COM General Faculty Meeting
December 9, 2014

• Announcements (Dr. Joe Springer)

• Update on Faculty Council Activities (Dr. Joe Springer)

• COM Faculty Affairs Office (Mr. Richard Greissman)

• University’s New Key Partnership and Affiliates Program (Dr. Samuel C. Matheny and Dr. Susan Carvalho)

• Medical Education update (Dr. Charles H. Griffith, III)

• Discussion of UK BOT Retreat focusing on Research at UK (Dean Frederick C. de Beer)
Recently discussed and ongoing:

- Update from GME office (McDowell)
- Update on Biomedical education (Dutch)
- Update on Undergraduate Research in the COM (Snow)
- Update on administration of sponsored research (Daugherty)
- COM representation to the AAMC Council of Faculty and Academic Societies
- Discussion of clinical faculty academic efforts and promotion criteria
- Discussion with Richard Greissman on the new COM Office of Faculty Affairs
COM General Faculty Meeting
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Global Strategy for College of Medicine Educational Programming

Susan Carvalho
Associate Provost for Internationalization
Interim Dean of the Graduate School
December 9, 2014
Why do we need a strategic plan for internationalization?

Establishing a common strategic framework for specific internationalization projects provides a basis for coordination, consistency, focus, and the maximization of scarce resources over the long run.

Reduce risk

Reduce transaction costs

Hudzik & McCarthy 2012, Leading Comprehensive Internationalization 3
Why?
What are the learning objectives?

1. Students will demonstrate awareness of how disparities relate to the health of communities as well as access to healthcare.... Students will be able to relate these observations to issues of disparity in the US, and to specific approaches within their own future careers to address these disparities at home and abroad.
Why?
What are the learning objectives?

2. Students will demonstrate increased skills in the area of flexibility when working in resource-limited settings. Students will be able to use these skills to improve their ability to think creatively and work adaptively, in resource-limited settings within the US, in their own future careers.
3. Students will demonstrate increased intercultural competency.... They will demonstrate the ability to adapt patient interview techniques according to cultural context and patient needs, and they will be able to utilize these skills in cross-cultural communications in their own future careers.
### UK’s Global Footprint

<table>
<thead>
<tr>
<th></th>
<th>Tier 1 China</th>
<th>Tier 1 Asia beyond China</th>
<th>Tier 2 Sub-Saharan Africa</th>
<th>Tier 2 MENA</th>
<th>Tier 2 Latin America</th>
<th>Tier 3 Europe / Australia / New Zealand</th>
<th>Tier 3 Russia / Caucasus / Central Asia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong recruitment of students</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>(Afghanistan &amp; Pakistan)</td>
</tr>
<tr>
<td>Significant external funding opportunities</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant external funding at UK</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current curricular strength (grad programs, strong majors, UK Core breadth/depth)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong institutional partnerships (sustained, multi-college, multi-dimensional)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student need for knowledge through curriculum, majors, etc.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current/ increasing student participation in Education Abroad</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alumni network / large numbers</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key Strategic Partners

- Individual faculty partners
- College partners
- Campus-wide partners
Key Strategic Partners

- Viçosa U, Brazil
- Sultan Qaboos U, Oman
- Kufa U, Iraq
- Mekelle U, Ethiopia
- Manipal U, India
- Beijing Inst of Life Sciences, China
MOU Preliminary Approval Phase

FACULTY SPONSOR
Complete Worksheet

DEAN
Review and Sign

ASST PROVOST FOR GLOBAL HEALTH
Review

ASSOC PROVOST FOR INTERNATIONALIZATION
Review and Sign

GRADUATE MEDICAL EDUCATION
Review

OFFICE OF CLINICAL CONTRACTING
Review
Finalizing the Agreement

1. Faculty Sponsor: Negotiate Agreement
2. Assistant Provost for Global Health: Review
3. Office of Clinical Contracting: Review
4. VP for Clinical Academic Affairs: Review and Sign
5. Associate Provost for Internationalization: Review and Sign
6. Partner Authorized Officials: Sign
International Primary Care Clerkship Sites
Global Health Programs
Student Participation

- Introduction to Global Health elective - 39 enrolled
- International Primary Care Clerkship elective - 17 students enrolled
- Global Health Track - 72 currently enrolled (graduating 2015-2018)
By the numbers

Education Abroad

Shoulder to Shoulder Global

CoM Global Health Track
International exchanges

Incoming Students

Outgoing Students
Managing Risk

• Students register with Education Abroad
• Travel medical insurance
• Security/evacuation insurance
• Malpractice insurance at appropriate level
Office of Global Health Initiatives

- Synergies among colleges
- Lectures and conferences
- Global Health Case Competition
- International Opportunities for students
Discussion

