

Academic Affairs Subcommittee of the  
Board of Directors

November 5, 2007

Minutes

Attendees: Dr. Deckers, Mr. Droney, Dr. Galvin, Dr. Goldberg, Dr. Hepworth,  
Dr. Jacobs, Dr. Klobutcher, Dr. Koeppen, Dr. Maxwell, Dr. Nichols

Dr. Galvin called the meeting to order at 9:00 a.m.

1. Public Comment

None.

2. Approval of August 9, 2007 Minutes

The minutes of the August 9, 2007 meeting were unanimously approved.

3. Business Items

a. URM Enrollment Numbers for the School of Dental Medicine

Dr. Thibodeau, Associate Dean for Admissions in the School of Dental Medicine, provided an update on the 2007 admissions cycle. He noted the following -- 1557 applications were received for the Class of 2011, the highest number of applications on record; 77 applications were from in-state residents; 26 in-state residents (two-thirds of the class) matriculated in the class of 2011, also the highest number on record. He noted that several factors contributed to this success. The applicant pool was increased slightly. In an effort to increase collaborations with the Storrs campus, a pre-dental society was created, and 16 of the 26 Connecticut residents (41 percent) came through the Storrs campus. He noted that two new initiatives have been established to help increase the Connecticut dental applicant pool. The "Passport to Dentistry Workshop" provides potential dental school applicants the opportunity to explore dentistry as a career option. The second initiative involves assisting institutions of higher education in establishing pre-dental enrichment programs similar to the pilot program at Storrs. This initiative has received initial financial support from the Robert Wood Johnson Foundation.

One area of significant concern is that only one underrepresented minority student has matriculated in the class of 2011, which is the lowest number the school has seen in recent history. He explained that although nationally the applicant pool to dental school has almost doubled since 2000, the number of underrepresented minority applicants has not increased. He noted that a total of 112 Blacks and Hispanics applied to the School, five of whom were Connecticut residents. Offers were made to 11 students; one accepted and one deferred. Dr. Hurley, Associate Dean and Director of Health Career Opportunity Programs, explained the impact the loss of the HRSA grant has had on these numbers. Of the 24 URM students currently enrolled in all four years of the Dental School, approximately 70 percent came through pipeline programs. With the loss of the HRSA grant, which represents about \$750,000 per year, the school had to reduce the number of students it can accommodate in the summer programs. In addition, two of the three pipeline colleges were eliminated due to lack of resources to support those programs; currently UConn is our only partner college. The post-baccalaureate program supported by the HRSA grant has also been eliminated. All of these reductions have resulted in a gradual reduction in the pool of underrepresented minority students. She believes the institution needs to seriously consider identifying new sources of funds to support the health professions initiative and should perhaps consider seeking legislative support as well. To try to increase the school's yield, her office is working to identify URM students for early offers. In addition, they are participating in a one year ADA recognized mentoring initiative, as well as expanding outreach to more Connecticut colleges. She explained that last year, a new requirement was instituted whereby students who are offered scholarships to come to the medical or dental school commit to giving back to the community either by serving in an underserved area or an inner city clinic for one year. She has no evidence as to whether this has impacted our yield. When asked whether help could be sought from some of the larger health insurance industries, she noted that Aetna has provided a \$2 million endowment to support outreach and enrichment programs, but she believes legislative support tied to some type of community service by the students is also needed.

b. Proposal for Forming a Clinical and Translational Science Institute

The Academic Affairs Subcommittee unanimously approved the following recommendation: That the Academic Affairs Subcommittee endorse in concept the creation of a Clinical and Translational Science Institute (CTSI) prior to the submission of the Clinical and Translational Science Award (CTSA) application with the understanding that Dr. Koeppen will present a formal proposal at a future date.

