General Faculty Meeting

Monday, March 28, 2011
12 p.m.
HG611
College of Medicine
General Faculty Meeting Agenda

I. Faculty Council Announcements  Dr. Brenda Fahy
II. State of the College  Dean Emery Wilson
III. Rules of the Faculty Proposed Changes  Dr. Brenda Fahy
Faculty Council Website:

http://www.mc.uky.edu/medicine/administration/facultycouncil.asp
A link to Council of Chairs and Center Directors monthly meeting presentations is now available on the Faculty Council site:

### 2011 Faculty Council Minutes

**February 15, 2011**

**January 18, 2011**

To view the Faculty Council minutes from previous year, please visit the [archives](#) page.

Click [here](#) to access presentations from Council of Chairs and Center Directors monthly meetings.

*(requires an mc/ account to log in.)*
State of the College

Emery A. Wilson, M.D.
Interim Dean, College of Medicine
Vice President for Clinical Academic Affairs
Yearlong 50th Anniversary Celebration

- Oct. 19, 2009: Legislative Mini Medical School
- April 1: Mini Medical School II with Donors and Community Leaders
- April 16: Academic Symposium: Preparing Physicians for the Next 50 Years
- Aug. 6: Special White Coat Ceremony (featured a member from each class)
- Aug. 30 – Sept. 2: Dean’s Tour of Western Kentucky
- Sept. 7 and 8: Staff Appreciation Event
- Sept. 23: Academic Convocation 50th Anniversary of Medical Center Dedication
- Oct. 14-17: Alumni Reunion & Family Weekend
- Oct. 15: 50th Anniversary Signature Event
<table>
<thead>
<tr>
<th>50th Anniversary Giving Campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Campaign Donors:</strong> 844</td>
</tr>
<tr>
<td><strong>Total Campaign Contributions:</strong> $3,255,533.58</td>
</tr>
<tr>
<td><strong>College Endowment:</strong> $167 Million</td>
</tr>
</tbody>
</table>
Institutional Strengths

1) The array of multiple research opportunities available to medical students throughout the curriculum is exemplary.

2) The administrative team is strong and has the support of the faculty.

3) The extensive curriculum evaluation and strategic planning processes have been used to effectively monitor and improve student learning.

4) Course directors and the administration are responsive to student feedback and concerns.
Institutional Strengths (continued)

5) There is an extensive array of pipeline programs aimed at increasing diversity in the student body.

6) The financial aid office is held in high regard by the medical students, and this office provides a wide range of programs and services that significantly enhance the students’ understanding of financial aid matters.

7) The basic science and clinical faculty are clearly dedicated to teaching excellence.
Areas of Non-Compliance

1) The LCME noted that students described the career counseling process as “self-directed” and that the 2010 residency match rate was 91 percent.

2) The team noted that there is concern among the students regarding the availability of study space, the size and structure of the lecture halls, and the library. The faculty do not have access to adequate teaching space to conduct optimal small group sessions. Study space in the library was noted by the students to be less than adequate, and access to computers was identified as a problem.

3) The team noted that the affiliation agreement between the medical school and the Veterans Administration Medical Center does not specify the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.
Areas of Transition

1) A search process is underway for a permanent dean; follow-up on the outcome of that process is required.

2) A search for a new president is underway; follow-up on the outcome of this search is required.

3) The Rural Leadership Program is relatively new and the outcomes of the program still need to be determined.
Other Accreditation Visits

• Accreditation Council for Graduate Medical Education (ACGME)
  – **Feb. 8, 2011**: Institutional Site Visit
  – **November 2011**: Results of institutional site visit

• Accreditation Council for Continuing Medical Education (ACCME)
  – **Dec. 8, 2010**: UK HealthCare CECentral submitted reaccreditation self-study report, which is due every four years.
  – **March 29, 2011**: ACCME and CECentral leadership and staff will participate in a 90-minute telephone interview.
  – **July 2011**: Decision on reaccreditation will be made.
“Social mission score” based upon the percentage of graduates who practice primary care, work in underserved areas or are underrepresented minorities.

