



# University of Connecticut Health Center

December 15, 2013

Frank M. Torti, M.D., M.P.H.  
Executive Vice President for  
Health Affairs  
Dean, School of Medicine

Barbara Barzansky, PhD, MHPE  
LCME Co-Secretary  
Director, Undergraduate Medical Education  
American Medical Association  
330 North Wabash Avenue, Suite 39300  
Chicago, IL 60611-5885

Dan Hunt, MD, MBA  
LCME Co-Secretary  
Senior Director, Accreditation Services  
Association of American Medical Colleges  
2450 N Street, NW  
Washington, DC 20037

Dear Dr. Barzansky and Dr. Hunt:

The enclosed report provides the progress and status of the areas in which the University of Connecticut School of Medicine (SOM) was noted as "in compliance, with a need for monitoring" as delineated in your letter of July 6, 2012. Your letter presented the determinations made by the LCME after the Limited Site Survey regarding the accreditation status of the School of Medicine's medical education program. The following are the seven areas identified for further follow-up, and our report includes the data and analysis specified in your letter:

1. IS-11 (administrative structure)
2. ED-8 (comparability across instructional sites)
3. ED-33 (curriculum management)
4. ED-36 (authority and sufficient resources to manage and evaluate the program)
5. MS-24 (student educational debt)
6. FA-2 (sufficient faculty)
7. ER-2 (financial resources)

The SOM has paid very close attention to these areas, since the original LCME site visit. It is our hope that this report will demonstrate our commitment to progress and the efforts undertaken by our faculty, staff and students to maintain our compliance with LCME standards. We believe we have developed enduring solutions for all identified issues.

This is an exciting time of growth here at the Health Center, with the advent of Bioscience CT bringing nearly a billion dollars in capital funds for a new

*An Equal Opportunity Employer*

Suite AG087  
263 Farmington Avenue, Mail Code 1920  
Farmington, Connecticut 06030

Telephone: (860) 679-2594  
email: ftorti@uchc.edu

hospital tower, ambulatory care center, academic building and renovations to our current academic space. The new educational space will house a large studio learning area for over 200 students that will also double as a large banquet/event area for graduation and fundraising events.

We look forward to a future of continuing our commitment to advancing science, superb patient care and exceptional educational experiences.

Sincerely,



Frank M. Torti, MD, MPH



Suzanne Rose, MD, MEd  
Senior Associate Dean for Education

December 15, 2013

## Table of Contents

Topic	Page
Acknowledgements	5
Introduction	6
Guide to the Report	7
IS-11	8
ED-8	13
ED-33	27
ED-36	35
MS-24	38
FA-2	60
ER-2	62
Summary Statement	75
Appendices to the Status Report	76
Table of Contents	77
Appendix ED-8	78
Appendix ED-36	139
Appendix ER-2	142



## Acknowledgements

### **Status Report Submitted by:**

Suzanne Rose, MD, MEd  
Senior Associate Dean for Education

Frank Torti, MD, MPH  
Executive Vice President for Health Affairs  
Dean, School of Medicine

### **Major Contributors to the Status Report:**

Nancy Boccuzio, Executive Assistant for Faculty Affairs  
M. Casey Jacob, PhD, Senior Associate Dean for Faculty Affairs  
Robin Frank, Director of Student Services  
Kristi Gafford, MPH, MBA, Chief of Staff  
John Harrison, PhD, Basic Science Principal  
David Henderson, MD, Associate Dean for Student Affairs  
Dan Henry, MD, Clinical Education  
Marja Hurley, MD, Associate Dean for Health Careers Opportunities Programs  
Joann Lombardo, Director of Governmental Relations  
Donna McKenty, Director of Finance and Administration  
Ellen Nestler, MD, Clinical Medicine Principal  
TV Rajan, MD, PhD, Assessment  
Mark Siraco, Director of GME Finance  
Bridget Schulz, MA, Academic Affairs & Education  
Suzanne Tate, Administrative Program Coordinator, Clinical Education  
Christine Thatcher, EdD, Director of Medical Education  
Katherine Zelko, Academic Affairs & Education

**Status Report Leadership:** Suzanne Rose, MD, MEd

**Status Report Administration:** Bridget Schulz, MA

#### ***A note on the cover:***

*A wordle is a tool for generating “word clouds” from texts with greater prominence given to words that appear most frequently. The wordle on the cover of the status report was created from the text of this status report for the LCME. We are very proud that the word ‘students’ came out as being the most frequently utilized, as we believe it demonstrates our commitment to our greatest resource: our students.*



---

## INTRODUCTION

The University of Connecticut School of Medicine was placed on a warning of probation after the January 2010 site visit with 15 citations and 4 areas of transition (now known as areas of compliance in need of monitoring). The school put forth concerted efforts into rectifying the problems and instituting enduring solutions so that these issues would not recur. In February 2012, the school underwent a limited site visit. As a result of that visit the warning of probation was removed and there were no remaining citations. There are a few areas in compliance requiring continued monitoring to which we have paid close attention. It is our hope that this report will demonstrate our progress and efforts in those areas and will attest to the commitment of the leadership of the institution, the faculty, and the students toward the highest value of educational experiences that will ultimately benefit the future patients of our students as well as the communities they will serve.

This is an exciting time of growth for the University of Connecticut School of Medicine. The State of Connecticut has committed nearly a billion dollars in capital funds for a new hospital tower, a new ambulatory care center, and renovated as well as new innovative state-of-the-art educational space. We are under new leadership, have a partnership with Jackson Labs, and have enhanced collaborations with our interprofessional health partners at the University of Connecticut.

All of our faculty, staff and students are looking forward to the possibilities of the future and believe that we are on track to meet the ultimate goals of superb patient care and promoting health and quality care for the communities we serve.

## GUIDE to this REPORT

1. This PDF document is organized by the seven reporting requirements from the LCME letter of July 6, 2012:
  - a. IS-11
  - b. ED-8
  - c. ED-33
  - d. ED-36
  - e. MS-24
  - f. FA-2
  - g. ER-2
2. Upon enabling the function of Adobe Acrobat®, the document is “clickable.” (i.e. hyperlinked)
3. Each of the six sections is introduced by a chart that outlines the following:
  - a. Identifying the LCME standard
  - b. Noting the finding at the February 26-29, 2012 Limited Site Visit
  - c. Listing of the required follow up as delineated in the July 6, 2012 letter
4. Following the chart are the detailed responses to the required follow-up
5. There is appendix material for ED-8, ED-36 and ER-2, which can be found at the end of the document and is also clickable within the text

## IS-11

<b>STANDARD</b>	<i>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).</i>
<b>FINDING</b>	<p>Permanent chairs are now in place for the departments of Microbiology, Cell Biology, Internal Medicine, and Surgery.</p> <p>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.</p> <p>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.</p> <p>The new vice president for health affairs/dean was announced on February 24, 2012; he will assume his duties on May 1, 2012</p>
<b>REQUIRED FOLLOW-UP (IS-11.A)</b>	Describe the current administrative structure in the dean's office. Note the percent of time each member of the dean's staff devotes to his or her administrative duties
<b>REQUIRED FOLLOW-UP (IS-11.B)</b>	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>REQUIRED FOLLOW-UP (IS-11.C)</b>	Organizational chart of the Dean's office

## **IS-11.A. ADMINISTRATIVE STRUCTURE IN THE DEAN'S OFFICE**

### **Introduction**

The University of Connecticut is constantly evolving in its efforts to fulfill its mission of service to its students, patients, and the community. With the advent of the new Dean of the School of Medicine, Dr. Frank Torti, in May of 2012, some changes were made to the administrative structure and personnel of the Dean's office to improve the function and structure of the Health Center. The position that Frank Torti, MD, MPH, has assumed is an integrated position as both Executive Vice President of the Health Center and Dean of the School of Medicine (SOM). Suzanne Rose, MD, MEd arrived at UCONN SOM in June 2011 after thirteen years in the Dean's office at Mount Sinai School of Medicine. She has leadership experience in education as a Past Chair of the Group on Educational Affairs of the AAMC, and is currently serving on the Governing Board of the American Gastroenterological Association as the Education Councillor. Dr. Rose, under Dr. Torti's leadership, is responsible for Education in the School of Medicine across the continuum of Medical Education (UME, GME, and CME) and oversees the Graduate School's Master's and PhD programs.

Dr. Torti, upon his arrival, established the Administrative Leadership Council (ALC) comprised of the executive leaders of the Health Center and of the Medical School. Dr. Rose is a member of this leadership team and Education has a strong voice at the table. Changes in structure, implemented by Dr. Torti are as described below, have impacted the Health Center. Dr. Torti recruited a talented Chief of Staff who supports all of the academic realms including Education. The administrative structure largely responsible for supporting of the School of Medicine, i.e. those reporting to the Senior Associate Dean for Education, has not changed in the past two years. Upon arrival at UCONN SOM, Dr. Rose established a UME leadership team comprised of the Director of Medical Education, the Associate Dean for Student Affairs, the Director of Assessment, the Basic Science Principal, the Clinical Principal, and the Administrative Director of Academic Affairs. The members of this team have worked together for over two years, have formed a cohesive alliance through leadership training and through collaborative projects. This team meets weekly to review operational issues and to move our educational agenda forward and meets monthly to promote our scholarly projects and have time for visioning. In addition Dr. Rose has established the Leadership ACME (Across the Continuum of Medical Education) where the leaders in the various realms of medical education, along with the Graduate School, can meet and strategize together. The Governance of Education is described below under ED-33.

### **Office of the Executive Vice President for Health Affairs & Dean, School of Medicine**

Frank Torti, MD, MPH is the Executive Vice President for Health Affairs for the University of Connecticut Health Center and the eighth dean of the UConn School of Medicine. He was appointed by UConn President, Susan Herbst, PhD, and assumed leadership of the



Health Center on May 1, 2012. Dr. Torti holds a Board of Trustees professorship in the Department of Medicine.

Dr. Torti oversees the entire Health Center and the SOM. In the former role, the following people report to Dr. Torti with the percent time devoted to the role indicated in parentheses:

- Chief of Staff (100%)
- VP, Strategy and Business Development (100%)
- Chief Administrative Officer (100%)
- Chief Financial Officer (100%)
- VP, Human Resources (100%)
- CEO, John Dempsey Hospital (100%)
- Executive Director of CMHC (Correctional Managed Health Care) (80%)
- COO, Chief Operations Officer of UMG (University Medical Group) (100%)
- Medical Director of UMG and Associate Dean for Clinical Affairs (50%)
- Associate VP of Communications (100%)
- Associate VP of Diversity and Equity (100%)
- Executive Director of Risk Management (100%)
- Director of Audit, Compliance, and Ethics has a direct report to the University President and a dotted line to the Dean/EVP

In his role as Dean, the following report to Dr. Torti:

- SOM Department Chairs and Center Directors (% varies)
- Senior Associate Dean for Education (100%)
- Senior Associate Dean for Faculty Affairs (70%)
- Senior Associate Dean for Research Planning and Coordination (40%)
- Associate Dean for Health Career Opportunity Programs (72%)

## **IS-11.B. VACANCIES**

The UCONN School of Medicine is comprised of 19 departments which include 6 basic science and 13 clinical departments. At the time of the most recent site visit it was noted that there were 2 chair vacancies — in Psychiatry and Obstetrics/Gynecology (OB/GYN). The search for the chair of Psychiatry concluded successfully with the external recruitment of Dr. David Steffens assuming that role. At the time of submission of this report, final candidates for the position of chair of OB/GYN were forwarded to the EVP/Dean and an offer has been made.

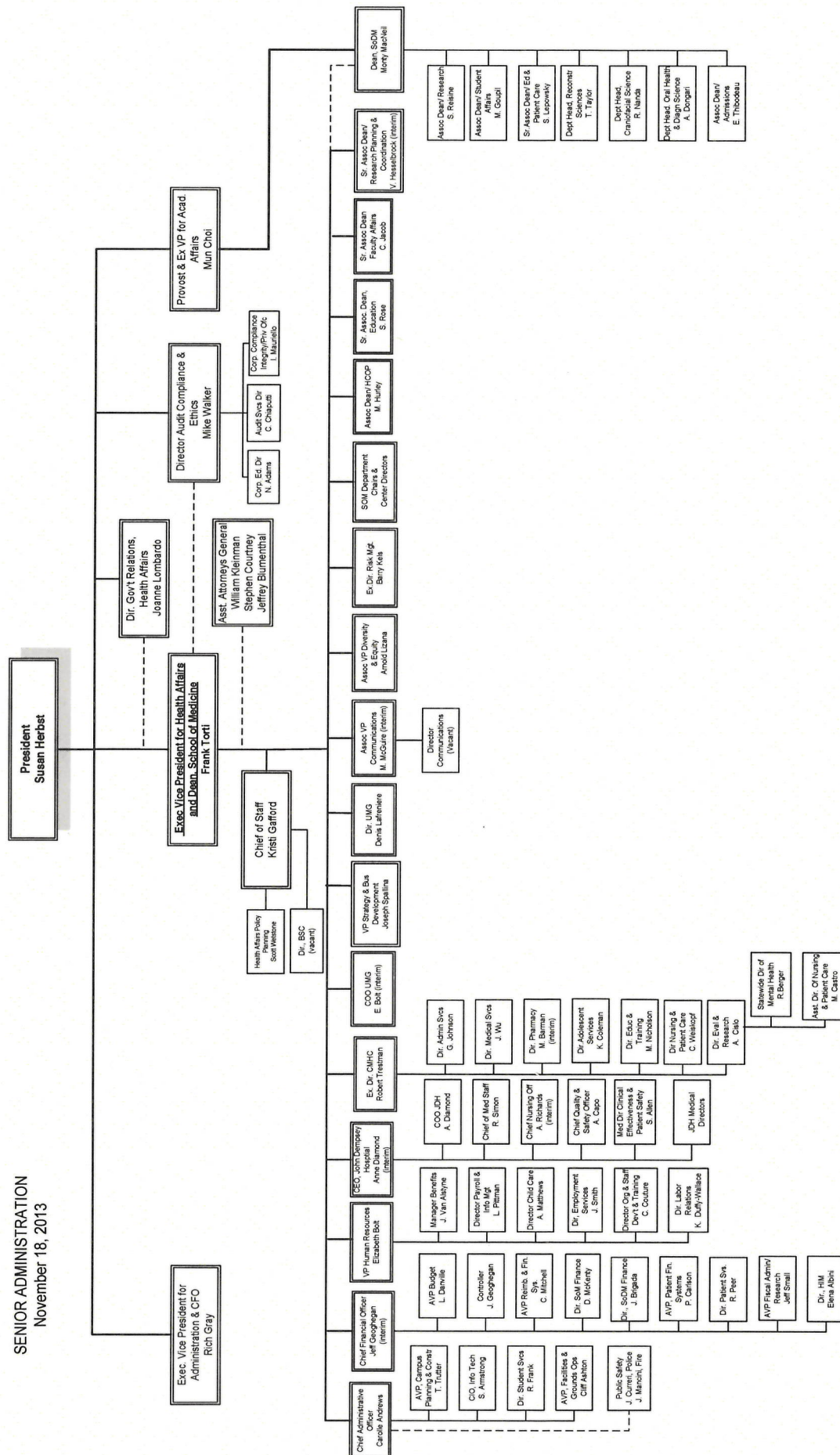
A new vacancy has opened for the Chair of Immunology, following the untimely death of the prior chair. The search committee has been formed and an advertisement for the position will be published in mid-December.

The following is a chart of leadership positions in the medical school or with liaison functions from the Health Center to the medical school, with recent vacancies and the status of those positions:

Position*	Vacancy date	Interim Appointed	Search start date	New hire Start date	Status of recruitment
Chair, Immunology	7/20/13	8/15/13	9/10/13		Search committee formed. Advertisement formalized and will be published in late November/early December.
Chair, OBGYN	9/24/10	9/24/10	4/20/2011 (first search) 3/25/13 (second search)		Offer has been made to the final candidate.
Chair, Psychiatry	2/12/10		1/20/11	7/1/2012	Search concluded. Dr. David Steffens named chair.
Associate Dean for Clinical Affairs	7/26/10	9/19/11		11/15/2013	Search concluded. Dr. Denis Lafreniere named.
Senior Associate Dean for Faculty Affairs	Incumbent remains in place until filled.	N/A	12/10/12		Candidates have been identified to move forward and in person interviews are in progress.
Senior Associate Dean for Research, Planning and Coordination	9/1/2013	9/1/2013	Pending		Interim Senior Associate Dean named and in place

## IS-11.C. ORGANIZATIONAL CHART

**The Current Organization Chart:** The following represents the Table of Organization for the Dean's Office.



## ED-8

<b>STANDARD</b>	<i>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.</i>
<b>FINDING</b>	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.
<b>REQUIRED FOLLOW-UP (ED-8.A)</b>	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.

## ED-8.A. PHASE 2 AND 3 CLINICAL EXPERIENCES

### Introduction to the Curriculum

The curriculum at the School of Medicine is divided into three phases. Phase I encompasses Years 1 and 2, Phase II is equivalent to Year 3 and Phase III involves the fourth year. The Student Continuity Practice (SCP) experience, a longitudinal out-patient primary care experience, is required for all students in Years 1 through 3 but is optional for Year 4 students. SCP is part of the Clinical Medicine Course (CMC), which also includes Principles of Clinical Medicine (PCM), the latter of which is part of the Phase I curriculum. The curriculum is depicted as follows:

PHASE 2      Year 3 (49 Weeks)				BREAK	PHASE 3      Year 4 (40 Weeks)				
6 wk blocks	3 wk blocks	5 wk blocks	1 week		4 wk blocks	2 wk block	4 wk blocks		
Psychiatry-Ambulatory & Inpatient	Neurology	Ambulatory Medicine	Home Week		Sub-Internship	Radiology	Elective 1		
Surgery-Ambulatory & Inpatient	Inpatient Pediatrics	Ambulatory Pediatrics	Elective (2 wks -Optional)		Critical Care		Elective 2		
Inpatient Medicine					Emergency Medicine		Elective 3		
Ob/Gyn					Selective (2 – four week blocks)		Elective 4		
Family Medicine					Longitudinal Elective (optional)		Elective 5 2 weeks		
Student Continuity Practice									
				Longitudinal Elective (optional)					

Until 3 years ago the out-patient rotations related to the various disciplines were organized as an ambulatory rotation. This structure was cumbersome and did not permit integration of experiences within a discipline. Often students would have a schedule with an ambulatory component of a single discipline separated in time by months from the in-patient curriculum for that discipline. Over the past few years, the third year schedule has been reorganized (only in order and not related to goals and objectives or content) and improved so that in-patient and out-patient experiences within a given discipline would be contiguous. In the 2012-13 academic year the psychiatry ambulatory and inpatient rotations were combined into one Psychiatry Clerkship. The same took place for the surgery ambulatory and inpatient rotations. The following is the complete list of Phase II courses for 2012-13 academic year:



<u>Experience</u>	<u>Length</u>
Inpatient Medicine	6 weeks
Surgery-Ambulatory and Inpatient	6 weeks
Family Medicine	6 weeks
ObGyn-Ambulatory and Inpatient	6 weeks
Psychiatry- Ambulatory and Inpatient	6 weeks
Neurology	3 weeks
Inpatient Pediatrics	3 weeks
Ambulatory Pediatrics	5 weeks
Ambulatory Medicine	5 weeks
Elective	2 weeks

In Year 4 or Phase III, students participate in 4 weeks of Advanced Inpatient Experience –AIE (Sub-internship) in pediatrics, medicine, family medicine or surgery; 4 weeks of Critical Care in medical, surgical or pediatric units; 4 weeks of Emergency Medicine and 2 weeks of Radiology. Students have a total requirement for 18 weeks of elective. In addition there is an 8-week mentored selective project in the fourth year.

UConn SOM has five main affiliate hospitals with affiliation agreements for both our UME and GME programs:

- John Dempsey Hospital
- Hartford Hospital
- Connecticut Children’s Hospital
- St. Francis Hospital
- Hospital of Central Connecticut

In addition, we have educational affiliation agreements with other hospitals and private practices to provide outstanding educational experiences for our students throughout all four years of our curriculum. The following chart depicts the locations of our teaching sites for our clerkships.

## Grid of Clerkships and Sites

	Hartford Hospital	SFH	THOCC	JDH	CCMC	Rehab Hospital of CT	Hospital for Special Care	St. Vincent's Hospital	St. Mary's	Waterbury	Manchester	Windham	Harford Medical	UConn Health Partners	Private Practices/ CHCs
Inpatient Medicine	X	X	X	X											
Inpatient Pediatrics					X										
Surgery	X	X	X	X						X					
ObGyn	X	X	X	X											
Psychiatry	X	X	X	X							X *				
Ambulatory Medicine	X	X	X	X									X	X	
Ambulatory Pediatrics		X	X		X									X	X
Neurology	X			X		X *	X								
Family Medicine		X													X
Critical Care	X	X	X	X				X							
AIE Medicine	X	X	X	X				X							
AIE Surgery	X	X	X	X											
AIE Peds					X										
AIE Family Med		X													
Emergency Med	X	X	X	X				X	X		X	X			
Radiology				X											

\* No longer a site in AY13/14

### Measures to Ensure Comparability of Sites

UConn SOM is committed to provide outstanding experiences for our students in the clinical sites. To that end, our Clinical Principal, Dr. Ellen Nestler, is responsible for all clinical education across all four years. Dr. Nestler has convened a Clinical Collaboration Committee (CCC) to oversee sites and education. It should be noted that there is one curriculum for our students with identical goals, objectives, and assessments for all students regardless of the site of education. In addition the following indicates the mechanisms in place to monitor and insure comparability at sites:

- **Centralized orientation:** Prior to the start of a rotation, students are sent detailed information about the experience, goals and objectives, honors criteria, required clinical encounters, structured clinical observation requirements and the process for mid-point feedback. This information is posted on Blackboard.
- **Identical required clinical encounters:** Each clerkship has a set of required clinical encounters which students must achieve. When students log their patients, they include the symptom or diagnosis and this feeds into what is referred to as an ED-2 table. The log data and progress on achieving these requirements are monitored weekly by the student and clerkship director. 100% compliance is achieved in each clerkship. (Appendix ED-8.1)
- **Student passport:** A small coil notebook is provided to students which contains certification documents that ensure requirements are met. Documents are posted on the clerkship's blackboard site as well.
- **Student log:** This is the mechanism for monitoring students' clinical activity at each site and collecting data to document comparable clinical experiences. Students enter data about patient demographics, encounter type, diagnoses and procedures.
- **Uniform evaluation forms:** Each clerkship has an evaluation form based on the experience's goals and objectives. All sites within a clerkship use the identical form.
- **Conferences:** Didactic teaching/case conferences are centralized for all clerkships. Students evaluate each conference using an online evaluation tool immediately after the end of the conference
- **End-of-rotation surveys:** At the end of each rotation students complete an on-line anonymous survey. All clerkship use a core set of questions and there are additional clerkship-specific questions. Students address items such as quality of precepting, mid-point feedback, and overall evaluation of the site. The Clerkship directors, Director of the Office of Assessment, Director of Medical Education, Clinical Principal and Director of Student Advising review these evaluations.
- **Honors criteria:** Honors criteria differ among the disciplines, but within each discipline they are uniformly deployed. Honors criteria in medicine and pediatrics include components from both the inpatient and ambulatory experiences. Students are aware of the criteria and they are posted on each clerkship's Blackboard site. (Appendix ED-8.2)

In addition to the above, the entire UME team along with the GME team make an annual visit to each of the main affiliate sites as a team, meeting with all of the educators at the site and reviewing data, taking the opportunity to show our gratitude to our affiliate partners, and looking for opportunities for improvement. We provide all data related to the students' experiences in each rotation and at each site relative to the other sites and provide specific feedback regarding teaching, faculty, and residents. These visits have proven to be very successful in making sure that we review the data as a team but also have the added value of providing opportunities for us to identify the strengths and weaknesses. We have also worked closely with our Faculty Development colleague to provide faculty development for our affiliated and community faculty. A new initiative in the Spring 2013 was an Education Appreciation Day for faculty staff, and students. We are implementing a specific appreciation event for our affiliated and community faculty in the Spring 2014.

We are including detailed data for the 2012-2013 academic year which is followed by the limited data we have collected thus far for the 2013-14 fall semester.

### **Summary of Experiences and Data: 2012-13**

Each rotation in Phase II will be reviewed utilizing the following information, where applicable. An overview of the conclusions has been provided for each rotation. The actual data and charts can be found in the appendices referenced at the end of the overview.

- Data tables (note that the SOM employs both an end of rotation survey and an end of year survey which can provide additional data relative to the entire year's experience):
  - End of Rotation surveys
  - End of Year survey
  - Honors data
  - Exam data
  - Log data

### **Ambulatory Medicine**

As a result of the change in the third-year curriculum schedule in 2012-13 Ambulatory Medicine was changed from a 6-week rotation to a 5-week rotation, but the net number of medicine sessions did not change since ambulatory psychiatry is no longer embedded within this rotation. Ten sites, which are well established and run by experienced senior clinician-educators, are utilized. Ambulatory Medicine is highly rated, especially for the quality of precepting. Activities during this period include clinical sessions at their site and off-site activities including geriatrics, SCP (1/2 day Student Continuity Practice) and Friday afternoon case conferences at Health Center. There are a variety of experiences

at the various sites; students meet their required clinical encounters without difficulty. Students work directly with attendings and/or Chief Residents at all sites.

Upon review of the prior year's data and noting that during academic year 2010-11, Hartford Hospital (HH) had lower ratings in quality of precepting and as an overall site compared to other sites, changes were implemented. Upon review of the situation, it was ascertained that the main reason for the decline in ratings was the fact that there were too many trainees (residents and students) in the afternoon clinic. This was brought to the attention of the site director and the schedule was adjusted. For the remainder of academic year 2011-12 one or 2 students were assigned per rotation. This resulted in improved ratings for the rest of the academic year. In 2011-12 only 12 students (2/rotation) were assigned to Hartford Hospital compared to 18 in 2010-11. The overall ratings were comparable to other sites. In 2012-13 there were eight 5-week rotations compared to six 6-week rotations in previous year. Only 8 students (1/rotation) were assigned to HH but the ratings were not as expected. Evaluating the situation, it was felt that the main reasons were related to the transition to a new EMR which overwhelmed the staff and the orientation was therefore less than ideal. The clerkship director met with the site director and the Medical Director of Ambulatory Services; a written orientation plan was put into place.

Burgdorf received slightly lower ratings this year due to a decrease in faculty preceptor and staff manpower; a dedicated Chief Medical Resident is providing support. The end of year survey data is consistent with the end of rotation survey data.

The honors data for the four academic years does not show any concerning trends. There is also data for each of the sites showing comparable number of patients and diagnoses/procedures. This is similar to previous data with the students at hospital-based clinics seeing fewer numbers of patients but who have co-morbid conditions with many diagnoses being managed; therefore easily meeting the required number of clinical encounters (ED2).

*Please see Appendix ED-8.3 Ambulatory Medicine for all referenced data:*

- *End of rotation survey data AY10/11, 11/12, 12/13*
- *End of year survey AY12/13*
- *Honors Data AY09/10, 10/11, 11/12, 12/13*
- *Exam data by site AY10/11, 11/12, 12/13*
- *Log data AY11/12, 12/13*

### **Ambulatory Pediatrics**

Ambulatory Pediatrics was changed from a 6-week rotation to a 5-week rotation but the net number of sessions did not change since ambulatory psychiatry is no longer embedded within this rotation. Nine sites are utilized. The clerkship addresses issues unique to childhood and adolescence by focusing on human developmental biology, and



by emphasizing the impact of family, community and society on child health and well-being. Additionally, the rotation focuses on the impact of disease and its treatment on the developing human, and emphasizes growth and development, principles of health supervision and recognition of common health problems. The role of the pediatrician in prevention of disease and injury and the importance of collaboration between the pediatrician and other health professionals is stressed.

In 2010-11 data demonstrated that the number of patients that were seen at Burgdorf was less than at other sites. The quality of precepting, though, was excellent. In an effort to rectify this issue of quantity seen in 2011-12, the section leader decreased the number of students at Burgdorf. Results in 2012-13 showed improvement.

It has been noted that the overall experience at Connecticut Children's Medical Center (CCMC) was not rated as highly as previous years. The main reason was the transition to the EMR. The section leader assigned fewer students (16 students for 8 rotations) compared to 2011-12 (18 students for 6 rotations). Preliminary data confirm that this is no longer an issue in the current academic year (2013-14). In addition, in the end of year survey, a few students (3/15) noted that they had 'too little' responsibility and commented about shadowing residents; the clerkship director is monitoring this at CCMC. Similar numbers of diagnoses are seen between sites, despite the fact that fewer patients are seen at some sites (mostly urban clinics); ED2 requirements are met by all students. Fewer honor and close to honor recommendations are given at Burgdorf resulting in decreased number of overall honors. We believe this is due to placing more students with difficulties at this site as the faculty has an interest in spending time with students needing extra support at this site. We are not certain if this continues to be the reason and are looking at this closely. The Clerkship Director and Site Director are working together to monitor the situation. The quality of precepting is very good/excellent across all sites and the vast majority of precepting is done by an attending or Chief Resident.

In the end of year survey, the Hospital of Center Connecticut (THOCC) received 4/9 ratings of "poor," but only 1 student noted that there was 'too little' responsibility and too few diagnoses. Comments revealed style issues with the faculty and faculty expectations; this was reviewed with the Clerkship Director and we continue to monitor the end of rotation evaluations.

