

Academic Affairs Subcommittee of the  
Board of Directors

February 5, 2007

Minutes

Attendees: P. Deckers, R. Galvin, J. Goldberg, J. Hepworth, B. Koeppen, L. Kosowicz,  
G. Maxwell, F. Nichols

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

1 Public Comment

None.

2. Approval of Minutes November 6, 2006

The minutes of the November 6, 2006 meeting were unanimously approved with one revision.

3. Class Update and Admissions Profile

Dr. Sanford provided the class update and admissions profile for the School of Medicine. He distributed national data from the Association of American Medical Colleges (AAMC) summarizing MCAT scores and GPAs for applicants and matriculants from 1995-2006. He explained that the 2007 admissions process for the School of Medicine is still in progress, but the final data will be close to what was distributed for the 2006 entering class. The State resident pool continues to grow each year. Approximately 400 in-state applications were received this year, which is an increase of about 30 candidates from last year. Approximately 2600 applications are expected from non-state residents. Approximately 375 applicants are interviewed, of which about 225-250 are Connecticut residents. Approximately 100-105 admissions will be offered to in-state applicants and approximately 75-80 offers to non-residents. Underrepresented minorities are expected to make up about 20 percent of the matriculating class. Approximately 49 percent of the 2006 entering class participated in special programs, such as the Health Career Opportunity Programs (HCOP), MD/PhD, Early Assurance, etc. He also noted that the admission yield of 1.5:1 for Connecticut residents for the 2006 entering class was the highest in the School's history. In summary, interest in medicine continues, and the School of Medicine continues to attract a very diverse and well-qualified class. Dr. Sanford noted that the quality of our academic program is the reason why about 80 percent of the students accepted into our program choose to come here. Some reasons why applicants choose to go elsewhere are money and location. He noted that the Medical

School offers the Combined Degree Program, which accepts about five students a year. These students express an interest in academic careers. According to the AAMC, which tracks graduates for about ten years after graduation, 8-10 percent of our graduates report that they are involved in an academic medicine environment. Dr. Koeppen noted that there is a push nationally for medical schools to increase their number of students by 20 percent and that about 5-6 new medical schools are planned. He indicated that UConn does not have the resources, both at the basic science instructional level and clinical level, to accommodate more than 80 students per class.

Dr. Thibodeau presented data for the Dental School. The information focused on the class of 2010 and the incoming class of 2011. He explained that this year's admissions process is almost complete, but some of the numbers presented may change slightly. He noted that there has been a dramatic increase in interest in careers in dentistry over the last five years. About five years ago, the total number of applicants to the 56 dental schools in the country was 6000; this year there were 11,172 applicants nationally. The Dental School received 1544 applications for the class of 2011, which represents one out of every seven people applying to dental schools nationally. Connecticut residents will comprise approximately 60 percent of the class of 2011, compared to 49 percent of the class of 2010. He noted the admission yield of 2:1 for the class of 2010 was one of the better yields in the country. The mean total GPA for the class of 2010 was 3.56 and the mean DAT was 20.1; these scores for the class of 2011 are 3.60 and 21.1, respectively. He explained that the DAT is a standardized test equivalent to the Medical School's MCAT. The mean score of 21.1 by the class of 2011 represents about the 91<sup>st</sup> percentile. Eight students in the class of 2010 attended the University of Connecticut; this number rose to 12 with the class of 2011. This is a significant improvement which reflects the success of the School's recruitment efforts at Storrs. Thirty-seven percent of the students in the class of 2011 participated in a special program, such as HCOP, RWJ, Combined Degree, and Storrs Pre-dental Society compared to 31 percent of the class of 2010. Three DMD/PhD students have been accepted into the class of 2011, which is the largest group he has seen. He noted that the School's national reputation, class size, cost, and strong basic science program appeal to applicants. He also noted that about 30-40 percent of dental graduates do residency training in general dentistry, and about 50 percent of the class enters private practice. He was asked how the Admissions Committee addresses the need to provide care to underserved populations. Dr. Thibodeau noted that a number of programs are available that could produce graduates interested in serving these populations, such as HCOP and the Urban Service Track Program. He also explained that as applicants are interviewed,

the committee tries to determine whether they are the type of person that would more likely want to serve an urban population.

