically, the LCME has used the terms *compliance* and *noncompliance* to describe a program's conformance with accreditation standards. At its June 2011 meeting, the LCME approved a third term called *compliance, with a need for monitoring*, which falls under the category of *compliance with accreditation standards*. The LCME also adopted formal definitions for the three compliance terms. These three terms are defined below.

COMPLIANCE WITH ACCREDITATION STANDARDS

Compliance:

The required policy, process, resource, or system is in place and, if required by the standard, there is evidence to indicate that it is effective.

Compliance, with a Need for Monitoring:

1) The medical education program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it is effective. Therefore, monitoring is required to ensure that the desired outcome has been achieved.

   OR

2) The medical education program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance (*formerly "area in transition")*.

NONCOMPLIANCE WITH ACCREDITATION STANDARDS

The medical education program has not met one or more of the requirements of the standard: The required policy, process, resource, or system either is not in place or is in place, but has been found to be ineffective.

Updated May 2012

TEAM REPORT
OF THE LIMITED SURVEY
OF THE

University of Connecticut
School of Medicine

Farmington, Connecticut

February 26-29, 2012

PREPARED BY AN *AD HOC* SURVEY TEAM

FOR THE

LIAISON COMMITTEE ON MEDICAL EDUCATION

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MEMORANDUM

TO: Liaison Committee on Medical Education

FROM: The Secretary of the *ad hoc* Survey Team That Visited the University of Connecticut School of Medicine on February 26-29, 2012

RE: Report of the Survey Team

On behalf of the *ad hoc* LCME survey team that visited the University of Connecticut School of Medicine on February 26-29, 2012, the following report of the team's findings is provided.

Respectfully,

_____

Robert F. Sabalis, PhD, Secretary

INTRODUCTION

A limited survey of the University of Connecticut School of Medicine was conducted on February 26-29, 2012, by the following *ad hoc* team representing the Liaison Committee on Medical Education (LCME):

Chair:	Valerie M. Parisi, MD, MPH, MBA Dean, School of Medicine Wayne State University Detroit, MI	Obstetrics/Gynecology
Secretary:	Robert F. Sabalis, PhD Director, LCME Surveys and Team Training LCME Assistant Secretary Association of American Medical Colleges Washington, DC	Clinical Psychology
Member:	Bonnie M. Miller, MD Senior Associate Dean for Health Science Education Vanderbilt University School of Medicine Nashville, TN	General Surgery

The team expresses its sincere appreciation to Interim Dean Bruce Liang and the staff, faculty, and students of the University of Connecticut School of Medicine for their many courtesies and accommodations during the survey visit. Dr. Suzanne Rose and Ms. Bridget Schulz merit special recognition and commendation for their thoughtful visit preparations and generous support during the conduct of the survey. In addition, all of the constituent groups with whom the team met enthusiastically described the strong leadership provided by Interim Dean Liang and the significant positive changes implemented by him and Dr. Rose in a brief period of time. The team also took special note of the optimism and positive morale expressed uniformly by students, faculty, and staff.

A copy of the survey visit schedule is included in the Appendix.

SUMMARY OF FINDINGS

DISCLAIMER: This report summarizes the findings of the *ad hoc* survey team that visited the University of Connecticut School of Medicine from February 26 to February 29, 2012, based on the information provided by the school and its representatives before and during the accreditation survey, and by the LCME. The LCME has final authority in determining the medical education program's compliance with accreditation standards.

AREAS CATEGORIZED AS NONCOMPLIANCE WITH ACCREDITATION STANDARDS (following the January 24-27, 2010 full survey visit)

IS-11 (Administrative structure)

Finding: Permanent chairs are now in place for the departments of Microbiology, Cell Biology, Internal Medicine, and Surgery. There are two current chair vacancies: Psychiatry (as of February 12, 2010) and Obstetrics and Gynecology (as of June 30, 2010). There is a final candidate in Psychiatry who has given a verbal commitment. Candidates for the Obstetrics and Gynecology chair have had second interviews, and the search committee is preparing a short list for consideration by the new dean. The position of associate dean for clinical affairs has been vacant since July 26, 2010; an interim is in place currently, and a search will be initiated now that the next permanent dean has been identified. The new vice president for health affairs/dean was announced on February 24, 2012; he will assume his duties on May 1, 2012.

ED-8 (Comparability across instructional sites)

Finding: The school of medicine has implemented centralized processes to monitor and ensure comparability of student experiences and assessments across alternate clinical sites in all Phase 2 clerkships. These include common clerkship requirements, orientations, lecture series, student logs, clinical passports, and end-of-clerkship and end-of-year comparability surveys. While the small numbers of students at each site make in-depth analyses difficult, interpretation of data by the Curriculum Operating Subcommittee for the 2010-2011 surgery clerkship indicates comparable student experiences at all sites except for St. Mary's Hospital. Based on these data, St. Mary's Hospital was dropped as a clinical site in the 2011-2012 academic year.

ED-30 (Formative and summative assessment)

Finding: The school provided data indicating that, beginning in the spring 2011 semester, all students received formative assessments in the Correlated Medical Problem Solving Course within 30 days of course completion. Similarly, in the 2010-2011 academic year, all students received Student Continuity Practice grades within 30 days of course completion. Students carry a clinical passport document in Phase 2; this document contains all forms (including the mid-point feedback form) that must be completed prior to the student's being able to take the final examination in the course. All students now receive mid-point feedback, as documented by the completion of the form and by student interviews during the limited survey visit. An online evaluation system has been implemented for all clinical courses. In the fall 2011 semester, the vast majority (~90%) of students received their grades in clinical courses (including surgery) within 30 days, and all students received their grades within 45 days.

ED-32 (Narrative feedback)

Finding: Four Phase 1 courses (Human Systems, Human Development and Health, Mechanisms of Disease, and Correlated Medical Problem Solving) now provide narrative assessments based on students' participation in small group learning activities. In all Phase 2 clinical courses (with the exception of the one-week courses in Orthopedics and ENT), students receive a narrative assessment.

ED-33 (Curriculum management)

Finding: The school of medicine has created and implemented a new, well-organized governance structure for central management of the curriculum. The system has been welcomed and accepted by the faculty. Central authority for the educational program now rests with the Education Council, to which the Committee on Undergraduate Medical Education reports. Within this new structure, the school of medicine has already started to make meaningful changes in the curriculum. In addition, several administrative positions have been developed, funded, and filled to assist in the administration, implementation, and evaluation of the curriculum.

ED-35 (Systematic review of the curriculum)

Finding: Following the implementation of the new curriculum governance structure, the school of medicine developed a three-year plan for curricular review of individual courses, clerkships, electives and selectives, years of the curriculum, and the curriculum as a whole. The first review cycle began in November 2011 and is expected to conclude in November 2012.

ED-36 (Authority and responsibility for the curriculum)
FA-2 (Sufficient faculty)

Finding: The State of Connecticut's $865 million Bioscience CT initiative, which was approved by the legislature in May 2011, will provide funding for capital expenditures. In addition, as a part of this initiative, there is also a commitment from the governor to support the recruitment and start-up costs of 90 new faculty (40 clinician-scientists, 10 basic scientists, and 40 clinicians) over the next few years, with funding for these positions being determined during annual legislative appropriations processes.

MS-19 (Career counseling)

Finding: In January 2010, the school of medicine initiated a new, voluntary career development program based on the AAMC Careers in Medicine program for first and second-year students. This program became mandatory in the 2011-2012 academic year, and it will extend into the third year in the 2012-2013 academic year. The program consists of didactic and small group components. A director of student advising has been appointed and a cohort of small group facilitators is in place. The initial student satisfaction data (confirmed by student interviews during the limited survey visit) are highly positive.

MS-23 (Financial aid and debt management counseling)

Finding: The financial aid office, which serves both medical and dental students, now has three full-time financial aid staff, and a new director of student services has been employed to provide

leadership for the office. Beginning with the 2011-2012 academic year, first-year students are required to complete a five-module online financial aid life skills program; in-person workshops are also offered. Debt management workshops and one-on-one exit interviews are now mandatory for graduating students. Several other innovations have also been recently introduced to enhance lines of communication between students and office staff: a Financial Fitness Calendar of available workshops, a revamped financial aid services website, and a student online portal. Students report a high level of satisfaction with program quality, access to staff, and responsivity of staff to their feedback and input.

MS-27-A (Health care providers' involvement in student assessment)

Finding: Students seeking mental health services now have confidential access to the school of medicine's mental health provider, as a new entrance and a separate waiting room have been constructed at the off-campus building where these services are provided. In addition, a new policy was written and approved after the prior survey visit to the effect that any faculty member assigned a student for an educational experience who is also his or her patient must request that the student be assigned to another faculty member.

MS-37 (Study and lounge space and secure storage)

Finding: A new 2,000 square foot student lounge has been opened for student use and was visited by the survey team. It is highly functional, very attractive, readily accessible, and twice the size of the former facility. In addition, a small fitness facility has been opened, with the possibility of either developing additional fitness space in the future in to-be-constructed educational space or identifying an alternative solution (e.g., subsidizing students' memberships at a nearby commercial fitness facility).

ER-2 (Financial resources)

Finding: Health Center leadership has advocated to the State of Connecticut for increased recurring general funds that make up 21% of the school of medicine budget. Both one-time and recurring funds have been diverted to the educational mission of the school in the last year. In addition, the state has committed $865 million through BioScience CT to enhance educational and clinical facilities on the school of medicine campus, and the governor has committed to start-up funding and ongoing support for 90 additional faculty members.

ER-7 (Clinical instructional facilities and information resources)

Finding: New well-appointed call rooms with private baths/showers have been constructed at Hartford Hospital and are operational, as confirmed by student interviews during the survey visit.

ER-9 (Affiliation agreements)

Finding: The affiliation agreements for the five additional clinical affiliates are up to date and contain all required elements.

AREAS CATEGORIZED AS IN COMPLIANCE, WITH A NEED FOR MONITORING (following the January 24-27, 2010 full survey visit)

IS-1 (Strategic planning)

Finding: The school of medicine has created a primary care task force and a clinical task force for strategic planning. They engaged a consultant to analyze the region and determine the region's specific needs to direct the recruitment for 90 new faculty positions committed to by the governor. Department chairs are also involved in the process. The educational mission is front and center in these recruitments, as evidenced by the delineation of specific educational responsibilities approved by the senior associate dean for education in the offer letters. The planning process also includes the clinical affiliates through the regular communication between the dean and hospital CEOs.

MS-24 (Student educational debt)

Finding: No plan was apparent to address the continuing rise in medical student indebtedness in the face of projected 4% annual increases in tuition for the next four years.

FA-4 (Faculty commitment to effective teaching)

Finding: The school of medicine has continued to develop programming in support of faculty and residents in five areas of identified need. These programs have been well attended and well received. Appropriate resources have been provided to the Office of Faculty Affairs to plan and implement these programs.

FA-10 (Feedback to faculty on performance)

Finding: The CREATE system is a tool currently in use during the department chairs' annual evaluation of faculty, and its implementation has been accepted by the faculty.

HISTORY AND SETTING OF THE SCHOOL

Late in 1880, Charles and Augustus Storrs donated a former Civil War orphanage and 170 acres of land to the state of Connecticut to establish an agricultural school for boys. The next year, by an act of the Connecticut General Assembly, the University of Connecticut was founded as the Storrs Agricultural School with three faculty members and 12 students. The school assumed its current name in 1939. The first doctor of philosophy degree was awarded in 1949.

The University of Connecticut Health Center was founded on the Farmington campus in 1961, with construction beginning five years later. The School of Medicine enrolled its first class in 1968 and graduated its first class of 29 physicians in 1972. The 206-acre Farmington campus is located 38 miles from the main campus in Storrs and eight miles from Hartford. The Health Center is composed of the School of Medicine, the School of Dentistry, the Graduate School of Biomedical Sciences, the John Dempsey Hospital, and associated medical and dental groups. The School of Medicine currently enrolls 89 new medical students annually.

PRIOR ACCREDITATION SURVEY

The last full survey of the University of Connecticut School of Medicine took place from January 24-27, 2010. The letter and report from the LCME to the University of Connecticut dated June 9, 2010 noted the following areas of partial or substantial noncompliance:

- Vacancies in four department chair positions, one position vacant for four years and another for two and one-half years, both exceeding the two-year limit specified in the school of medicine bylaws. (IS-11)
- The lack of an institutionalized method for assessing comparability of students' clinical experiences in the Phase 2 curriculum that is systematically and consistently applied across the multiple clinical sites. Some Phase 2 clerkships have not been effective in assuring comparability, especially the surgery clerkship. (ED-8)
- A delay in students' receipt of formative feedback in the Correlated Medicine Problem Solving component, and late summative evaluations in the Student Continuity Practice component, of the Clinical Medicine course. Delays were also noted in students' receipt of clerkship grades, most especially in the surgery clerkship. (ED-30)
- A lack of narrative evaluations in the Human Systems course, which includes a large number of hours of small group instruction. In addition, narrative evaluations also are not consistently provided in each required clinical clerkship. (ED-32)
- The curriculum management system is complex, with unclear definitions of the scope of responsibility of each of the several existing committees. Also, course and clerkship directors possess excessive autonomy in course administration, leading to an erosion of central authority for the curriculum. (ED-33)
- The fact that a lack of a standardized format for mandated triennial reviews of courses allows for inconsistency and the fact that curriculum years or phases have not been recently reviewed. (ED-35)
- The decrease in the number of basic science faculty members over the past five years, with recent retirements having had an adverse effect. Limitations on financial resources and restrictions on rehiring retired faculty members have been limitations on the school's ability to secure an adequate number of faculty to deliver the curriculum. There is a heavy reliance on volunteer faculty, which affects the school's ability to assure consistency and quality. (ED-36 and FA-2)
- The lack of a structured career counseling program for students in the first and second years of the curriculum. (MS-19)

- Inadequate financial aid services and debt management counseling; noncompliance with this area was cited in the previous full survey. Insufficient staffing in the Office of Financial Aid may contribute to the problem. (MS-23)
- The fact that students bear the burden of ensuring that faculty who provide sensitive medical care to them are not in a position to evaluate them academically. Some mental health services are provided in the medical school outpatient psychiatric clinic, which serves as an educational site during the psychiatry clerkship. (MS-27-A)
- Inadequate student lounge space; this was cited as an area of noncompliance at the time of the previous full survey. (MS-37)
- The occurrence of significant funding deficits for the past three years. (ER-2)
- The fact that student call rooms at Hartford Hospital are not functionally useful for students on required clerkships. Students are unaware of the availability of any call rooms at that hospital. (ER-7)
- Of the 10 facilities used for the inpatient rotations of required clinical clerkships, five do not have current, signed affiliation agreements that meet LCME standards. (ER-9)

In addition, the LCME noted the following areas in compliance, with a need for monitoring (formerly areas in transition):

- In parallel with recent increases in tuition and fees, there has been an increase in the average indebtedness of graduates of the medical school. Over a five-year period, average indebtedness rose from approximately 25% below the national average to slightly above the national average. From 2003 to 2008, the average indebtedness almost doubled, from about $64,000 to about $126,000.
- The medical school began an organized program for faculty development two weeks prior to the survey visit. The effectiveness of this program is yet to be determined.
- The recent development of a new faculty assessment tool (CREATE) has caused widespread confusion regarding the implementation of faculty policies on promotion, tenure and compensation. The undetermined impact of this tool and the recent faculty vote to establish a bargaining unit may further erode the stability of the faculty and educational resources.
- With the decision not to combine the John Dempsey Hospital and Hartford Hospital Center, clinical strategic planning is a work in progress. Planning is aimed at assuring fiscal stability. The dean is currently actively engaged in the strategic planning process for replacement of the university clinical facilities.

After reviewing the report of the survey team, the LCME voted to place the medical education program leading to the MD degree on "warning of probation." This action of the LCME indicates that there are areas of noncompliance with accreditation standards that will, if not corrected promptly, seriously compromise the ability of the school to conduct a quality medical education program. The LCME also requested that the school develop an action plan describing the steps that have been and will be taken to bring the educational program into compliance with each of the listed areas of noncompliance. The action plan was due to the LCME by December 15, 2010. To assist the dean in developing the action plan, the LCME requested the LCME Secretariat to conduct a consultation visit to the school of medicine. The consultation visit took place on September 28, 2010. At its October 5-7, 2010 meeting, the LCME was briefed on the consultation. The school of medicine submitted its action plan to the LCME on December 14, 2010.

The LCME accepted the action plan at its meeting of February 1-3, 2011. The action plan addressed the areas of noncompliance with accreditation standards cited above, as well as the areas in compliance, with a need for monitoring. The LCME voted to conduct a limited (focused) survey visit to the University of

Connecticut School of Medicine on February 26-29, 2012, at which time the survey team will review the areas of noncompliance and transition noted above.

In a letter from the LCME to Interim Dean Bruce Liang dated July 18, 2011, the LCME outlined information the school needed to supply to the LCME and the limited survey team prior to the limited survey visit scheduled for February 26-29, 2012.

Survey Team Findings

Areas of Noncompliance with Accreditation Standards
(following the January 24-27, 2010 full survey visit)

IS-11. The administration of an institution that offers a medical education program should include such associate or assistant deans, department chairs, leaders of other organizational units, and staff as are necessary to accomplish its mission(s).

2010 Full Survey Findings:

At the time of the survey visit, there were four vacant department chair positions, with one position vacant for four years and another for two and one-half years. These latter two vacancies exceed the two-year limit specified in the bylaws of the school of medicine.

2012 Limited Survey Findings:

Permanent chairs are now in place for the four departments with previously vacant department chair positions: Immunology (new hire date: 5/6/11), Cell Biology (new hire date: 5/20/11), Internal Medicine (new hire date: 6/22/11), and Surgery (new hire date: 12/30/11). There are two current chair vacancies: Psychiatry (as of February 12, 2010) and Obstetrics and Gynecology (as of June 30, 2010). There is a final candidate in Psychiatry who has given a verbal commitment. Candidates for the Obstetrics and Gynecology chair have had second interviews, and the search committee is preparing a short list for consideration by the new dean.

In April 2010, the dean for academic affairs announced his resignation, and an interim senior associate dean for education was appointed prior to his departure so that they together could effect an orderly transition. On June 29, 2011, following an outside search, a new senior associate dean for education was appointed.

On July 1, 2011, the dean/vice president stepped down from his position; the position of vice president and dean was split and an interim vice president for health affairs (the former university president) and an interim dean (Dr. Bruce Liang) assumed their roles. On June 27, 2011, a search was initiated for a new vice president for health affairs/dean (a re-integrated single position). Frank Torti, MD, MPH, formerly vice president for strategic programs, Wake Forest Baptist Medical Center, was publicly announced as the new vice president for health affairs and dean of the school of medicine two days before the survey visit. The team was able to speak with Dr. Torti by telephone, and he participated in the exit conference. He indicated that he is enthusiastic about his appointment and that he will begin his duties at the University of Connecticut on May 1, 2012. (See Dr. Torti's brief biography in the Appendix.)

The position of associate dean for clinical affairs has been vacant since July 26, 2010. An interim is in place currently, and, with the recent identification of the next permanent dean, a search will now be initiated.

ED-8. The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.

2010 Full Survey Findings:

There is not an institutionalized method for assessing comparability of students' clinical experiences in the Phase 2 curriculum that is systematically and consistently applied across the multiple clinical sites. Comparability of clinical experiences is left to the individual clerkships to monitor. Not all clerkships in the Phase 2 curriculum have been effective in assuring comparability. This is especially the case in the surgery clerkship.