• Recruitment & Marketing to prospective students

• Management of system for incoming exchange students

• Alternatives to the exchange arrangement

• Ideas for growth/improvement

• Communication avenues with CoM

• Other
Medical Education Update

Charles H. Griffith, III, M.D.
UKCOM Kentucky Resident Applicant Pool
2001-2015

# of Applicants

2001  2003  2005  2007  2009  2011  2013  2015
<table>
<thead>
<tr>
<th></th>
<th>UKCOM Matriculant Mean</th>
<th>UKCOM Matriculant Range</th>
<th>National Matriculant Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>31.9</td>
<td>30–34</td>
<td>30.7</td>
</tr>
<tr>
<td>2013</td>
<td>31.7</td>
<td>27–41</td>
<td>31.3</td>
</tr>
<tr>
<td>2012</td>
<td>31.9</td>
<td>25–40</td>
<td>31.2</td>
</tr>
<tr>
<td>2011</td>
<td>30.5</td>
<td>24–38</td>
<td>31.1</td>
</tr>
<tr>
<td>2010</td>
<td>31.0</td>
<td>23–40</td>
<td>31.1</td>
</tr>
<tr>
<td>2009</td>
<td>31.0</td>
<td>22–39</td>
<td>30.8</td>
</tr>
<tr>
<td>2008</td>
<td>30.6</td>
<td>23–37</td>
<td>30.9</td>
</tr>
<tr>
<td>2007</td>
<td>30.4</td>
<td>24–39</td>
<td>30.8</td>
</tr>
<tr>
<td>2006</td>
<td>29.4</td>
<td>21–39</td>
<td>30.3</td>
</tr>
<tr>
<td>2005</td>
<td>29.4</td>
<td>20–40</td>
<td>30.2</td>
</tr>
<tr>
<td>2004</td>
<td>28.7</td>
<td>22–39</td>
<td>29.9</td>
</tr>
</tbody>
</table>
Annual Total Medical House Officers

Number of House Officers

<table>
<thead>
<tr>
<th>Year</th>
<th>Fellows</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>77</td>
<td>459</td>
</tr>
<tr>
<td>2010-2011</td>
<td>79</td>
<td>466</td>
</tr>
<tr>
<td>2011-2012</td>
<td>85</td>
<td>478</td>
</tr>
<tr>
<td>2012-2013</td>
<td>87</td>
<td>495</td>
</tr>
<tr>
<td>2013-2014</td>
<td>90</td>
<td>508</td>
</tr>
</tbody>
</table>
Program Accreditation Status

- Total of 51 medical training programs
  - 29 Residency Programs
  - 22 Fellowship Programs
- All with Continued Accreditation
  - Only one citation in the first round of the Next Accreditation System
- No programs on probation
USMLE STEP 1 PASS RATES
(1999–2014)

First Time Test-Takers of USMLE Step 1:
UK vs. US - Pass Rates (1999-2014)
USMLE STEP 1 MEAN SCORES
(1999–2014)

First Time Test-Takers of USMLE Step 1:
UK vs. US - Mean Scores (1999-2014)
Achievements of the New Curriculum

- No major stumbles!
- Greater interdisciplinary collaboration
- Much more clinician presence in the M1/M2 years
- Better integration of the ICM courses with the non-ICM courses
- ICM enhancements (1: interview lab; 2: ultrasound, weekly cases)
- Many redundancies and omissions identified and rectified
- M1 year is 5 weeks shorter
USMLE Step 2 pass rate


(Note: 2013-14 scores are from 07/01/13-02/07/14)
USMLE Step 2 mean score


(Note: 2013-14 scores are from 07/01/13-02/07/14)
UK Match 2014

• Of the graduating seniors, 37% are entering primary care specialties. Primary Care includes Family Practice, Internal Medicine, Pediatrics and Medicine–Pediatrics.
• Of the graduating seniors, 31% elected to remain at UKMC (5 AOA students), and another 4% are staying at programs in Kentucky.
• Matched into 22 different specialties.
• 5 Mayo, 3 UC–Davis, Michigan; 2 Emory, UAB, UNC; Baylor, Duke, Harvard, Hopkins, NYU
Top specialty choices for UK COM seniors were:

- Internal Medicine 20%
- Anesthesiology 12%
- Pediatrics 8%
- General Surgery 7%
- Emergency Medicine 6%
- Med/Peds, Neurology 5%
- Radiology, Family Medicine, Ortho 4%
Graduates in underserved practice

**TABLE 1** Graduate a Workforce that Will Address the Priority Health Needs of the Nation

*University of Kentucky College of Medicine Benchmarked against All Medical Schools*

