Academic Affairs Subcommittee
of the
Board of Directors

October 23, 2023
10:00am – 12:00pm
WebEx Event

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Time: 10:00 a.m. – 12:00 p.m.

Location: Webex Event

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1. **Public Comment**

2. **Chair's Remarks**
   a. Welcome and updates
   b. Approval of minutes from August 7, 2023 Meeting

3. **Consent Items**
   a. Approval of School of Medicine Recommendations for Appointments at Senior Rank, Awards of Academic Tenure, Emeritus Appointment, and Sabbatical Modification (Dr. Bruce Liang)
   b. Approval of School of Dental Medicine Recommendations for Emeritus Appointment (Dr. Steven Lepowsky)
   c. Approval of 2024 AASBoD proposed meeting dates (Dr. Bruce Liang)

4. **Business Items**

5. **Informational Items**
   a. Informational Items - School of Medicine (Dr. Bruce Liang)
   b. Center on Aging Update (Dr. George Kuchel)
   c. "Guidance on SCOTUS decision on race in admissions" (Nathan Fuerst, Scott Simpson, and Lesley Salafia)
   d. Annual GME Report (Dr. Kiki Nissen and Dr. Steven Angus)
   e. 2023 School of Medicine Entering Class Profile Addendum (Dr. Thomas Regan)

Next Regularly Scheduled Meeting
Monday, January 29, 2024
10 a.m. – 12 p.m. via WebEx

Public Participation at
UConn Health Academic Affairs Subcommittee
of the Board of Directors Meetings

UConn Health Academic Affairs Subcommittee of the Board of Directors starts its agenda with Public Comments. The Academic Affairs Subcommittee shall hear brief oral presentations from members of the public who wish to express their views on issues pending before the Academic Affairs Subcommittee or on other issues of concern to the University of Connecticut Health Center. The agenda for each regular public meeting of the Academic Affairs Subcommittee shall allot up to thirty minutes for this purpose:

a. Requests to address the Academic Affairs Subcommittee shall be made to the Chair's designee at least one day prior to the meeting and may begin to be made the day following the last Academic Affairs Subcommittee meeting. The actual person who intends to speak must make the request.

b. The Chair of the Academic Affairs Subcommittee shall recognize each speaker in the order of signing up, shall request the speaker identify himself/herself, and shall ensure adherence to time limits as will permit the orderly progress of the BOD through its agenda. Each speaker will be allotted a time period of three minutes to speak.

c. At a special meeting of the Academic Affairs Subcommittee, comment by members of the public shall be limited specifically to the subject described in the call of the special meeting. The Academic Affairs Subcommittee would like to give each constituency an opportunity to speak. Therefore, groups are encouraged to appoint a single spokesperson to present their point of view. The purpose of Public Participation is to allow the Academic Affairs Subcommittee to hear the views of the public. Academic Affairs Subcommittee will neither ask nor answer questions nor make comments during this portion of the agenda.

The Chair appoints the following person as his designee to receive requests to speak in the Public Comments portion of Academic Affairs Subcommittee meetings:

Kelly Lester
Executive Assistant to the Dean, School of Medicine
Phone: 860-679-7214
Fax: 860-679-1371

Email: klester@uchc.edu

Time: 10:00 a.m. – 12:00 p.m.

Attendees: Fran Archambault, Sanford Cloud, Joel Freedman, Marc Hansen, Marja Hurley, Manisha Juthani, Mina Mina, Wayne Rawlins, Tannin Schmidt, Amy Gorin, Jeff Geoghegan, Marilyn Katz, Steven Lepowsky, Bruce Liang, Rick McCarthy, KiKi Nissen, Jennifer Ozimek, Tom Regan, Scott Simpson, Christine Thatcher

1. **Public Comment -** None

2. **Chair's Remarks**
   a. Welcome and updates
      i. The meeting came to order with the Chair welcoming everyone to the meeting and taking roll call of attendees.
   b. Approval of minutes from April 17, 2023 Meeting

A motion to approve the minutes was made. Seconded. Approved 9-0-0

3. **Consent Items**
   a. Approval of School of Medicine Recommendations for Appointment at and Promotion to Senior Rank, Award of Academic Tenure, and Emeritus Appointment (Dr. Bruce Liang)
      i. The names and details can be found on pages 11 and 18
      ii. Dr. Archambault asked if he could especially thank all those who have been promoted and/or appointed and recognize their outstanding contributions to this institution.
   b. Approval of School of Dental Medicine Recommendations for Promotion to Senior Rank and Award of Academic Tenure (Dr. Steven Lepowsky)
      i. The names and details can be found on page 73

A motion to approve all consent items was made. Seconded. Approved 9-0-0

4. **Business Items**
   a. School of Medicine Tuition and Fees Proposal (Dr. Marilyn Katz) Pages 88-96
      i. It is recommended that there be a 2.5% increase for resident tuition and 0.5% increase for out of state and regional tuition
      ii. Dr. Katz reported that while resident tuition is increasing, UConn School of Medicine tuition and fees remain below that of most local public competitor schools.

iii. Additionally, UConn School of Medicine graduates have an average of $177k indebtedness compared to the average of $183k and the median of $189k among all medical schools
iv. Dr. Nissen asked how we have one of the highest tuitions, yet one of the lowest indebtedness – can our students simply afford our costs? Dr. Katz replied that our financial aid programs, such as loans and grants, greatly contribute to our students being able to afford our school. Dr. Liang echoed this report and reported that we have a donor who has recently pledged about $8 million to use for scholarships for students. Dr. Regan also mentioned that since Connecticut has a very lenient residency policy, most students can apply for in-state tuition after their first year of medical school. Joel Freedman then asked 1) how many of the 2nd year class are residents vs non-residents and 2) do we offer scholarships to encourage students to attend UConn SoM? Dr. Liang replied that we have about $5.3 million each year committed to grants.

A motion to approve the Tuition and Fees Increase was made. Seconded. Approved 9-0-0

b. Approval of Revisions to the Bylaws of the School of Dental Medicine (Dr. Steven Lepowsky)
    i. A comprehensive review of the Bylaws of the School of Dental Medicine, which were last revised in 2011, was started in 2019. What is included in the board book, are the final revisions from this review, which was approved by Dental Senate in September 2022. There was also a closed ballot vote in July 2023, where the revisions were approved by 79 of the 80 SoDM faculty members who voted.
    ii. Please see details of the revisions on pages 97-250 of the board book.
    iii. Two AAsBoD members asked for clarification on the appointment of Dean of School of Dental Medicine and reporting line of the Dean. Dr. Lepowsky indicated that the Provost appoints the Dean of Dental Medicine. In addition, A BoD member indicates that according to the University Bylaws, Dean of School of Dental Medicine and Dean of School of Medicine report to the Provost. Dr. Archambault asked that these two clarifications be made to the SDM bylaws.

A motion to approve the Revisions to the Bylaws of the SoDM was made. Seconded. Approved 9-0-0

c. Oversight Committee Report (Dr. Marc Hansen)
    i. Dr. Hansen reported that he has no voting matters for today's meeting. Dr. Hansen did report that the Departmental Reviews for 2023 are on schedule: Dept. of Medicine for October 2023 and Dept. of Anesthesiology for September 2023

5. Informational Items

a. Degree Conferral Dates (Dr. Marilyn Katz)
    i. Dr. Katz reported that Dr. Melissa Held has been working on this item for the SoM. She mentioned that as of now, there is only one degree conferral date, which is after the spring semester in May. It is suggested that the SoM add a summer conferral date in August and a winter conferral date in December. Dr. Lepowsky mentioned that Dr. Eric Bernstein worked with Dr. Held and the registrar to discuss this topic, for both the SoM and the SoDM. Dr. Archambault reported that he has also discussed this topic with the Provost's office, and they are also supportive of this change.

b. Preliminary Profile: 2023 Entering Class of UConn School of Medicine – Class of 2027 (Dr. Thomas Regan)
    i. Dr. Regan reported that the 2023 entering class has 112 students, from 4,336 applicants. 85 of the students are Connecticut residents and 57% are female. The average age of the students is 23 years old. 16% are under represented minorities and 17% are under represented in medicine.
    ii. Dr. Archambault asked if this is the largest class size we can accommodate. Dr. Liang replied that we would like to eventually have a class size of up to 120 students. However, this will be done in small increments to ensure the quality of the medical student education. The hope is to have a class of 114 next year, and 116 the year after. Additionally, Dr. Liang reported that they have recently regarded all Connecticut Children faculty as our primary pediatric faculty.
    iii. Dr. Hurley asked how the SCOTUS decision to remove race as a factor in admissions will affect our admission of under represented students. Dr. Regan said that we will now need to rely more on outreach programs and more effort will be needed on our end to continue our commitment to diversity, inclusion and belonging.

Next Regularly Scheduled Meeting
Monday, October 23, 2023
10 a.m. – 12 p.m. via WebEx

UCONN HEALTH

Bruce T. Liang, MD, FACC
Interim Chief Executive Officer and
Executive Vice President for Health Affairs
Dean, UConn School of Medicine

TO: Members of the Academic Affairs Subcommittee of the UConn Health Board of Directors

FROM: Bruce Liang, M.D.
Interim CEO and EVP for Health Affairs
Dean, School of Medicine

DATE: October 23, 2023

SUBJECT: Approval of School of Medicine Recommendations for Appointments at Senior Rank, Awards of Academic Tenure, Emeritus Appointment, and Sabbatical Modification

RECOMMENDATION:

That the Academic Affairs Subcommittee of the UConn Health Board of Directors approve the attached School of Medicine recommendations for appointments at senior rank, awards of academic tenure, emeritus appointment, and sabbatical leave modification.

BACKGROUND:

Dr. Bruce Liang, Dean of the School of Medicine has nominated Dr. Kevin Staveley-O'Carroll, incoming Chair of the Department of Surgery for appointment as Professor with academic tenure. Dr. Anne D'Alleva, Provost and Executive Vice President for Academic Affairs has offered her endorsement.

Recommendations for appointment at senior rank and award of academic tenure have been reviewed and approved by the respective department chairs, the Senior Appointments and Promotions Committee, Dr. Bruce Liang, Dean of the School of Medicine, and Dr. Anne D'Alleva, Provost and Executive Vice President for Academic Affairs.

Recommendation for emeritus appointment has been approved by Dr. Bruce Liang, Dean of the School of Medicine.

Recommendation for modification of a previously approved sabbatical leave has been approved by Dr. Anne D'Alleva, Provost and Executive Vice President for Academic Affairs.

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ACADEMIC AFFAIRS SUBCOMMITTEE
OF THE UCONN HEALTH BOARD OF DIRECTORS

RECOMMENDATION FOR OCTOBER 23, 2023

Appointment as Professor with Academic Tenure

Kevin Staveley-O'Carroll, M.D., Ph.D., MBA has accepted our offer of appointment as Chair of the Department of Surgery, beginning December 29, 2023. Dr. Bruce Liang, Dean of the School of Medicine has nominated Dr. Staveley-O'Carroll for appointment as Professor with academic tenure. Dr. Anne D'Alleva, Provost and Executive Vice President for Academic Affairs has added her endorsement. Dr. Staveley-O'Carroll joins us from the University of Missouri (MU), where he served as Professor and Chair of Surgery, and Director of the Ellis Fischel Cancer Center for nearly six years. Notably, it was during his tenure as Chair, the department's net revenue increased substantially while its national surgical quality improvement ranking moved to the top decile in the nation. Dr. Staveley-O'Carroll has an excellent record of achievement in research, education, inclusion, service, as well as clinical surgery, where he specializes in the treatment of liver, pancreas, and foregut tumors. He has had consistent NIH and VA funding over the last 20 years, with 117 peer-reviewed journal articles, among which are numerous publications on innovative techniques and advancements in the surgical treatment of locally advanced esophageal and pancreatic cancer. Dr. Staveley-O'Carroll is also an award-winning educator for exemplifying and teaching the art and science of surgery in the operating room. Under his leadership at MU, the first-attempt board pass-rate of graduating residents and fellows was nearly 100%. Throughout his career, Dr. Staveley-O'Carroll has maintained a commitment to inclusion and equity, as exemplified by his role as a founding member of MU's LCME Task Force which created programs to attract under-represented minorities into a more inclusive environment. Dr. Staveley-O'Carroll also has a distinguished record of service to his profession nationally, having served as President of the Association for Academic Surgery. Here he initiated the development of mechanisms to foster the future of academic surgeons – helping establish the Leadership Committee and construct the Fundamentals of Career Development Course that is now an annual event nationally. Through his demonstration of outstanding leadership and accomplishments in the clinical, research, and educational domains, Dr. Staveley-O'Carroll has shown himself to be an ideal candidate for tenured professor and department chair. It is with much enthusiasm we look forward to his appointment and the contributions he will make to the School and to the University.

ACADEMIC AFFAIRS SUBCOMMITTEE
OF THE UCONN HEALTH BOARD OF DIRECTORS

RECOMMENDATION FOR OCTOBER 23, 2023

APPOINTMENT AT SENIOR RANK

Professor - w/award of Academic Tenure
Dr. Linda Sprague Martinez - Medicine

Associate Professor - Tenure Track
Dr. Cathryn G. Holzhauer - Psychiatry

Associate Professor - In Residence
Dr. Gary X. Gong - Diagnostic Imaging and Therapeutics
Dr. Michael D. Kisicki – Psychiatry
Dr. Paul Rocco LaSala – Pathology and Laboratory Medicine

Associate Professor - Affiliated Institution
Dr. Banu Sundar - (Veteran's Administration Medical Center) - Neurology

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Office of the Provost
Anne D'Alleva, Ph.D.
Provost and Executive Vice President
for Academic Affairs

TO: Academic Affairs Subcommittee of the UConn Health Board of Directors

FROM: Anne D'Alleva, Ph.D., Provost & Executive Vice President for Academic Affairs

DATE: October 23, 2023

SUBJECT: Linda Sprague Martinez, Ph.D.

The Department of Medicine in the University of Connecticut School of Medicine has nominated Dr. Linda Sprague Martinez for appointment at the rank of Professor, with award of tenure, in the Investigator professional category. The recommendation has the support of the School of Medicine's Senior Appointments and Promotions Committee. for both appointment (12:1) and (12:1) tenure

Dr. Bruce T. Liang, Dean of the School of Medicine, has added his endorsement to this nomination. I am pleased to forward it for your consideration with my strong support.

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Office of the Provost
Anne D'Alleva, Ph.D.
Provost and Executive Vice President
for Academic Affairs

TO: Academic Affairs Subcommittee of the UConn Health Board of Directors

FROM: Anne D'Alleva, Ph.D., Provost & Executive Vice President for Academic Affairs

DATE: October 23, 2023

SUBJECT: Cathryn G. Holzhauer, Ph.D.

The Department of Psychiatry in the University of Connecticut School of Medicine has nominated Dr. Cathryn Holzahuer for appointment at the rank of Associate Professor, in the Investigator professional category, tenure track. The recommendation has the unanimous support (11:0) of the School of Medicine's Senior Appointments and Promotions Committee.

Dr. Bruce T. Liang, Dean of the School of Medicine, has added his endorsement to this nomination. I am pleased to forward it for your consideration with my strong support.

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Office of the Provost
Anne D'Alleva, Ph.D.
Provost and Executive Vice President
for Academic Affairs

TO: Academic Affairs Subcommittee of the UConn Health Board of Directors

FROM: Anne D'Alleva, Ph.D., Provost & Executive Vice President for Academic Affairs

DATE: October 23, 2023

SUBJECT: Gary X. Gong, M.D., Ph.D.

The Department of Diagnostic Imaging and Therapeutics in the University of Connecticut School of Medicine has nominated Dr. Gary X. Gong for appointment at the rank of Associate Professor, in the Medical Educator professional category, in-residence track. The recommendation has the unanimous support (13:0) of the School of Medicine's Senior Appointments and Promotions Committee.

Dr. Bruce T. Liang, Dean of the School of Medicine, has added his endorsement to this nomination. I am pleased to forward it for your consideration with my strong support.

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Office of the Provost
Anne D'Alleva, Ph.D.
Provost and Executive Vice President
for Academic Affairs

TO: Academic Affairs Subcommittee of the UConn Health Board of Directors

FROM: Anne D'Alleva, Ph.D., Provost & Executive Vice President for Academic Affairs

DATE: October 23, 2023

SUBJECT: Michael D. Kisicki, M.D.

The Department of Psychiatry in the University of Connecticut School of Medicine has nominated Dr. Michael D. Kisicki for appointment at the rank of Associate Professor, in the Medical Educator professional category, in-residence track. The recommendation has the unanimous support (9:0) of the School of Medicine's Senior Appointments and Promotions Committee.

Dr. Bruce T. Liang, Dean of the School of Medicine, has added his endorsement to this nomination. I am pleased to forward it for your consideration with my strong support.

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Office of the Provost
Anne D'Alleva, Ph.D.
Provost and Executive Vice President
for Academic Affairs

TO: Academic Affairs Subcommittee of the UConn Health Board of Directors

FROM: Anne D'Alleva, Ph.D., Provost & Executive Vice President for Academic Affairs

DATE: October 23, 2023

SUBJECT: Paul Rocco LaSala, M.D.

The Department of Pathology and Laboratory Medicine in the University of Connecticut School of Medicine has nominated Dr. Paul Rocco LaSala for appointment at the rank of Associate Professor, in the Medical Educator professional category, in-residence track. The recommendation has the unanimous support (12:0) of the School of Medicine's Senior Appointments and Promotions Committee.

Dr. Bruce T. Liang, Dean of the School of Medicine, has added his endorsement to this nomination. I am pleased to forward it for your consideration with my strong support.

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Office of the Provost
Anne D'Alleva, Ph.D.
Provost and Executive Vice President
for Academic Affairs

TO: Academic Affairs Subcommittee of the UConn Health Board of Directors

FROM: Anne D'Alleva, Ph.D., Provost & Executive Vice President for Academic Affairs

DATE: October 23, 2023

SUBJECT: Banu Sundar, M.D.

The Department of Neurology in the University of Connecticut School of Medicine has nominated Dr. Banu Sundar for appointment at the rank of Associate Professor, in the Medical Educator professional category, affiliated (Veteran's Administration Medical Center) track. The recommendation has the unanimous support (8:0) of the School of Medicine's Senior Appointments and Promotions Committee.

Dr. Bruce T. Liang, Dean of the School of Medicine, has added his endorsement to this nomination. I am pleased to forward it for your consideration with my strong support.

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ACADEMIC AFFAIRS SUBCOMMITTEE
OF THE UCONN HEALTH BOARD OF DIRECTORS

RECOMMENDATION FOR OCTOBER 23, 2023

GRANT ACADEMIC TENURE TO:

Linda Sprague Martinez, Ph.D. – Department of Medicine, Health Disparities Institute

Dr. Linda Sprague Martinez was recruited from Boston University to serve as Director of the Health Disparities Institute here at the UConn SOM. At Boston University she was an Associate Professor with tenure in the School of Social Work and Department Chair in the Macro Practice Department. Macro social work is focused on change at the organizational, community and policy levels. In addition, as Department Chair, she was a member of multiple leadership committees in the school. At the University level, she served as an inaugural member of the President's Antiracist Policy workgroup. Dr. Sprague Martinez's research has focused on utilizing community engaged and participatory research to address inequities experienced by communities of color. She has been able to address health conditions such as HIV/AIDS, opioid use, mental health and childhood obesity. Dr. Sprague Martinez has published 88 articles in peer-reviewed journals, 13 as first author and 19 as senior author. Her senior author papers involve mentoring doctoral students, junior faculty members and community partners engaged in her research. She has served as Principal Investigator/Multiple Principal Investigator (PI/MPI) on 19 of 32 funded collaborative research awards. Since she was awarded tenure in 2019, she has collaborated on a total of 10 funded research proposals, of which she served as PI or MPI on five. She is the primary mentor for two doctoral students, who are women of color and first-generation college students. In addition, her teaching activities include classroom lectures as well as participation in graduate education, having served on 17 doctoral committees (15 Social Work; 1 Sociology; 1 Public Health). She has taught and mentored students across multiple levels including k-12, undergraduate, graduate (MPH, MSW and PhD), and early career faculty and has been recognized for excellence in teaching. She received a mentoring award from the Council of Social Work Education, Council on the Role and Status of Women in Social Education. Dr. Sprague Martinez has also been active in presenting at national and international conferences. As evidence of her national recognition, she has been an invited presenter and panelist at sessions hosted by the National Institutes of Health, American Public Health Association, Robert Wood Johnson Foundation, University of Michigan, and Columbia University. She recently received the Inaugural NIH HEAL (Helping to End Addiction Long-term) Director's Award for Community Partnerships. Dr. Sprague Martinez has a strong record of accomplishments as a researcher, educator, and mentor and will continue to be a leader in her field and an asset to the UConn School of Medicine.

ACADEMIC AFFAIRS SUBCOMMITTEE
OF THE UCONN HEALTH BOARD OF DIRECTORS

RECOMMENDATION FOR OCTOBER 23, 2023

Associate Professor Emeritus Appointment

Harold T. Yamase, M.D., Ph.D., Associate Professor, Department of Pathology and Laboratory Medicine
Effective October 23, 2023

Dr. Harold T. Yamase retired as Associate Professor on January 1, 2021, following four decades of dedicated service in the field of surgical pathology. Celebrated as the "go-to pathologist," he has continued to support the Department of Pathology and Laboratory Medicine as a rehired retiree, providing his expertise in renal pathology, reviewing biopsies and teaching in the fellowship program. In his emeritus role, Dr. Yamase plans to continue to mentor and teach in the medical school.

ACADEMIC AFFAIRS SUBCOMMITTEE
OF THE UCONN HEALTH BOARD OF DIRECTORS

RECOMMENDATION FOR OCTOBER 23, 2023

Modification of Approved Sabbatical

Cato T. Laurencin, M.D., Ph.D., University Professor and Director of the Cato T. Laurencin Institute for Regenerative Engineering

Request for Modification of Approved Sabbatical Leave
Six months' leave at full-pay during January and February 2024, 2025, and 2026

While originally intended to be taken during 2018, 2019 and 2020, Dr. Laurencin has not yet taken his sabbatical leave, which was approved by the Academic Affairs Subcommittee of the UConn Health Board of Directors in May 2018. Dr. Laurencin is now requesting a modification in his sabbatical leave plan, and Dr. Anne D'Alleva, Provost and Executive Vice President for Academic Affairs, has approved. Following are the activities Dr. Laurencin proposes to undertake in two-month increments (January-February) during 2024, 2025, and 2026. Firstly, he intends to launch a new writing project about the science and art of Black Civility, and to work on this project in Connecticut and travel to other sites to garner more knowledge specific to this topic. Further – and as previously approved in his May 2018 request – Dr. Laurencin will at the same time visit the University of Californina at Irvine where he plans to learn from experts in Developmental Biology, an area he considers to be a distinguishing feature in the field of Regenerative Engineering. Dr. Laurencin believes the activities he embarks on during his sabbatical leave will help spawn novel ideas and publications, and benefit his research program at UCONN, as well as his students and the University.

UCONN HEALTH

UConn School of Dental Medicine
Steven M. Lepowsky, DDS
Dean

TO: Members of the Academic Affairs Subcommittee of the UConn Health Board of Directors

FROM: Steven M. Lepowsky, D.D.S.
Dean, School of Dental Medicine

DATE: October 23, 2023

RE: Approval of School of Dental Medicine Recommendation for Emeritus Appointment

RECOMMENDATION:
That the Academic Affairs Subcommittee of the UConn Health Board of Directors approve the attached School of Dental Medicine recommendation for emeritus appointment.

BACKGROUND:
Requests for emeritus appointment follow the University Bylaws and have been approved by the dean of the School of Dental Medicine

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ACADEMIC AFFAIRS SUBCOMMITTEE OF THE BOARD OF DIRECTORS

RECOMMENDATIONS FOR OCTOBER 23, 2023

PROFESSOR EMERITUS APPOINTMENT

Ellen Eisenberg, D.M.D.
Professor, Division of Oral and Maxillofacial Diagnostic Sciences
Chair, Section of Oral and Maxillofacial Pathology
Effective January 1, 2024

Dr. Ellen Eisenberg will retire on January 1, 2024, following a distinguished career that has spanned over almost fifty years that includes her service on the faculty at the School of Dental Medicine for forty-five years. Board certified by the American Board of Oral and Maxillofacial Pathology, Dr. Eisenberg first joined the faculty at UConn Health in 1978 as an Assistant Professor after teaching Oral Medicine and Oral Pathology at the Harvard School of Dental Medicine. She was promoted to the rank of Associate Professor in 1984 and to Professor in 1992. She has served as the Chair of the Section of Oral and Maxillofacial Pathology and as the Director of the Oral Pathology Biopsy Service continuously since 1996 and holds a joint appointment in the Division of Anatomic Pathology in the Department of Pathology and Laboratory Medicine. A nationally and internationally recognized scholar in oral pathology, Dr. Eisenberg has maintained an exceptionally high teaching load over the entirety of her professional career, leading or contributing to didactic coursework in oral and maxillofacial pathology, oral medicine, oral diagnosis and foundational biomedical sciences at the predoctoral and postdoctoral level as well as clinical precepting in oral pathology; she has concurrently led a robust clinical oral pathology and consultative practice and directed the activities of one of the largest regional oral pathology biopsy services. Dr. Eisenberg has served on more than 100 institutional, health center and university committees, including membership and leadership roles in the Dental Senate, Education Council, CUDE and CUME, Faculty Review Board, Academic Performance Committees, and the Senior Appointments and Promotions Committee. Recently, Dr. Eisenberg completed a term as President of the American Academy of Oral and Maxillofacial Pathology, the organization that represents and promotes standards of education, research and practice of oral pathology. Dr. Eisenberg's contributions to the art, science and literature of dental medicine includes over 115 peer-reviewed manuscripts, eight book chapter, 22 abstracts, over 250 invited presentations and 50 continuing education programs. She has served as the reviewer for more than 15 scientific journals and has served as a consultant for multiple state and federal agencies, including the CT Office of the Medical Examiner. Dr. Eisenberg has been a staunch advocate and supporter of students, with a long history of volunteering in support of student-led outreach and service activities. Dr. Eisenberg's contributions to the school and to the profession have been recognized with multiple awards, including but not limited to the Distinguished Faculty Award from the Alumni Association, the JDH Medical Staff Award of Excellence, and the selection as a Visionary in Dentistry by the American Student Dental Association. Dr. Eisenberg's contributions to our educational program are reflected by her selection as the recipient of the Kaiser Permanente Award for Outstanding Clinical Teaching three times. Following her retirement, Dr. Eisenberg will continue to teach oral pathology, mentor students, residents and junior faculty, and contribute to the clinical and service missions of the institution.

