Agenda

- Welcome/Announcements - Wally Whiteheart, PhD
- LCME Update - Charles “Chipper” Griffith, MD
- UK@Work Survey Results - Dean DiPaola, MD
- UKHC Provider Survey Results - Angie Lang, MBA
- Faculty Effort/DOE Guidelines - James Geddes, PhD
- Discussion / Text your questions!
Announcements

• Congratulations to Dr. Kristy Deep, Faculty Council Chair-Elect for 2018-2019.
• Faculty Council Elections Phase 2 are going live tomorrow! Get out and vote! Ballots will be accepted until 5:00pm on June 11th.
• Text your questions today- see instructions.
LCME Update

Chipper Griffith, MD
Vice Dean for Education

May 30, 2018
July 23, 2018
Submission of the UK COM Self-Study and Database Collection Instrument (DCI)

September 9-12, 2018 September 11-14, 2018
Mock Survey Visit

October 14-18, 2018
LCME Team Survey Visit
LCME Site Visit Preparation Timeline

January 2017
Confirm LCME site visit dates.

April 2017
Designate ISA Task Force.

April 2017
LCME Survey Prep Workshop

August 2017
Appoint members to the institutional self-study task force. Designate task force subcommittees.

September 2017
Distribute completed DCI sections to the self-study task force and appropriate subcommittees.

September – December 2017
Review and analyze relevant sections of completed DCI and prepare report.

January – April 2018
Self-Study Task Force prepares the self-study summary report and corrective changes are implemented.

May /June 2018
Update DCI, DCI appendices and self-study summary with current information. Receive SEFT account info and instructions.

June 15, 2018
Submit LCME survey package to mock site team.

July 23, 2018
Submit LCME survey package.

July 2018
Review survey team roster.

August 2018
Submit 1st set of updates to survey team.

August 2018
Submit 2nd set of updates to survey team.

September 2018
LCME site visit: Send all updates compiled during site visit to survey team and LCME Secretariat.

October 14-18, 2018
LCME site visit.

January 2018
Final ISA report is submitted to FAL for distribution to self-study task force members.

February 2019
LCME issues accreditation decision.

February 2019
LCME sends accreditation letter to school officials.

March 2019
LCME sends accreditation letter to school officials.

April 20, 2017
LCME Survey Prep Workshop

August 2017
ISA Task Force meets to begin compiling survey questions.

September 2017
Assign sections of the DCI for completion by appropriate people/groups.

December 2017
ISA Task Force sends student survey data to FAL and begins analysis of data from ISA.

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University of Kentucky College of Medicine
LCME Full Accreditation Survey
October 14-18, 2018
Site Visit Summary

**Sunday, October 14, 2018**
6:00 pm  Dean’s perspective on the status of the medical school

**Monday, October 15, 2018**
8:00 am  Meeting with senior leadership staff (i.e. vice/associate deans)
8:45 am  Educational program objectives, content, curriculum management and evaluation
10:15 am  Teaching, supervision, student assessment, student advancement
11:00 am  Tour of education facilities – student tour leaders
12:00 pm  Lunch with preclerkship students
1:15 pm  Medical school finances
2:30 pm  Meetings with (selected) preclerkship course directors
3:30 pm  Meetings with (selected) clerkship directors
4:30 pm  Hospital tour

(Note: The LCME Survey Team may split with some members traveling to visit the UK COM-Bowing Green campus.)
Tuesday, October 16, 2018
7:30 am  Breakfast with residents
8:30 am  Admissions and student selection/financial aid and debt management counseling
9:30 am  Academic, career, and personal counseling / student health
10:45 am  Institutional diversity
11:30 am  Learning environment and student mistreatment
12:00 pm  Lunch with clerkship students
1:15 pm  Meeting with junior faculty
2:15 pm  Institutional faculty issues
3:15 pm  Research/medical student research opportunities / academic environment
3:30 pm  Meeting with basic science department chairs
4:15 pm  Meeting with clinical chairs

Wednesday, October 17, 2018
8:30 am  Library / information resources
9:15 am  Meeting with representatives from clinical affiliates
10:00 am  Team finalizes report
12:00 pm  Exit report to the Dean
12:20 pm  Exit report to university leadership
12:45 pm  Team departs
LCME Self-Study: Distinctive Strengths