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Total Graduates</th>
<th>Percent in Primary Care Medicine</th>
<th>Percent Practicing In-State</th>
<th>Percent Practicing in Rural Areas</th>
<th>Percent Practicing in Underserved Areas</th>
<th>Total Graduates Entering Post-Graduate Training</th>
<th>Percent in Family Medicine</th>
<th>Percent in Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>651</td>
<td>35.0%</td>
<td>53.5%</td>
<td>18.1%</td>
<td>27.8%</td>
<td>575</td>
<td>15.1%</td>
<td>32.8%</td>
</tr>
<tr>
<td>80</td>
<td>625</td>
<td>31.5%</td>
<td>44.4%</td>
<td>13.0%</td>
<td>24.3%</td>
<td>505</td>
<td>12.6%</td>
<td>29.4%</td>
</tr>
<tr>
<td>70</td>
<td>761</td>
<td>29.0%</td>
<td>43.3%</td>
<td>10.7%</td>
<td>21.8%</td>
<td>459</td>
<td>10.6%</td>
<td>27.8%</td>
</tr>
<tr>
<td>60</td>
<td>705</td>
<td>27.4%</td>
<td>41.3%</td>
<td>8.9%</td>
<td>20.2%</td>
<td>428</td>
<td>9.1%</td>
<td>25.6%</td>
</tr>
<tr>
<td>50</td>
<td>635</td>
<td>26.4%</td>
<td>34.0%</td>
<td>7.4%</td>
<td>19.5%</td>
<td>398</td>
<td>8.0%</td>
<td>23.6%</td>
</tr>
<tr>
<td>40</td>
<td>528</td>
<td>25.3%</td>
<td>29.3%</td>
<td>6.1%</td>
<td>18.1%</td>
<td>341</td>
<td>7.1%</td>
<td>22.1%</td>
</tr>
<tr>
<td>30</td>
<td>477</td>
<td>23.9%</td>
<td>28.2%</td>
<td>5.1%</td>
<td>16.7%</td>
<td>333</td>
<td>0.2%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Mean</td>
<td>635</td>
<td>28.3%</td>
<td>33.6%</td>
<td>9.0%</td>
<td>13.3%</td>
<td>394</td>
<td>8.8%</td>
<td>24.2%</td>
</tr>
</tbody>
</table>

Note: The percentile distributions include reported zero values but exclude missing values.
Source: AAMC Student Records System; American Medical Association Physician Masterfile; GME Track System
Staff Contact: For general report questions, contact Henry Sontheimer, M.D., at hsontheimer@aamc.org. For the data contributors to this table, see the definitions section of the report (pages 5 through 10).
Graduate Questionnaire

Overall Satisfaction 4th Yr Helpful Prep for Residency Basic Science Clinically Relevant

- 2011
- 2012
- 2013
- 2014
- All Schools 2014
Major Areas of Accreditation Focus

- Increase study space
- COM-specific Strategic Plan
- Development initiative focused on med student scholarships
- Formal programs to increase staff and faculty diversity
- Better formal preparation of residents to teach students
Major Areas of Accreditation Focus (cont.)

- Clarify authority of Curriculum Committee
- Percentage of Clinical Faculty DOE for teaching is insufficient
- Improve communication about educational matters (Learning objectives, etc.)
- Faculty Affairs Leadership would be ideal
Dr. Thomas Hunt Morgan, an 1886 graduate from the University of Kentucky, was the first Kentuckian to win a Nobel Prize. Having earned the prestigious honor in 1933, he is broadly considered the father of Genetics.
STATE ENVIRONMENT FOR RESEARCH EXTERNAL PRESSURES

Kentucky Spending Trends, 1999-2014

Source: Capilouto, December 1, 2014
The Future of Research at UK

• What should we do?

• Where should we focus?

• How do we achieve our goals?
CoM Awarded Grants & Contracts Summary
November 2014 (FY15)

College of Medicine Grants Awarded
July - November Awards

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>NIH</th>
<th>Non-NIH</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>$56.2</td>
<td>$28.3</td>
<td>$27.9</td>
</tr>
<tr>
<td>FY14</td>
<td>$58.5</td>
<td>$30.9</td>
<td>$27.6</td>
</tr>
<tr>
<td>FY15</td>
<td>$65.2</td>
<td>$32.1</td>
<td>$33.1</td>
</tr>
<tr>
<td>College Name</td>
<td>As of 11/30/13</td>
<td>As of 11/30/14</td>
<td>Variance</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>------------</td>
</tr>
<tr>
<td>College of Dentistry</td>
<td>3,302,350</td>
<td>2,598,926</td>
<td>(703,424)</td>
</tr>
<tr>
<td>College of Health Sciences</td>
<td>751,306</td>
<td>1,304,363</td>
<td>553,057</td>
</tr>
<tr>
<td>College of Medicine</td>
<td>58,456,731</td>
<td>65,171,189</td>
<td>6,714,458</td>
</tr>
<tr>
<td>College of Nursing</td>
<td>634,221</td>
<td>1,770,096</td>
<td>1,135,875</td>
</tr>
<tr>
<td>College of Pharmacy</td>
<td>8,111,410</td>
<td>8,724,341</td>
<td>612,931</td>
</tr>
<tr>
<td>College of Public Health</td>
<td>8,168,310</td>
<td>9,555,612</td>
<td>1,387,302</td>
</tr>
<tr>
<td>Total Healthcare Enterprise</td>
<td>79,424,328</td>
<td>89,124,527</td>
<td>9,700,199</td>
</tr>
<tr>
<td>Total University</td>
<td>152,571,135</td>
<td>170,888,759</td>
<td>18,317,624</td>
</tr>
</tbody>
</table>