2012 Limited Survey Findings:

The school of medicine has implemented centralized processes to monitor and ensure the comparability of student experiences and assessments across alternate clinical sites in all Phase 2 clerkships. (See Appendix for a schematic of the curriculum). These processes include common clerkship requirements, orientations, lecture series, student logs, clinical passports, and end-of-clerkship and end-of-year comparability surveys. The Phase 2 curriculum consists of the 32-week Multi-Disciplinary Ambulatory Experience (MAX); the 16-week In-Patient Experience; and the Student Continuity Practice (SCP). The ambulatory and inpatient Phase 2 courses are inter-disciplinary, and all core disciplines except for Obstetrics and Gynecology and Family Medicine are represented in each. The Obstetrics and Gynecology and Family Medicine experiences are limited to MAX. Each course has a single course director, who is assisted by discipline-based section leaders and site-specific site directors. In addition, each of the five major clinical affiliates has an assistant dean, who oversees all of the educational programs at that site. While MAX relies on multiple clinical sites (e.g., 18 for surgery), the great majority of in-patient experiences take place at one of the five major affiliates.

The only Phase 2 grades that appear on the transcript are for Multidisciplinary Ambulatory Experience (MAX), the In-Patient Experience, and SCP, although "unofficial" grades are awarded at the end of Phase 2 in each of the core disciplines, based on performance in both MAX and the In-Patient Experience. These appear in the Medical Student Performance Evaluation to fill the needs of the residency selection process. The grades for MAX and the Inpatient Experience are assigned by each course director after he or she has received grade recommendations from each site. Academic honors in the third year are offered in the following disciplines: Medicine, Surgery, Pediatrics, and Psychiatry (both an in-patient and ambulatory experiences) and Obstetrics and Gynecology and Family Medicine (ambulatory experiences only). The determination of honors for these discipline-based sections of the courses is made on the basis of a composite of the clinical component assessment and examination scores (from NBME subject examinations or school examinations). For Family Medicine, additional activities (e.g., participation in conferences, a hospice write-up) are also taken into account in arriving at a summative assessment. Students are informed of the criteria for honors at the start of the academic year.

Similarly, students may earn honors in each of the following sections of the Advanced Clinical Experiences course: Subinternship, Critical Care, Emergency Medicine and Radiology. The process for determination of honors is similar to that in the third year.

While the small numbers of students at each site make in-depth analyses difficult, interpretation of data by the Curriculum Operating Subcommittee (COSC) for the 2010-2011 surgery clerkship indicated comparable student experiences at all sites except for St. Mary's Hospital. Based on these data, St. Mary's Hospital was dropped as a clinical site in the 2011-2012 academic year.

The complex structure of Phase 2 had made it difficult to ensure comparable experiences and equivalent grade distributions. However, since the 2010 full survey, the school of medicine has created a new administrative position to assist in the collection and rapid monitoring of course evaluation data. Metrics specific for comparability include equivalence of clinical exposures, quality of precepting, level of responsibility, student performance on NBME subject examinations, and percent of honors awarded. The latter is difficult to assess for MAX, as the number of students at any clinical site may be quite small.

The school of medicine also reorganized its central curriculum management system, greatly facilitating central monitoring of student experiences. This is described more fully in the sections of this report relating to standards ED-33 and ED-35 (below). This new administrative system seems to function well in collecting and compiling evaluation data, and in transmitting those data to the appropriate discipline and course-based leaders and to the central curriculum management committees. The summaries are interpreted centrally, and resulting recommendations are transmitted back to the courses for implementation. As an example of the system's success, one of the sites for the surgery component of MAX (St. Mary's Hospital) was eliminated because of inadequate student experiences.

Orientations for all discipline-based clerkships are now centralized, as are the formal didactic components. The section leaders communicate with all sites on a regular basis. Students at all sites have the same call schedules; centralized didactic conferences are held every Friday and twice monthly on Fridays; and students have sessions with the same preceptor presenting clinical cases. All students at all sites receive the same orientation, which includes presentations about clerkship goals and objectives, assessment procedures and grading criteria, required mid-point assessments, required clinical encounters, and call schedules. Students also receive their clinical passport, in which they log their clinical encounters; the passport also includes the mid-clerkship feedback form.

Log data for the inpatient Surgery experience in the 2010-2011 academic year showed that students had comparable experiences in terms of number of patients seen and number of diagnoses/procedures experienced. In addition, 100% of students were able to meet their required clinical encounters over the course of the inpatient and ambulatory components of the clerkship. On the end-of-year survey for the ambulatory Surgery experience, completed by all students at the end of 2010-2011, 80% of students reported that the "level of responsibility" was at least adequate, 90% reported that the "level of supervision" was at least adequate, and 89% reported that the "number of diagnoses" was at least adequate.

The review of end-of-rotation survey data for the inpatient component of the clerkship showed that the students feel that, by the end of the rotation, they can recognize surgical illness and that they have had an adequate exposure to common general surgical illnesses. They also see a wide variety of diagnoses and rate the operating room experience as very educational. A review of students' grades in the Surgery clerkship across all sites revealed no significant differences among the various sites.

ED-30. The directors of all courses and clerkships (or, in Canada, clerkship rotations) in a medical education program must design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship/clerkship rotation.

2010 Full Survey Findings:

Formative feedback is delayed in the Correlated Medicine Problem Solving component. Summative evaluations from the Student Continuity Practice component of the Clinical Medicine course are frequently late, resulting in students receiving grades of "incomplete." Clerkship grades were noted to be delayed in a number of clerkships, most especially in the Surgery clerkship.

2012 Limited Survey Findings:

The school provided data (see grade report data in the Appendix) that, beginning in the spring 2011 semester, all students received formative assessments in the Correlated Medical Problem Solving (CMPS) course within 30 days of course completion. Similarly, in the 2010-2011 academic year, all students received Student Continuity Practice (SCP) grades within 30 days of course completion. Students carry a clinical passport document in Phase 2; this document contains all forms (including the mid-point feedback form) that must be completed prior to the student's being able to take the final examination in the course. All students now receive mid-point feedback, as documented by the completion of the form and by student interviews during the limited survey visit. An online evaluation system has been implemented for all clinical courses. In the fall 2011 semester, the vast majority (~90%) of students received their grades in clinical courses (including surgery) within 30 days, and all students received their grades within 45 days.

In the spring and summer of 2010, the school of medicine hired staff members whose responsibilities are to compile data on the timeliness of assessments and to facilitate the distribution and collection of student evaluations. In addition, the school's electronic assessment system was updated to permit the tracking of assessments with automatic reminders. School officials also met with faculty, staff, and site directors to emphasize the importance of students' receipt of timely assessments.

More specifically, the MyEvaluations.com system has been deployed across all clinical clerkships, the Student Continuity Practice (SCP) component of the Clinical Medicine course, and the Correlated Medical Problem Solving (CMPS) course. Users of the system have been instructed in its use. School staff utilize a feature of MyEvaluations.com that tracks when the assessment was sent, the number of completed assessments received within 15 days, the number received within 30 days, and the number received after 30 days. This information is available both in aggregate and for individual clinical sites. Six days after each rotation ends, a staff member reviews a report regarding any overdue assessments. If any are overdue, the appropriate section leader is notified; the section leader, in turn, notifies appropriate site directors. This process is repeated weekly until all assessments have been completed. This reporting process was accepted by the Committee on Undergraduate Education (CUME) on May 20, 2010. The new governance structure will monitor implementation and enforce compliance.

For CPMS I and II formative assessments, data provided by the school for the fall and spring semesters in the 2009-2010 and 2010-2011 academic years revealed a significant improvement in the timeliness of students' receipt of formative assessments, with all students in the 2010-2011 academic year receiving these assessments within 30 days and the vast majority of them receiving them within 15 days.

For the SCP 1, 2, and 3 courses in the 2010-2011 academic year, 100% of students received their summative assessments within 30 days of the completion of the course; the final grade for this experience is determined at the end of the academic year. The vast majority of final grades (93.7%, 85.7%, and 100% for SCP 1, 2, and 3, respectively) were received within 15 days.

With the introduction of this new system, in the 2011-2012 academic year the vast majority (range: 86% to 100%) of students were receiving their final grades in core outpatient and inpatient clinical clerkships within 30 days. The remaining students were all receiving their final grades within a maximum of 45 days. The school is working toward its reported ultimate goal of having all final grades submitted within 15 days of course or clerkship completion. The Committee on Undergraduate Medical Education and its Curricular Operating Subcommittee will receive biennial reports regarding success in achieving this goal.

ED-32. A narrative description of medical student performance in a medical education program, including non-cognitive achievement, should be included as a component of the assessment in each required course and clerkship (or, in Canada, clerkship rotation) whenever teacher-student interaction permits this form of assessment.

2010 Full Survey Findings:

There are no narrative evaluations provided in the Human Systems course, which includes a large number of hours of small group instruction. This lack is reported as being due to the lack of continuity in small group instruction facilitators. Narrative evaluations also are not consistently provided in each required clinical clerkship.

2012 Limited Survey Findings:

Beginning with the 2011-2012 academic year, all Phase 1 courses (Human Systems, Human Development and Health, Mechanisms of Disease, Correlated Medical Problem Solving, and Clinical Medicine) now provide narrative assessments based on students' participation in small group learning activities. All Phase 2 and Phase 3 clerkships (with the exception of the one-week courses in Orthopedics and ENT) also consistently provide narrative assessments.

Students access these narratives through Blackboard at the conclusion of each section of the course or clerkship. In order to ensure that an enduring solution is in place relative to narrative assessments, the Committee on Undergraduate Medical Education adopted a policy on narrative assessment for the Academic Policies Handbook: "All courses and clerkships will implement a process for narrative feedback/comments that will be shared with each student. In addition, all courses/clerkships must conform with LCME guidelines for formative as well as summative feedback."

In addition, the school of medicine has emphasized the need for narrative comments with course, clerkship, and site directors. A faculty development seminar was created to train preceptors in writing effective assessments, and a system is now place to monitor the quality of feedback and to return assessment forms to preceptors when they lack narrative comments or when the quality of those comments requires revision.

ED-33. There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.

2010 Full Survey Findings:
The curriculum management system is complex, and the scope of responsibility of each of the several existing committees is not clear. For example, several committees appear to have responsibility for setting curriculum policy and conducting evaluations of courses and clerkships. Course and clerkship directors possess excessive autonomy in course administration, leading to an erosion of central authority for the curriculum.

2012 Limited Survey Findings:
The school of medicine has created and implemented a new, well-organized governance structure for central management of the curriculum. The system has been welcomed and accepted by the faculty. Central authority for the educational program now rests with the Education Council, to which the Committee on Undergraduate Medical Education reports. The membership of the Education Council consists of:

- The chief academic officer for medical education (*ex officio* and chair)
- The chief academic officer of the graduate school, Farmington campus (*ex officio*)
- One faculty member from each standing Education Council subcommittee: the Committee on Undergraduate Medical Education (CUME), the Graduate Programs Committee (GPC), the Graduate Medical Education Committee (GMEC), and the Committee on Continuing Medical Education (CCME)
- Five (5) elected basic science faculty members
- Five (5) elected clinical faculty members

The terms of elected and appointed faculty members are staggered and are of three years duration. No member may serve more than two consecutive terms. All members are voting members. (See Appendix for organizational chart showing the relationships of committees and subcommittees with the Education Council and for a description of each committee and subcommittee, its charge, and its membership.)

Within this new structure, the school of medicine has already started to make meaningful changes in the curriculum. In addition, several administrative positions have been developed, funded, and filled to assist in the administration, implementation, and evaluation of the curriculum.

Since the 2010 survey visit, the curriculum management system has undergone extensive reorganization. The CUME is the central curriculum oversight committee. It has three sub-committees: the Curriculum Operating Subcommittee (COSC), the Course and Curriculum Evaluation Subcommittee (CCESC), and the Curriculum Policy Subcommittee (CPSC). These subcommittees meet monthly to carry out their tasks/functions, and the CUME meets monthly following the subcommittees' meetings. The three subcommittees meet first so that they can prepare reports for the CUME meeting. As indicated above, CUME reports to the Education Council, composed of the school's educational leadership. This council must give final approval for CUME recommendations. It, in turn, reports to the Dean's Council, which must give approval for major resource allocations. The membership of the Dean's Council includes six *ex officio* members of the Dean's Office, three department chairs and center directors (elected by their peers), and five faculty members elected to other councils and then elected to the Dean's Council from the individual councils. Each of the committees and subcommittees has role-based membership that provides appropriate and credible representation of faculty, administrative, and student stakeholders. The responsibilities of each committee are also clearly delineated and understood by the committee's members, as confirmed by interviews with the survey team.

The course directors with whom team members met reported being very pleased with the new management structure, and they welcomed the new oversight and assistance. The survey team did not sense any resistance to these changes.

The Education Support Office has also undergone reorganization. It has been renamed the Home Office for Medical Education (HOME); at the time of the survey visit, a new director had just been appointed. In addition, a director of assessment had been appointed to oversee the school of medicine's assessment practices. Finally, a faculty member will be designated as the "basic science principal," who will serve as a liaison from the administration to the pre-clinical course directors. An analogous "clinical medicine principal" has been appointed. (See Appendix for organizational charts for medical education and undergraduate medical education.)

Most significant, the school of medicine has recruited and employed a new senior associate dean for medical education (hire date: 6/29/11), who has been able to fully implement the newly approved curriculum management system. The faculty and students with whom the team met were unanimous in their praise for her energetic, optimistic, and highly effective leadership style.

With this new organization in place, the school of medicine has embarked upon a Curriculum Mapping Project, in which the objectives of each learning session are mapped to course objectives, which are in turn mapped to the school of medicine competencies. The COSC and the CCESC are jointly overseeing this project, which will allow identification of gaps and redundancies in the curriculum.

In summary, the reorganized curriculum management system is structured to provide central and coordinated oversight of the curriculum. It has been well received by the faculty and has functioned effectively for the past year.

ED-35. The objectives, content, and pedagogy of each segment of a medical education program's curriculum, as well as of the curriculum as a whole, must be designed by and subject to periodic review and revision by the program's faculty.

2010 Full Survey Findings:
The lack of a standardized format for mandated triennial reviews of courses allows for inconsistency. While individual courses and clerkships are reviewed periodically, curriculum years or phases have not been reviewed. Recently, an analysis of the curriculum as a whole was completed for the first time in 15 years.

2012 Limited Survey Findings:
Since the 2010 survey, the Committee on Undergraduate Medical Education (CUME) was reorganized as described in this report (above under standard ED-33). A standard process was established for the regular review of all courses in the curriculum. Each year, course directors complete comprehensive, formatted, reflective evaluations, which include many questions related to LCME standards. Under the direction of staff in the Home Office for Medical Education, these evaluations are combined with student survey data, course syllabi and other materials, and student performance data. The Course and Curriculum Evaluation Subcommittee (CCESC) reviews this information, meets with course directors, formulates recommendations for improvement, and returns written summaries to the course leadership. Any courses found to have serious problems are brought before CUME for more extensive review and discussion. In addition, every course in the curriculum has been scheduled for an in-depth triennial review. Courses in the first-year curriculum have already undergone this review. Based on interviews with faculty and CUME and CCSEC committee members and review of the materials supplied to the survey team, this system appears to be functioning well.

To address concerns about the lack of review of curricular segments and the curriculum as a whole, CUME has established a schedule for regular triennial review of these curricular components, as well. Phase 1 segments (pre-clinical years 1 and 2) have been reviewed, and the schedule provided to the survey team indicates that this cycle will be completed by November 2012.

As an example of the effectiveness of this process, a review of the two-week Beginning to End (BTE) segment of the Phase 2 curriculum was completed in May 2011. BTE was designed to provide students with a comprehensive view of the in-patient system by requiring that they follow patients from emergency room admission through their hospital courses to discharge. While well-intended, this segment was not well-received by students and had not been able to demonstrate that its learning objectives were being met. The CCESC concluded that this segment was not an efficient use of curricular time and recommended that its learning objectives be distributed to other clinical experiences. As a result, this segment was eliminated from the 2011-2012 academic calendar.

ED-36. The chief academic officer of a medical education program must have sufficient resources and authority to fulfill his or her responsibility for the management and evaluation of the curriculum.
FA-2. A medical education program must have a sufficient number of faculty members in the subjects basic to medicine and in the clinical disciplines to meet the needs and missions of the program.

2010 Full Survey Findings:
The number of basic science faculty members has been decreasing for five years. Recent retirements in response to a retirement incentive program have had an adverse effect. Limitations on financial resources and restrictions on rehiring retired faculty members are limitations on the ability to secure an adequate number of faculty to deliver the curriculum. There is a heavy reliance on volunteer faculty, which affects the ability to assure consistency and quality. Department chairs and faculty confirm that the number of faculty is inadequate to support the curricular structure. Announced retirements contribute to concerns about the adequacy of faculty numbers.

2012 Limited Survey Findings:
The school of medicine provided all information on faculty recruitments in each basic science department for both 2012 and the time of the 2010 survey. The state's $865 million Bioscience CT initiative (described in the ER-2 section below, with additional information available in the Appendix) will provide funding for capital expenditures. In addition, as a part of this initiative, there is also a commitment from the governor to support the recruitment and start-up costs of 90 new faculty (40 clinician-scientists, 10 basic scientists, and 40 clinicians) over the next few years, with funding for these positions being determined during annual legislative appropriations processes. In the last year, there has been a net positive recruitment of 14 FTE basic science faculty, who will teach in the Phase 1 curriculum. (See Appendix for table of current full-time, part-time, and voluntary basic science faculty.)

The school has received approval for the rehiring of retired faculty for up to two years, which softens the impact of the multiple retirements identified in the 2010 survey report. The school's administration requires documentation that there are not other faculty who can provide the teaching or training that the retired faculty member could provide, and it also requires that a system for succession planning for that educational need be designed and implemented. In addition, some of the teaching load of retirees was taken over by clinical faculty, who were already in place and had teaching capacity. From conversations with faculty, administrators, and staff during the survey visit, it appears that the Bioscience CT initiative has re-energized the faculty and improved morale throughout the Health Center. The plan is to initially recruit 40 clinicians and 10 basic scientists.

Additionally, The Jackson Laboratory (located in Bar Harbor, Maine) has been recruited by the governor to build a laboratory campus in Farmington. The Jackson Laboratory website provides the following information about this effort: "The Jackson Laboratory (JAX) will build a new nonprofit research institute in Connecticut with support from the state's Bioscience Connecticut initiative. The new institute, a 501 (c) (3) charitable organization, will draw upon The Jackson Laboratory's eight decades of research and the medical expertise of Connecticut's universities and hospitals. JAX Genomic Medicine will discover the complex causes of disease, develop diagnostics and therapeutics, and build Connecticut's bioscience industry. JAX Genomic Medicine will be built on a 17-acre site on the University of Connecticut Health Center campus in Farmington. Initial operations will begin in 2012 using leased space while a 173,000-square-foot permanent facility is designed and built. Construction will begin in 2013, and the new facility will open in 2014. It will house 300 biomedical researchers, technicians and support staff in state-of-the-art computing facilities and laboratories. The JAX Genomic Medicine facility is an expansion, not a relocation, of The Jackson Laboratory. JAX will continue to grow its basic research campus in Bar Harbor, Maine, while the new facility in Connecticut focuses on medical applications of genomics with

academic and clinical research partners from Connecticut and around the world."

The school of medicine and The Jackson Laboratory will co-recruit between 10 and 30 basic science faculty. Planning for the recruitments is not yet underway, and it is unclear who will be involved and what types of individuals will be recruited. The school of medicine is planning to hire into their "signature programs" which are "Type 2 centers" (e.g., cardiovascular and muscular skeletal). The Jackson Laboratory already has several joint initiatives in genomic medicine, and it is likely that translational science will be the theme for recruitments. An initiative in bioinformatics is coming first, and a subdivision director has just been appointed for that area.

MS-19. A medical education program must have an effective system in place to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

2010 Full Survey Findings:
A structured career counseling program is lacking for students in the first and second years of the curriculum. This results in a lack of knowledge on the part of these students of the steps that should be taken early in their medical education to prepare them for application to residency.

2012 Limited Survey Findings:
In January 2010, the school of medicine initiated a new, voluntary Career Development Program based on the AAMC Careers in Medicine program for first and second-year students. This voluntary program continued through the 2010-2011 academic year. This program became mandatory in the 2011-2012 academic year, and will extend into the third year during the 2012-2013 academic year. The program consists of didactic and small group components. The initial student satisfaction data (confirmed by student interviews during the limited survey visit) are highly positive.