Fitzhugh Mullan, MD; Candice Chen, MD, MPH; Stephen Petterson, PhD; Gretchen Kolsky, MPH, CHES; and Michael Spagnola, BA; “The Social Mission of Medical Education: Ranking the Schools;” *Annals of Internal Medicine*, June 15, 2010
## Benchmark Against Public Medical Schools

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Students</td>
<td>427</td>
<td>25</td>
</tr>
<tr>
<td>Graduate Students</td>
<td>249</td>
<td>55</td>
</tr>
<tr>
<td>Postdoctoral Fellows</td>
<td>103</td>
<td>65</td>
</tr>
<tr>
<td>Total Full Time (FT) Faculty</td>
<td>787</td>
<td>55</td>
</tr>
<tr>
<td>Basic Science (FT) Faculty</td>
<td>189</td>
<td>85</td>
</tr>
<tr>
<td>Clinical Faculty</td>
<td>598</td>
<td>45</td>
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</table>
## Admissions

### MCAT Scores

<table>
<thead>
<tr>
<th>Entering Class of</th>
<th>Verbal Reasoning (1-15 scale)</th>
<th>Physical Science (1-15 scale)</th>
<th>Writing Samples (J-T scores)</th>
<th>Biological Science (1-15 scale)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>9.3</td>
<td>9.1</td>
<td>O</td>
<td>9.6</td>
<td>28.0</td>
</tr>
<tr>
<td>2004</td>
<td>9.5</td>
<td>9.4</td>
<td>O</td>
<td>9.8</td>
<td>28.7</td>
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<tr>
<td>2005</td>
<td>9.8</td>
<td>9.7</td>
<td>P</td>
<td>9.9</td>
<td>29.4</td>
</tr>
<tr>
<td>2006</td>
<td>9.5</td>
<td>9.9</td>
<td>P</td>
<td>10.1</td>
<td>29.4</td>
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<tr>
<td>2007</td>
<td>10.0</td>
<td>10.1</td>
<td>P</td>
<td>10.4</td>
<td>30.4</td>
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<tr>
<td>2008</td>
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<td>10.5</td>
<td>30.6</td>
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<tr>
<td>2009</td>
<td>9.8</td>
<td>10.3</td>
<td>O</td>
<td>10.9</td>
<td>31.0</td>
</tr>
<tr>
<td>2010</td>
<td>9.9</td>
<td>10.5</td>
<td>P</td>
<td>10.7</td>
<td>31.0</td>
</tr>
</tbody>
</table>
Match Results

- The seniors in the Class of 2011 will be entering 21 different specialties.
- Top specialty choices for the Class of 2011 were:
  - Internal Medicine 17%
  - Family Medicine 12%
  - Emergency Medicine 10%
  - Pediatrics 9%
  - Medicine-Pediatrics 6%
  - Anesthesiology 6%
  - Psychiatry 5%
- 24% elected to remain at UK
- 30% are staying at programs in Kentucky.
- 48% chose primary care disciplines
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postdoctoral Scholars/Fellows:</td>
<td>136</td>
</tr>
<tr>
<td>Visiting Scholars:</td>
<td>22</td>
</tr>
<tr>
<td>Currently enrolled graduate students:</td>
<td></td>
</tr>
<tr>
<td>Master’s</td>
<td>46</td>
</tr>
<tr>
<td>PhD</td>
<td>181</td>
</tr>
<tr>
<td>Total</td>
<td>227</td>
</tr>
<tr>
<td>Master’s recipients (May-August-December 2010)</td>
<td>13</td>
</tr>
<tr>
<td>PhD recipients (May-August-December 2010)</td>
<td>33</td>
</tr>
</tbody>
</table>
Highlights: Education

• Global Health Initiatives
• Rural Physician Leadership Program
  • Morehead Regional Site
  • Western Kentucky Regional Site
• Center for Interprofessional Healthcare Education, Research and Practice
• New Simulation Center
Evaluating “Systems-Based” Curriculum

• 2005 – Significant revisions were made to the third-year curriculum – better integration, continuity of care, and more elective time in the fourth year.

