

Academic Affairs Subcommittee of the
Board of Directors

May 5, 2008

Minutes

Attendees: Mr. Droney, Dr. Galvin, Dr. Goldberg, Dr. Hepworth, Dr. Klobutcher,
Dr. Koeppen, Dr. Kosowicz, Dr. Lepowsky, Dr. MacNeil, Dr. Mina,
Dr. Nichols

Dr. Galvin called the meeting to order at 8:33 a.m.

1. Public Comment

None.

2. Approval of November 5, 2007 Minutes

The minutes of the November 5, 2007 meeting were unanimously approved.

3. Business Items

a. CTSA Update

Dr. Fifield presented a progress report on the Clinical Translational Science Award (CTSA). The Academic Affairs Subcommittee endorsed the concept of a Clinical and Translational Science Institute (CTSI) at their November 5, 2007 meeting. One of the most important events since that time was President Hogan's announcement that the CTSA and the creation of the Connecticut Institute for Clinical and Translational Science (CICATS) were the highest research priorities for the University. In January, it was announced that Drs. Albertsen and Fifield would serve as Co-Principal Investigators of the application. The white paper and organizational chart, which provide the rationale and background for the Institute, were distributed with the agenda. Dr. Fifield presented a few points on the basic organization of the Institute. The key functions, governance, budget, and core space are all developed in draft and are currently being reviewed for support. She briefly explained the governance structure, noting that the Director and Deputy Director report to the Provost. The program and infrastructure core areas are being led by senior investigators, faculty, and staff from both campuses and both Schools. Core leaders have developed teams of faculty and are starting to develop projects. Plans are developing that would locate the administrative core in Dowling South. The governance core is under development, and a Consortium Committee, led by Dr. Dworkin at the Connecticut Children's Medical Center,

has been created. The Committee is comprised of members from the five affiliated hospitals who will advise at what level each of the hospitals will be associated with the Institute. Drs. Fifield and Albertsen anticipate Board approval of the Institute prior to submission of the CTSA application. They plan to have internal and external reviews in early summer for an October submission.

b. Research Strategic Plan

Dr. Lalande provided an update on the Research Strategic Plan. He noted that the institution's total extramural grant support is \$80 million, two-thirds of which comes from NIH grants. The NIH is now steering away from basic research and is focusing on translational clinical research, which favors larger institutions that can more easily assemble large interdisciplinary groups. He presented a "pseudo" SWOT analysis for the institution (strengths, weaknesses, opportunities, and threats). Strengths include having the Schools of Medicine and Dental Medicine on the same campus; a number of successful research programs, including musculoskeletal biology, the Alcohol Research Center, and the Center for Cell Analysis and Modeling; having a number of well-funded principal investigators; the stem cell initiative; and UConn 2000, which has been instrumental in building a research infrastructure. Weaknesses include stagnation in the number of applications for new awards; clinical and translational research (70 percent of our funding is in basic science); philanthropy; and commercialization. Opportunities include increasing UCHC/Storrs interactions; creating novel approaches for increasing the number of grants submitted, such as delivering funding opportunities to investigators and providing support for writing grants; and recruiting new faculty in cross-disciplinary research areas. Threats include the NIH's continued expansion of funding mechanisms for clinical research (again reflecting current UCHC research programs that are predominantly focused on basic science topics); internal competition for research resources between basic research, the CTSA, and signature programs; and hiring new faculty and retaining our productive faculty.

A strategic planning process was initiated to identify the multidisciplinary research areas that will be the focus of the future UCHC research mission. Fifty-one proposals were received. Common themes were identified, and eleven proposals were ranked and reviewed by faculty committees. The research initiatives contained within the proposals were integrated into six larger themes to better integrate our research and focus on our strengths, and to help achieve further integration in terms of interdisciplinary and translational research. These themes include cell and molecular science, musculoskeletal science,

cardiovascular research, genomic/proteomic medicine, behavior and brain, and immunity and inflammation. The plan is to recruit 25 new investigators into these areas over the next five years. Dr. Lalande showed the projected expense and revenues associated with these hires, noting that revenue starts to offset some expenses at about five years into the plan.

c. Stem Cell Institute Update

Dr. Lalande also presented an update on the stem cell initiative. The \$15 million awarded to the University has been distributed to 30 investigators at the Health Center and Storrs. The largest grant was awarded to the Center for Regenerative Medicine and Skeletal Development, a cross-campus group within the School of Dental Medicine. The Human Embryonic Stem Cell Core Facility opened in July 2006. Their mission is to derive new cell lines (eight frozen embryos have been donated so far). Cost allocation protocols have been developed.