#### *Appendix ED-8.4 Ambulatory Pediatrics*

- *End of rotation survey data AY10/11, 11/12, 12/13*
- *End of year survey AY12/13*
- *Honors Data AY09/10, 10/11, 11/12, 12/13*
- *Exam data by site AY10/11, 11/12, 12/13*
- *Log data AY10/11, 11/12, 12/13*

## Obstetrics/Gynecology

The Ob/Gyn clerkship is a six-week clerkship with combined inpatient and outpatient experiences. Students at each site rotate through the same components: labor and delivery, gynecological surgery, ob-gyn specialties, and outpatient clinic. There are weekly centralized didactic sessions. Students are having similar experiences related to number of patients seen and diagnoses/ procedures logged. Review of end of rotation survey shows comparable experiences. The 2012-13 survey included a question about the 'overall site,' which was not on this survey in past years and 'receptivity/support' had been used instead. Site directors were changed at both Hartford Hospital (HH) and Saint Francis Hospital (SFH) at the end of 2011-12 academic year. In 2013-14 a new site director was appointed at JDH. In the end of year survey for this site, 3/12 students commented that they saw too few diagnoses. This had been an issue in the past, but has improved; the log data does not support these few students' comments. However, this will be monitored and has been communicated to the site director. Students score similarly on the shelf exam at each of the sites. Honors awarded were distributed between sites; THOCC had fewer students with honors. This is likely due to the fact that this site, historically, was assigned to students with an interest in this field; this will continue to be monitored. The number of honors overall decreased as a result of requiring a higher score on the shelf exam.

### *Appendix ED-8.5 Obstetrics/Gynecology*

- *End of rotation survey data AY12/13, 11/12, 10/11, 09/10*
- *End of year survey AY12/13*
- *Honors Data AY08/09, 09/10, 10/11, 11/12, 12/13*
- *Exam data by site AY08/09, 09/10, 10/11, 11/12, 12/13*
- *Log data AY10/11, 11/12, 12/13*

## Family Medicine

This rotation consists of six weeks at one of about 40 active outpatient family medicine practices. Sites are mostly community-based private practices and some community health centers. All the sites receive a package of information about the curriculum, required clinical encounters (ED-2), mid-rotation evaluation, structured clinical encounter observation forms, expectations, and required student assignments. The clerkship director has an orientation with all students on the first day. Honors are determined using three individual evaluation components: preceptor evaluation, examination and home visit assignment.

In 2010-11 Glastonbury Family Medicine was rated lower by 2 students noting not having enough responsibility. The clerkship director met with the site director to discuss the problem. Five students rotated at this site and 4 agreed or strongly agreed that decision-making responsibility matched their level of skill and grew throughout the

rotation; one student disagreed. Four rated the site good/excellent and one as poor. The feedback was disseminated and the situation followed closely. Unfortunately tracking and reviewing the data for 2012-13 the six students who rotated at the Glastonbury site overall rated it poorly (1 excellent, 2 good, 2 adequate, and 1 fair). The main problem was that there was very little interaction with the attending; instead, they worked more with an APRN (who was under the supervision of the MD). They also felt the teaching was not adequate. As a result of this very careful review, students have not been assigned to this site in 2013-14. Due to distance only 2-3 students/year go to the Family Medicine Associates of Stamford. In 2012-13 the two students felt the preceptor was not using much evidence-based medicine. The other preceptors were excellent and dedicated to student education. Since the main preceptor was the only full-time preceptor, students are no longer assigned to this site. Upon review of the data, it is clear that the FM rotation is rated highly by the vast majority of students as seen below. The number of sites and the small number of students at most sites, present a challenge to comparing the "End of Year Survey." Overall 71/83 students felt that the level of responsibility was adequate, 75/82 students felt that the level of supervision was adequate, 77/83 students felt that the number of diagnoses which they saw was adequate and 73/83 felt the overall experience was excellent, very good or good.

#### *Appendix ED-8.6 Family Medicine*

- *End of rotation survey data AY12/13, 11/12*
- *Honors Data AY08/09, 09/10, 10/11, 11/12, 12/13*

#### **Ambulatory & Inpatient Psychiatry**

In 2012-13 the separate ambulatory and inpatient clerkships were combined into a 6-week clerkship with ambulatory and inpatient components. Manchester is no longer a site due to having an agreement with an osteopathic school. Saint Francis Hospital (SFH) entered as a new site during the 2012-13 year and received ratings which are at the lower end of the clerkship's evaluation usual spectrum. The clerkship director has met with the site director to work to improve the experience. There were more honors overall this year but all sites were similar in number of honors. Previously with separate ambulatory and inpatient experiences the honor's rubric was based on evaluations from each component plus the shelf exam. Currently, with a single evaluation, the criteria for honors have been modified and applied to all students. In the end of year survey there are a few students who noted that JDH and SFH had 'too little' responsibility and fewer diagnoses. On review of the written comments of the students who were at JDH, most were related to other issues such as conferences, since the question asks about "overall experience," rather than "overall site." As stated, SFH is a new site and is continuing to improve its processes and organization.

#### *Appendix ED-8.7 Ambulatory & Inpatient Psychiatry*

- *End of rotation survey data AY12/13, 11/12*
- *End of year survey AY12/13*
- *Honors Data AY08/09, 09/10, 10/11, 11/12, 12/13*
- *Exam data by site AY08/09, 09/10, 10/11, 11/12, 12/13*

#### **Ambulatory & Inpatient Surgery**

In 2012-13 the separate ambulatory and inpatient clerkships were combined into a 6-week clerkship with ambulatory and inpatient components. The overall rating of Waterbury Hospital has improved now that the students do the combined experience. Overall the faculty interaction occurs mostly in the operating room in most sites. Site directors are working on increasing the contact time with attendings on the floors. At Hartford Hospital an energetic attending who went to medical school and did her residency at UConn is the new site director as of AY 2013-14. There is also a new site director at St. Francis. The number of honors and shelf exam scores are similar across all sites. The log data for this one year demonstrates a lower number of patients logged at Waterbury, with JDH having the highest number. Two of the 13 students at Waterbury and 2 of the 10 at JDH noted in the end of year survey that there was 'too little' in 'number of diagnosis' category. This will be monitored via the log during the course of the current academic year. Overall, the end of the year survey data is consistent with the end of rotation surveys.

#### *Appendix ED-8.8 Ambulatory & Inpatient Surgery*

- *End of rotation survey data AY12/13, 11/12*
- *End of year survey AY12/13*
- *Honors Data AY08/09, 09/10, 10/11, 11/12, 12/13*
- *Exam data by site AY08/09, 09/10, 10/11, 11/12, 12/13*
- *Log data AY12/13*

#### **Inpatient Medicine**

As a result of the change in the third-year curriculum in 2012-13 Inpatient Medicine was changed from a 4-week rotation to a 6-week rotation. The students and attendings feel this significantly improved the experience due to more continuity and more time to apply the information learned in conferences. This rotation was highly rated especially the interactions with attendings, residents and conferences. Students saw a comparable number of patients at each site and the number of honors awarded was similar across the sites. The end of year data is consistent with the end of rotation survey data.

#### *Appendix ED-8.9 Inpatient Medicine*

- *End of rotation survey data AY12/13, 11/12*
- *End of year survey AY12/13*
- *Honors Data AY10/11, 11/12, 12/13*

#### **Inpatient Pediatrics and Neurology**

As a result of the change in the third-year curriculum in 2012-13 Inpatient Pediatrics and Neurology clerkships were both increased from two to three weeks. Each student has the same experience. The only site for Inpatient Pediatrics is CCMC. A new floor was added to accommodate an additional student; all students meet their ED-2 requirements. For Neurology the students rotate through different experiences each week; each of the 3 students is assigned to the same weekly activity in different sequence. Each student has the same experience, such that there is no issue regarding site comparability. Every student spends time on Hartford Hospital's stroke service, at Hartford Hospital inpatient consultation service, on JDH's consult service, at Connecticut Children's Medical Center (2 days) and one half-day at the Hospital for Special Care.

#### *Appendix ED-8.10 Inpatient Pediatrics and Neurology*

- *Student Evaluation of Rotation 12/13*
- *Inpatient Pediatrics Survey Summary 12/13*

#### **4th Year Required ACE (Advanced Clinical Experiences) Courses**

##### **1. Radiology**

Radiology is a required two-week experience, which is non-clinical and identical for each student.

##### **2. Critical Care**

Critical Care is a required four-week experience, in which students choose either MICU, SICU, PICU, or Neuro ICU. All rotations receive excellent ratings. More students received honors from PICU, but this is not a trend based on prior years; we will continue to monitor.

##### **3. Advanced Inpatient Experiences (AIE)/Subinternship**

Advanced Inpatient Experience (AIE) is a required four-week experience, in which students can choose a sub-internship in internal medicine, surgery, pediatrics, or family medicine. There have not been any issues identified.

##### **4. Emergency Medicine**

This rotation is very highly rated, especially the conferences. Overall the sites had very high ratings. Students felt that faculty supervision was appropriate at all sites.



Hartford Hospital is a busy, level 1 trauma center and students have significant interactions with senior residents.

#### *Appendix ED-8.11 4<sup>th</sup> Year ACE*

- Radiology survey AY11/12, 12/13
- Critical Care end of rotation survey data AY12/13
- Critical Care Honors Data AY09/11, 10/11, 11/12, 12/13
- Advanced Inpatient Experiences (AIE)/Subinternship end of rotation survey AY12/13
- Emergency Medicine end of rotation survey on Faculty Supervision AY12/13, 11/12
- Emergency Medicine end of rotation survey on Overall Site AY12/13, 11/12
- Emergency Medicine honors data AY09/10, 10/11, 11/12, 12/13
- Emergency Medicine exam data AY09/10, 10/11, 11/12, 12/13

### **Clinical Skills**

At the end of year three, all students are required to complete comprehensive assessment in our clinical skills center. In an effort to identify any patterns of weaknesses, strengths or challenges identified in students who may have rotated at one site vs others, we attempted a review of the lower performing students to evaluate any trends based on educational sites. After analysis of the students who performed at the lower end of their class on the 4<sup>th</sup> year assessment, there does not appear to be any conclusions to be drawn regarding their performance and placement at a particular site for any rotation. See Appendix ED-8.12 for a chart of the lower performing quartile of the class identifying their sites of training. The data shows no correlation of training site with performance. Similarly there were no correlations with the high performing students.

#### *Appendix ED-8.12 Clinical Skills data*

### **Phase 2 and 3 Clinical Experiences**

The overall data regarding the first two rotations of academic year 2013-14 are depicted in Appendix ED-8.13. It seems favorable across clerkships thus far. We will continue to monitor each area and review all aspects after the first semester ends at the end of the calendar year. The data will be analyzed and presented to the governing committees in February 2014.

It should be noted that the three week Neurology clerkship was revised and changed for this academic year in an effort to improve this, the newest of our required clinical clerkships; we are committed to an iterative process of program improvement and are very excited to have recruited a new clerkship director. There are no issues specific to

comparability of sites in the Neurology Clerkship since each student rotates through the same experiences a week at a time. In surgery, both THOCC and SFH (St. Francis) have new site directors who recently met with the clerkship director to make adjustments and changes as indicated and this is being closely monitored.

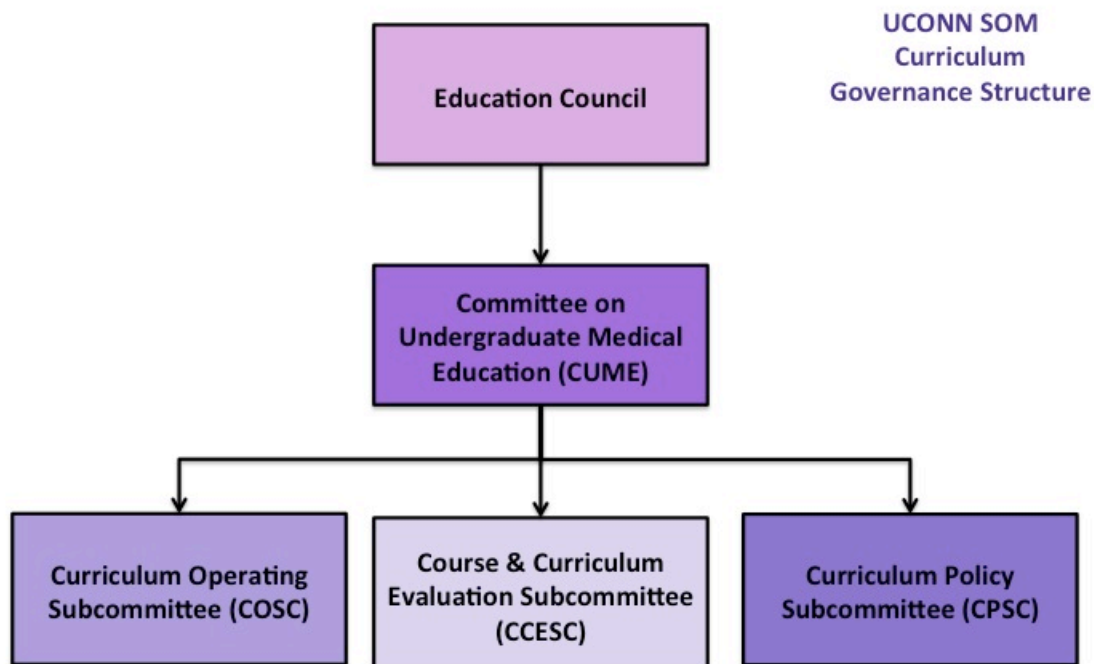
Very limited data of 1-2 clerkship end of rotation surveys for each clerkship can be found in *Appendix ED-8.13 Phase 2 and 3 Clinical Experiences*:

- *Overall site from July to October of 2013:*
  - *Ambulatory Medicine*
  - *Ambulatory Pediatrics*
  - *Ob/Gyn*
  - *Family Medicine*
  - *Psychiatry*
  - *Surgery*
  - *Neurology*
  - *Inpatient Medicine*
  - *4<sup>th</sup> year required ACE courses*

## ED-33

<b>STANDARD</b>	<i>There must be integrated institutional responsibility in a medical education program for the overall design, management, and evaluation of a coherent and coordinated curriculum.</i>
<b>FINDING</b>	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
<b>REQUIRED FOLLOW-UP (ED-33.A.)</b>	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.

## ED-33.A. STRUCTURE FOR CURRICULUM MANAGEMENT



### Introduction

The curriculum governance structure of the University of Connecticut School of Medicine (UCONN SOM) was revised after the LCME site visit in 2010. The revised governance structure was noted as well organized by the LCME during the limited site visit of 2012. This revised curricular governance structure includes the Education Council (EC), the Committee on Undergraduate Medical Education (CUME), and subcommittees reporting to CUME, including the Course & Curriculum Evaluation Subcommittee (CCESC), the Curriculum Operating Subcommittee (COSC), and the Curriculum Policy Subcommittee (CPSC). CUME (along with its sister committees representing graduate medical education, continuing medical education and the graduate school) reports to the EC. It is important to emphasize that the committees and subcommittees exist to provide a voice to all of the major stakeholders in the School of Medicine, including course leadership, faculty at large, administrative leadership, and students.

It is important to clarify that although Education Council is the Central Authority for Education at the University of Connecticut School of Medicine, it has delegated oversight of undergraduate medical education and policies to CUME. Superb communication takes place across committees with sharing of information, minutes, ideas, and creativity. We have found a great advantage in having an overarching Education Council to coordinate functions and creativity across the continuum of medical education and to provide a venue for collaboration and the exchange of ideas.

## Impact to Date

The impact of this revised structure can be described as follows:

- Logical sequencing of the various segments of the curriculum
- Coordinated and integrated content across the academic periods of study
- Policies are reviewed, adapted and implemented with full support of the faculty and students
- Processes are clearly delineated and operationalized
- Faculty and students are reviewing and monitoring comparability of sites and medical experiences
- Annual reviews of the curriculum are taking place and being used to inform future action

In addition to the Governance structure we have created a new structure for meeting with student leadership and interacting with students for input on curricular issues. Each class has an elected representative who, along with the school President, meet with the Director of Medical Education, the Associate Dean for Student Affairs and the Senior Associate Dean for Education monthly over lunch. Twice a year and as needed the school administrative leadership is invited to the Student government-run school meetings. In addition, we have employed a process of creating brief videos regarding new initiatives (the Professionalism policy and changes in the Academic Policies and Procedures manual are two examples) in order to communicate effectively and in a timely manner with students as well as teaching faculty.

## Subcommittees of the CUME

Subcommittees of the CUME are responsible for curriculum management via the Home Office of Medical Education (HOME). The Course & Curriculum Evaluation Subcommittee (CCESC) formally reviews each course and presents recommendations to CUME. CCESC is made up of elected and appointed faculty and elected student representatives. As part of the annual review process, each course reviews the recommendations from CCESC and reports on implementation progress to the Director of Medical Education, who in turn shares this information with the Director of Assessment and CCESC at their October meeting. The committee has begun a new cycle of review. Feedback during this round of assessment will be critical to overall program growth and improvement. CCESC has three review processes:

1. A triennial cycle of a comprehensive review of each curricular offering
2. An annual review of all offerings to be sure that we detect any problems or issues in a timely manner.
3. A full review of the program as a whole planned for every three years, with the most recent review completed in 2012.

CCESC meets twice a month and the committee members work hard in the interim preparing for the discussion. Faculty members and the chair are afforded protected time for these activities.

The Curriculum Operating Subcommittee (COSC) reports to the CUME. COSC is made up of Course Directors, elected student representatives, and staff having direct impact on the curriculum. 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. COSC operationalizes CUME's vision for the curriculum. Thus, it is not a governance body, but rather works closely and collaboratively with CUME and the other subcommittees to implement the curriculum.

The Curriculum Policy Subcommittee (CPSC) is responsible for review, update and creation of policy for the undergraduate medical education program as necessary and as requested by CUME. It can be noted that CUME often develops policy as a committee but if research, institutional input or more extensive work is required, then CPSC will be called upon to work on policy. This committee ensures that current policies meet the requirements of the LCME, as well as relevant institutional, state and federal policies, regulations and laws. However, it is the responsibility of CUME to comply with policy and approve the annual review and ad hoc review of the Policies and Procedures manual. The Academic Policies and Procedures manual is reviewed annually and presented to CUME for a vote and subsequently to EC for approval.

#### **Meaningful Enhancements: Additional committees related to curriculum**

In addition to the aforementioned major and minor committees, committees were formed that bring information to CUME or one of its subcommittees. These committees include the Clinical Collaboration Committee (CCC) and the Administrative Integration Committee (AIC).

The CCC meets on a monthly basis and its members include all course and clerkship directors, as well as representatives from the Simulation Center (SIM) and clinical skills. This group looks creatively at the integration of the curriculum, and informs across the curriculum regarding content.

The administrative leaders supporting UME meet to communicate across the infrastructure, and to implement and improve operations administratively supporting the curriculum. The committee is charged with effective implementation of the curriculum, resolving any issues or needs, and providing collective guidance and support for innovation. This group is composed of directors from each of the contributing areas, including Admissions, Faculty Instructional Technology Services (FITS), the Library, the Home Office of Medical Education (HOME), Student Affairs, Student Services and Biomedical Media Communications (BMC).

The UME leadership team is comprised of the Senior Associate Dean for Education, the Director of Medical Education, the Associate Dean for Student Affairs, the Director of Assessment, the Clinical Principal, the Basic Science Principal, and the Administrative Director of Academic Affairs meet weekly.

Finally a new leadership committee called Leadership ACME (Across the Continuum of Medical Education) meets monthly to discuss collaborative projects across the continuum of medical education and with the Graduate School.

### **Meaningful Enhancements: HOME Office of Medical Education**

In 2011, in an effort to change the support structure for all four years of the curriculum, the Office of Educational Support Services was transformed into the Home Office of Medical Education (HOME). HOME is responsible for the day-to-day operations for all four years of the curriculum and long-term planning for future goals. This office is the central hub for implementation of actions voted on by the subcommittees, CUME and ultimately the Central Authority, which is EC. The HOME office includes the Office of Assessment, Phase I curriculum support, the Clinical Education Office, and the Anatomical Donation program. By housing these critical components of administrative staff under one umbrella, we have effectively improved communication and operations across the curriculum.

The HOME office is also responsible for the Curriculum Mapping Project. Curricular Mapping is being used as a tool to identify planned and unplanned redundancies in the curriculum, and to identify critical omissions. The process of mapping has been evolving over the past academic year and continues to improve. Ultimately, it is expected that the project will be uploaded into the AAMC curriculum inventory and used for comparisons with national data.

The Office of Assessment, which is also under the purview of HOME, is responsible for all evaluations including faculty evaluations of students, student evaluations of faculty, and the evaluations of courses/ clerkships/ sites. Additionally, the AAMC Graduation Questionnaire provides data to complement internal evaluations. Centralizing the evaluation and evaluation review process has led to a better understanding of areas in need of improvement. Annually, course/clerkship directors, as well as departments and affiliated hospitals meet with members of the leadership team to review these results. Communication of the results of this significant feedback is brought to CCESC, CUME and ultimately EC.

### **Other Meaningful Enhancements**

In 2013, the UCONN SOM began the initial stage of curriculum reform by gauging the climate for change. The current curriculum was cutting edge when it was fully instituted in the mid-1990s, but has made little progress since. The UCONN SOM faculty are ready for change and prepared to be full partners in the revision process. Education Council recently approved the creation of a Curriculum Reform and Re-Visioning Committee.

This committee will include elected and selected participants across our faculty who will lead the reform effort. Three summer forums followed by discussion luncheons invited faculty to discuss hot topics in curriculum, such as individualized education and EMR use in case studies, case-based learning and vertical integration, and how change can best be managed. A number of retreats have been held already, and a major retreat has been scheduled for March 2014 to get faculty involved and informed.

Significant adjustments have been piloted in the present curriculum in an effort to better meet the needs of our students, based on the iterative feedback reviewed by the processes described above and informed by students' evaluations, feedback, national data and research. These modifications were crafted and will be monitored by committees and subcommittees that include the involvement of the faculty and the Course Director/Clerkship Director. We understand that as we approach curricular reform that we will need to apprise the LCME of changes and plans to monitor changes. We would like to share the following highlights:

- Creation of a pre-matriculation program to prepare students for introductory topics in metabolism and cell biology. Students entering in the Fall of 2013 had the opportunity to self-quiz and were provided coaching results to determine their level of preparedness.
- Updating of the Human Systems (year 1) course to include online materials, fewer lectures, and more group work and problem solving as a way of making learning more context driven.
- An integrative approach between courses in the first year. Metabolism lends itself to social, clinical, and scientific learning and problem solving. The courses are working together to address the current goals and objectives, with the introduction of a virtual patient that crosses course boundaries and ties these concepts together.
- Board preparation courses have been developed as electives for students. Both a USMLE Step 1 and a Step 2CK course have been initiated with good reviews.
- A new fourth year elective "Boot Camp," provided preparation for internship was rated very favorably this past year.
- Five clerkships now use the NBME Shelf examination as their main assessment of the course.

Additional enhancements include the 2012-13 creation of Medical Education Journal Club, which was initiated to bring together faculty on topics such as curricular integration, curricular change, student mistreatment, and current trends in anatomy education. Faculty engaged in discussions of pedagogical advancement through the Medical Education Grand Rounds series and were particularly interested in new ways to present material to students such as the "flipped classroom." A curricular retreat held in the spring brought more information to the faculty regarding innovations in technology and concepts in instructional design.



In addition, we have undertaken a project to create a faculty teaching database and are aligning with actual effort to be sure that our faculty have adequate protected time for teaching. Initial data have been compiled regarding quantitative educational committed time, which is now linked to the quality of the teaching and educational effort. The Senior Associate Dean for Education with the Director of Medical Education have completed initial meetings with 18 of the 19 chairs to review the data and to get input from the Chairs on this process as well as the data.

### **Increases in Administrative Staffing**

Hiring has been done in various areas of the UCONN SOM in order to assist with accomplishing the mission of support for all four years of medical school:

- **Director of Medical Education-** This position has direct oversight of the entire UME curriculum, including but not limited to Chair of CUME; the faculty teaching database; the curriculum map; participation in all sub-committees of CUME; work with Director of Assessment on course/ clerkship evaluations, annual reports and faculty evaluations. This is a new position that was filled by Dr. Christine Thatcher as of February 2012. Dr. Thatcher has an EdD in Education and brings her experience in higher education leadership and accreditation (in the state) to the team.
- **Clinical Principal-** together with the Basic Science Principal responsible for integration of content. The Clinical Principal has oversight of site comparability and coordination of clerkships. This position is a newly created position and has been assumed by Dr. Ellen Nestler, an internist with many years of experience as a leader in GME education.
- **Basic Science Principal-** playing an integral role in curricular mapping and coordination through the basic sciences and integration with the clinical components of the curriculum. Dr. John Harrison, a basic scientist turned educator, has assumed this new position and he brings a fresh perspective to the team. In addition, Dr. Harrison's primary appointment is in the dental school along with an appointment in the Department of Medicine. This uniquely positions our team for enhanced interprofessional interactions, which is a highlight of our school given that the first and second year curriculum is a collaborative effort.
- **Director of Medical Student Scholarship and Research-** We are invested in an increased emphasis on scholarship and research opportunities for students, as evidenced by a higher percentage of participation in the last academic year and by the acceptance of two students to the prestigious NIH Medical Research Scholars program. Dr. Joan Caron has been in this position for a year. The highlights of this program include a Medical Student Research Day.
- **Director of Medical Student Global Health-** There will be an expansion of opportunities for students to conduct research and to be part of international electives abroad. This position was named within the past month. Although there

was a faculty member in charge of this endeavor, we expect growth and enhancement of this program under new leadership.

- **Director of Simulation-** This role will be central to our efforts to increase simulation activities and integrate basic science and clinical education. The former director of this area left this position several months ago. , The position was recently assumed, after a dedicated search, by a very talented faculty member who is viewed by our students as a creative and humanistic teacher and physician.
- **Director of Student Advising-** Mentoring and career advising are now more robust and continuously improving with the guidance of a dedicated faculty member. Our student advisory system with groups of students beginning in Year 1 has been highly successful.

Meaningful changes have begun to occur at the UCONN SOM and we are confident that enduring solutions through collaborative efforts are in place. We appreciate that change can be difficult; however, continued efforts to align, inform, include and challenge have made significant differences in the delivery and quality of the learning and skills acquired by our students. The sense of pride is contagious and growing through these efforts. In addition the morale of the faculty, staff, and students is uplifted by the Governor's commitment to the Health Center with ongoing efforts to build a state of the art academic addition and to renovate our academic space. The plans for the new Academic addition which will include a state of the art Learning Studio is nearing the design phase, in target with the timeline (see ER-2).

## ED-36

STANDARD	<b>ED-36:</b> <i>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.</i>
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
REQUIRED FOLLOW-UP (ED-36.A.)	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.

## ED-36.A. BIOSCIENCE CT

### Introduction

Bioscience Connecticut is a state supported initiative that was approved by the legislature in May 2011. The goals of Bioscience Connecticut are to put Connecticut at the forefront of the bioscience industry while improving access to state-of-the-art care to our patients and addressing the health care needs of Connecticut's future.

### State Support for the Programmatic Components of Bioscience Connecticut

To date, the Connecticut General Assembly has committed more than \$35 million in financial support to the UConn Health Center for the programmatic components and implementation of the Bioscience Connecticut Initiative on the campus. Additional funds will be requested during each biennial budget discussion going forward through FY2021.

Operating funds are supporting the following:

	Recruitments Basic Science Faculty	Recruitments Clinical Scientist Faculty
FY 13	3	10*
FY 14	4	15
FY 15	3	15
Totals FY 13-15	10	30

*\*These 10 faculty were funded by institutional fund contributions*

Capital/Bond Funds were also provided to support Bioscience Connecticut faculty start-up packages with \$815,000.00 committed to basic science faculty and \$225,000.00 committed to clinical scientist faculty over five years.

The faculty recruitments remain on target and by the data presented in FA-2, it is evident that our basic science faculty is growing in numbers. Similarly our clinical faculty has increased as shown in the table:

Year	All full time Clinical Faculty*	Full time Paid (by UCHC) Clinical Faculty*	Part time Clinical Faculty	Volunteer Clinical Faculty
2011-2012	864	276	72	1491
2012-2013	905	293	69	1530
2013-2014	924	300	66	1516

\* As defined by the AAMC (see Appendix ED-36.1)

The table below itemizes the funding received for Bioscience Connecticut programmatic implementation for Fiscal Years, 13, 14, 15 and 16:

	FY13	FY14	FY15	FY16	Total
*State Operating Funds	\$500,000	\$11,900,724	\$16,765,958	Slated for presentation in FY 15	\$29,166,682
**State Bond Funds for Faculty Recruitment Start-ups e.g. equipment		\$ 1,400,000	2,000,000	\$2,600,000	\$ 6,000,000
Total State Funds Approved to date					\$35,166,682

\*State operating funds are appropriated on a fixed schedule

\*\*Unlike state operating funds, state bond funds have been authorized over a three-year period through FY16.

## MS-24

<b>STANDARD</b>	<i>A medical education program should have mechanisms in place to minimize the impact of direct educational expenses on medical student indebtedness.</i>
<b>FINDING</b>	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.
<b>REQUIRED FOLLOW-UP (MS-24.A.)</b>	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.
<b>REQUIRED FOLLOW-UP (MS-24.B.)</b>	Complete the following table for the indicated academic years:
<b>REQUIRED FOLLOW-UP (MS-24.C.)</b>	Provide a copy of the most recent LCME Part I-B Financial Aid Questionnaire.

## **MS-24.A. MEDICAL STUDENT LOAN REPAYMENT PROGRAM**

### **Introduction**

A medical student loan repayment program has been proposed as part of the BioScience CT initiative. It should be noted that this plan as outlined was for one student per year in the SOM and one in the School of Dental Medicine. Upon reviews of the priorities for fulfilling the BioScience CT vision, it was decided to defer a request to the legislature for funds for this limited repayment program that would enhance scholarship for one student per class to review alternate approaches to potentially fund more trainees and support the goals of increasing primary care physicians working in the state.

However, it should be noted that the SOM responded deliberately to the overall finding from the Limited Site Visit that there was no integrated plan to address rising debt. We have implemented a robust plan to address the projected increased debt related to expected rises in tuition.