| Healthcare as % of Total UK      | 52.06%         | 52.15%         |
RESOLUTION CR 1

PRINCIPLES FOR THE RESEARCH ENTERPRISE

Recognizing the essential nature and value of all scholarly and creative activity undertaken at a comprehensive, land-grant institution, the University’s mission and the current financial environment compel a focus on research areas where:

1. The needs of Kentuckians and the Commonwealth are most pressing; and
2. The University can continue to compete successfully for external support.

The President is directed to take steps necessary to achieve these goals and grow the University’s research enterprise by:

1. Aligning resource commitments to optimize efficiency and facilitate faculty, student and staff success;
2. Recruiting and retaining world-class scholars and research teams;
3. Strengthening the commitment to interdisciplinary exploration; and
4. Confirming and detailing the critical need for additional research infrastructure.

Source: Cassis, December 1, 2014
Total U.S. higher education research expenditures were $65.8 billion in FY12*; more than 60% was funded by the federal government.

Higher Education

Total Research & Development Expenditures, FY12*

By Source of Funds

100% = $65.8 billion

Source:
2012 – NSF, National Center for Science & Engineering Statistics, Higher Education Research and Development Survey 2012, Table 1
Cassis, December 1, 2014
At UK, of the total FY14 Sponsored Program expenditures of $255 million, 70% ($177 million) was classified as research.

Total Sponsored Program Expenditures, FY14

100% = $255 million

$ in millions

- Research: $177 (70%)
- Public Service: $63 (25%)
- Instruction: $11 (4%)
- Other: $3 (1%)

Source: Cassis, December 1, 2014
Funding has been flat or declining for a decade, and the prospect is that funding will not exceed a flat line in even the best-case scenario.

Source: AAAS R&D reports and analyses of agency and legislative documents. Adjusted for inflation using deflators from the FY 2015 request. R&D includes conduct of R&D and R&D facilities. © AAAS 2014

Source: Cassis, December 1, 2014
UK’s research volume has grown since 2004, but its national ranking has declined: Our share of federal funding is declining

UK Research & Development Expenditures and Rank
2004-2012*

Years of greatest ARRA impact

$ millions

$380
$370
$360
$350
$340
$330
$320
$310
$300


National Rank

50 52 52 54 55 49 58 59 64

Sources:
Cassis, December 1, 2014

* Latest year available
At the same time, the R&D spend of many aspirational research university peers has increased substantially.
The University of Southern California recruited Drs. Arthur Toga and Paul Thompson plus their 100+ person scientific team running the Lab of Neuro Imaging at UCLA ($12M annual budget). U/Penn was rumored to be courting them as well.

For its Knight Cancer Institute, Oregon Health & Science University recruited Dr. Charles Blanke from The University of British Columbia ($40M in funding). OHSU is in securing $500M in donations to match $500M put up by Phil Knight of Nike.

Since its inception, the University of Utah’s USTAR has attracted 50 leading researchers from MIT, Harvard University, UCLA, Case Western, University of Arizona, Oak Ridge National Laboratory, and other top research institutions.

The University of Florida has created a plan to rise to national “preeminence” by recruiting top talent for its research strategy. It is backed by state funding and almost $1B in private fundraising.

Source: Cassis, December 1, 2014
Current College of Medicine space = 253,654 sq. ft.

- 41% of space was built between 1931 and 1979
- 26% was built between 1980 and 2002
- 33% was built between 2003 and 2009

Source: Cassis, December 1, 2014
The need for modern research space: A new research building

- The majority of research space (wet lab) is relatively old, and costly to renovate.
- The majority of research space (wet lab) is occupied, with newer facilities under increased scrutiny for metrics around space utilization.
- Even with the new academic science building, we have limited new space to recruit additional talent to the institution.
- The plan forward: Work to secure funds for a new research building (2016).
- Focus areas within a new research building that align with problems in the Commonwealth (e.g., health disparities).

Source: Cassis, December 1, 2014