• 1.1 Strategic Planning and Continuous Quality Improvement

• 2.4 Sufficiency of administrative staff/accessibility and responsiveness to student concerns

• 8.1, 8.3, 8.4, 8.5 Curricular Management

• 11.1 Academic Advising
LCME Self-Study: Challenges and Recommendations

• 3.3 Faculty Diversity

• 12.1 Student Education Debt/Scholarships
OME 2015-2016 Dean Positions

- Chipper Griffith, MD
  Vice Dean for Education

- Carol Elam, EdD
  Associate Dean for Admissions

- Todd Cheever, MD
  Associate Dean for Student Affairs

- Chris Feddock, MD
  Associate Dean for Curriculum

- Terry Stratton, PhD
  Assistant Dean for Quality Management

- Brian Adkins, MD
  Assistant Dean for Student Affairs

- John Ragsdale, MD
  Assistant Dean for Clinical Education
OME 2018-2019 Dean Positions

- Each position is 0.5 to 1.0 FTE
- Total Dean FTE is 7.6 for these 12 Faculty
2018-2019 Education Deans and Directors

- Each position is 0.3 to 1.0 FTE
- Total Dean FTE is 7.5 for these 13 Faculty
Spring/Summer 2018

• Finalize Database Collection Instrument (DCI) and Self-Study Report.
• Meet with accreditation participants (chairs, students, faculty, etc.) in preparation for upcoming visit.
• Distribute LCME *Pearl of the Week* via email to Faculty.
• Conduct mock accreditation site visit(s).
UK@Work and Physician Engagement Survey Overview
SUSTAINABLE ENGAGEMENT

• Sustainable engagement combines an employee’s attachment to the organization, a work environment that supports productivity as well as well-being.

• 84% Sustainable Engagement
  • +3% from 2015
COMPARISON TO BENCHMARKS

12 of 13 survey categories improved from 2015

11 of 12 survey categories are above the Universities Norm benchmark.
RESPONSE RATE

*50%*

*416 responses
*36% in 2015
## SURVEY CATEGORIES OVERALL
### 2015 vs. 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>College of Medicine Overall 2017</th>
<th>College of Medicine Overall 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainable Engagement</td>
<td>84</td>
<td>81</td>
</tr>
<tr>
<td>University Culture</td>
<td>72*</td>
<td>65</td>
</tr>
<tr>
<td>Leadership</td>
<td>62</td>
<td>57</td>
</tr>
<tr>
<td>Communication</td>
<td>63</td>
<td>58</td>
</tr>
<tr>
<td>Diversity &amp; Inclusion</td>
<td>73*</td>
<td>65</td>
</tr>
<tr>
<td>Operating Effectively</td>
<td>58</td>
<td>56</td>
</tr>
<tr>
<td>Empowerment</td>
<td>68</td>
<td>65</td>
</tr>
<tr>
<td>Supervision</td>
<td>82*</td>
<td>73</td>
</tr>
<tr>
<td>Working Relationships</td>
<td>77</td>
<td>71</td>
</tr>
<tr>
<td>Performance Evaluation</td>
<td>78</td>
<td>73</td>
</tr>
<tr>
<td>Career Development</td>
<td>62</td>
<td>59</td>
</tr>
<tr>
<td>Stress, Balance, &amp; Workload</td>
<td>65</td>
<td>64</td>
</tr>
<tr>
<td>Pay &amp; Benefits</td>
<td>63</td>
<td>63</td>
</tr>
</tbody>
</table>
2017 Overall Faculty Engagement Results by Category

Percent Favorable

- Sustainable Engagement
- University Culture
- Leadership
- Communication
- Diversity & Inclusion
- Operating Effectively
- Empowerment
- Supervision
- Working Relationships
- Performance Evaluation
- Career Development
- Stress, Balance, & Workload
- Pay & Benefits

2015 and 2017 comparisons.
2017 Overall Staff Engagement Results by Category

- Sustainable Engagement
- University Culture
- Leadership
- Communication
- Diversity & Inclusion
- Operating Effectively
- Empowerment
- Supervision
- Working Relationships
- Performance Evaluation
- Career Development
- Stress, Balance, & Workload
- Pay & Benefits

Percent Favorable

- 2015
- 2017
I believe strongly in the goals and mission of the University.

I am proud to be associated with UK.