The main components of the plan will be described in the following four sections:

- Reorganization and collaboration across areas to address this issue
- General funds dollars support for scholarships
- Philanthropy efforts
- Qualifying out-of-state students for residency and for in-state tuition

### **Reorganization and Collaboration**

Many different areas in the SOM need to work together in this most important endeavor: Student Services which oversees Financial Aid and is under the supervision of the Chief Administrative Officer of the institution, Health Careers Opportunity Program under the direction of an Associate Dean who reports directly to the Dean of the SOM, the office of Admissions that reports to Student Affairs and to the Senior Associate Dean for Education, the Finance officer for the SOM, and the Foundation that oversees our philanthropic efforts. The UME team has a new Administrative Committee that incorporates individuals from these areas for discussion. Efforts have addressed the need for improved communication and sharing of data to track these issues. In addition, the Organization of Student Representative (OSR) reps and the student leadership meet with the UME team regarding financial aid and tuition to share the perspectives of the AAMC, the OSR group, and the students on these important issues.

In addition, the Chair of Admissions, the Assistant Dean for Admissions, the Associate Dean & Director for Health Career Opportunity Programs, and the Senior Associate Dean for Education meet monthly to address any issues related to admissions, concerns about financial aid and scholarships.

### General Funds Dollars to Support Scholarships

There are two significant sources of State General Fund dollars that are appropriated for scholarship:

- A. A total value of 15% of collected tuition is put into a fund for need-based scholarship that is distributed by the required formula to students in need. The chart below indicates the amount of money allocated over the past years.

YEAR	2010-2011	2011-2012	2012-2013	2013-2014
Amount of money from tuition dedicated to scholarship (15%)	\$1,192,551	\$1,069,790	\$1,217,096	\$1,299,684

- B. The SOM has committed resources for 38-50 annual full scholarships for SOM students. This money is dedicated to disadvantaged students, students from backgrounds that are under-represented in medicine or students who via our holistic review in admissions are felt to benefit the diversity of the class in some special way. There are a total of 20 scholarships per year dedicated jointly to the SOM and the Dental School. The distribution of the scholarships varies by the number of pipeline students and applicants. The following is a table representing the number of students in each class who received full tuition and fees scholarship awards for the academic year indicated:

Class of	# Full Scholarships in the 2010-11 year	# Full Scholarships in the 2011-12 year	# Full Scholarships in the 2012-13 year	# Full Scholarships in the 2013-14 year
2011	6			
2012	8	8		
2013	16	15	15	
2014	11	10	10	10
2015		11	10	9
2016			12	10
2017				9
TOTALS	41	44	47	38



The decrease in the overall number of scholarships in 2013-2014 is due to three factors:

1. A small number of students who required additional support and remediation and who did not receive the previously awarded scholarship
2. We are enhancing our Scholarly year program in which students immerse themselves for a full year (out of the formal curriculum) in research, another advanced degree or other scholarly work in education or service; we have been successful in several of our scholarship students achieving competitive fellowships and other opportunities. As we transition to the increased number of students in these programs we may see a decline in the scholarship numbers for a few years but these numbers will rise as the students return from scholarly year and the scholarships are redirected to their education at our school.
3. Once the class of 2013 graduated, the numbers decreased as this was an aberrant year with more medical students (relative to the past years and distributions to the dental school) receiving the scholarships than usual.

### Philanthropy

We are working closely with The Foundation along several fronts:

- A. We are working with the Alumni Association to procure funding for Alumni scholarships for students through annual solicitations for funds from our alumni.
- B. We are soliciting community partners and friends of the institution specifically for funding for this important endeavor. We have just been able to announce a \$1,000,000 endowment that is part of planned giving from a grateful alumnus.

### Foundation Data:

A total of 45 scholarships from the Foundation were offered to students totaling nearly \$127,000.00 in 2013-14. The following chart indicates our success in increasing the pool of money for additional scholarships from the Foundation:

YEAR	2010-2011	2011-2012	2012-2013	2013-2014
Scholarship from the Foundation	\$93,750	\$102,500	\$121,875	\$126,875

### Qualifying Out-of-State Students for In-State Tuition

A dedicated program was created to assist out-of-state students to become residents of Connecticut and therefore eligible for in-state tuition. In February of each year, the Director of Student Services contacts all first year students to assist them in applying for in-state residency. Students convert their status to Connecticut residency, which over

the course of the following three years, is a savings of close to \$90,000 in tuition for these students. Although many other schools do not have the option to allow students to convert to in-state status, the State of Connecticut allows this and our office has taken a proactive stance in assisting students for this significant cost savings.

The following is the ad that was sent by email to the students:

**CT State Residency  
2012 - 2013**

- Review the **Residency Guidelines** (attached) to ensure you meet all the qualifications.
- Please fill out the **Application** (attached).
- Attach the **necessary supporting documents** requested in the application.
- Have your **Application Notarized**.
- Applications will be reviewed and students will be notified within 3 days of submission.
- Please contact Robin Frank, Director of Student Services, directly should you have any questions.

**Applications and documents can be dropped off to the Student Services Center, LM035 and are due by Friday, May 4th**

The following is a table of our student status: in- state vs. out-of-state. Note the marked decrease in out-of-state students after the first year. The three remaining students who are out-of-state after year 1 all have full scholarships from other sources (2 MD/PhD and 1 National Health Service):

**FULL TIME STUDENTS:**

	In-State	Out-of-State	International	Total
M1	82	12	0	94
M2	91	2	0	93
M3	93	0	0	93
M4	84	1	1	86
TOTAL	350	15	1	366

## MS-24.B. TUITION AND FEES

Graduation Year	2008-09	2009-10	2010-11	2011-12	2012-2013
Tuition and Fees for First-year In-State Students	\$28,169	\$29,576	\$31,055	\$29,677 (\$22,740/\$6,937)	\$30,879 (\$23,649/\$7,230)
Tuition and Fees for First-year Out-of-State Students	\$50,815	\$52,621	\$55,252	\$54,842 (\$47,905/\$6,937)	\$57,051(\$49,821/ \$7,230)
Average Debt of Indebted Graduates (med school debt)	Class of 2009 117,410	Class of 2010 119,957	Class of 2011 140,249	Class of 2012 \$132,433	Class of 2013 \$115,994
Average Debt of Indebted Graduates (Total school debt)	Class of 2009 127,184	Class of 2010 129,855	Class of 2011 150,277	Class of 2012 \$144,625	Class of 2013 \$130,147
% of indebted Graduates with Med School Debt > \$200,000	Class of 2009 .014%	Class of 2010 3.17%	Class of 2011 10%	Class of 2012 16.4%	Class of 2013 6.15%
% of indebted Graduates with Total Debt > \$200,000	Class of 2009 7.24%	Class of 2010 7.93%	Class of 2011 14.28%	Class of 2012 16.6%	Class of 2013 16.66%

## MS-24.C. COPIES OF THE LCME PART 1-B FINANCIAL AID QUESTIONNAIRES FOR 2011-12 AND 2012-13



Tomorrow's Doctors, Tomorrow's Cures

## 2011-2012 LCME Part I-B Student Financial Aid Questionnaire

Connecticut

[Return to Survey](#)

Welcome to the 2011-2012 Liaison Committee on Medical Education (LCME) Part I-B Student Financial Aid Questionnaire.

The data requested by this annual survey are classified as unrestricted and may be published with institutional identification. The data are used by the LCME as part of the medical school accreditation process, and they are also entered into the AAMC's Medical School Profile System (MSPS) to provide schools with benchmarking reports. Additionally, the data from this survey are used in AAMC annual and ad-hoc reports. By continuing, you acknowledge that you have read the above disclosure statement and agree to participate in the survey.

Please return your completed questionnaire by Friday, September 14, 2012.

If you have any questions involving technical aspects of the survey, contact Brent Bledsoe at [bbledsoe@aamc.org](mailto:bbledsoe@aamc.org). If you have questions that relate to how to report your institution's data, contact Shelley Yerman at [syerman@aamc.org](mailto:syerman@aamc.org).

### SECTION 1 - Financial Assistance Obtained by Students for Academic Year 2011-2012

#### Instructions:

**Column A)** Student counts are extracted from your school's 2011-2012 LCME Part II Annual Medical School Questionnaire and pre-populated in the cells below. Since the student counts from the Part II questionnaire are collected in the middle of the academic year, there is a chance that these data may need to be adjusted to reflect the most recent student data available. Please make any modifications necessary.

**Column B)** Indicate the number of students who received financial assistance in the 2011-2012 academic year.

**Column C)** Indicate the total dollar amount of aid that students who are reported in Column B received during the 2011-2012 academic year. Please note that, if the total dollar amount of aid reported below does not agree with the sum of the awards reported in Grants/Scholarships (Section 2), Loans (Section 3), and Work-Study (Section 4), an explanation must be given for the discrepancy in Section 5 of the questionnaire.

	A) Number of Students	B) Number of Students Receiving Aid	C) Total Dollar Amount of Aid
First-Year Students	91	84	3588880
(All first-year students enrolled in the MD program, including those repeating the first year.)			
Second-Year Students	92	80	3209101
(All second-year students enrolled in the MD program, including those repeating the second year.)			
Third-Year Students	84	79	3340374
(All third-year students enrolled in the MD program, including those repeating the third year.)			
Fourth-Year Students	1	1	41964

(All students enrolled in the fourth-year MD program or beyond who did not graduate during the 2011-2012 academic year.)

2012 Graduates	<input type="text" value="88"/>	<input type="text" value="81"/>	<input type="text" value="3357710"/>
(All enrolled students who graduated during the 2011-2012 academic year.)			
Total	<input type="text" value="356"/>	<input type="text" value="325"/>	<input type="text" value="13538029"/>

If you have any difficulty with the survey, please contact Brent Bledsoe at [bbledsoe@aamc.org](mailto:bbledsoe@aamc.org).

## SECTION 2 - Grants/Scholarships

### Instructions:

Please report the number of students who received grants/scholarships, the number of grants/scholarships awarded, and the dollar amount of grants/scholarships awarded to all students in the 2011-2012 academic year in each category below.

### I. Grants/scholarships without a service commitment

	Total number of medical students receiving grants/scholarships <sup>1</sup>	Total number of grants/scholarships <sup>2</sup>	Total dollar amount of grants/scholarships <sup>3</sup>
A. Scholarships for Disadvantaged Students (SDS)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
B. Other grants and scholarships (school-funded) <sup>4</sup>			
1) Need-based	<input type="text" value="212"/>	<input type="text" value="242"/>	<input type="text" value="2824613"/>
2) Non-need-based			
M.D.- Ph.D. support	<input type="text" value="30"/>	<input type="text" value="30"/>	<input type="text" value="1008025"/>
Tuition remission for employees and/or staff	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
C. Other grants and scholarships, including stipends (outside-funded) <sup>5</sup>			
1) Need-based	<input type="text" value="17"/>	<input type="text" value="17"/>	<input type="text" value="48125"/>
2) Non-need-based			
MSTP Funding	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="29"/>	<input type="text" value="34"/>	<input type="text" value="151990"/>
TOTAL Dollar Amount of Grants/Scholarships in Section 2. I			<input type="text" value="4032753"/>

### II. Grants/scholarships with a service commitment

In reporting grants/scholarships with a service commitment, please include the dollar amount of tuition and other reimbursable expenses (e.g., books, health insurance, and supplies). It is recognized that exact amounts for reimbursable expenses may not be known; in such cases, provide estimates. Do not include funding other than tuition and other reimbursable expenses.

National Health Service Corps	2	2	87007
Armed Forces Health Professions	7	7	171403
State-funded	0	0	0
Other	0	0	0
TOTAL Dollar Amount of Grants/Scholarships in Section 2. II			258410
TOTAL Dollar Amount of Grants/Scholarships in Sections 2. I and II			4291163

1. Please include the number of medical students who received each grant/scholarship in the 2011-2012 academic year. Only count each student once per category, even if the student has received multiple grants/scholarships.
2. Please include the number of grants/scholarships awarded per category in the 2011-2012 academic year. One student could have received multiple scholarships per category.
3. Please include the total dollar amount of each grant/scholarship category in the 2011-2012 academic year.
4. Please include the grants and scholarships (need-based, M.D.-Ph.D. support, tuition remission, and other) funded with institutional resources for the M.D. portion of the program.
5. Please include the grants and scholarships (need-based, MSTP funding, and other) funded by individuals, agencies, foundations, or other external sources.

If you have any difficulty with the survey, please contact Brent Bledsoe at [bbledsoe@aamc.org](mailto:bbledsoe@aamc.org).

## SECTION 3 - Loans

### Instructions:

Please report the number of loans and the dollar amount of loans awarded to all students in the 2011-2012 academic year in each category below.

	Total Number of Medical Students Receiving Loans <sup>1</sup>	Total number of loans <sup>2</sup>	Total dollar amount of loans <sup>3</sup>
Federal Direct Subsidized Student Loan	300	302	2538549
Federal Direct Unsubsidized Student Loan	252	280	6449392
Grad PLUS Loan (direct)	89	97	770225
Federal Perkins Loan	0	0	0
Primary Care Loan (PCL) 4	0	0	0
State-funded Loans	0	0	0
Private/Alternative Loan Programs 5	0	0	0
Loan for Disadvantaged Students (LDS)	0	0	0
Total other loans (outside-funded) 6	0	0	0
Total other loans (school-funded) 7	127	129	496725
TOTAL Dollar Amount of Loans in Section 3			10254891

1. Please include the number of medical students who received each loan in the 2011-2012 academic year. Only count each student once per category, even if the student has received multiple loans.
2. Please include the number of loans awarded to all students in each category in the 2011-2012 academic year. One student could have received multiple loans in each category.
3. Please include the total dollar amount of each loan awarded to all students in the 2011-2012 academic year.
4. Super PCL loan data should not be included with PCL data; include Super PCL loan data in Question 1 in the Supplemental Data Section of this questionnaire.
5. Please include only those private and alternative loans that the financial aid office has certified.
6. Please include external loans that individuals, agencies, foundations, or other external sources funded.
7. Please include loans that institutional resources funded.

If you have any difficulty with the survey, please contact Brent Bledsoe at [bbledsoe@aamc.org](mailto:bbledsoe@aamc.org).

## SECTION 4 - Work-Study

### Instructions:

Please report all college work-study payments in the "federally funded" category (include both federal and school contributions). Enter "NA" if the program is not offered.

	Total number of students receiving payments	Total dollar amount of work-study payments
Federally funded	<input type="text" value="0"/>	<input type="text" value="0"/>
Non-federally (e.g., school-only) funded	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Dollar Amount of Work-Study Payments		<input type="text" value="0"/>

If you have any difficulty with the survey, please contact Brent Bledsoe at [bbledsoe@aamc.org](mailto:bbledsoe@aamc.org).

## SECTION 5 - Grand Total Dollar Amount of Grants, Scholarships, Loans and Work-Study

### Instructions:

Sections 1 through 4 must be completed before Section 5 can be completed. The Grand Total of Sections 2, 3, and 4 is a sum of the grand total dollar amounts as reported in Grants/Scholarships (Section 2), Loans (Section 3), and Work-Study (Section 4). The Total from Section 1, Column C, is the total dollar amount of aid as reported in Financial Assistance (Section 1). If the Grand Total of Sections 2, 3, and 4 does not equal the Total from Section 1, Column C, an explanation must be provided in the text box below.

	Total dollar amount of awards
Grand Total of Sections 2, 3, and 4	<input type="text" value="14546054"/>
Total from Section 1, Column C	<input type="text" value="13538029"/>
Difference	<input type="text" value="1008025"/>

The Grand Total of Sections 2, 3, and 4 MUST agree with total dollar amount of assistance reported in Total from Section 1, Column C.  
If the totals do not agree, please provide an explanation below:

\$1,008,025 is MD/PhD Support

If you have any difficulty with the survey, please contact Brent Bledsoe at [bbledsoe@aamc.org](mailto:bbledsoe@aamc.org).

## SECTION 6 - Educational Indebtedness

**I. To the best of your knowledge, please report the total *pre-medical* educational indebtedness of all members of the 2011-2012 first-year class prior to their medical school matriculation. National Student Loan Data Systems (NSLDS) data are acceptable. If you are unable to report the number of students with pre-medical educational debt or the amount of pre-medical educational debt, please enter "NI" in the appropriate box and provide an explanation in the text box below.**

Number of indebted students

Total amount of indebtedness

If you entered "NI" in the boxes above, please provide an explanation below:

**II. Please report the total cumulative *medical school* educational indebtedness (excluding debt associated with enrollment in joint, dual, or combined degree programs) per class of indebted students as of the end of the 2011-2012 academic year. If you are unable to report the number of students with medical school educational debt or the amount of medical school educational debt, please enter "NI" in the appropriate box and provide an explanation in the text box below. Please note that the values in the "Percent of Graduates with Medical School Debt" and the "Average Graduate Debt" boxes will be automatically calculated and displayed for your convenience. You will not need to make these calculations.**

	Number of students with medical school debt	Total medical school debt amount for all students
First year	<input type="text" value="76"/>	<input type="text" value="2885672"/>
Second year	<input type="text" value="82"/>	<input type="text" value="5510002"/>
Third year	<input type="text" value="90"/>	<input type="text" value="7969699"/>
Fourth year <sup>1</sup>	<input type="text" value="1"/>	<input type="text" value="191729"/>
2012 Graduates <sup>2</sup>	<input type="text" value="73"/>	<input type="text" value="9667605"/>
Total	<input type="text" value="322"/>	<input type="text" value="26224707"/>
	Percent of Graduates with Medical School Debt	Average Graduate Debt
	<input type="text" value="83"/>	<input type="text" value="132433"/>

If you entered "NI" in the boxes above, please provide an explanation below:



**III. Please report the number of graduating students with *total* educational debt in each of the ranges below. Total educational debt includes pre-medical educational debt and educational debt incurred while in medical school. The total number of graduates will be automatically calculated and must equal the number reported in Section 1 of the survey.**

	Number of Graduates with Educational Debt
No Educational Debt	14
\$ 1 - \$ 19,999	1
\$ 20,000 - \$ 29,999	1
\$ 30,000 - \$ 39,999	4
\$ 40,000 - \$ 49,999	4
\$ 50,000 - \$ 59,999	2
\$ 60,000 - \$ 69,999	0
\$ 70,000 - \$ 79,999	2
\$ 80,000 - \$ 89,999	2
\$ 90,000 - \$ 99,999	3
\$100,000 - \$109,999	3
\$110,000 - \$119,999	4
\$120,000 - \$129,999	4
\$130,000 - \$139,999	2
\$140,000 - \$149,999	3
\$150,000 - \$159,999	7
\$160,000 - \$169,999	7
\$170,000 - \$179,999	2
\$180,000 - \$189,999	5
\$190,000 - \$199,999	6
\$200,000 - \$209,999	3
\$210,000 - \$219,999	2
\$220,000 - \$229,999	3

\$230,000 - \$239,999	<input type="text" value="3"/>
\$240,000 - \$249,999	<input type="text" value="0"/>
\$250,000 or greater	<input type="text" value="1"/>
Total Graduates with Educational Debt	<input type="text" value="74"/>
Total Graduates	<input type="text" value="88"/>

1. The fourth-year row is to be used for students in the fourth year and beyond of the MD program and were NOT members of the 2012 graduating class.
2. The 2012 Graduates row is to be used for all students who graduated during the 2011-2012 academic year.

If you have any difficulty with the survey, please contact Brent Bledsoe at [bbledsoe@aamc.org](mailto:bbledsoe@aamc.org).

## Supplemental Data Section

### Instructions:

The Supplemental Section of the LCME Part I-B Student Financial Aid Questionnaire is optional. The following data are not required by the LCME, but are requested for use in research and development efforts associated with current issues and trends in medical school financial aid and educational debt.

While the majority of the data in this supplemental section of the survey are unrestricted and may be published with institutional identification, data from a few items are considered restricted and may not be published with institutional identification, but may be released at the discretion of the AAMC president or his designee to qualified individuals and organizations who agree to protect it. These items will be labeled with (R) to indicate their restricted classification.

**I. Report the number of students and the total dollar amount awarded of "Super PCL" to third and fourth-year students for the purpose of paying off the balances of higher cost educational loans.**

	Number		Super PCL Amount
Third-Year Students :	<input type="text" value="0"/>	Total dollar amount of Super PCL:	<input type="text" value="0"/>
Fourth-Year Students :	<input type="text" value="0"/>	Total dollar amount of Super PCL:	<input type="text" value="0"/>

**II. Has your school already IMPLEMENTED any initiatives or programs designed to help reduce medical students' educational debt?**

	Implementing	Considering	Not Considering	Please Provide and Explanation
Guaranteed tuition and fees for the length of the MD curriculum	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Non-traditional tuition structure	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Capital campaign to increase scholarship funds	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scholarship funds are an
Partnership with outside organizations to reduce student debt	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Being reviewed
Changes in grant or scholarship requirements	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**III. a. To the best of your knowledge, how many of your institution's 2012 medical school graduates were enrolled in a combined/dual/joint degree or certificate program (e.g., M.D./Ph.D. and M.D./M.P.H. programs) since their matriculation at your institution or another institution?**

Number

**b. Was the educational debt they incurred while enrolled in the degree or certificate program(s) included in the medical school total indebtedness amount reported in Section 6, part II of the LCME I-B questionnaire?**

☒ Yes ☐ No

**c. If yes, what is the total amount of non-medical debt incurred as a result of these students' enrollment in the combined/dual/joint degree or certificate program(s)?**

Amount

**IV. (R) a. Do you have the ability to identify the federal cohort default rate for your medical school?**

☐ Yes ☒ No

**(R) b. If yes, what is the most recent federal cohort default rate for your medical school?**

**V. For the following three categories, please provide an unduplicated count of medical students that received a school-funded grant/scholarship (without a service commitment) in the 2011-2012 academic year. For reference, see Section 2 - Grants/Scholarships, Question I. B. Other grants and scholarships (school-funded).**

Medical students receiving a need-based grant/scholarship only:

Medical students receiving a non-need based grant/scholarship (M.D./Ph.D. support, tuition remission, or other) only:

Medical students receiving both a need-based and a non-need-based grant/scholarship:

**VI. Do you rely on outside speakers to conduct sessions in order to meet federal requirements or LCME standards?**

	Yes	No
Financial literacy/debt management education	<input type="radio"/>	<input checked="" type="radio"/>
Exit/entrance interviews	<input type="radio"/>	<input checked="" type="radio"/>

**VII. a. Did you include residency interview expenses in your Cost of Attendance(COA)?**

☐ Yes ☒ No

b. If you included residency interview expenses in your COA, how much did you include?

Amount

c. If you did not automatically include an allowance for interview expenses in your COA, did you evaluate these expenses on a case-by-case basis?

☐ Yes ☒ No

d. If yes, how many students received an adjustment for interview expenses?

Amount

If you have any difficulty with the survey, please contact Brent Bledsoe at [bbledsoe@aamc.org](mailto:bbledsoe@aamc.org).

## Survey Contact Information

Please enter the contact information of the individual who completed the survey

*First Name:	<input type="text" value="Robin"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text" value="Frank"/>
Suffix:	<input type="text"/>
*Title 1:	<input type="text" value="Director Student Services"/>
Title 2:	<input type="text"/>
Title 3:	<input type="text"/>
*Phone: (XXX-XXX-XXXX)	<input type="text" value="860-679-8765"/>
Phone Ext.:	<input type="text"/>
*Email:	<input type="text" value="frank@uchc.edu"/>

[Return to Survey](#)

2012-028



Tomorrow's Doctors, Tomorrow's Cures

## 2012-2013 LCME Part I-B Student Financial Aid Questionnaire

Connecticut

[Return to Survey](#)

Welcome to the 2012-2013 Liaison Committee on Medical Education (LCME) Part I-B Student Financial Aid Questionnaire.

The data requested by this annual survey are classified as unrestricted and may be published with institutional identification. The data are used by the LCME as part of the medical school accreditation process, and they are also entered into the AAMC's Medical School Profile System (MSPS) to provide schools with benchmarking reports. Additionally, the data from this survey are used in AAMC annual and ad-hoc reports. By continuing, you acknowledge that you have read the above disclosure statement and agree to participate in the survey.

Please return your completed questionnaire by Friday, September 13, 2013.

If you have any questions involving technical aspects of the survey, contact Alan Dandar at [adandar@aamc.org](mailto:adandar@aamc.org). If you have questions that relate to how to report your institution's data, contact Shelley Yerman at [syerman@aamc.org](mailto:syerman@aamc.org).

## SECTION 1 - Financial Assistance Obtained by Students for Academic Year 2012-2013

## Instructions:

Column A) Student counts, except for three-year track students, are extracted from your school's 2012-2013 LCME Part II Annual Medical School Questionnaire and pre-populated in the cells below. Since the student counts from the Part II questionnaire are collected in the middle of the academic year, there is a chance that these data may need to be adjusted to reflect the most recent student data available. Please provide the three-year track student counts and make any modifications to the pre-populated student counts as necessary.

Column B) Indicate the number of students who received financial assistance in the 2012-2013 academic year.

Column C) Indicate the total dollar amount of aid that students who are reported in column B received during the 2012-2013 academic year. Please note that, if the total dollar amount of aid reported below does not agree with the sum of the awards reported in Grants/Scholarships (Section 2), Loans (Section 3), and Work-Study (Section 4), an explanation must be given for the discrepancy in Section 5 of the questionnaire.

	A) Number of Students	B) Number of Students Receiving Aid	C) Total Dollar Amount of Aid
First-year students (All first-year students enrolled in the M.D. program, including those repeating the first year.)	94	76	3622483
Second-year students (All second-year students enrolled in the M.D. program, including those repeating the second year.)	94	77	3145158
Third-year students (All third-year students enrolled in the M.D. program, including those repeating the third year and/or enrolled in a three-year track program.)	89	82	3592570
Three-year track graduates (Three-year track graduates refer to those students completing a three-year track M.D. program at your institution.)	NA	NA	NA
Fourth-year students (All students enrolled in the fourth-year M.D. program or beyond who did not graduate during the 2012-2013 academic year.)	8	8	441769
2013 Graduates (All enrolled students who graduated during the 2012-2013 academic year, including those in a three-year track M.D. program.)	73	59	2761150
Total	358	302	13563130

If you have any difficulty with the survey, please contact Alan Dandar at [adandar@aamc.org](mailto:adandar@aamc.org).

## SECTION 2 - Grants/Scholarships

## Instructions:

Please report the number of students who received grants/scholarships, the number of grants/scholarships awarded, and the dollar amount of grants/scholarships awarded to all students in the 2012-2013 academic year in each category below.

## I. Grants/scholarships without a service commitment

	Total Number of Medical Students Receiving Grants/Scholarships <sup>1</sup>	Total Number of Grants/Scholarships <sup>2</sup>	Total Dollar Amount of Grants/Scholarships <sup>3</sup>
A.Scholarships for Disadvantaged Students (SDS)	0	0	0

B. Other grants and scholarships (school-funded)<sup>4</sup>

1) Need-based	193	236	3411116
2) Non-need-based			
M.D./Ph.D. support	16	16	826384
Tuition remission for employees and/or staff	0	0	0
Other	0	0	0

C. Other grants and scholarships, including stipends (outside-funded)<sup>5</sup>

1) Need-based	11	11	23000
2) Non-need-based			
MSTP funding	0	0	0
Other	26	31	101024

Total dollar amount of grants/scholarships in Section 2. I

4361524

Total number of students receiving grants/scholarships<sup>6</sup>

207

## II. Grants/scholarships with a service commitment

In reporting grants/scholarships with a service commitment, please include the dollar amount of tuition and other reimbursable expenses (e.g., books, health insurance, and supplies). It is recognized that exact amounts for reimbursable expenses may not be known; in such cases, provide estimates. Do not include funding other than tuition and other reimbursable expenses.

	Total Number of Medical Students Receiving Grants/Scholarships	Total Number of Grants/Scholarships	Total Dollar Amount of Grants/Scholarships
National Health Service Corps	2	2	90551
Armed Forces Health Professions	4	4	95446
State-funded	0	0	0
Other	0	0	0
Total dollar amount of grants/scholarships in Section 2. II			185997
Total dollar amount of grants/scholarships in Sections 2. I and II			4547521

<sup>1</sup> Please include the number of medical students who received each grant/scholarship in the 2012-2013 academic year. Only count each student once per category, even if the student has received multiple grants/scholarships.

<sup>2</sup> Please include the number of grants/scholarships awarded per category in the 2012-2013 academic year. One student could have received multiple scholarships per category.

<sup>3</sup> Please include the total dollar amount of each grant/scholarship category in the 2012-2013 academic year.

<sup>4</sup> Please include the grants and scholarships (need-based, M.D.-Ph.D. support, tuition remission, and other) funded with institutional resources for the M.D. portion of the program.

<sup>5</sup> Please include the grants and scholarships (need-based, MSTP funding, and other) funded by individuals, agencies, foundations, or other external sources.

<sup>6</sup> Please count each student only one time, even if that student is receiving multiple grants/scholarships.

If you have any difficulty with the survey, please contact Alan Dandar at [adandar@aamc.org](mailto:adandar@aamc.org).

## SECTION 3 - Loans

## Instructions:

Please report the number of loans and the dollar amount of loans awarded to all students in the 2012-2013 academic year in each category below.

	Total Number of Medical Students Receiving Loans <sup>1</sup>	Total Number of Loans <sup>2</sup>	Total Dollar Amount of Loans <sup>3</sup>
Federal Direct Subsidized Student Loan	0	0	0
Federal Direct Unsubsidized Student Loan	273	323	8338736
Grad PLUS Loan (direct)	89	104	837766

Federal Perkins Loan	0	0	0
Primary Care Loan (PCL) <sup>4</sup>	0	0	0
State-funded loans	0	0	0
Private/alternative loan programs <sup>5</sup>	2	3	65140
Loan for Disadvantaged Students (LDS)	8	8	20215
Total other loans (outside-funded) <sup>6</sup>	0	0	0
Total other loans (school-funded) <sup>7</sup>	102	106	580136
Total dollar amount of loans in Section 3			9841993

<sup>1</sup> Please include the number of medical students who received each loan in the 2012-2013 academic year. Only count each student once per category, even if the student has received multiple loans.

<sup>2</sup> Please include the number of loans awarded to all students in each category in the 2012-2013 academic year. One student could have received multiple loans in each category.