4. Report of the Task Force on Medical Liability

Mr. Huntington presented the Report of the Medical Liability Task Force. He explained that two years ago, Dr. Deckers charged the staff of Connecticut Health, which is now the Center for Public Health and Health Policy, to explore issues surrounding the perceived crisis in medical liability. They were asked to explore the issue with a view to what medicine could do to ameliorate problems. A task force was convened and used an approach called root cause analysis to address this charge. This involved identifying underlying factors contributing to this perception and identifying the antecedent conditions to the root problems. The Task Force's findings show that while medical liability premiums are high for some specialties, the overall cost of malpractice liability premiums has grown modestly over the last 30 years. However, premiums are very volatile due to the cyclical nature of the insurance industry. Several solutions were proposed. One recommendation was to educate providers on how to prevent errors and improve quality. Another recommendation pertains to how errors are addressed when they occur. Although not yet conclusive, there is a growing body of evidence that suggests that admitting errors quickly, describing them to the patient in terms that are easily understood, ferreting out the cause, apologizing, and using the situation as a way to improve the system to prevent future errors from occurring results in a reduction in the number of malpractice claims and may reduce the cost of claims that are made. The Task Force is now collecting data on closed claims and will soon have data for Connecticut.

Mr. Huntington and the Task Force were commended on the report. There was agreement that the report should be disseminated to people in positions that could facilitate change.

5. Update on Continuing Medical Education Activities

Dr. Van Hoof provided an update on the activities of the Continuing Medical Education (CME) Office. He noted that CME credits are required for physician licensure, specialty certification, and hospital admitting privileges. He explained six strategies known to enhance the effectiveness of CME in changing provider behavior and/or improving patient outcomes. These include the following:

Needs assessment: CME programs that are grounded in physician needs are more likely to be effective than those that are not.

**Interaction:** Educational programs are more effective when they involve the audiences meaningfully, such as through case-based discussion or simulations. The CME office has purchased technology to provide a way for audiences to interact anonymously.

**Sequencing:** This refers to a thoughtful, logical order to an educational program for the purposes of helping participants learn.

**Commitment to change:** A number of studies have shown that programs that ask the audience to commit to some change in behavior are more effective than those that do not.

**Multi-faceted intervention:** When CME is part of a larger strategy to change behavior, it is much more likely to succeed in doing so and in improving outcomes.

**Impact evaluations:** This involves evaluating our educational programs and their impact to determine what was or was not successful.

Dr. Deckers encouraged Dr. Van Hoof to work with the Communications Department to try to incorporate lay audience participation into programs such as the Discovery Series.

#### 6. Disbanding of the Department of Pharmacology

Dr. Koeppen explained that School of Medicine Bylaws require formal reviews of all departments and centers. The Dean's Council (DC), which is an advisory committee to the Dean, was charged by Dr. Deckers to advise him on the recommendations made in the review reports. The Department of Pharmacology was the first department reviewed. After reviewing the report submitted by the review team and the department's response, the DC recommended that the Department of Pharmacology be disbanded. They felt the research conducted in the department was such that it could be met, and perhaps grow, by interactions with other departments and disciplines. They also felt the department's educational mission did not require a formal administrative structure and noted that other disciplines are taught in an interdisciplinary manner. Dr. Deckers added that the significant additional resources needed to rejuvenate the department are not available. It was recommended that tenured and tenure track faculty in the Department of Pharmacology retain their rank, tenure status, and salary and be assigned to other appropriate departments at the discretion of the Dean but in collaboration with the faculty member. He noted that in-

residence faculty are expected to bring in salary support from extramural sources and, provided there is appropriate extramural funding in place, they will be transferred at their current rank and salary. Due to lack of space in the main building, most pharmacology faculty will continue to occupy their current space in the Butler Buildings pending decisions regarding research space. Some staff will be retained to provide appropriate support for those who do remain in the Butler Buildings, but the specifics have not been finalized. Drs. Deckers and Koeppen met with all members of the department and explained the process going forward. The pharmacology faculty were also informed of today's meeting and invited to attend.

After discussion, the following recommendation was unanimously approved: That the UCHC Board of Directors approve the disbanding of the Department of Pharmacology in the School of Medicine effective June 30, 2007. All tenured and tenure-track faculty would be retained at their current rank, tenure status, and salary, and reassigned to other departments at the discretion of the Dean. In-residence faculty would also be reassigned at their current rank at the discretion of the Dean and provided appropriate extramural funding is in place.

The recommendation will now go to the Board of Directors and the Board of Trustees for approval.

There being no further business, the meeting was adjourned at 11:05 a.m.

Respectfully submitted,

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