I work beyond what is required to help the University succeed.
Overall, the physical working conditions at my location are satisfactory (e.g., ventilation, temperature, space to work).

In my opinion, decisions at UK are made in a timely manner.

I am satisfied with the procedures available for resolving faculty/staff complaints.
EXECUTIVE SUMMARY

Overall Performance
• Engagement improved from the 9\textsuperscript{th} to the 10\textsuperscript{th} percentile
• Alignment improved from the 2\textsuperscript{nd} to the 11\textsuperscript{th} percentile
• 65% response rate

High Performing Themes:
• Performance and communication of clinic admin.
• Improvements in communication with hospital administration
• Improvement in tools and resources

Areas of Opportunity:
• Ease of patient scheduling
• Climate of trust in hospital
• Input in decisions that affect practice of medicine
RESULTS AT A GLANCE

Survey Admin: March 2018
n=846, 65% Response Rate (2017: 64%)

Engagement
3.70
2017: 3.65

Alignment
3.18
2017: 3.01

Natl Acad Phys Avg
10th
2017: 9th

Natl Acad Phys Avg
11th
2017: 2nd
Note – National Academic Healthcare Average based on Press Ganey’s 6 engagement items.
ALIGNMENT TRENDING

Note – National Academic Healthcare Average based on Press Ganey’s 6 alignment items.
### UKHC KEY DRIVERS OF ENGAGEMENT

#### Key Observations
1. Key Drivers are the most important factors that drive improved engagement.
2. Leverage key drivers for organization-wide initiatives.
3. Key Driver themes: High-quality care; Sense of community

<table>
<thead>
<tr>
<th>KEY DRIVERS of Engagement (in order of influence)</th>
<th>Domain</th>
<th>2018 UKHC</th>
<th>% Unfav</th>
<th>% Neutral</th>
<th>% Fav</th>
<th>Difference from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>42. This organization provides high-quality care and service.</td>
<td>ORG</td>
<td>3.86</td>
<td>7%</td>
<td>17%</td>
<td>76%</td>
<td>Natl Acad Phys Avg</td>
</tr>
<tr>
<td>67. I feel a sense of community at UK.*</td>
<td>ORG</td>
<td>3.63</td>
<td>14%</td>
<td>22%</td>
<td>65%</td>
<td>N/A</td>
</tr>
<tr>
<td>13. I have confidence this organization will be successful in the coming years.*</td>
<td>ORG</td>
<td>3.90</td>
<td>6%</td>
<td>18%</td>
<td>76%</td>
<td>- .21</td>
</tr>
<tr>
<td>21. I am satisfied with the recognition I receive.</td>
<td>LDR</td>
<td>3.32</td>
<td>22%</td>
<td>27%</td>
<td>51%</td>
<td>- .34</td>
</tr>
</tbody>
</table>

* Denotes key driver on your previous survey
Resilience

3.76

-0.09 vs. Natl Acad Phys Avg

Ability of employees to recover and remain engaged even in challenging work environments.

Activation

4.51

-0.04 vs. Natl Acad Phys Avg

Ability to engage patients and others as individuals and derive intrinsic value from work (at work).