The new Career Development Program has an overall goal and specific goals for each academic year:

- Overall goal: To foster the personal and professional development of undergraduate medical students in year 1 through 4
- Year 1 goal: To support the introspection and self-reflection required for the development of students' professional identities
- Year 2 goal: To support exploration of different specialties to identify career goals and prepare students for third year
- Year 3 goal: To support successful completion of third-year clerkships and final career decision-making
- Year 4 goal: To support residency planning and career decisions

The program includes four small group meetings annually for first and second-year students with a faculty member facilitator who has received training in career counseling. The school of medicine has employed (on a .2 FTE basis) a respected faculty member in the Department of Medicine to serve as the director of the student advising program within the Office of Student Affairs and to provide faculty development for faculty advisors who will be assigned to groups of students in the first and second years. The program follows the structure of the AAMC Careers in Medicine (CiM) program and uses CiM online materials. Small group sessions in the first year focus on personal interests, values, personality, and skills; the small group sessions in the second year focus on reflection regarding self-assessment data and summer activities, exploration of specific specialties, comparison of self-assessment insights to specialty information, and planning for third-year rotations. The didactic sessions include completion of the Meyers Briggs Type Inventory and class meetings. The leadership of the Career Development Program also has identified advisors in each clinical department who are willing and able to provide

information about their specialty to interested students.

Mandatory sessions in this program take place during required Dean's Hours in the first and second years and will also take place during Dean's Hours when the third-year program is implemented in the 2012-2013 academic year. At these sessions, students are introduced to available resources (e.g., faculty and web-based CiM tools), and general guidance is provided to students across the span of career development activities. The career counseling content is conducted in a small group-learning model. Within the small group structure, there will be an effort to maintain continuity of membership among both faculty and students over the span of the three-year experience.

In the third year and fourth years, the program will address fourth-year requirements in the medical curriculum; planning for the fourth year, ERAS, and the NRMP; and the provision of mock interview experiences for residency applicants.

MS-23. A medical education program must provide its medical students with effective financial aid and debt management counseling.

2010 Full Survey Findings:
Financial aid services and debt management counseling continue to be reported by students as inadequate; noncompliance with this area was cited in the previous full survey. Insufficient staffing in the Office of Financial Aid may contribute to the problem.

2012 Limited Survey Findings:
In the spring of 2011, the school of medicine added an additional full-time financial aid counselor to the financial aid office staff, for a total of four staff (including the director). The office serves both medical and dental students. Beginning with the 2010 -2011 academic year, two new mandatory requirements were implemented. The first of these, mandatory debt management workshops for all fourth-year (graduating) medical students, includes presentations by representatives from the AAMC. The second of these, mandatory one-on-one exit interviews for all graduating students, emphasizes debt management. In the 2011-2012 academic year, a third requirement was added: all first-year medical students are required to complete a series of five online debt management sessions; weekly reports are available to track completion. In-person workshops are also offered, and participation is required as follow-up to the online mandatory sessions. In addition, a Financial Fitness Calendar of workshops is now distributed electronically and is available on the revamped financial aid website. The workshop schedule is also distributed to second through fourth-year students, who are encouraged to attend.

In the fall of 2011, the school of medicine introduced its new student portal, through which students can access individual financial aid and billing information, as well as Blackboard and other information. In October 2011, a customer service questionnaire was distributed to students, and respondents indicated that they were either satisfied or very satisfied with the overall service, communication, and resources of the financial aid office. Some respondents made recommendations regarding the timeliness and accuracy of information received from the bursar's office, and plans have been implemented to rectify the situations identified.

MS-27-A. The health professionals at a medical education program who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services.

2010 Full Survey Findings:
Students bear the burden of ensuring that faculty who provide sensitive medical care are not in a position

to evaluate them academically. Students are uncomfortable seeking mental health services because they are not provided in a manner that assures confidentiality. Some mental health services are provided in the medical school outpatient psychiatric clinic, which serves as an educational site during the psychiatry clerkship.

2012 Limited Survey Findings:
Two issues were identified in the prior full survey visit. To address the first issue of conflict of interest, the school of medicine developed and implemented the following policy regarding faculty members who provide healthcare to students:

> Faculty who provide healthcare services to students should not be involved in the supervision, academic evaluation, or promotion decisions of students receiving such services. If a student finds him or herself in a situation where they are supervised and/or will be evaluated by a faculty member, who is also providing healthcare services to them, they may request immediate reassignment. Such requests should be made to the course director. Similarly, if a faculty member finds that he/she has been assigned a student, who is also their patient, to supervise and/or evaluate, he/she must request that the student be assigned to another faculty member.

This policy addresses the faculty member's responsibility to proactively address the potential conflict of interest inherent in such health care-assessment situations, whereas the prior policy only addressed the student's right to request reassignment if a treating physician was assigned as a teacher or assessor. The policy has been distributed widely, and its effectiveness will be evaluated through student satisfaction surveys.

To address the second issue of privacy and confidentiality, the school of medicine has identified a secure and private location for students receiving confidential psychological support. In December 2011, an office in a nearby office building was renovated for use by the school of medicine mental health provider; this building is within walking distance of the school of medicine campus. The provider plays no role in the instruction or assessment of medical students.

MS-37. A medical education program should ensure that its medical students have adequate study space, lounge areas, and personal lockers or other secure storage facilities at each instructional site.

2010 Full Survey Findings:
Student lounge space is inadequate; this was cited as an area of noncompliance at the time of the previous full survey. Implementation of the plans to address this continues to be postponed.

2012 Limited Survey Findings:
In the spring of 2010, the school of medicine, working with the medical student leadership, conducted a student survey completed by 200+ medical and dental students to identify the desired components of an adequate lounge space; the survey data helped to define the scope of the new lounge to be constructed. A location for the new ~2,000 square foot lounge was identified and, at its October 19, 2010 meeting, the Health Center's Space Management Committee approved renovation of the space. Construction of the lounge has been completed, and team members visited the lounge with student guides as part of a tour of school facilities. The lounge is a large, bright, modern, and conveniently located facility that provides seating areas; food storage, food preparation, and eating areas; and recreation areas.

In addition to relaxation space, students have also requested an on-site fitness facility. In response to this request, plans for a new student center have been developed; the center will include additional student relaxation and study space. In the future, either additional fitness space will be developed or an

alternative solution (e.g., subsidy of students' memberships at a nearby commercial fitness facility) will be implemented.

ER-2. The present and anticipated financial resources of a medical education program must be adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

2010 Full Survey Findings:
There have been significant funding deficits for the past three years. A structural change to the state allocation methodology has allowed the school of medicine to report a current break-even budget in the year-to-date. However, the replacement of faculty losses sustained over the past five years and the need for necessary facilities enhancements require substantial additional resources.

2012 Limited Survey Findings:
Health center leadership has advocated to the State of Connecticut for increased recurring general funds that make up 21% of the school of medicine budget. Both one-time and recurring funds have been diverted to the educational mission of the school in the last year. In addition, the state has committed $865 million dollars through BioScience CT to enhance educational and clinical facilities on the school of medicine campus.

The annual state appropriation for the Health Center is a line item separate from that of the university, and it is subject to political influence. The State of Connecticut's new governor was described to the survey team as "deeply" understanding what the Health Center does in medicine, as evidenced by his development of the Bioscience CT initiative and The Jackson Laboratory move. (See Appendix for additional information about Bioscience CT and The Jackson Laboratory.) The governor has committed to funding for up to 90 faculty positions over the next few years, and the interim vice president for health affairs expressed confidence that this will happen. The new governor is reportedly addressing the state's $3.5 billion deficit through a multi-pronged, rational approach, including concessions from employees.

On-site interviews confirmed that, four years ago, the total Health Center (including the school of medicine and hospital) had a $22 million deficit and had to go back to the legislature for gap funding.

The Bioscience CT initiative represents a total of $865 million. The state puts in $600 million, and the University of Connecticut Health Center finance corporation will borrow $200 million and pay it back over 25 years. The University of Connecticut will pay maintenance and utilities for all new buildings, and it will request that the state increase its appropriation to cover this cost. Health Center resources will contribute $69 million that will be saved by a new capital allocation process. The remaining amount will come from philanthropy and parking revenues. A joint steering group led by the governor's chief of staff and the interim vice president for health affairs has worked out this arrangement in great detail.

As indicated, one source of income is through increased philanthropic efforts. There is one foundation for the University of Connecticut at Storrs and the Health Center in Farmington, but with dedicated Health Center foundation staff. Currently, there is about $70-$80 million in the Health Center corpus, which is used for endowed chairs, student travel, lectureships, etc. The university is now in the midst of a capital campaign of $600 million for the entire university.

The chief financial officer for the Health Center is very experienced and came three years ago into a difficult financial climate and a hospital probation citation from the Department of Health. The hospital invested resources to ameliorate those citations, and the chief financial officer has been concentrating on putting resources into faculty recruitment and educational programs in order to address all of the citations of the LCME warning of probation action. The monies he has allocated to the school of medicine are

recurring dollars, and he forecasts that these monies will be stable at least through 2014. The General Assembly acted in 2010 to increase the Health Center's appropriation and to alter the fringe benefits methodology to be sustainable. This had been a key financial issue.

ER-7. Each hospital or other clinical facility of a medical education program that serves as a major instructional site for medical student education must have appropriate instructional facilities and information resources.

2010 Full Survey Findings:
Student call rooms at Hartford Hospital are not functionally useful for students on required clerkships. Students are unaware of the availability of any call rooms at that hospital.

2012 Limited Survey Findings:
Two new on-call rooms were constructed on the fifth floor of Hartford Hospital; they became available for use in March 2010. Each room can accommodate two students. The two call rooms with two beds each are sufficient to accommodate the maximum of three students who would be on overnight call the same night. A follow up survey of 11 students (all students who rotated at Hartford Hospital to date in the current academic year) yielded excellent student feedback regarding student awareness of the call rooms, their use of those rooms, and cleanliness and condition of those rooms.

ER-9. A medical education program must have written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.

2010 Full Survey Findings:
Of the 10 facilities used for the inpatient rotations of required clinical clerkships, five do not have current, signed affiliation agreements that meet LCME standards.

2012 Limited Survey Findings:
The briefing document submitted by the school of medicine contained a list of all clinical affiliates for which affiliation agreements have been executed. This list included the five affiliates noted in the 2010 full survey visit, and the briefing book appendix included copies of all five executed agreements. Each agreement includes a "Compact between Faculty, Graduate and Undergraduate Trainees" that articulates expectations for interactions and complies with LCME standards. In addition, a new process housed in the Office of the Senior Associate Dean alerts office staff when an agreement is nearing expiration in order to prevent future lapses in affiliation agreements.

Areas in Compliance, with a Need for Monitoring
(following the January 24-27, 2010 full survey visit)

IS-1. An institution that offers a medical education program must engage in a planning process that sets the direction for its program and results in measurable outcomes.

2010 Full Survey Findings:
With the proposed combination of John Dempsey Hospital and Hartford Hospital Center currently abandoned, clinical strategic planning remains very much a work in progress. Planning is aimed at assuring fiscal stability. The dean is currently actively engaged in the strategic planning process for replacement of the university clinical facilities.

2012 Limited Survey Findings:
The previous governor had plans to merge the Health Center's John Dempsey Hospital with Hartford

Hospital Center and to support the recruitment of 40 clinical faculty via state appropriations. At the time of the 2010 survey visit, this plan had been put on hold. Both the mini-database submitted by the school of medicine and the interviews completed on-site reveal a substantial commitment of resources (Bioscience CT) from the new governor to allow clinical strategic planning for both new faculty and physical facilities to move forward.

The current interim vice president for health affairs and the interim dean convened two task forces: one for primary care planning and one for clinical planning. They engaged a consultant to do an analysis of the region and determine the region's needs in order to most effectively fill the 90 committed faculty positions. The department chairs were at the table for the planning process, and they participated with the consultant to decide those areas that were appropriate for recruitment. Education is at the forefront of this process, and the new senior associate dean for education vets all the faculty appointment letters to ensure that there is ample commitment to the teaching mission in terms of time, percent effort, and salary. Interviews with deans, chairs, and faculty revealed a high level of excitement and collaboration in this process.

The situation with the children's hospital is a little different, as that department chair has a strong educational program with strong collaboration across sites. Clinical strategic planning for the children's hospital is going on now, resulting in that institution's interaction with the University of Connecticut Health Center clinical strategic planning process.

The interim dean has had regular contact with the CEOs at all of the other community hospitals, and the assistant dean appointments at those campuses are made and evaluated jointly by the dean and each hospital CEO.

The Bioscience CT initiative is being managed by extensive planning committees for each of the projects to ensure that they will each get programmed correctly and implemented, and that the physical facilities will be built out on time and on budget. The Executive Committee consists of the dean, the vice president for health affairs, the head of the Faculty Practice Plan, and several others. They meet every month with the governor's chief of staff and the head of the budget committee. The current interim vice president for health affairs also sees the governor once or twice a month to keep things on track.

It should be re-emphasized that the medical education program is considered in this planning process as no one is recruited to get a faculty appointment without the prior approval of the senior associate dean for education. Each offer letter delineates the faculty appointee's teaching responsibilities, whether they are for students, residents, fellows, or others.

MS-24. A medical education program should have mechanisms in place to minimize the impact of direct educational expenses on medical student indebtedness.

2010 Full Survey Findings:
In parallel with recent increases in tuition and fees, there has been an increase in the average indebtedness of graduates of the medical school. Over a five-year period, average indebtedness rose from approximately 25% below the national average to slightly above the national average. From 2003 to 2008, the average indebtedness almost doubled, from about $64,000 to about $126,000.

2012 Limited Survey Findings:
University of Connecticut School of Medicine graduates' debt increased by 15% from 2008-2009 to 2011-2012. The average medical school debt of indebted graduates increased by 18%, and the percent of indebted graduates with medical school debt increased from 7% to 16.7% in the same timeframe. The school of medicine applies 15% of medical school tuition revenues to financial aid for students in need.

As of October 21, 2011, the total amount of scholarship funds available for distribution to medical students was reported to be $397,817. In response to questions from the survey team about school plans to enhance support for medical student financial aid in the face of a projected 4% annual increases in tuition for the next four years, school officials referred to nascent plans for a loan repayment program with funding from the Bioscience CT initiative, but no information was available about current and/or specific plans to address medical student indebtedness.

FA-4. A member of the faculty in a medical education program must have the capability and continued commitment to be an effective teacher.

2010 Full Survey Findings:
The medical school began an organized program for faculty development two weeks prior to the site survey. The effectiveness of this program is yet to be determined.

2012 Limited Survey Findings:
The programs initiated in 2009 under the auspices of the Office of Faculty Affairs have proven to be effective, well-attended, and well-received. The director of faculty development performed a needs assessment that resulted in five general areas of focus: academic advancement; teaching effectiveness; personal and professional development; diversity, inclusion, and implicit bias; and mentoring and educational support programs. A regular series of workshops led by both University of Connecticut faculty and visiting faculty has been established. These programs have been well attended, and post-session evaluation data indicate that the great majority of participants find them helpful. In addition, rates of successful application for promotion have increased since implementation of the Academic Advancement workshops, which have been attended by half of the applicants. The junior faculty members interviewed by the survey team reported that they felt well-supported and that they were aware of the school's criteria for promotion. At the present time, the office is developing a new series of sessions for faculty members who are being groomed for leadership positions.

Course-specific faculty development programs are now being coordinated by the director of faculty development and the Home Office for Medical Education (HOME). The efforts of HOME and the Office of Faculty Affairs appear to complement each other. Appropriate resources have been provided to the Office of Faculty Affairs to plan and implement these programs.

FA-10. A faculty member of a medical education program should receive regularly scheduled feedback on his or her academic performance and progress toward promotion and, when applicable, tenure.

2010 Full Survey Findings:
The recent development of a new faculty assessment tool (CREATE) has caused widespread confusion regarding the implementation of faculty policies on promotion, tenure and compensation. The undetermined impact of this tool and the recent faculty vote to establish a bargaining unit may further erode the stability of the faculty and educational resources.

2012 Limited Survey Findings:
Since the 2010 full survey visit, CREATE (Clinical, Research, Education, Administration, Transition to Excellence) has been used in annual individual meetings of department chairs with their faculty members to define effort distribution and professional responsibilities. While chairs may also use CREATE internally to link revenue streams to specific faculty activities, this is no longer a part of the discussions with faculty members. CREATE is also used to determine the most appropriate track for each faculty member. Both chairs and faculty members interviewed by the survey team found CREATE to be effective

when used in this capacity, and the team sensed no confusion or concern.

In November 2009, the University of Connecticut Health Center (UCHC) chapter of the American Association of University Professors (AAUP) was established by a majority faculty vote. In November 2010, the bargaining unit ratified a constitution; in February 2011, the group initiated a bargaining process with the UCHC leadership. The resulting agreement included a four percent pay increase for eligible faculty members and delineated stipulations for future wage agreements. At the time of the limited survey visit, the survey team found that a cordial relationship existed between the AAUP leadership and the school of medicine leadership. Faculty members seemed mixed in their support of the union, although it was not viewed by anyone as a negative influence. The presence of a union does not appear to have had the negative impact on recruitment or retention of needed numbers of faculty members that was feared at the time of the 2010 full survey visit.