<sup>3</sup> Please include the total dollar amount of each loan awarded to all student sin the 2012-2013 academic year.

<sup>4</sup> Super PCL loan data should not be included with PCL data; include the Super PCL loan data in Question 1 in the Supplemental Data Section of this questionnaire.

<sup>5</sup> Please include only those private and alternative loans that the financial aid office has certified.

<sup>6</sup> Please include external loans that individuals, agencies, foundations, or other external sources funded.

<sup>7</sup> Please include loans that institutional resources funded.

If you have any difficulty with the survey, please contact Alan Dandar at [adandar@aamc.org](mailto:adandar@aamc.org).

## SECTION 4 - Work-Study

### Instructions:

Please report all college work-study payments in the "federally funded" category (include both federal and school contributions). Enter "NA" if the program is not offered.

	Total Number of Students Receiving Payments	Total Dollar Amount of Work-Study Payments
Federally funded	0	0
Non-federally (e.g., school-only) funded	0	0
Total dollar amount of work-study payments		0

If you have any difficulty with the survey, please contact Alan Dandar at [adandar@aamc.org](mailto:adandar@aamc.org).

## SECTION 5 - Grand Total Dollar Amount of Grants, Scholarships, Loans and Work-Study

### Instructions:

Sections 1 through 4 must be completed before Section 5 can be completed. The Grand Total of Sections 2, 3, and 4 is a sum of the grand total dollar amounts as reported in Grants/Scholarships (Section 2), Loans (Section 3), and Work-Study (Section 4). The Total from Section 1, Column C, is the total dollar amount of aid as reported in Financial Assistance (Section 1). If the Grand Total of Sections 2, 3, and 4 does not equal the Total provided in Section 1, column C, an explanation must be provided in the text box below.

	Total Dollar Amount of Awards
Grand total of Sections 2, 3, and 4	14389514
Total from Section I, Column C	13563130
Difference	826384

The grand total of Sections 2, 3, and 4 MUST agree with total dollar amount of assistance reported in Total from Section I, Column C. If the totals do not agree, please provide an explanation below:

\$826,384 is MD/PhD Support

If you have any difficulty with the survey, please contact Alan Dandar at [adandar@aamc.org](mailto:adandar@aamc.org).

**SECTION 6 - Educational Indebtedness**

I. To the best of your knowledge, please report the total *pre-medical* educational indebtedness of all members of the 2012-2013 first-year class prior to their medical school matriculation. National Student Loan Data Systems (NSLDS) data are acceptable. If you are unable to report the number of students with pre-medical educational debt or the amount of pre-medical educational debt, please enter "NI" in the appropriate box and provide an explanation in the text box below.

Number of indebted students

Total amount of indebtedness

If you entered "NI" in the boxes above, please provide an explanation below:

II. Please report the total cumulative *medical school educational* indebtedness (excluding debt associated with enrollment in joint, dual, or combined degree programs) per class of indebted students as of the end of the 2012-2013 academic year. If you are unable to report the number of students with medical school educational debt or the amount of medical school educational debt, please enter "NI" in the appropriate box and provide an explanation in the text box below. Please note that the values in the "Percent of Graduates with Medical School Debt" and the "Average Graduate Debt" boxes will be automatically calculated and displayed for your convenience. You will not need to make these calculations.

	Number of Students with Medical School Debt	Total Medical School Debt Amount for All Students
First year	<input type="text" value="68"/>	<input type="text" value="2586440"/>
Second year	<input type="text" value="82"/>	<input type="text" value="3328746"/>
Third year <sup>1</sup>	<input type="text" value="83"/>	<input type="text" value="8293682"/>
Three-year track graduates <sup>2</sup>	<input type="text" value="0"/>	<input type="text" value="0"/>
Fourth year <sup>3</sup>	<input type="text" value="73"/>	<input type="text" value="8638352"/>
2013 Graduates <sup>4</sup>	<input type="text" value="65"/>	<input type="text" value="7539590"/>
Total	<input type="text" value="371"/>	<input type="text" value="30386810"/>

Percent of Graduates with Medical School Debt	Average Graduate Debt
<input type="text" value="89"/>	<input type="text" value="115994"/>

If you entered "NI" in the boxes above, please provide an explanation below:

III. Please report the number of graduating students with total educational debt in each of the ranges below. Total educational debt includes pre-medical educational debt and educational debt incurred while in medical school. The total number of graduates will be automatically calculated and must equal the number reported in Section 1 of the survey.

	Number of Graduates with Education Debt
No educational debt	<input type="text" value="7"/>
\$ 1 - \$ 19,999	<input type="text" value="3"/>
\$ 20,000 - \$ 29,999	<input type="text" value="4"/>
\$ 30,000 - \$ 39,999	<input type="text" value="2"/>
\$ 40,000 - \$ 49,999	<input type="text" value="2"/>
\$ 50,000 - \$ 59,999	<input type="text" value="4"/>
\$ 60,000 - \$ 69,999	<input type="text" value="1"/>



\$ 70,000 - \$ 79,999	<input type="text" value="1"/>
\$ 80,000 - \$ 89,999	<input type="text" value="2"/>
\$ 90,000 - \$ 99,999	<input type="text" value="4"/>
\$100,000 - \$109,999	<input type="text" value="4"/>
\$110,000 - \$119,999	<input type="text" value="4"/>
\$120,000 - \$129,999	<input type="text" value="3"/>
\$130,000 - \$139,999	<input type="text" value="3"/>
\$140,000 - \$149,999	<input type="text" value="1"/>
\$150,000 - \$159,999	<input type="text" value="4"/>
\$160,000 - \$169,999	<input type="text" value="3"/>
\$170,000 - \$179,999	<input type="text" value="2"/>
\$180,000 - \$189,999	<input type="text" value="4"/>
\$190,000 - \$199,999	<input type="text" value="4"/>
\$200,000 - \$209,999	<input type="text" value="3"/>
\$210,000 - \$219,999	<input type="text" value="5"/>
\$220,000 - \$229,999	<input type="text" value="0"/>
\$230,000 - \$239,999	<input type="text" value="1"/>
\$240,000 - \$249,999	<input type="text" value="0"/>
\$250,000 or greater	<input type="text" value="2"/>
Total Graduates with Educational Debt	<input type="text" value="66"/>
Total Graduates	<input type="text" value="73"/>

<sup>1</sup> Third-year students include all students in the third year, including those repeating the third year and/or in a three-year track M.D. program.

<sup>2</sup> Three-year track graduates refer to students completing the M.D. program in a three-year track M.D. program.

<sup>3</sup> The fourth-year row is to be used for students in the fourth year and beyond of the M.D. program and were NOT member of the 2013 graduating class.

<sup>4</sup> All enrolled students who graduated during the 2012-2013 academic year, including those in a three-year track M.D. program.

If you have any difficulty with the survey, please contact Alan Dandar at [adandar@aamc.org](mailto:adandar@aamc.org).

## Supplemental Data Section

### Instructions:

The Supplemental Section of the LCME Part I-B Student Financial Aid Questionnaire is optional. The following data are not required by the LCME, but are requested for use in research and development efforts associated with current issues and trends in medical school financial aid and educational debt.

While the majority of the data in this supplemental section of the survey are unrestricted and may be published with institutional identification, data from a few items are considered restricted and may not be published with institutional identification, but may be released at the discretion of the AAMC president or his designee to qualified individuals and organizations who agree to protect it. These items will be labeled with (R) to indicate their restricted classification.

I. Report the number of students and the total dollar amount awarded of "Super PCL" to third and fourth-year students for the purpose of paying off the balances of higher cost educational loans.

	Number		Super PCL Amount
Third-year students:	<input type="text" value="0"/>	Total dollar amount of Super PCL:	<input type="text" value="0"/>
Fourth-year students:	<input type="text" value="0"/>	Total dollar amount of Super PCL:	<input type="text" value="0"/>

II. Has your school already IMPLEMENTED any initiatives or programs designed to help reduce medical students' educational debt?

	Implementing	Considering	Not Considering	Please Provide and Explanation
Guaranteed tuition and fees for the length of the M.D. curriculum	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Non-traditional tuition structure	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Capital campaign to increase scholarship funds	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Partnership with outside organizations to reduce student debt	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Changes in grant or scholarship requirements	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**III. a. To the best of your knowledge, how many of your institution's 2013 medical school graduates were enrolled in a combined/dual/joint degree or certificate program (e.g., M.D./Ph.D. and M.D./M.P.H. programs) since their matriculation at your institution or another institution?**

Number

**b. Was the educational debt they incurred while enrolled in the degree or certificate program(s) included in the medical school total indebtedness amount reported in Section 6, part II of the LCME I-B questionnaire?**

☒ Yes ☐ No

**c. If yes, can you separate the amount of non-medical debt incurred as a result of these students' enrollment in the combined/dual/joint degree or certificate program(s)?**

Amount

**d. If debt was incurred at another institution, do you have that information?**

☐ Yes ☒ No

**If yes, how much?**

Amount

**IV. (R) a. Do you have the ability to identify the federal cohort default rate for your medical school?**

☐ Yes ☒ No

**(R) b. If yes, what is the most recent federal cohort default rate for your medical school?**

**V. For the following three categories, please provide an unduplicated count of medical students that received a school-funded grant/scholarship (without a service commitment) in the 2012-2013 academic year. For reference, see Section 2 - Grants/Scholarships, Question I. B. Other grants and scholarships (school-funded).**

Medical students receiving a need-based grant/scholarship only:	<input type="text" value="118"/>
Medical students receiving a non-need based grant/scholarship (M.D./Ph.D. support, tuition remission, or other) only:	<input type="text" value="46"/>
Medical students receiving both a need-based and a non-need-based grant/scholarship:	<input type="text" value="14"/>

**VI. Do you rely on outside speakers to conduct sessions in order to meet federal requirements or LCME standards?**

Yes

No

Financial literacy/debt management education



Exit/entrance interviews



VII. a. Did you automatically include a standard amount for residency interview expenses in your Cost of Attendance (COA)?<sup>1</sup>

☐ Yes ☒ No

b. If yes, what was the standard amount included in the COA?

Amount

c. If you did not automatically include an allowance for interview expenses in your COA, did you evaluate these expenses on a case-by-case basis?

☒ Yes ☐ No

d. If yes, how many students received an adjustment for interview expenses?

Number of students

Total amount of approved requests

<sup>1</sup> Answer yes if you included a predetermined "standard" amount in the COA for ALL fourth-year students.

If you have any difficulty with the survey, please contact Alan Dandar at [adandar@aamc.org](mailto:adandar@aamc.org).

Survey Contact Information

Please enter the contact information of the individual who completed the survey.

*First Name:	<input type="text" value="Andrea"/>
Middle Name:	<input type="text" value="B"/>
*Last Name:	<input type="text" value="Devereux"/>
Suffix:	<input type="text"/>
*Title 1:	<input type="text" value="Financial Aid Officer"/>
Title 2:	<input type="text"/>
Title 3:	<input type="text"/>
*Phone: (XXX-XXX-XXXX)	<input type="text" value="860-679-3574"/>
Phone Ext.:	<input type="text"/>
*Email:	<input type="text" value="devereux@uchc.edu"/>

2013-026

## FA-2

<b>STANDARD</b>	<b>FA-2:</b> <i>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.</i>
<b>FINDING</b>	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
<b>REQUIRED FOLLOW-UP (FA-2.A)</b>	Complete the table below for the indicated academic years:
<b>REQUIRED FOLLOW-UP (FA-2.B)</b>	Complete the table below for the 2012-2013 academic year:

## Introduction

The following two tables are completed as requested by the LCME and demonstrate the continuing increase in the number of basic science faculty members.

### FA-2.A.

	# Basic Science Faculty FTEs	# of Full-time Basic Science Faculty	# of Part-time Basic Science Faculty	# of Volunteer Basic Science Faculty
AY 2011-2012 (Data as of 1/1/2012)	193.50	184	17	87
Snapshot December 14, 2012	197.40	188	17	91
AY 2012-2013	207.40	198	17	102
Snapshot October 22, 2013	209.25	200	16	98

### FA-2.B.

Basic Science Department	Full-time Faculty					Part-time Faculty
	Professor	Assoc. Prof.	Assist. Prof.	Instructor/other	Vacant	
AY 2011-2012 (Data as of 1/1/2012)	67	40	71	6	7	17
Snapshot December 14, 2012	66	41	75	6	10 (9.5 FTE)	17
AY 2012-2013	69	43	79	7	2	17
Snapshot October 22, 2013	73	40	79	8	5	16

*For purposes of this report, basic science faculty has been defined as faculty not eligible for clinical practice. AY 2012-2013 Data as of 5/30/2013*

## ER-2

<b>STANDARD</b>	<i>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.</i>
<b>FINDING</b>	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.
<b>REQUIRED FOLLOW-UP (ER-2.A.)</b>	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.
<b>REQUIRED FOLLOW-UP (ER-2.B.)</b>	Provide a copy of the most recent LCME Part I-A Annual Financial Questionnaire.

## Introduction

The State of Connecticut Bioscience CT initiative has allocated \$864 million to help jumpstart Connecticut's economy by making Connecticut a leader in bioscience (Appendix ER-2.1). As part of this initiative, the UConn Health Center's existing facilities will be renovated, a new education building will be constructed, and enrollment will increase in both the School of Medicine (SOM) and the School of Dental Medicine (SDM) starting in 2016. Additionally, financial resources will be allocated to the SOM as described below and in ED-36/FA-2.

## ER-2.A. BIOSCIENCE CT

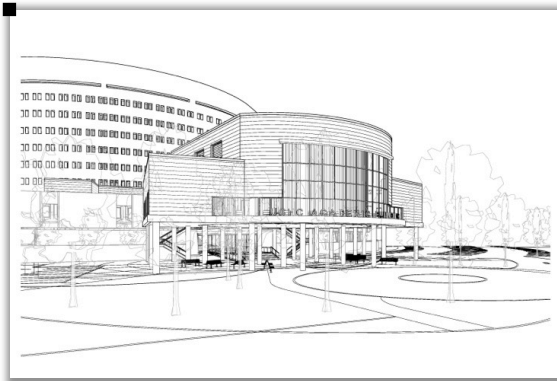
As requested, the information that follows pertains only to academic year 2012/2013 and 2013/14 (fiscal years 13 and 14). For additional allocations and future plans, please see ED-36. The General Assembly in the 2013 Legislative Session approved additional funding for the UCONN Health Center's implementation efforts for the BioScience CT Initiative. State Operating Funds/General Funds for BioScience CT faculty recruitments, all of whom are expected to contribute to teaching:

FY 13: \$500,000 for the recruitment of 3 basic science researchers

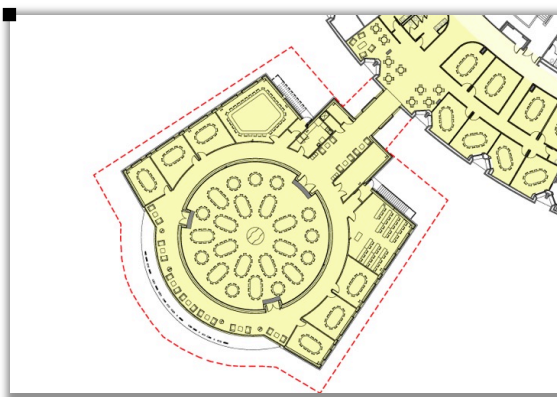
FY 14: \$11.9m for the recruitment of 19 faculty (15 clinician scientists and 4 basic scientists)

FY14: \$1.4m in additional State Bond Funds for Bioscience CT faculty recruitment start-up packages

In addition to these allocations and as described in our LCME-approved proposal to increase our class size, planning for renovations to our existing space and the building of new academic space is presently underway. The approved legislation for BioScience CT is nearly a billion dollars with approximately thirty million dollars devoted to Education building renovations and a new addition. The new building will include a team-based learning studio to accommodate 200 learners and faculty in a studio configuration and nearly 500 people in a theater-seating configuration. The new space also includes new simulation space, flexible student learning space including an expansion of small group teaching spaces, space for a learning support center and a wellness center. The studio learning space and the enhancement of small group learning spaces totaling 27 small group rooms will make this change to the traditional hall unnecessary.



***Image of the proposed new educational building.***



***Interior plans of the main floor.***



***Academic building renovations to the main floor.***

## **ER-2.B. LCME PART 1-A ANNUAL FINANCIAL QUESTIONNAIRE**



## LCME Part I-A Annual Financial Questionnaire on Medical School Financing

### Revenues and Expenditures History

University of Connecticut School of Medicine (190)

Five-Year History

	FISCAL YEAR 2008	FISCAL YEAR 2009	FISCAL YEAR 2010	FISCAL YEAR 2011	FISCAL YEAR 2012	This Year vs Last Year	5-Year Annualized Growth Rate
<b>REVENUES</b>							
Tuition and Fees:							
Medical Students	\$9,065,900	\$9,713,400	\$10,128,056	\$10,133,468	\$9,758,988	(\$374,480)	1.86%
Other Students	828,400	952,300	1,005,458	1,169,674	1,055,058	(114,616)	6.23%
Total Tuition and Fees	\$9,894,300	\$10,665,700	\$11,133,514	\$11,303,142	\$10,814,046	-\$489,096	2.25%
Government and Parent Support:							
Federal Appropriations	\$0	\$0	\$0	\$0	\$0	\$0	
Adjusted State and Parent Support	71,593,000	72,902,800	76,997,086	77,428,073	94,890,790	17,462,717	7.30%
Local Appropriations	0	0	0	0	0	0	
Total Government and Parent Support	\$71,593,000	\$72,902,800	\$76,997,086	\$77,428,073	\$94,890,790	\$17,462,717	7.30%
Grants and Contracts:							
Federal Direct	\$39,975,000	\$38,476,400	\$38,326,317	\$39,157,424	\$37,579,877	(\$1,577,547)	-1.53%
State & Local Direct	5,296,500	5,397,000	8,771,204	8,345,478	8,762,753	417,275	13.41%
Private Direct	15,045,700	15,865,300	14,969,421	13,962,085	12,486,702	(1,475,383)	-4.55%
Facilities & Admin (Indirect)	18,731,100	18,546,700	19,462,313	18,287,350	17,957,350	(330,000)	-1.05%
Total Grants and Contracts	\$79,048,300	\$78,285,400	\$81,529,255	\$79,752,337	\$76,786,682	-\$2,965,655	-0.72%
Practice Plans/Other Medical Services	\$76,487,500	\$80,920,000	\$85,259,602	\$84,624,914	\$81,847,632	-\$2,777,282	1.71%
Hospitals:							
University Owned	\$10,783,900	\$11,984,000	\$15,033,461	\$16,458,505	\$17,470,221	\$1,011,716	12.82%
Veterans Administration	533,100	308,000	429,934	427,530	\$614,910	187,380	3.63%
Other Affiliated Hospitals	35,571,700	35,191,900	42,181,039	47,732,781	\$50,967,919	3,235,138	9.41%
Total Hospital Revenues	\$46,888,700	\$47,483,900	\$57,644,434	\$64,618,816	\$69,053,050	\$4,434,234	10.16%
Gifts	\$1,081,000	\$1,130,600	\$1,575,674	\$1,708,521	\$3,719,352	\$2,010,831	36.19%
Endowment Income	\$2,157,000	\$2,580,000	\$2,223,062	\$1,854,206	\$2,428,662	574,456	3.01%
Other Revenues	\$10,000,500	\$23,834,117	\$14,878,637	\$19,256,085	\$23,629,869	4,373,784	23.98%
<b>TOTAL REVENUES</b>	<b>\$297,150,300</b>	<b>\$317,802,517</b>	<b>\$331,241,264</b>	<b>\$340,546,094</b>	<b>\$363,170,083</b>	<b>\$22,623,989</b>	<b>5.14%</b>
<b>TOTAL EXPENDITURES &amp; TRANSFERS</b>	<b>\$297,150,300</b>	<b>\$317,802,517</b>	<b>\$331,241,264</b>	<b>\$340,546,094</b>	<b>\$363,170,083</b>	<b>\$22,623,989</b>	<b>5.14%</b>
<b>NET REVENUES OVER EXPENDITURES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
Change in Net Revenues Over Expenditures		\$0	\$0	\$0	\$0		
<b>OPERATING MARGIN</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>		

## LCME Part I-A Annual Financial Questionnaire on Medical School Financing

**DEADLINE December 14, 2012**

### Current Funds Revenues, Expenditures and Transfers - Data Entry Sheet

		<u>Recorded</u>	<u>Not Recorded</u>	<u>Total</u>	
<b>Tuition Revenues and Expenditures</b>					
Revenues from tuition and fees (T&F) assessed to medical students	L18	\$9,758,988.00		\$9,758,988	(U)
Revenues from T&F assessed to graduate students enrolled in medical school programs	L19	\$446,835.00		\$446,835	(U)
Revenues from continuing medical education programs	L20	\$9,652.00		\$9,652	(U)
Other tuition and fees revenues	L21	\$598,571.00		\$598,571	(U)
<b>TOTAL TUITION AND FEES REVENUES</b>	L23	<b>\$10,814,046.00</b>	<b>\$0.00</b>	<b>\$10,814,046</b>	<b>(U)</b>
<b>Expenditures this fiscal year associated with tuition &amp; fees recorded in medical school accounts</b>	L25	<b>\$10,814,046.00</b>	<b>\$0.00</b>	<b>\$10,814,046</b>	<b>(U)</b>

### Grants & Contracts Expenditures

<b>Direct Costs Expenditures:</b>					
Federal Grants and Contracts for Organized Research	L32		\$34,591,119.00	\$34,591,119	(U)
Federal Grants and Contracts for Training/Instruction	L33		\$1,662,712.00	\$1,662,712	(U)
Other federal sponsored programs	L34		\$1,326,046.00	\$1,326,046	(U)
Total Direct Costs (Federal Government)	L36	\$0.00	\$37,579,877.00	\$37,579,877	(U)
State and Local Gov't Grants and Contracts	L37		\$8,762,753.00	\$8,762,753	(U)
Other Grants and Contracts Direct Expenditures	L38		\$12,486,702.00	\$12,486,702	(U)
<b>Total Grants and Contracts Direct Expenditures</b>	L40	<b>\$0.00</b>	<b>\$58,829,332.00</b>	<b>\$58,829,332</b>	<b>(U)</b>
<b>Facilities &amp; Administrative (Indirect) Costs</b>					
F&A costs charged to federal grants & contracts for organized research	L43	\$3,524,374.00	\$10,148,982.00	\$13,673,356	(U)
F&A costs charged to federal training/instruction grants/contracts	L44	\$8,251.00	\$23,762.00	\$32,013	(U)
F&A costs charged to other federal sponsored programs	L45	\$12,613.00	\$36,321.00	\$48,934	(U)
Total Federal F&A Costs Expenditures	L47	\$3,545,238.00	\$10,209,065.00	\$13,754,303	(U)
F&A costs charged to State and Local Gov't Grants and Contracts	L48	\$391,985.00	\$1,128,780.00	\$1,520,765	(U)
F&A costs charged to Other Grants and Contracts	L49	\$691,371.00	\$1,990,911.00	\$2,682,282	(U)
<b>Total F&amp;A Costs Expenditures</b>	L51	<b>\$4,628,594.00</b>	<b>\$13,328,756.00</b>	<b>\$17,957,350</b>	<b>(U)</b>
<b>TOTAL GRANTS/CONTRACTS</b>	L52	<b>\$4,628,594.00</b>	<b>\$72,158,088.00</b>	<b>\$76,786,682</b>	<b>(U)</b>
<b>Expenditures of F&amp;A costs allocated to the medical school</b>	L54	<b>\$4,628,594.00</b>		<b>\$4,628,594</b>	<b>(U)</b>
<b>Estimated # of full-time equivalent (FTE) faculty actively engaged in sponsored programs activities</b>	L57				(U)

### Government and Parent Support Expenditures

<b>Federal Appropriations (excluding grants &amp; contracts)</b>					
Federal Appropriations Expended for General Operations	L65			\$0	(U)
Special Federal Appropriations	L66			\$0	(U)
<b>Total Federal Appropriations</b>	L68	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0</b>	<b>(U)</b>
<b>State and Parent Support (excludes grants &amp; contracts):</b>					
State and Parent University Funds Expended for General Operations	L71	\$68,872,793.00		\$68,872,793	(U)
Medical School's Share of Parent University's Central Support Costs	L72		\$26,017,997.00	\$26,017,997	(U)
Special State Appropriations	L73			\$0	(U)
Interstate Compacts	L74			\$0	(U)
Subtotal State and Parent Support Funds Expended	L76	\$68,872,793.00	\$26,017,997.00	\$94,890,790	(U)
Tuition and Fees Retained by State/Parent	L77		\$0.00	\$0	(U)
Facilities & Administrative (Indirect) Costs Retained by State/Parent	L78			\$0	(U)
Parent University Mandatory Assessment	L79			\$0	(U)
Other Funds Retained by State/Parent	L80			\$0	(U)
Subtotal Funds Retained by State/Parent University	L82	\$0.00	\$0.00	\$0	(U)
<b>Total Adjusted State and Parent Support</b>	L84	<b>\$68,872,793.00</b>	<b>\$26,017,997.00</b>	<b>\$94,890,790</b>	<b>(U)</b>

## LCME Part I-A Annual Financial Questionnaire on Medical School Financing

DEADLINE December 14, 2012

### Current Funds Revenues, Expenditures and Transfers - Data Entry Sheet

	Recorded	Not Recorded	Total	
<b>Local Appropriations (excludes grants and contracts)</b>				
Local Appropriations Expended for General Operations L87			\$0	(U)
Special Local Appropriations L88			\$0	(U)
<b>Total Local Appropriations L90</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0</b>	<b>(U)</b>
<b>TOTAL EXPENDITURES AND TRANSFERS FROM GOVERNMENT AND PARENT SUPPORT FUNDS L92</b>	<b>\$68,872,793.00</b>	<b>\$26,017,997.00</b>	<b>\$94,890,790</b>	<b>(U)</b>

#### Hospital Funds Expended

<b>University Owned Hospitals</b>				
Payments or Fund Transfers to the Medical School for Services Purchased by University Hospitals L118			\$0	(U)
University hospital funds transferred to practice plans in payment for purchased services L119			\$0	(U)
Expenditures on university hospital books for services provided by medical school or practice plan(s) L120			\$0	(U)
Housestaff stipends paid from university hospital funds L121	\$17,470,221.00		\$17,470,221	(U)
University hospital investment in the clinical enterprise L122			\$0	(U)
Strategic support of medical school programs from university hospitals L123			\$0	(U)
<b>Total Expenditures and transfers from University Hospital funds L125</b>	<b>\$17,470,221.00</b>	<b>\$0.00</b>	<b>\$17,470,221</b>	<b>(U)</b>
<b>Veterans Affairs (VA) Hospitals</b>				
Payments or Fund Transfers to the Medical School for Services Purchased by VA Hospitals L128			\$0	(U)
VA hospital funds transferred to practice plans in payment for purchased services L129			\$0	(U)
Expenditures on VA hospital books for services provided by medical school or practice plan(s) L130			\$0	(U)
Housestaff stipends paid from VA hospital funds L131	\$614,910.00		\$614,910	(U)
VA hospital investment in the clinical enterprise L132			\$0	(U)
Strategic support of medical school programs from VA hospitals L133			\$0	(U)
<b>Total Expenditures and transfers from VA Hospital Funds L135</b>	<b>\$614,910.00</b>	<b>\$0.00</b>	<b>\$614,910</b>	<b>(U)</b>
<b>Other Affiliated Hospitals</b>				
Payments or Fund Transfers to the Med School for Services Purchased by Other Affiliated Hospitals L138			\$0	(U)
Other affiliated hospital funds transferred to practice plans in payment for purchased services L139			\$0	(U)
Expenditures on the books of other affiliated hospitals for services provided by medical school or practice plan(s) L140			\$0	(U)
Housestaff stipends paid from other affiliated hospital funds L141	\$50,967,919.00		\$50,967,919	(U)
Other affiliated hospital investment in the clinical enterprise L142			\$0	(U)
Strategic support of medical school programs from other affiliated hospitals L143			\$0	(U)
<b>Total Expenditures/transfers from Other Affiliated Hospitals Funds L145</b>	<b>\$50,967,919.00</b>	<b>\$0.00</b>	<b>\$50,967,919</b>	<b>(U)</b>
<b>TOTAL EXPENDITURES AND TRANSFERS FROM HOSPITAL FUNDS L146</b>	<b>\$69,053,050.00</b>	<b>\$0.00</b>	<b>\$69,053,050</b>	<b>(U)</b>

#### Restricted Gifts & Endowment Funds Expenditures

Restricted Gift Funds Expended L152			\$0	(U)
Expenditure of Income from Restricted Endowment Funds L153			\$0	(U)
<b>TOTAL EXPENDITURES AND TRANSFERS FROM RESTRICTED GIFTS AND ENDOWMENT FUNDS L156</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0</b>	<b>(U)</b>

#### Unrestricted Gifts & Endowment Revenues & Expenditures

Revenues from Unrestricted Gifts L162	\$3,719,352.00		\$3,719,352	(U)
Income (Payout) from Unrestricted Endowment Funds L163	\$2,428,662.00		\$2,428,662	(U)
<b>Total Revenues from Unrestricted Gifts and Endowments L165</b>	<b>\$6,148,014.00</b>	<b>\$0.00</b>	<b>\$6,148,014</b>	<b>(U)</b>

## LCME Part I-A Annual Financial Questionnaire on Medical School Financing

**DEADLINE December 14, 2012**

### Current Funds Revenues, Expenditures and Transfers - Data Entry Sheet

	<u>Recorded</u>	<u>Not Recorded</u>	<u>Total</u>	
Unrestricted Gift Funds Expended L167	\$6,148,014.00		\$6,148,014	(U)
Expenditure of Income from Unrestricted Endowment Funds L168			\$0	(U)
<b>TOTAL EXPENDITURES AND TRANSFERS FROM UNRESTRICTED GIFTS AND ENDOWMENT FUNDS L170</b>	<b>\$6,148,014.00</b>	<b>\$0.00</b>	<b>\$6,148,014</b>	<b>(U)</b>