The Stem Cell Institute, which was approved in September 2007, is a cross-campus collaborative effort to enhance the research environment for the University's stem cell investigators. The Institute will be housed at 400 Farmington Avenue, which will be ready for occupancy in 2010. The new building will unite UConn scientists in a cross-disciplinary, collaborative setting. He noted that the groups moving into this building have total funding of approximately \$50 million. He briefly noted the Big Ideas Campaign, which provides philanthropic opportunities for the Stem Cell Institute.

d. School of Medicine/School of Dental Medicine Class Size

At the November 5, 2007 meeting of the Academic Affairs Subcommittee, there was discussion on expansion of the Medical School class size. At that time, Dr. Koeppen explained that the Association of American Medical Colleges (AAMC), in response to a predicted physician deficit in the coming decades, had called for U.S. medical schools to increase the number of medical students by 30 percent over the next decade. The School of Medicine's class size has increased by less than 10 percent, but any increase beyond that requires review and approval by the Liaison Committee for Medical Education (LCME), the School's accrediting body. In addition, appropriate resources are needed to accommodate the increase. When talking about increasing class size, Dr. Koeppen noted the need to be cognizant of the fact that the first two years of the Medical School curriculum are taught to both medical and dental students. He described the School's facilities, which include a new state-of-the-art auditorium

with seating capacity of 155; state-of-the-art anatomy labs with a capacity of 144; five histology labs with a capacity of 150; and twelve small conference rooms which can each accommodate eight students and two faculty. Specific to the Medical School is the Clinical Skills Center where students learn how to interview and examine patients. The Center was recently renovated and has 16 exam rooms and a Simulation Center. He noted that it will be most difficult to increase class size in the third and fourth years of the Medical School curriculum because of the need for high quality clinical sites both in the hospital and at ambulatory settings.

The next step is to obtain approval from the LCME. The School of Medicine is coming up for reaccreditation, and the self-study process will begin this summer. During this process, Dr. Koeppen will propose that a committee be formed and charged with looking at class size, how much of an increase can be accommodated, and the necessary resources. LCME approval for the increase in class size would then be part of the reaccreditation process/decision.

Dr. MacNeil explained that the dental class size has hovered at around 40 students per year since the early 1980s. When looking at increasing class size, he believes the following issues need to be considered -- the oral health care needs of the State and whether they are being met; the academic goals of the University; and necessary resources to support an increase. He noted that Connecticut is third in the country in terms of dentist-to-population ratio. The real question is whether this dental manpower can meet the needs of the State. The current problem is that there is not an even distribution of dentists geographically in Connecticut, and an ability to pay for care is causing an access barrier. He noted that these two problems may not be solely met by increasing the size of the UConn graduating class. Currently, about 50-60 percent of UConn dental graduates remain in Connecticut.

He presented three options to increase class size. The first is to maximize our facility and infrastructure to allow for recruitment of the greatest number of students into the Dental School at the lowest possible new cost. He noted that a new Simulation Lab with a capacity of 50 seats will soon be built. Because there is not enough clinical space in our facility to accommodate all of the students, 20 percent of clinical training occurs in the community. However, he feels expansion of community clinic affiliations could accommodate an increase. The Dental School expects a class size of 45 this year, and Dr. MacNeil thinks that, with a minor increase in faculty support, the class size could increase to 48 without significant stress on the institution. The other options would have

significant new costs for facilities and faculty. He noted a class size of 60 would represent a 50 percent increase over current numbers but would bring the School more into line with the majority of public U.S. dental schools. However, an increase of this size would affect the Medical School in terms of capacity in the basic medical science curriculum and would most likely require a physical build-out and increase in faculty. A third option is to consider implementing a parallel curriculum without impact on the Medical School. This is being done to some extent with the Advanced Standing Program for internationally trained dentists, and an expansion in this program could be considered.

When asked whether there is an incentive for dental students to settle in certain areas of the State, Dr. MacNeil noted that a number of bills related to scholarship or loan repayment plans have been before the legislature but have not gone far. He added that data shows that such incentive programs have been successful.

e. Update on School of Medicine Department and Center Reviews

Dr. Jacob provided an update on School of Medicine department and center reviews. The review process is advisory to the Dean. The objectives of the review are to not only review faculty and space, but also the leadership of the department and whether the chair should be reappointed. In preparation for the review, the department/center does a self-study, which is shared with the review team, the Dean's Council, and the Oversight Committee. An anonymous on-line survey about the leadership of the department/center is completed by faculty and staff, and the results are shared with the department chair and the review team. After the review is conducted and the written report produced, the department chair or center director is asked to respond to the report. Both the review report and the chair's response are given to the Dean's Council and the Oversight Committee. The Dean's Council then meets with the reviewers and the department chair/center director and ultimately makes recommendations to the Dean. She noted that as a result of the self-assessment done by department chairs, improvements have been seen in a number of areas where deficiencies were noted.

The following departments and centers have been reviewed -- Pharmacology, Cell Biology, Family Medicine, Lions Vision Center, Community Medicine and Health Care, and Traumatology and Emergency Medicine. The Departments of Dermatology, Medicine, Obstetrics and Gynecology, Psychiatry, and the Center for Molecular Medicine will be reviewed in 2008.

f. 2008/2009 Schedule of Meetings

The schedule of meetings for 2008/2009 was reviewed. Dr. Koeppen noted that the meeting scheduled on August 4, 2008 will be devoted to consent items unless other issues arise.

4. Consents

a. Dean Emeritus Appointment

The appointment of Dr. Peter Deckers as Dean Emeritus effective June 30, 2009 was unanimously approved. Dr. Galvin extended his heartfelt thanks and good wishes to Dr. Deckers.

b. School of Medicine/School of Dental Medicine Appointments, Promotions, Reappointments, Tenure, Emeritus Appointment, Sabbatical Leave

The recommendations for School of Medicine/School of Dental Medicine appointments, promotions, reappointments, tenure, emeritus appointment, and sabbatical leave were unanimously approved.

There being no further business, the meeting was adjourned at 9:50 a.m.

Respectfully submitted,

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