APPENDICES

SCHEDULE FOR A LIMITED ACCREDITATION SURVEY VISIT
TO THE
UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE

Sunday/Day One – February 26, 2012	
5:00 PM Team caucus (Dr. Parisi's hotel suite, Residence Inn by Marriott, 55 Simsbury Road, Avon, CT, 1-860-678-1666)	
6:00 PM Dean's perspectives (Dr. Parisi's hotel suite)	**Bruce Liang, MD,** *Interim Dean, School of Medicine*
7:30 PM Meadow Restaurant, 532 Hopmeadow Street, Simsbury, CT **860-408-9800**	
Monday/Day Two – February 27, 2012	
Pick-up from the hotel lobby 7:30 AM	
8:00 AM Continental breakfast	**Team**

8:30 AM Curriculum management (ED-33)
• **Institutional responsibility for curriculum planning, implementation, and evaluation**
  ○ **School of medicine committees and subcommittees and their scope of responsibilities, roles, and relationships to each other**
  ○ **Organizational chart for curricular management**
  ○ **Responsibility for:**
  ▪ **Review of course and clerkship objectives**
  ▪ **Use of appropriate teaching methods and instructional formats**
  ▪ **Coordination and integration of curricular content across periods of study**
  ▪ **Monitoring of the quality and outcomes of courses and clerkships**
  ▪ **Determining the need for changes in courses and clerkships**
• **Periodic review of curricular elements (ED-35)**
  ○ **Periodic review of courses, clerkships, curriculum segments, and the curriculum as a whole, including processes and timetable**
	Suzanne Rose, MD, *Senior Associate Dean for Education*
	TV Rajan, MD, PhD, *Chair of the Course and Curriculum Evaluation Subcommittee, Professor of Pathology and Laboratory Medicine, Director of Assessment*
	Dan Henry, MD, *Chair of the Curriculum Operating Subcommittee, Professor of Medicine*
	Bruce Brenner, MD, *Chair of the Curriculum Policy Subcommittee, Assistant Professor of Surgery*
	Ellen Nestler, MD, *Assoc. Professor of Medicine, Section Leader for MAX Medicine*
	John Harrison, PhD, *Associate Professor of Craniofacial Sciences/Orthodontics, Section Leader for Human Biology, Basic Science Principal*
	Kiki Nissen, MD, *Associate Dean for Graduate Medical Education, Professor of Medicine, Member Education Council, Member, Dean's Council (instrumental in reorganization of governance)*
	Lynn Puddington, PhD *Associate Professor of Immunology, Member, Education Council, Member, Dean's Council*

11:00 AM Comparability of medical education program and equivalence of assessment methods across instructional sites within a given discipline (ED-8) • **Methods for determining comparability of clinical experiences across instructional sites** • **Status of development of a centralized system for evaluating the comparability of medical student experiences and assessment across instructional sites** • **Adequacy of processes used to determine comparability in each clinical discipline across instructional sites** • **Documentation of comparability of experiences and assessment across instructional sites in the surgery clerkship**	**Suzanne Rose, MD**, *Senior Associate Dean for Education* **Dan Henry, MD,** *Chair of the Curriculum Operating Subcommittee, Professor of Medicine* **TV Rajan, MD, PhD,** *Chair of the Course and Curriculum Evaluation Subcommittee, Professor of Pathology and Laboratory Medicine, Director of Assessment* **Bruce Brenner, MD,** *Chair of the Curriculum Policy Subcommittee, Assistant Professor of Surgery* **David McFadden, MD,** *Chair of Surgery* **Ellen Nestler, MD,** *Associate Professor of Medicine, Section Leader for MAX Medicine*
12:00 NOON Lunch with first and second-year students	**Shirin Karimi,** *Year 1 Elected Representative* **Deborah Hall,** *Year 1* **Christopher Steele,** *Elected Vice President, Student Govt, Year 2* **Jenna Bernstein,** *Year 2, Elected Representative on Curriculum Operating Subcommittee* **Luke Monteaugudo,** *Year 2, Elected Representative Curriculum Policy Subcommittee* **Ke-You Zhang,** *Year 2*
2:00 PM Break	
2:15 PM Fair and timely formative and summative assessment of medical student achievement (ED-30); provision of narrative assessments to medical students (ED-32) • **Status of delivery of timely formative feedback in the Correlated Medical Problem Solving sequence** • **Data on the availability and timing of formative feedback** • **Timeliness of provision of final grades to students in required clinical clerkships and in the Student Continuity Practice component of the Clinical Medicine course** • **System to ensure the timely provision of final clerkship grades to students** • **Identification of Phase 1 courses that**	**Melinda Sanders, MD,** *Chair, Professor of Pathology and Laboratory Medicine, Course Director for the Mechanisms of Disease Course* **Tom Manger, MD,** *Assistant Professor of Medicine, Course Director for Human Systems* **Zita Lazzarini, JD, MPH,** *Associate Professor of Community Medicine and Health Care, Course Director for Human Development and Health* **Cathie Lewis, MD,** *Associate Professor of Psychiatry, Director of the Inpatient Course* **Stacy Brown, PhD,** *Director, Community Based-Education Program and Director, Selectives* **Yvonne Grimm-Jorgensen, PhD,** *Assistant Professor of Cell Biology, Course Director for Correlated Medical Problem Solving* **TV Rajan, MD, PhD,** *Chair of the Course and Curriculum Evaluation Subcommittee, Professor of*

provide narrative assessments • **Provision of narrative feedback in required clinical clerkships and the fourth-year selective project** • **System to ensure the provision of narrative assessment in all Phase 1 and Phase 2 courses in which faculty-student interaction permit it**	*Pathology and Laboratory Medicine, Director of Assessment* **Lynn Kosowicz, MD**, *Director of the Clinical Medicine Course*
3:00 PM School of medicine administration (IS-11); faculty resources (ED-36, FA-2) • **Status of department chair department chair recruitments for any vacant or interim chair positions** • **Status of search for a permanent dean** • **Current basic science faculty numbers** • **Status of current faculty recruitments in basic science departments** • **Adequacy of faculty to teach in Phase 1 of the curriculum**	**Bruce Liang, MD,** *Interim Dean, School of Medicine* **Casey Jacob, PhD,** *Senior Associate Dean for Faculty Affairs* **John Harrison, PhD,** *Associate Professor of Craniofacial Sciences/Orthodontics, Section Leader for Human Biology, Basic Science Principal* **Melinda Sanders, MD,** *Chair,Professor of Pathology and Laboratory Medicine, Course Director for the Mechanisms of Disease Course* **Marja Hurley, MD,** *Associate Dean for Health Career Opportunity Programs, Professor of Medicine and Orthopaedic Surgery, Former Interim Senior Associate Dean for Education* **Leo LeFrancois, PhD,** *Chair, Immunology*
4:00 PM Financial resources (ER-2) • **Trends in funding sources available to the school of medicine over the past three academic years** • **Anticipated changes in financial resources available to the school of medicine over the next three academic years** • **School of medicine financing of facilities enhancements and faculty recruitments**	**John Biancamano,** *Chief Financial Officer* **Mark Siraco,** *Director of GME Finance, was Interim Director of Finance and prepared section on ER-2* **Donna McKenty,** *Director of Finance* **Carolle Andrews, JD,** *Chief Administrative Officer* **Tom Callahan,** *Vice President of BioScience CT, Interim Chief of Staff* **Phil Austin, PhD,** *Interim Vice President for Health Affairs*
5:00 PM Team returns to hotel	
7:00 PM Carmen Anthony Fishhouse of Avon, 51 East Main Street, Avon, CT, 860-677-7788	

Tuesday/Day Three – February 28, 2012	
Pick-up from the hotel lobby 7:30 AM	
8:00 AM Continental breakfast	**Team**
8:30 AM Career advising • **Status of development of a structured career counseling program for first and second-year students** • **Formal and informal career information and advising sessions provided to first and second-year students in academic years 2010-2012, including content areas and level of student participation**	**David Henderson, MD,** *Associate Dean for Student Affairs* **Dan Henry, MD,** *Chair of the Curriculum Operating Subcommittee, Professor of Medicine, Director of Medical Student Advising* **Tom Regan, MD,** *Associate Professor, Section Leader for Emergency Medicine, Advisor* **Bruce Gould, MD,** *Associate Dean for Primary Care, Associate Professor of Medicine, Director/Advisor for the Urban Service Track*
9:15 AM Financial aid and debt management counseling • **Staffing of the school of medicine financial aid office** • **Formal and informal debt management and financial aid counseling sessions provided to students in academic years 2010-2012, including required and optional sessions and level of student participation** • **Student satisfaction with financial aid and debt management services**	**David Henderson, MD,** *Associate Dean for Student Affairs* **Robin Frank,** *Director of Student Services* **Andrea Devereaux,** *Financial Aid Officer* **Carolle Andrews,** *Chief Administrative Officer*
10:00 AM Break	
10:15 AM Student health services • **Medical school policies and procedures related to conflicts of interest in student medical and mental health services**	**David Henderson, MD,** *Associate Dean for Student Affairs* **Deb Johnson, APRN,** *Student Mental Health Counselor* (via phone) **TV Rajan, MD, PhD** *Chair of the Course and Curriculum Evaluation Subcommittee, Professor of Pathology and Laboratory Medicine, Director of Assessment, Chair of the Academic Advancement Committee*
10:45 AM Tour of school of medicine facilities with first and second-year students	**Sean Ghassem-Zadeh,** *Elected President, Student Govt, Dental Student* **Christopher Steele,** *Elected Vice President, Student Govt* **Shirin Karimi,** *Year 1 Elected Representative* **Zac Cavanaugh,** *Year 2 Elected Representative*

11:30 AM Student relaxation space • **Changes in availability of student relaxation space since 2010** • **Student satisfaction with currently available relaxation space**	**Sean Ghassem-Zadeh,** *Elected President, Student Govt, Dental Student* **Sahar Barfchin,** *Year 1, Elected Representative Curriculum Policy Subcommittee* **Shirin Karimi,** *Year 1* **Zac Cavanaugh,** *Year 2 Elected Representative* **Rebecca Kosowicz,** *Year 2*
12:00 NOON Lunch with third and fourth-year students	**Christine Castater,** *On Enrichment Year Leave between year 3 and 4* **Nicole Carreau,** *Year 3, Elected Representative on Curriculum Operating Subcommittee* **Stacy White,** *Year 3, Elected Representative on Committee on Undergraduate Medical Education* **Jordee Wells,** *Year 3* **Glen Russo,** *Year 4, Student Representative on Dean's Search* **Christian Kakowski,** *Year 4*
2:00 PM Clinical affiliates • **Status of student call rooms at Hartford Hospital (ER-7)** • **Affiliation agreements with clinical affiliates (ER-9)**	**Suzanne Rose, MD**, *Senior Associate Dean for Education* **Ellen Nestler, MD,** *Associate Professor of Medicine, Section Leader for MAX Medicine* **Bridget Schulz,** *Administrative Officer for Education, Survey Site Coordinator* **Suzanne Gregorczyk**, *Clinical Curriculum Coordinator* **Gregory Makoul, PhD,** *Assistant Dean to St. Francis Hospital, Chief Academic Officer, Chief Academic Officer, Vice President for Academic Affairs* **Neil Yeston, MD,** *Assistant Dean Emeritus, Hartford Hospital*
2:45 PM Clinical strategic planning • **Status of planning for the clinical enterprise, including replacement of university clinical facilities**	**Bruce Liang, MD,** *Interim Dean, School of Medicine* **Denis LeFreniere, MD,** *Interim Chair of Surgery, Interim Director of UCONN Medical Group* **Tom Callahan,** *Vice President of Bioscience Connecticut, Interim Chief of Staff* **Carolle Andrews**, *Chief Administrative Officer* **Paul Skolnik, MD,** *Chair, Medicine* **Rob Cushman,** *Chair, Family Medicine* **Paul Dworkin,** *Chair, Pediatrics*
3:30 PM Medical student debt (Transition area) • **Tuition and fees for resident and non-resident medical students**	**Dina Plapler, JD,** *Vice President, Development* **Joann Lombardo,** *Director, Governmental Relations for Health Affairs* **Robin Frank,** *Director of Student Services*

• **Average educational debt of indebted graduates** • **Percent of indebted graduates with debt in excess of $200,000**	**Andrea Devereaux,** *Financial Aid Officer* **Richard Zeff, PhD,** *Assistant Dean for Admissions* **Bruce Gould, MD,** *Associate Dean for Primary Care Associate Professor of Medicine* **Scott Wetstone,** *Director, Health Affairs Policy Planning, organizes the setting of tuition*

4:15 PM Faculty development (Transition area) • **Faculty development programs during the 2010-2012 academic years and level of faculty participation** • **Resources available to faculty identified as in need of faculty development**	**M. Casey Jacob, PhD,** *Senior Associate Dean for Faculty Affairs* **Jeri Hepworth, PhD,** *Professor and Vice Chair of Family Medicine, Director of Faculty Development* **Melinda Sanders, MD,** *Chair, Professor of Pathology and Laboratory Medicine, Course Director for the Mechanisms of Disease Course, Director of Initiative for Peer Review of Teaching*
5:00 PM Team returns to hotel	
7:30 PM Papacelle Ristorante, 152 Simsbury Road, Riverdale Farms Bldg 9, Avon, CT 860-269-3121	

Wednesday/Day Four – February 29, 2012	
Pick-up from the hotel lobby 7:30 AM	
8:00 AM Continental breakfast with junior faculty members	**Melissa Held, MD,** *Assistant Professor of Pediatrics (CCMC), Section Leader for MAX, Inpatient, and AIE Pediatrics* **Walter Trymbulak, MD, PhD,** *Section Leader for Ob/Gyn* **Jason Ryan, MD,** *Assistant Professor of Medicine* **Stormy Chamberlain, PhD,** *Assistant Professor of Genetics and Developmental Biology* **Jessica Clement, MD**, *Assistant Professor of Medicine, Medical Director, Clinical Trials Office* **Angela Kueck, MD,** *Assistant Professor of Obstetrics & Gynecology, Medical Director of Robotic Surgery* **Lisa Mehlmann, PhD,** *Assistant Professor of Cell Biology*
9:30 AM Implementation of CREATE faculty assessment tool • **Informing faculty of their responsibilities and time commitments related to education and other school of medicine missions** • **Status of implementation of the CREATE tool to monitor faculty performance and productivity and its use in promotion, tenure, and compensation decisions** • **Status of development and implementation of the AAUP collective bargaining agreement**	**Bruce Liang, MD,** *Interim Dean, School of Medicine* **Andrew Arnold, MD,** *Head, Endocrinology and Metabolism, Director, Center for Molecular Medicine* **Bruce Mayer, PhD,** *Professor of Genetics & Developmental Biology, President of the AAUP* **Richard Simon, MD,** *Chair, Compensation and Merit Plan Executive Committee* **Melinda Sanders, MD,** *Chair, Professor of Pathology and Laboratory Medicine, Course Director for the Mechanisms of Disease Course*
10:15 AM Team caucus	
11:45 AM Team lunch	
12:30 PM Exit conference with Dean	**Bruce Liang, MD,** *Interim Dean, School of Medicine* **Suzanne Rose, MD,** *Senior Associate Dean for Education*
1:00 PM Exit conference with University leadership *NOTE: President Herbst and Provost Nicholls will join the conference via Skype*	**Susan Herbst, PhD,** *President* **Peter Nicholls, PhD,** *Provost and Executive Vice President* **Bruce Liang, MD,** *Interim Dean, School of Medicine* **Suzanne Rose, MD,** *Senior Associate Dean for*

	Education
1:30 PM Team leaves for airport	

2/20/2012

SCHEDULE FOR A LIMITED ACCREDITATION SURVEY VISIT
TO THE
UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE

Sunday/Day One – February 26, 2012	
5:00 PM Team caucus (Dr. Parisi's hotel suite, Residence Inn by Marriott, 55 Simsbury Road, Avon, CT, 1-860-678-1666)	
6:00 PM Dean's perspectives (Dr. Parisi's hotel suite)	**Bruce Liang, MD,** *Interim Dean, School of Medicine*
7:30 PM Meadow Restaurant, 532 Hopmeadow Street, Simsbury, CT 860-408-9800	
Monday/Day Two – February 27, 2012	
Pick-up from the hotel lobby 7:30 AM	
8:00 AM Continental breakfast	**Team**

8:30 AM Curriculum management (ED-33)
• **Institutional responsibility for curriculum planning, implementation, and evaluation**
  ○ **School of medicine committees and subcommittees and their scope of responsibilities, roles, and relationships to each other**
  ○ **Organizational chart for curricular management**
  ○ **Responsibility for:**
  ▪ **Review of course and clerkship objectives**
  ▪ **Use of appropriate teaching methods and instructional formats**
  ▪ **Coordination and integration of curricular content across periods of study**
  ▪ **Monitoring of the quality and outcomes of courses and clerkships**
  ▪ **Determining the need for changes in courses and clerkships**
• **Periodic review of curricular elements (ED-35)**
  ○ **Periodic review of courses, clerkships, curriculum segments, and the curriculum as a whole, including processes and timetable**
	Suzanne Rose, MD, *Senior Associate Dean for Education*
	TV Rajan, MD, PhD, *Chair of the Course and Curriculum Evaluation Subcommittee, Professor of Pathology and Laboratory Medicine, Director of Assessment*
	Dan Henry, MD, *Chair of the Curriculum Operating Subcommittee, Professor of Medicine*
	Bruce Brenner, MD, *Chair of the Curriculum Policy Subcommittee, Assistant Professor of Surgery*
	Ellen Nestler, MD, *Assoc. Professor of Medicine, Section Leader for MAX Medicine*
	John Harrison, PhD, *Associate Professor of Craniofacial Sciences/Orthodontics, Section Leader for Human Biology, Basic Science Principal*
	Kiki Nissen, MD, *Associate Dean for Graduate Medical Education, Professor of Medicine, Member Education Council, Member, Dean's Council (instrumental in reorganization of governance)*
	Lynn Puddington, PhD *Associate Professor of Immunology, Member, Education Council, Member, Dean's Council*

11:00 AM Comparability of medical education program and equivalence of assessment methods across instructional sites within a given discipline (ED-8) • **Methods for determining comparability of clinical experiences across instructional sites** • **Status of development of a centralized system for evaluating the comparability of medical student experiences and assessment across instructional sites** • **Adequacy of processes used to determine comparability in each clinical discipline across instructional sites** • **Documentation of comparability of experiences and assessment across instructional sites in the surgery clerkship**	**Suzanne Rose, MD**, *Senior Associate Dean for Education* **Dan Henry, MD,** *Chair of the Curriculum Operating Subcommittee, Professor of Medicine* **TV Rajan, MD, PhD,** *Chair of the Course and Curriculum Evaluation Subcommittee, Professor of Pathology and Laboratory Medicine, Director of Assessment* **Bruce Brenner, MD,** *Chair of the Curriculum Policy Subcommittee, Assistant Professor of Surgery* **David McFadden, MD,** *Chair of Surgery* **Ellen Nestler, MD,** *Associate Professor of Medicine, Section Leader for MAX Medicine*
12:00 NOON Lunch with first and second-year students	**Shirin Karimi,** *Year 1 Elected Representative* **Deborah Hall,** *Year 1* **Christopher Steele,** *Elected Vice President, Student Govt, Year 2* **Jenna Bernstein,** *Year 2, Elected Representative on Curriculum Operating Subcommittee* **Luke Monteaugudo,** *Year 2, Elected Representative Curriculum Policy Subcommittee* **Ke-You Zhang,** *Year 2*
2:00 PM Break	
2:15 PM Fair and timely formative and summative assessment of medical student achievement (ED-30); provision of narrative assessments to medical students (ED-32) • **Status of delivery of timely formative feedback in the Correlated Medical Problem Solving sequence** • **Data on the availability and timing of formative feedback** • **Timeliness of provision of final grades to students in required clinical clerkships and in the Student Continuity Practice component of the Clinical Medicine course** • **System to ensure the timely provision of final clerkship grades to students** • **Identification of Phase 1 courses that**	**Melinda Sanders, MD,** *Chair, Professor of Pathology and Laboratory Medicine, Course Director for the Mechanisms of Disease Course* **Tom Manger, MD,** *Assistant Professor of Medicine, Course Director for Human Systems* **Zita Lazzarini, JD, MPH,** *Associate Professor of Community Medicine and Health Care, Course Director for Human Development and Health* **Cathie Lewis, MD,** *Associate Professor of Psychiatry, Director of the Inpatient Course* **Stacy Brown, PhD,** *Director, Community Based-Education Program and Director, Selectives* **Yvonne Grimm-Jorgensen, PhD,** *Assistant Professor of Cell Biology, Course Director for Correlated Medical Problem Solving* **TV Rajan, MD, PhD,** *Chair of the Course and Curriculum Evaluation Subcommittee, Professor of*

provide narrative assessments • **Provision of narrative feedback in required clinical clerkships and the fourth-year selective project** • **System to ensure the provision of narrative assessment in all Phase 1 and Phase 2 courses in which faculty-student interaction permit it**	*Pathology and Laboratory Medicine, Director of Assessment* **Lynn Kosowicz, MD**, *Director of the Clinical Medicine Course*
3:00 PM School of medicine administration (IS-11); faculty resources (ED-36, FA-2) • **Status of department chair department chair recruitments for any vacant or interim chair positions** • **Status of search for a permanent dean** • **Current basic science faculty numbers** • **Status of current faculty recruitments in basic science departments** • **Adequacy of faculty to teach in Phase 1 of the curriculum**	**Bruce Liang, MD,** *Interim Dean, School of Medicine* **Casey Jacob, PhD,** *Senior Associate Dean for Faculty Affairs* **John Harrison, PhD,** *Associate Professor of Craniofacial Sciences/Orthodontics, Section Leader for Human Biology, Basic Science Principal* **Melinda Sanders, MD,** *Chair,Professor of Pathology and Laboratory Medicine, Course Director for the Mechanisms of Disease Course* **Marja Hurley, MD,** *Associate Dean for Health Career Opportunity Programs, Professor of Medicine and Orthopaedic Surgery, Former Interim Senior Associate Dean for Education* **Leo LeFrancois, PhD,** *Chair, Immunology*
4:00 PM Financial resources (ER-2) • **Trends in funding sources available to the school of medicine over the past three academic years** • **Anticipated changes in financial resources available to the school of medicine over the next three academic years** • **School of medicine financing of facilities enhancements and faculty recruitments**	**John Biancamano,** *Chief Financial Officer* **Mark Siraco,** *Director of GME Finance, was Interim Director of Finance and prepared section on ER-2* **Donna McKenty,** *Director of Finance* **Carolle Andrews, JD,** *Chief Administrative Officer* **Tom Callahan,** *Vice President of BioScience CT, Interim Chief of Staff* **Phil Austin, PhD,** *Interim Vice President for Health Affairs*
5:00 PM Team returns to hotel	
7:00 PM Carmen Anthony Fishhouse of Avon, 51 East Main Street, Avon, CT, 860-677-7788	