2024 Proposed AASBOD Meeting Dates

All meetings will take place on Webex.

Meeting 1:
- January 29, 2024

Meeting 2:
- April 22, 2024

Meeting 3:
- August 12, 2024

Meeting 4:
- October 21, 2024

UCONN HEALTH

Bruce T. Liang, MD, FACC
Interim Chief Executive Officer and
Executive Vice President for Health Affairs
Dean, UConn School of Medicine

TO: Members of the Academic Affairs Subcommittee of the UConn Health Board of Directors

FROM: Bruce T. Liang, M.D.
Dean, School of Medicine
Interim CEO and EVP for Health Affairs

DATE: October 23, 2023

SUBJECT: Informational Items – School of Medicine

The following sabbaticals approved by the Academic Affairs Subcommittee of the UConn Health Board of Directors have not been taken, in part on in whole.

Dr. Golda Ginsburg, Department of Psychiatry – Approved on August 9, 2021
Twelve months at half pay, July 1, 2022- June 30, 2023

Dr. Ginsburg reported that due to grant submission deadlines, this sabbatical was not taken.

Dr. Marja Hurley, Department of Medicine – Approved on September 10, 2018
Six months at full pay in three (3) 2-month increments during 2019, 2020, 2021

Dr. Hurley reported that due to the pandemic, only the first of three, 2-month increments was taken.

The date for appointment as Professor Emeritus of Dr. David McFadden, Chair of the Department of Surgery, has been changed to December 29, 2023.

These items are presented for information only.

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UCONN CENTER ON AGING: Some Recent Updates

George A. Kuchel, MD, FRCP
Professor and Travelers Chair in Geriatrics and Gerontology
Director, UConn Center on Aging, UConn School of Medicine
Chief, Geriatric Medicine, UConn Health
Director, UConn Older Americans Independence (Pepper) Center
Director, NIH SenNet KAPP-Sen Tissue Mapping Center
Director, NIA Geroscience Education and Training Network
kuchel@uchc.edu

UCONN CENTER ON AGING

UConn Health BOD, October 23 2023

UConn Pepper Center
Celebrating Diversity and Heterogeneity in Aging

1

Agenda

This is what has worked for us so far…

- Avoiding “either/or” or “zero sum” options
- Research, Entrepreneurship **and** Innovation in Aging
- Research, Education **and** Clinical Care
- Being focused **and** strategic **while** finding cross-cutting opportunities
- **Key importance of multidisciplinary perspectives and approaches**
- UConn Claude D. Pepper Older Americans Independence Center (P30 AG067988; 2021-2026)

Discussing examples of selected future opportunities

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UConn Pepper Center Celebrating Diversity and Heterogeneity in Aging

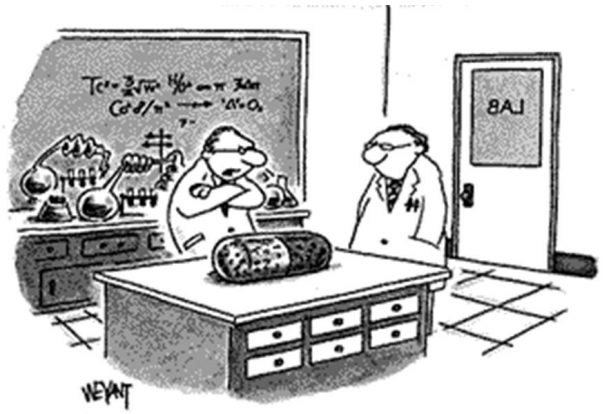
2

The Need for Multidisciplinary Approaches and Centers/Institutes

Overcoming Barriers to Discovery:

"I see by the current issue of 'Lab News,' Ridgeway, that you've been working for the last twenty years on the same problem I've been working on for the last twenty years."

Overcoming Barriers to Translation:



"That's just great. I discover the cure for the common cold and all you can do is criticize."

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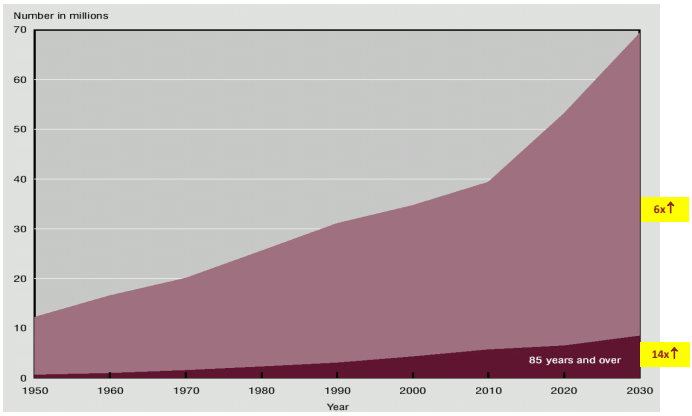
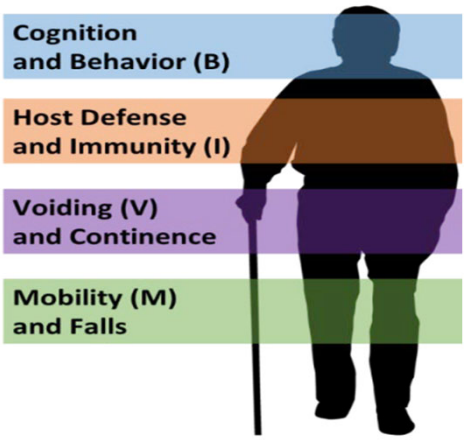
3

UConn and the Community-World Around Us: Demographics, Health and Independence in Old Age





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4

UConn and the Community-World Around Us: Training Health Professionals to Care for an Aging America

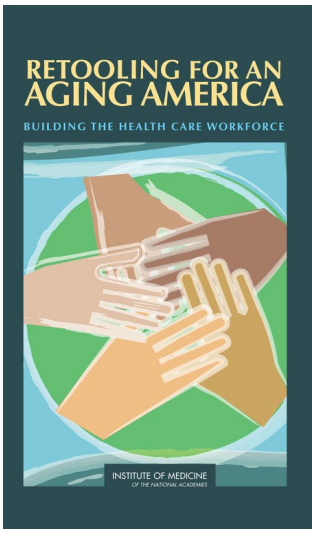

TABLE 4-1 Number of Providers in 2005 and Projected Number Needed in 2030 to Maintain Current Provider-to-Population Ratios (in Thousands)

	2005	2030	Difference
Total health providers	9,994	13,522	3,528
Registered nurses	2,458	3,326	868
Nursing aides	2,009	2,719	709
Physicians	804	1,088	284
Licensed practical and vocational nurses	654	885	231
Pharmacists	236	319	83
Dentists	163	220	57
Other providers	3,670	4,965	1,295

NOTE: Numbers are for overall health care workforce and not limited to geriatric population.
SOURCE: Mather, 2007.

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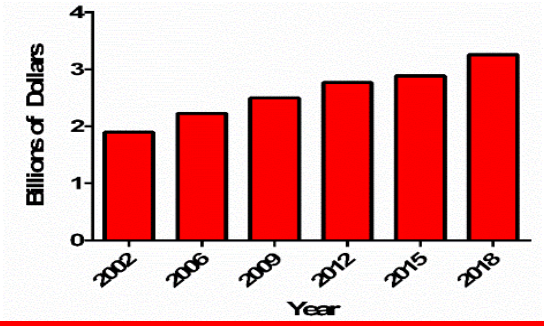
5

UConn and the Community-World Around Us: Health Care Costs

State of CT Annual Long Term Care Expenditures



In SFY 2021, the CT Medicaid program spent $ 3.344 billion in long term expenditures. These expenses represent 39% of all state Medicaid spending; 15% of total state expenses and have become the single largest item in the state budget.

STATE OF CONNECTICUT
LONG TERM CARE PLANNING COMMITTEE

December 17, 2021

The Honorable Patricia Billie Miller, Senate Chair
The Honorable Quentin W. Phipps, House Chair
Aging Committee
State Capitol, Room 011
Hartford, CT 06106

The Honorable Marilyn Moore, Senate Chair
The Honorable Catherine F. Abercrombie, House Chair
Human Services Committee, Legislative Office Building, Room 2000
Hartford, CT 06106

The Honorable Mary Daugherty Abrams, Senate Chair
The Honorable Jonathan Steinberg, House Chair
Public Health Committee, Legislative Office Building, Room 3000
Hartford, CT 06106

Dear Committee Chairs:

Enclosed please find the Long-Term Care Planning Committee's Long-Term Services and Supports Plan entitled "*Balancing the System: Working Toward Real Choice for Long-Term Services and Supports in Connecticut*" as required by Section 17b-337 of the Connecticut General Statutes. The first section of the Plan also serves as an Executive Summary.

If you have any questions on the report, please call me at the Office of Policy and Management at 860-418-6286.

Sincerely,

David Guttchen
Chair, Long-Term Care Planning Committee
Office of Policy and Management

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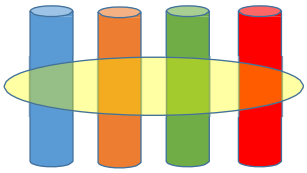
6

UConn Center on Aging: Creating an Identity

A multidisciplinary (type II) center that is the home to clinicians, basic researchers, investigators conducting human subject research, social scientists and population scientists



1. Facilitate collaborations across disciplines to improve lives of older adults
2. Align academic appointments with discipline and research expertise
3. Facilitate translational research (bench to bedside; institution to community)
4. Eliminate barriers and overcome silos

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UConn Pepper Center Celebrating Diversity and Heterogeneity in Aging

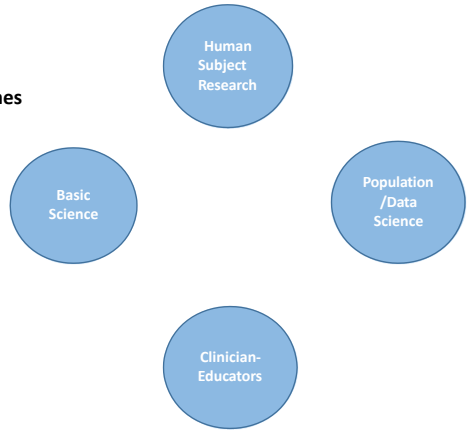
7

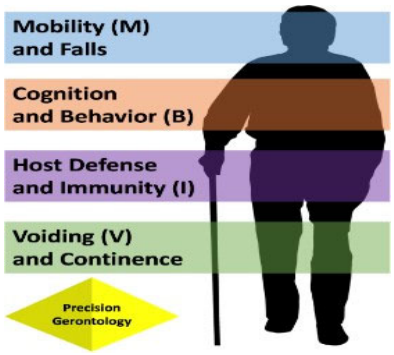
UConn Center on Aging: Defining a Mission

Improving the lives of older adults through research, education and clinical care

Current Disciplinary Departmental Homes

- **Genetics and Genome Sciences**
- **Immunology**
- **Cell Biology**
- **Public Health Sciences**
- **Medicine**
- **Family Medicine**
- **Psychiatry**
- **Surgery**





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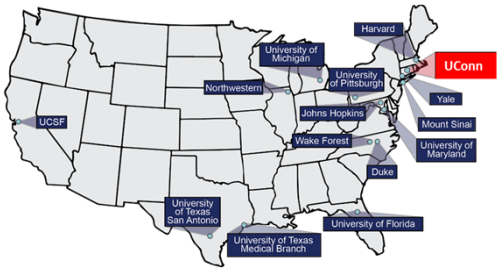
Celebrating Diversity and Heterogeneity in Aging

8

UConn Pepper Center (P30 AG067988)

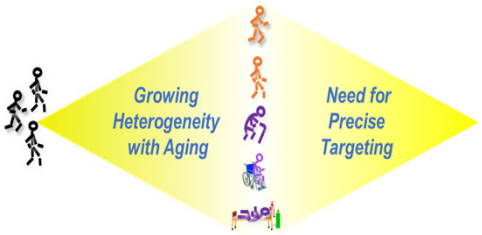
NIA Center of Excellence Program:

- Maintain or restore function and independence in aging
- $ 7.5 million 5 year award
- Only 15 Pepper Centers in the country
- Led by George Kuchel MD & Rick Fortinsky PhD (MPIs)
- *Precision Gerontology*: Promote health and independence through more precise interventions and improved targeting of biological aging and variations in how we each age



New Capacities to Expand Aging Research at UConn:

- Recruitment of research participants
- Focus on under-represented minorities (UConn Health Disparities)
- Data management and analysis
- Cutting-edge genomic capacities (JAX GM)
- Use of novel animal models of aging (JAX BH)
- Annual Pilot Study competitions
- Annual Pepper Scholar competitions - training the next generation of leaders in aging research and care of older adults across the disciplines



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9

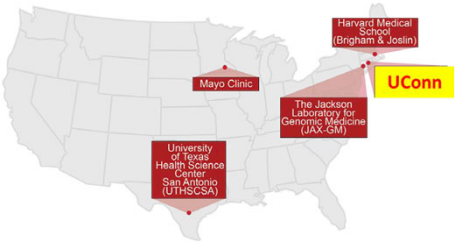
KAPP-Sen Tissue Mapping Center (U54 AG075941)

Cellular Senescence:

- Senescent cells accumulate with aging since they cannot divide or die
- These "zombie" cells release molecules that accelerate common chronic diseases
- Drugs called senolytics which allow these cells to be cleared have shown functional improvements in animal models of diabetes, osteoporosis, frailty and Alzheimer's disease
- Senolytics represent an area of fervent drug discovery with a number of compounds in proof of concept human studies and early clinical trials

NIH Director's Common Fund Initiative:

- Little is known about senescent cells in human tissues
- Led from UConn (George Kuchel MPI), this collaboration involves Brigham & Womens' Hospital and Joslin Clinic in Boston, Jackson Laboratory for Genomic Medicine in Farmington, Mayo Clinic and University of Texas San Antonio
- KAPP-Sen will develop maps of senescent cells in human kidneys, adipose (fat) tissues, pancreas and placenta
- $ 13.5 million 5 year award
- UConn is one of only 8 Tissue Mapping Centers funded via NIH Common Fund



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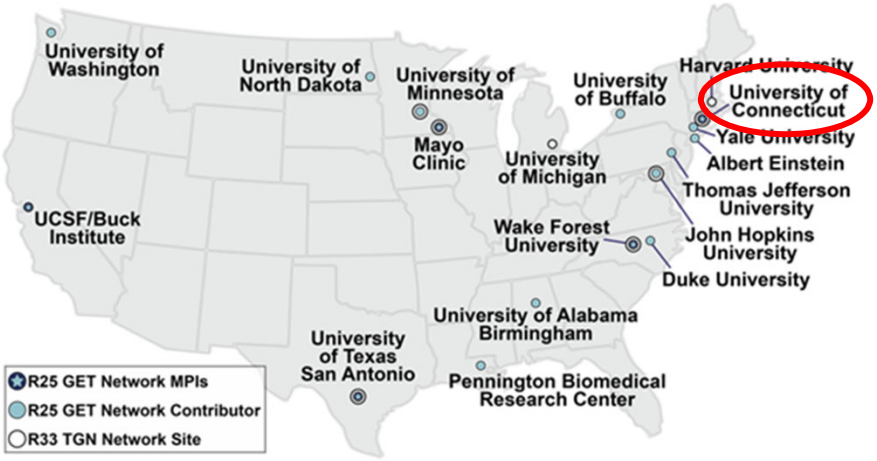
10

NIA Geroscience Education and Training Network (R25 AG073119)



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11

Selected Future Opportunities

1. Expanding aging research capacities and funding across UConn
2. Align efforts with overarching focus on *Precision Gerontology*
3. Role of devices in maintaining health and independence
4. Role of *Applied Translational Geroscience*

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12

Getting to Know Our Funders (NIA plus..)

NIMH, NIAID, NINR, NINDR, Common Fund

PCORI CMS State Agencies (DSS, DOADS)

NSF HRSA

Many Foundations (AFAR, Hevolution, Patterson)

Insurance: ConnectiCare

Pharmaceutical: Novartis, Janssen, J&J

NGO: WHO Clinical Consortium on Healthy Ageing

Biotech: Spring Discovery – San Francisco; resTORbio – Boston; AI Therapeutics – Guilford, CT; CaroGen (TIP) – Farmington, CT

Longevity Biotechnology Association

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13

Expanding aging research capacities and funding across UConn

NIH Reporter (https://reporter.nih.gov/) accessed October 17, 2023

- NIA largest NIH funder at UConn Health ($17,466,598 of $103,155,873)
- NIA largest NIH funder across all UConn ($20,652,913 of $157,427,827)
- Opportunity to expand NIA funding at across UConn
- Must expand infrastructure to support aging research at Storrs
- NIA Pepper Center can help guide but lacks funds
- PAR-23-054 Advanced-Stage Development and Utilization of Research Infrastructure for Interdisciplinary Aging Studies ($500k direct/year 5 years)
- Planned submission 2024 (Kuchel; Ofer Harel; Rachel O'Neill; Nancy Redeker)

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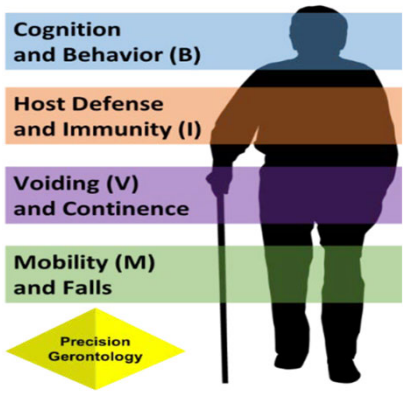
14

Role of Devices in Maintaining Health and Independence



- Need to monitor varied functional domains
- Must be at level of individual
- Must capture growing heterogeneity of aging
- Aligned with UConn Pepper Center theme of *Precision Gerontology*
- Must take place while living one's usual life
- Must be reliable, cheap and unobtrusive
- Role for NIH, NSF, DoD, Private Sector
- Role for Biomedical Engineering
- Role for varied health sciences (Medicine, Nursing, Physical Therapy, Kinesiology, Nutrition etc..)

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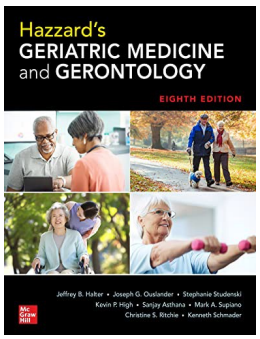
UConn Pepper Center
Celebrating Diversity and Heterogeneity in Aging

15

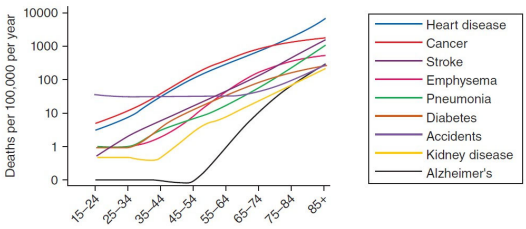
Rapidly Expanding World of Applied Translational Geroscience

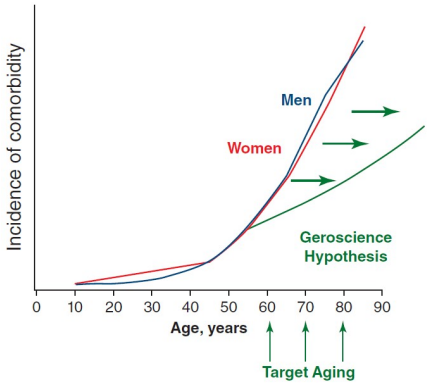


Chapter 40

Applied Clinical Geroscience

Sara E. Espinoza, Jamie N. Justice, John Newman, Robert J. Pignolo, George A. Kuchel





Aging represents the major shared risk factor of death from most chronic diseases.

16

Rapidly Expanding World of Applied Translational Geroscience

afar
american federation for AGING RESEARCH

Academy for Health & Lifespan Research

LBA LONGEVITY BIOTECHNOLOGY ASSOCIATION

Calico

ALTOS™

XPRIZE COMMUNITY

HEVOLUTION

[FULL COMMITTEE PRINT]

117TH CONGRESS *2d Session* | HOUSE OF REPRESENTATIVES | REPORT 117–XX

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2023

Geroscience.—The Committee commends NIA for its support of geroscience, which seeks to understand the genetic, molecular, and cellular mechanisms that make aging a major risk factor and driver of numerous chronic conditions and diseases, including Alzheimer's disease, cancer, cardiovascular diseases, and many others. A growing body of research suggests it is possible to develop treatments that would address many late-life diseases, as opposed to solely tackling each disease individually, as under the current prevailing model. Significant advances in recent years highlight the need to develop a comprehensive strategy for addressing research gaps and opportunities. Therefore, the Committee urges NIA to convene a meeting of experts across NIH, other relevant Federal agencies, academic researchers, and the private sector to identify gaps and opportunities for this research field. The Committee also recognizes that there is a shortage of investigators who combine clinical, social, and behavioral research skills with a knowledge of aging biology and experience in the care of older adults and the processes of aging at the individual and societal level. The Committee encourages NIA to expand its translational geroscience training programs to support the pipeline of such investigators. The Committee requests an update on these topics in the fiscal year 2024 Congressional Justification.

17

UConn after SFFA v. Harvard & UNC

Reaffirming our Commitment to Diversity

October 23, 2023

1

University Mission Statement

Mission And Purposes of The University of Connecticut

Adopted by the Board of Trustees on April 11, 2006 and amended on June 20, 2006

The University of Connecticut is dedicated to excellence demonstrated through national and international recognition. As Connecticut's public research university, through freedom of academic inquiry and expression, we create and disseminate knowledge by means of scholarly and creative achievements, graduate and professional education, and outreach. Through our focus on teaching and learning, the University helps every student grow intellectually and become a contributing member of the state, national, and world communities. Through research, teaching, service, and outreach, ***we embrace diversity and cultivate leadership, integrity, and engaged citizenship in our students, faculty, staff, and alumni.*** As our state's flagship public university, and as a land and sea grant institution, we promote the health and well-being of Connecticut's citizens through enhancing the social, economic, cultural and natural environments of the state and beyond.

2

Message to the UConn Community on the Supreme Court Decision

"It is essential to UConn's mission as a public university that we create and maintain a student body in which people of all races, ethnicities, and backgrounds can thrive. Our great challenge now in the wake of these decisions is continuing to build on that vital mission with the tools we still have available to us."
President Radenka Maric, June 29, 2023

UConn is a great university.
But it's more than that. A top-ranked Land and Sea Grant research institution, with campuses and staff across Connecticut, built to inspire the global community that is UConn Nation. UConn's talented students exceed expectations. Our expert researchers, faculty, and alumni drive Creativity, Innovation, and Entrepreneurship (CIE) for a better tomorrow. *We fuel the State's economy and are committed to inclusion with emotional intelligence in benefiting the greater good.*
This is UConn.

STUDENTS FIRST. UCONN ALWAYS. HUSKIES FOREVER.

3

Impact of SCOTUS Decision

Students for Fair Admissions v. Harvard, 600 U.S. _ (2023)

What it impacts

A Holistic consideration including race no longer meets strict scrutiny

- **Interests are not measurable or subject to meaningful review**
- **Racial categories too broad, vague, and open to stereotypes**
- **Race used as a negative in a "zero-sum" game**
- **No logical end point, and reaching Grutter's 25-year mark**

Harvard and UNC were following precedent; but that precedent no longer meets strict scrutiny.

Released June 29, 2023; effective immediately
Majority decision 6-3 (UNC) and 6-2 (Harvard, with Jackson abstaining)

4

Impact of SCOTUS Decision

Students for Fair Admissions v. Harvard, 600 U.S. _ (2023)

What it doesn't impact

Individual Consideration

"At the same time, as all parties agree, nothing in this opinion should be construed as prohibiting universities from considering an applicant's discussion of how race affected his or her life, be it through discrimination, inspiration, or otherwise."

Knowing the applicant's race (it just shouldn't be a factor in a decision)

"[U]niversities may not simply establish through application essays or other means the regime we hold unlawful today."

Recruitment

Kavanaugh concurrence: Universities can still act to undo effects of past discrimination in permissible ways that do not involve classification by race.

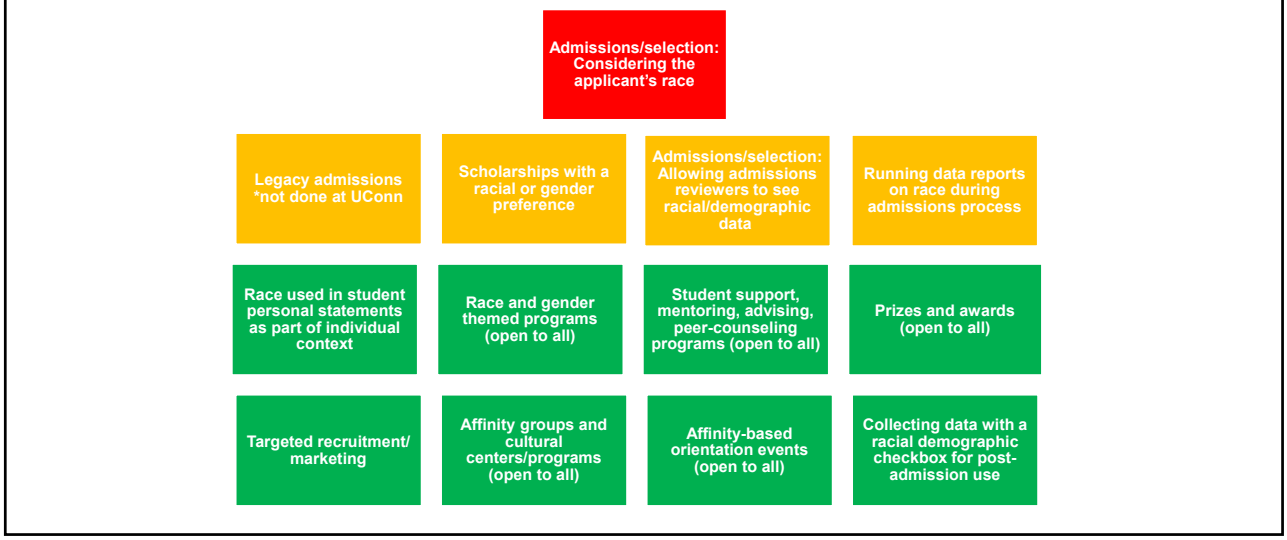
Released June 29, 2023; effective immediately
Majority decision 6-3 (UNC) and 6-2 (Harvard, with Jackson abstaining)

5

What does this mean for admissions today?