Decompression

3.01

-0.14 vs. Natl Acad Phys Avg

Ability to disconnect and “recharge” (outside of work).
## Resilience

### Organizational Strength

<table>
<thead>
<tr>
<th>Item</th>
<th>2018 UKHC</th>
<th>% Unfav</th>
<th>% Neutral</th>
<th>% Fav</th>
<th>Natl Acad Phys Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resilience: Overall</strong></td>
<td>3.76</td>
<td>20%</td>
<td>12%</td>
<td>69%</td>
<td>-.09</td>
</tr>
<tr>
<td><strong>Resilience: Activation</strong></td>
<td>4.51</td>
<td>1%</td>
<td>4%</td>
<td>95%</td>
<td>-.04</td>
</tr>
<tr>
<td>63. I see every patient/client as an individual person with specific needs.</td>
<td>4.54</td>
<td>1%</td>
<td>2%</td>
<td>97%</td>
<td>-.05</td>
</tr>
<tr>
<td>64. I care for all patients/clients equally even when it is difficult.</td>
<td>4.55</td>
<td>1%</td>
<td>2%</td>
<td>98%</td>
<td>+.02</td>
</tr>
<tr>
<td>65. My work is meaningful.</td>
<td>4.52</td>
<td>1%</td>
<td>4%</td>
<td>95%</td>
<td>-.04</td>
</tr>
<tr>
<td>66. The work I do makes a real difference</td>
<td>4.42</td>
<td>2%</td>
<td>8%</td>
<td>91%</td>
<td>-.08</td>
</tr>
<tr>
<td><strong>Resilience: Decompression</strong></td>
<td>3.01</td>
<td>38%</td>
<td>20%</td>
<td>42%</td>
<td>-.14</td>
</tr>
<tr>
<td>59. I can enjoy my personal time without focusing on work matters.</td>
<td>3.10</td>
<td>35%</td>
<td>20%</td>
<td>46%</td>
<td>-.16</td>
</tr>
<tr>
<td>60. I am able to disconnect from work communications during my free time (emails/phone etc.).</td>
<td>2.89</td>
<td>44%</td>
<td>17%</td>
<td>39%</td>
<td>-.07</td>
</tr>
<tr>
<td>61. I rarely lose sleep over work issues.</td>
<td>3.08</td>
<td>35%</td>
<td>22%</td>
<td>44%</td>
<td>-.14</td>
</tr>
<tr>
<td>62. I am able to free my mind from work when I am away from it.</td>
<td>2.98</td>
<td>39%</td>
<td>21%</td>
<td>40%</td>
<td>-.17</td>
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</table>
TOP 5 PROVIDER RECOMMENDATIONS

• Recommendation #1: Celebrate physicians’ strong connection to work and leverage to further strengthen overall physician engagement.

• Recommendation #2: Develop plan and actions to strengthen Physician Alignment items.

• Recommendation #3: Initiate conversations to better understand key aspects of provider resilience (decompression).

• Recommendation #4: Continued focus on recognition to strengthen overall engagement

• Recommendation #5: Continue to address repeat physician concerns outlining short term and long term objectives.
• College leadership will identify two areas of focus based on the results from UK@Work and UK HealthCare Physician Engagement Survey.
• Review results with teams by July 31.
• Identify two areas of focus and outline engagement improvement plan to address.
• Create plans and review with college leadership by September 15.
### Next Steps

#### Action Planning Worksheet

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Start Date</th>
<th>Target Completion Date</th>
<th>Goals</th>
<th>Action Steps</th>
<th>Owner(s)</th>
<th>Results</th>
</tr>
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Faculty Effort / DOE Guidelines

Jim Geddes, PhD
Vice Dean for Research
Draft COM DOE Guidelines for FY19

Based on:

• Basic Science Guidelines, November 2013
• Clinical Guidelines 2015-16
• Office of Faculty Advancement Guidelines, 2018-19
FACULTY EFFORT RECOMMENDATIONS
(From BEST initiative)

• Review, revise, and enhance existing DOE instructions, guidelines, forms, and actual activity of faculty to ensure alignment across each effort category.

• Work toward consistency in DOE guidelines for Basic Science and Clinical departmental faculty.

• Review and/or create clear definitions for DOE categories as appropriate.
Faculty Effort Advisory Committee

**Instruction**
- Kristy Deep
- Brian MacPherson
- Melinda Wilson
- Jim Geddes

**Research/Scholarly Activity**
- Alan Daugherty
- Wally Whiteheart
- Lisa Tannock
- Michael Dobbs

**Service (Clinical and Non-Clinical)**
- Wally Whiteheart
- J. Daniel Moore
- Abdulnasser Alhajeri
- Sarah Schuetz

**Professional Development**
- Michael Rowland
- Sarah Schuetz
- Melinda Wilson

**Administration**
- Michael Dobbs
- Martha Peterson
- Melinda Wilson
- Abdulnasser Alhajeri
- Lisa Tannock
- Alan Daugherty
Timeline

• Initial Recommendations approved by Faculty Council on 2/20/18
• Faculty Effort Implementation Committee (and working groups) met several times, finalizing recommendations on 4/30/18
• Subsequent vetting with Dean DiPaola, Dr. Newman, Basic Science Chairs/Directors, Clinical Chairs, Faculty Council