Tuesday/Day Three – February 28, 2012	
Pick-up from the hotel lobby 7:30 AM	
8:00 AM Continental breakfast	**Team**
8:30 AM Career advising • **Status of development of a structured career counseling program for first and second-year students** • **Formal and informal career information and advising sessions provided to first and second-year students in academic years 2010-2012, including content areas and level of student participation**	**David Henderson, MD,** *Associate Dean for Student Affairs* **Dan Henry, MD,** *Chair of the Curriculum Operating Subcommittee, Professor of Medicine, Director of Medical Student Advising* **Tom Regan, MD,** *Associate Professor, Section Leader for Emergency Medicine, Advisor* **Bruce Gould, MD,** *Associate Dean for Primary Care, Associate Professor of Medicine, Director/Advisor for the Urban Service Track*
9:15 AM Financial aid and debt management counseling • **Staffing of the school of medicine financial aid office** • **Formal and informal debt management and financial aid counseling sessions provided to students in academic years 2010-2012, including required and optional sessions and level of student participation** • **Student satisfaction with financial aid and debt management services**	**David Henderson, MD,** *Associate Dean for Student Affairs* **Robin Frank,** *Director of Student Services* **Andrea Devereaux,** *Financial Aid Officer* **Carolle Andrews,** *Chief Administrative Officer*
10:00 AM Break	
10:15 AM Student health services • **Medical school policies and procedures related to conflicts of interest in student medical and mental health services**	**David Henderson, MD,** *Associate Dean for Student Affairs* **Deb Johnson, APRN,** *Student Mental Health Counselor* (via phone) **TV Rajan, MD, PhD** *Chair of the Course and Curriculum Evaluation Subcommittee, Professor of Pathology and Laboratory Medicine, Director of Assessment, Chair of the Academic Advancement Committee*
10:45 AM Tour of school of medicine facilities with first and second-year students	**Sean Ghassem-Zadeh,** *Elected President, Student Govt, Dental Student* **Christopher Steele,** *Elected Vice President, Student Govt* **Shirin Karimi,** *Year 1 Elected Representative* **Zac Cavanaugh,** *Year 2 Elected Representative*

11:30 AM Student relaxation space • **Changes in availability of student relaxation space since 2010** • **Student satisfaction with currently available relaxation space**	**Sean Ghassem-Zadeh,** *Elected President, Student Govt, Dental Student* **Sahar Barfchin,** *Year 1, Elected Representative Curriculum Policy Subcommittee* **Shirin Karimi,** *Year 1* **Zac Cavanaugh,** *Year 2 Elected Representative* **Rebecca Kosowicz,** *Year 2*
12:00 NOON Lunch with third and fourth-year students	**Christine Castater,** *On Enrichment Year Leave between year 3 and 4* **Nicole Carreau,** *Year 3, Elected Representative on Curriculum Operating Subcommittee* **Stacy White,** *Year 3, Elected Representative on Committee on Undergraduate Medical Education* **Jordee Wells,** *Year 3* **Glen Russo,** *Year 4, Student Representative on Dean's Search* **Christian Kakowski,** *Year 4*
2:00 PM Clinical affiliates • **Status of student call rooms at Hartford Hospital (ER-7)** • **Affiliation agreements with clinical affiliates (ER-9)**	**Suzanne Rose, MD,** *Senior Associate Dean for Education* **Ellen Nestler, MD,** *Associate Professor of Medicine, Section Leader for MAX Medicine* **Bridget Schulz,** *Administrative Officer for Education, Survey Site Coordinator* **Suzanne Gregorczyk,** *Clinical Curriculum Coordinator* **Gregory Makoul, PhD,** *Assistant Dean to St. Francis Hospital, Chief Academic Officer, Chief Academic Officer, Vice President for Academic Affairs* **Neil Yeston, MD,** *Assistant Dean Emeritus, Hartford Hospital*
2:45 PM Clinical strategic planning • **Status of planning for the clinical enterprise, including replacement of university clinical facilities**	**Bruce Liang, MD,** *Interim Dean, School of Medicine* **Denis LeFreniere, MD,** *Interim Chair of Surgery, Interim Director of UCONN Medical Group* **Tom Callahan,** *Vice President of Bioscience Connecticut, Interim Chief of Staff* **Carolle Andrews,** *Chief Administrative Officer* **Paul Skolnik, MD,** *Chair, Medicine* **Rob Cushman,** *Chair, Family Medicine* **Paul Dworkin,** *Chair, Pediatrics*
3:30 PM Medical student debt (Transition area) • **Tuition and fees for resident and non-resident medical students**	**Dina Plapler, JD,** *Vice President, Development* **Joann Lombardo,** *Director, Governmental Relations for Health Affairs* **Robin Frank,** *Director of Student Services*

• **Average educational debt of indebted graduates** • **Percent of indebted graduates with debt in excess of $200,000**	**Andrea Devereaux,** *Financial Aid Officer* **Richard Zeff, PhD,** *Assistant Dean for Admissions* **Bruce Gould, MD,** *Associate Dean for Primary Care Associate Professor of Medicine* **Scott Wetstone,** *Director, Health Affairs Policy Planning, organizes the setting of tuition*

4:15 PM Faculty development (Transition area) • **Faculty development programs during the 2010-2012 academic years and level of faculty participation** • **Resources available to faculty identified as in need of faculty development**	**M. Casey Jacob, PhD,** *Senior Associate Dean for Faculty Affairs* **Jeri Hepworth, PhD,** *Professor and Vice Chair of Family Medicine, Director of Faculty Development* **Melinda Sanders, MD,** *Chair, Professor of Pathology and Laboratory Medicine, Course Director for the Mechanisms of Disease Course, Director of Initiative for Peer Review of Teaching*
5:00 PM Team returns to hotel	
7:30 PM Papacelle Ristorante, 152 Simsbury Road, Riverdale Farms Bldg 9, Avon, CT 860-269-3121	

Wednesday/Day Four – February 29, 2012	
Pick-up from the hotel lobby 7:30 AM	
8:00 AM Continental breakfast with junior faculty members	**Melissa Held, MD,** *Assistant Professor of Pediatrics (CCMC), Section Leader for MAX, Inpatient, and AIE Pediatrics* **Walter Trymbulak, MD, PhD,** *Section Leader for Ob/Gyn* **Jason Ryan, MD,** *Assistant Professor of Medicine* **Stormy Chamberlain, PhD,** *Assistant Professor of Genetics and Developmental Biology* **Jessica Clement, MD,** *Assistant Professor of Medicine, Medical Director, Clinical Trials Office* **Angela Kueck, MD,** *Assistant Professor of Obstetrics & Gynecology, Medical Director of Robotic Surgery* **Lisa Mehlmann, PhD,** *Assistant Professor of Cell Biology*
9:30 AM Implementation of CREATE faculty assessment tool • **Informing faculty of their responsibilities and time commitments related to education and other school of medicine missions** • **Status of implementation of the CREATE tool to monitor faculty performance and productivity and its use in promotion, tenure, and compensation decisions** • **Status of development and implementation of the AAUP collective bargaining agreement**	**Bruce Liang, MD,** *Interim Dean, School of Medicine* **Andrew Arnold, MD,** *Head, Endocrinology and Metabolism, Director, Center for Molecular Medicine* **Bruce Mayer, PhD,** *Professor of Genetics & Developmental Biology, President of the AAUP* **Richard Simon, MD,** *Chair, Compensation and Merit Plan Executive Committee* **Melinda Sanders, MD,** *Chair, Professor of Pathology and Laboratory Medicine, Course Director for the Mechanisms of Disease Course*
10:15 AM Team caucus	
11:45 AM Team lunch	
12:30 PM Exit conference with Dean	**Bruce Liang, MD,** *Interim Dean, School of Medicine* **Suzanne Rose, MD,** *Senior Associate Dean for Education*
1:00 PM Exit conference with University leadership *NOTE: President Herbst and Provost Nicholls will join the conference via Skype*	**Susan Herbst, PhD,** *President* **Peter Nicholls, PhD,** *Provost and Executive Vice President* **Bruce Liang, MD,** *Interim Dean, School of Medicine* **Suzanne Rose, MD,** *Senior Associate Dean for*

	Education
1:30 PM Team leaves for airport	

2/20/2012

Wake Forest™
Baptist Medical Center

Leader Profiles

Frank M. Torti, MD, MPH, FACP

Frank M. Torti, MD, MPH, FACP

Dr. Torti received his B.A. and M.A. degrees from Johns Hopkins University, his M.D. from Harvard Medical School (cum laude), and his M.P.H. from the Harvard School of Public Health, where he trained in cancer epidemiology and nutrition. He was an intern and resident at the Beth Israel Hospital, Boston, a Harvard teaching hospital, and a fellow in medical oncology at Stanford University. While on the Stanford faculty, he served as Executive Officer of the Northern California Oncology Group and Associate Director of the Northern California Cancer Program, and was instrumental in the development and oversight of the data management functions and overall administration of that NCI-designated clinical cooperative group and its regional network in northern California. While at Stanford, he led one of the most active genitourinary programs in the country. He was tenured at Stanford University.

Dr. Torti joined Wake Forest University School of Medicine in 1993 as the Charles L. Spurr Professor of Medicine, Director of the Comprehensive Cancer Center, and Chair of the Department of Cancer Biology. He developed and is principal investigator on a training program in cancer biology for PhD students and MD and PhD postdoctoral fellows that is funded by an NIH T32 grant. He is the founding and past president of the Cancer Biology Training Consortium, a national society of cancer biology chairs and program directors that now involves 70 US academic medical centers.

He has published in Science, J. Biol. Chem., Mol. Cell. Biol., Proc. Nat. Acad. of Sci., J. Immunol., J. Clin. Oncol., Lancet, Cancer Res., New Eng. Jour. Med., Ann. Int. Med., Cell, and other highly respected journals. He has served on or chaired a number of national study sections, including those of the NIH, VA, DOD, and American Institute for Cancer Research. He currently is a member of the External Advisory Boards of four Comprehensive Cancer Centers, as well as the nominating committee for the American Association of Cancer Institutes. He served on the NIH Council for the National Center for Complementary and Alternative Medicine, and was recently appointed to the NCI's Board of Scientific Advisors.

Dr. Torti is an active and well known clinical investigator in urologic oncology. He is widely published in this area and has designed and executed clinical trials that have become standards of care in genitourinary oncology. He has routinely been selected by his peers for lists in national magazines of "America's top doctors" and "top cancer doctors."

Dr. Torti has made fundamental observations on the molecular action of oxidants and cytokines and their relationship to cancer and iron homeostasis. His recent interests include alterations in iron homeostasis in cancer and the development of novel antiangiogenic compounds. He has been continually funded by an NIH RO1 grant for his basic science research since his lab was established in 1988. He holds a MERIT award from the NIH, an honor bestowed on only 3% of all NIH grantees.

In 2008, Dr. Torti took a leave from Wake Forest to accept an appointment as the U.S. Food and Drug Administration's Principal Deputy Commissioner (second ranking official) and the FDA's first Chief Scientist, a new position mandated in the FDA Amendments Act of 2007. As Chief Scientist, a number of FDA offices and centers reported directly to him, including

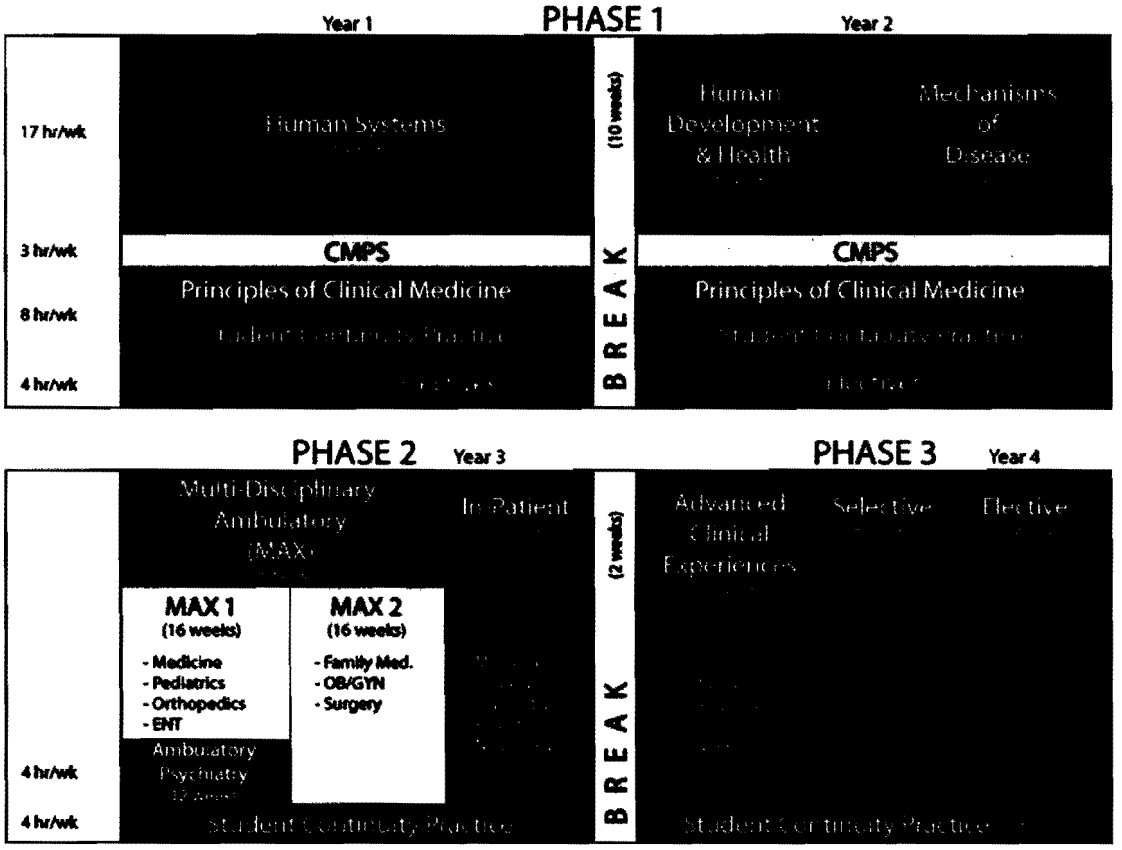
the Office of Critical Path Programs, the National Center for Toxicological Research, the Offices of Fellowship and Training, Genomics and Personalized Medicine, Pediatric Therapeutics, Special Health Issues, Orphan Drugs, Women's Health and Combination Products. While Chief Scientist, Dr. Torti developed and implemented the FDA commissioner's fellowship program, established a new FDA Journal of Regulatory Science, developed the overarching vision and priorities and implementation plan for FDA science, created a plan for recruitment, retention and career development in the Office of Oncology Drug Products (for which he received a Department of Health and Human Services "Commissioner's Commendation"), established the first FDA science writers symposium, developed a program of peer-reviewed "science first" research awards, developed an HHS-wide economic adulteration task force, and coordinated the scientific integration of the FDA's informatics transformation.

In January 2009, Dr. Torti was appointed Acting Commissioner of the FDA. He managed complex multi-state food-borne illness outbreaks, and initiated a scientific taskforce on scientific tools for rapid detection of pathogens that coordinated efforts of the Department of Homeland Security, DARPA, CDC, FDA, USDA, NIST, and NIH. He also developed strong collaborations with NIH and NCI leadership to tackle complex scientific issues surrounding rodent and primate toxicology and human epidemiology of estrogen disruptors. Dr. Torti was able to develop at the FDA a strong and growing sense of community around the preeminence of science in a regulatory agency.

Dr. Torti returned to Wake Forest in the spring of 2009 to assume the newly created position of Vice President for Strategic Programs as well as resuming his positions as Director of the Comprehensive Cancer Center and Chair of the Department of Cancer Biology. As part of the new position, Dr. Torti leads and provides oversight for not only the scientific, but also financial and strategic initiatives of all inpatient and outpatient cancer clinical programs.

University of Connecticut School of Medicine

Schematic of the Curriculum



Students' Receipt of Formative Assessments

Correlated Medical Problem Solving Course
Fall 2009/Spring 2010 vs. Fall 2010/Spring 2011

CMPS Evaluations, 2009-2010 and 2010-2011 Academic Years
The table summarizes on-line formative evaluations collected via the myevaluations.com. All students were also given oral mid-semester evaluations by their facilitators.

		<15 days	15-30 days	30-60 days	>60 days			< 15 days	15-30 days	30-60 days	>60 days	
CMPS I						Total enrolled						Total enrolled
	Fall 2009	84	0	0	0	84	Spring 2010	62	0	16	7	85
	Fall 2010	78	9	0	0	87	Spring 2011	87	0	0	0	87
CMPS II												
	Fall 2009	53	13	8	9	83	Spring 2010	36	28	9	0	82
	Fall 2010	84	0	0	0	84	Spring 2011	77	8	0	0	85*

Students' Receipt of Summative Assessments

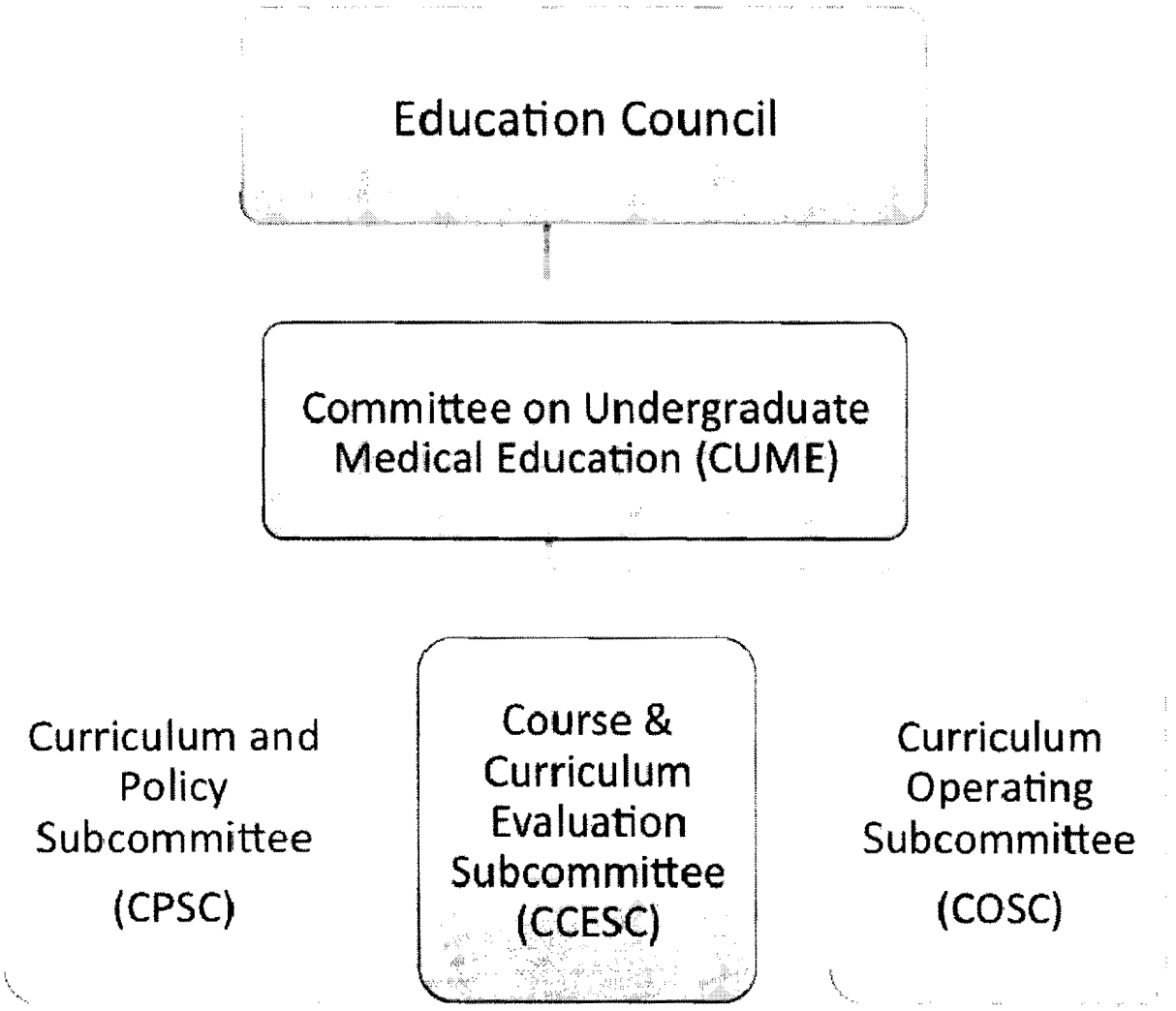
Student Continuity Practice 1, 2, 3 Courses
2010-2011 Academic Year

	Within 15 days	**16-30 Days**	**31-60 Days**	**61-90 Days**	**Over 90 Days**
SCP 1	93.3%	6.7%	0.0%	0.0%	0.0%
SCP 2	85.7%	14.3%	0.0%	0.0%	0.0%
SCP 3	100.0%	0.0%	0.0%	0.0%	0.0%
Total	93.0%	7.0%	0.0%	0.0%	0.0%

University of Connecticut School of Medicine

Organizational Chart for Management of the Curriculum

2010 to Present



University of Connecticut School of Medicine

Organizational Components, Committees, and Subcommittees
With Responsibility for the Curriculum

Education Council

Duties

Education Council is the Central Authority for all educational activities in the school of medicine. It reviews policies and plans for all educational activities sponsored by the SOM. EC also reviews the objectives, general form, and content of the educational programs, and assures their quality.