6

UConn Programs, Activities, Policies, Initiatives Risk levels



7

Moving Forward from the Decision

This decision does not change UConn's Mission

"…we embrace diversity and cultivate leadership, integrity, and engaged citizenship in our students, faculty, staff, and alumni."

When appropriately designed, admissions evaluations and decisions should further the pursuit of UConn Mission.

This decision has a personal impact

Maintain cognizance of how this decision weighs on the mentality of segments of our student population

Plan to Ensure Diversity

Recruitment, Marketing, Outreach, Pipeline Development, Pathways are still allowed, and will pursue enhancements that create impact

Race neutral alternatives are being implemented, including neighborhood and school information, and consideration of personal adversity and lived experience.

8

Admitting Authorities Convenings

Initial Steps: Revise and Update Admissions Evaluation & Selection Systems and Process

- Training & Messaging to Students & Community
- Evaluation Screens, Instruments, Committee & Selection Procedures
- Race Neutral Factors
- Scholarships; Pooling & Matching

Ongoing Steps: Design and Implementation of Recruitment, Outreach & Marketing Initiatives

- Pre-Admission Activities; including Pipeline & Pathway Programs, Targeting Recruitment, Community Outreach
- Post Admissions Conversion Activities; Targeted Recruitment & Marketing, Visits & Events

9

Questions & Discussion

UCONN

10

Key Observations and Unanswered Questions

Key Observations

The institutions retain autonomy to define their mission. Admissions evaluation and selection is derived from mission.

Scholarships and other "zero-sum" funding/programming, where there is a "tangible benefit," will be under future microscope.

Unanswered Questions

In a footnote, left open the question of use of race in admission to military academies.

Did not explicitly discuss gender or use of funding or scholarship – but the language in terms of strict scrutiny would transfer over.

11

Departments of Justice & Education Guidance Released August 14, 2023

"The Departments also reaffirm our commitment to ensuring that educational institutions remain open to all, regardless of race. Learning is enriched when student bodies reflect the rich diversity of our communities."

"Students should feel comfortable presenting their whole selves when applying to college, without fear of stereotyping, bias, or discrimination. And information about an individual student's perseverance, especially when faced with adversity or disadvantage, can be a powerful measure of that student's potential."

Dear Colleague Letter
Questions and Answers Resources

What Institutions can do

- Can continue to collect demographic data – just cannot have an applicant's race on its own impact an admissions decision (*Acknowledges that the study of data is necessary for institutional analysis)*
- "Foster a sense of belonging" for current students - targeted programming when participation is open to all
- Provide need-based financial support "that allows them not just to enroll, but to thrive."
- Partner with school districts from underserved communities or with community colleges, regardless of race
- Reexamine use of legacy admissions and test score metrics

12

Departments of Justice & Education Guidance Released August 14, 2023

- Q&As reaffirmed examples of how race can impact individual experience and demonstrate resilience or overcoming adversity
- Reaffirmed institutions can use targeted recruitment and outreach

> ***"The Court's decision in SFFA does not require institutions to ignore race when identifying prospective students for outreach and recruitment, provided that their outreach and recruitment programs do not provide targeted groups of prospective students preference in the admissions process, and provided that all students—whether part of a specifically targeted group or not— enjoy the same opportunity to apply and compete for admission."***

- Can target schools in underrepresented areas in the institution's applicant pool or low-performing schools
- Can give admissions preference to participation in Pathway Programs – so long as the Pathway Program does not give preference to entry on the basis of race
- Should consider a wide range of impacts on lived experiences – socioeconomic status, first generation, urban/rural home, high school, Tribal Nation affiliation, service/community organizations, multi-lingual
- May support clubs, activities, and affinity groups with a race-related theme to foster sense of inclusion – so long as such grounds are open to all students regardless of race

"We also acknowledge that fulfilling this commitment will require sustained action to lift the barriers that keep underserved students, including students of color, from equally accessing the benefits of higher education"

"We will continue to use all enforcement tools at our disposal to protect students' right to equal access to the opportunities that create pathways to higher education, and those afforded by higher education itself."

Dear Colleague Letter
Questions and Answers Resources

13

Graduate Medical Education

Annual Institutional Review
Academic Year 2022 - 2023

	Annual Report Executive Summary AY 2022-2023
Number of Programs and Trainees:	We sponsor 77 ACGME and non-ACGME programs with 705 trainees. The number of sponsored programs increased by 22% from 2018 to 2022, and the number of filled FTE positions increased by 2.6% during the same time frame.
New Programs and New Program Directors:	<u>New Programs</u> • Musculoskeletal Radiology Fellowship, Dr. Daniel Marrero • Sleep Medicine Fellowship, Dr. Adrian Salmon • Vascular Surgery Residency, Dr. Kwame Amankwah <u>Residency Program Director Changes</u> • Pediatrics, Dr. Stewart Mackie <u>Fellowship Program Director Changes</u> • Dermatology, Dr. Brett Sloan • Cardiology, Dr. Lane Duvall • Epilepsy, Dr. Anumeha Sheth • Pediatric Infectious Disease, Dr. Hassan El Chebib • Vascular Neurology, Dr. Ajay Tunguturi
Diversity, Equity, and Inclusion:	Graduate Medical Education continued to increase diversity and inclusion endeavors this year as part of our ongoing institutional improvement plans. We continue to enhance our efforts at recruiting a diverse workforce. In 2022-2023, 15.5% of UConn GME trainees identified as American Indian/Alaskan Native, Black/African American, or Hispanic/Latinx. National data for 2022-2023 was not released at the time of this report but was 15.3% for 2021-2022. We developed the Diversity Oversight Committee and a strategic plan to enhance diversity, equity, and inclusion in GME.
	<u>Accreditation</u>
Role of Sponsoring Institution:	• Oversight for quality of Graduate Medical Education programs • Oversight and integration of residents/fellows into a hospital culture of quality and safety • Compliance with ACGME Institutional Requirements and Program Requirements • Institution applied for and received Institutional accreditation to host non-standard training programs.

Institutional Accreditation:	• Annual Letter of Notification from ACGME without any Citations or Areas for Improvement
Program Level Accreditation:	• Fifty-two programs with commendable Annual Letter of Notification received with no Citations or Areas for Improvement • Ten programs with twenty-eight ACGME Citations
Special Reviews:	• Cardiology/HH – 6/12/23 • Internal Medicine – 5/24/23 • Interventional Cardiology /HH – 2/6/23 • Neurology – 5/23/23 • Pediatrics – 6/8/23 • Radiology – 5/12/23 • Reproductive Endocrinology – 1/21/23 • Surgical Critical Care – 3/17/23
	Outcomes
Board Pass Rates:	Three-year rolling Board pass rates for residency and fellowship programs showed that cohort members in 8 residency programs and 16 fellowship programs scored in the 95-100 percentile, members in 3 residency programs scored in the 90-94.9 percentile, members in 1 residency program scored in the 85-89.9 percentile, members in 1 fellowship program scored in the 85-94.9 percentile, members of 3 residency and 7 fellowship programs scored in 75-84.9 percentile and members in 4 fellowship programs scored below the 75 percentile.
Scholarly Products:	Faculty scholarly activity: • 830 PMIDs • 1,152 Conference Presentations • 136 Textbook Chapters Graduating Residents/Fellows Scholarly Activity: • Pub Med: 297 • Conference Presentations: 721 • Chapters/Textbooks: 52 • Teaching Presentations within Program: 3,093
Exit Survey:	Data was collected on 46 programs, 205 graduating residents and fellows, and 5 hospitals. This data is shared with GMEC and the assistant deans at each affiliated site. The assistant deans are required to present an action plan for any content area that scores below 3.5. GMEC monitors these action plans. All our Consortium hospitals were rated above 3.6 on a 1-5 Likert scale in overall educational experience.
Well-being:	• Residents complete a burnout inventory twice per year • Interns complete a burnout inventory twice per year and prior to entering program • Program directors and program coordinators complete a burnout survey twice per year • Each program receives a well-being budget to plan activities/programs to enhance resident/fellow well-being

	• Scores slowly trending up, but still show an average-low risk of burnout (26.37 little sign of burnout) • The GME Office has a well-being budget which is used to plan one or more activities open to all residents and fellows
Patient Safety Initiative:	Patient Safety remained a significant focus in GME. • Twenty four Patient Safety Faculty Experts provided education, training and mentorship in patient safety to residents and fellows in 31 of our residency and fellowship programs at John Dempsey Hospital, Connecticut Children's and St. Francis Hospital and Medical Center (Figure 12) • 252 residents and 55 fellows were educated regarding patient safety and taught how to report and how to analyze safety events using Apparent Cause Analysis (ACA) • 220 residents participated in a simulated ACA and 226 participated in an ACA of a real-time safety event • 41 fellows participated in a simulated ACA and 38 participated in an ACA of a real-time safety event (Figure 13) • A total of 104 ACAs were completed by trainees. 64 corrective action plans were implemented as a result of these analyses. 270 safety events were reported by housestaff
Improvement Plans:	• Develop institution aims: 1. Recruit and retain a diverse pool of residents that care for the greater Hartford communities 2. and fulfill Connecticut's physician workforce needs. 3. Train residents to become proficient in the ACGME competencies and achieve board certification in their discipline. 4. Promote the necessary skills and provide opportunities for residents to engage in and disseminate scholarly activity. 5. Develop residents to become lifelong learners as well as teachers and mentors to medical students and junior colleagues. 6. Educate residents to recognize healthcare disparities and engage in clinical and advocacy efforts to advance heath equity. 7. Maintain a culture of well-being in which resident support, camaraderie and self-care are top priorities. 8. Foster an inclusive clinical learning and work environment that is free of resident mistreatment. 9. Ensure compliance with ACGME accreditation standards for all our sponsored residency and fellowship programs. • Continue to explore ways to increase engagement and belonging (and thus well-being) among our trainees and faculty. Our resident forum also initiated affinity groups, led by resident/fellow and faculty dyads. These affinity groups are meant to foster a sense of community among different cohorts across our training programs including Women in Medicine, Parents in Medicine, International Medical Graduates, Residents who Identify as LGBTQI+, URiMs in Medicine, and First-Generation in Medicine. The GME Office has also sponsored several social events at local sporting venues.
Future Improvement Plans:	• Over the next academic year, we plan to engage various stakeholders in strategic planning around each of these aims, defining objectives goals, and metrics to help us define success. • The second improvement plan focuses on well-being through sharing of resources and community building.

Table of Contents

I: Message from the Associate Dean and DIO

On behalf of the Office of Graduate Medical Education, our Program Directors, Residents, Faculty, Teaching Staff, and Program Coordinators, it is our pleasure to present the 2022-2023 Annual Institutional Review for Graduate Medical Education at the UConn School of Medicine. This report is reviewed and approved by GMEC and presented to Education Council and the Academic Affairs Subcommittee of the UConn Health Board of Directors.

The mission of the University of Connecticut School of Medicine's Office of Graduate Medical Education (GME) is to provide effective oversight and management of high-quality, comprehensive, and culturally relevant educational programs to improve the overall health of the citizens of Connecticut. GME is committed to providing inclusive clinical learning environments complete with the resources needed to graduate highly qualified physicians. We do this by promoting academically vigorous programs that foster physicians' professional development and prepare skilled, ethical, and compassionate independent physicians that can meet the challenges of a changing healthcare environment. GME promotes research and scholarly activity in our residents, fellows, and faculty. We attend to resident well-being and an inclusive environment where all are treated with mutual respect. Lastly, we collaborate with our affiliated training sites engaging residents and fellows as integral and transformative members of the health care community with the goals of providing safe, effective, and high-quality care.

Local and national events have provided a much-need acceleration to our efforts around diversity, equity and inclusion in the GME space. The GME enterprise strive to ensure that our learning environments across all our affiliated teaching sites are welcoming and inclusive environments where all residents share similar experiences. We have strengthened our efforts in diversity, equity, and inclusion by implementation of several new initiatives that impact our GME community through policies, procedures, curriculum, recruitment, and education.

Change continues to be a constant in the health care environment, from both a practice and educational standpoint. Our institutional commitment to training practice-ready physicians able to skillfully deliver cutting edge care, engage in the acquisition of new knowledge and demonstrate a commitment to lifelong learning through quality improvement is stronger than ever. We continue to work locally with our affiliated hospitals to engage residents in the culture of patient safety and quality improvement. Our commitment to excellence drives our ability to be educationally innovative, provide for a clinical learning environment that meets the needs of our trainees all while ensuring that all our sponsored programs maintain compliance with local and national policies, procedures, curricular requirements.

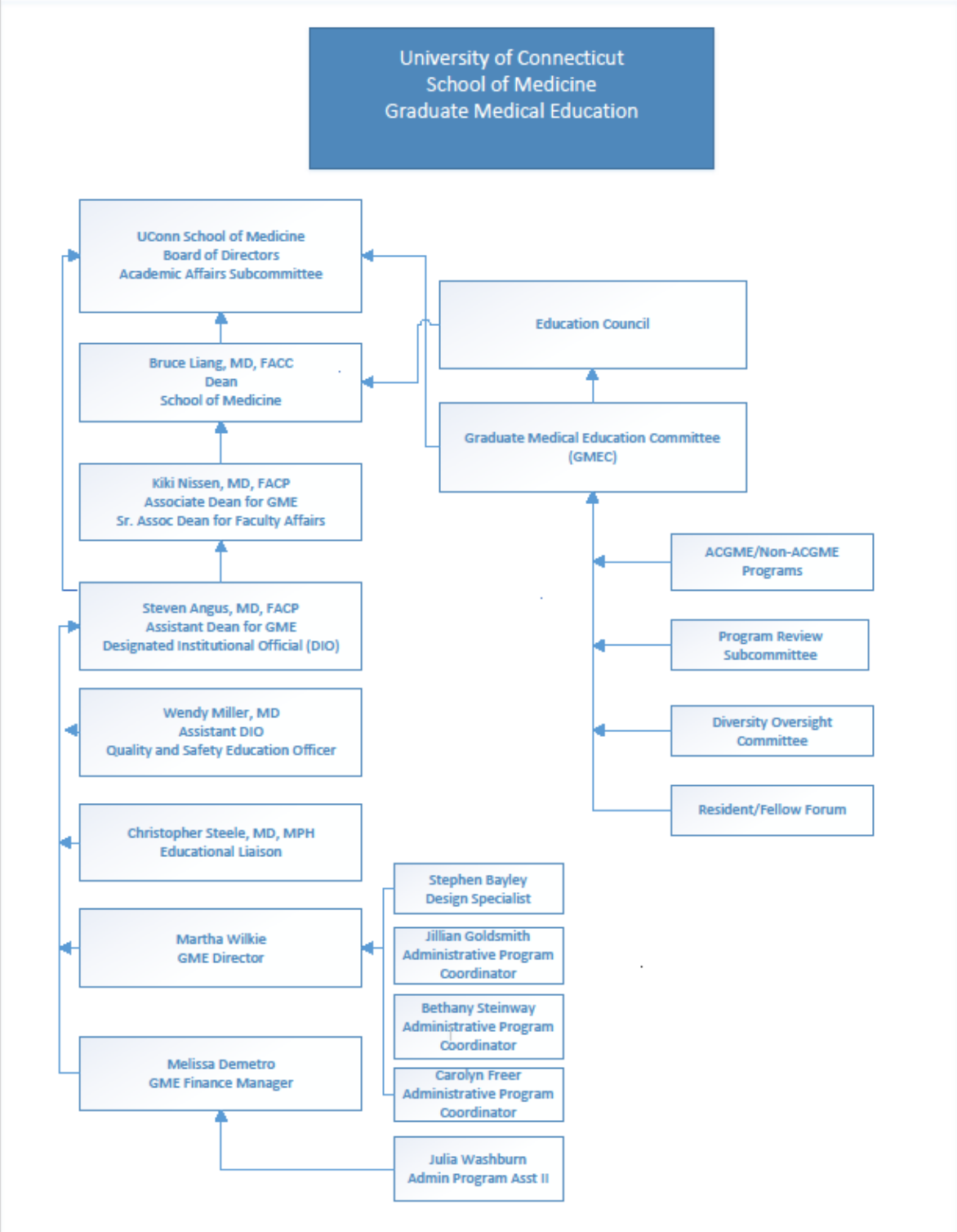
As our review of the academic year of 2022 - 2023 ends, and we enthusiastically look ahead to the future, we appreciate this opportunity to share the wonderful accomplishments of our programs, our faculty and our trainees. Our goals center on providing outstanding care to the citizens of Connecticut and providing our residents/fellows a supportive training program that emphasize diversity, equity, and inclusiveness. Our programs continue to grow as we commit to training high quality, compassionate physicians who graduate with the ability to practice independently in their discipline and serve their patients well.

Kiki Nissen, M.D., F.A.C.P.
Associate Dean for Graduate Medical Education
Senior Associate Dean for Faculty Affairs

Steven V. Angus, M.D., F.A.C.P.
Assistant Dean for Graduate Medical Education
Designated Institutional Official

II. Organizational Chart for Graduate Medical Education

The Office of Graduate Medical Education (GME) sits within the School of Medicine. Our Graduate Medical Education Committee (GMEC) (described in Section IV) is responsible for the oversight of all our residency and fellowship programs. The GMEC reports to Education Council, the Dean, and Board of Directors of the School of Medicine.



III. Capital Area Health Consortium (CAHC or Consortium)

The Graduate Medical Education Office works closely with the Capital Area Health Consortium (CAHC, or the Consortium). The Consortium is the organization responsible for the administration of the salary and benefits for all the residents and fellows. As such, the Consortium is the official employer of all the residents and fellows. There are six member hospitals within the Consortium: Connecticut Children's, Hartford Hospital, The Hospital for Special Care, The Hospital of Central Connecticut, St. Francis Hospital and Medical Center, and John Dempsey Hospital.

The Consortium's Board of Trustees meets twice a year to review the finances associated with running the GME enterprise. They annually recognize outstanding residents, faculty, and staff by presenting the Robert U. Massey award to a distinguished educator and by presenting up to three awards to residents who excel in community service. The consortium offers a variety of free employment and professional development services to our house staff through their 'Life After Residency' series.

IV. Graduate Medical Education Committees (GMEC), Diversity Oversight Committee, Resident Forum

The Accreditation Council for Graduate Medical Education (ACGME) is the external agency that accredits sponsoring institutions and most residency programs. Residency and fellowship programs accredited by the ACGME must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. The Accreditation Council for Graduate Medical Education (ACGME) requires each sponsoring institution to form a Graduate Medical Education Committee (GMEC) to oversee all aspects of the sponsoring institution's programs. GMEC is responsible for the oversight of the ACGME accreditation status of the sponsoring institution and each of its programs, the quality of the GME learning and working environment at all participating sites, the quality of the educational experience in each program, ACGME annual program evaluations and self-studies, implementation of new policies for vacation and leaves of absence; including medical parental, and caregiver leaves of absence, all processes related to reductions and closures of programs, individual sites, and the sponsoring institution. GMEC is also responsible for the review and approval of new programs, new program directors, ACGME progress reports, program complement changes and resident/fellow stipends and benefits, and new educational initiatives.

GMEC demonstrates effective oversight of the Sponsoring Institution's accreditation through the performance of an Annual Institutional Review (AIR). A summary of the AIR, including performance indicators and action plans, will be presented to the Education Council and to the governing body, the Academic Affairs Subcommittee of the Board of Directors.

GMEC and the GME Office are aided by Assistant Deans for Education at each of our affiliated sites:

- **Assistant Deans at Major Affiliated Hospitals:**
  - Scott Allen, MD, John Dempsey Hospital
  - Jeff Finkelstein, MD, The Hospital of Central Connecticut
  - Christine Rader, M.D., Connecticut Children's
  - David Shapiro, MD, St. Francis Hospital and Medical Center
  - Peruvamba Venkatesh, MD, Hartford Hospital

The full GMEC Membership list can be found in Attachment A.

The following are key activities/accomplishments of GMEC and its subcommittees:

- **Institutional Accreditation**: ACGME annual letter of notification commended us for substantial compliance with all requirements with no citations or area for improvement; next scheduled institutional site visit is in 2028.
- **ACGME Non-standard Training Programs**
  GMEC applied for and received ACGME Sponsoring Institution accreditation allowing us to host non-standard training Programs. A non-standard training (NST) program is a clinical training program for J1 visa holders for which there is no ACGME accreditation or American Board of Medical Specialties (ABMS) member board certification.
  - **ACGME Site Visits**:
    - Neurological Surgery
    - Orthopaedic Surgery of the Spine
    - Surgical Critical Care
    - Vascular Surgery
  - **Non-ACGME Site Visits**:
    - None

The GMEC demonstrates its effective oversight of underperforming program(s) through a Special Review process that results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. (See appendix G for Special Review Reports)

- **GMEC Special Reviews:**
  - Reproductive Endocrinology – 1/21/23
  - Interventional Cardiology /HH – 2/6/23
  - Surgical Critical Care – 3/17/23
  - Radiology – 5/12/23
  - Internal Medicine – 5/24/23
  - Pediatrics – 6/8/23
  - Cardiology/HH – 6/12/23

GMEC is also responsible for reviewing and approving applications for ACGME accreditation of new programs, and for the appointment of new program directors.

- **New Program Director/Program Director Changes**

  New Programs
  - Musculoskeletal Radiology Fellowship, Dr. Daniel Marrero
  - Sleep Medicine Fellowship, Dr. Adrian Salmon
  - Vascular Surgery Residency, Dr. Kwame Amankwah

  Residency Program Director Changes
  - Pediatrics, Dr. Stewart Mackie

  Fellowship Program Director Changes
  - Dermatology, Dr. Brett Sloan
  - Cardiology, Dr. Lane Duvall
  - Epilepsy, Dr. Anumeha Sheth
  - Pediatric Infectious Disease, Dr. Hassan El Chebib
  - Vascular Neurology, Dr. Ajay Tunguturi

- **Program Closures**:
  - None

- **Faculty Development**:
  - Physician Well-being from Burnout to Thriving in Modern Medicine/Dr. Colin West
  - Creating Meaningful Program Improvement Projects
  - Annual Program Evaluations

- **Resident Town Hall Meeting Topics**:
  - Physician Well-being

- **ACGME Letters of Notification**: Each year, the ACGME reviews all our accredited programs and issues a Letter of Notification with an accreditation decision. For programs with any Citation or Area For Improvement noted, an action plan is required which must be approved by the Program Review GMEC Subcommittee and GMEC.

Commendable

The institution and following programs were commended by the ACGME on their Letters of Notification "for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional

Requirements":

- UConn School of Medicine – Sponsoring Institution
  - Residencies
    - Anesthesiology
    - Emergency medicine
    - Internal medicine
    - Neurology
    - Obstetrics and gynecology
    - Physical medicine and rehabilitation
    - Primary care internal medicine
    - Psychiatry
    - Radiology
    - Surgery
    - Urology
  - Fellowships
    - Advanced heart failure and transplant cardiology
    - Cardiovascular disease - HH
    - Cardiovascular disease -JDH
    - Child and adolescent psychiatry
    - Endocrinology, diabetes, and metabolism
    - Epilepsy
    - Forensic pathology
    - Gastroenterology
    - Geriatric medicine
    - Geriatric psychiatry
    - Hematology and medical oncology
    - Infectious disease
    - Interventional cardiology - HH
    - Interventional cardiology - JDH
    - Maternal-fetal medicine
    - Neonatal-perinatal medicine
    - Nephrology
    - Neuromuscular medicine
    - Otolaryngology - Head and Neck Surgery
    - Pediatric emergency medicine
    - Pediatric endocrinology
    - Pediatric gastroenterology
    - Pediatric hematology/oncology
    - Pediatric infectious diseases
    - Pediatric orthopaedics
    - Pediatric pulmonology
    - Pediatric Surgery
    - Pulmonary disease and critical care medicine
    - Sports medicine (family medicine)
    - Vascular neurology
    - Vascular surgery fellowship

Programs with Citations and/or Areas For Improvement (AFIs) noted on their annual Letter of Notificationare required to submit an action plan addressing the citation or AFI to GMEC. GMEC will monitor progress during the next academic year.

Citations: Ten programs with twenty-eight distinct citations. Number of citations received noted next to program name

- Residencies:
  - Internal Medicine – Osteopathic (1)
  - Neurological Surgery (1)
  - Surgery (1)
  - Vascular Surgery (2)
- Fellowships:
  - Cardiothoracic Anesthesiology (2)
  - Orthopaedic Foot and Ankle (6)
  - Orthopaedic Surgery of the Spine (3)
  - Pediatric Cardiology (2)
  - Pediatric Otolaryngology (2)
  - Reproductive Endocrinology and Infertility (8)

Please see Attachment B for citation details with action plans.