Dr. Koeppen explained that the target submission date for the CTSA is October 2008. The plan is to have a draft application available soon for internal review and revision. Outside experts will be brought in to conduct a mock site visit in the spring. The application will then be revised further for the target submission date. He is seeking approval today to build a CTSI. From the NIH perspective, the purpose of the CTSI is to (1) reduce the time line from discovery of new knowledge in basic science and clinical trials to its application as standard of care (currently 17 years); (2) emphasize and enhance collaborative science and big science; (3) train the next generation of biomedical scientists; and (4) create an infrastructure to facilitate and integrate research at all levels. From UConn's perspective, the CTSI is important for the future of our research enterprise and would provide more effective and efficient use of scarce resources. He envisions the CTSI becoming a major infrastructure supporting all of the various research programs within the Health Center. He also believes it will strengthen the application that will be submitted in 2008. However, if that application is unsuccessful, he still believes the CTSI is how the institution's research enterprise needs to be organized and conducted in the future. Needs associated with creation of the CTSI include the following: (1) dedicated space in Dowling North; (2) investigator support systems, some of which currently exist (Office of Research and Sponsored Programs; Clinical Trials Unit; Office of Clinical and Translational Research), and some which need to be built (Informatics and Biostatistics); (3) development of K-12 (pre-faculty) and T-32 (mentored faculty) training programs; (4) a number of compliance issues that need to be made more user friendly, including Human Subjects Protection Office, IRB, Research Safety, and Research Compliance; (5) pilot studies that bring basic scientists and clinical faculty together; and (6) development of partnerships that would form linkages with affiliated hospitals and practice groups, which would provide the Health Center the large patient base needed to be successful and would benefit our partners through our ability to bring new therapies to the community. He noted that the biggest challenge will be changing the culture and eliminating the silo structure that currently exists in our research infrastructure. Another challenge will be getting the support of the community hospitals. Dr. Koeppen has met with several of the CEOs and, while they are fully supportive of the Health Center's education and research programs, the issue of a new and larger hospital has not been discussed and is one of the political realities that will need to be addressed. He was asked whether insurance companies will be involved in this initiative. Dr. Koeppen indicated that Hartford's reputation as the insurance capital of the world could set our application apart from others being submitted. One concern expressed was that it appears another layer of administrative bureaucracy was

being created. However, Dr. Koeppen explained that a number of the services currently exist so new resources are not being requested for them. Further, the intent is not to create another layer of bureaucracy but to improve the current one. Finally, Dr. Judith Fifield was thanked for her willingness to take the lead in this endeavor.

c. Presentation and Discussion on Expansion of Medical School Class Size

Dr. Koeppen explained that the Association of American Medical Colleges (AAMC), in response to a predicted physician deficit in the coming decades, has called for U.S. medical schools to increase the number of medical students by 30 percent over the next decade. The AAMC is also calling for an increase in GME positions and for the removal of caps on federal funding for residents. He noted that many schools are responding to this call. In addition, a number of new osteopathic schools are opening, and up to 15 new allopathic medical schools are in various planning stages. The School of Medicine's class size has remained at 80 since the mid-seventies. When MD/PhD students and students repeating a year are factored in, the first year class size increases to 85. He explained the uniqueness of our curriculum and the impact an increase in class size would have on it. These include additional resources for faculty and space; additional clinical sites; modifying the curriculum by making it more lecture-based and less small group; reducing or eliminating SCP; shifting more clinical education to inpatient settings; requiring our affiliated hospitals to not accept other trainees; an increase in the amount subsidized by the School for medical student education (this amount was \$85,000 per student per year in 2000 and is near \$100,000 today). This issue will be discussed in more depth at a future meeting. Dr. Koeppen asked the members to contact him if there is any additional information they would like to receive.

4. Consents

The recommendations for School of Medicine reappointments and sabbatical leaves were unanimously approved.

There being no further business, the meeting was adjourned at 11:00 a.m.

Respectfully submitted,

Bruce M. Koeppen, M.D., Ph.D.