• 2008 – Dr. Perman appointed a committee of eight faculty and students to develop a systems-based curricular structure.

• Curriculum format is a departure point for discussion.

• Content will be developed by faculty working groups.

• Your feedback and suggestions are solicited and welcome.

• Final approval of curriculum changes must be approved by the Curriculum Committee.
<table>
<thead>
<tr>
<th>August 1 Week</th>
<th>August-October 9 Weeks</th>
<th>November-January 13 Weeks</th>
<th>February-April 13 Weeks (Inc. SB)</th>
<th>May-June 9 Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>Human Structure and Development (Anatomy/Embryology)</td>
<td>Cellular Structure and Function (Biochemistry/Genetics) Nutrition</td>
<td>Pathology Pharmacology Microbiology</td>
<td>Pathology Physiology Pharmacology Histology Microbiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Intro to Systems Biology</td>
<td>Neuroscience</td>
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<td></td>
<td></td>
<td></td>
<td>Pharmacology Pharmacodynamics</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Pharmacokinetics Autonomics</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Pathology Inflammation Cell Death</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Tissue Injury Basic Neoplasia</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Microbiology Bacteriology Virology</td>
<td></td>
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<td></td>
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<td></td>
<td>Mycology Parasitology Immunology</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Introduction to Clinical Medicine I</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Evidence Based Medicine Biostats/Epi</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Health Systems</td>
<td></td>
</tr>
</tbody>
</table>
# Proposed Second-Year Curriculum

**August-May**

- 37 Weeks

<table>
<thead>
<tr>
<th>Pathology</th>
<th>Physiology</th>
<th>Pharmacology</th>
<th>Microbiology</th>
<th>Histology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>Kidney</td>
<td>GI</td>
<td>GU</td>
<td>Lymph Nodes</td>
</tr>
<tr>
<td>Heart</td>
<td>Acid-Base</td>
<td>Metabolic</td>
<td>Endocrine</td>
<td>Bone Marrow</td>
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<tr>
<td>Vessels</td>
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<td>Genetics</td>
<td>Reproductive</td>
<td>Blood</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nutritional</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Basis of</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GI</th>
<th>GU</th>
<th>Lymph Nodes</th>
<th>Musculoskeletal</th>
<th>Behavioral Basis of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acid-Base</td>
<td>Endocrine</td>
<td>Nodes</td>
<td>Bones/Joints</td>
<td>Disease</td>
</tr>
<tr>
<td></td>
<td>Reproductive</td>
<td></td>
<td>Skin</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Connective</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Tissue</td>
<td></td>
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<thead>
<tr>
<th>Multisystem Integrative Concepts SLE Vasculitis</th>
<th>Pre-Clerkship Prep.</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>ICM II</th>
<th>ICM III</th>
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Research
Funding Over the Past 20 Years

Grants and Contracts

- FY90: $17,846,117
- FY91: $134,226,724
- FY92 to FY10: Various amounts, with FY10 marked as the peak at $134,226,724
Reorganization Assessment Committee

- **Don M. Gash**, PhD, Chair, Department of Anatomy and Neurobiology (committee chair)
- **Jayakrishna Ambati**, MD, Professor and Vice Chair, Department of Ophthalmology and Visual Science
- **Thomas E. Curry Jr.**, PhD, Professor and Vice Chair, Department of Obstetrics and Gynecology
- **Frederick C. de Beer**, MD, Chair, Department of Internal Medicine
- **B. Mark Evers**, MD, Director, Markey Cancer Center
- **Brenda Fahy**, MD, Chair, Faculty Council
- **Michael B. Reid**, PhD, Chair, Department of Physiology
- **Hollie Swanson**, PhD, Chair, University Senate
- **Sharon Walsh**, PhD, Director, Center on Drug and Alcohol Research
- **David S. Watt**, PhD, Professor, Department of Biochemistry
- **Joseph B. Zwischenberger**, MD, Chair, Department of Surgery
Intent of Reorganization Assessment Initiative