Areas For Improvement (AFI): Twelve programs with 21 distinct AFIs

- Residencies:
  - Dermatology
  - Family Medicine
  - Neurological Surgery
  - Orthopaedic Surgery
  - Pediatrics
- Fellowships:
  - Rheumatology
  - Hand Surgery
  - Orthopaedic Sports Medicine
  - Orthopaedic Surgery of the Spine
  - Musculoskeletal Radiology
  - Surgical Critical Care
  - Vascular Surgery

Policy Updates

- None

Program Review Updates

- Program Review, a working subcommittee of GMEC, reviewed the program responses to all Citations and Areas for Improvement. Program Review made suggested edits to these submissions and recommended approval of the edited submissions to GMEC; GMEC reviewed the responses and the Program Review subcommittee's recommendation and voted on final approval
- UConn-sponsored programs must complete an Annual Program Evaluation (APE) as outlined by ACGME requirements. This data, along with additional data required by the GME office, is reviewed by members from the Program Review subcommittee of GMEC
- Program Review makes recommendation to the DIO regarding a program's performance and required/recommended action plans for improvement. The DIO reviews each program and generates an

Annual Program Report (APR) for each program based on the APE and other program data submitted to program review

- The DIO presents a summary of APR reports to GMEC for approval and implementation
- The DIO and GME Director meet with each core program director to review the APRs of the core program and any dependent subspecialty
- Special Reviews: The Program Review Subcommittee performs Special Reviews for programs that are not in compliance with standard/standards considered to be critical to the quality of the program. Special Review Reports are included in Attachment G

Resident/Fellow Forum 2022-2023

The Resident/Fellow Forum is an organization of and for residents/fellows in all programs. This organization focuses on aspects of the educational environment and working conditions for residents. The members are selected by their peers at the start of each academic year. All programs are invited to send one or more peer-selected representatives to serve on the Forum. Co-Chairs are selected by the participating trainees on resident forum. The Resident Forum Co-Chairs are voting members on GMEC, and the Resident Forum report is a standing item on the GMEC agenda. Some activities for 2022-2023 were:

- Community Service activities
- Affinity Group Meetings
- Participated in Diversity Oversight Events

V: Physician Workforce

The physician workforce is a critical topic in medical education as the United States is facing a physician supply problem by 2025. The following are contributing factors to the physician shortage:

- The population over 65 years of age is expected to double by 2030
- People are living longer with more chronic diseases
- Obesity, opioid and diabetes epidemics have added to the chronic disease burden, and now COVID 19
- There is a change in demographics and disease patterns with an increase in healthcare disparity

Of great concern is what is happening in Graduate Medical Education training as it relates to physician workforce concerns. The trends suggest residents are moving away from choosing to practice primary care while more and more residents are choosing subspecialty training. Factors affecting physician specialty and location are medical school admission policies, magnitude of indebtedness upon graduation, monetary and non-monetary rewards of each specialty, and lastly, where one completes training.

In addition, the number of medical students enrolled in undergraduate medical education has increased at a faster pace than the number of resident positions in graduate medical education.

Because of the concern regarding graduate medical education positions not keeping pace with the growth in undergraduate medical education slots, there have been several recommendations and conclusions of the working groups supported by the Macy Foundation and Association of Academic Health Centers (AAHC). Their overarching recommendations are based on the principle that GME is a public good. The public expects the GME system to produce a workforce of sufficient size, specialty mix, and skill to meet the needs of society. High quality graduate medical education must be organized and supported at the institutional and national level to ensure that residency and fellowship programs are designed and conducted according to sound broadly endorsed educational practices within an environment conducive to learning. These programs should be given enough flexibility to innovate and achieve optimum outcomes.

Our GME enterprise is ready to make a difference in the physician workforce as we support primary care initiatives for innovative models of care, continue to support expansion of core disciplines that also are suffering from shortage problems and an aging workforce, and partner with our undergraduate medical education (UME) leaders to help retain the students who graduate from the UConn School of Medicine to continue to train in residency with our core disciplines. Statistically, if a student trains in UME and GME in his/her respective home state there is a very high chance he/she will remain in the state to practice as well. Annually, we review the workforce trends in Connecticut, especially in areas of retention. UConn GME continues to export our trainees to work outside of Connecticut. It is to be determined what factors contribute to this (i.e., are there jobs for our graduates in Connecticut? or is there something undesirable about working in Connecticut as a physician?). We need to continue to monitor these trends and identify ways to keep our graduates working in Connecticut to care for our citizens.

Additionally, given the local and national attention to diversity in our physician workforce, the ACGME has included a common program requirement that highlights the need for us as a sponsoring institution to enhance our focus and efforts in this domain:

> "The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents."

UConn GME has been tracking program efforts and outcomes in recruitment of diverse groups of residents and has been providing resources to assist programs in this effort. Many of our programs participate in the AAMC's Visiting Externship for Students Underrepresented in Medicine (VESUM) program, reflecting their commitment to create a diverse workforce prepared to care for the racial and ethnic diversity of the broader population we serve.

Section VI: University of Connecticut GME Workforce

Overall, The University of Connecticut School of Medicine sponsors 77 programs with 705 residents and fellows including:

- 18 ACGME Core Residency programs
- 43 ACGME Fellowships
- 16 Non-ACGME Programs

The list of programs with the name of program director, program coordinator, and number of trainees FTEs is included as Attachment D.

In this section, we will review the GME workforce in our UConn-sponsored programs paying particular attention to:

a. Match data
b. Growth of GME and trends
c. Primary Care Trends
d. Diversity
e. GME enrollment data

a. Match

Each year we participate in several different matching programs for the programs we sponsor. For the 2022-2023 Match season, we received 22,206 applications for our residency and fellowship programs. All core programs matched successfully, as did the majority of our fellowship programs.

b. Growth of GME and Trends

The UConn School of Medicine has shown its commitment to GME by supporting growth and expansion of our core residencies and fellowship programs. (See Figure 1).

Figure 1 and Table 1 show growth in the ACGME Residency, ACGME Fellowship, and non-ACGME programs sponsored by UConn, and where that growth has occurred. Over the past five academic years, there has been a 22% increase in the number of programs sponsored. Figure 2 and Table 2 reflect our growth in total FTEs, 2.6% over the past five academic years.

Figure 1

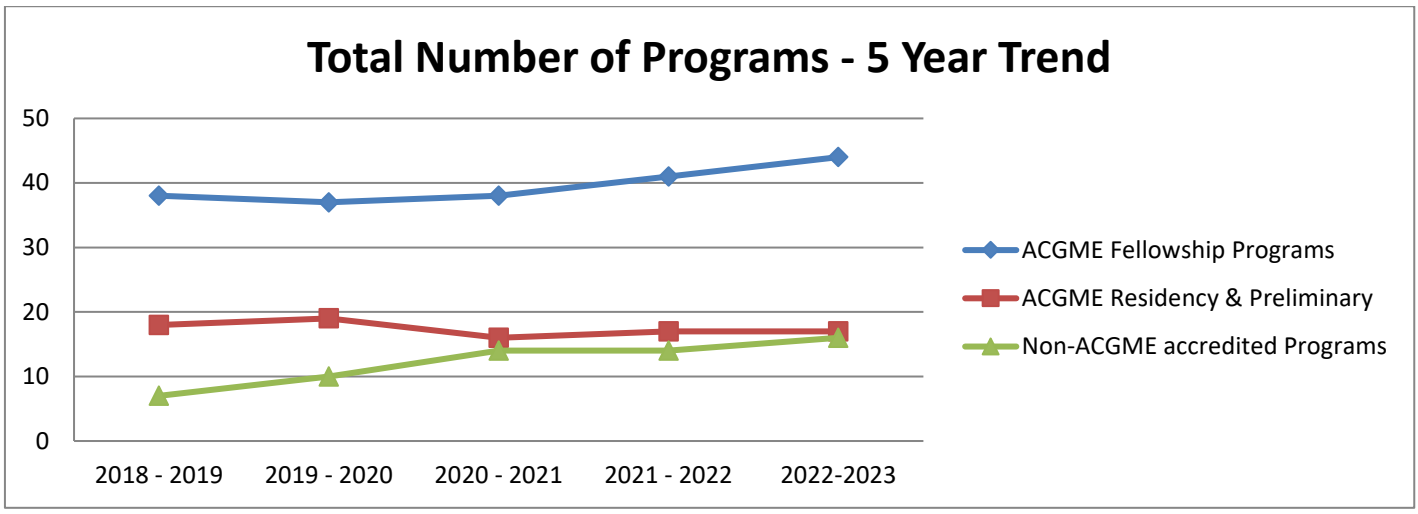


Table 1

Growth in GME: Number of Programs					
	2018 - 2019	**2019 - 2020**	**2020 - 2021**	**2021 - 2022**	**2022-2023**
ACGME Fellowship Programs	38	37	38	41	43
ACGME Residency & Preliminary	18	19	16	17	18
Non-ACGME accredited Programs	7	10	14	14	16
Total	**63**	**66**	**68**	**72**	**77**

Figure 2

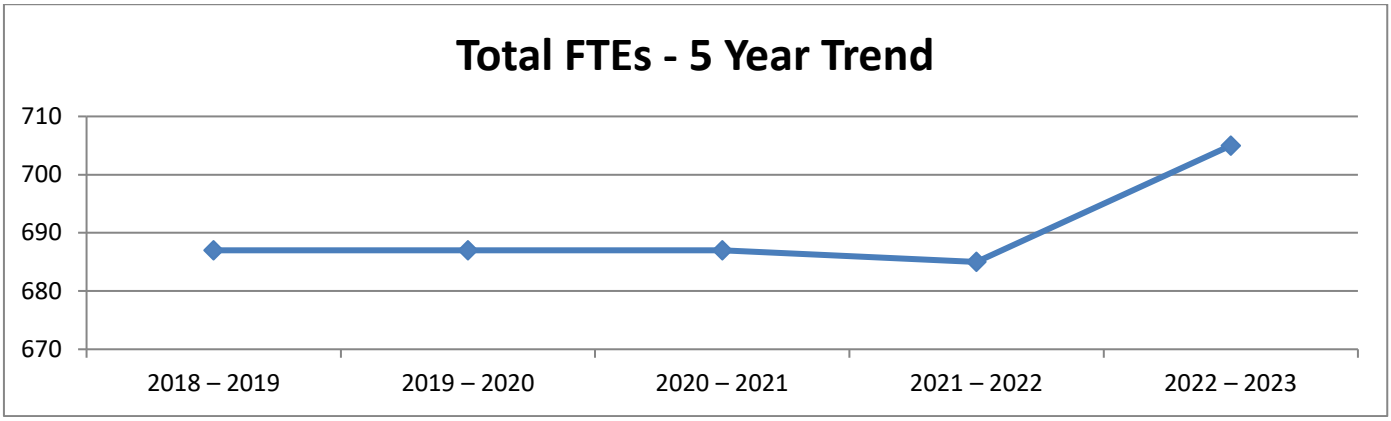


Table 2

Growth in GME: Number of Positions					
	2018 – 2019	**2019 – 2020**	**2020 – 2021**	**2021 – 2022**	**2022 – 2023**
Total FTEs	687	687	687	685	705

Figure 3 illustrates the ACGME Number of Sponsoring Institutions by Size and Number

Number of Sponsoring Institutions By Size Of Sponsor

Academic Year 2022-2023
United States

Totals are subject to change during current academic year

Number of Programs	Number of Sponsors	Percent of Total	% of Total Sponsors
0 Programs	65	7.4%	
1 Program	232	26.5%	
2-5 Programs	242	27.7%	
6-25 Programs	190	21.7%	
26-50 Programs	53	6.1%	
51-75 Programs	47	5.4%	
76-100 Programs	25	2.9%	
> 100 Programs	21	2.4%	
Totals	**875**	**100%**	

0% 10% 20% 30% 40% 50%

Note: Percentages may not add to 100% due to rounding.

c. Primary Care Trends

Commitment to primary care programs/disciplines is a critical mission nationally driven by national workforce estimates. Primary Care, as defined by Medicare, includes the disciplines of Family Medicine, Pediatrics, Internal Medicine and Ob/Gyn. The UConn School of Medicine has demonstrated continued support for the primary care disciplines over the last five years. Traditionally, the number of trainees in primary care disciplines ranges between 40-50th percentile. In the 2022 - 2023 academic year, there were a total of 310 FTEs enrolled in primary care programs (44% of total with Ob/Gyn, 38% without). The growth in the number of trainees in primary care has been outpaced by our growth in specialty positions. (Figure 4 and Table 3).

Figure 4

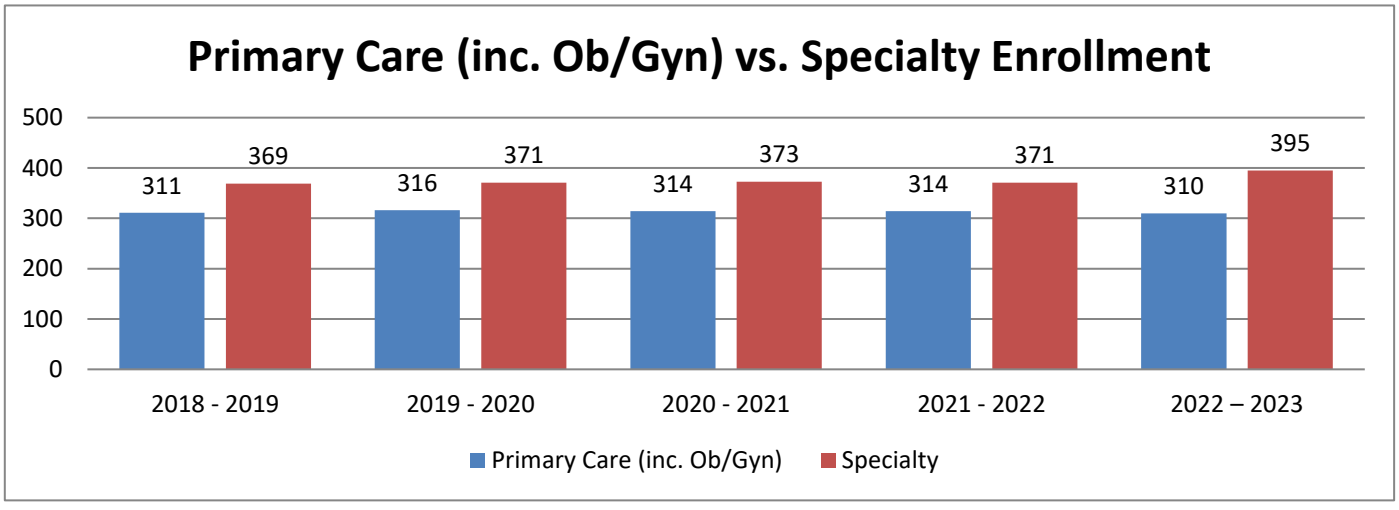


Table 3

Primary Care Programs	2022 - 2023 FTEs
Family Medicine	21
Internal Medicine (IM, prelim, chief)	135
Pediatrics (peds, chief)	63
Primary Care (pricare, chief)	51
Ob/Gyn	40
Total Primary Care Enrollment	310
Total GME Enrollment	705

d. Diversity

Diversity in the GME workforce is a goal for the University of Connecticut-sponsored residency and fellowship programs. Our programs are aware of the need to enhance diversity and acknowledge the challenges that come with a matching program and an application process that does not require students to self-identify.

We hope to enhance diversity through working with our institutional partners in the Office of Multicultural and Community Affairs, the Visiting Externship for Students Underrepresented in Medicine, and the Health Careers Opportunities Program, developing pipeline programs, enhancing the diversity of our faculty who can serve as role models to future trainees, and by identifying barriers that limit diversity and inclusion in our learning environments.

The ACGME Common Program Requirements include a specific statement on diversity: "The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, and other relevant members of its academic community." Figures 5a-f show the breadth of the diversity in our programs based on how our current trainees self-identify.

e. GME Enrollment

GME enrollment, inclusive of type of medical school, diversity, and career choice is reviewed annually by the GME office.

Figure 5 and Table 4 show our enrollment by type of medical school. Figures 5a-5f show the diversity of our enrolled residents.

Figure 5

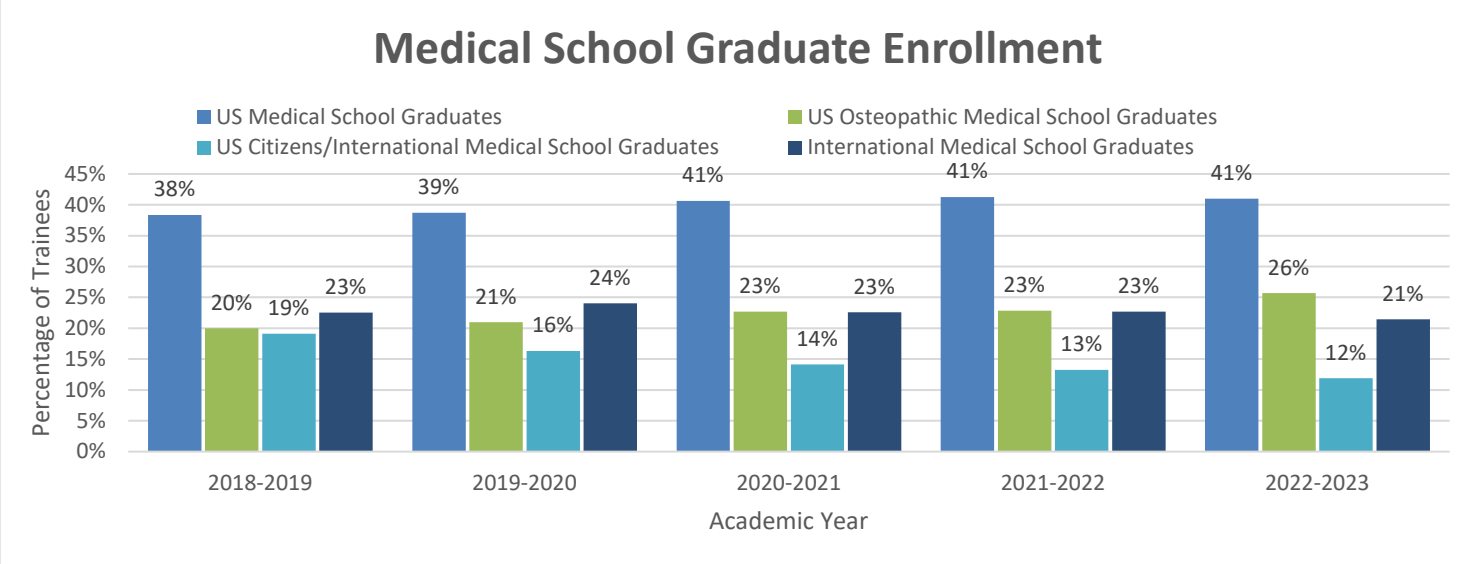


Table 4

Medical School Graduate Enrollment										
	2018-2019		2019-2020		2020-2021		2021-2022		2022-2023	
	%	N	%	N	%	N	%	N	%	N
US Medical School Graduates	38	261	39	268	41	279	41	281	41	289
US Osteopathic Medical School Graduates	20	137	21	144	23	156	23	157	26	181
US Citizens / International Medical School Graduates	19	131	16	110	14	97	13	89	12	84
International Medical School Graduates	23	158	24	165	23	155	23	158	21	151
Total	100%	687	100%	687	100%	687	100%	685	100%	705