### Practice Plans (Charges, Revenues and Expenditures)

<b>Gross Charges</b>				
Commercial (e.g., Trigon) L177		\$79,988,935.00	\$79,988,935	(C)
MEDICARE Fee-for-service L178		\$65,397,743.00	\$65,397,743	(C)
MEDICARE Other/Unspecified L179			\$0	(C)
MEDICAID (Total) L183		\$33,298,380.00	\$33,298,380	(C)
Self Pay L184		\$2,282,675.00	\$2,282,675	(C)
Other L185		\$10,428,096.00	\$10,428,096	(C)
<b>Total Gross Charges L187</b>	<b>\$0.00</b>	<b>\$191,395,829.00</b>	<b>\$191,395,829</b>	<b>(C)</b>
<b>Adjustments and Allowances</b>				
Charity Care L190			\$0	(C)
Bad Debt L191		\$1,433,329.00	\$1,433,329	(C)
Medicare L192		\$42,717,806.00	\$42,717,806	(C)
Medicaid L193		\$25,576,486.00	\$25,576,486	(C)
All Other L194		\$39,820,577.00	\$39,820,577	(C)
<b>Total Adjustments and Allowances L196</b>	<b>\$0.00</b>	<b>\$109,548,198.00</b>	<b>\$109,548,198</b>	<b>(C)</b>
<b>Patient Care Revenues</b>				
Commercial L199		\$36,482,953.00	\$36,482,953	(C)
MEDICARE Fee-for-service L200		\$22,679,937.00	\$22,679,937	(C)
MEDICARE Other/Unspecified L201			\$0	(C)
MEDICAID (Total) L205		\$7,721,894.00	\$7,721,894	(C)
Self-pay L206		\$852,123.00	\$852,123	(C)
All Other Patient Care Net Revenues L207		\$6,476,129.00	\$6,476,129	(C)
<b>Total Patient Care Revenues L209</b>	<b>\$0.00</b>	<b>\$74,213,036.00</b>	<b>\$74,213,036</b>	<b>(C)</b>
<b>Revenues from affiliated hospitals (from hospital transfers reported above) L212</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0</b>	<b>(U)</b>
<b>Other Revenues</b>				
Contracts (not related to affiliated hospitals) L215			\$0	(C)
Other operating revenues (describe below) L217		\$7,634,596.00	\$7,634,596	(C) Describe on line 225
<b>Total Other Revenues L219</b>	<b>\$0.00</b>	<b>\$7,634,596.00</b>	<b>\$7,634,596</b>	<b>(C)</b>
<b>Subtotal - Practice Plan Total Revenues L221</b>	<b>\$0.00</b>	<b>\$81,847,632.00</b>	<b>\$81,847,632</b>	<b>(C)</b>
<b>Less Hospital Revenues L222</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0</b>	<b>(C)</b>
<b>TOTAL PRACTICE PLAN NET REVENUES L223</b>	<b>\$0.00</b>	<b>\$81,847,632.00</b>	<b>\$81,847,632</b>	<b>(C)</b>

Explanation for Other Practice Plan Operating Revenues:

### Practice Plan Expenses

<b>Taxes and Transfers:</b>				
Medical School Support (Dean's Tax) L232			\$0	(C)
Other Taxes/Support (Medical School-wide) L233			\$0	(C)
Department Support (to Medical School Departments) L234			\$0	(C)
Other Taxes/Support (Parent University) L235			\$0	(C)
Other Taxes/Support (University Hospital) L236			\$0	(C)
Other Taxes/Support (Affiliated Hospitals) L237			\$0	(C)

## LCME Part I-A Annual Financial Questionnaire on Medical School Financing

**DEADLINE December 14, 2012**

### Current Funds Revenues, Expenditures and Transfers - Data Entry Sheet

	<u>Recorded</u>	<u>Not Recorded</u>	<u>Total</u>	
<b>Compensation Expenses:</b>				
Physician Salaries and Benefits L240		\$40,393,638.00	\$40,393,638	(C)
All Other Compensation L242			\$0	(C)
<b>Other Practice Plan Operating Expenses</b>				
Other Operating Expenses Not Reported Above L246		\$60,072,823.00	\$60,072,823	(C)
<b>Subtotal - Practice Plan Total Expenses L247</b>	<b>\$0.00</b>	<b>\$100,466,461.00</b>	<b>\$100,466,461</b>	<b>(C)</b>
<b>Less Expenditures Supported by Hospital Revenues transferred to Practice Plan(s) L248</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0</b>	<b>(U)</b>
<b>TOTAL PRACTICE PLAN NET EXPENSES AND TRANSFERS L249</b>	<b>\$0.00</b>	<b>\$100,466,461.00</b>	<b>\$100,466,461</b>	<b>(C)</b>
Practice Plan Funds transferred to the medical school (e.g., dean's tax and dept support) <u>not</u> spent this fiscal year L251			\$0	(C)

### Other Revenues and Expenditures

Sales and Services Revenues L256			\$0	(U)
Royalty Income L257			\$0	(U)
Interest/Investment Income L258			\$0	(U)
Leases/Rental Income L260			\$0	(U)
Other Revenues (Describe below if amount is material) L261	\$23,629,869.00		\$23,629,869	(U)
<b>TOTAL OTHER REVENUES L263</b>	<b>\$23,629,869.00</b>	<b>\$0.00</b>	<b>\$23,629,869</b>	<b>(U)</b>
<b>OTHER EXPENDITURES and TRANSFERS L265</b>	<b>\$5,011,040.00</b>		<b>\$5,011,040</b>	<b>(U)</b>

Explanation of Other Revenues:

Predominantly revenue from auxiliary services

<b>Total Revenues Reported Above L274</b>	<b>\$183,146,366.00</b>	<b>\$180,023,717.00</b>	<b>\$363,170,083</b>	<b>(C)</b>
<b>Total Expenditures Reported Above L275</b>	<b>\$164,527,537.00</b>	<b>\$198,642,546.00</b>	<b>\$363,170,083</b>	<b>(C) SEE NOTE BELOW *</b>
<b>Net Revenues over Expenditures Total L276</b>	<b>\$18,618,829.00</b>	<b>-\$18,618,829.00</b>	<b>\$0</b>	<b>(C)</b>

\* A brief note should accompany your AFQ explaining why total revenues equal total expenditures.

**LCME Part I-A Annual Financial Questionnaire on Medical School Financing**

**Schedule A**

**REVENUES AND EXPENDITURES SUMMARY**

**University of Connecticut School of Medicine (190)**

**Fiscal Year 2011-12**

	Recorded in Medical School Accounts	Not Recorded in Medical School Accounts	Total
<b>REVENUES:</b>			
M.D. program tuition and fees	\$9,758,988	\$0	\$9,758,988
Other tuition and fees	\$1,055,058	\$0	\$1,055,058
<b>Total Tuition and Fees</b>	<b>\$10,814,046</b>	<b>\$0</b>	<b>\$10,814,046</b>
Federal Appropriations	\$0	\$0	\$0
Adjusted State and Parent Support	\$68,872,793	\$26,017,997	\$94,890,790
Local Appropriations	\$0	\$0	\$0
<b>Total Government and Parent Support</b>	<b>\$68,872,793</b>	<b>\$26,017,997</b>	<b>\$94,890,790</b>
Grants and Contracts Direct Costs	\$0	\$58,829,332	\$58,829,332
Facilities & Administrative Costs	\$4,628,594	\$13,328,756	\$17,957,350
<b>Total Grants and Contracts</b>	<b>\$4,628,594</b>	<b>\$72,158,088</b>	<b>\$76,786,682</b>
Hospital Purchased Services and Support	\$69,053,050	\$0	\$69,053,050
Gifts Revenues	\$3,719,352	\$0	\$3,719,352
Endowment Revenues	\$2,428,662	\$0	\$2,428,662
Practice Plans/Other Medical Service	\$0	\$81,847,632	\$81,847,632
Other Revenues	\$23,629,869	\$0	\$23,629,869
<b>Total Revenues</b>	<b>\$183,146,366</b>	<b>\$180,023,717</b>	<b>\$363,170,083</b>
<b>Total Expenditures &amp; Transfers</b>	<b>\$164,527,537</b>	<b>\$198,642,546</b>	<b>\$363,170,083</b>
<b>Net Revenues Over Expenditures</b>	<b>\$18,618,829</b>	<b>(\$18,618,829)</b>	<b>\$0</b>

**Percent of Total Revenues**

Tuition and Fees	3%
Government & Parent Support	26%
Grants & Contracts	21%
Practice Plan	23%
Hospital Support	19%
Other	8%
<b>Total All Fund Sources</b>	<b>100%</b>

**LCME Part I-A Annual Financial Questionnaire on Medical School Financing**

**Schedule B**

**Grants and Contracts Summary**

University of Connecticut School of Medicine (190)

Fiscal Year 2011-12

	Recorded in Medical School Accounts	Not Recorded in Medical School Accounts	Total Medical School & Affiliates
<b>Direct Costs</b>			
<b>Federal Grants and Contracts</b>			
Organized Research	\$0	\$34,591,119	\$34,591,119
Training/Instruction	\$0	\$1,662,712	\$1,662,712
Other Sponsored Activities	\$0	\$1,326,046	\$1,326,046
Total Federal Grants and Contracts Direct Costs	\$0	\$37,579,877	\$37,579,877
<b>State and Local Governments</b>	\$0	\$8,762,753	\$8,762,753
<b>Private/Other Grants and Contracts</b>	\$0	\$12,486,702	\$12,486,702
<b>TOTAL DIRECT GRANTS AND CONTRACTS</b>	\$0	\$58,829,332	\$58,829,332
<b>Facilities &amp; Administrative Costs</b>			
<b>Federal Grants and Contracts</b>			
Organized Research	\$3,524,374	\$10,148,982	\$13,673,356
Training/Instruction	\$8,251	\$23,762	\$32,013
Other Sponsored Activities	\$12,613	\$36,321	\$48,934
Total Federal Grants and Contracts F&A Costs	\$3,545,238	\$10,209,065	\$13,754,303
<b>State and Local Governments</b>	\$391,985	\$1,128,780	\$1,520,765
<b>Private/Other Grants and Contracts</b>	\$691,371	\$1,990,911	\$2,682,282
<b>TOTAL F&amp;A (INDIRECT) COSTS</b>	\$4,628,594	\$13,328,756	\$17,957,350
<b>TOTAL GRANTS AND CONTRACTS</b>	<b>\$4,628,594</b>	<b>\$72,158,088</b>	<b>\$76,786,682</b>

## LCME Part I-A Annual Financial Questionnaire on Medical School Financing

### Schedule C

#### Practice Plans and Other Medical Services University of Connecticut School of Medicine (190) Fiscal Year 2011-12

##### Patient Care - Gross Charges

Commercial	\$79,988,935
Medicare	\$65,397,743
Medicaid	\$33,298,380
Self-pay	\$2,282,675
Other	\$10,428,096

**TOTAL GROSS CHARGES      \$191,395,829**

##### Adjustments & Allowances

Charity Care	\$0
Bad Debt	\$1,433,329
Medicare	\$42,717,806
Medicaid	\$25,576,486
All Other	\$39,820,577

**TOTAL NET ADJUSTMENTS & ALLOWANCES      \$109,548,198**

##### Revenues

###### Patient Care Revenues

<b>Commercial</b>	\$36,482,953
<b>Medicare</b>	
Medicare Fee-for-Service	\$22,679,937
Medicare Other	\$0
<b>Medicaid</b>	\$7,721,894
<b>Self-pay</b>	\$852,123
<b>Other</b>	\$6,476,129
<b>Total Patient Care Revenues</b>	<b>\$74,213,036</b>

###### Other Revenues

Contracts (non-hospital)	\$0
Other Operating Revenues	\$7,634,596
<b>Revenues from Hospitals</b>	<b>\$0</b>

**Subtotal Practice Plan Revenues      \$81,847,632**

**Less Hospital Revenues Transferred to Practice Plan      \$0**

**TOTAL PRACTICE PLAN NET REVENUES \*      \$81,847,632**

##### Expenses

###### Taxes and Transfers

Medical School Support (Dean's Tax)	\$0
Other Med School Taxes/Support	\$0
Departmental Support	\$0
Taxes/Support (Parent University)	\$0
Taxes/Support (Univ Hosp)	\$0
Taxes/Support (Affiliated Hosp)	\$0

###### Compensation

Physician Salary & Benefits	\$40,393,638
Other Compensation	\$0

###### Other Operating Expenses

\$60,072,823

**Subtotal Practice Plan Expenditures & Transfers      \$100,466,461**

**Less Expenditures Supported by Hospital Revenues      \$0**

**TOTAL PRACTICE PLAN NET EXPENSES \*      \$100,466,461**

**NET REVENUE OVER EXPENSES      -\$18,618,829**

\* Excludes \$0 of revenues and associated expenditures from affiliated hospitals



## LCME Part I-A Annual Financial Questionnaire on Medical School Financing

### Schedule D

#### Hospital Services and Support

University of Connecticut School of Medicine (190)

Fiscal Year 2011-12

	Recorded	Not Recorded	Total
<b>University Hospitals</b>			
<b>Purchased Services</b>			
Payments to medical school	\$0		\$0
Payments to faculty practice plan	\$0	\$0	\$0
Direct payments by university hospitals		\$0	\$0
<b>Total Purchased Services</b>	\$0	\$0	\$0
<b>Housestaff Stipends</b>	\$17,470,221	\$0	\$17,470,221
<b>Hospital Investments in the Clinical Enterprise</b>	\$0	\$0	\$0
<b>Strategic Support for Medical School Programs</b>	\$0	\$0	\$0
<b>Total University Hospitals</b>	<b>\$17,470,221</b>	<b>\$0</b>	<b>\$17,470,221</b>
<b>Veterans Admin Hospitals</b>			
<b>Purchased Services</b>			
Payments to medical school	\$0		\$0
Payments to faculty practice plan	\$0	\$0	\$0
Direct payments by VA hospitals		\$0	\$0
<b>Total Purchased Services</b>	\$0	\$0	\$0
<b>Resident and Fellow Stipends</b>	\$614,910	\$0	\$614,910
<b>Hospital Investments in the Clinical Enterprise</b>	\$0	\$0	\$0
<b>Strategic Support for Medical School Programs</b>	\$0	\$0	\$0
<b>Total Veterans Admin Hospitals</b>	<b>\$614,910</b>	<b>\$0</b>	<b>\$614,910</b>
<b>Other Affiliated Hospitals</b>			
<b>Purchased Services</b>			
Payments to medical school	\$0		\$0
Payments to faculty practice plan	\$0	\$0	\$0
Direct payments by other affiliated hospitals		\$0	\$0
<b>Total Purchased Services</b>	\$0	\$0	\$0
<b>Resident and Fellow Stipends</b>	\$50,967,919	\$0	\$50,967,919
<b>Hospital Investments in the Clinical Enterprise</b>	\$0	\$0	\$0
<b>Strategic Support for Medical School Programs</b>	\$0	\$0	\$0
<b>Total Other Affiliated Hospitals</b>	<b>\$50,967,919</b>	<b>\$0</b>	<b>\$50,967,919</b>
<b>TOTAL HOSPITAL PURCHASED SERVICES AND SUPPORT</b>	<b>\$69,053,050</b>	<b>\$0</b>	<b>\$69,053,050</b>
<b>Total Strategic Support of Medical School Programs</b>	\$0	\$0	\$0

**LCME Part I-A Annual Financial Questionnaire on Medical School Financing**

**Schedule E**

**Government and Parent University Support**

**University of Connecticut School of Medicine (190)**

**Fiscal Year 2011-12**

**Support for General Operations of the Medical School**

Federal Support	\$0	
State and Parent Support	\$68,872,793	
Local Support	\$0	
		\$68,872,793
Institutional support (medical school's share of parent university's central support costs)		\$26,017,997
<b>Total Support for General Operations</b>		<b>\$94,890,790</b>
Less funds generated by the medical school but retained by the parent and/or state (includes parent assessments)		\$0
<b>Total Adjusted Operating Support</b>		<b>\$94,890,790</b>

**Special Appropriations**

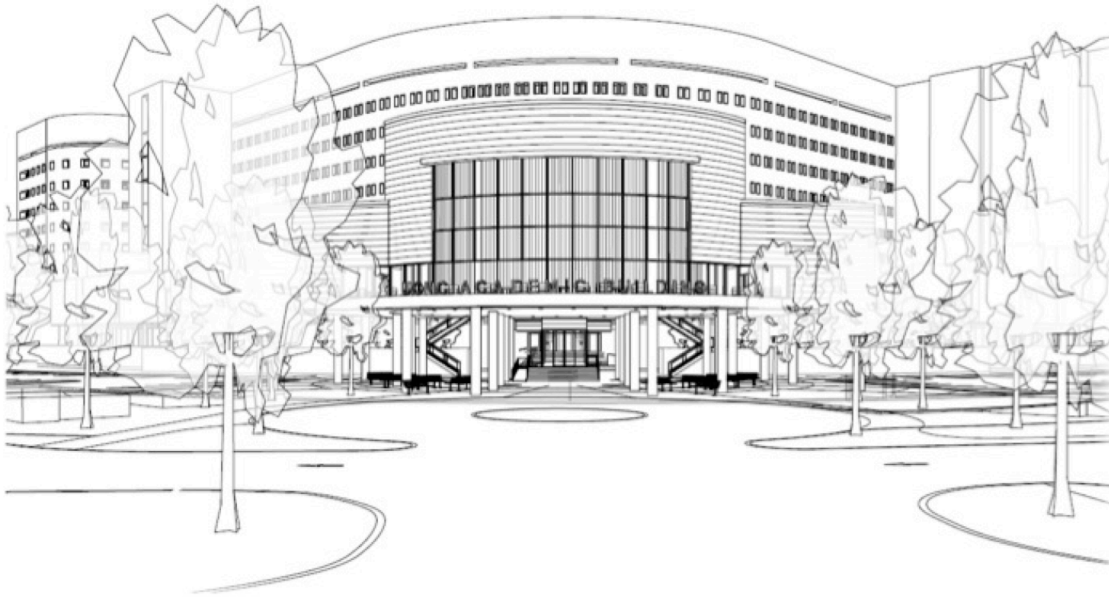
Special Federal Appropriations	\$0	
Special State Appropriations	\$0	
Special Local Appropriations	\$0	
<b>Total Special Appropriations and Allocations</b>		<b>\$0</b>
<b>TOTAL ADJUSTED GOVERNMENT &amp; PARENT UNIVERSITY SUPPORT</b>		<b>\$94,890,790</b>

# Summary Statement

*Fall 2013*

UConn SOM has reviewed the seven standards and provided the required information to the LCME with a firm commitment to continuing on our path of quality and improvement. We, above all, commit to excellence for our students, our faculty and staff, and for the patients and communities we serve by promoting health and healing and by educating the next generation of outstanding physicians.





University of Connecticut  
School of Medicine

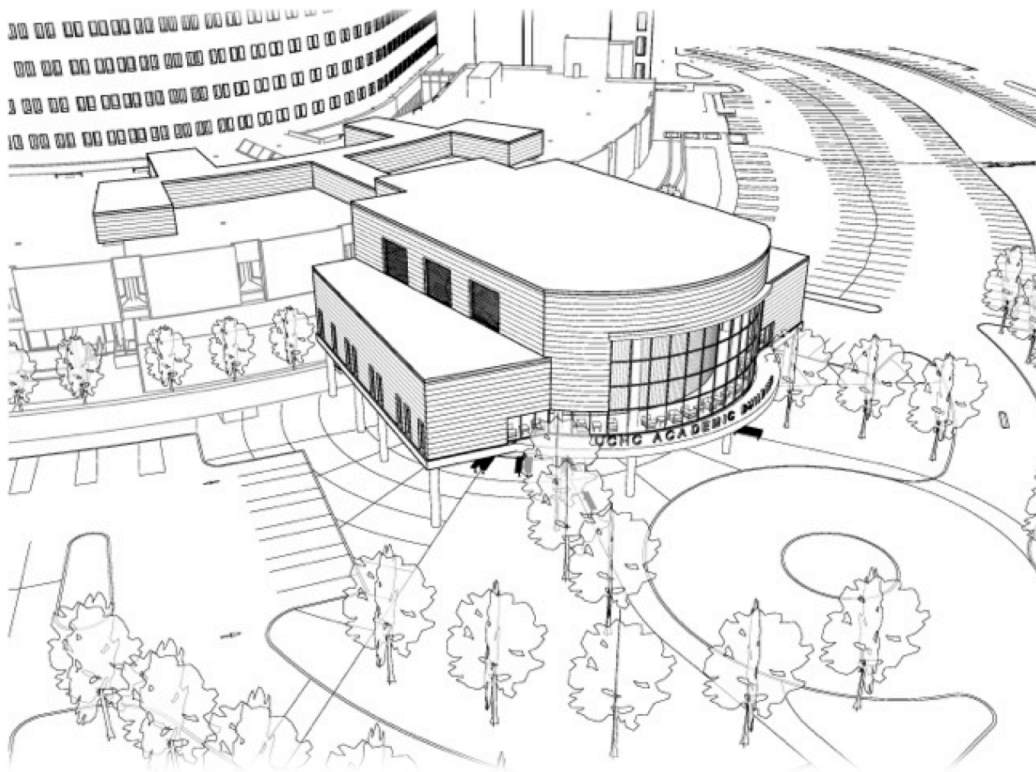
**Appendices to the Status Report**

December 15, 2013

## Appendix: Table of Contents

Topic	Page
<b>Appendix ED-8</b>	<b>78</b>
ED-8.1	79
ED-8.2	93
ED-8.3	104
ED-8.4	109
ED-8.5	113
ED-8.6	116
ED-8.7	119
ED-8.8	122
ED-8.9	125
ED-8.10	128
ED-8.11	131
ED-8.12	135
ED-8.13	136
<b>Appendix ED-36</b>	<b>139</b>
ED-36.1	140
<b>Appendix ER-2</b>	<b>142</b>
ER-2.1	143





## Appendix ED-8

**Appendix ED-8.1**  
**Required Clinical Encounters by Clerkship – ED-2**

*Included in this section:*

1. Ambulatory Medicine
2. Ambulatory Pediatrics
3. Ob/Gyn
4. Family Medicine
5. Psychiatry
6. Surgery
7. Inpatient Medicine
8. Inpatient Pediatrics
9. Neurology
10. Critical Care
11. Advanced Inpatient Experience – IM, FM
12. Emergency Medicine

## 1. Ambulatory Medicine

Below find a list of the required domains and examples of symptoms, signs, or diagnoses for each domain. As you enter patients into your log, if any of these items are documented, then you will get credit for that domain in the ED2 list. You must document the minimum number of required encounters in each domain in order to get credit for having completed this rotation. Please review your progress with your site director at midpoint. The section leader will alert you by email of your progress at midpoint as well as in the final week of the rotation. In addition, you can check your own status by looking at the report on your log. All clinical encounters are satisfied by virtue of history taking, physical examination and clinical reasoning.

CLINICAL ENCOUNTER TABLE: examples of items which will fulfill domain requirements

DOMAIN Patient type/ Core Condition	Symptom, Sign OR Concern	Diagnosis OR Issue addressed * * * Please Circle Diagnosis if Applicable	# Required Encounters
Cardiology	Chest pain/ DOE/ palpitations	angina, aortic valvular disease, arrhythmias/SVT, cardiomyopathy, chest pain, coronary artery disease (CAD) congestive heart failure, endocarditis, innocent murmur-flow murmur, mitral valve disease, palpitations, pericarditis, septal defect syncope/near syncope valvular heart disease	1
Diabetes	Elevated glucose	Diabetes Mellitus - Type II	1
Gastrointestinal Tract	Nausea / vomiting / diarrhea/ abdominal pain / hepatomegaly/ odynophagia/ dysphagia/ abdominal mass	abdominal pain, alcoholic liver disease cirrhosis, colitis, constipation, diarrhea, diverticulosis/diverticulitis, dyspepsia, dysphagia epigastric pain gastroenteritis GERD heme positive stools hemorrhoids hepatitis B hepatitis C inflammatory bowel disease, irritable bowel syndrome jaundice malabsorption nausea-vomiting, odynophagia, pancreatitis, peptic ulcer disease vomiting	1
General Medicine	Headache/anemia/urin ary tract	(under "Neurological") Headache - migraine, Headache-tension, (under Hematology)Anemia - megaloblastic, Anemia - iron deficiency, (under Renal System) - Hematuria, Nephrolithiasis, Urinary Tract Infection , (under Infectious disease) - Urinary tract infection	1
Hyperlipidemia	Lipid abnormality	(under endocrine and cardiac)- Hyperlipiemia	1
Hypertension	Elevated blood pressure	(under cardiac)- Hypertension	2
Lower Respiratory Tract	Cough / wheeze / shortness of breath	( under Infectious Disease) - Pneumonia, Tuberculosis active, Influenza, (under Pulmonary) -asthma - acute exacerbation, asthmatic bronchitis, Asthma - chronic/stable, COPD, Interstitial Lung disease, Pleural effusion, Pneumonia, Sarcoidosis, Sleep Apnea	1
Rheumatology/ musculoskeletal	Joint pain/ back pain	arthritis-unspecified, back pain, bursitis, carpal tunnel syndrome costochondritis DJD epicondylitis fibromyalgia, gout, herniated nucleus pulposus, knee pain, neck pain osteoarthritis patellofemoral syndrome, polymyalgia rheumatica, rheumatoid arthritis, shoulder pain/rotator cuff syndrome, SLE, sprain/strain, temporal arteritis, tendonitis	1
Upper Respiratory Tract	Sore throat / ear pain/nasal symps	(under "Pulmonary" )- Cough - Unspecified, Tracheobronchitis, Upper respiratory tract infection (URI), (under "Head, Neck, Eyes & Ears") - Allergic Rhinitis, Otitis Externa, Otitis Media, Pharyngitis, Rhinitis, Sinusitis, Tonsillitis, Viral URI	1



## 2. Ambulatory Pediatrics

CLINICAL ENCOUNTER TABLE: examples of items which will fulfill domain requirements

DOMAIN Patient type/ Core condition	Symptom, Sign OR concern	Diagnosis OR Issue addressed	# Required Encounter s	Related CLIPP cases
Health Supervision: Adolescent (13-21)		Includes well visit, school physical Or pre-sport physicals	2	CLIPP 5, 6
Health Supervision: Infant (1-12 mos)			2	CLIPP 2
Health Supervision: Newborn (0-1 mo)			2	CLIPP 1, 7, 8, 9
Health Supervision: School age (6-12)			2	CLIPP 4
Health Supervision: Toddler (1-5)			2	CLIPP 3
Lower resp tract	Cough, wheeze, Short of breath	Pneumonia, asthma, Influenza, Bronchitis	1	CLIPP 7, 12, 13
Gastrointestinal/Renal	Vomiting, diarrhea, abdominal pain	GERD, gastroenteritis, appendicitis, IBD, jaundice, vomiting, nephrotic syndrome, diarrhea, IBS	1	CLIPP 15, 16, 22, 31
Upper resp tract/Head/neck	Rhinorrhea, sore throat, ear pain	Viral URI, AOM, pharyngitis, Sinusitis, conjunctivitis	1	CLIPP 12, 13, 14
Growth and nutrition	Poor wt. gain, food allergy	FTT, obesity, eating disorder, food allergy, delayed growth disorders	1	CLIPP 18, 26
Behavior and development		ADHD, developmental delay, learning disorder, poor school performance, ODD/conduct	1	CLIPP 28, 29
Other infectious causes	Fever, rash, lymphadenopathy	UTI, fever without localizing source, lymphadenitis, KD, cellulitis	1	CLIPP 10, 11, 23

*Total encounters required: 16*

*You may use up to 2 CLIPP cases if you do not have a clinical encounter to fulfill your ED-2 requirements.*

### 3. OBGYN

All clinical clerkships are now obligated to specify the required clinical experiences (real or simulated patients) that students on the clerkships should “see” (numbers and kinds of patients) in order to fulfill the goals and objectives of the clerkship. Completion of these requirements must be documented AND monitored (with mid-course corrections) so that every student has complied with these requirements. **NOTE: YOU MUST FULFILL THE ENTIRE LIST OF EXPERIENCES IN ORDER TO GET CREDIT FOR HAVING COMPLETED THIS ROTATION. AT THE MID-WAY POINT YOUR SITE DIRECTOR WILL REVIEW THIS RECORD WITH YOU TO DETERMINE YOUR PROGRESS. IT IS YOUR RESPONSIBILITY TO COMPLETE THIS LIST. All clinical encounters are satisfied by virtue of history taking, physical examination and clinical reasoning.**

DOMAIN Clinical / Core Condition	Diagnosis OR Issue addressed * * * Please Circle Diagnosis if Applicable	# Required Encounters	Alternative Clinical Learning Experience Please circle and date ONLY if this was Used to fulfill this requirement
Menstrual Disorders	Abnormal uterine bleeding, dysmenorrheal, or premenstrual syndrome	1	
VAGINAL / PELVIC DISEASE	Vaginitis, cervicitis, STD, endometriosis, or vulvar disease	1	
OVARIAN PATHOLOGY	Ovarian cysts, adnexal mass, or ovarian cancer	1	Observe or scrub on an ovarian cancer case
COMMON GYN TOPICS	Abnormal Pap smear, ectopic pregnancy, contraception, or leiomyomata	1	Watch OB 101 video on IUD placement can = 1
ENDOCRINOLOGY	Amenorrhea, PCOS, hirsutism, or infertility	1	
MENOPAUSE	Perimenopause (40 – 55 yo), postmenopause (> 55 yo), or osteoporosis	1	
LABOR & DELIVERY	Normal labor, abnormal labor, post-partum patient	1	
ANTEPARTUM COMPLICATIONS	First trimester bleeding, third trimester bleeding, pre- eclampsia, preterm labor, and Preterm PROM	1	

## REQUIRED PROCEDURAL ENCOUNTERS OBGYN

PROCEDURE TO BE PERFORMED	Clarification	# Required Encounters	Alternative observation Experience Please circle and date ONLY if this was Used to fulfill this requirement
Perform pap smear	To be performed by you with appropriate supervision (can be in conjunction with Pelvic exam). [Suggest watching OB 101 PAP smear video]	1	
Perform pelvic exam	To be performed by you with appropriate supervision in the clinic or OR (can be in conjunction with PAP smear). [Suggest watching OB 101 Pelvic & Bimanual video]	1	
Perform labor cervical exam	To be performed by you with appropriate supervision.	1	Demonstrate understanding with dilation board = 1.
Perform wet prep and KOH exams	To be performed by you with appropriate supervision.	1	Watch OB 101 Wet Prep & microscopy videos
Perform Fern and nitrazine tests	To be performed by you with appropriate supervision.	1	Presented 5-10 minute discussion demonstrating an understanding of the topic. Observe microscopic findings of Ferning with resident.
Perform & discuss with patient a breast exam	To be performed by you with appropriate supervision.	1	Viewing the OB 101 Breast exam video= 1 exam.
Perform low risk OB prenatal visit	To be performed by you with appropriate supervision.	1	
Perform a vaginal delivery	To be performed by you with appropriate supervision.	1	Simulated vaginal delivery can = 1 delivery. OB 101 vaginal delivery video can = 1 delivery.
Gown and assist with a vaginal delivery	To be performed by you with appropriate supervision.	1	
Foley catheter insertion	To be performed by you with appropriate supervision.	1	OB 101 Foley insertion video.
Demonstrate knot tying	To be performed by you with appropriate supervision.	1	Simulated knot tying experience with resident or attending. Viewing the OB 101 knot tying & suturing video.
Leopold's Maneuvers	During an antepartum visit or labor admission	1	Viewing the OB 101 Leopold's Maneuvers video.