- Redefine the role of departments, centers
- Improve research opportunities
- Improve education opportunities – e.g. systems-based curriculum
- Better cooperation among academic units
- Consolidate departments, centers if appropriate
- Focus on customer service, space, staffing
- Communicate, communicate, communicate
Call for Proposals

- Format is flexible, authors should choose the best method for conveying their suggestions. Information provided should typically include:
  - Description of the problem.
  - Goal(s)
  - Recommendation(s)
  - Expected outcomes
- Proposals should be five pages or less.
- Ideas will be shared with the incoming Dean as suggestions for further development.
- Feel free to contact Committee Members for discussions before submitting a proposal.

Submissions should be sent to Julie Poole (japoole@uky.edu) by March 31, 2011.
Center for Clinical and Translational Science

- Clinical and Translational Science Award
  - Oct. 14, 2010: Fifth submission submitted; a significant improvement in our score; competitive but many “if’s”
  - April 2011: Summary statement
  - May 2011: Council meets to determine funding decision

- Appalachian Health Summit: Focus on Obesity
  April 21, 2011, Lexington Convention Center
  - Co-sponsors: Ohio State, University of Cincinnati, Marshall University, Pikeville College School of Osteopathic Medicine
  - Initiates the Appalachian Translational Research Network
Research Space Management

- Research space is a limited resource – 225,000nsf, – 98% occupied
- Needs for effective use of research space:
  - Legislature
  - University – Relative to other Colleges
  - Incentive for most effective researchers
  - Minimize inequities
- Process of space management first presented to Council of Chairs in June 2009
- Process endorsed by the Senate Council – February 2011
Basis of Space Management

• $/NASF is only one metric of productivity
• Other issues that form basis for space allocation
  – Type of science
  – Need
  – New faculty that are in start up phase
  – Publications – primary and collaborative
  – Grants – current and submitted
  – Trainees
Calculation of $/NASF

- “$” is direct research expenses (not awards)/FY. Derived from SAP.
- “NASF” is research and research support space. Wet or dry designation is defined by academic unit. Derived from eBARS.
- Academic units were asked to verify all space data
- Allocation of space to individuals being considered
Information on COM Research Space

www.mc.uky.edu/medicine/research/research_space_management.asp

Research Space Management

Definitions:

“$NASF” as the primary indicator for assessment of utilization of laboratory research space. $NASF is calculated from the following information: $ is direct extramural research expenditures for a fiscal year, excluding training grants and individual fellowships. Information is derived from BAF. “NASF” is research and research support space. Information is derived from eBARS. The Department/Center is responsible for updating this database and the accuracy of this information.

Research Space Policy:

The COM will conduct an annual survey of all research associated space (laboratory, offices, and conference rooms). Space will be allocated to each Department/Center by the Dean’s office. Departments/Centers will be charged with allocating this space in a process that is appropriate to their faculty needs. Research space allocated to a faculty member who departs the unit will automatically revert to the Dean’s office. Re-allocation will be based on demonstrated need. Departments/Centers are expected to verify all data prior to the Dean’s office annual research space assessment.

For Departments/Centers that are deemed to be using space appropriately, the Dean’s office will only initiate further discussion if space requirements change during the fiscal year.