Figure 5a

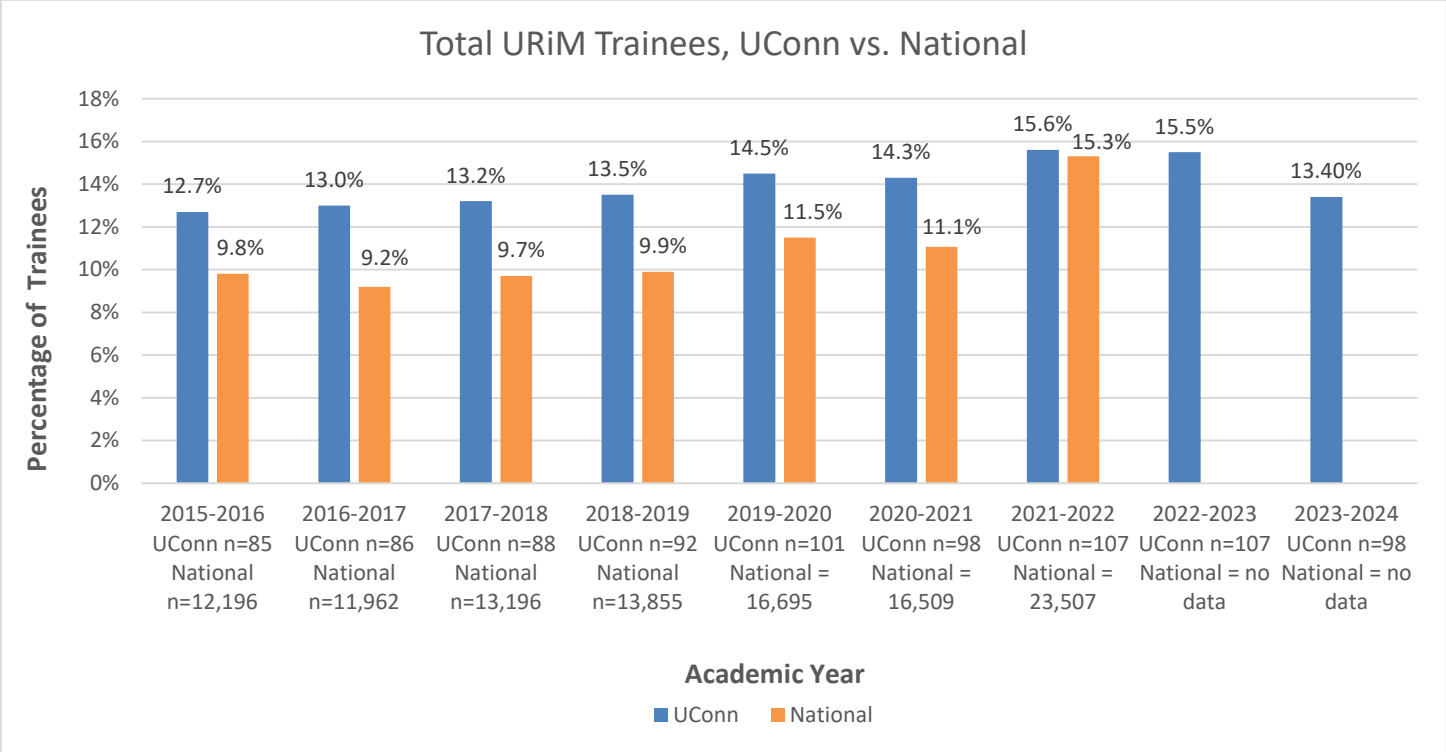


Figure 5b

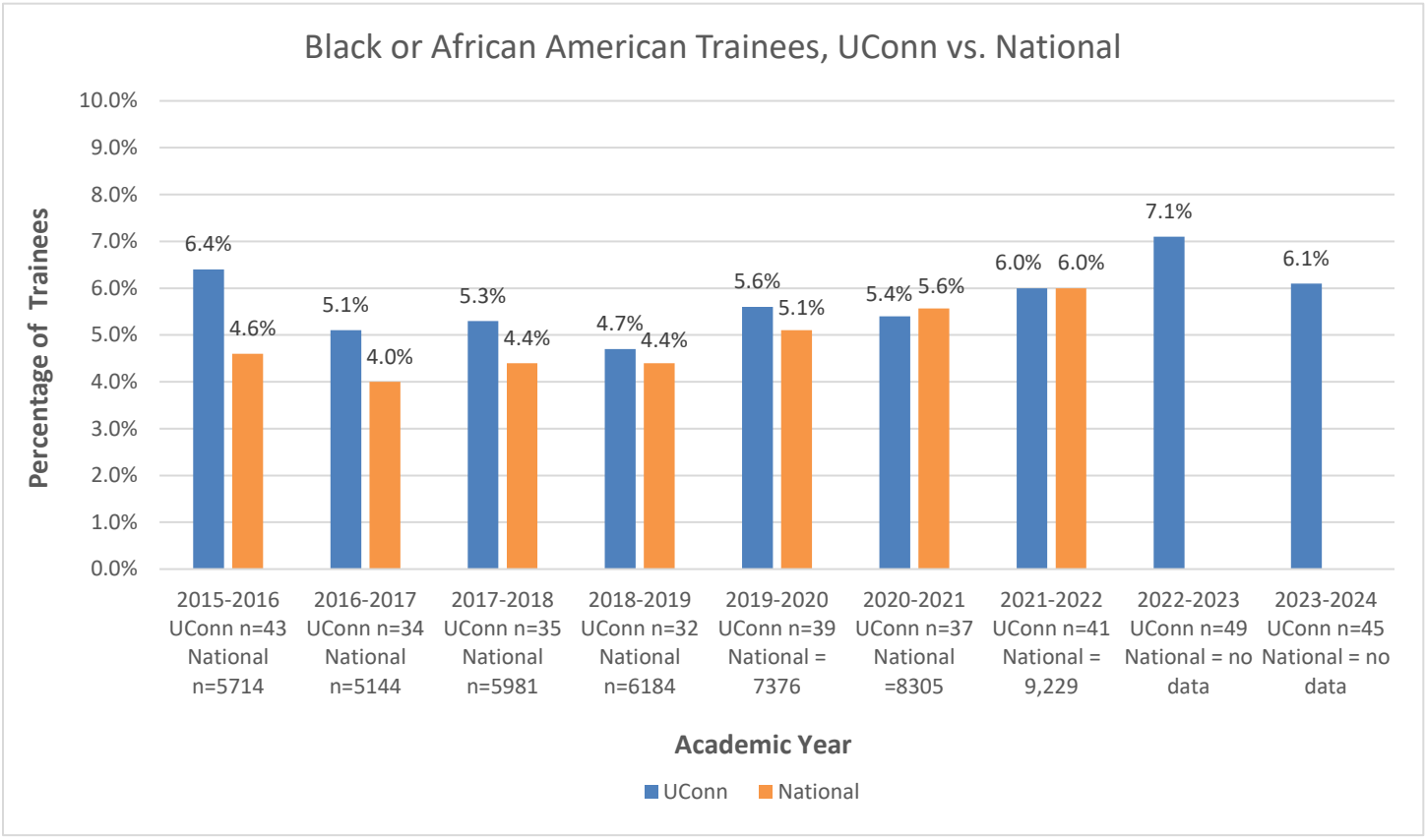


Figure 5c

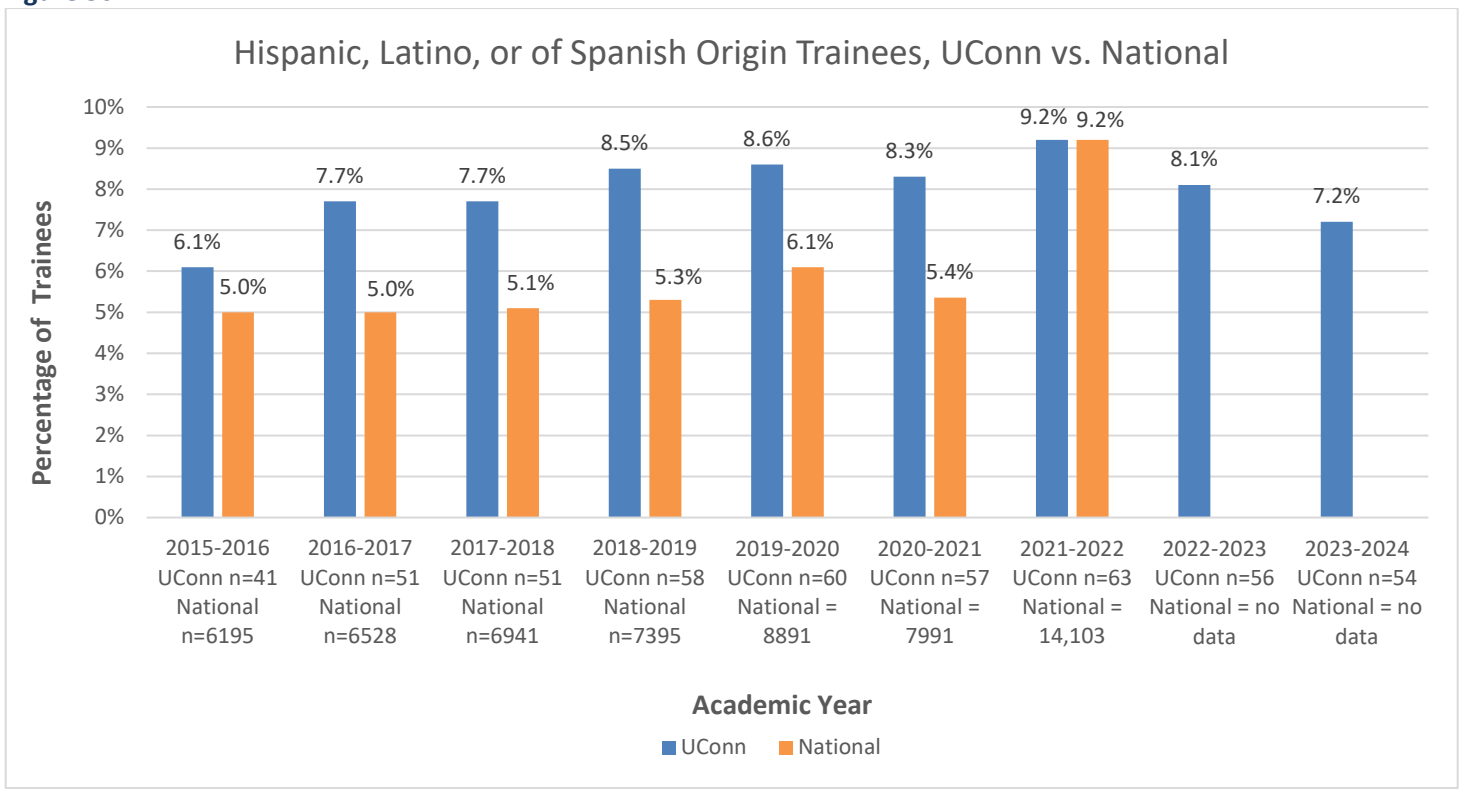


Figure 5d

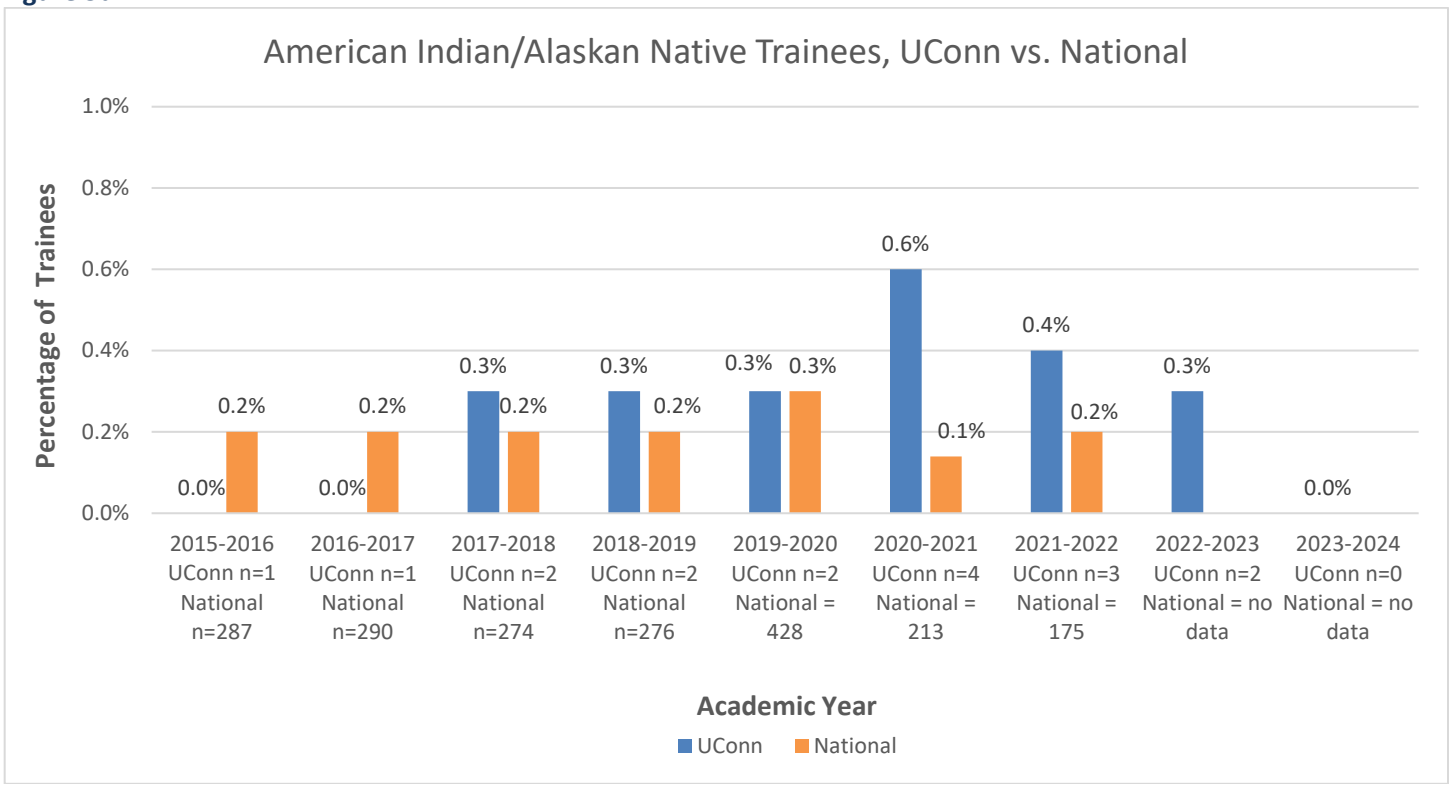


Figure 5e

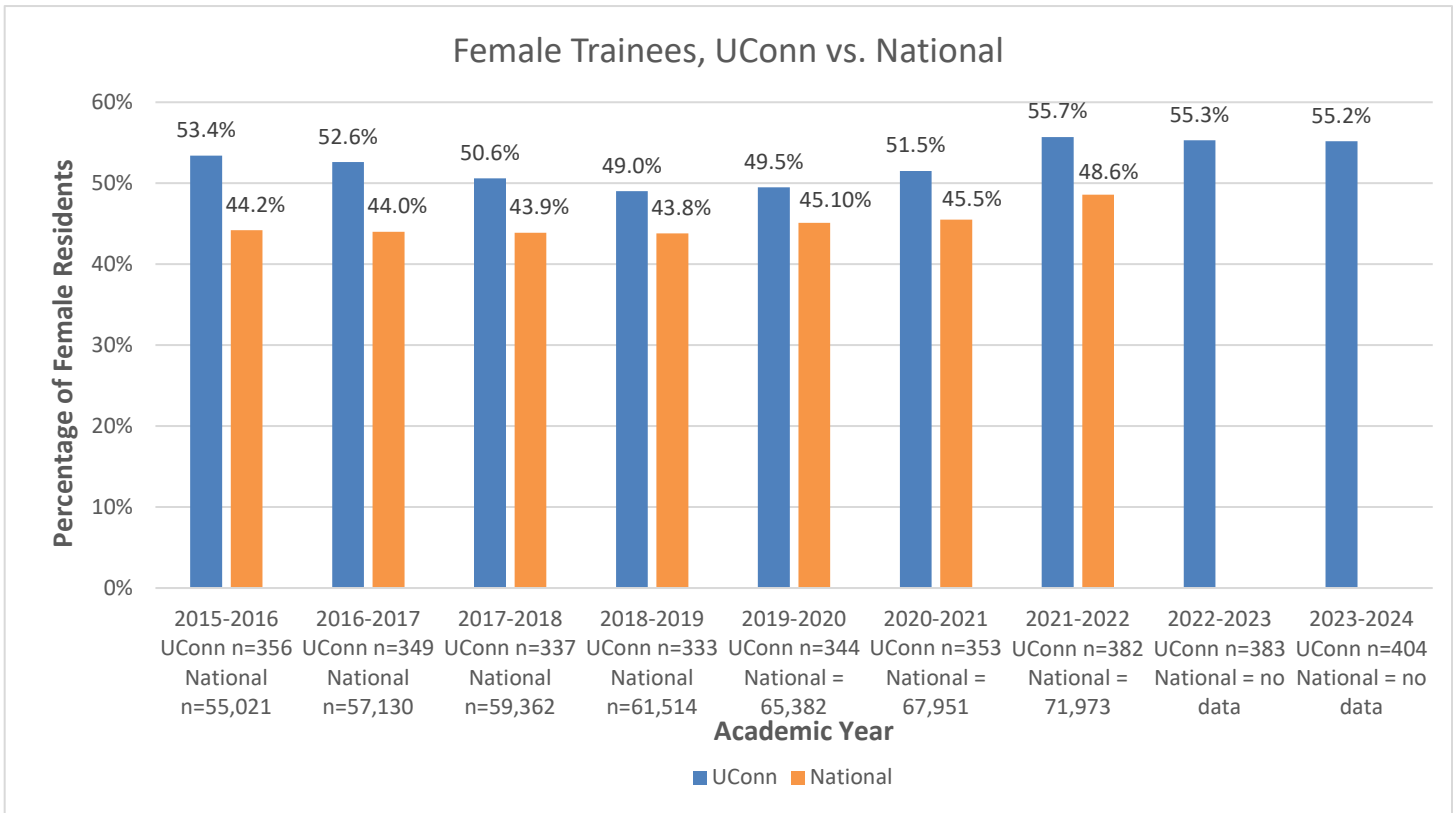
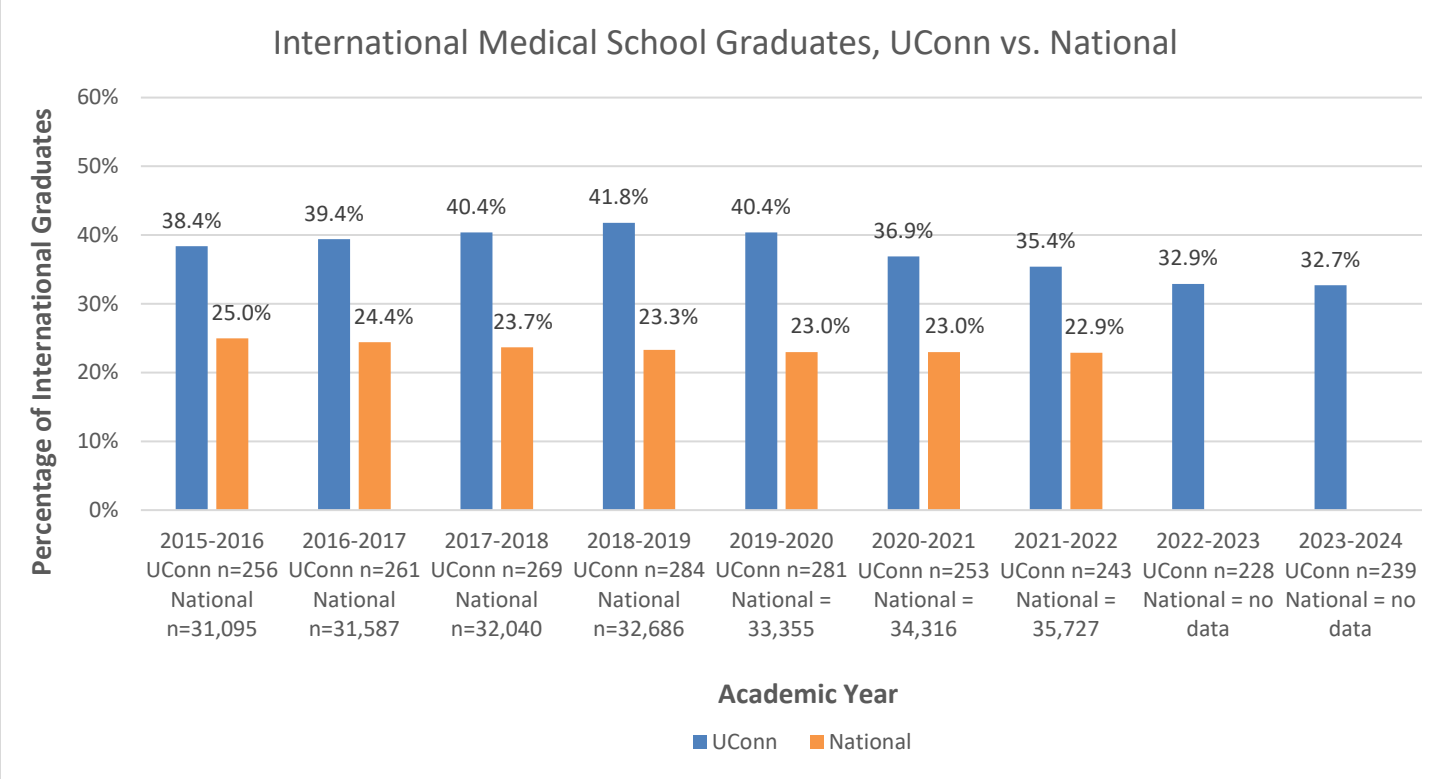


Figure 5f


International Medical School Graduates, UConn vs. National
Percentage of International Graduates
60%
50%
40%
30%
20%
10%
0%
38.4%
25.0%
39.4%
24.4%
40.4%
23.7%
41.8%
23.3%
40.4%
23.0%
36.9%
23.0%
35.4%
22.9%
32.9%
32.7%
2015-2016 UConn n=256 National n=31,095
2016-2017 UConn n=261 National n=31,587
2017-2018 UConn n=269 National n=32,040
2018-2019 UConn n=284 National n=32,686
2019-2020 UConn n=281 National = 33,355
2020-2021 UConn n=253 National = 34,316
2021-2022 UConn n=243 National = 35,727
2022-2023 UConn n=228 National = no data
2023-2024 UConn n=239 National = no data
Academic Year
UConn
National

VII: Graduate Medical Education Evaluation and Outcomes

Our accrediting organization (the ACGME) has defined outcome metrics that help programs and institutions identify strengths and areas for improvement in Graduate Medical Education. This section gives an overview of outcome metrics tracked by programs with oversight by the GME office. Outcome metrics include:

a. Residencies and Fellowships Board Pass Rates
b. Scholarly Activity for Graduating Residents and Fellows
c. Annual Program Report
d. ACGME Resident Survey
e. ACGME Faculty Survey
f. Exit Survey Data/Consortium Data
g. Graduation Data
h. Wellness data

a. Resident and Fellow Board Pass Rates

The two figures below, Figure 6 and Figure 7, illustrate the three-year rolling Board pass rate for residency and fellowship programs.

Figure 6

Residency Programs: 3 Year Written Boards Pass Rate				
95% - 100%	**90% - 94.9%**	**85% - 89.9%**	**75% - 84.9%**	**<75 %**
• Dermatology • Family Medicine • Internal Medicine • Neurology • Ob/Gyn • Orthopaedic Surgery • Otolaryngology • Urology	• Anesthesiology • Emergency Medicine • Primary Care	• Surgery	• Pediatrics • Psychiatry • Radiology	

Figure 7

Fellowship Programs: 3 Year Written Boards Pass Rate				
95% - 100%	**90% - 94.9%**	**85% - 94.9%**	**75% - 84.9%**	**<75%**
• Cardiology HH • Cardiology JDH • Family Medicine Sports • Gastroenterology • Geriatrics • Geriatric Psychiatry • Hematology/Oncology • Interventional Cardiology JDH • Nephrology • Orthopaedic Sports Medicine • Pediatric Endocrinology • Pediatric Gastroenterology • Pediatric Surgery • Pulmonary & Critical Care • Reproductive Endocrinology • Vascular Surgery		• Interventional Cardiology HH	• Endocrinology • Infectious Disease • Maternal-Fetal Medicine • Neonatology • Pediatric Emergency Medicine • Rheumatology • Surgical Critical Care	• Advanced Heart Failure • Child & Adolescent Psychiatry • Pediatric Hematology/Oncology • Pediatric Pulmonology

b. Scholarly Activity of Our Recent Graduates and Core Faculty:

Figure 8 illustrates the scholarly activity our graduating residents and fellows accomplished during their training program at UConn. We also show the impressive amount of scholarly activity produced by the core faculty in our programs over the last academic year.

Figure 8

Scholarly Productivity of our Recent Graduates (n=236)

PubMed IDs	National, International, Regional Presentations (#)	Textbook Chapters (#)	Teaching Presentations within Program (#)
297	721	52	3,093

Scholarly Productivity of our Core Faculty during the last academic year (n=537)

PubMed IDs	National, International, Regional Presentations (#)	Chapters or textbooks (#)
830	1,152	136

c. Annual Program Report:

Since 2014, programs have been required to conduct an Annual Program Evaluation (APE). The data from these APEs and additional data from the programs' annual update to the ACGME are collected and analyzed by GME leadership to create an Annual Program Report (APR). The APR, completed by the DIO, is a composite evaluation of each sponsored program. The APR reviews the following data:

- Program Information, Personnel, Accreditation Data System (ADS) Update
- Resident Performance, In-training exams, Procedure/Case Logs, Resident Scholarly Activity, Patient Safety and Quality Improvement
- Faculty Development, Faculty Scholarly Activity, Faculty Evaluations
- Graduate Performance, Board Pass Rates
- Faculty Survey Results, Resident Survey Results,
- Program Strengths, Weaknesses, Program Improvement Projects

Figure 9 is a dashboard showing all programs and their ratings for their Annual Program Report.

Residencies
Anesthesiology
Dermatology
Emergency Medicine
Family Medicine
Internal Medicine
Neurological Surgery
Neurology
Ob/Gyn
Orthopaedics
Otolaryngology
Pediatrics
PM&R
Primary Care
Psychiatry
Radiology
Surgery
Urology

Outstanding	96-100
Very Good	80-95
Good	70-79
Fair	60-69
Poor	≤59

Fellowships
Acute Care Surgery
Adult Cardiothoracic Anesthesiology
Advanced Heart Failure & Transplant
Cardiology HH
Cardiology Interventional HH
Cardiology Interventional JDH
Cardiology JDH
Child Psychiatry
Emergency Medicine International
Endocrinology
Family Medicine Sports
Forensic Pathology
Gastroenterology
General Internal Medicine
Geriatric Psychiatry
Geriatrics
Hand Surgery
Hematology/Oncology
Infectious Disease
Maternal Fetal Medicine
Minimally Invasive Gyn Surgery
Musculoskeletal
Neonatology
Nephrology
Neuromuscular
Neurovascular
Orthopaedic Surgery of the Spine
Orthopaedics Sports
Pediatric Cardiology
Pediatric Emergency Medicine
Pediatric Gastroenterology
Pediatric Hematology/Oncology
Pediatric Infectious Disease
Pediatric Orthopaedics
Pediatric Otolaryngology
Pediatric Pulmonary
Pediatric Surgery
Pediatrics Endocrinology
Pulmonary
Reproductive Endocrinology
Rheumatology
Surgery Critical Care
Vascular Surgery

d. ACGME Resident Survey Composite

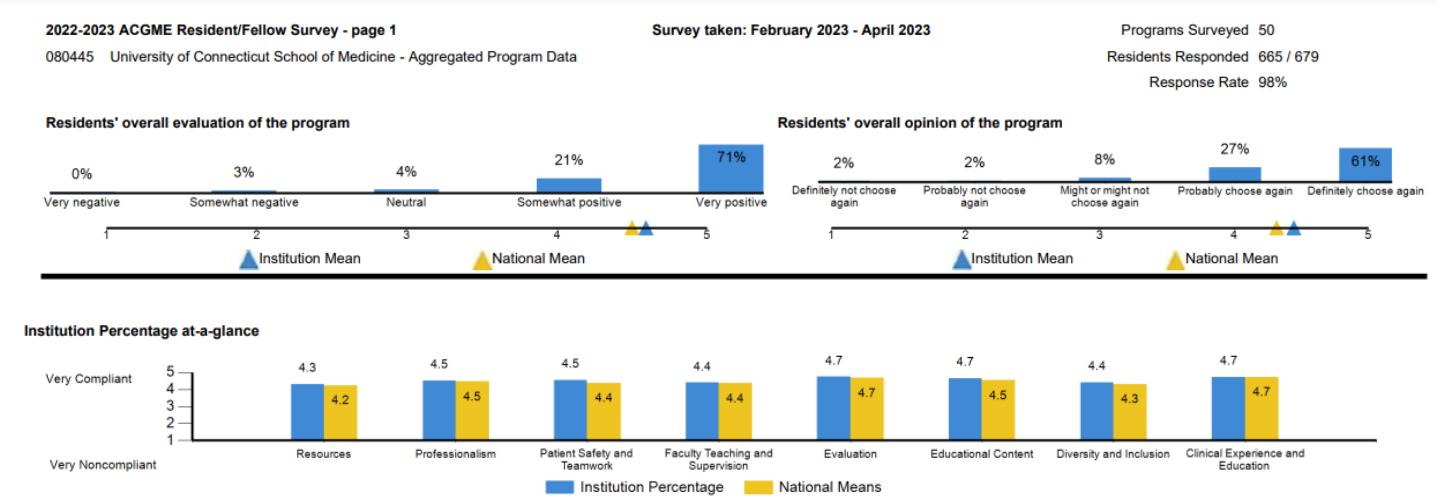
All residents/fellows in ACGME programs are surveyed annually by the ACGME. Each program is required to have a 70% completion rate, though we strive for 100% completion, in order to protect anonymity, only programs with four or more residents/fellows in the program will receive the survey results from the ACGME. Survey results carry a significant weight with the Review Committees. For programs with three or fewer residents/fellows, the GME Office conducts an annual survey to gain insight into emerging concerns for smaller programs. The UConn School of Medicine sponsors 77 programs, 50 of which were eligible to complete the ACGME surveys. These programs are comprised of 679 residents/fellows of which 665 (98%) completed the survey.

The survey reflects eight content areas:

- Resources
- Professionalism
- Patient Safety and Teamwork
- Faculty Teaching and Supervision
- Evaluation
- Educational Content
- Diversity and Inclusion
- Clinical Experience and Education

The composite report for all our ACGME programs in 2022-2023 is provided below in figure 10. The resident/fellow overall evaluation of their program of positive or very positive is 92%, and above the National Mean. 88% of UConn trainees would probably or definitely choose their program again, a higher percentage than the national mean. In each of the 8 content areas, the mean for UConn as an institution was at or above the national mean.

Figure 10



The complete ACGME Resident Survey is Attachment E.

e. ACGME Faculty Survey Composite

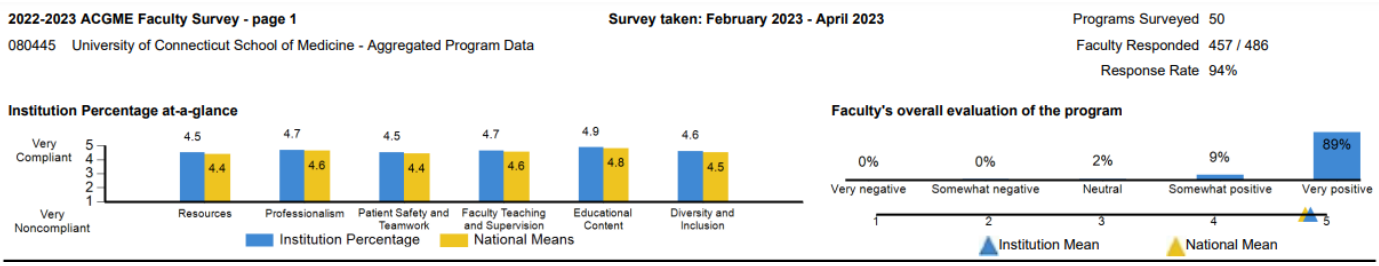
Like our trainees, core faculty in our ACGME sponsored programs participated in an annual faculty survey conducted by the ACGME. For the 2022-2023 academic year, a total of 50 programs were surveyed which represents 486 program directors/core faculty with a response rate of 94% of which 457 completed the survey.

The survey reflects six content areas:

- Resources
- Professionalism
- Patient Safety and Teamwork
- Faculty Teaching and Supervision
- Educational Content
- Diversity and Inclusion

Our institution scored at or above the national mean in all content areas as seen in Figure 11. We are also very pleased to note that 98% of our faculty responded their overall evaluation of their program is positive/very positive, and this is also above the National Mean.