Authority

The EC has central authority over all educational activities but charges CUME with core oversight of the undergraduate medical curriculum. The Dean's Council, however, makes recommendations to the Dean concerning decisions that require the allocation of new resources.

Membership

One (1) Chief Academic Officer for Education (*ex officio and Chair*)
One (1) Chief Academic Officer of the Graduate School, Farmington campus (*ex officio*)
One (1) Faculty member from each standing EC policy subcommittee: CUME, GPC, GMEC, CCME
Five (5) elected basic science faculty members
Five (5) elected clinical faculty members
Terms of elected and appointed faculty members are staggered, and of 3 years duration. No member may serve more than two consecutive terms.
All members are voting members.

Committee on Undergraduate Medical Education (CUME)

Duties

The CUME serves as the school's core curriculum committee for the educational program leading to the M.D. degree. CUME has three subcommittees reporting to the committee to support this role as Core UME Authority.

Authority

CUME approves policies for all aspects of the undergraduate curriculum, determines the structure of the curriculum, educational philosophy, overall curriculum objectives, criteria for student evaluation, promotion and graduation. Through its three subcommittees it oversees management of the curriculum, the ongoing review of individual courses, segments of the curriculum, and the curriculum as a whole. It assesses long range needs regarding the direction and evolution of the educational program, and explores and evaluates innovative trends in medical education. As necessary, it initiates and oversees strategic planning for the undergraduate medical education program. Finally, it ensures institutional compliance with all LCME accreditation standards, as well all relevant institutional policies, and state and federal regulations. All of these issues as presented, analyzed, and reviewed must be presented to EC.

The CUME is charged by EC with the oversight of all educational activities related to the undergraduate medical education program. Its actions are sent to the EC for ratification. It directs the activities of, and receives regular reports from, its three subcommittees. All actions and/or recommendations of its subcommittee are reviewed and approved by CUME. At its discretion, and as appropriate, the CUME may create any *ad hoc* committee to address any aspect of the undergraduate medical education program.

In order to facilitate communication with the subcommittees of CUME and the affiliated hospitals, the membership includes the Chairs of each subcommittee and the Assistant Deans for Medical Education at the affiliated hospitals. These Assistant Deans are expected to play a major role in ensuring that the educational programs at their respective hospital are of the highest quality. They are the contact person if there is any problem identified during meetings of CUME or through other venues.

As noted in previous sections, agenda calendars for the academic year prescribe when certain data must come to the committees for review.

Membership: With the exception of *ex officio* members and students, terms of faculty are of three years' duration, and renewable without limit.

One (1) Senior Associate Dean for Education (*ex officio, non-voting and Chair*)
Three (3) Chairs of each subcommittee of CUME
Three (3) Basic science faculty
Three (3) Clinical faculty
Five (5) Assistant Deans for Medical Education at the major affiliated hospitals (*ex officio and voting)*
Connecticut Children's Medical Center, Hartford Hospital, Hospital of Central Connecticut, John Dempsey Hospital, and St. Francis Hospital and Medical Center
One (1) Basic science department chair (or designee) elected by Basic Science Chairs
One (1) Clinical department chair (or designee) from core clinical departments (Elected by Chairs of Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery)
One (1) Clinical department chair (or designee) from the other clinical departments (Elected by Chairs of Anesthesiology, Dermatology, Radiology, Neurology, Orthopedics, Pathology, Emergency Medicine)
Four (4) students (one elected from each class)
One (1) Director of Faculty Instructional Technology *(nonvoting)*

All members are voting members unless otherwise noted. Note: when the new Director of Medical Education is on board, this individual will be ex officio, non-voting.

Curriculum Policy Subcommittee (CPSC)

Duties

The CPSC is responsible for reviewing, updating, and creating policies for the undergraduate medical education program as requested by CUME. The CPSC ensures that existing policies meet the requirements of the LCME, and relevant institutional, State and Federal policies, regulations, and laws. An example of such would be the development of the Technical Standards for our school and relating that to the laws related to disability. As necessary, this subcommittee has access to the advice of the Assistant State Attorney General to ensure that our policies conform and the Assistant State Attorney General reviews our Policy and Procedures Manual. The CPSC reviews the Academic Policies and Procedures manual annually, and at the request of CUME, may investigate and compile data needed to create new policy. Clearly, the CUME may develop policy on its own, but the CPSC is a resource to work on policies that require additional information, deliberation, research and discussion.

Authority

All actions and/or recommendations of CPSC are reviewed and approved by CUME and if agreed upon, further reviewed by EC.

Membership: The chair of the CPSC is elected from among the faculty members on the committee (basic science and clinical) by a majority of the voting members of the subcommittee. The vice chair is nominated and elected from among the voting members of the subcommittee.

One (1) Senior Associate Dean for Education (*ex officio and nonvoting*)
Five (5) faculty from basic science departments
Five (5) faculty from clinical departments
Eight (8) students (two elected from each class, with one student per class being a nonvoting alternate)

All members are voting members unless otherwise noted. Note: when the new Director of Medical Education is on board, this individual will be ex officio, non-voting.

Curriculum Operating Subcommittee (COSC)

Duties:

The COSC is responsible for the day-to-day operation and management of the curriculum. It develops yearly academic calendars, ensures appropriate integration and coordination of content within the curriculum, identifies and eliminates unwanted redundancies and gaps in content coverage, assesses curricular needs (i.e., space, technology, and faculty expertise) and reports these needs to CUME, implements academic policy, and identifies new policies needed to ensure the effective delivery of the curriculum. This is the subcommittee charged with operationalizing the action of CUME, when approved by EC. This subcommittee currently directs the faculty participation in the Curriculum Mapping project, which will be reviewed both COSC and CCESC.

Authority

All actions and/or recommendations of COSC are reviewed and approved by CUME and if agreed upon, further reviewed by EC.

Membership: The chair of the COSC is elected from among the course directors by a majority of the voting members of the subcommittee. The vice chair is nominated and elected from among the voting members of the subcommittee.

One (1) Senior Associate Dean for Education (*ex officio and nonvoting*)
Ten (10) course directors
One (1) Director, Clinical Skills Assessment Program
One (1) Director of the Simulation Center *(nonvoting)*
One (1) Director, Medical Education or Director, HOME *(nonvoting)*
One (1) Library Director *(nonvoting)*
One (1) Director, Biomedical and Media Communications *(nonvoting)*
Eight (8) Students (two from each class, with one student per class being a nonvoting alternate)

All members are voting members unless otherwise noted. Note: when the new Director of Medical Education is on board, this individual will be ex officio, non-voting. Note: when the new Principals are on board, they will be ex officio, non-voting.

Course and Curriculum Evaluation Subcommittee (CCESC)

Duties:

The CCESC will review annual course evaluations and related course director annual reports, and make recommendations on ways in which each course can be improved. On a three-year cycle, the CCESC will review each course and clerkship in detail, the phases of the curriculum and the curriculum as a whole. The phase and full curriculum reviews will include benchmarking of student performance against

institutional goals and objectives, as well as against available national data. Lastly, the CCESC will continuously monitor institutional compliance with LCME standards. CCESC is also charged with reviewing the results of the Curriculum Mapping project and will report this analysis to CUME.

Authority
All actions and/or recommendations of CCESC are reviewed and approved by CUME and if agreed upon, further reviewed by EC.

Membership:

One (1) Senior Associate Dean for Education (*ex officio and nonvoting*)
Director, Office of Educational Assessment (*ex officio and chair*)
Five (5) faculty from basic science departments
Five (5) faculty from clinical departments
Eight (8) Students (two from each class, with one student per class being a nonvoting alternate)

All members are voting members unless otherwise noted. Note: when the new Director of Medical Education is on board, this individual will be ex officio, non-voting.

Other Institutional Committees Relating to Education

Dean's Council
The Dean's Council (DC), also codified in our Bylaws, includes ex officio members of the Dean's office (N=6), three department chairs and center directors (elected by their peers), and five faculty members elected to other Councils and then elected to DC from the individual Councils. For example, two members are also members of the EC, elected by EC to also serve on the DC.

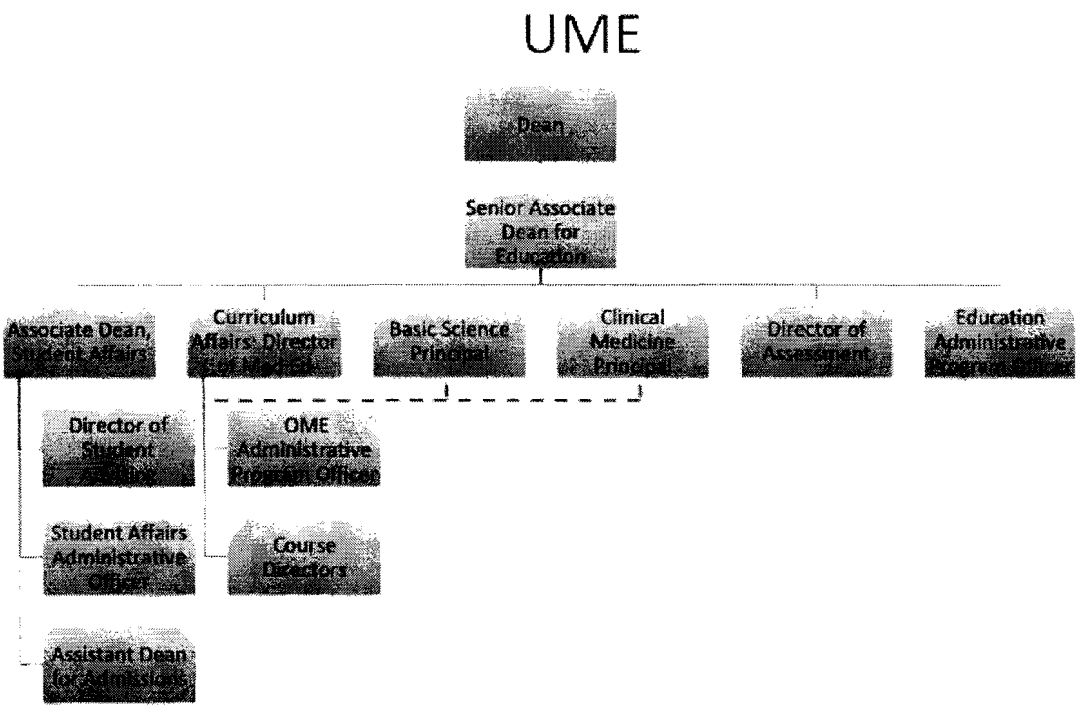
The DC works with the Dean to determine broad medical school policies and strategic plans. The Dean's Council plays a critical integrative function. It is advisory to the Dean and can review decisions by Education Council and make recommendations but EC remains the Central Authority. The biggest role of DC relative to EC is to advocate to the Dean for any projects requiring resources for implementation. This Council has the overview of the institution and this role of advocating for resources from the various Councils (Research, Clinical, and Education) is the primary role of this body.

Summary:

Subcommittee or Committee	Responsibility	Reporting to	Chair/Staff	Ultimate responsibility lies with:
COSC	Operationalize policies and procedures set by CUME and EC	CUME	Faculty elected from course directors Director of Med Ed Senior Associate Dean for Education/Program Officer for HOME	Director of Med Ed and Senior Associate Dean for Education
CPSC	Propose and create policy	CUME	Faculty Chair elected by faculty on the committee/Program Officer for Central Office of Chief Academic Officer for Education	Director of Med Ed and Senior Associate Dean for Education
CCESC	Course, Clerkship and Program Review	CUME	Director of Assessment/Assessment Coordinator	Director of Assessment and Senior Associate Dean for Education
CUME	Charged by EC to oversee all issues related to UME including curriculum, assessment, pedagogy, adherence to accreditation standards	EC	Senior Associate Dean for Education/ Director of Med Ed/Program Officer for HOME	Director of Med Ed and Senior Associate Dean for Education
Education Council	Central Authority	Central Authority but forwards recommendations for resources to Dean's Council	Senior Associate Dean for Education (by vote of EC)/ Program Officer for Central Office of Chief Academic Officer for Education	Senior Associate Dean for Education
Dean's Council	Advisory to dean (mostly to advocate for resources)	Advisory to the Dean	Faculty/Office for Faculty Affairs	Senior Associate Dean for Faculty Affairs

University of Connecticut School of Medicine

Organizational Chart for Undergraduate Medical Education



BIOSCIENCE CONNECTICUT

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

Governor Dannel P. Malloy

May 26, 2011

BIOSCIENCE CONNECTICUT

Appendix ADT-4.1

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

Connecticut once led the world in 20th Century manufacturing, a distinction of which we were justifiably proud and that allowed our middle class to thrive.

It is time for Connecticut to lead again. By capitalizing on our existing assets and investing in bioscience research, discovery and commercialization, we will attract new talent and economic opportunities.

Connecticut can be a 21st Century Bioscience leader.

BIOSCIENCE CONNECTICUT

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

Goal: Jumpstart Connecticut's economy by creating jobs now and generating long-term economic growth.

Objectives: Provide new strategic investment and recast existing commitments to:

- **Create 3,000 construction jobs annually through 2018.**
- **By 2037, generate 16,400 new jobs in pharmaceuticals, medical devices, information technology, for example.**
- **Increase in personal income by an estimated $4.6 billion.**
- **Double federal and industry research grants to drive discovery, innovation and commercialization.**
- **Increase access to high-quality health care.**
- **Graduate and retain more physicians and dentists to meet increased health care demands and the forecasted workforce shortage.**

Economic Impact Projections

Appendix AOT-4.1

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

Objective: Provide new strategic investment and maintain existing commitment to create:

BIOSCIENCE CONNECTICUT

Annual average of new jobs during construction phase (2012-2018):

3,000

New permanent jobs created through 2037:

16,400

Increase in state personal income by 2037:

$4.6 Billion

Net new revenue to state by 2037:

$823 Million

BIOSCIENCE CONNECTICUT INVESTMENT

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

Bioscience Connecticut

	Millions
Capital Expenditures	
Renovate Existing Research Facilities	$138
New Incubator Space	$ 17
Construct New Hospital Tower and Garages	$318
Renovate Existing Clinical Facility	$163
Construct New Ambulatory Care Center	$203
Implement UConn Health Network Initiatives	$ 25
Fund Source	
New Bonding	$254
Private Financing	$203
UConn Health Center Contribution	$ 69
Previously Approved Bonding	
UCONN 2000	$305
UConn Health Network	$ 33

Elements of the Plan

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT

LEADING THE WAY IN BIOSCIENCE INNOVATION

- Increase research capacity and productivity by renovating existing Health Center facilities
- Increase the number of basic and clinical/translational scientists, and
- Expand incubator facilities to foster new business start-ups.

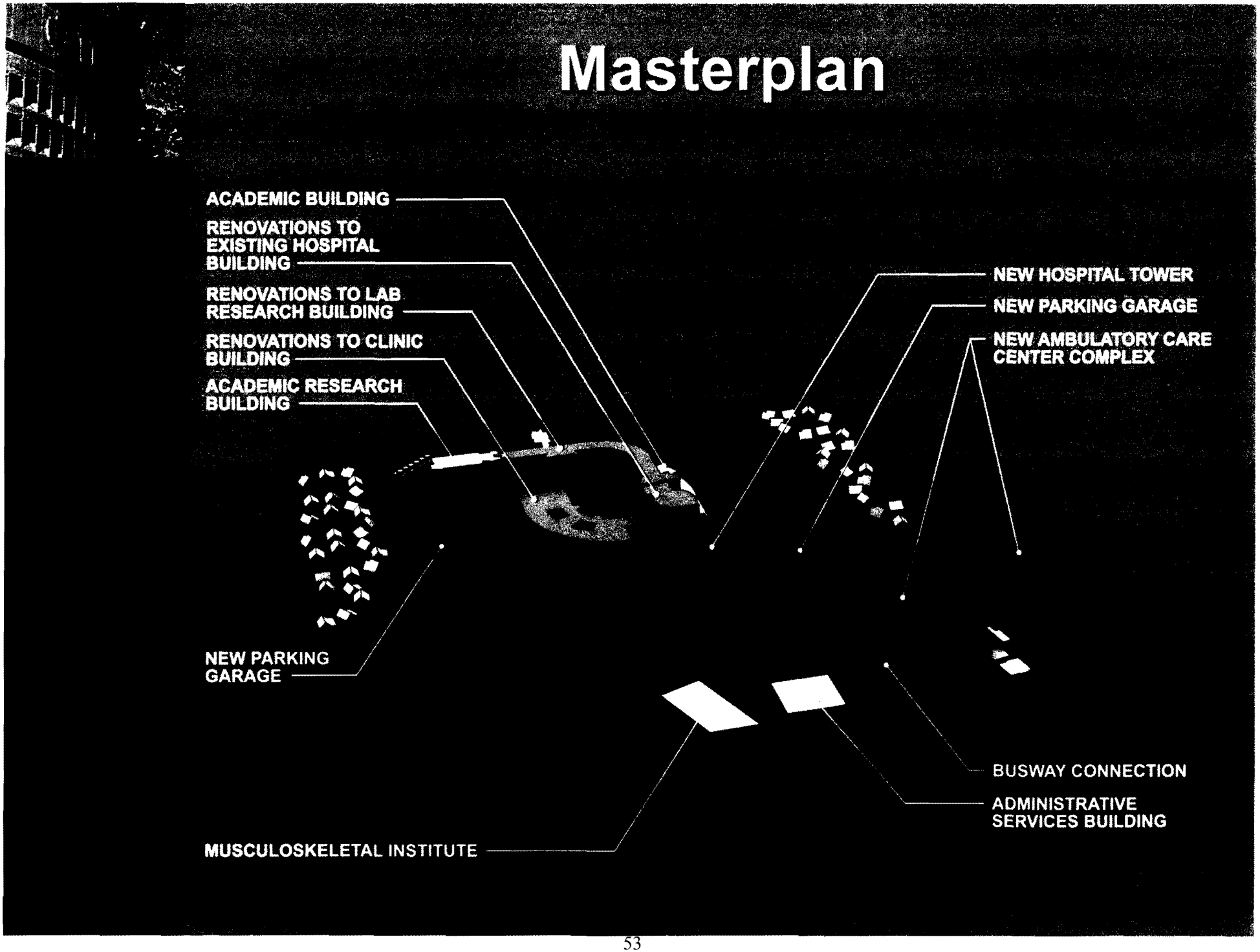
MEETING THE NEEDS OF CONNECTICUT'S FUTURE

- Increase UConn's medical and dental school enrollment by 30%
- Incent graduates to practice primary care medicine and dentistry in Connecticut through a loan forgiveness program

IMPROVING ACCESS TO STATE-OF-THE-ART CARE

- Construct a new hospital tower and ambulatory care facility, renovating the John Dempsey Hospital
- Implement a community-based program within the UConn Health Network.