PROCEDURE TO BE OBSERVED	Clarification (Circle the ones used to fulfill this requirement)	# Required Encounters	Alternative observation Experience Please circle and date ONLY if this was Used to fulfill this requirement
Observe operative vaginal delivery	Vacuum delivery (VAVD), Forceps, or Stat cesarean delivery.	1	Presented 5-10 minute discussion demonstrating an understanding of the topic.
Observe perineal laceration repair	Any degree laceration repair.	1	OB 101 episiotomy repair video.
Observe & assist with cesarean delivery (C/S)	Any C/S	1	Viewing the OB 101 C/S video = 1 C/S.
Observe & or scrub on at least 2 of the following abdominal GYN surgeries	1. Total Abdominal Hysterectomy 2. Unilateral/Bilateral salpingo-oophorectomy 3. Ovarian cystectomy 4. Ectopic pregnancy surgery (abdominal) 5. Incontinence/Prolapse surgery (abdominal)	1	Viewing the OB 101 Hysterectomy video
Observe & or scrub on at least 1 of the following laparoscopic GYN surgeries	1. Diagnostic laparoscopy 2. Laparoscopic tubal ligation 3. Laparoscopic cystectomy/oophorectomy 4. Laparoscopic hysterectomy	1	
Observe & or scrub on at least 2 of the following vaginal GYN surgeries	1. Total vaginal hysterectomy 2. Paravaginal repair &/or anterior repair 3. Cystoscopy 4. Dilation and curettage 5. Diagnostic and/or operative hysteroscopy 6. Endometrial biopsy (office procedure)	1	
Obstetrical ultrasound	Any Trimester exam	1	Viewing the OB 101 1 <sup>st</sup> trimester OB video.

#### 4. Family Medicine

DOMAIN Patient type/ Core Condition	Symptom, Sign OR Concern	Diagnosis OR Issue addressed * * * Please Circle Diagnosis if Applicable	# Required Encounters
Cardiovascular Disease	Chest pain/ DOE/ palpitations	MI/CAD/CHF/chest pain/ arrhythmia/ HTN/DVT	<b>1</b>
Metabolic Disorders	Elevated Glucose/ Acidosis	Diabetes Mellitus (DM) type 1/ DM type 2/DKA/Thyroid Disease/Electrolyte of Acid Base Disturbances	<b>1</b>
Gastrointestinal Disorders	Nausea / vomiting / diarrhea/ abdominal pain / hepatomegaly/ ascites/ abdominal mass	GI Bleed / hepatitis / pancreatitis	<b>1</b>
Infectious Disease	Fever/ cough/	Pneumonia/ Cellulitis/ UTI/ Tuberculosis/ HIV infection/Osteomyelitis/ Meningitis	<b>1</b>
Renal Disease	Oliguria/ Polyuria/ Hematuria	Acute Renal Failure/ Chronic Renal Failure/ Nephritis/ Nephrosis/ Renal Calculi/ Dehydration	<b>1</b>
Pulmonary Disease	Cough / wheeze / shortness of breath	COPD / Asthma/ Pneumonia/Pulmonary Embolus	<b>1</b>
Neurologic Disorder	Weakness/ Sensory Deficit/ Loss of Consciousness/ Altered Mental Status	CVA/ TIA/ Seizure/ Dementia/ Delirium/ Syncope	<b>1</b>
Hematologic/ Oncologic Disorders	Weight Loss, Night Sweats	Anemia/ Blood Dyscrasias/ Malignancy	1
Psychiatric Disorders		Alcohol Withdrawal/ Drug Withdrawal/ Drug Overdose/ Suicide Attempt	1

## 5. Psychiatry

Disorders	Number of cases required
Psychotic Disorders	2
Affective Disorders	2
Anxiety Disorders	1
Cognitive Disorders	1
Personality Disorders	1
Substance Abuse Disorders	2

## 6. Surgery

Diagnostic	Surgical Relevant Diagnoses and Procedures		Required
Abdomen Diagnoses	<ul style="list-style-type: none"> <li>– Appendicitis</li> <li>– Bowel Obstruction</li> <li>– GI Bleed (Upper and Lower)</li> <li>– Colon neoplasm</li> <li>– Cholecystitis</li> </ul>	<ul style="list-style-type: none"> <li>– Pancreatitis</li> <li>– Diverticulitis</li> <li>– Perforated viscus</li> <li>– Peritonitis</li> </ul>	1
Abdomen Procedure	<ul style="list-style-type: none"> <li>– Exploratory laparotomy – scrub-in and observe or assist (must do H&amp;P on patient)</li> <li>– Exploratory laparotomy – post-op care (must do H&amp;P on patient)</li> </ul>		1
Acutely injured patient	– Assist in diagnosis and care of patient with acute major trauma		1
Ano-rectal disease	<ul style="list-style-type: none"> <li>– Internal hemorrhoids/external hemorrhoids</li> <li>– Perianal fissure</li> <li>– Perianal fistula</li> </ul>	<ul style="list-style-type: none"> <li>– Perianal abscess</li> <li>– Bleeding per rectum</li> </ul>	1
Breast imaging	<ul style="list-style-type: none"> <li>– Abnormal mammogram</li> <li>– Abnormal breast ultrasound</li> </ul>	– Other abnormal breast imaging study	1
Breast mass	<ul style="list-style-type: none"> <li>– Breast tumor</li> <li>– Breast cyst</li> </ul>	– Other breast mass	1
Gallbladder disease	<ul style="list-style-type: none"> <li>– Cholelithiasis</li> <li>– Cholecystitis</li> </ul>	<ul style="list-style-type: none"> <li>– Epigastric pain / RUQ Abd pain</li> <li>– Other gall bladder disease</li> </ul>	1
Hernias	<ul style="list-style-type: none"> <li>– Inguinal hernia</li> <li>– Femoral hernia</li> <li>– Incisional / Ventral abdominal hernia</li> </ul>	– Any other hernias	1

Thyroid mass	<ul style="list-style-type: none"> <li>– Neck Mass / Lymphadenopathy</li> <li>– Hyperparathyroidism / Hypercalcemia</li> <li>– Thyroid tumor</li> </ul>	<ul style="list-style-type: none"> <li>– Thyroid cyst</li> <li>– Other thyroid mass</li> </ul>	<b>1</b>
Vascular Diagnoses	<ul style="list-style-type: none"> <li>– Carotid disease</li> <li>– Acute peripheral ischemia, atherosclerotic</li> <li>– Acute peripheral ischemia, embolic</li> </ul>	<ul style="list-style-type: none"> <li>– Chronic peripheral ischemia</li> <li>– Abdominal aortic aneurysm</li> <li>– Mesenteric artery embolism</li> </ul>	<b>1</b>
Vascular disease	<ul style="list-style-type: none"> <li>– Peripheral vascular disease</li> <li>– Carotid vascular disease</li> <li>– Aneurysmal disease: abdominal or peripheral</li> </ul>	<ul style="list-style-type: none"> <li>– Extremity ulcer, venous</li> <li>– Extremity ulcer, arterial</li> <li>– Varicose veins</li> </ul>	<b>1</b>

Procedural	Relevant Procedures	Required
Neck mass	<ul style="list-style-type: none"> <li>– Thyroidectomy - scrub-in and observe or assist</li> <li>– Parathyroidectomy – scrub in and observe or assist</li> </ul>	<b>1</b>
Breast mass	<ul style="list-style-type: none"> <li>– Lumpectomy - scrub-in and observe or assist</li> <li>– Mastectomy - scrub-in and observe or assist</li> </ul>	<b>1</b>
Laparoscopy	<ul style="list-style-type: none"> <li>– Laparoscopic cholecystectomy - scrub-in and observe or assist</li> </ul>	<b>1</b>
Herniorrhaphy	<ul style="list-style-type: none"> <li>– Laparoscopic inguinal herniorrhaphy</li> <li>– Open inguinal herniorrhaphy</li> </ul>	<b>1</b>

Surgical procedures	Required
<ul style="list-style-type: none"> <li>– Venipuncture</li> <li>– Start IV line</li> <li>– ABG drawn (via stick)</li> <li>– NG Tube placement</li> <li>– Skin wound closure</li> <li>– * Foley catheter male placed</li> <li>– * Foley catheter female placed</li> </ul>	1 of each procedure is <b><i>Recommended</i></b>

*\*Required placement for graduation*

## 7. Inpatient Medicine

DOMAIN Patient type/ Core condition	Diagnosis OR Issue addressed	# Required Encounters
<b>Acute/Chronic Renal Failure</b>	Acute renal failure, Chronic kidney disease	<b>1</b>
<b>Asthma/COPD</b>	Asthma, asthma exacerbation, COPD, COPD exacerbation	<b>1</b>
<b>Cardiovascular</b>	Congestive Heart Failure	<b>1</b>
<b>Diabetes</b>	Diabetes Mellitus- Type I, Diabetes Mellitus- Type II	<b>1</b>
Pneumonia	Aspiration pneumonia, Community-acquired pneumonia, Nosocomial pneumonia	1



## 8. Inpatient Pediatrics

DOMAIN Patient type/ Core Condition	Symptom, Sign OR Concern	Diagnosis OR Issue Addressed	# Required	Encounters Related CLIPP Cases
<b>Infectious Diseases</b>	Fever, rash, lymphadenopathy, positive blood culture	UTI, fever without localizing source, lymphadenitis, KD, cellulitis, osteomyelitis, neutropenic fever, fungal infection, meningitis	2	10, 11, 23
<b>Lower resp tract /Upper resp tract/neck</b>	Cough, wheeze, short of breath, sore throat	Pneumonia, asthma, Influenza, bronchiolitis bronchitis, sinusitis	1	7, 12, 13
<b>Gastrointestinal/Renal</b>	Vomiting, diarrhea, abdominal pain, jaundice, renal impairment	GERD, gastroenteritis, appendicitis, IBD, hepatitis, vomiting, nephrotic syndrome, diarrhea	1	15, 16, 22, 31
<b>Neonatal/Infant condition</b>	Fever, jaundice, poor feeding, FTT, apneic spell	Neonatal fever, hyperbilirubinemia, neonatal abstinence syndrome, ALTE	1	8, 9, 10, 18, 26
<b>Pediatric-specific condition</b>	Social history issues or concerns for abuse/neglect, conditions associated with genetic or metabolic disorders	Foster care, DCF involvement, neonatal fever, concern for abuse or neglect, genetic disorder (Trisomy 21 etc.)	1	18, 25, 29
<b>Hematologic /Oncologic</b>	Bleeding, mass, abnormal CBC	Anemia, leukemia, solid-tumor, lymphoma, thrombocytosis/penia, leukocytosis/penia, sickle cell	1	21, 30

*Total encounters required: 7 \*\*You may use up to 1 CLIPP case if you do not have a clinical encounter to fulfill your ED-2 requirements.*

## 9. Neurology

The students must document experience, by didactics or by actual clinical experience, all of these five items:

<b>New focal neurological deficit</b>
<b>Altered mental status</b>
<b>Headache</b>
<b>Sensory deficit or pain</b>
<b>Weakness</b>

## 10. Critical Care

During the rotation you will be required to maintain a log of various diagnoses you encounter during the rotation. If you see an acute problem while cross covering, this will be considered an encounter as well. At the midpoint you will be asked your ED-2 status.

ED 2 Requirement	Diagnosis	Number
Altered Mental Status	1. Delirium 2. Meningitis 3. Toxic Ingestion 4. Toxic / metabolic encephalopathy	1
Shock	1. Distributive 2. Cardiogenic 3. Hypovolumic 4. Obstructive	1
Acute Respiratory Failure	1. COPD Exacerbation 2. CHF Exacerbation 5. ARDS	1
Acute Renal Failure	1. Pre-renal azotemia 2. Acute tubular Necrosis	1
Infection	1. Pneumonia 2. Urinary tract infection 3. Skin / soft tissue	1
Coagulopathy	1. Disseminated Intravascular Coagulation 2. Thrombocytopenia	1

## 11. Advanced Inpatient Experience - IM, FM

During the rotation you will be required to maintain a log of various diagnoses you encounter during the rotation. Your patients that you admit only need to be entered once unless a new problem develops. If that occurs you can enter the same patient but just include the new problem. You can also enter any patients that you evaluate for an acute problem while cross covering. At the midpoint you will be asked your ED-2 status.

	Diagnosis	Number
Pneumonia	<ul style="list-style-type: none"> <li>Community-acquired pneumonia</li> <li>Aspiration pneumonia</li> <li>Nosocomial pneumonia</li> </ul>	1
COPD/asthma	<ul style="list-style-type: none"> <li>COPD diagnosis or exacerbation</li> <li>Asthma diagnosis or exacerbation</li> </ul>	1
Inpatient management of diabetes mellitus	<ul style="list-style-type: none"> <li>Diabetes</li> </ul>	1
Fever/infection	<ul style="list-style-type: none"> <li>Urinary tract infection</li> <li>Cellulitis</li> <li>Infectious colitis</li> <li>Meningitis</li> <li>Endocarditis</li> <li>Line infection</li> </ul>	1
Renal failure (acute or chronic)	<ul style="list-style-type: none"> <li>Acute renal failure</li> <li>Chronic kidney disease</li> <li>Acute tubular necrosis</li> <li>Acute glomerulonephritis</li> <li>Acute interstitial nephritis</li> <li>Obstructive uropathy</li> <li>Prerenal azotemia</li> </ul>	1
Metabolic disturbances	<ul style="list-style-type: none"> <li>Hyponatremia</li> <li>Hypernatremia</li> <li>Hyperkalemia</li> <li>Metabolic acidosis</li> <li>DKA</li> <li>Metabolic alkalosis</li> <li>Acute respiratory acidosis</li> <li>Chronic respiratory acidosis</li> <li>Acute respiratory alkalosis</li> <li>Chronic respiratory alkalosis</li> </ul>	1
Congestive Heart Failure	<ul style="list-style-type: none"> <li>Congestive heart failure</li> </ul>	1

## 12. Emergency Medicine

Chest Pain	2 cases
Shortness of Breath	2 cases
Abdominal Pain	2 cases
Musculo-skeletal Injury	2 cases
IV Procedures in the clinical setting	2 cases

## **Appendix ED-8.2**

### **Honors Criteria**

*Included in this section:*

1. Internal Medicine
2. Pediatrics
3. Obstetrics and Gynecology
4. Family Medicine
5. Psychiatry
6. Surgery
7. Critical Care
8. Advanced Inpatient Experience
9. Emergency Medicine Experience

## INTERNAL MEDICINE

*(Based on the combined performance in the Ambulatory Medicine Clerkship and the Inpatient Medicine Clerkship)* In order to receive Honors in internal medicine the student must have an excellent performance during their inpatient and ambulatory experiences in medicine. This will be determined using the criteria outlined below. Site directors for inpatient and ambulatory medicine will complete evaluations on MEC (myevaluations.com). In addition they will nominate students who they felt had an excellent clinical performance based on the competencies on the evaluation form. Students who are nominated for honors or close to honors by either ambulatory medicine or inpatient will receive points as allocated below (must also be above site director's mean). Students who score above the mean for their specific site director (inpatient or ambulatory) will get 25 points for each section which is above mean. Students with 85 points or more will receive honors. Students who fail either the ambulatory or inpatient exam will be ineligible for honor's designation. In general about 20% of students receive Honors but the committee does not have a defined number.

Honors in Internal Medicine: Total of 85 points required

### Exams

Ambulatory exam (out of a possible 80 points):

- Under 54= failure and ineligible for honors
- 54 to 59 = 0 points
- 60 to 67 =10 points
- 68 or above = 15 points

Inpatient exam (out of 100%)

- 64% or less—ineligible for honors
- 65%- 74% = 0 points
- 75% to 87% = 10 points
- 88% or above = 15 points

### Evaluation:

Each site director's 'mean' for the academic year will be calculated based on completed evaluations. Students will be compared to the mean for the attending who completed their evaluation in both ambulatory and inpatient medicine.

- Below mean for your site director in either ambulatory or inpatient = 0 points
- Ambulatory or inpatient evaluation scores are above their site director's mean = 25 points for each evaluation which is above mean
- If site director considers student is "close" to honors, appropriate comments are documented on evaluations and student is above site director's mean= 30 points for each (inpatient and ambulatory)
- If nominated for honors, appropriate comments are documented on evaluations and student is above site director's mean = 35 points for each (inpatient and ambulatory)

Rev 2013

## PEDIATRICS

*(Based on the combined performance in the Ambulatory Pediatrics Clerkship and the Inpatient Pediatrics Clerkship)*

### CRITERIA FOR DEPARTMENTAL HONORS CONSIDERATION

Departmental honors in Pediatrics will be awarded at the conclusion of the academic year. Honors designation will require strong performances during both the Pediatrics inpatient rotation as well as the Pediatrics MAX rotation, with the MAX rotation performance more heavily weighted due to its longer duration. At minimum, the honors student in Pediatrics will earn an honors recommendation from either his or her primary-care preceptors during MAX Pediatrics AND/OR from inpatient rotation supervisors, based upon the criteria for knowledge, attitude and skills as discussed below. In addition, the student will have demonstrated a strong performance on the MAX Pediatrics final written examination, completed all required projects (e.g., primary-care conference presentation if assigned), have satisfactory attendance and participation records for all clerkship and clinical activities, as well as satisfactory and timely completion of all required written assignments (e.g., patient records, end of clerkship feedback forms).

**Knowledge:** The honors student demonstrates exceptional curiosity, interest and zest for learning, as evidenced by reading both in preparation for conferences, clinics and special experiences, as well as reading subsequent to seeing a patient with a specific problem or age-related health maintenance visit. In addition, the honors student demonstrates the ability to integrate knowledge gained from reading and hands-on experiences, with strong organization and prioritizing of information and clinical problems.

**Skills:** The honors student's history taking, physical exams and oral and written presentations are consistently accurate, and sufficiently detailed, yet focused on the important issues. They should consistently reflect significant understanding of both the individual patient's circumstances, as well as an ability to compare and contrast the patient's findings within the broader context of age and stage-related norms for the population. Charting and record keeping are consistently clear, timely, accurate and appropriately detailed. Follow-up on patients' conditions, as well as diagnostic tests ordered should consistently be initiated by the student, rather than by the supervising physician.

**Attitude:** The honors student is consistently respected and appreciated by patients and their families, colleagues, staff, and faculty. This is the type of student that patients and staff offer unsolicited praise about his or her compassion, friendliness, understanding or cooperation. The honors student participates in clinical responsibilities in an active, rather than passive manner, seeking out patient encounters for both expansion of clinical knowledge and, in order to truly contribute to the team's overall positive functioning. The student is able to work independently without overstepping his or her capabilities, and takes care to seek guidance or assistance when appropriate. The honors student seeks-out feedback for the purpose of monitoring or improving his or her performance, accepts constructive criticism non-defensively, and demonstrates improved or altered behavior, reflecting successful integration of criticisms and suggestions.

### Algorithm for HONORS in Pediatrics: total of possible points = 100

#### Exam:

MAX exam plus Inpatient exam (out of a possible 100 points total)

-Score of less than 80 points=**0 points**

-Score of 80-85 points=**5 points**

-Score of 86-91 = **10 points**

-Score >92 = **15 points**

-\*Need minimum score of 80 on exam to even qualify for Honors-**Maximum points for MAX exam is 15 points**

### Evaluations: MAX- Maximum points for MAX evaluation 45 points

-Below mean for your site director in MAX = **0 points**

-MAX evaluation are above site director's mean = **20 points**

- If nominated for HONORS by site director for MAX with appropriate documentation support = **25 points**
- If considered a “near HONORS” performance in MAX with appropriate documentation support = **15 points**

**Inpatient - Maximum points for Inpatient experience 40 points**

Below mean for your site director in Inpatient = **0 points**

- Inpatient evaluation are above site director’s mean = **20 points**
- If nominated for HONORS by site director for Inpatient with appropriate documentation support = **20 points**
- If considered a “near HONORS” performance in Inpatient with appropriate documentation support = **15 points**

**Criteria for Honors: 85 points or above**

Consideration for time of year when the rotation is done may be taken into consideration (ie. Inpatient Peds first block), consideration for any unprofessional behaviors may be taken into consideration even with total score over 85.



## OBSTETRICS AND GYNECOLOGY

**Criteria for passing the course** --To pass the Course in ObGyn, students need to:

1. Achieve passing clinical scores and be considered appropriate in their professionalism, knowledge base, and skills.
2. Complete the required clinical exposures (as outlined in the Educational Directives 2 – ED 2) document.
3. Fill out at least 6 direct observation forms (2 Clinic, 2 Labor & Delivery, & 2 Surgery)
4. Achieve a score of  $\geq 5^{\text{th}}$  percentile on the National “shelf” exam.

Honors: The Department of Obstetrics and Gynecology bestows the Honors distinction on a select group of third year medical students at the University of Connecticut School of Medicine. The Honors distinction requires an outstanding performance in all aspects of the medical student’s participation during the MAX Obstetrics and Gynecology Section. The Clerkship Director uses the following criteria to consider if a student’s performance warrants this special recognition:

1. The student must possess an outstanding knowledge base regarding the basics of Obstetrics and Gynecology, as evidenced by his or her performance on clinical rounds and during didactic sessions during the rotation.
2. The student must possess and display a marked enthusiasm for academic and clinical issues in Obstetrics and Gynecology, and integrate this enthusiasm into patient care and clinical work.
3. The student must be able to write and present clinical cases in an exceptional manner during the rotation.
4. The student must show unique ability to work professionally as an effective member of a multidisciplinary treatment team.
5. The student must demonstrate exceptional competence in common procedures performed during the MAX Obstetrics and Gynecology Section such as the pelvic exam.
6. Additionally, students must achieve a score on the USMLE Ob-Gyn Shelf exam that exceeds the 75<sup>th</sup> percentile compared to national standards. The student’s clinical performance also needs to exceed the mean for their site.

The intent of the Honors designation remains to recognize exceptional medical students who possess the unique qualities of knowledge, attitude, and skill in regard to the field of Obstetrics and Gynecology. The Clerkship Director assigns Honors to deserving students at the completion of each academic year based on the criteria listed below. To achieve honors in ObGyn, students need to:

1. Pass the course and demonstrate the 6 qualities listed at the top of this document.
2. Students need to have a clinical score above the mean for their site and an exam score above the 75<sup>th</sup> percentile.
3. Students who meet these criteria will receive honors.


## FAMILY MEDICINE

Your grade for the Family Medicine Clerkship, will be determined based on the following:

- Preceptor Evaluation (50%)
- NBME Final Exam (30%)
- Home Visit/Cultural Experience Write Up (15%)
- E-mail Communications (5%)

The following are not graded but are monitored and *required* for a grade of Honors.

- \* **Completion Oral Health module**
- \* **FmCases (x5)**
- \* **6 SCO's (Structured Clinical Observation Form)**
- \* **Mid-Rotation Evaluation Form**
- \* **Completion of Log Entries**

 **Please Note:** You must pass **EACH** of the individual components of this course in order to pass the Family Medicine Clerkship. A failing grade in any one component will result in a failing grade for the Clerkship.

### Family Medicine: Honors Criteria

**All** required components of the course **MUST** be completed (patient log, FM cases, oral health cases, mid-rotation evaluation, home visit write-up, e-mail assignments, and 6 SCOs), in order to be considered for a grade of HONORS. In addition, all lecture evaluations must be completed.

Honors will be given to those who receive 85% or greater on their **composite weighted score** of the four, above listed, graded components of the clerkship **OR** to the top 15% of the class. Honors grades are not decided until the end of the year.

## PSYCHIATRY HONORS CRITERIA

### Grades 2013 - 2014

Grades for psychiatry are determined by the following factors:

- 1) Examination (NBME shelf score)
- 2) Written evaluation for the rotation
- 3) Site director feedback to clerkship director regarding performance (site directors meet with all preceptors regarding student performance)
- 4) Attendance at required activities (e.g. didactics, rounds, conferences at site)
- 5) Completion of all required materials (i.e. six separate SCO's: this means six separate patients; Log completion that reflects fulfillment of all ED-2 requirements; mid-point feedback form)

In order to **PASS** the rotation, you must:

- 1) Score above the 5<sup>th</sup> percentile on the shelf examination
- 2) Receive a satisfactory evaluation
- 3) Identification by the site (site directors meet with all preceptors) as having a passing performance.
- 4) Attend required activities as mentioned above.
- 5) Complete all required materials (i.e. six separate SCO's: this means six separate patients; Log completion that reflects fulfillment of all ED-2 requirements; mid-point feedback form)

In order to earn **HONORS** on the rotation, you must:

- 1) Score above the 50<sup>th</sup> percentile on the shelf examination
- 2) Have a written evaluation that reflects a truly outstanding to exceptional performance. The Likert ratings of the student must be above the preceptor mean. Assessment of the evaluation is **not** determined by numbers alone but also by preceptor comments noting the student is exceptional (e.g. performed well above the level expected of a student at their phase in training).
- 3) Identification by the site (site directors meet with all preceptors) as having an outstanding to exceptional performance.
- 4) Attend required activities as mentioned above.
- 5) Complete all required materials (i.e. six separate SCO's: this means six separate patients; Log completion that reflects fulfillment of all ED-2 requirements; mid-point feedback form)

If a student fails the NBME shelf exam once, the student may re-sit the examination. Dr. Henderson's office is notified of the failure. If a student fails a second time, they must repeat the rotation and pass the examination.

Any evaluation with a score of 2 on professionalism is taken to the grading committee. Students with any 2s on their evaluations are not eligible for honors.

## SURGERY

### Grading and Honors

The grades on the surgery rotation will be dependent upon your evaluation. This will be a single composite evaluation that includes input from both faculty and residents you have worked with during the rotation.

#### Exam:

All students will take a Written Essay and Shelf (NBME) exam **after** completion of the surgery rotation.

**Grades** The grades are weighted as follows:

Topic	Passing Grade	Weight	<b>*NBME Shelf Exam Grading Chart</b> (questions answered correctly out of 100)  85-100: High Pass 71-84: Pass 60-70: Average Pass 59 or Lower: Fail Score
Composite Evaluation by Faculty and Residents (MyEvaluations.Com)	1-5 Scale (passing score 3 or above)	60%	
Student Teaching Rounds with Dr. Brenner	1-5 Scale (passing score 3 or above)	15%	
*NBME Shelf Exam	*See chart to the right	10%	
Written Essay Exam	40 (Passing score 25 or above)	10%	
ED 2 Log	All requirements must be met	5%	

#### Final Grade:

At the end of the academic year (when all grades are in) scores for the Composite Evaluation, Student Teaching Rounds, NBME Shelf Exams and Written Essay Exams are averaged. To pass the rotation you must obtain a passing score on both exams and an average score of at least a "3" on your composite evaluation. Note: If you receive a score of 1 or 2 on your composite evaluation, performance for the entire rotation will be reviewed.

#### Honors Grade:

You must get above the mean in every section above to get an honors grade

## CRITICAL CARE

1. **Clinical Evaluation (competency-based):**
  - a. Average > 4 per category (Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning & Improvement, and Systems Based Practice)
2. **Final Exam:**
  - a. >28 out of 32

### **ADVANCED INPATIENT EXPERIENCE:**

Students will need to have an excellent performance on the ACGME competencies with the exception of Systems Based Practice and Practice Based Learning. These are hard to evaluate and a satisfactory in this area i.e. 3 on a 5 point scale is adequate and still receive Honors. Any 2's or below on any area will preclude Honors. Since we have so many sites evaluating students we have not set an exact score on the evaluation form. In general we feel students should average 4.0 or above on each of the other areas. It is also required that the site director nominates you for honors based on your clinical performance. One criteria for honors is scoring 80 or above on the exam the last day of the rotation.

## EMERGENCY MEDICINE EXPERIENCE

**A.) Intra-Departmental Grade:** The intra-departmental grade is comprised from the following three components: 50% of the clinical evaluation score; 25% of the oral exam score; 25% of the written exam score.

**Clinical Evaluation Score:**

Clinical Grade	Score Equivalent
Honors	100
High Pass	90
Pass	80
Marginal Pass	70
Fail	60

**Oral Examination Scores:** This score is based upon 2 oral exams each being rated from 0 - 10, with the maximum score for this section being 20 points. This score is then converted to a 0 - 100 point score differential.

**Written Examination Scores:** This score is based on a simple 0 - 100 point scale.

The final grade is then applied to the following grading formula with the score-to-grade conversion listed below.