Figure 11



The complete ACGME Faculty Survey is Attachment F.

f. Exit Survey Data/Consortium Data

The Capital Area Health Consortium requires that all graduates from the UConn School of Medicine sponsored programs complete an annual graduation survey. The survey reflects the overall quality of the work environment and educational experience at each major affiliated hospital.

The survey encompasses safety and security; availability of food, computers, internet, nursing staff, consults, clinical supplies, social workers and case management; functionality of the EMR; volume of patients; professionalism; faculty support; interactions with staff; and timeliness of labs.

Data was collected on 46 programs, 205 graduating residents and fellows, and 5 hospitals. This data is shared with GMEC and the assistant deans at each affiliated site. The assistant deans are required to present an action plan for any content area that scores below 3.5 (responses graded on a 1-5 Likert scale). GMEC monitors these action plans. All our Consortium hospitals were rated above 3.6 on a 1-5 Likert scale in overall educational experience. (Table 5)

Table 5

Hospital	Work Environment	Educational Experience
John Dempsey Hospital	3.97	4.03
Hartford Hospital	3.91	4.09
St. Francis Hospital and Medical Center	3.45	3.61
The Hospital of Central Connecticut	3.93	3.70
Connecticut Children's	3.75	3.79

Residents are encouraged to write comments about the quality of each hospital and their concerns about each hospital. (Table 6). Overall strengths and areas of concern identified on the Consortium survey for our hospitals in the academic year 2022-2023 include:

Table 6

John Dempsey Hospital	**Strengths**	**Lowest Scoring Areas**
	Faculty: Level of supervision and professionalism	Food: Lack of availability of food after hours
	Facility: Safety and security	Professionalism of nursing staff
	Resident inclusion and respect	
Hartford Hospital	**Strengths**	**Lowest Scoring Areas**
	Patient & case volume/mix: Diversity of patient populations and large volume of patients; complexity and acuity of cases	Safety and security of parking
	Overall educational experience rated highly	Commitment to resident/fellow well-being
	Functionality of EHR system	
St. Francis Hospital and Medical Center	**Strengths**	**Lowest Scoring Areas**
	Residents/fellows felt included and respected	Timeliness of laboratory Services: Many comments about lack of timely lab draws, including STAT labs
	Faculty: Appropriate level of supervision	Availability/professionalism of nursing staff: Many comments across programs about short staffing and professionalism
The Hospital of Central Connecticut	**Strengths**	**Lowest Scoring Areas**
	Availability of clinical supplies and equipment	Availability of food
	Support of diversity/inclusion as it relates to residents and fellows	Comfort and cleanliness of call rooms
Connecticut Children's	**Strengths**	**Lowest Scoring Areas**
	Functionality of EHR system	Availability of computers
	Access to internet for education	Availability of food

g. Graduation Data

Data on our graduating residents' and fellows' career plans after training is collected. In the academic year 2022 - 2023, there were 181 residents who graduated from our core residency programs. The largest percentage of these graduates went on to fellowship training (56%, n=102), 35% (n=63) went into practice, and small group went to other residencies (7%, n=13). Of the 63 residents who graduated and went to practice, 24 (13%, or 36% of all residency graduates) remained in Connecticut. Table 7 reflects the data for this group.

Table 7

	2021- 2022		2022 - 2023	
Number of graduating residents	179	100%	181	100%
Continue to UConn residency (chief year, change program, prelims)	17	9%	13	7%
Continue to UConn fellowship	18	10%	18	10%
Continue to CT fellowship (Yale, HH, SF)	5	3%	11	6%
Continue to out-of-state fellowship	76	42%	73	40%
Continue to practice in CT	28	16%	24	13%
Continue to practice outside CT	23	13%	39	22%
Unknown	12	7%	3	2%

During the academic year 2022 - 2023, there were 55 FTEs who graduated from fellowships. The majority of the graduating fellows went on to practice (n=38, or 69%), while some pursued additional fellowship training (n=14, or 22%). Of the 38 graduating fellows who went into practice, 9 (16% or 22% of all fellow graduates) remained in Connecticut. Table 8 shows this data.

Table 8

	2021 - 2022		2022 - 2023	
Number of graduating fellows	58	100%	55	100%
Continue to UConn fellowship	2	3%	2	4%
Continue to CT Fellowship (Yale, HH, SF)	2	3%	1	2%
Continue to out-of-state fellowship	13	22%	11	20%
Continue to practice in CT	13	22%	9	16%
Continue to practice outside CT	19	33%	29	53%
Unknown	9	16%	3	5%

Of the 236 total graduates of our residency and fellowship programs, 78 or 33% remained in CT, with n=33 (14%) going into practice, and the remaining n=45 (19%) continuing in addition training programs in the state.

Graduate data from the past 5 years is shown in Table 9. Over the past five academic years, 192 graduates have gone on to practice in Connecticut.

Table 9

FY18 - FY23		
Total Graduates FY18-FY23	**1,164**	
Continue to UConn Residency/Fellowship	162	14%
Continue to other CT Residency/Fellowship	61	5%
Total CT Residency/Fellowship	223	19%
Continue to out-of-state fellowship	414	36%
Continue to practice in CT	192	16%
Continue to practice outside of CT	324	28%
Total stay in CT residency/fellowship or practice	415	36%
Withdrew/Unknown	11	1%

h. Well-being

The Office of Graduate Medical Education is committed to supporting resident well-being. In 2023, the GME Office enhanced its comprehensive well-being website designed to provide residents with information regarding resources to support their well-being. The eight dimensions of wellness provide the organizational framework of the website: physical, emotional, social, financial, occupational, environmental, spiritual, and intellectual.

Counseling services have been available to residents at no cost to them for several years. Over the past year, the GME Office has made a concerted effort to educate residents, program faculty and program coordinators on a regular basis about these services which include 10 community mental health providers and the Employee Assistance Program (EAP) staff at UConn Health. There has been a 25.7% increase in utilization of these counseling services from academic year 2021-2022 to 2022-2023 for a total cost to GME of $119,239.00.

The GME Clinical and Educational Work Hours policy continues to require programs to limit scheduled hours to no more than 75 per week. The ACGME policy allows for 80 hours per week.

Each residency program continues to receive an annual budget to be utilized for activities and initiatives that support resident well-being. The GME Office earmarks funds annually that are also used for well-being related events that are open to all residents.

Beginning in the 2017-2018 academic year, the GME office sent anonymous burnout self-assessment surveys to our residents. Using a Burnout Inventory, residents are provided the opportunity to self-assess their level of burnout three times over the academic year. We surveyed new interns prior to orientation in June, and all residents in October and March. As residents complete the anonymous self-assessment, they are provided their score along with an interpretation of that score, and then, regardless of score, are reminded of all the resources available to them. We also survey our core teaching faculty and program coordinators at those same intervals and provide them with resources available through the faculty affairs website.

Scores for all groups over the start of the survey are shown in Table 10.

Table 10

	Average Score	0 - 18: no sign of burnout	19 - 32: little sign of burnout	33 - 49: may be at risk of burnout	50 - 59: at severe risk of burnout	60+: at very severe risk of burnout
June 2023 Incoming Resident/Fellows (n=177)	15.1	121	43	11	1	1
June 2022 Incoming Resident/Fellows (n=166)	14.63	111	48	7		
June 2021 Incoming Resident/Fellows (n=104)	10.58	87	16	1		
June 2020 Incoming Resident/Fellows (n=112)	10.78	93	18	1		
June 2019 Incoming Resident/Fellows (n=144)	12.82	105	34	5		
May 2023 Resident/Fellows	26.37	32	31	27	7	
December 2022 Resident/Fellows	27.32	40	37	44	11	1
May 2022 Resident/Fellows	26.43	56	36	39	16	1
December 2021 Resident/Fellows	29.09	39	63	44	14	3
March 2021 Resident/Fellows	27.42	52	42	55	9	3
March 2020 Resident/Fellows	21.12	69	38	24	6	1
October 2019 Resident/Fellows	20.41	113	81	33	9	
March 2019 Resident/Fellows	22.13	96	72	50	6	
May 2023 Faculty	22.46	86	65	41	5	
December 2022 Faculty	24.40	64	63	48	4	
May 2022 Faculty	23.02	81	67	41	7	1
December 2021 Faculty	25.56	62	64	50	12	
March 2021 Faculty	21.52	67	48	31	3	
March 2020 Faculty	19.74	38	29	11		
October 2019 Faculty	22.85	42	35	16	2	
March 2019 Faculty	22.17	31	27	15	3	
May 2023 Coordinator	23.86	11	9	6	2	
December 2022 Coordinator	25.17	11	9	8		1
May 2022 Coordinator	23.86	9	10	7	2	
March 2021 Coordinator	21.27	13	11	5	1	
March 2020 Coordinator	22.58	9	14	6		
October 2019 Coordinator	22.13	10	14	6		
March 2019 Coordinator	20.46	12	11	5		

Program specific data is shared with each program director who is expected to discuss the aggregate program data with the residents.

Steps taken to combat resident/fellow burnout:

- Well-being budget for programs and central GME
- The availability of free, confidential counseling (last academic year we paid $100,462 for counseling services provided to house staff)
- Burnout data shared with institutional wellness committee chair
- Social events, free gym membership
- Monthly email reminder about resources

VIII: Diversity, Equity, And Inclusion

Strategic Plan

As part of our institutional improvement plan for the 2022-2023 academic year, the GME Office enhanced our efforts in the realm of diversity, equity, and inclusion. An institution GME strategic plan for diversity was updated to reflect outcomes, strategies, action steps, and metrics.

This strategic plan focused on 3 priorities: 1) Enhancing the climate as it relates to DEI and J throughout GME; 2) Enhancing the curriculum and training opportunities to embrace opportunity in DEI and J; 3) Expanding efforts to identify and implement policies that reflect inclusiveness, best practices, and programming.

To help guide the implementation of the strategic plan and monitor its success, GME works closely with our Diversity Oversight Committee (DOC). The DOC a diverse group that includes GME leadership, faculty from across our training sites, residents, fellows, and program administrators. The committee meets monthly to discuss issues related to its charge and provides updates and recommendations at each GMEC meeting to our community.

The following are some highlights that both the DOC and GME addressed as priorities.

a. Climate:

- Our Annual Climate Survey was communicated to all Assistant Deans to address priorities. The overarching concern was patient discrimination and education on how to handle forms of mistreatment.
- Affinity Groups Identified (LGBTQ, IMG's, Women in Medicine and Surgery, Parents): First ever group meeting of all affinity groups with faculty leaders in late spring 2023.
- Enhanced Communication around diversity and the UConn GME community: Social Media Platform @diversityuconngme; GME newsletter
- Attention to Recruitment of URIM to our GME programs: VESUM, SNMA Annual Conference Gold sponsor event; LMSA Northeast Regional Conference; Howard Residency Fair; Community Building event. (Overall URIM's UCONN 15.5%; incoming class 14%. National Data not known at time of report)
- Reporting Concerns: There are two ways a concern can be reported around mistreatment, discrimination, or harassment. There is the anonymous GME hotline and the compliance report line at Storrs. For the academic year 2022-2023, there were no specific concerns related to discrimination, equity, or inclusiveness reported through these mechanisms.

b. Curriculum/Training Opportunities:

- Dr. Trevor Sutton developed a new track/curriculum for URIMs in all GME programs that focuses on leadership, development of an academic skill set, and scholarship. This now will complement our already existing tracks and programs that we sponsor: health disparities internal medicine track and P3AD (Pipeline Program to Promote Academic Diversity) program started by the former associate dean for multicultural affairs
- A Health Disparities curriculum that begins at orientation for all interns
- Institutional curriculum addresses topics in DEI & J in all years of training. (Taking care of Vulnerable Populations; Culturally competent care; Managing patient Bias; microaggressions in healthcare; Supporting Gender identity; Welcoming Environment for LGBTQ +)

c. Policies, best practices, and programming to emphasize inclusiveness.

- GME office developed a video on Patient Mistreatment in medical education and now it is a required component of our institutional curriculum.
- Holistic interviewing continues to be our standard practice for recruitment in residency
- Updated websites and updated program specific websites to reflect our Diversity efforts

Overall, we are making strides to enhance our community of GME learners in diversity as well as inclusiveness through climate change, recruitment efforts, and curriculum opportunities. We are working on the important curricular components in health disparities so that all GME learners regardless of specialty know how best to relate to all our patients and offer the best care possible. We will continue to report our successes and challenges as we travel this journey.

IX: Global Health Program

Our Global Health Program at UConn SOM is run by Dr. Kevin Dieckhaus and Dr. Natalie Moore. Global health opportunities in academic year 2022-2023 have continued to be affected by the COVID-19 pandemic related disruptions to partner sites. Given the timeline for planning emergency experiences and uncertainties of the COVID-19 pandemic in early AY 22–23, opportunities for immersive experiences were limited, but increased over the latter part of the year.

The Global Health Program has continued to mentor and facilitate international learning and global health related skills for resident physicians. The Global Health Program has continued educational opportunities includes monthly evening topical presentations and skills building sessions, a “global health careers night”, and a weekend "boot camp" focusing on global health integrative skills. A formal global health track has been established within the internal medicine residency under the direction of Dr. Susan Levine, beginning with academic year 2023. This track includes 11 internal medicine residents and one infectious disease fellow. Participation in the track requires attendance at monthly didactics, attendance at evening programs, and the development of a personal global health-related research and/or clinical immersive experience.

Additional resources were developed to promote global health and guide learners. New resources include the global health experience database, found at https://travelexperiences.uchc.edu/home, which summarizes over 2 decades of travel experiences for medical students, and now includes graduate medical education experiences. Learners may peruse prior experiences to identify resources and contacts for potential future experiences. A Global Health newsletter, IMMERSIONS, was launched in Spring 2023. A website for the program is in development.

The Global Health Program at UConn Health continues to participate in the formal process for assessing health, safety, and tracking functions through the education abroad program at UConn–Storrs. With this process, all UConn Health learners receive travel-related insurance through UConn-Storrs. This process required modification of the reporting systems to allow UConn Health learners to report planned travel related activities to Storrs as well as identify and seek approvals for situations requiring extra precautions (i.e., state department level–3 travel). We have been engaging with UConn-Storrs Global Affairs as well as our established international partners to expand opportunities for International Experiential Learning. The program will continue to monitor potential health and safety concerns and coordinate with UConn–Storrs education abroad to provide the most appropriate and safe global health related experiences as possible going forward.

Resident physicians have participated in immersive experiences in the Philippines, Uganda, Rwanda, South Africa, Dominican Republic and Peru during AY 2022-2023, representing UConn training programs in internal medicine, primary care internal medicine, infectious diseases, family medicine, pediatrics, obstetrics–gynecology, emergency medicine and surgery. The Global Health program continues to seek appropriate additional partners for research, clinical, and educational experiences for our UConn learners.

X: Patient Safety Initiative

Patient Safety remained a significant focus in GME. 24 Patient Safety Faculty Experts provided education, training and mentorship in patient safety to residents and fellows in 31 of our residency and fellowship programs (Figure 12) at John Dempsey Hospital, Connecticut Children’s and St. Francis Hospital and Medical Center. 252 residents and 55 fellows were educated regarding patient safety and taught how to report and how to analyze safety events using Apparent Cause Analysis (ACA). 220 residents participated in a simulated ACA and 226 participated in an ACA of a real-time safety event. 41 fellows participated in a simulated ACA and 38 participated in an ACA of a real-time safety event (Figure 13). A total of 104 ACAs were completed by trainees. 64 corrective action plans were implemented as a result of these analyses. 270

safety events were reported by house staff.

Figure 12

Patient Safety Initiative Programs
Residencies
Anesthesiology
Dermatology
Emergency Medicine
Family Medicine
Internal Medicine
Neurosurgery
Neurology
Obstetrics & Gynecology
Orthopaedic Surgery
Otolaryngology
Pediatrics
Primary Care Internal Medicine
Psychiatry
Radiology
Surgery
Urology
Fellowships
Cardiology
Endocrinology
Gastroenterology
Hematology & Oncology
Infectious Disease
Neonatology
Nephrology
Pediatrics Emergency Medicine
Pediatrics Endocrinology
Pediatrics Gastroenterology
Pediatrics Hematology & Oncology
Pediatrics Orthopaedics
Pediatrics Otolaryngology
Pediatrics Surgery
Pulmonary

Figure 13

	Total n	Educated (n/%)	Completed a Sim Case (n/%)	Participated in Real ACA (n/%)
Residents				
PGY1s and Residents new to the institution	164	160/98%	149/91%	158/96%
Residents above the PGY 1 level or new to the institution	379	92/24%	71/19%	68/18%
Fellows				
First Year Fellows	27	24/89%	18/67%	18/67%
Upper Year Fellows	39	31/79%	23/59%	20/51%

XI: GME Financial Data

Federal Funding/Background

The Consortium hospitals receive payments from the Medicare Program for the training of residents and fellows. Residents/fellows participating in graduate medical education have successfully completed medical school and are undergoing several years of hands-on supervised training depending on their chosen field or specialty.

Medicare GME payments come in two forms: Direct GME or "DGME" and Indirect GME also known as "IME". DGME is meant to cover Medicare's share of cost directly related to training residents. These costs include salary and fringe of residents, salary and fringe of residency program faculty, resident and faculty support, institutional overhead, and other expenses related to operating the program. IME payments are meant to recognize teaching hospital's higher cost of providing patient care. Higher staffing level requirements, additional resident ordered testing, facility upkeep, and the financing of future capital investments in emerging technology are some of the stated historical reasons for the IME payment.

Per the last filed FY21 Medicare cost reports, the Federal funding contributions amounted to approximately $159.5 million to the Consortium Hospitals to support resident/fellowship training, in both University of Connecticut sponsored programs and non-UConn sponsored programs with most of the funding supporting UCONN sponsored programs. All hospitals are currently training above their reimbursable Medicare Full Time Equivalent (FTE) caps.

Presidential budgets are continuously monitored in two areas:

a. The constant threat in significant cuts in both DGME/IME reimbursement rates
b. Legislation to increase FTE training slots to various regions of the country.

The GME office and the Sponsoring Institution take every opportunity to write our Congress about the threats to our physician workforce that would ensue should reimbursement continue to decrease. We also monitor revenue opportunities and apply for "redistribution" cap slots made available when other teaching hospitals close. We are fortunate to have a full-time administrator dedicated to managing our budget.

Graduate Medical Education Billing

The GME Office billed $107.1 million dollars in total expense for the academic year ending 06/30/2023. This can be seen in Table 11 broken down by hospital:

Table 11

Site	FTE	Resident Salary Expense	Resident Fringe Benefits (23.51%)	Program Expenses	Central Admin Allocation	IDC (15%)	Total Bill
CCMC	107.90	7,221,814	1,697,849	2,091,433	384,685	1,709,367	13,105,148
Hartford Hospital	233.73	15,703,198	3,691,822	11,473,915	833,283	4,755,333	36,457,551
Hospital of Central CT	55.52	3,661,010	860,703	2,004,536	195,555	1,008,271	7,730,075
John Dempsey	178.89	11,761,865	2,765,217	10,423,245	636,111	3,837,965	29,424,400
Saint Francis/ Trinity	127.84	8,476,946	1,992,930	5,746,991	455,765	2,501,066	19,173,701
Other Sites/ Payers	12.81	880,403	206,983	184,417	11,631	-	1,289,440
Grand Total	716.69	47,705,236	11,215,501	31,924,537	2,517,033	13,812,002	107,180,315

* Total FTEs show a slight variance to other tables due to the inclusion of off-cycle residents in the billing database. FTEs – Based on program specific rotation schedules spanning the entire year. (i.e., 28-day rotation, 28/365 days = .076 fte)

Resident Salary & Fringe Benefits- The salary target is the AAMC Northeast 50th percentile. Salary amounts are equal across all specialties but differ based on training experience as determined by postgraduate year seen in the chart below (Table 12). Fringe Benefit Rate is based on actual cost as provided by the CAHC. For the period ending 06/30/2023, the resident fringe benefit rate was 23.51%.

Table 12

6/28/2022-6/01/2023

Resident Salaries	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Year End	62,780	64,554	67,045	70,470	72,836	74,829	76,541
AAMC Northeast mean salary (projected)	64,090	66,400	69,780	73,630	75,760	77,840	80,630

Program Expenses- Program specific budgets capture program leadership, faculty, and support staff's applicable salary and fringe based on respective program's requirements. Also included are program operating expenses of resident and program support as approved by GMEC.

Central Administration- All expenses related to operating the GME office include salary, fringe, and operating expense. This also includes institutional annual fees for all accredited programs, various on-line system expenses, and other GME institutional support (i.e., orientation, resident town halls, etc.).

Indirect Cost (IDC) – An additional 15% fee has been approved by the 5 major affiliate hospitals to cover the Institution's cost of hosting GME. The intent is to cover academic activities not captured in program-specific budgets (faculty program time related to recruitment, fulfilling scholarly activity requirements, curriculum development, etc.), space requirements

of the program, library expense, and senior management time. The current IDC rate became effective on 10/01/09.

XII: Institutional Improvement Projects

Follow-up on the 2021 - 2022 action plans**:**

Based on GMEC's review of the 2021-2022 Annual Institutional Review, two institutional actions plans were developed. The first action plan was the development of institutional aims. Working with various stakeholder within and external to GME, a list of institutional aims was developed and presented to GMEC. The initial list was edited based on feedback from members of GMEC to arrive at the following institutional aims:

1. Recruit and retain a diverse pool of residents that care for the greater Hartford communities and fulfill Connecticut's physician workforce needs.
2. Train residents to become proficient in the ACGME competencies and achieve board certification in their discipline.
3. Promote the necessary skills and provide opportunities for residents to engage in and disseminate scholarly activity.
4. Develop residents to become lifelong learners as well as teachers and mentors to medical students and junior colleagues.
5. Educate residents to recognize healthcare disparities and engage in clinical and advocacy efforts to advance heath equity.
6. Maintain a culture of well-being in which resident support, camaraderie and self-care are top priorities.
7. Foster an inclusive clinical learning and work environment that is free of resident mistreatment.
8. Ensure compliance with ACGME accreditation standards for all our sponsored residency and fellowship programs.

Our resident forum initiated affinity groups, led by resident/fellow and faculty dyads. These affinity groups are meant to foster a sense of community among different cohorts across our training programs including Women in Medicine, Parents in Medicine, international Medical Graduates, Residents who identify as LGBTQI+, URiMs in Medicine, and First-Generation in Medicine.

The GME Office has also sponsored several social events at local sporting venues.

Improvement Plans for the Upcoming Academic Year

Strategic Planning related to Institutional Aims

Over the next academic year, we plan to engage various stakeholders in strategic planning around each of these aims, defining objectives goals, and metrics to help us define success.

Well-being through shared resources and community building

The second improvement plan focuses on well-being through sharing of resources and community building. Specific activities will include working with our Employee Assistance Program to schedule each incoming intern for a 30-minute well-being check-in during which all the resources available to them for self-care are reviewed (finding a primary care physician, dentist, place of worship, gym, review of our confidential and free behavioral health counseling, discounts available to them, etc.)

We will also continue to enhance our Resident Forum initiated affinity groups, led by resident/fellow and faculty dyads. These affinity groups are meant to foster a sense of community among different cohorts across our training programs including Women in Medicine, Parents in Medicine, International Medical Graduates, Residents who identify as LGBTQI+, URiMs in Medicine, and First-Generation in Medicine. The GME Office will continue to sponsor several social events at local sporting venues.