For Departments/Centers that are not deemed to be using space appropriately, the Dean’s office will determine what space is not being used productively and the unit leader will be required to submit a plan within 2 weeks of receiving notification. The plan should detail a strategic reallocation of space to faculty within the unit if such reallocation is substantiated. Alternately, the unit leader can provide a detailed explanation to justify the current allocation. The Dean’s office will assess this justification based on the criteria listed in Table 1. The Chair/Center Director’s failure to be involved in the space allocation process will result in direct management of the academic unit’s space by the Dean’s office.
Clinical Service
Kentucky Clinic Patient Visit Volume

24% increase

- FY 2004: 389,103
- FY 2005: 405,532
- FY 2006: 427,205
- FY 2007: 444,272
- FY 2008: 506,709
- FY 2009: 527,000
- FY 2010: 575,000
Total Discharges Benchmark

Benchmarked against Median Teaching Hospital

UNIVERSITY OF KENTUCKY CHANDLER HOSPITAL

Source: AAMC•COTH Quarterly Survey of Hospital Operations & Financial Performance
Note: Valid n varies from 145 to 165
Gaps in the graph (or slides without data) may indicate missing data, zero values, or periods when UNIVERSITY OF KENTUCKY HOSPITAL did not respond to the survey.

For questions or more information, contact Erika Steinmetz, Manager of Data Services, Division of Health Care Affairs, 202.862.0144, esteinmetz@aamc.org.

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Clinical Enterprise Operating Revenues

Increase of approximately $500 million since 2004

Note: “Operating Revenues” for Chandler Hospital and Good Samaritan Hospital
Partnership with Norton Healthcare

• Goal is to develop a pre-eminent, statewide system of care that will expand the services available to all Kentuckians.

• Potential Benefits of Affiliation:
  – Clinical services
  – Teaching programs
  – Children’s health care
  – Preparation for health care reform
Our clinical outreach network has created a strong foundation for our virtual network. With our relationships with community hospitals and physicians, we now have nearly 150 clinical outreach practices and linkages to approximately 4,500 beds.
New Patient Care Pavilion

Dedication
Sunday, May 15, 1:30 p.m.

Employee and Student Open Houses
Friday, May 13, 8 a.m. to 9 p.m.
Monday, May 16, 6 a.m. to 6 p.m.
## Benchmark Against Public Medical Schools

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees Revenue</td>
<td>$15,466,021</td>
<td>45</td>
</tr>
<tr>
<td>Government and Parent Support</td>
<td>$43,325,564</td>
<td>35</td>
</tr>
<tr>
<td>Total Federal Research Grants and Contracts</td>
<td>$72,429,258</td>
<td>55</td>
</tr>
<tr>
<td>Practice Plan Revenue</td>
<td>$216,081,632</td>
<td>65</td>
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<tr>
<td>Clinical Enterprise Support</td>
<td>$91,705,820</td>
<td>55</td>
</tr>
<tr>
<td>Gifts and Endowment Revenue</td>
<td>$14,433,083</td>
<td>65</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$505,538,639</td>
<td>65</td>
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### Dean’s Office Cash Flow and Commitments*

<table>
<thead>
<tr>
<th>Category</th>
<th>Fiscal Year 2011</th>
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<tbody>
<tr>
<td>Dean’s Overhead Assessment</td>
<td>$13,850,783</td>
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<tr>
<td>Indirect Cost Return</td>
<td>6,108,577</td>
</tr>
<tr>
<td><strong>Revenue Total</strong></td>
<td><strong>$19,959,360</strong></td>
</tr>
<tr>
<td>Administration – Salaries and Operation</td>
<td>$8,808,794</td>
</tr>
<tr>
<td>Faculty Salaries</td>
<td>251,444</td>
</tr>
<tr>
<td>Department/Program Support</td>
<td>1,719,925</td>
</tr>
<tr>
<td>Facilities and Equipment</td>
<td>625,008</td>
</tr>
<tr>
<td>Research – Start Up and Support</td>
<td>5,348,045</td>
</tr>
<tr>
<td>Student – Support and Scholarships</td>
<td>2,395,449</td>
</tr>
<tr>
<td><strong>Expense Total</strong></td>
<td><strong>$19,148,665</strong></td>
</tr>
<tr>
<td><strong>Net Surplus (Deficit)</strong></td>
<td><strong>$810,695</strong></td>
</tr>
</tbody>
</table>

*Preliminary