TOTAL SCORE	FINAL GRADE
94 - 100	Honors (must also meet Inst. Honors)
89 - 93	High Pass
70 - 88	Pass
60 - 70	Marginal Pass
< 60	Fail

**B.) Institutional Honors:** The bestowing of institutional honors will be bestowed upon an individual who meets ALL of the following criteria:

**Clinical Evaluation Score: Honors**

- Graded competencies must be >80% total
- As 'ABOVE EXPECTED LEVEL'
- No graded competency
- Of 'BELOW EXPECTED LEVEL'

**Oral Examination Score: > 89%**

**Written Examination Score: > 89%**

**Didactic Recommendation: Honors**

**Of Note:** The final grade submitted to the Registrar for this course will be in the form of PASS / FAIL / HONORS. Intra-departmental grades will not be sent to the Registrar.

### **Appendix ED-8.3**

#### **Ambulatory Medicine**

*Included in this section:*

1. *End of rotation survey data AY10/11, 11/12, 12/13*
2. *End of year survey AY12/13*
3. *Honors Data AY09/10, 10/11, 11/12, 12/13*
4. *Exam data by site AY10/11, 11/12, 12/13*
5. *Log data AY11/12, 12/13*



## 1. END OF ROTATION SURVEY DATA

Overall Site AY 12-13	Burgdorf	VA	HH/ Brownstone	THOCC	SFH	IMA	UCHP- E Hartford	UCHP- W Hartford	HMG- Wethersfield	HMG- S Windsor	Total
Excellent	6	11	2	10	4	2	2	8	4	2	51
Good	4	3	3	5	2	3	2	0	0	1	23
Adequate	2	0	1	0	1	1	2	0	0	0	7
Fair	1	0	1	0	0	0	0	0	0	0	2
Poor	0	0	1	0	0	0	0	0	0	0	1
Overall Site AY 11-12	Burgdorf	VA	HH/ Brownstone	THOCC	SFH	IMA	UCHP- E Hartford	UCHP- W Hartford	HMG- Wethersfield	HMG- S Windsor	Total
Excellent	7	3	5	2	5	4	3	3	1	1	34
Good	5	3	5	3	4	1	3	1	3	0	28
Adequate	0	0	2	1	0	0	0	0	0	1	4
Fair	0	0	0	0	0	1	0	0	0	0	1
Poor	0	0	0	0	0	0	0	0	0	0	0
Overall Site AY 10-11	Burgdorf	VA	HH/ Brownstone	THOCC	SFH	IMA	UCHP- E Hartford	UCHP- W Hartford	HMG- Wethersfield	HMG- S Windsor	Total
Excellent	10	7	1	7	8	5	3	2	-	-	43
Good	2	5	10	4	3	0	1	3	-	-	28
Adequate	0	0	3	0	2	0	0	2	-	-	7
Fair	0	0	2	1	0	0	1	0	-	-	4
Poor	0	0	2	0	1	0	0	0	-	-	3

## 2. END OF YEAR SURVEY 2012-13:

<b>Level of Responsibility</b>	Burgdorf	VA	HH/ Brownstone	THOCC	HS	IM A	UCH P- EH	UCH P- WH	HMG Wethersf ield	HMG- S Winds or	Total
Too much	2	0	1	0	0	3	0	0	0	0	6
Adequate	10	14	6	16	6	2	7	7	3	3	74
Too little	0	0	0	1	0	0	0	2	0	0	3
<b>Level of Supervision</b>	Burgdorf	VA	HH/ Brownstone	THOCC	S F H	IM A	UCH P- EH	UCH P- WH	HMG Wethersf ield	HMG S Winds or	Total
Too much	0	0	0	0	0	0	0	0	0	0	0
Adequate	7	14	5	16	6	5	6	8	3	3	73
Too little	5	0	2	1	0	0	0	1	0	0	9
<b>Number of Diagnoses</b>	Burgdorf	VA	HH/ Brownstone	THOCC	S F H	IM A	UCH P- EH	UCH P- WH	HMG Wethersf ield	HMG S Winds or	Total
Too much	0	0	0	0	0	0	0	0	0	0	0
Adequate	9	14	6	16	6	5	7	9	3	2	77
Too little	3	0	1	1	0	0	0	0	0	1	6
<b>Overall Experience</b>	Burgdorf	VA	HH/ Brownstone	THOCC	S F H	IM A	UCH P- EH	UCH P- WH	HMG Wethersf ield	HMG S Winds or	Total
Excellent	4	7	2	5	3	1	3	2	1	1	29
Very Good	3	5	0	8	1	2	1	6	1	0	27
Good	2	2	4	3	1	2	2	0	1	2	19
Fair	3	0	0	1	1	0	1	1	0	0	7
Poor	0	0	1	0	0	0	0	0	0	0	1

### 3. HONORS DATA:

	Ambulatory Med 2012-2013					Ambulatory Med 2011-12					Ambulatory Med 2010-2011					Ambulatory Med 2009-2010				
	# of Students	Clinical Rec.			Honors in IM Discipline	# of Students	Clinical Rec.			Honors in IM Discipline	# of Students	Clinical Rec.			Honors in IM Discipline	# of Students	Clinical Rec.			Honors in IM Discipline
		H	C	N			H	C	N			H	C	N			H	C	N	
Burghdorf	13	5	5	3	5	12	3	2	7	5	12	0	7	5	2	12	4	3	5	5
VA	14	3	6	5	6	12	2	8	2	4	12	4	5	2	5	12	2	1	9	3
HH/Brownstone	8	3	1	4	3	12	5	1	6	3	18	7	6	5	12	18	5	2	11	5
THOCC	16	7	1	8	5	12	3	4	5	5	11	4	5	2	5	12	4	0	8	1
SFH	6	4	1	1	4	9	1	1	7	2	14	4	3	7	3	14	5	2	7	5
IMA	6	2	1	3	0	6	2	1	3	3	6	1	1	4	0	6	2	1	3	2
UHP-E Hartford	7	4	1	2	4	6	1	3	2	2	6	1	3	2	3	6	3	1	2	3
UHP-W Hartford	8	4	3	1	2	6	3	2	1	5	6	5	0	1	3	6	3	2	1	3
HMG-Wethersfield	4	3	0	1	3	4	2	0	2	1	-	-	-	-	-	-	-	-	-	-
HMG-S Windsor	3	1	1	1	1	2	1	1	0	1	-	-	-	-	-	-	-	-	-	-

#### 4. EXAM DATA BY SITE:

Ambulatory Medicine Exam Scores AY 10-13										
AY 12-13	Burgdorf	VA	HH/ Brownstone	THOCC	SFH	IMA	UCHP- E Hartford	UCHP- W Hartford	HMG- Wethersfield	HMG- S Windsor
# of Students	13	14	8	16	6	6	6	8	4	3
Exam Range	51-68.5	51.5-71.5	59-70	49.5-79	58.5-71.5	51.5-71.5	61.5-71.5	52-71.5	56.5-71	44-68
Exam Average	63.5	65	64	62.5	64.5	60.5	65.6	62	63.5	58.5
AY 11-12	Burgdorf	VA	HH/ Brownstone	THOCC	SFH	IMA	UCHP- E Hartford	UCHP- W Hartford	HMG- Wethersfield	HMG- S Windsor
# of Students	12	12	12	12	9	6	6	6	4	2
Exam Range	54.5-71	43-72	48.5-76	60-76	55.5-66.5	60.5-71	54-75	53.5-70	51-66	62.5-65
Exam Average	63.7	63.4	62.6	66.3	60.8	66.1	60.7	67	64.2	64.3
AY 10-11	Burgdorf	VA	HH/ Brownstone	THOCC	SFH	IMA	UCHP- E Hartford	UCHP- W Hartford	HMG- Wethersfield	HMG- S Windsor
# of Students	12	12	18	12	14	5	6	6	0	0
Exam Range	57.5-70.5	54-71	55-71.5	53-72.5	47.5-69	61-69	57-72	53-68.5	n/a	n/a
Exam Average	63.37	62.54	66.3	62.96	59.75	65.7	64.5	60.83	n/a	n/a

\*Exam range and average scores out of a maximum of 80 points

#### 5. LOG DATA:

	2012-13		2011-12	
Site	Average Diagnoses Logged	Average Patients Logged	Average Diagnoses Logged	Average Patients Logged
Burgdorf	98	47	89	45
VA	119	65	117	61
HH/ Brownstone	134	45	166	54
THOCC	116	56	112	54
SFH	92	53	126	57
IMA	180	83	172	78
UCHP- E Hartford	153	98	228	106
UCHP- W Hartford	111	68	152	74
HMG-Wethersfield	112	81	142	97
HMG- S Windsor	190	111	239	124

## **Appendix ED-8.4**

### **Ambulatory Pediatrics**

*Included in this section:*

1. End of rotation survey data AY10/11, 11/12, 12/13
2. End of year survey AY12/13
3. Honors Data AY09/10, 10/11, 11/12, 12/13
4. Exam data by site AY10/11, 11/12, 12/13
5. Log data AY10/11, 11/12, 12/13

### 1. END OF ROTATION SURVEY:

Overall Experience AY 12-13	CCMC	SFH	Burgdorf	UCHP-WH	CHC-NB	Ziogas	Hebron	THOCC	UCHP-EH	Hartford Area Pediatrics	Total
Excellent	6	8	10	2	6	5	6	5	1	-	49
Very Good	4	8	2	0	1	1	1	2	5	-	24
Good	5	0	0	0	0	0	0	0	0	-	5
Fair	1	0	2	0	0	0	0	1	0	-	4
Poor	0	0	0	0	0	0	0	0	0	-	0
Overall Experience AY 11-12	CCMC	SFH	Burgdorf	UCHP-WH	CHC-NB	Ziogas	Hebron	THOCC	UCHP-EH	Hartford Area Pediatrics	Total
Excellent	11	12	3	3	6	5	6	1	3	-	50
Very Good	5	4	8	2	0	1	0	3	2	-	25
Good	2	0	1	1	0	0	0	1	0	-	5
Fair	0	0	0	0	0	0	0	0	0	-	0
Poor	0	0	0	0	0	0	0	0	0	-	0
Overall Experience AY 10-11	CCMC	SFH	Burgdorf	UCHP-WH	CHC-NB	Ziogas	Hebron	THOCC	UCHP-EH	Hartford Area Pediatrics	Total
Excellent	8	8	3	1	4	4	4	2	0	2	36
Very Good	5	5	7	1	2	1	2	2	3	0	28
Good	2	2	2	3	0	1	0	0	0	1	11
Fair	1	0	1	0	0	0	0	1	2	0	5
Poor	0	0	1	0	0	0	0	1	0	0	2

### 2. END OF YEAR SURVEY 2012-13:

Level of Responsibility	CCMC	SFH	Burgdorf	UCHP WH	CHC- NB	Ziogas	Hebron	UCHP EH	THOCC	Total
Too much	0	0	0	0	0	0	0	0	1	1
Adequate	12	15	14	2	7	7	7	7	7	78
Too little	3	0	0	0	0	0	0	0	1	4
Level of Supervision	CCMC	SFH	Burgdorf	UCHP WH	CHC- NB	Ziogas	Hebron	UCHP EH	THOCC	Total
Too much	3	0	1	0	0	0	0	0	1	5
Adequate	11	15	13	2	6	7	7	6	8	75
Too little	1	0	0	0	1	0	0	1	0	3
Number of Diagnoses	CCMC	SFH	Burgdorf	UCHP WH	CHC- NB	Ziogas	Hebron	UCHP EH	THOCC	Total
Too much	0	0	0	0	0	0	0	0	0	0
Adequate	14	14	14	2	7	7	6	6	8	78
Too little	1	0	0	0	0	0	0	1	1	3
Overall Experience	CCMC	SFH	Burgdorf	UCHP WH	CHC- NB	Ziogas	Hebron	UCHP EH	THOCC	Total
Excellent	2	6	5	2	5	4	3	3	3	33
Very Good	5	6	4	0	2	2	3	1	0	23
Good	3	3	3	0	0	1	1	1	2	14
Fair	4	0	1	0	0	0	0	1	0	6
Poor	1	0	1	0	0	0	0	1	4	7

### 3. HONORS DATA:

Ambulatory Pediatrics 2012-13						Ambulatory Pediatrics 2011-12					Ambulatory Pediatrics 2010-11					Ambulatory Pediatrics 2009-10				
	# of Students	Clinical Rec.			Honors in Peds Discipline	# of Students	Clinical Rec.			Honors in Peds Discipline	# of Students	Clinical Rec.			Honors in Peds Discipline	# of Students	Clinical Rec.			Honors in Peds Discipline
		H	C	N			H	C	N			H	C	N			H	C	N	
CCMC	18	4	5	9	7	18	2	5	11	3	17	7	4	6	4	19	5	1	13	6
SFH	16	4	1	11	3	16	4	2	10	4	15	5	4	6	5	18	3	0	15	2
Burgdorf	14	1	3	10	1	13	1	0	12	1	15	3	0	12	2	14	2	0	12	2
UCHP-WH	2	1	0	1	1	7	1	0	6	1	6	2	0	4	1	6	0	1	5	1
CHC-NB	7	4	1	2	1	6	0	1	5	0	6	2	0	4	2	6	4	0	2	3
Ziogas	6	3	1	2	1	6	2	0	4	1	6	2	2	2	2	6	3	1	2	1
Hebron	7	2	1	4	2	6	1	0	5	1	6	4	0	2	2	5	2	0	3	2
THOCC	8	3	1	4	4	5	0	0	5	0	6	0	1	5	1	5	1	1	3	1
UCHP-EH	7	1	2	4	2	5	1	0	4	1	6	0	0	6	0	6	2	0	4	2
Hartford Area Pediatrics	-	-	-	-	-	-	-	-	-	-	3	2	0	1	0	-	-	-	-	-
Totals	85	23	15	47	22	81	12	8	61	12	86	27	11	48	19	85	22	4	59	20

### 4. EXAM DATA BY SITE:

Ambulatory Pediatrics Exam Scores AY 10-12										
	CCMC	SFH	Burgdorf	UCHP-WH	CHC-NB	Ziogas	Hebron	THOCC	UCHP-EH	Hartford Area Pediatrics
# of Students	18	16	14	2	7	6	7	8	7	-
Exam Range	79-93	69-92	71-89	79-86	73-88	74-91	78-90	73-95	73-87	-
Exam Average	87%	83%	82%	83%	83%	83%	85%	85%	82%	-
	CCMC	SFH	Burgdorf	UCHP-WH	CHC-NB	Ziogas	Hebron	THOCC	UCHP-EH	Hartford Area Pediatrics
2011-2012										
# of Students	18	16	13	7	6	6	6	5	5	-
Exam Range	81-94	69-97	73-90	73-91	75-89	85-92	82-98	79-91	81-88	-
Exam Average	89%	85%	81%	83%	82%	87%	89%	85%	84%	-
	CCMC	SFH	Burgdorf	UCHP-WH	CHC-NB	Ziogas	Hebron	THOCC	UCHP-EH	Hartford Area Pediatrics
2010-2011										
# of Students	17	14	15	5	6	6	6	6	6	3
Exam Range	75-94	74-90	70-87	73-88	77-89	81-88	72-89	72-90	73-92	84-89
Exam Average	85%	83%	81%	83%	85%	86%	84%	85%	82%	87%

## 5. LOG DATA:

	2012-13		2011-12		2010-11	
	Average Diagnoses Logged	Average Patients Logged	Average Diagnoses Logged	Average Patients Logged	Average Diagnoses Logged	Average Patients Logged
CCMC	90	56	133	62	130	67
SFH	92	55	137	70	118	69
Burgdorf	101	50	139	57	115	59
UCHP-WH	155	104	308	95	123	82
CHC- NB	116	68	195	106	142	89
Ziogas	102	76	200	104	151	106
Hebron	85	69	181	98	168	115
THOCC	119	59	111	61	130	67
UCHP-EH	210	117	136	75	118	69



## **Appendix ED-8.5**

### **Obstetrics and Gynecology**

*Included in this section:*

1. End of rotation survey data AY12/13, 11/12, 10/11, 09/10
2. End of year survey AY12/13
3. Honors Data AY08/09, 09/10, 10/11, 11/12, 12/13
4. Exam data by site AY08/09, 09/10, 10/11, 11/12, 12/13
5. Log data AY10/11, 11/12, 12/13

## 1. END OF ROTATION SURVEY: OVERALL SITE

Overall Site		HH	THOCC	SFH	JDH	Total
2012-2013	Excellent	7	17	7	2	33
	Good	17	8	15	7	47
	Adequate	2	1	1	2	6
	Fair	0	0	1	0	1
	Poor	0	0	0	2	2

Receptivity/Support		HH	THOCC	SFH	JDH	Total
2011-2012	Excellent	4	16	7	6	33
	Good	10	6	10	4	30
	Adequate	8	0	4	0	12
	Fair	1	2	1	2	6
	Poor	0	1	0	0	1
2010-2011	Excellent	12	12	8	5	37
	Good	10	6	11	5	32
	Adequate	1	0	5	2	8
	Fair	1	2	1	0	3
	Poor	0	2	0	0	2
2009-2010	Excellent	15	21	6	8	50
	Good	8	3	8	3	22
	Adequate	1	1	4	1	7
	Fair	0	0	3	0	3
	Poor	0	0	1	0	1

*\*Question was replaced with 'Overall Impression of Site' in AY12-13*

## 2. END OF YEAR SURVEY 2012-13:

Level of Responsibility	HH	THOCC	SFH	JDH	Total
Too much	0	0	1	0	1
Adequate	20	21	19	8	68
Too little	5	1	2	4	12
Level of Supervision	HH	THOCC	SFH	JDH	Total
Too much	1	0	0	0	1
Adequate	20	22	20	9	71
Too little	4	0	2	3	9
Number of Diagnoses	HH	THOCC	SFH	JDH	Total
Too much	0	0	0	0	0
Adequate	25	22	22	9	78
Too little	0	0	0	3	3
Overall Experience	HH	THOCC	SFH	JDH	Total
Excellent	4	14	5	3	26
Very Good	9	3	8	5	25
Good	8	3	7	1	19
Fair	4	1	2	1	8
Poor	0	0	0	2	2

### 3. HONORS DATA:

Ob/Gyn Honors by Site AY 08-13					
	AY 12-13	AY 11-12	AY 10-11	AY 09-10	AY 08-09
HH	9/25	8/24	12/24	10/26	10/23
THOCC	3/25	8/24	11/24	9/23	7/22
SFH	5/23	8/23	10/24	7/23	10/21
JDH	4/13	4/12	5/12	3/12	5/12
Total	21/86	28/83	38/84	29/84	32/78

### 4. EXAM DATA BY SITE:

Ob/Gyn Shelf Exam Average by Site AY 08-13					
	AY 12-13	AY 11-12	AY 10-11	AY 09-10	AY 08-09
HH	77.12%	75.48%	78.58%	72.27%	77.61%
THOCC	74.08%	73.36%	76.92%	74.22%	75.41%
SFH	73.78%	72.75%	73.92%	71.74%	75.19%
JDH	77.23%	76.33%	78.00%	72.58%	75.25%
Total	75.36%	74.19%	76.69%	72.70%	76.25%

### 5. LOG DATA:

	AY 2012-13		AY 2011-12		AY 2010-11	
	Average Diagnoses & Procedures	Average Patients Logged	Average Diagnoses & Procedures	Average Patients Logged	Average Diagnoses & Procedures	Average Patients Logged
HH	154	57	193	84	196	93
THOCC	164	58	170	81	174	96
SFH	167	62	180	78	183	93
JDH	183	65	194	78	207	92

## **Appendix ED-8.6**

### **Family Medicine**

*Included in this section:*

1. End of rotation survey data AY12/13, 11/12
2. Honors Data AY08/09, 09/10, 10/11, 11/12, 12/13

## 1. END OF ROTATION SURVEY:

	Overall Site AY 12-13	Overall Site AY 11-12
Excellent	57	50
Good	20	16
Adequate	5	1
Fair	2	3
Poor	0	1
Total	84	71

## 2. HONORS DATA:

	2008-2009		2009-2010		2010-2011		2011-2012		2012-2013	
Family Medicine Site	Students	Honors	Students	Honors	Students	Honors	Students	Honors	Students	Honors
AHFMC	12	2	11	2	12	3	11	1	16	6
Associated Family Physicians	2	0	1	0						
Bette MD, Southbury	3	0	2	1	2	0	1	1		
Blue Hills Family Med	1	0			1	1	5	4	8	4
Bristol Family Med Grp	3	2	3	1	1	0	3	1	1	1
Casablanca MD, Shelton	1	1	3	1	2	1	2	0	1	1
Chatham Family Practice	2	0			1	0				
CHS Bristol					1	1				
CHS Hartford	1	0	2	1	3	0				
Comm Health Ctr	1	0	1	0	3	0	1	0		
CHC Meriden	3	2	3	0	3	0	3	3	2	
Connecticut Health Partners	1	0	3	1	3	2	1	1	3	1
E. Granby Family Pract	1	0	2	0			2	0	2	
E. Hartford Family Med	4	1	5	1	4	1	4	2	4	3
East Hartford CHC, Inc.	5	2	6	1	6	1	4	0	2	1
FM Assoc of Stamford	1	0	1	0	2	0	1	1	2	2
FM of Canton Green	3	2								
Generations, Willimantic									3	2
Glastonbury Family Medicine	4	2	5	2	5	1	5	2	8	2
GP Family Care	1	0	1	1					1	
Han, Minh MD, Manchester	4	2	3	0	2	0	2	1	4	1
Hartford Family Med	3	0	3	0	3	0	2	1	3	1
High Ridge Family Practice					1	0				
Koplin, Carl MD, Tolland	1	0	2	1						
Mansfield Prof Park	1	0	2	0					2	1
Med Express			2	0	4	2	3	0	2	1
Middlesex Family Pract	4	0	4	2	3	1	5	1	5	2

New Milford Family Practice	1	0	1	0	1	0			1	
Primed/Family Practice	1	0	2	1	1	0	1	0		
Prospect Family Medicine	2	1	3	0	2	0	2	0	2	1
Rosenberg, B MD, Torrington	3	1	3	1	2	0	2	0	1	
Rosenberg C, MD, Torrington	1	0	1	0	1	1	1	0		
Sparrow Common Family P	1	0	3	1	2	1	3	1	1	1
SF Med Group-Ellington					1	1				
St. Lukes' Family Practice					1	1				
Stamford FP Residency	5	0	4	1	4	1	5	0	6	
Taylor, Stacy MD, Torrington	1	0					3	1	3	
Torabzadeh, Ali, Avon									2	
Windsor Family Medicine					1	0				
Wreschner					1	0			1	
Access Healthcare							2	1	2	
CHC Middletown							2	1	1	

**Appendix ED-8.7**  
**Ambulatory & Inpatient Psychiatry**

*Included in this section:*

1. End of rotation survey data AY12/13, 11/12, 10/11, 09/10
2. End of year survey AY12/13
3. Honors Data AY08/09, 09/10, 10/11, 11/12, 12/13
4. Exam data by site AY08/09, 09/10, 10/11, 11/12, 12/13

### 1. END OF ROTATION SURVEY: OVERALL SITE

2012-13	JDH	IOL	Manchester	SFH	THOCC	Total
Excellent	16	20	1	6	8	51
Good	5	8	0	12	4	29
Adequate	0	1	0	4	0	5
Fair	0	0	0	1	0	1
Poor	0	0	0	0	0	0
2011-12	JDH	IOL	Manchester	SFH	THOCC	Total
Excellent	28	21	8	-	-	57
Good	6	5	2	-	-	13
Adequate	2	0	1	-	-	3
Fair	1	0	0	-	-	1
Poor	0	1	0	-	-	1

\*Note: AY 08-09, 09-19, 10-11 represent the inpatient psychiatry site only; students also had ambulatory psychiatry

### 2. END OF YEAR SURVEY 2012-13:

Level of Responsibility	JDH	HH/IOL	Manchester	SFH	THOCC	Total
Too much	0	1	0	0	0	0
Adequate	23	22	1	13	12	25
Too little	0	1	0	4	2	6
Level of Supervision	JDH	HH/IOL	Manchester	SFH	THOCC	Total
Too much	0	1	0	1	0	1
Adequate	23	21	1	15	14	29
Too little	0	2	0	1	0	1
Number of Diagnoses	JDH	HH/IOL	Manchester	SFH	THOCC	Total
Too much	0	0	0	0	0	0
Adequate	19	23	1	14	14	28
Too little	3	1	0	3	0	3
Overall Experience	JDH	HH/IOL	Manchester	SFH	THOCC	Total
Excellent	8	13	2	3	4	7
Very Good	8	4	0	5	7	12
Good	5	5	0	7	3	10
Fair	2	1	0	2	0	2
Poor	0	0	0	0	0	0

### 3. HONORS DATA:

Psychiatry Honors % by Site AY 08-13					
Site	AY 12-13	AY 11-12	AY 10-11	AY 09-10	AY 08-09
JDH	35%	18%	35%	23%	38%
IOL	41%	19%	39%	22%	21%
Manchester	100%	27%	56%	70%	67%
SFH	29%	-	-	-	-
THOCC	31%	-	-	-	-
Total	35%	19%	39%	28%	38%



#### 4. EXAM DATA BY SITE:

Psychiatry Shelf Exam Average by Site AY 08-13					
Site	AY 12-13	AY 11-12	AY 10-11	AY 09-10	AY 08-09
JDH	83	78	80	77	79
IOL	82	80	79	76	79
Manchester	83	80	81	83	80
SFH	81	-	-	-	-
THOCC	82	-	-	-	-
Total	82	79	80	79	79

**Appendix ED-8.8**  
**Ambulatory & Inpatient Surgery**

*Included in this section:*

1. End of rotation survey data AY12/13, 11/12
2. End of year survey AY12/13
3. Honors Data AY08/09, 09/10, 10/11, 11/12, 12/13
4. Exam data by site AY08/09, 09/10, 10/11, 11/12, 12/13
5. Log data AY12/13

## 1. END OF ROTATION SURVEY:

Overall Site -AY 2012-2013	HH	SFH	THOCC	Waterbury	JDH	St. Mary's	Total
Excellent	10	7	5	5	2	-	29
Good	13	17	7	7	8	-	52
Adequate	3	1	1	0	0	-	5
Fair	0	0	0	1	0	-	1
Poor	0	0	0	0	0	-	0
Overall Site - AY 2011-2012	HH	SFH	THOCC	Waterbury	JDH	St. Mary's	Total
Excellent	7	8	8	2	6	0	31
Good	12	5	3	2	1	0	23
Adequate	1	1	1	2	1	1	7
Fair	0	2	0	0	0	0	2
Poor	1	1	0	2	0	0	4

## 2. END OF YEAR SURVEY 2012-13:

Level of Responsibility	HH	SFH	THOCC	Wtby	JDH	Total
Too much	1	0	1	1	0	2
Adequate	25	22	13	13	8	34
Too little	1	0	0	0	1	1
Level of Supervision	HH	SFH	THOCC	Wtby	JDH	Total
Too much	0	0	0	0	0	0
Adequate	22	19	14	13	9	36
Too little	5	3	0	1	0	1
Number of Diagnoses	HH	SFH	THOCC	Wtby	JDH	Total
Too much	0	0	0	0	0	0
Adequate	27	21	14	12	6	32
Too little	0	0	0	2	2	4
Overall Experience	HH	SFH	THOCC	Wtby	JDH	Total
Excellent	7	5	4	3	2	9
Very Good	10	13	6	6	3	15
Good	7	4	2	3	4	9
Fair	3	0	1	1	0	2
Poor	0	0	0	1	0	1

### 3. HONORS DATA:

Surgery Honors by Site AY 08-13					
	AY 12-13	AY 11-12	AY 10-11	AY 09-10	AY 08-09
HH	10/28	5/25	11/21	4/23	4/18
SFH	8/25	6/20	8/21	6/20	4/22
THOCC	8/14	5/11	6/10	4/14	4/12
Waterbury	4/13	2/10	3/13	0/10	1/11
JDH	2/9	5/8	3/10	2/18	5/14
St. Mary's	-	1/1	1/6	n/a	n/a
Total	32/89	24/75	32/81	16/83	18/77

\*Note: AY 08-09, 09-10, 10-11 represent the inpatient surgery site only; students also had ambulatory surgery

### 4. EXAM DATA BY SITE:

Surgery Shelf Exam Average by Site AY 08-13					
	AY 12-13	AY 11-12	AY 10-11	AY 09-10	AY 08-09
HH	73.82%	69%	77.23%	71.17%	72.89%
SFH	73.92%	63%	76.62%	68.35%	72.09%
THOCC	74.79%	82%	73.9%	73.14%	72.25%
Waterbury	72.77%	60%	72.39%	69.7%	70.55%
JDH	73.33%	74%	76.6%	69.44%	73.07%
St. Mary's	-	76%	72%	-	-
Total	73.8%	70.7%	75.43%	70.31%	72.78%

### 5. LOG DATA:

	AY 2012-13	
	Average Diagnoses & Procedures	Average Patients Logged
HH	68	36
SFH	64	37
THOCC	60	31
Waterbury	39	23
JDH	69	41
St. Mary's	-	-

## **Appendix ED-8.9**

### **Inpatient Medicine**

*Included in this section:*

1. End of rotation survey data AY12/13, 11/12
2. End of year survey AY12/13
3. Honors Data AY10/11, 11/12, 12/13
4. Exam data by site AY12/13, 11/12, 10/11
5. Log data by site AY11/12, 12/13

### 1. END OF ROTATION SURVEY: OVERALL SITE

AY 2012-13	HH	SFH	THOCC	JDH	Total
Excellent	16	13	17	7	53
Good	6	7	5	9	27
Adequate	0	1	0	0	1
Fair	0	0	0	0	0
Poor	1	0	0	0	1
AY 2011-12	HH	SFH	THOCC	JDH	Total
Excellent	16	13	15	9	53
Good	5	6	5	10	26
Adequate	0	0	0	1	1
Fair	0	0	0	0	0
Poor	0	0	0	0	0