Attachment A – Membership Lists

Leadership and Membership for: GMEC, GMEC Program Review Subcommittee, Diversity Oversight Committee, Resident Forum, and Patient Safety Faculty Experts

The GMEC convenes under the leadership of the DIO/Chairperson. GMEC voting membership for 2022 - 2023 includes:

Designated Institutional Official	Steven Angus, MD, Chair
Associate Dean for GME	Kiki Nissen, MD
Assistant Deans from Major Affiliated Hospitals:	Scott Allen, MD, John Dempsey Hospital
	Jeffrey Finkelstein, MD, The Hospital of Central Connecticut
	Christine Rader, MD, Connecticut Children's
	David Shapiro, MD, St. Francis Hospital and Medical Center
	Peruvamba Venkatesh, MD, DIO, Hartford Hospital
Clinical Chief:	Robert Fuller, MD, Emergency Medicine ('23)
Educational Liaison	Christopher Steele, MD
Director of Graduate Medical Education Finance:	Mark Siraco
Director of Graduate Medical Education	Martha Wilkie
Capital Area Health Consortium Directors:	Michelle Nielson, Michael Tran
Residency Directors (3 yr term):	Peter Albertsen, MD, Urology ('23)
	Robert Nardino, MD, Internal Medicine
	Thomas Lane, MD, Primary Care Internal Medicine ('24)
	Stephen Panaro, MD, Anesthesiology ('24)
	Shawn London, MD, Emergency Medicine ('23)
	Brian Shames, MD, Surgery ('25)
	Stewart Mackie, MD, Pediatrics ('25) (starting later in month)
Fellowship Directors (3 yr term):	Duffield Ashmead, MD, Hand Surgery ('24)
	Daniel Grow, MD, Reproductive Endocrinology ('23)
	John Mah, MD, Surgical Critical Care ('23)
	Andrea Shields, MD, Maternal Fetal Medicine ('24)
	Lane Duvall, MD, Cardiology ('25)
	Andrea Orsey, MD, Pedi Hem/Onc ("25)
GMEC Subcommittee Chairs:	Wendy Miller, MD, CLER
	Cynthia Price, MD, Diversity Oversight Committee
	Martha Wilkie, C-TAGME, Program Review
Resident Forum Representatives	Joselyn Miller, DO, Emergency Medicine
	Angela Quental, MD, Internal Medicine
Residency Program Coordinator Representative	Melissa Demetro, Neurosurgery ('24)
Fellowship Program Coordinator Representative	Pam Brancati-Moynihan ('23)

Subcommittee Membership

Program Review Subcommittee
Martha Wilkie, Chair, GME
Steven Angus, MD, DIO
Adrienne Bentman, MD, Psychiatry Program Director, IOL
Amy Johnson, MD, Ob/Gyn Program Director
Thomas Lane, MD, Primary Care Program Director
Wendy Miller, MD, GME, Assistant DIO
Kiki Nissen, MD, GME Associate Dean for GME
Cynthia Price, MD, Emergency Medicine
Margaret Rathier, MD, Geriatric Program Director
Erica Schuyler, MD, Neurology Program Director
Chris Steele, MD, GME Liaison
Mark Siraco, GME

Resident Forum Members	Program	PGY Level
Matt DeMatteo, D.O.	Anesthesiology	III
Benjamin Walsh, D.O.	Anesthesiology	IV
Audrey Ready, D.O.	Cardiology JDH	V
Gian Lima, M.D.	Cardiology JDH	V
Vamsidhar Naraparaju, M.B.B.S.	Cardiology JDH	V
Lorin Bibb, M.D.	Dermatology	IV
Kristin Torre, M.D.	Dermatology	IV
Nurudeen Osumah, M.D.	Emergency Medicine	I
Daniel Katz, M.D.	Emergency Medicine	I
Joselyn Miller, M.D. (Co-Chair)	Emergency Medicine	II
Jared Kozal, M.D.	Family Medicine	III
Nirav Patel, M.D.	Family Medicine	III
Minh Nguyen, M.D.	Gastroenterology	IV
Fatima Ghazal, M.D.	Internal Medicine	II
Siddharth Venkat Ramanan, M.B.B.S.	Internal Medicine	II
Angela Quental, M.D. (Co-Chair)	Internal Medicine	III
Taylor Burch, M.D.	Neurosurgery	I
Isha Vasudeva, M.D.	Obstetrics & Gynecology	III
Roxana Mir, M.D.	Obstetrics & Gynecology	I
Patrick Garvin, D.O.	Orthopaedic Surgery	III
Erin Mulry, M.D.	Otolaryngology	III
J. David Wilson, M.D.	Otolaryngology	IV
Kathryn Schissler, D.O.	Pediatric Emergency Med	V
Kathleen Felisca, M.D.	Pedi Emergency Medicine	IV
Lauren Costigan, M.D.	Pediatrics	II
Nickolas Mancini, M.D.	Pediatrics	II
Courtney Stern Stark, D.O.	Pediatrics	I
Plukshi Bhatt, D.O.	Primary Care IM	III
David Wozny, D.O.	Primary Care IM	III
Jessica Mary, M.D.	Primary Care IM	I
Judy Chen, M.D.	Psychiatry	I
Ajit Deshpande, M.D.	Psychiatry	I
Garrett Fiscus, D.O.	Pulmonary CC	V
Courtney Pinto, M.D.	PM & R	I
Gage Hurlburt, D.O.	PM & R	I
Frida Kassim, M.D.	Rheumatology	IV
Herbert Downton Ramos, M.C.	Surgery	VI
Malika Wilson, M.D.	Surgery	I
Kristina Kuklova, M.D.	Surgery	II
Maya Patshnick, M.D.	Surgery	IV
Sandy Roh, M.D.	Surgical Critical Care/Acute Care Surgery	VI
James Nolan, M.D.	Urology	III
Paige Hamilton, M.D.	Urology	IV
Augustyna Gogoj, M.D.	Urology	III
Aaron Turnquist, M.D.	Urology	IV
Tim Hewitt, M.D.	Urology	III

Diversity Oversight Committee Members:	Title:
Cynthia Price, M.D. (Chair)	Chair, Diversity Oversight Committee, Associate Program Director, Assistant Professor, Emergency Medicine
Jacqueline (Kiki) Nissen, M.D.	Associate Dean for Graduate Medical Education
Steven Angus, M.D.	Assistant Dean for Graduate Medical Education Designated Institutional Official
Chandler Ford, M.D.	Resident, PGY2, Emergency Medicine
Kayla Gonzalez, M.D.	Resident, PGY3, Pediatrics
Lucille Howard, M.D.	Resident, PGY3, OBGYN
Robert Keder, M.D.	Assistant Professor, Pediatrics
Jennifer Maldonado, M.D.	Resident, PGY2, Emergency Medicine
Edgar Naut, M.D.	Associate Program Director, Internal Medicine
David Shapiro, M.D.	Vice Chair of Surgery, Chief of Critical Care and Chief Quality Officer Saint Francis Hospital & Medical Center Associate Professor of Surgery SOM, Surgery
Sharon Smith, M.D.	Professor of Pediatrics, and Assoc. Program Director for Pediatric Residency, Pediatrics
Clara Weinstock, M.D.	Assistant Professor, Site Director, Internal Medicine
Raj Shekhar, M.B.B.S.	Resident, PGY2, Primary Care Internal Medicine
Stephen Akinfenwa, M.D.	Resident, PGY1, Primary Care Internal Medicine
Michelle Ambrosio	Program Coordinator, Orthopaedic Surgery
Ka'la Drayton, M.D.	Resident, PGY3, Surgery
Mai Xiong, M.D.	Resident, PGY1, Surgery
Johanna Lee, M.D.	Resident, PGY1, Emergency Medicine
S. Brett Sloan, M.D.	Program Director, Faculty, Dermatology
Trevor Sutton, M.D.	Faculty, Cardiothoracic Anesthesiology
Srimathi Manickaratnam, M.D.	Faculty, Nephrology
Malika Wilson, M.D.	Resident, PGY1, Surgery
Joselyn Miller, M.D.	Resident, PGY2, Emergency Medicine, Resident/Fellow Forum Co-Chair
Angela Quental, M.D.	Resident, PGY3, Internal Medicine, Resident/Fellow Forum Co-Chair
Deborah Forrest, M.D.	Assistant Professor, Psychiatry
AdHoc Members:	
Scott Allen, MD	Assistant Dean, UConn/JDH
Linda Barry, MD, MPH, FACS	Director, Multicultural and Community Affairs Director, Visiting Externship for Underrepresented Students in Medicine
Jeff Finkelstein, MD, FACEP	Assistant Dean, Hospital for Central Connecticut
David Henderson, MD	Chair, Department of Family Medicine Associate Dean, Multicultural and Community Affairs
Wendy Miller, MD, FACP	Assistant Designated Institutional Official
Christine Rader, MD, FACP	Assistant Dean, Connecticut Children's Medical Center
Phillip Roland, MD	Assistant Dean, St. Francis Medical Center/Trinity Health
Peruvamba Venkatesh, FACP, FRCP	Assistant Dean, Hartford Hospital & DIO

JDH Patient Safety Faculty Experts 2022-2023	
Residencies	
Anesthesiology	Stephen Panaro, MD
Dermatology	Campbell Stewart, MD, FAAD
Emergency Medicine	Danielle Mailloux, MD
Family Medicine	Timothy Lishnak, MD
Internal Medicine	Jennifer Baldwin, MD
Neurosurgery	Ian McNeill, MD, MS
Neurology	Neha Prakash, MD
Obstetrics & Gynecology	Alex West, MD
Orthopaedic Surgery	Scott Mallozzi, MD
Otolaryngology	Todd Falcone, MD
Pediatrics	Natalie Bezler, MD and Heather Tory, MD
Primary Care Internal Medicine	Snehal Naik, MD
Psychiatry	Gregory Barron, MD
Radiology	Daniel Marrero, MD
Surgery	Jillian Fortier, MD
Urology	Brooke Harnisch, MD
Fellowships	
Cardiology	Peter Robinson, MD
Endocrinology	Parvathy Madhavan, MD
Gastroenterology	Roopi Bath, MBBS
Hematology & Oncology	Victoria Forbes, MD
Infectious Disease	Mary Snayd, MD
Neonatology	Natalie Bezler, MD and Heather Tory, MD
Nephrology	Mamta Shah, MD
Pediatrics Emergency Medicine	Natalie Bezler, MD and Heather Tory, MD
Pediatrics Endocrinology	Natalie Bezler, MD and Heather Tory, MD
Pediatrics Gastroenterology	Natalie Bezler, MD and Heather Tory, MD
Pediatrics Hematology & Oncology	Natalie Bezler, MD and Heather Tory, MD
Pediatrics Orthopaedics	Natalie Bezler, MD and Heather Tory, MD
Pediatrics Otolaryngology	Natalie Bezler, MD and Heather Tory, MD
Pediatrics Surgery	Natalie Bezler, MD and Heather Tory, MD
Pulmonary	Jose Soriano, MD

INSTITUTIONAL REVIEW QUESTIONNAIRE
PROGRAM SPECIFIC CITATION CATEGORY SUMMARY
080445 - University of Connecticut School of Medicine
(corresponding to Institutional Requirements, effective July 1, 2007)

Please note that not all citation categories are reported in this summary. Therefore, it may appear that several of the program citations are missing from the program-specific citations by category section. The IRC will only focus on these citations categories.

Note: The shaded areas represent major headings.

Citation Category	Number of Citations	Specialties/Subspecialty Receiving Citation
1. Institutional Support		
A. Institutional Support-Sponsoring Institution		
B. Institutional Support-Program Director		
C. Institutional Support-Participating Institution		
D. Facilities-Educational Space Including Library		
E. Facilities-Clinical Space		
F. Medical Records Retrieval		
G. On-call Rooms		
H. Appropriate Food Services		
I. Safety/Security		
J. Patient Support Services		
K. Facilities-Lactation		
L. Accommodations for Residents/Fellows with Disabilities		
2. Resident Appointment		
A. Resident Appointment Issues	2	REI
3. Prog Pers & Resources		
A. Qualifications of Program Director	1	ACA
B. Responsibilities of Program Director	1	ACA
C. Qualifications of Faculty	1	PDC
D. Responsibilities of Faculty	1	REI
E. Other Program Personnel		
F. Resources		
4. The Education Program		
C. Progressive Resident Responsibility	1	REI
D. ACGME Competencies		
D.1. Patient Care	1	PDO
D.2. Medical Knowledge		
D.3. Practice-based Learning and Improvement		

D.4. Interpersonal and Communication Skills		
D.5. Professionalism		
D.6. Systems Based Practice		

E. Educational Program - Didactic Components		
F. Educational Program - Patient Care Experience		
G. Educational Program - Procedural Experience		
H. Service to Education Imbalance	1	REI
I. Scholarly Activities	1	NS
J. Supervision		
K. Learning and Working Environment		
K.1. 80 Hours per week		
K.2. 1 day in 7 free		
K.3. Minimum Time Off Between Scheduled Duty Periods		
K.4. Maximum Duty Period Length		
K.5. In-House Call Frequency		
K.6. Moonlighting		
K.7. Other		
K.8. Oversight		
K.9. Culture of Professional Responsibilities	1	REI
K.10. Transitions of Care		
K.11. Maximum Frequency of In-House Night Float		
K.12. At-Home Call		
K.13. Patient Safety	1	REI
K.14. Quality Improvement		
K.15. Well-Being	1	OFA
K.16. Fatigue Mitigation		
K.17. Teamwork		
K.18. Resident harassment, mistreatment, discrimination, abuse, and coercion		
5. Evaluation		
A. Evaluation of Residents/Fellows	8	OFA, OSS, PDO, REI, VSI
A.1. Evaluation of Patient Care		
A.2. Evaluation of Medical Knowledge		
A.3. Evaluation of Practice-based Learning/Improvement		
A.4. Evaluation of Interpersonal/Communication Skills		
A.5. Evaluation of Professionalism		
A.6. Evaluation of Systems-based Practice		
B. Evaluation of Faculty	1	OFA
C. Evaluation of Program	2	OFA, PDC
D. Performance on Board Exams	1	GS
6. Experimentation and Innovation		
A. RRC Approval for Innovation		

PROGRAM SPECIFIC CITATIONS BY CATEGORY 46

2. Resident Appointment

A. Resident Appointment Issues

[2350822002] Reproductive endocrinology and infertility

Citation from meeting date: 2/13/2023

Fellow Appointment Issues
I.C.

The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)

The information provided to the Review Committee does not demonstrate substantial compliance with the requirement. The 2020-2022 Multi-year Faculty Survey indicates improvement is needed with respect to fellow involvement in program efforts to recruit and retain diverse fellows.

[2350822002] Reproductive endocrinology and infertility

Citation from meeting date: 2/13/2023

Fellow Appointment Issues
I.E.2.

The program director must monitor the impact of other learners on the experience of the fellows. (Core)

The information provided to the Review Committee does not demonstrate substantial compliance with the requirement. The 2020-2022 Multi-year Fellow Survey indicates fellow education is compromised by other learners. The Committee notes program efforts and will monitor this issue for demonstrated improvement.

3. Prog Pers & Resources

A. Qualifications of Program Director

[0410804001] Adult cardiothoracic anesthesiology

Citation from meeting date: 9/13/2021

Personnel/Program Director/Ongoing Academic Achievements [PR II.A.3.g)]
Qualifications of the program director: must include demonstration of ongoing academic achievements appropriate to the subspecialty, including publications, the development of educational programs, or the conduct of research. (Core)

Rationale
The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. From the information provided in the application, it appears that the program director has not participated in scholarly activity over the past five years beyond one textbook chapter (2016) and one regional presentation (2019). The program must develop a mentoring plan that outlines the specific type of support and mentorship that the program director will receive to enable development as an academic leader and a scholar. This should include the names of the faculty/other leadership providing that mentorship. The plan must be submitted to the Executive Director of the Review Committee by January 10, 2022. Scholarly activity on the part of the program director is critical to cultivating a rich academic and scholarly learning environment.

B. Responsibilities of Program Director

[0410804001] Adult cardiothoracic anesthesiology Citation from meeting date: 9/13/2021

Personnel/Program Director/Accurate and Complete Information [CPR II.A.4.a).(8)]
The program director must submit accurate and complete information required and requested by the DIO, GMEC, and ACGME. (Core)

Rationale
The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. The data submitted with the application contain errors. For example, several curriculum vitae are missing dates, contain incomplete citations (e.g., textbook chapter titles listed without the corresponding textbook title), and/or include publications and conference presentations older than five years. The Review Committee reminds the program that all information submitted must be complete, accurate, and up-to-date.

C. Qualifications of Faculty

[3250832001] Pediatric cardiology Citation from meeting date: 4/19/2021

Specialty Certification
Program Requirement II.B.3.b).(1)
Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core)

It was not documented that all faculty members who supervise fellows have current board certification or possess acceptable alternate qualifications in lieu of certification, specifically Dr. Heyden is certified only in general pediatrics, and Dr. Gluck, the site director for Hartford Hospital, is certified in advanced heart failure and transplant cardiology which is an adult specialty.

D. Responsibilities of Faculty

[2350822002] Reproductive endocrinology and infertility Citation from meeting date: 2/13/2023

Responsibilities of Faculty
II.B.2.c)-II.B.2.e)

[Faculty members must:] demonstrate a strong interest in the education of fellows; (Core) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core) [and] administer and maintain an educational environment conducive to educating fellows[.] (Core)

The information provided to the Review Committee does not demonstrate substantial compliance with the requirements. The 2020-2022 Multi-year Fellow Survey indicates fellow dissatisfaction with faculty members' interest in fellow education, amount of faculty teaching, level of supervision, and the extent to which faculty create an environment of inquiry. The Committee notes program efforts and will monitor this area for demonstrated improvement.

4. The Education Program

C. Progressive Resident Responsibility

[2350822002] Reproductive endocrinology and infertility

Citation from meeting date: 2/13/2023

Progressive Fellow Responsibility
VI.A.2.d)

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)

The information provided to the Review Committee does not demonstrate substantial compliance with the requirement. The 2020-2022 Multi-year Faculty Survey indicates faculty members do not consistently provide fellows with increasing patient care responsibilities appropriate to their training and abilities.

D. ACGME Competencies

D.1 Patient Care

[2880828001] Pediatric otolaryngology

Citation from meeting date: 4/5/2019

Patient Care/Open Airway
[Program Requirement IV.A.2.a).(2).(c).(i)]
Fellows must demonstrate competence in performing procedures in the following domains with an emphasis on neonates, infants, children younger than three years of age, and children and adolescents with significant co-morbidities as defined by American Society of Anesthesiology (ASA) status: open airways. (Outcome)

The information provided did not demonstrate compliance with the requirement. Specifically, while the minimum required number of open airway procedures for each graduating fellow is 8, the program reported that four such cases were available. Through its peer review, therefore, the Committee concluded there was insufficient evidence to demonstrate that program resources are adequate to permit all fellows to achieve competence or continuing growth in these procedures.

Continued Non-Compliance: 01/06/2023
The Committee reported the program did not have a graduating fellow during AY2021-2022. Therefore, this citation will remain until a graduating fellow meets the minimum number of open-airway procedures.

H. Service to Education Imbalance

[2350822002] Reproductive endocrinology and infertility

Citation from meeting date: 2/13/2023

Service to Education Imbalance
VI.B.2.-VI.B.2.c)

The learning objectives of the program must: be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; (Core) be accomplished without excessive reliance on fellows to fulfill non-physician obligations; and, (Core) ensure manageable patient care responsibilities. (Core)

The information provided to the Review Committee does not demonstrate substantial compliance with the requirements. The 2020-2022 Multi-year Fellow Survey indicates fellow education is compromised by an imbalance of education and patient care duties, excessive non-physician obligations, and inadequate protected time for structured learning activities. The Committee notes program efforts and will monitor this area for demonstrated improvement.

I. Scholarly Activities

[1600800016] Neurological surgery Citation from meeting date: 2/10/2023

Faculty Scholarly Activity
[Program Requirement IV.D.2.b).(1-2)]
The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods: faculty participation in grand rounds, posters, workshops, quality improvement presentation, podium presentations, grant leadership, non-peer-reviewed pint/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; peer-reviewed publication. (Outcome)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Specifically, on review of the faculty scholarly activity reported in 2021-2022 for scholarly activity that occurred during academic year 2020-2021, the Committee noted that only two of five faculty reported dissemination of scholarly activity through a PMID and three reported no PMIDs. It is not apparent that the program provides an environment of inquiry and scholarship.

K. Learning and Working Environment

K.13 Patient Safety

[2350822002] Reproductive endocrinology and infertility Citation from meeting date: 2/13/2023

Patient Safety
VI.A.1.a).(1).(a)

The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)

The information provided to the Review Committee does not demonstrate substantial compliance with the requirement. The 2020-2022 Multi-year Fellow Survey indicates deficiencies in the patient safety culture including information loss during transitions of care, insufficient reinforcement of personal responsibility for patient safety, lack of knowledge on how to report a safety event, and inadequate fellow involvement safety investigations and analyses.

K.15 Well-Being

[2620826001] Foot and ankle orthopaedics Citation from meeting date: 1/21/2022

Well-being Policy
[Program Requirement VI.C.1.d)]
The responsibility of the program, in partnership with the Sponsoring Institution, to address well-being must include policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)
[Program Requirement VI.C.1.d).(1)]
Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)

The information provided to the Review Committee did not demonstrate compliance with the requirement. On review of the well-being policy that was provided in the application, the Committee noted that it clearly outlined the available resources for counseling and fatigue but failed to include policies and procedures for attending personal appointments. In addition, the program noted time off for Christmas- to be more inclusive, perhaps make this time off for holidays important to a given fellow. The program is advised to revise the policy to include program-specific policies and procedures for fellows to attend personal appointments.

K.9 Culture of Professional Responsibilities

[2350822002] Reproductive endocrinology and infertility Citation from meeting date: 2/13/2023

Culture of Professional Responsibilities
VI.B.6.-VI.B.7.

Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core) Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)

The information provided to the Review Committee does not demonstrate substantial compliance with the requirements. The 2020-2022 Multi-year Fellow Survey indicates fellow dissatisfaction with the program's process to report unprofessional behavior, process to deal with problems, and fellows' ability to raise concerns without fear.

5. Evaluation

A. Evaluation of Residents/Fellows

[2350822002] Reproductive endocrinology and infertility Citation from meeting date: 2/13/2023

Evaluation of Fellows
V.A.1.a)-V.A.1.b)

Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core) Evaluation must be documented at the completion of the assignment. (Core)

The information provided to the Review Committee does not demonstrate substantial compliance with the requirements. The 2020-2022 Multi-year Fellow Survey indicates fellow dissatisfaction with faculty members' feedback. The Committee notes program efforts and will monitor this issue for demonstrated improvement.

[2620826001] Foot and ankle orthopaedics Citation from meeting date: 1/21/2022

Fellow Semi Evaluation
[Program Requirement V.A.1.c)]
The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: (Core)
[Program Requirement V.A.1.d).(1)]
The program director or their designee, with input from the Clinical Competency Committee, must: meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)

The information provided did not demonstrate compliance with the requirement. Specifically, on review of the form provided in the attachment "Semiannual Evaluation" in the application, the Committee noted that the form only contained the milestones and missing review of case logs to document the progression of surgical cases. A revised form should be prepared and provided in the updated application that will be needed at the time of the next site visit.

[2620826001] Foot and ankle orthopaedics Citation from meeting date: 1/21/2022

Multisource Fellow Evaluation
[Program Requirement V.A.1.c).(1)]
The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core) use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)

The information provided did not demonstrate compliance with the requirement. Specifically, on review of the application attachment “Multisource Evaluation of Resident/Fellow” the Committee noted that a self eval form was provided. The program is advised to prepare forms designed to be used by different categories of evaluations, including peer, patients/family, and other health staff.

[2670826037] Orthopaedic surgery of the spine Citation from meeting date: 1/20/2023

Fellow Evaluation/Feedback
[Program Requirement V.A.1.a)]
Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. On review of the attachment labeled “eval of resident/fellow by faculty” in the updated application, the Committee noted that the form listed only specialty milestones. The program is advised to develop a competency-based evaluation tool that is used in conjunction with milestone assessment.

[2670826037] Orthopaedic surgery of the spine Citation from meeting date: 1/20/2023

Fellow Semiannual Evaluation
[Program Requirement V.A.1.d).(1)]
The program director or their designee, with input from the Clinical Competency Committee, must: meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; and, (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. On review of the attachment labeled “semiannual resident/fellow evaluation” in the updated application, the Committee noted that milestones are not used by the CCC as part of the semiannual evaluation of fellows and the form does not provide for documentation of case log review and feedback to the fellow.

[2880828001] Pediatric otolaryngology Citation from meeting date: 1/6/2023

Final Evaluation
[Program Requirement V.A.2.a).(2).(b)]
The final evaluation must: verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. The verification statement in the summative evaluation form provided in the updated application stated: “to the best of my knowledge, based on this training, this resident/ fellow is qualified to practice in this specialty competently and independently without direct supervision” is incorrect. The statement does not apply to pediatric otolaryngology fellowship graduates and does not provide the required verification. The program is advised to update the language in accordance with the approved CPR language that states, “the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.”

[4510800001] Vascular surgery - integrated Citation from meeting date: 4/27/2023

Summative Annual Evaluation
[Program Requirement V.A.1.e)] At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program. (Core)

The information provided to the Review Committee does not demonstrate substantial compliance with the requirement. Specifically, the annual summative evaluation provided to the Review Committee does not include an explicit statement that the resident is ready to progress to the next year of training. The Review Committee requests the program add the required verbiage to their evaluations.

[4510800001] Vascular surgery - integrated Citation from meeting date: 4/27/2023

Final Evaluation of the Resident
[Program Requirement V.A.2.a).(2) & V.A.2.a).(2).(b)] The final evaluation must: verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. The final resident evaluation, as reviewed during the site visit, did not include the required language that verifies " that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice."

B. Evaluation of Faculty

[2620826001] Foot and ankle orthopaedics Citation from meeting date: 1/21/2022

Fellow Evaluation of Faculty
[Program Requirement V.B.1.]
The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)
[Program Requirement V.B.1.b)]
This evaluation must include written, anonymous, and confidential evaluations by the fellows. (Core)

The information provided to the Review Committee did not demonstrate compliance with the requirement. On review of the form for fellows to evaluate the faculty that was provided in the application, the Committee noted that it contains a field that identifies the evaluator. The program is advised to revise the form by removing this field so that fellows are not required to identify themselves when evaluating faculty.

C. Evaluation of Program

[2620826001] Foot and ankle orthopaedics Citation from meeting date: 1/21/2022

Program Evaluation Committee
[Program Requirement V.C.1.a)]
The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)

The information provided for review did not demonstrate compliance with the requirement. Specifically, the list of PEC members included in the application did not indicate that the program's fellow would be a member.

[3250832001] Pediatric cardiology Citation from meeting date: 4/19/2021

Program Evaluation Committee Composition
Program Requirement V.C.1.a)
The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)

The program failed to document compliance with the requirement. The list of Program Evaluation Committee members in the common application fails to include the fellow.

D. Performance on Board Exams

[4400821390] Surgery Citation from meeting date: 1/4/2023

[Program Requirement V.C.3.a)] For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)

Review of the program indicates the qualifying exam first time pass rate in the preceding three years is 73.30%, which is below the 5th percentile (76.70%) for programs. The Review Committee advises the program to implement measures (i.e. curriculum, mock examinations, etc.) to ensure all graduates are adequately prepared to take and pass the qualifying examination on the first attempt.

CITATIONS WITH NON-REPORTING CATEGORY CODES

[1400831078] Internal medicine Citation from meeting date: 4/21/2023

IV.A. Experiences
Programs must:
IV.A.9. ensure that each designated osteopathic resident produces at least one osteopathic scholarly activity prior to graduating from the program; and, (Core)

The information reported in the Accreditation Data System (ADS) did not demonstrate substantial compliance with the Osteopathic Recognition Requirements. The Committee noted that six of the seven designated osteopathic residents that completed the program during the 2020-2021 academic year did not complete osteopathic scholarly activity. Designated osteopathic residents are required to complete at least one osteopathic scholarly activity prior to graduation. The program was given an Area for Improvement for this issue during the last annual review. The program was asked to create an action plan to address the issue and report it in the Osteopathic Recognition Major Changes and Other Updates section of ADS; however, an action plan was not provided.

[2620826001] Foot and ankle orthopaedics Citation from meeting date: 1/21/2022

Goals and Objectives
[Program Requirement IV.A.2.]
The curriculum must contain the following educational components: (Core)
competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)

The information provided for review did not demonstrate compliance with the requirements. Specifically, on review of the goals and objectives provided in the application, the Committee noted that the competency domains used were not consistent with the six ACGME competency domains.