• Goal is for guidelines to assist with FY19
• Additional refinement of guidelines in FY19
<table>
<thead>
<tr>
<th>DRAFT COM DOE Guidelines FY19</th>
<th>Clinical FY16</th>
<th>Basic Sciences FY14</th>
<th>Draft FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Instruction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>per 3 credit course</td>
<td>13%</td>
<td>20-31%</td>
<td>15%*</td>
</tr>
<tr>
<td>lab course for undergraduates</td>
<td>10h=1%</td>
<td>1-1.5% per contact h</td>
<td>20h=1%*</td>
</tr>
<tr>
<td>MD course director/ other role</td>
<td>Variable</td>
<td>Variable</td>
<td>Defined by OME</td>
</tr>
<tr>
<td>GME PD/APD/other role</td>
<td>Variable</td>
<td>n/a</td>
<td>Defined by GME office</td>
</tr>
<tr>
<td><strong>Advising/Mentoring</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate/HS/summer</td>
<td>.2%/advisee</td>
<td>1-2%/semester</td>
<td>0.5-1%/semester/advisee</td>
</tr>
<tr>
<td>Masters Thesis chair</td>
<td>1%</td>
<td>1-5%</td>
<td>1-5%</td>
</tr>
<tr>
<td>Doctoral committee</td>
<td>0.33%</td>
<td>0.2-0.5%</td>
<td>0.2-0.5%</td>
</tr>
<tr>
<td>Dissertation committee chair</td>
<td></td>
<td>3-8%/student</td>
<td>3-8%/student</td>
</tr>
<tr>
<td>Postdoctoral fellow</td>
<td>3-5%/postdoc</td>
<td></td>
<td>3-5%/postdoc</td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-sponsored</td>
<td>up to 30% of sponsored</td>
<td>up to 30% of DOE</td>
<td>No cap</td>
</tr>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-clinical (COM or UK committee, NIH study sections)</td>
<td>Max 5%</td>
<td>Max 15%</td>
<td>20-25h=1%, Max 15%</td>
</tr>
<tr>
<td>Clinical Service</td>
<td>Not defined</td>
<td></td>
<td>4h scheduled=10%* for outpt. Modify for inpt/shift schedule</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairs/Div Chief</td>
<td>10-40%</td>
<td></td>
<td>5-6h/wk=10%</td>
</tr>
<tr>
<td>Medical director</td>
<td>Variable</td>
<td></td>
<td>Defined by CMO office</td>
</tr>
<tr>
<td>Prof Development</td>
<td></td>
<td></td>
<td>5% =~100h of activities</td>
</tr>
</tbody>
</table>
Instruction unrelated to a titled role:

5h of lectures = 1% effort is a general guideline

• ~5h per lecture, includes 4h for preparing or revising lecture, preparing exam questions, replying to student emails, grading exam questions, etc.

Non-MD courses:
• Additional 2% effort/credit hour for course director/coordinator
• If sole instructor, 15% effort/3 credit course is ~8h/lecture (includes effort as course director).

• Guideline may not be appropriate in all circumstances, may be adjusted with explanation
Instruction guidelines may be adjusted

• The instruction effort guidelines may be increased, with the approval of the chair and dean, for reasons such as:
  • classes with large student enrollment and without TA assistance
  • additional lecture preparation time for the first time lectures
  • lectures which require extensive revision
  • keeping up with pedagogical best practices
  • Other reasons

• Adjustments should be accompanied by brief explanations on the DOE form.
Sample Basic Sciences DOE

• 29% Instruction
  • 15%, 3 credit course
  • 4% Postdoc
  • 9% Grad Students (one 2nd year-6%, one 4th year-3%)
  • 1% Three Grad Student Committees (.33% each)

• 56% Research
  • 30% RO1 (Funded Research)
  • 10% Private Foundation (Funded Research)
  • 16% Non-Funded Research

• 10% Service
  • Univ Committees, Study Section, Manuscript review

• 5% Professional Development
  • 100h of seminars, attending conferences/workshops/symposia
Sample Clinical DOE

- 14% Instruction
  - 10.5% High Medical Student (15% of 70%)
  - 3.5% High Resident (5% of 70%)

- 15% Research
  - Non-funded, last year for this funding

- 56% Service (Clinical)
  - Direct Patient Care and Clinical Service
  - Combined with 14% Instruction for ePAT=70% total clinical work

- 10% Administration
  - Division Outpatient Director

- 5% Professional Development
Questions?
Comments?
Concerns?
Thank you