### 2. END OF YEAR SURVEY 2012-13:

Level of Responsibility	HH	SFH	THOCC	JDH	Total
Too much	1	0	0	1	1
Adequate	20	18	20	14	14
Too little	3	2	2	1	1
Level of Supervision	HH	SFH	THOCC	JDH	Total
Too much	1	0	0	2	2
Adequate	21	19	22	12	12
Too little	2	1	0	2	2
Number of Diagnoses	HH	SFH	THOCC	JDH	Total
Too much	0	0	0	0	0
Adequate	23	19	22	14	14
Too little	1	1	0	2	2
Overall Experience	HH	SFH	THOCC	JDH	Total
Excellent	14	6	10	6	6
Very Good	3	8	8	5	5
Good	4	5	4	4	4
Fair	2	1	0	1	1
Poor	1	0	0	0	0

### 3. HONORS DATA:

	Inpatient Medicine 2012-2013					Inpatient Medicine 2011-2012					Inpatient Medicine 2010-2011				
	# of Students	Clinical Rec			Honors in IM Discipline	# of Students	Clinical Rec			Honors in IM Discipline	# of Students	Clinical Rec			Honors in IM Discipline
		H	C	N			H	C	N			H	C	N	
HH	23	6	7	10	10	21	10	7	4	11	20	8	3	9	7
THOCC	22	14	4	4	8	21	9	1	11	7	23	11	6	6	11
SFH	23	8	4	11	6	18	7	4	7	3	22	5	8	9	6
JDH	17	4	6	7	8	19	3	7	9	9	19	6	7	6	9
Totals	85	32	21	32	32	79	29	19	31	30	84	30	24	30	33

#### 4. EXAM DATA BY SITE:

Inpatient Medicine Exam Scores AY 10-13				
2012-2013 AY	THOCC	HH	JDH	SFH
# of Students	22	23	17	23
Site Exam Range	61.5-88.1%	67.4-94.1%	56.3-91.9%	62.2-87.4%
Site Exam Average	76.2%	81.4%	78%	75.8%
2011-2012 AY	THOCC	HH	JDH	SFH
# of Students	22	21	19	18
Site Exam Range	56.9-91.1%	61.8-91.9%	56-87.8%	58.5-95%
Site Exam Average	75.8%	80%	77.9%	76.3%
2010-2011	THOCC	HH	JDH	SFH
# of Students	23	20	19	21
Site Exam Range	67.9-90.2%	49.2-88.6%	61.5-91.1%	65-88.6%
Site Exam Average	79.7%	77.4%	78.8%	78.9%

#### 5. LOG DATA:

	2012-13		2011-12	
Site	Average Diagnoses Logged	Average Patients Logged	Average Diagnoses Logged	Average Patients Logged
THOCC	61	21	50	19
HH	46	21	58	24
JDH	40	14	41	14
SFH	46	19	52	20

**Appendix ED-8.10**  
**Inpatient Pediatrics and Neurology**

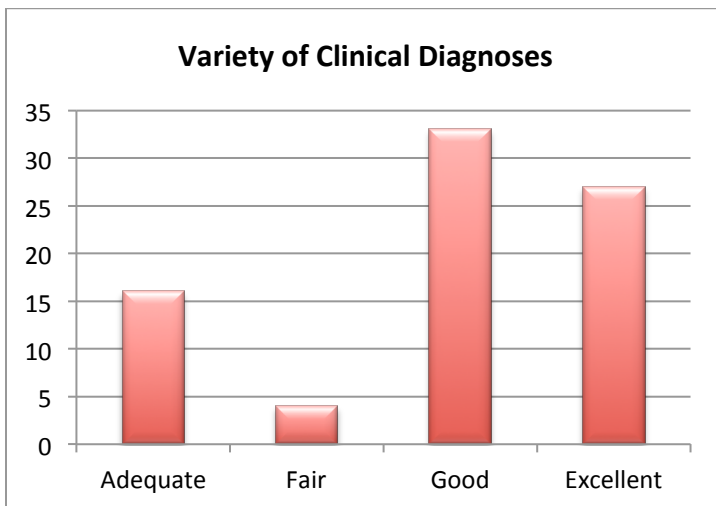
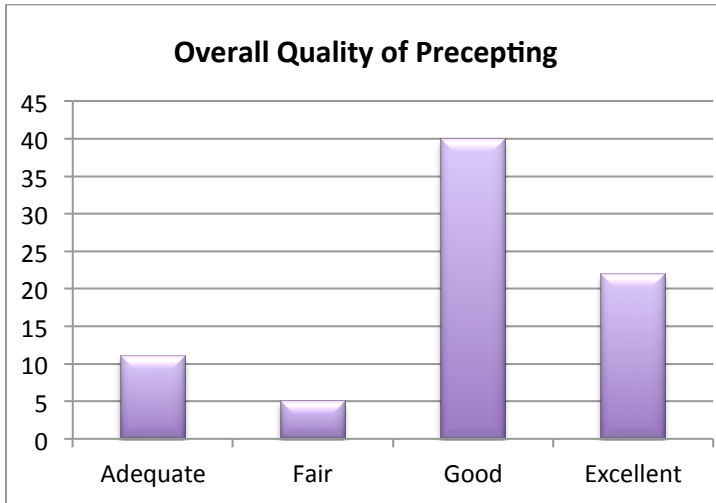
*Included in this section:*

1. *Student Evaluation of Rotation 12/13*
2. *Inpatient Pediatrics Survey Summary 12/13*



*2012/2013 Inpatient Neurology – Student Evaluation of Rotation*

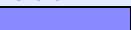



Average number of patients with complete work-up per student over the course of the clerkship: 3



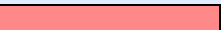



## 2012-2013 Inpatient Pediatrics Survey Summary

- 81 students completed.

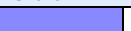



### 20. Variety of Clinical Diagnoses:

Response	Chart	Frequency	Count
Excellent		34.6%	28
<b>Good</b>		<b>43.2%</b>	<b>35</b>
Adequate		14.8%	12
Fair		7.4%	6
Poor		0.0%	0
Mean			1.951
Standard Deviation			0.893
Total Responses			<b>81</b>






### 24. Overall Quality of Precepting (comments are required):

Response	Chart	Frequency	Count
<b>Excellent</b>		<b>54.3%</b>	<b>44</b>
Good		35.8%	29
Adequate		3.7%	3
Fair		6.2%	5
Poor		0.0%	0
Mean			1.617
Standard Deviation			0.830
Total Responses			<b>81</b>






### 26. Overall Conference sessions:

Response	Chart	Frequency	Count
Excellent		29.6%	24
<b>Good</b>		<b>59.3%</b>	<b>48</b>
Adequate		6.2%	5
Fair		4.9%	4
Poor		0.0%	0
Mean			1.864
Standard Deviation			0.737
Total Responses			<b>81</b>

### 28. Overall, please rate your clinical site:

Response	Chart	Frequency	Count
<b>Excellent</b>		<b>60.5%</b>	<b>49</b>
Good		30.9%	25
Adequate		6.2%	5
Fair		1.2%	1
Poor		1.2%	1
Mean			1.519
Standard Deviation			0.776
Total Responses			<b>81</b>

### 29. Overall impression of the rotation:

Response	Chart	Frequency	Count
<b>Excellent</b>		<b>56.8%</b>	<b>46</b>
Good		34.6%	28
Adequate		4.9%	4
Fair		1.2%	1
Poor		2.5%	2
Mean			1.580
Standard Deviation			0.849
Total Responses			<b>81</b>

**Appendix ED-8.11**  
**4<sup>th</sup> Year ACE**

*Included in this section:*

- 1. Radiology**
  - a. Survey AY11/12, 12/13
- 2. Critical Care**
  - a. end of rotation survey data AY12/13
  - b. Honors Data AY09/11, 10/11, 11/12, 12/13
- 3. Advanced Inpatient Experiences (AIE)/Subinternship**
  - a. End of rotation survey AY12/13
- 4. Emergency Medicine**
  - a. End of rotation survey on Faculty Supervision AY12/13, 11/12
  - b. End of rotation survey on Overall Site AY12/13, 11/12
  - c. Honors data AY09/10, 10/11, 11/12, 12/13
  - d. Exam data AY09/10, 10/11, 11/12, 12/13

## 1. RADIOLOGY

Did you learn as much as you expected? (End of Rotation Evaluation):

	AY 2012-13	AY 2011-12
Yes	58	75
Somewhat	11	2
No	4	1

## 2. CRITICAL CARE

### END OF ROTATION SURVEY: OVERALL IMPRESSION

AY 2012-13	THOCC	SFH SICU	HH SICU	PICU	Neuro ICU HH	SFH MICU	HH MICU	JDH	St Vincent's	Total
Excellent	4	4	5	6	2	3	1	7	1	33
Good	6	3	5	6	4	8	5	7	0	44
Neither Fair nor Good	0	0	0	1	0	0	0	0	0	1
Fair	0	0	0	0	0	0	0	0	0	0
Poor	0	0	0	0	0	0	0	0	0	0

### HONORS DATA:

	Critical Care 2012-13		Critical Care 2011-12		Critical Care 2010-11		Critical Care 2009-10	
	Students	Honors	Students	Honors	Students	Honors	Students	Honors
CCMC-PICU	14	11	17	8	10	2	13	7
HH-MICU	7	1	12	3	13	9	11	7
HH-NERO	6	3	4	0	10	7	6	3
HH-SICU	10	1	7	1	10	4	10	7
THOCC-MICU	12	5	13	10	11	7	13	8
St. Vincent	2	1	2	0	4	2	0	0
SF-MICU	9	1	9	2	4	1	8	6
ST-SICU	8	2	9	1	10	5	6	2
UCHC-ICU	12	4	13	4	10	6	11	9
Norwalk	0	0	0	0	0	0	2	1
Totals	80	29	86	29	82	43	80	50

### 3. ADVANCED INPATIENT EXPERIENCES (AIE)/SUBINTERNSHIP

#### END OF ROTATION SURVEY: OVERALL IMPRESSION

AIE Experiences	Medicine						Surgery				Fam Med	Peds	
AY 2012-13	HH	THOCC	JDH	SFH	SV	SR	HH	SFH	THOCC	JDH	AH/MM	CCMC	Total
Excellent	6	5	2	4	1	-	2	1	3	0	4	10	38
Very Good	2	2	5	5	0	-	2	2	1	2	1	4	26
Adequate/Satisfactory	0	0	0	0	0	-	0	1	0	0	1	0	2
Fair	0	0	0	0	0	-	0	0	0	0	0	0	0
Poor	0	0	0	0	0	-	0	0	0	0	0	0	0

### 4. EMERGENCY MEDICINE

#### END OF ROTATION SURVEY: FACULTY SUPERVISION

AY 2012-13	HH	Manchester	THOCC	SFH	St. Mary's	St. Vincent's	JDH	Windham	Total
Strongly Agree	6	3	9	6	0	1	8	5	38
Agree	10	4	7	7	3	2	5	1	39
Neutral	1	0	0	0	0	0	0	0	1
Disagree	0	0	0	0	0	0	0	0	0
Strongly Disagree	0	0	0	0	0	0	0	0	0
AY 2011-12	HH	Manchester	THOCC	SFH	St. Mary's	St. Vincent's	JDH	Windham	Total
Strongly Agree	5	6	9	8	3	2	10	2	45
Agree	14	1	10	7	1	1	6	1	41
Neutral	0	0	0	0	0	0	0	0	0
Disagree	0	0	0	0	0	0	0	0	0
Strongly Disagree	0	0	0	0	0	0	0	0	0

#### END OF ROTATION SURVEY: OVERALL SITE

AY 2012-13	HH	Manchester	THOCC	SFH	St. Mary's	St. Vincent's	JDH	Windham	Total
Best	11	2	8	4	0	0	3	5	33
Better Than Most	5	3	6	9	2	2	10	0	37
Average	1	2	3	0	1	1	0	1	9
Needs Improvement	0	0	0	0	0	0	0	0	0
Worst	0	0	0	0	0	0	0	0	0
AY 2011-12	HH	Manchester	THOCC	SFH	St. Mary's	St. Vincent's	JDH	Windham	Total
Best	11	3	8	6	2	2	6	1	39
Better Than Most	8	4	10	9	2	1	10	2	46
Average	0	0	1	0	0	0	0	0	1
Needs Improvement	0	0	0	0	0	0	0	0	0
Worst	0	0	0	0	0	0	0	0	0

**HONORS DATA:**

	Emergency Medicine 2012-13					Emergency Medicine 2011-2012					Emergency Medicine 2010-11					Emergency Medicine 2009-10				
	# of Students	Clinical Rec.			Honors in EM Course	# of Students	Clinical Rec.			Honors in EM Course	# of Students	Clinical Rec.			Honors in EM Course	# of Students	Clinical Rec.			Honors in EM Course
		H	HP	P			H	HP	P			H	HP	P			H	HP	P	
HH	17	5	4	8	2	18	9	4	5	4	22	14	3	5	10	21	13	3	5	7
JDH	14	2	5	7	2	16	7	3	6	4	15	5	6	4	3	14	7	4	3	5
SFH	14	2	1	11	2	15	5	2	8	4	12	4	4	4	0	13	2	4	7	0
THOCC	16	0	2	14	0	19	7	9	3	2	16	1	7	8	0	18	7	4	7	1
Manchester	7	1	1	5	0	7	0	3	4	0	7	0	5	2	0	10	5	3	2	3
SMH	4	1	2	1	1	4	1	1	2	0	4	0	0	4	0	3	0	3	0	0
Windham	6	0	3	3	0	3	0	0	3	0	4	0	1	3	0	4	0	0	4	0
SVH	3	1	1	1	0	3	3	0	0	0	4	2	1	1	0	4	0	4	0	0
<b>Totals</b>	<b>87</b>	<b>34</b>	<b>25</b>	<b>28</b>	<b>16</b>	<b>85</b>	<b>32</b>	<b>22</b>	<b>31</b>	<b>14</b>	<b>84</b>	<b>26</b>	<b>27</b>	<b>31</b>	<b>13</b>	<b>87</b>	<b>34</b>	<b>25</b>	<b>28</b>	<b>16</b>

**EXAM DATA:**

ACE Emergency Medicine Exam Scores AY 09-13								
<b>2012-2013</b>	<b>HH</b>	<b>JDH</b>	<b>SFH</b>	<b>THOCC</b>	<b>Manchester</b>	<b>SMH</b>	<b>Windham</b>	<b>SVH</b>
# of Students	17	14	14	16	7	4	6	3
Exam Average	90%	91%	88%	84%	85%	89%	86%	85%
<b>2011-2012</b>	<b>HH</b>	<b>JDH</b>	<b>SFH</b>	<b>THOCC</b>	<b>Manchester</b>	<b>SMH</b>	<b>Windham</b>	<b>SVH</b>
# of Students	18	16	15	19	7	4	3	3
Exam Average	88%	88%	87%	85%	85%	84%	82%	85%
<b>2010-2011</b>	<b>HH</b>	<b>JDH</b>	<b>SFH</b>	<b>THOCC</b>	<b>Manchester</b>	<b>SMH</b>	<b>Windham</b>	<b>SVH</b>
# of Students	23	15	9	17	7	4	4	4
Exam Average	83%	86%	84%	80%	88%	82%	86%	81%
<b>2009-2010</b>	<b>HH</b>	<b>JDH</b>	<b>SFH</b>	<b>THOCC</b>	<b>Manchester</b>	<b>SMH</b>	<b>Windham</b>	<b>SVH</b>
# of Students	21	14	13	18	10	3	4	4
Exam Average	84%	87%	81%	84%	88%	84%	86%	80%

**Appendix 8.12**  
**Clinical Skills Data**

Student	Psych	Ob/Gyn	Inpatient Med	Ambulatory Med	Surgery	Ambulatory Peds
1		THOCC	THOCC	THOCC	HH	THOCC
2	IOL	JDH	HH	Burgdorf	HH	CHC-New Britain
3	SFH	SFH	JDH	HMG-Weth	SFH	SFH
4	JDH	THOCC	SFH	THOCC	HH	SFH
5	THOCC	SFH	HH	THOCC	HH	UCHP-EH
6	JDH	JDH	SFH	Burgdorf	Wtby	THOCC
8	IOL	HH	HH	UHP-EH	HH	Burgdorf
9	THOCC	SFH	SFH	VA	Wtby	CCMC
10	THOCC	HH	SFH	UHP-EH	SFH	SFH
11	IOL		SFH	HMG-Weth	JDH	SFH
12		JDH	JDH	UHP-WH	Wtby	CCMC
13	SFH	HH	THOCC	IMA	SFH	SFH
14	SFH	HH	THOCC	THOCC	Wtby	Burgdorf

**Appendix ED-8.13**  
**Phase 2 and 3 Clinical Experiences AY2013/14**

**AMBULATORY MEDICINE**

7/1/13-9/30/13	Burgdorf	VA	HH/ Brownstone	THOCC	SFH	IMA	UCHP- E Hartford	UCHP- W Hartford	HMG- Wethersfield	HMG- S Windsor	Total
Excellent	1	2	0	3	2	2	1	1	0	0	12
Good	1	3	1	1	1	0	0	1	0	0	8
Adequate	0	0	0	0	0	0	0	0	0	0	0
Fair	0	0	1	0	0	0	0	0	0	0	1
Poor	0	0	0	0	0	0	0	0	1	0	1

**AMBULATORY PEDIATRICS**

7/1/13- 9/30/13	CCMC	SFH	Burgdorf	UCHP- WH	CHC- NB	Ziogas	Hebron	THOCC	UCHP- EH	Hartford Area Pediatrics	Total
Excellent	4	2	3	0	0	1	1	0	2	0	13
Good	2	1	1	0	0	1	0	0	0	0	5
Adequate	1	1	0	0	0	0	0	1	0	0	3
Fair	0	0	0	0	0	0	0	0	0	0	0
Poor	0	0	0	0	0	0	0	0	0	0	0

**OB/GYN**

7/1/13- 9/30/13	HH	THOCC	SFH	JDH	Total
Excellent	2	4	4	2	12
Good	3	3	3	1	10
Adequate	1	0	0	0	1
Fair	1	0	0	0	1
Poor	0	0	0	0	0

**FAMILY MEDICINE**

	7/1/13-9/30/13
Excellent	14
Good	4
Adequate	0
Fair	1
Poor	0
Total	19



## PSYCHIATRY

7/1/13-9/30/13	JDH	IOL	SFH	THOCC	Total
Excellent	5	6	2	1	14
Good	1	4	4	0	9
Adequate	0	0	0	0	0
Fair	0	0	0	0	0
Poor	0	0	0	0	0

## SURGERY

7/1/13-9/30/13	HH	SFH	THOCC	Waterbury	JDH	St. Mary's	Total
Excellent	4	2	0	1	2	0	9
Good	2	0	2	1	0	0	5
Adequate	0	2	1	0	0	0	3
Fair	0	1	1	0	0	0	2
Poor	0	0	0	0	0	0	0

## NEUROLOGY

Overall Impression	7/1/13-9/30/13
Excellent	0
Good	9
Adequate	7
Fair	4
Poor	2

## INPATIENT MEDICINE

7/1/13-9/30/13	HH	SFH	THOCC	JDH	Total
Excellent	6	3	3	2	14
Good	0	3	0	3	6
Adequate	0	0	0	0	0
Fair	0	0	0	0	0
Poor	0	0	0	0	0

## 4TH YEAR REQUIRED ACE (ADVANCED CLINICAL EXPERIENCES) COURSES

### RADIOLOGY

	7/1/13-9/30/13
Yes	23
Somewhat	3
No	0

### CRITICAL CARE

7/1/13-9/30/13	THOCC	SFH SICU	HH SICU	PICU	Neuro ICU HH	SFH MICU	HH MICU	JDH	St Vincent's	Total
Excellent	0	0	0	3	2	0	0	5	1	11
Good	1	3	0	2	0	0	0	0	0	6
Neither Fair nor Good	0	0	0	0	0	0	0	0	0	0
Fair	0	0	0	0	0	0	0	0	0	0
Poor	0	0	0	0	0	0	0	0	0	0

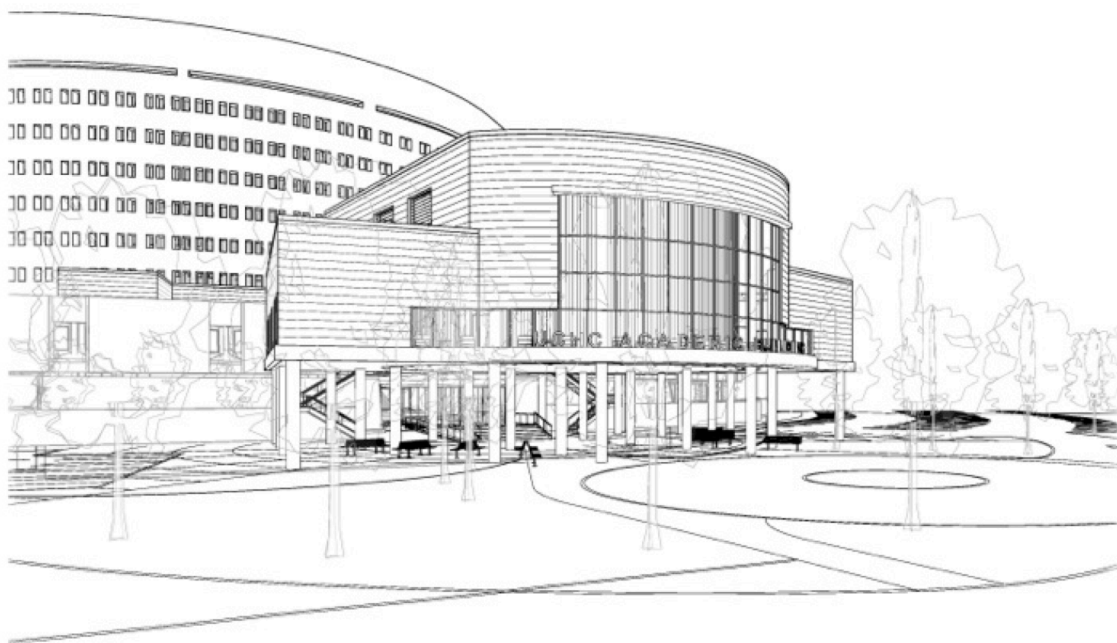
### ADVANCED INPATIENT EXPERIENCES (AIE)/SUBINTERNSHIP

AIE Experiences	Medicine						Surgery				Fam Med	Peds	
7/1/13-9/30/13	HH	THOCC	JDH	SFH	SV	SR	HH	SFH	THOCC	JDH	AH/MM	CCMC	Total
Excellent	2	2	2	2	1	0	1	0	0	1	1	2	14
Very Good	0	2	2	3	0	0	0	0	0	0	0	1	8
Adequate/Satisfactory	0	2	0	0	0	0	0	0	0	0	0	0	2
Fair/Marginal	0	0	0	0	0	0	0	1	0	0	0	0	1
Poor/Unsatisfactory	0	0	0	0	0	0	0	0	0	0	0	0	0

### EMERGENCY MEDICINE

7/1/13-9/30/13	HH	Manchester	THOCC	SFH	St. Mary's	St. Vincent's	JDH	Windham	Total
Strongly Agree	3	0	2	3	0	0	4	0	12
Agree	3	1	0	2	0	0	1	0	7
Neutral	0	0	0	0	0	0	0	0	0
Disagree	0	0	0	0	0	0	0	0	0
Strongly Disagree	0	0	0	0	0	0	0	0	0

7/1/13-9/30/13	HH	Manchester	THOCC	SFH	St. Mary's	St. Vincent's	JDH	Windham	Total
Best	5	0	1	3	0	0	4	0	13
Better Than Most	1	1	1	2	0	0	1	0	6
Average	0	0	0	0	0	0	0	0	0
Needs Improvement	0	0	0	0	0	0	0	0	0
Worst	0	0	0	0	0	0	0	0	0



## Appendix ED-36

**Appendix ED-36.1**  
**Definition of Full-time Faculty Member**

*Included in this section:*

1. Appendix C of the AAMC FAMOUS User's Guide (2010)

## ***Appendix C: Definition of a Full-time Faculty Member***

Medical schools that participate in the Faculty Roster/FAMOUS are requested to report on all faculty members (including department chairs) who hold full-time appointments in the medical school. FAMOUS also accommodates records for part-time, volunteer, and emeritus faculty, in addition to Division/Section Chief, and Administrative appointments.

According to the LCME, full-time faculty members hold faculty appointments in the medical school and receive full-time remuneration on a regular basis during the academic year. A faculty member may receive a salary from one or a combination of the following sources: the medical school, a parent institution, an affiliated teaching hospital or other affiliated clinical facility, or a faculty practice plan.

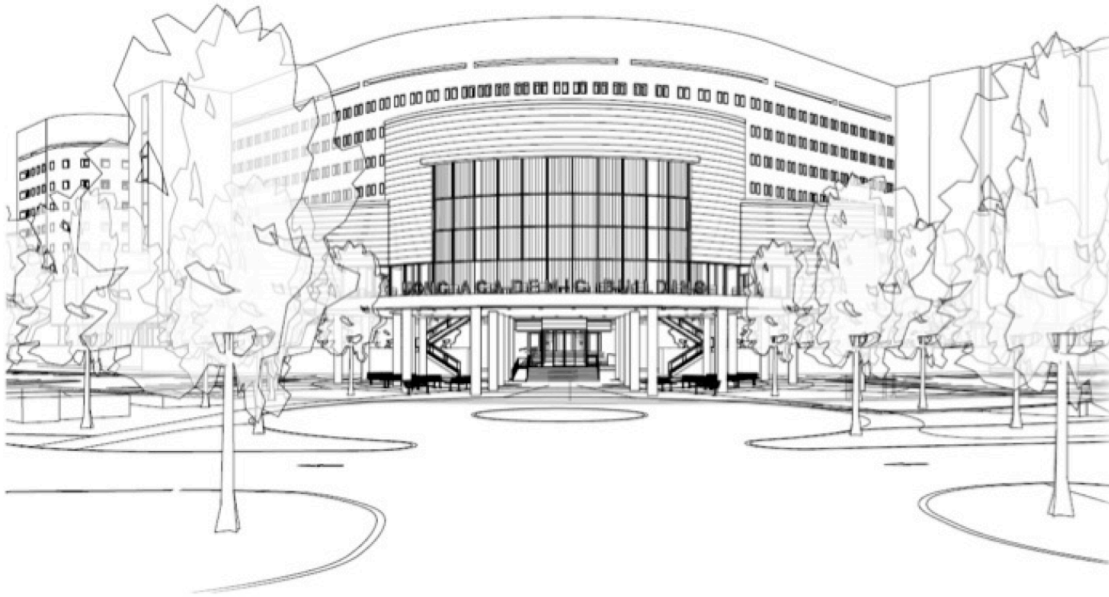
Generally, faculty members should be reported to FAMOUS if they fall into one of the following categories:

1. Full-time faculty salaried entirely by the medical school (commonly faculty in basic science departments),
2. Full-time faculty salaried in an affiliated teaching hospital (or other affiliated clinical facility) who hold a faculty appointment in the medical school, or
3. Full-time faculty holding a primary appointment in a school/college within the university system (other than in the medical school), who are full-time in that school/college, and who also hold a faculty appointment in the medical school.

The following individuals are not considered full-time faculty, so they need not be entered into FAMOUS. However, they may be entered at the discretion of the Faculty Roster representative as part-time or volunteer faculty, as appropriate:

1. M.D. faculty in private practice who do not receive full-time remuneration from either the medical school, parent institution, or affiliated hospital/clinical facility (commonly volunteer faculty),
2. Faculty receiving honoraria for ad hoc lectures or occasional instructional duties.

To comply with LCME guidelines, do not report residents to FAMOUS whatsoever. In addition, do not report clinical fellows lacking faculty appointments.



## Appendix ER-2

**Appendix ER-2.1**  
**Bioscience Connecticut**

*Included in this section:*

1. Bioscience Connecticut Fact Sheet

# BIOSCIENCE CONNECTICUT

## *Jobs Today, Economic Growth Tomorrow, Innovation for the Future*

*It is time for Connecticut to again become a leader. We once led the world in manufacturing, a distinction that made us justifiably proud, and a distinction that enabled our middle class to thrive. 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 attracts and retains top-flight, national talent.*

**Goals:** To help jumpstart Connecticut's economy by creating jobs now and by generating long-term economic growth, and to increase access to quality health care. Both goals can be achieved by making Connecticut a leader in bioscience.

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

- Create 3,000 construction jobs annually through 2018.
- Generate \$4.6 billion increase in personal income and generate 16,400 jobs by 2037.
- 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 forecasted workforce shortage and meet increased demand for health care services resulting from health care reform and an aging population.
- Strengthen and stabilize UConn Health Center's finances.

**Components:** Renovate existing UConn Health Center facilities to increase bioscience research capacity and productivity, increase the number of basic and clinical/translational scientists, and expand incubator facilities to foster new business startups.

Increase UConn Health Center's medical and dental school enrollments by 30 percent and establish a loan forgiveness program to attract more graduates to practice primary care medicine and dentistry in Connecticut.

Construct new patient tower and new ambulatory care facility and increase the number of UConn Health Center primary and specialty care clinicians.

## Summary

- Strengthen, create, retain and attract companies to forge a powerful a bioscience industry.
- Increase employment by 3,000 starting in 2012, 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 good-paying 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 of Connecticut citizens 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.



A Bioscience Connecticut Investment		Millions
Capital Expenditures	Renovate Existing Research Facilities	\$155
	Construct New Patient Tower and Garage	\$318
	Renovate Existing Tower Facility	\$163
	Construct New Ambulatory Care Center	\$203
	Implement UConn Health Network Initiatives	\$ 25
		Total \$864
Fund Sources	New Bonding	\$254
	Private Financing	\$203
	UConn Health Center Resources	\$ 69
	Previously Approved Bonding	
	UCONN 2000	\$305
	UConn Health Network	\$ 33
		Total \$864

Return on State's Investment Through 2037	
Employment	3,000 construction jobs annually through 2018 16,400 new jobs by 2037
Personal Income	Increase by \$4.6 billion in 2037
Net Revenues to Connecticut	\$823 million

5-23-11