Masterplan



PROJECT COMPONENTS

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT

RESEARCH EXPANSION

- Renovate 238,000 square feet of existing outdated UCHC research facilities.
- Increase bioscience research capacity and productivity from $100m to $200m annually.

INCUBATOR GROWTH

- Create 28,000 square feet of new incubator space to encourage business tech start-ups by renovating of existing UCHC research facilities.

TALENT RECRUITMENT

- Increase the number of basic and clinical/translational scientists (by 50).
- Increase the medical and dental school enrollments by 30 percent (150 students)
- Establish a loan forgiveness program to attract more graduates to practice primary care medicine and dentistry in Connecticut.

PROJECT COMPONENTS

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT

COMMUNITY

- Incorporate the plan overwhelmingly approved last year by the General Assembly (Public Act 10-104) that provided for the –
  - ❑ construction of a new patient tower with the same number of licensed beds (234), and
  - ❑ establishment of the initiatives for -
    - Hartford Hospital,
    - St. Francis,
    - The Hospital of Central Connecticut,
    - Bristol Hospital,
    - Charter Oak Health Center,
    - Community Health Services and
    - The Hispanic Health Council.

PUBLIC HEALTH ACCESS

- Build a new, privately financed 300,000 square feet ambulatory care facility (est. $203 million) to replace outdated space for current medical offices, the dental clinics and new clinician offices.

Renovation of Research Space

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT

- State-of-the-art labs:
  238,000-square-feet and open design
- Estimated Cost:
  $138 million
- Construction in two phases:
  2012-2016

Renovation of Research Space

Appendix AOT-4.1

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT

The seven research floors that have not undergone substantial renovations or upgrades since the building was originally constructed in 1972.

In a phased in renovation, new modern open, flexible research labs, lab support, and research office space will replace the small outdated labs.

Modeled after the UCHC Cell and Genome Sciences Building Lab space , open labs will be constructed to allow for maximum flexibility and utilization that promotes interdepartmental research.

To provide safe, energy efficient environments for the bioscience programs, the building's outdated, inefficient mechanical infrastructure systems (HVAC, electrical, and plumbing systems) will be replaced with appropriate systems.

The research programs that will be included in the renovated space:

- Immunology
- Neuroscience
- Neurology
- Molecular Biology
- Cell Biology
- Surgery
- Clinical Research Center
- Dental Reconstructive Sciences
- Dental Oral Health and Diagnostics
- Dental Cranio – Facial

11

Conversion of Research Space to New Incubator Space

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT

- 28,000 square feet of incubator space
- Estimated Cost: $17 million
- Construction in two phases:

  2012-2016

Conversion of Research Space to New Incubator Space

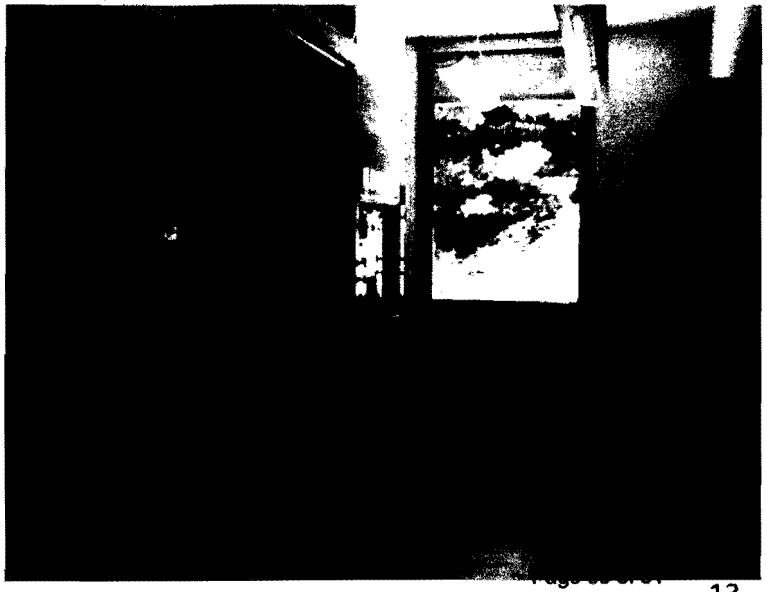
Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT

- Modeled after the incubator space at the Cell and Genome Sciences Building.

- A portion of each floor of renovated research space will include space dedicated to labs for research incubator companies.

- The incubator labs will be leased to start up companies to support entrepreneurial science endeavors.



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New Hospital Tower

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT

- 387,000 square feet and two parking garages
- Estimated Total Cost: $318 million
- Construction 2012 - late 2015
- Six floors with 169 single-bed patient rooms
- Emergency Department with 36 private treatment rooms, including six psychiatric holding room suites
- 26,000-square-foot Clinical Support floor
- 46,000-square-foot Medical Education floor with auditorium, classrooms, clinical skills education and student services areas.

Renovate Existing Clinical Space

BIOSCIENCE CONNECTICUT

- Estimated Cost: $163 million
- Construction mid 2014-early 2018
- 517,500 square feet space of Mechanical and Electrical Infrastructure Improvement including upgrade of the existing Heating Ventilation and Air Conditioning (HVAC), plumbing and new electrical systems.
- 162,000 square feet of existing clinical space:
  - Renovations (100,000 square feet) will allow several departments to expand into renovated space within the existing facility, including:
    - Pat and Jim Calhoun Cardiology Center, includes the interventional suite, cardiology clinic, and rehab
    - Carole and Ray Neag Comprehensive Cancer Center including new clinical trial space,
    - Clinical/Pathology Labs, and
    - Clinical Pharmacy.
  - Renovations to 4 vacated patient floors (62,000 square feet) for clinical support and translational research.

New Ambulatory Care Center

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT

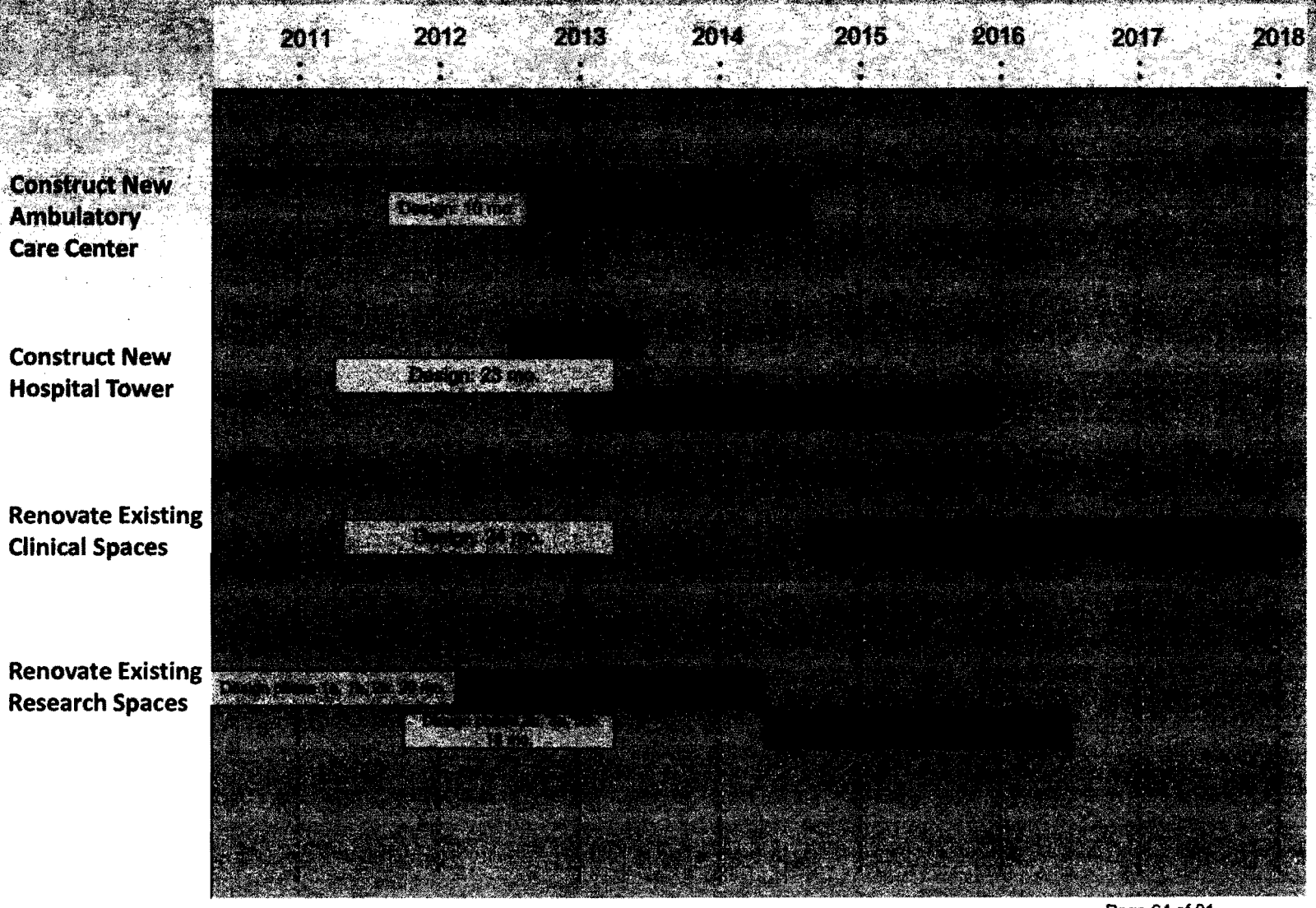
- 300,000 square feet and 1,000-space parking garage
- Estimated Cost: $203 million
- Construction: 2012-2014

Note: This facility would be built and financed by one or more private developers chosen through a competitive selection process conducted by the UCHC. The UCHC will lease back the facility from the developer.

Construction and Renovation Timeline

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT



Funding & Cash Flow Projection

	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	Funding Total
Funds from existing UC21-New JDH	25,000,000								25,000,000
Funds from existing UC21-Main Bldg	5,990,000	14,000,000	9,400,000	0	15,000,000	17,449,875	10,870,125		72,710,000
Funds from existing UC21-(PA10-104)		54,700,000	74,100,000	72,600,000	3,500,000	2,100,000			207,000,000
UCHC Funds*				28,000,000	23,194,000	6,000,000	6,000,000	6,000,000	69,194,000
New Borrowing**				58,000,000	80,000,000	80,000,000	44,900,000		262,900,000
Total Funds	**30,990,000**	**68,700,000**	**83,500,000**	**158,600,000**	**121,694,000**	**105,549,875**	**61,770,125**	**6,000,000**	**636,804,000**

*Note: UCHC Funds include $30Million in Philanthropy.

**Includes $8Million reallocated from UConn Health Network (PA10-104 for UConn related Initiatives).

BIOSCIENCE CONNECTICUT

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

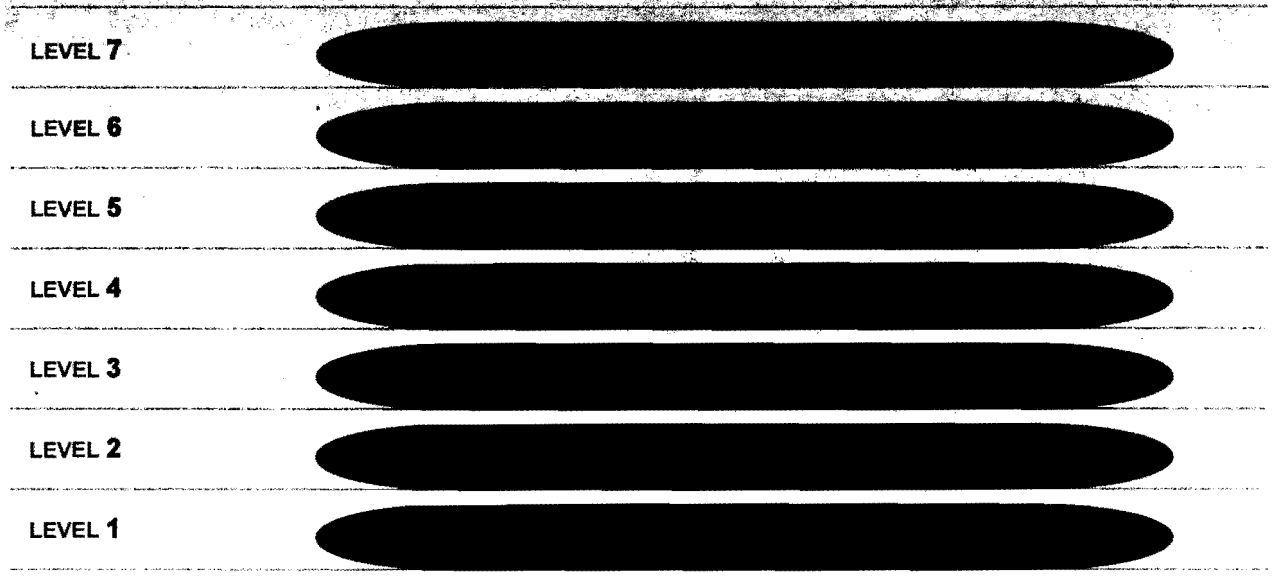
SUMMARY

- Strengthen, create, retain and attract firms to forge a powerful bioscience industry.
- Provide an average of 3,000 construction jobs annually each year from 2012-2018, and deliver 16,400 high quality, high value jobs by 2037, first driven by construction, then by expanding operations, and finally by the growth, expansion and maturation of Connecticut's emerging bioscience sector.
- Deliver high quality jobs, raising Connecticut's personal income steadily, reaching $4.6 billion in 2037.
- Establish a strong basis for discovery and innovation by assembling a critical mass of clinical and scientific personnel.
- Deliver significant new tax revenues to the state.
- Provide better access and increased capacity to meet the forecasted demand for health care services by graduating and retaining more physicians and dentists to practice in the state, increasing the number of UConn Health Center's primary and specialty care physicians and modernizing UConn Health Center's clinical facilities.

Research Lab Building Renovation Stacking Diagram

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT
Appendix

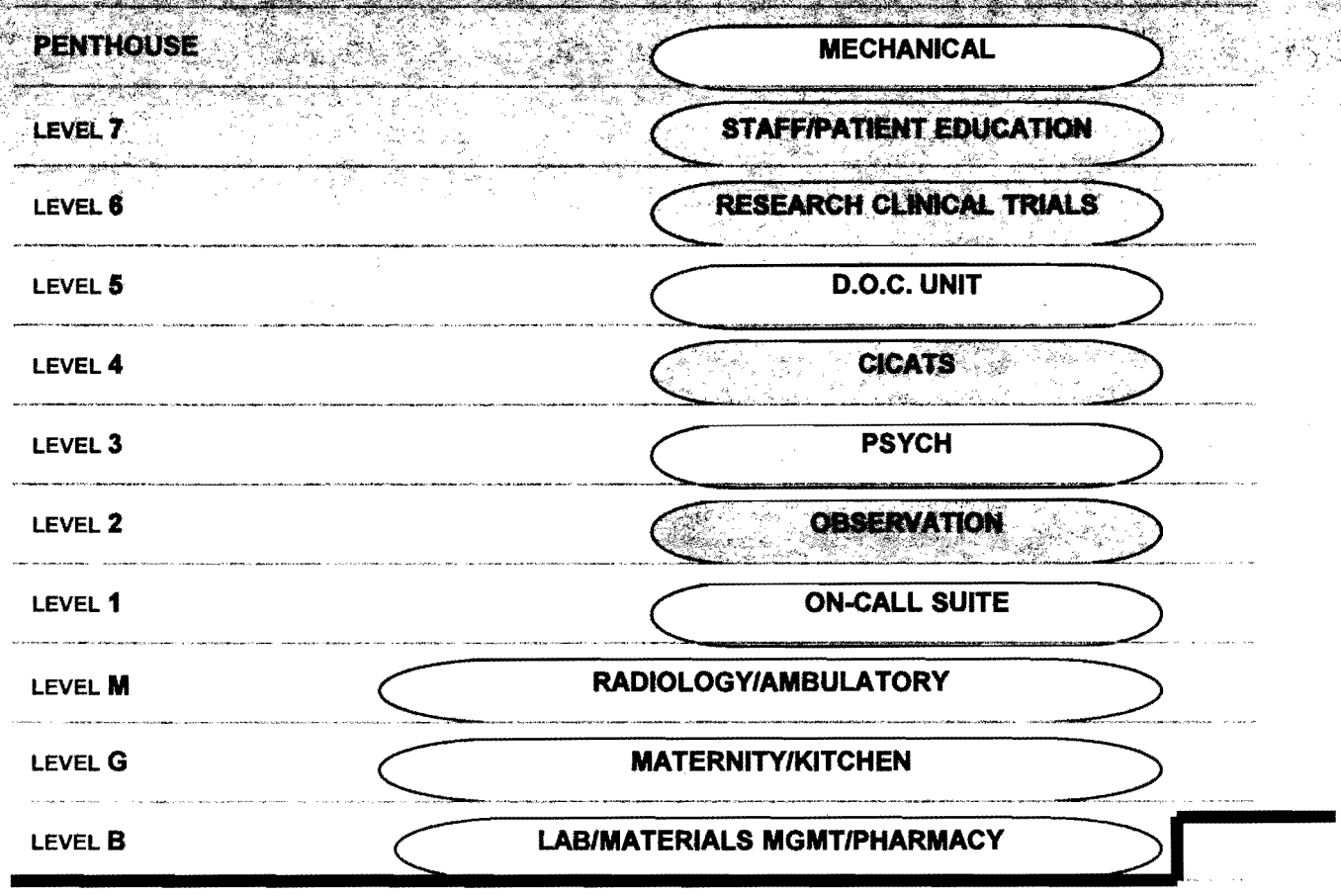


Modeled after the incubator space at the Cell and Genome Sciences Building, a portion of four floors of renovated research space will include labs dedicated to incubator companies.

Existing Hospital Renovations Stacking Diagram

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

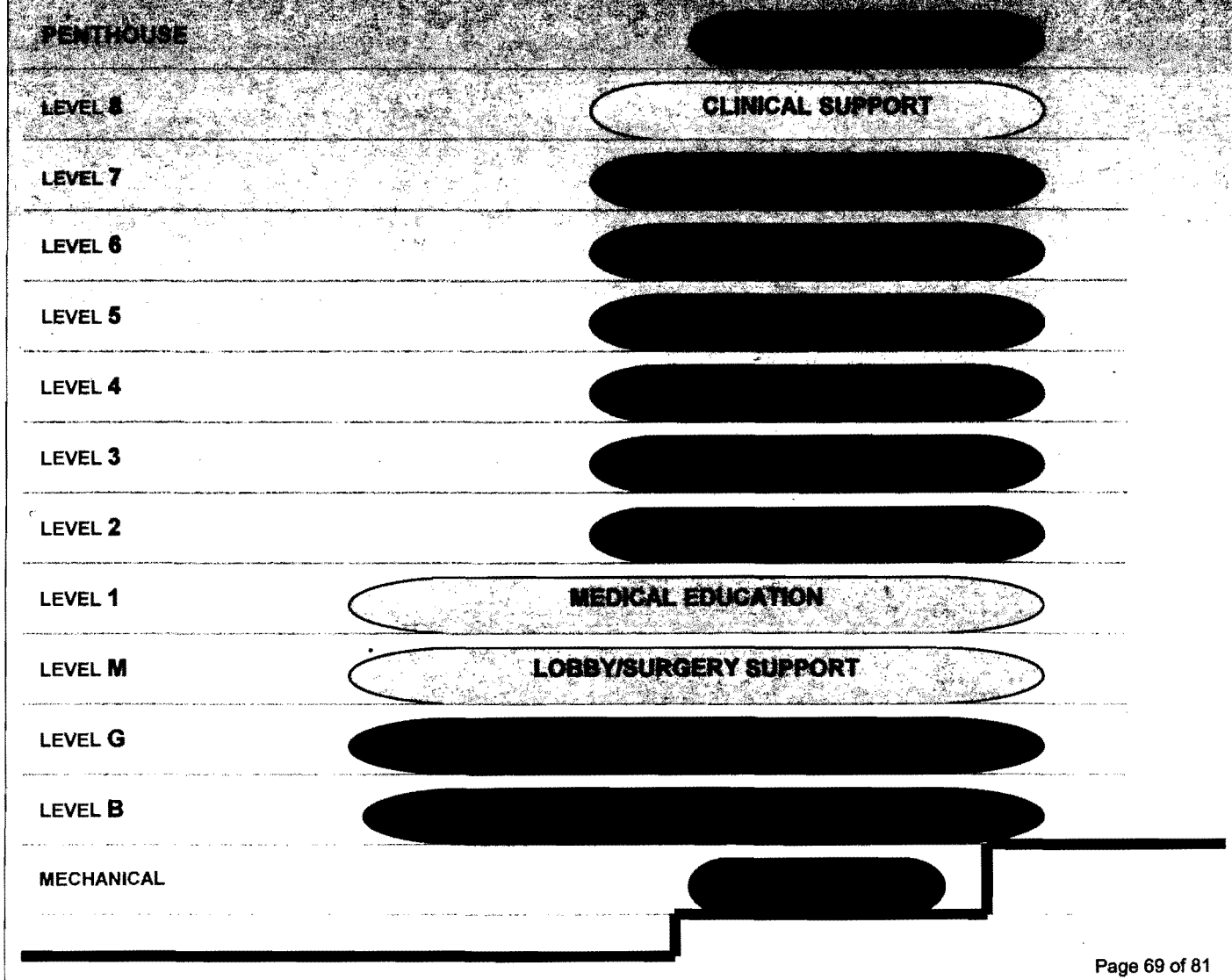
BIOSCIENCE CONNECTICUT
Appendix



New Hospital Tower Levels

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT
Appendix



New Hospital Components

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

BIOSCIENCE CONNECTICUT
Appendix

• Includes the Emergency Department (ED), Surgery Suite, MRI Suite, Renal Dialysis, Respiratory therapy and inpatient rehab (orthopaedics rehab gym and workspace), clinical support and patient education space. Support services located in the new tower will include Central Sterile Processing, and a new Main Lobby.

•169 single bed inpatient rooms
- 28-bed Intensive Care Unit (ICU)
- 29-bed Step-down Unit (Cardiac and Medical)
- 28-bed Hematology /Oncology. Unit
- 28-bed Orthopedics / Spine Unit
- (2) 28-bed Medical-Surgical Units

•Medical Education Floor (to accommodate 30% increase in medical and dental schools class size):
- Auditorium space with bench seating, electrical and network connectivity
- Additional medium-sized classrooms that can each accommodate 32 students
- Additional small-sized classrooms that can each accommodate 10 students
- Wet-lab classrooms that can each accommodate 40 students

• Site work - In addition to the normal site work for construction, existing site utilities including sanitary, storm, water, and electrical will be relocated during the initial construction phase to accommodate the construction of the new tower and parking facilities.

• Parking Garages: Two new parking garages (one for patients and visitors and a second for Emergency Department parking, staff and parking lost due to the construction)

BIOSCIENCE CONNECTICUT Appendix

New Ambulatory Care Center

Jobs Today, Economic Growth Tomorrow, Innovation for the Future

- Demolition of multiple existing structures that were constructed as "temporary buildings" in the early 1970's (34,000 square feet).

- Relocation of medical offices that are currently housed in outdated and inadequate medical office space in Dowling South (85,000 square feet) and a portion of Dowling North (13,500 square feet).

- Relocation of 68,000 square feet of dental clinic space from the main building.

- The addition of 60,000 square feet for new clinician scientist recruits.

- Departments that will be moved to the replacement medical offices include:
  - -Dental Clinics
  - -Surgery
  - -Geriatrics
  - -Endocrinology
  - -Gastroenterology
  - -Medical Specialties
  - -Internal Medicine
  - -Ophthalmology
  - -Center for Advanced Reproductive Services
  - -Infectious Disease
  - -Clinical Research

- Patient centered services such as a café, retail space for a commercial pharmacy and an optical shop.

Note: This space is not intended for inpatient, outpatient surgery or same day surgery activities. These services are provided in existing space on the UCHC campus.

UConn Health Center | Bioscience Connecticut

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Jobs Today, Economic Growth Tomorrow, Innovation for the Future

Bioscience Connecticut is an important component of Governor Dannel P. Malloy's plan to jumpstart Connecticut's economy by creating construction-related jobs immediately and generating long term, sustainable economic growth based on bioscience research, innovation, entrepreneurship and commercialization.

"By becoming a leader in bioscience, Connecticut can again be at the forefront of an economic renaissance. By capitalizing on existing assets, and by attracting new ones, Connecticut can lead the new economy in a way that will make us an attractive place to do business, and a state that retains and attracts top-flight, national talent." – Gov. Dannel P. Malloy, May 17, 2011

Bioscience Connecticut will:

- **Provide an average of 3,800 construction jobs annually from 2012–2018.**
- **Generate $4.6 billion increase in personal income and generate 16,400 permanent jobs by 2027.**

According to the Connecticut Center for Economic Analysis, May 2011.

The plan bolsters Gov. Malloy's vision to reinvent the Connecticut economy by harnessing the impressive research resources across our state and, at the same time, helps to secure the UConn Health Center's future as a top tier academic medical center. Elements of the plan include:

Bioscience Innovation

- By renovating existing UConn Health Center facilities to increase research capacity and productivity, increasing the number of basic and clinical/translational scientists, and expanding incubator facilities to foster new business start-ups.

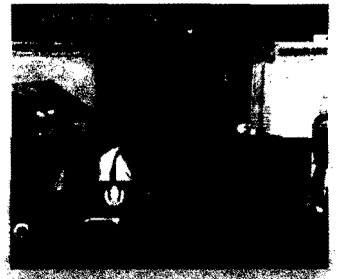
Meeting the Needs of Connecticut's Future

- By increasing UConn's medical and dental school enrollment by 30 percent and establishing a loan forgiveness program to attract more graduates to practice primary care medicine and dentistry in Connecticut.

Improving Access to State-of-the-Art Health Care in Connecticut

- By constructing a new hospital tower and ambulatory care facility, renovating the John Dempsey Hospital and implementing several new community-based programs aimed at addressing pressing health care needs.

Media Center



- [illegible]
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- Lawmakers Approve Funding for Jackson Laboratory
- State Legislature Approves Jackson Lab Project

More news >

Bioscience Connecticut Legislation

The Bioscience Connecticut proposal received legislative approval in June 2011.

Learn more (PDF) >

http://biosciencect.uchc.edu/building_projects/index.html

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Building Projects

Components of Bioscience Connecticut include the following construction projects:

- Renovating 238,000 square feet of existing research facilities to double bioscience research funding $100 million to $200 million annually.
- Creating 28,000 square feet of new incubator space to foster new business start-ups.
- Executing the plan overwhelmingly approved in 2010 by the General Assembly (Public Act 10-104) and supported by area hospitals, the business community and community health providers to construct a new patient tower at John Dempsey Hospital; activating the regionalization and integration of John Dempsey Hospital's Neonatal Intensive Care Unit (NICU) with Connecticut Children's Medical Center and funding several new community-based initiatives with other hospitals and healthcare providers.
- Constructing a new privately financed ambulatory care facility (estimated value at $203 million and 300,000 square feet) for outpatient services.

http://biosciencect.uchc.edu/programmatic_initiatives/index.html

UConn Health Center

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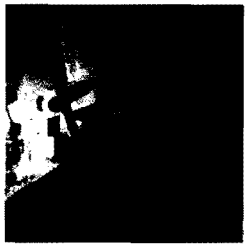
Programmatic Initiatives

Programmatic components of Bioscience Connecticut include:

- Increasing the number of basic and clinical/translational scientists.
- Increasing UConn Schools of Medicine and Dental Medicine enrollments by 30 percent (150 students) and establishing a loan forgiveness program to attract more graduates to practice primary care medicine and dentistry in Connecticut.



Research Renovations

Bioscience Connecticut calls for a phased renovation of seven research floors in the Health Center's main building to replace small outdated labs with modern and open, flexible research labs, lab support, and research office space. These changes, together with new faculty recruitment plans, are expected to lead to a doubling for federal and sponsored research awards and the development of new innovations in technology transfer and commercialization.

Fast Facts: Research Renovations

Summary: Replace seven outdated research floors in the main building with 238,000 square feet of open design, state-of-the-art labs.

Estimated Cost: $136 million

Construction Schedule: Two phases – 2012 to 2014 and 2014 to 2016

Elements of the Plan Include:

- Construction in two phases: 2012 to 2014 and 2014 to 2016
- 238,000 square feet of open design, state-of-the-art labs
- Estimated cost: $136 million

Research Renovations to Include:

- Replacement of the building's outdated, inefficient mechanical infrastructure systems (heating and air conditioning, electrical, and plumbing) with appropriate systems to provide safe, energy efficient environments for the bioscience programs.
- Addition of 28,000 square feet of new incubator space to include space dedicated to labs for research incubator companies which could accommodate up to 60 start-up businesses.

Research Programs That Will Be Included in the Renovated Space:

- Immunology
- Neuroscience
- Neurology
- Molecular Biology
- Cell Biology
- Surgery
- Clinical Research Center
- Dental Reconstructive Sciences
- Dental Oral Health and Diagnostics
- Dental Craniofacial

http://biosciencect.uchc.edu/jackson_laboratory/index.html

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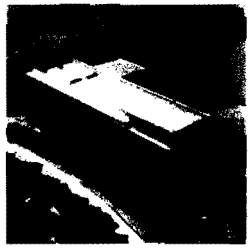


The Jackson Laboratory for Genomic Medicine

The attraction of The Jackson Laboratory (JAX) to Connecticut is a direct result of the state's investment in Bioscience Connecticut.

The Jackson Laboratory for Genomic Medicine will enable Connecticut to assume a position of global leadership in developing new medical treatments tailored to each patient's unique genetic makeup.

It's estimated the project will create 661 research-related jobs, as well as 842 construction jobs and an estimated 6,200 spinoff and indirect jobs.

The facility will be constructed on the Health Center's lower campus in Farmington. The building will initially total 173,000 square feet and eventually total 250,000 square feet. Officials estimate construction will begin in early 2013 and be completed by the end of 2014.

Fast Facts: The Jackson Laboratory for Genomic Medicine

Summary: The personalized medicine facility will be built on the lower campus in Farmington and will eventually total 250,000 square feet.

Estimated Cost: $291 million of state financing

Construction Schedule: 2013 to 2014

The total 20-year capital and research budget for the institute is projected to be $1.1 billion, with Jackson Laboratory providing $809 million through federal research grants, philanthropy and service income, and the State of Connecticut contributing $291 million ($192 million in a construction loan and $99 million in research partnership participation).

The Jackson Laboratory is an independent, nonprofit biomedical research institution and National Cancer Institute-designated Cancer Center based in Bar Harbor, Maine, with a facility in Sacramento, California, and a total staff of about 1,400. Its mission is to discover the genetic basis for preventing, treating and curing human disease, and to enable research and education for the global biomedical community.

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New Patient Care Tower and Renovations to John Dempsey Hospital

New Hospital Construction

Bioscience Connecticut calls for the completion of previously approved plans to renovate the existing John Dempsey Hospital and construct a new patient care tower on the campus of the UConn Health Center in Farmington.

The New Hospital Tower will include:

Eleven levels and will house key patient areas including the emergency department, surgery suite, MRI suite, renal dialysis, respiratory therapy, inpatient rehab (orthopedics, rehab gym and workspace), clinical support, and patient education space. Support services located in the new tower will include central sterile processing and a new main lobby.

Construction will begin in 2012 and is expected to be completed in late 2015.

- 169 single bed inpatient rooms
- 28 bed intensive care unit
- 29 bed step-down unit (cardiac and medical)
- 28 bed hematology/oncology Unit
- 28 bed orthopedics/spine Unit
- Two 28 bed medical-surgical units
- Medical education floor (to accommodate 30 percent increase in medical and dental schools class size)
- Auditorium space with bench seating, electrical and network connectivity at each seat to accommodate increased class size
- Additional medium-sized classrooms that can each accommodate 32 students
- Additional small-sized classrooms that can each accommodate 10 students
- Gross anatomy dissection space that can accommodate 32 students
- Wet lab classrooms that can each accommodate 40 students
- Site work: In addition to the normal site work for construction, existing site utilities including sanitary, storm, water, and electrical will be relocated during the initial construction phase to accommodate the construction of the new tower and parking facilities.
- Parking garages: Two new parking garages (one with 420 spaces for patients and visitors and a second with 400 spaces for emergency department parking).

Fast Facts: New Patient Care Tower

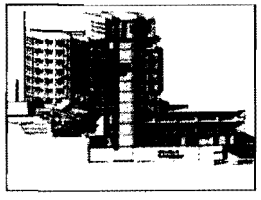
Summary: Eleven floors, 169 beds and will include key patient areas such as the emergency department, surgery suite, and inpatient rehab space.

Estimated Cost: $318 million

Construction Schedule: 2012 to 2015.

New Hospital Tower Stacking Diagram

Click on image for larger view.



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Ambulatory Care Center

The Bioscience Connecticut plan calls for the construction of a new Ambulatory Care Center on the campus of the UConn Health Center in Farmington.

Elements of the Plan Include:

- 300,000 square feet and 1,000 space parking garage
- Estimated cost: $203 million
- Construction: 2012 to 2014

**This facility will be built and financed by one or more private developers chosen through a competitive selection process that is currently underway. The facility will be leased back to the UConn Health Center from the developer.*

Fast Facts: Ambulatory Care Center

Summary: A 300,000 square feet outpatient facility and a parking facility.

Estimated Cost: $203 million

Construction Schedule: 2012 to 2014

Ambulatory Care Center to Include:

- Relocation of medical offices that are currently housed in outdated and inadequate medical office space in Dowling South (85,000 square feet) and a portion of Dowling North (13,500 square feet).
- Relocation of 68,000 square feet of dental clinic space from the existing main building.
- The addition of 60,000 square feet for new clinician scientist recruits.
- Patient-centered services such as a café, retail space for a commercial pharmacy and an optical shop.

Departments That Will Be Located in the Ambulatory Care Center Include:

- Center for Advanced Reproductive Services
- Dental Clinics
- Endocrinology
- Gastroenterology
- Geriatrics
- Infectious Disease
- Internal Medicine
- Medical Specialties
- Ophthalmology
- Surgery

http://biosciencect.uchc.edu/nicu_regionalization/index.html

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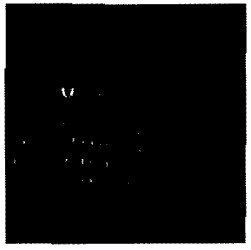

NICU Regionalization

Providing coordinated, highly specialized and intensely personalized care for babies born prematurely or with special health care needs is a top goal for all health care providers.

The regionalization of neonatal care represents a step forward in our combined efforts to provide the highest quality care, as well as enhanced research and educational opportunities. As such, effective September 2011, Connecticut Children's Medical Center and the UConn Health Center are joining forces to create one of the largest neonatal intensive care units (NICU) in the country. This is one of the first and most visible initiatives under Gov. Malloy's Bioscience Connecticut plan.

By combining the strengths of the units at the UConn Health Center in Farmington and Connecticut Children's Medical Center in Hartford, this statewide asset will provide improved accessibility, efficiency, and continuity of care. It will also continue to attract the highest quality pediatricians, neonatologists, obstetricians, and other clinical health care professionals to the greater Hartford area and drive more grant opportunities to the region and offer improved education and training to health care professionals working in these highly specialized areas. Most importantly, the regional NICU will meet the needs of our state's most vulnerable patients – today and for years to come.

http://biosciencect.uchc.edu/academic_expansion/index.html

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Academic Expansion

Meeting the Needs of Connecticut's Future

One of the key goals of the Bioscience Connecticut initiative is to attract more graduates to practice primary care medicine and dentistry in Connecticut. This will be achieved by increasing the enrollment of the UConn Schools of Medicine and Dental Medicine by 30 percent and establishing a loan forgiveness program. This will provide better access and greater capacity to meet the increasing demand of Connecticut citizens for health care services by producing and retaining more physicians and dentists to practice in the state.

To meet the needs of students, new amenities will be added to the Health Center campus including classrooms of various sizes, lab space and more.

In addition, 68,000 square feet of dental clinic space will be relocated to the new Ambulatory Care Center, including clinical training areas for dental students and residents.

Learn More About:

- UConn School of Medicine
- UConn School of Dental Medicine
- Graduate School

http://biosciencect.uchc.edu/economic_impact/index.html

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Economic Impact

Based on an extensive inventory by the Connecticut Center for Economic Analysis, Bioscience Connecticut will create:

- Annual average of new jobs during construction phase (2012-2016): **3,000**
- New permanent jobs created through 2037: **16,400**
- Increase in state personal income by 2037: **$4.6 Billion**
- Net new revenue to state by 2037: **$823 Million**

University of Connecticut School of Medicine

Faculty Numbers in Basic Science Departments

Faculty Numbers in Basic Science Departments, 2011-2012 Academic Year

Department*	Full-Time Faculty					Part-Time Faculty	Volunteer Faculty
	Prof	Assoc	Asst	Inst/ Other	Vacant		
Com. Med.	8	2	9	0	1	4	78
MMSB	10	1	5	0	0	3	0
Genetics	6	5	12	3	1	4	5
Neuroscience	11	4	4	0	1	2	3
Immunology	5	6	6	0	2	3	1
Cell Biology	7	13	10	0	2	7	2
Totals	**47**	**31**	**46**	**3**	**7**	**23**	**89**

Faculty Numbers in Basic Science Departments, January 2010

Department*	Full-Time Faculty					Part-Time Faculty	Volunteer Faculty
	Prof	Assoc	Asst	Inst/ Other	Vacant		
Com. Med.	7	4	7	0	0	7	59
MMSB	10	1	4	1	1	3	0
Genetics	5	4	12	4	1	4	5
Neuroscience	10	3	6	0	1	3	2
Immunology	7	7	7	0	0	3	0
Cell Biology	6	10	11	0	2	11	4
Totals	**45**	**29**	**47**	**5**	**5**	**31**	**70**

The Jackson Laboratory for Genomic Medicine

Revealing the complex causes of disease

The Jackson Laboratory (JAX) will build a new nonprofit research institute in Connecticut with support from the state's Bioscience Connecticut initiative. The new institute, a 501 (c) (3) charitable organization, will draw upon The Jackson Laboratory's eight decades of research and the medical expertise of Connecticut's universities and hospitals. JAX Genomic Medicine will discover the complex causes of disease, develop diagnostics and therapeutics, and build Connecticut's bioscience industry.

JAX Genomic Medicine will be built on a 17-acre site on the University of Connecticut Health Center campus in Farmington. Initial operations will begin in 2012 using leased space while a 173,000-square-foot permanent facility is designed and built. Construction will begin in 2013, and the new facility will open in 2014. It will house 300 biomedical researchers, technicians and support staff in state-of-the-art computing facilities and laboratories.

The JAX Genomic Medicine facility is an expansion, not a relocation, of The Jackson Laboratory. JAX will continue to grow its basic research campus in Bar Harbor, Maine, while the new facility in Connecticut focuses on medical applications of genomics with academic and clinical research partners from Connecticut and around the world.