[2670826037] Orthopaedic surgery of the spine Citation from meeting date: 1/20/2023

Goals and Objectives
[Program Requirement IV.A.2]
The curriculum must contain the following educational components: (Core) competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. On review of the attachment labeled “goals and objectives”, the Committee noted that a copy of the milestones and the general program framework was provided. The program is advised to develop specific competency-based goals and objectives for each educational experience.

SPONSORED PROGRAMS WITHOUT CITATIONS

0400821172	Anesthesiology
0800831138	Dermatology
1100821120	Emergency medicine
1140831006	Pediatric emergency medicine (Emergency medicine)
1200821076	Family medicine
1270813067	Sports medicine (Family medicine)
1400821499	Internal medicine
1410831001	Cardiovascular disease
1410831253	Cardiovascular disease
1430831001	Endocrinology, diabetes, and metabolism
1440831001	Gastroenterology
1460831001	Infectious disease
1480831001	Nephrology
1500831001	Rheumatology
1510831008	Geriatric medicine (Internal medicine)
1520821081	Interventional cardiology
1520821159	Interventional cardiology
1550821009	Hematology and medical oncology
1560821011	Pulmonary disease and critical care medicine
1590814002	Advanced heart failure and transplant cardiology
1800821139	Neurology
1830818031	Neuromuscular medicine (Neurology)
1840818002	Epilepsy
1880813049	Vascular neurology
2200821355	Obstetrics and gynecology
2300822002	Maternal-fetal medicine
2600821172	Orthopaedic surgery
2630821030	Hand surgery (Orthopaedic surgery)
2650826052	Pediatric orthopaedics
2680821006	Orthopaedic sports medicine
2800821025	Otolaryngology - Head and Neck Surgery

3200821045	Pediatrics
3260821054	Pediatric endocrinology
3270832009	Pediatric hematology/oncology
3290821013	Neonatal-perinatal medicine
3300821007	Pediatric pulmonology
3320813076	Pediatric gastroenterology
3340832002	Pediatric hospital medicine
3350832013	Pediatric infectious diseases
3400800001	Physical medicine and rehabilitation
4000821266	Psychiatry
4050813186	Child and adolescent psychiatry
4070840053	Geriatric psychiatry
4200821225	Radiology-diagnostic
4260842001	Musculoskeletal radiology
4420821020	Surgical critical care
4450812053	Pediatric surgery
4500821070	Vascular surgery - independent
4800821028	Urology
5200814001	Sleep medicine (multidisciplinary)

Attachment D – Sponsored Programs

Below is a list of sponsored programs, program director, program coordinator and number of trainee FTEs.

Residency Programs	Program Director	Program Coordinator	FTE
Anesthesiology	Stephen Panaro	Jane Wright	33
Dermatology	S. Brett Sloan	Christina Iwanik	10
Emergency Medicine	Shawn London	Laurie Sprague	55
Family Medicine	Kenia Mansilla-Rivera	Stephanie Phillips	21
Internal Medicine	Robert Nardino	Lindsey Ferraria	130
Neurology	Erica Schuyler	Tina Lender	28
Neurological Surgery	Ketan Bulsara	Dariene DuBois-Plante	3
Ob/Gyn	Amy Johnson	Christine Robertson	40
Orthopaedics	Lauren Geaney	Michelle Ambrosio	26
Otolaryngology	Kouroush Parham	Suzie Kubis	12
Pediatrics	Stewart Mackie	Katyria Rivera	63
Physical Medicine and Rehabilitation	Subramani Seetharama	Stacey Hines	4
Primary Care	Thomas Lane	Jenn Navarro	51
Psychiatry	Surita Rao	Sue Treviso	29
Radiology	Marco Molina	Lisa Turner	8
Surgery	Brian Shames	Janice Hutchison	38
Urology	Peter Albertsen	Debbie Savino	12
Vascular Surgery	Kwame Amankwah	Melissa Costa	0
Preliminary Year Programs	**Program Director**	**Program Coordinator**	**FTE**
Internal Medicine Prelim	Robert Nardino	Lindsey Ferraria	5
Surgery Prelim	Brian Shames	Janice Hutchison	10
Research	**Program Director**	**Program Coordinator**	**FTE**
Dermatology Research	Jun Lu	Christina Iwanik	1
Orthopaedics Research	Lauren Geaney	Michelle Ambrosio	0
Pediatric Surgery Research	Christine Finck	Allison Williams	0
Surgery Research	Brian Shames	Janice Hutchison	1
Fellowship Programs	**Program Director**	**Coordinator**	**FTE**
Acute Care Surgery	Jonathan Gates	Kara Magley	2
Adult Cardiothoracic Anesthesiology	Luke Aldo	Patrycja Luke	2
Advanced Heart Failure & Transplant	Jason Gluck	Andria Jagroo	0
Cardiology HH	W. Lane Duvall	Laurie Poulin	15
Cardiology Interventional HH	Immad Sadiq	Andria Jagroo	3
Cardiology JDH	Joyce Meng	Maritza Barta	9
Cardiology Interventional JDH	Michael Azrin	Maritza Barta	1
Child Psychiatry	Asima Zehgeer	Amy Stomsky	4
Emergency Medicine International	Robert Fuller	Jim Gorman	1
Endocrinology	Pooja Luthra	Meghan Delage	4

Epilepsy	Anumeha Sheth	Dominique Angell	0
Family Medicine Sports	Matthew Hall	Regina James	2
Forensic Pathology	James Gill	Michelle Carroll	1
Gastroenterology	Haleh Vaziri	Amy Pallotti	9
General Internal Medicine	Eric Mortensen	Joan Green	1
Geriatrics	Margaret Rathier	Tonya Gonzalez	0
Geriatric Psychiatry	Kristin Zdanys	Amy Stomsky	1
Hand Surgery	Duffield Ashmead	Rachel Henderson	2
Hematology/Oncology	Susan Tannenbaum	Kathy Mikulak	6
Infectious Disease	Lisa Chirch	Laura Arciero	5
Maternal Fetal Medicine	Andrea Shields	Pam Brancati-Moynihan	3
Minimally Invasive Gynecological Surgery	Danielle Luciano	Pam Brancati-Moynihan	1
Movement Disorders	Joy Antonelle de Marcaida	Sara Pizzanello	1
Neonatology	Jennifer Trzaski	Vivian Bronson	5
Nephrology	Lalarukh Haider	Nella Field	2
Neuromuscular	Matthew Imperioli	Sara Pizzanello	0
Neurovascular	Ajay Tunguturi	Dominique Angell	1
Orthopaedics Sports	Robert Arciero	Sandy Phelan	2
Orthopaedic Surgery of the Spine	Isaac Moss	Biljana Bihorac	1
Pediatric Cardiology	Alexander Golden	Kierstyn Connors	1
Pediatric Emergency Medicine	Matt Laurich	Allison Williams	6
Pediatrics Endocrinology	Rebecca Riba-Wolman	Amanda Ross	2
Pediatric Gastroenterology	Bella Zeisler	Kierstyn Connors	4
Pediatric Infectious Disease	Hasan El Chebib	Brittany Valentine	0
Pediatric Hematology/Oncology	Andrea Orsey	Brittany Valentine	2
Pediatric Otolaryngology	Christopher Grindle	Kierstyn Connors	1
Pediatric Pulmonary	Melanie Collins	Allison Williams	1
Pediatric Surgery	Christine Finck	Allison Williams	1
Pediatric Orthopaedics	Mark Lee	Amanda Ross	1
Pulmonary and Critical Care	Raymond Foley	Jean Menze	8
Reproductive Endocrinology	Dan Grow	Pam Brancati-Moynihan	3
Rheumatology	Santhanam Lakshminarayanan	Cara Kostacopoulos	6
Sleep Medicine	Adrian Salmon	Nicole Fowler	0
Surgical Critical Care	John Mah	Kara Magley	2
Vascular Surgery	Thomas Divinagracia	Kara Magley	3
Total FTE for AY 22-23			**705**

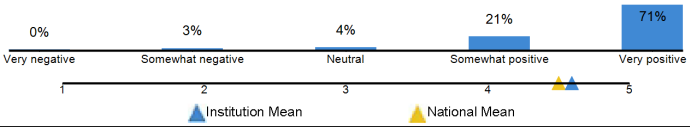
Attachment E – ACGME Resident Survey

2022-2023 ACGME Resident/Fellow Survey - page 1 | **Survey taken: February 2023 - April 2023** | Programs Surveyed 50

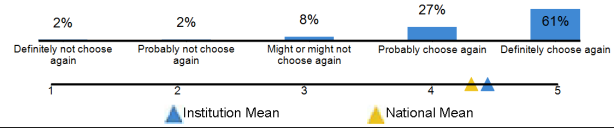
080445 University of Connecticut School of Medicine - Aggregated Program Data | Residents Responded 665 / 679

Response Rate 98%

Residents' overall evaluation of the program



Residents' overall opinion of the program



		% Program Compliant	Program Mean	% National Compliant	National Mean
Resources					
	Education compromised by non-physician obligations	92%	4.6	88%	4.4
	Impact of other learners on education	83%	3.6	88%	3.7
	Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	77%	4.1	79%	4.1
	Faculty members discuss cost awareness in patient care decisions	94%	3.7	90%	3.6
	Time to interact with patients	85%	4.2	87%	4.3
	Protected time to participate in structured learning activities	83%	4.3	85%	4.3
	Able to attend personal appointments	95%	4.8	91%	4.6
	Able to access confidential mental health counseling or treatment	100%	5.0	94%	4.8
	Satisfied with safety and health conditions	88%	4.5	86%	4.4
Professionalism					
	Residents/fellows encouraged to feel comfortable calling supervisor with questions	86%	4.5	88%	4.5
	Faculty members act professionally when teaching	94%	4.6	92%	4.5
	Faculty members act professionally when providing care	97%	4.7	96%	4.7
	Process in place for confidential reporting of unprofessional behavior	90%	4.6	89%	4.6
	Able to raise concerns without fear of intimidation or retaliation	81%	4.2	78%	4.2
	Satisfied with process for dealing confidentially with problems and concerns	80%	4.2	75%	4.0
	Personally experienced abuse, harassment, mistreatment, discrimination, or coercion	94%	4.7	93%	4.7
	Witnessed abuse, harassment, mistreatment, discrimination, or coercion	93%	4.6	92%	4.6
Patient Safety and Teamwork					
	Information not lost during shift changes, patient transfers, or the hand-over process	86%	4.2	85%	4.2
	Culture reinforces personal responsibility for patient safety	91%	4.5	89%	4.4
	Know how to report patient safety events	98%	4.9	96%	4.9
	Interprofessional teamwork skills modeled or taught	82%	4.3	78%	4.2
	Participate in safety event investigation and analysis	95%	4.8	79%	4.1
	Process to transition patient care and clinical duties when fatigued	91%	4.6	89%	4.6
Faculty Teaching and Supervision					
	Faculty members interested in education	87%	4.4	84%	4.3
	Faculty effectively creates environment of inquiry	85%	4.4	82%	4.3
	Appropriate level of supervision	91%	4.7	92%	4.7
	Appropriate amount of teaching in all clinical and didactic activities	80%	4.5	81%	4.5
	Quality of teaching received in all clinical and didactic activities	97%	4.3	96%	4.2
	Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability	82%	4.2	81%	4.2
Evaluation					
	Access to performance evaluations	100%	5.0	99%	4.9
	Opportunity to confidentially evaluate faculty members at least annually	99%	5.0	98%	4.9
	Opportunity to confidentially evaluate program at least annually	96%	4.8	96%	4.8
	Satisfied with faculty members' feedback	84%	4.2	75%	4.0
Educational Content					
	Instruction on minimizing effects of sleep deprivation	88%	4.5	85%	4.4
	Instruction on maintaining physical and emotional well-being	96%	4.8	93%	4.7
	Instruction on scientific inquiry principles	96%	4.8	94%	4.7
	Education in assessing patient goals e.g. end of life care	97%	4.9	95%	4.8
	Opportunities to participate in scholarly activities	96%	4.8	94%	4.8
	Taught about health care disparities	88%	3.9	84%	3.8
	Program instruction in how to recognize the symptoms of and when to seek care regarding:				
	Fatigue and sleep deprivation 94%			Substance use disorder 89%	
	Depression 94%				
	Burnout 95%				
Diversity and Inclusion					
	Preparation for interaction with diverse individuals	96%	4.4	95%	4.3
	Program fosters inclusive work environment	97%	4.6	97%	4.5
	Engagement in program's diverse resident/fellow recruitment/retainment efforts	92%	4.3	90%	4.1

Percentages may not add to 100% due to rounding.

Attachment E – ACGME Resident Survey-continued

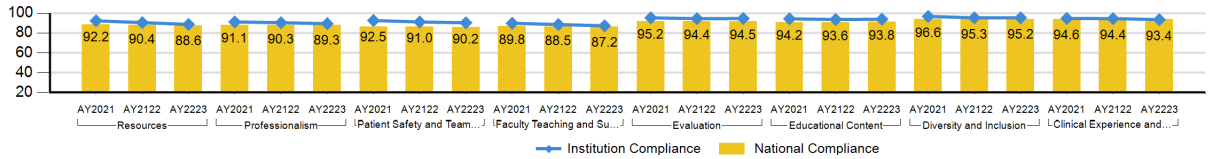
2022-2023 ACGME Resident/Fellow Survey - page 2 | **Survey taken: February 2023 - April 2023** | Programs Surveyed 50

080445 University of Connecticut School of Medicine - Aggregated Program Data | Residents Responded 665 / 679

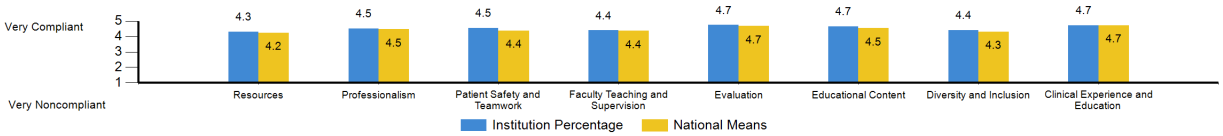
Response Rate 98%

		% Program Compliant	Program Mean	% National Compliant	National Mean
Clinical Experience and Education	80-hour week (averaged over a four-week period)	92%	4.6	92%	4.6
	Four or more days free in 28 day period	86%	4.5	84%	4.4
	Taken in-hospital call more than every third night	97%	4.9	98%	4.9
	Less than 14 hours free after 24 hours of work	94%	4.8	96%	4.8
	More than 28 consecutive hours work	96%	4.8	96%	4.8
	Additional responsibilities after 24 consecutive hours of work	97%	4.8	96%	4.8
	Adequately manage patient care within 80 hours	88%	4.5	91%	4.6
	Pressured to work more than 80 hours	98%	4.9	97%	4.9

Total Percentage of Compliance by Category



Institution Percentage at-a-glance



Percentages may not add to 100% due to rounding.

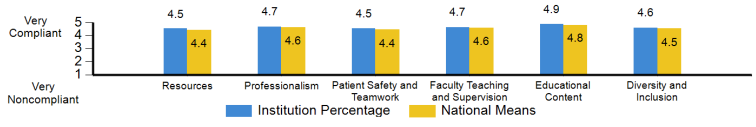
Attachment F – ACGME Faculty Survey

2022-2023 ACGME Faculty Survey - page 1 | **Survey taken: February 2023 - April 2023** | Programs Surveyed 50

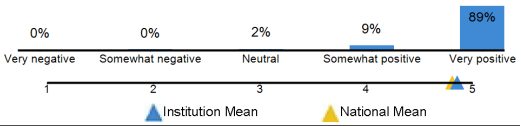
080445 University of Connecticut School of Medicine - Aggregated Program Data | Faculty Responded 457 / 486

Response Rate 94%

Institution Percentage at-a-glance



Faculty's overall evaluation of the program



Resources

	% Program Compliant	Program Mean	% National Compliant	National Mean
Satisfied with professional development and education	98%	4.6	97%	4.5
Workload exceeded residents'/fellows' available time for work	92%	4.4	89%	4.4

Participated in faculty development and/or scholarly activities to enhance professional skills in:

Education	96%	Fostering resident/fellow well-being	91%
Quality improvement and patient safety	93%	Practice-based learning and improvement	97%
Fostering your own well-being	92%	Contributing to an inclusive clinical learning environment	97%

Professionalism

	% Program Compliant	Program Mean	% National Compliant	National Mean
Faculty members act unprofessionally	96%	4.6	94%	4.5
Residents/fellows comfortable calling supervisors with questions	98%	4.8	96%	4.7
Process for confidential reporting of unprofessional behavior	98%	4.9	99%	4.9
Satisfied with process to deal confidentially with problems and concerns	94%	4.7	93%	4.6
Personally experienced abuse, harassment, mistreatment, discrimination, or coercion	94%	4.7	95%	4.7
Witnessed abuse, harassment, mistreatment, discrimination, or coercion	95%	4.7	95%	4.7

Patient Safety and Teamwork

	% Program Compliant	Program Mean	% National Compliant	National Mean
Information not lost during shift changes, patient transfers, or the hand-over process	91%	4.3	90%	4.3
Effective teamwork in patient care	96%	4.7	96%	4.7
Interprofessional teamwork skills modeled or taught	94%	4.6	91%	4.5
Effectively emphasizes culture of patient safety	98%	4.8	96%	4.7
Residents/fellows participate in clinical patient safety investigation and analysis of safety events	95%	4.8	93%	4.7
Know how to report patient safety events	100%	5.0	99%	4.9
Process to transition patient care and clinical duties when residents/fellows fatigued	91%	4.5	89%	4.5

Faculty Teaching and Supervision

	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient time to supervise residents/fellows	95%	4.6	94%	4.6
Faculty members committed to educating residents/fellows	98%	4.8	96%	4.8
Program director effectiveness	96%	4.7	94%	4.7
Faculty members satisfied with process for evaluation as educators	90%	4.5	84%	4.3

Educational Content

	% Program Compliant	Program Mean	% National Compliant	National Mean
Residents/fellows instructed in cost-effectiveness	95%	4.8	94%	4.8
Residents/fellows prepared for unsupervised practice	98%	4.9	97%	4.8
Learning environment conducive to education	99%	4.9	97%	4.8

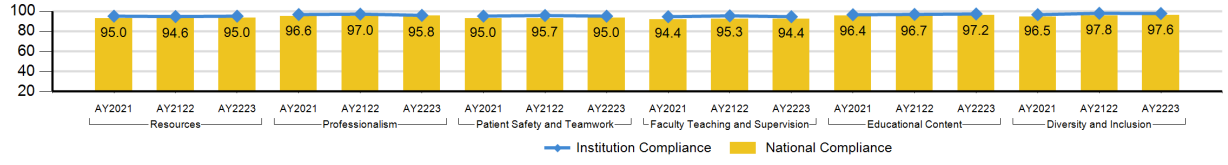
Diversity and Inclusion

	% Program Compliant	Program Mean	% National Compliant	National Mean
Program fosters inclusive work environment (with respect to race, ethnicity, gender, sexual orientation, ability, or religion)	100%	4.8	99%	4.7
Engaged by program in efforts to recruit diverse residents/fellows	97%	4.6	95%	4.5
Engaged by program in efforts to retain diverse residents/fellows	96%	4.5	94%	4.4

Participated in efforts to recruit diverse:

	% Frequency**		% Frequency**
Pre-residency learners, including medical students*	77%	Faculty members*	91%
Residents/Fellows*	96%	Other GME staff*	66%

Total Percentage of Compliance by Category



** Response frequency of" Sometimes" or greater.
*Responses not included in mean calculations and are not considered non-compliant.
Percentages may not add to 100% due to rounding.

UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE
Graduate Medical Education
Committee Focused Special Review Report

SECTION I: Program Reviewed: Cardiology HH **Report Date: 6/12/23**

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: William Duvall

Program Coordinator Name: Laurie Poulin

Reason for Special Review: (check which apply)

1. ☐ **ADS not accurate**
2. ☒ **Poor Resident Survey**
3. ☐ **Poor Faculty Survey**
4. ☐ **Curriculum/Evaluation tools do not reflect Milestones**
5. ☐ **Case log/Patient log Concerns**
6. ☐ **APE not completed**
7. ☐ **Policies/Manual not up to date**
8. ☐ **Other (list)**

SECTION II:

Date of Special Review:
We followed our GMEC process for Special Review: ☒ Yes ☐ No

If no, we deviated from GMEC process for Internal Review because:_____(modified, not ACGME etc)
Reason:

Special Review Team	Name	Title
	Dr. Thomas Lane	PCIM Program Director
	Dr. Ed Zalneraitis	Pediatrics Faculty
Upper level resident from another program if needed – or N/A	Dr. Mouna Penmetsa	PCIM Resident, PGY2
Administrator from GME Division	Bethany Steinway	Administrative Program Coordinator
Other		

Interviewees:
Name **Title**
Cardiology HH Fellows (13)

SECTION III:
State Concern(s) from Special Review list in Section I by number and indicate Program Response to each item:

2. Poor Resident Survey

Professionalism

Process in place for confidential reporting of unprofessional behavior 73% Able to raise concerns without fear of intimidation or retaliation 60%
Satisfied with process for dealing confidentially with problems and concerns 73%

- The fellows meet with the chief fellow each month in which the first 30 minutes they are able to address issues and concerns. The chiefs then bring any concerns to program leadership confidentially. However, the fellows stated that fewer issues have been raised at each meeting throughout the academic year 2022-23. At the last meeting, no concerns were raised. Different fellows opined that there might be fewer issues, that lack of reporting could be due to lack of response, or that fellows are fearful to come forward with concerns.
- Several fellows stated that they do not fear retaliation for concerns they raise. Some fellows stated that the program was very welcoming and open, and that they are able to raise concerns. Others stated that they do feel intimidated by some attendings. This has contributed to burnout and they are not sure how to address their concerns.
- Some fellows stated that they have let program leadership/chief fellows know about specific issues in the past, i.e. issues with nurses, and nothing was addressed/done.
- Some fellows indicated that they are intimidated by some attendings and feel like sometimes they don't truly have a choice on things, feeling burnout. They indicated they were not sure who to speak to about the issue. Other fellows again stated that they are not intimidated at all and feel that the program is very welcoming.
- Some fellows stated that support and empathy from faculty is limited. They provided an example of preparing for conferences. They are assigned new conferences with a short time line, and don't have the support to handle the clinical workload and conference preparation. Requests to make schedule changes are refused.
- Several fellows agreed that when concerns are addressed and change is possible, the program has addressed these and fixed the issues. They feel that most systematic issues have been addressed and solved by the program. Some stated that things "outside of the program" are harder to address and they don't feel comfortable speaking up about them, e.g. hospital issues, working with private cardiologists.
- Some fellows stated that the way they are treated is based on performance, how hard one works, and the interest they show. Attendings recognize when fellows are asking questions and their willingness to learn. Others felt that there is systematic bias by some faculty and nurses based on gender, race or national origin. Some female fellows stated that they have to work harder than males to receive the same level of support. Other fellows stated that gender bias is not specific to the program or hospital, but is an overall issue within the field.

Faculty Teaching and Supervision

Faculty members interested in education (73%)
Faculty effectively creates environment of inquiry (67%)
Appropriate amount of teaching in all clinical and didactic activities (73%)
Extent to which increasing clinical responsibility granted, based on fellow's training and ability (60%)

- One main concern was the timing of attending rounds for the night resident. Some attendings come in as late as 10AM, on both weekends and weekdays, which causes the night fellow to stay later than planned, often

violating the 28-hour rule if they stay past 11 AM. They do not generally log the hours honestly. The fellows have addressed this concern with the program and the faculty have been asked to come in earlier to do rounds with the fellows, or to do rounds over the phone to prevent violating duty hours. Some fellows are hesitant to ask to do rounds over the phone, causing them to wait longer than their shift to do rounds in person.

- Another main concern of the fellows is that their didactics are often cancelled, often 30-40% of lectures. The past year, two fellows organized scheduled didactics and gave topics to those lecturing. However, many presenters cancelled the lectures. The biggest problem was perceived to be echo didactics. The fellows stated that 2 fellows failed their echo boards this year. This examination is taken after the second year of fellowship. The fellows stated that the quality of the lectures was good overall but they want diversity in curriculum/topics, and more attendance by faculty, which has decreased. The didactics are a hybrid of in person and via zoom and some fellows indicated that those joining in via zoom do not pay attention and are not active in the lectures. Some advised this could be the reasoning for the cancellation of lectures by presenters, as the small live group is discouraging. They indicated they have both morning (7 AM 1-2/week) and noon (4-5/week) lectures, and the clinical structure of rotations can make it challenging to attend.
- The quality of bedside lectures varies depending on service and the attendings.
- Most fellows agreed that the clinical portion of the program is good, and they feel prepared to be sufficient for the future. They indicated there is a lot of patient volume and cases great for clinical experience. However, with the volume of cases, they feel that bedside teaching is limited and superficial.
- Fellows indicated they have a lot of opportunity for research and a great culture of inquiry.

Evaluation

Satisfied with faculty members' feedback (73%)

- Faculty evaluations are done by the fellows at the end of each block. Fellows indicated that the evaluations are confidential and are submitted in batches to the faculty to provide anonymity. Some fellows did not realize this and thought the evaluations went immediately to the faculty, therefore making the confidentiality limited if there is only one fellow on rotation at that time. There was no discussion of the faculty's evaluation of the fellows.

Patient Safety and Teamwork

Culture reinforces personal responsibility for patient safety (73%)
Interprofessional teamwork skills modeled or taught (67%)

Educational Content

Instruction on minimizing effects of sleep deprivation (73%)
Instruction on scientific inquiry principles (73%)

Section IV:
SR Team Recommendations to Program Review Subcommittee:

The program should establish and enforce arrival times for rounding attendings. The faculty and fellows should discuss optimal rounding times, which may be service dependent. Suggestions from fellows included starting times in the 8 to 9 AM range at the latest. After the consensus is developed, the rounding time requirement should be communicated to all faculty and rounding times monitored. We suggest program administration review this on a monthly basis. An anonymous survey of the fellows must be done in 3 months and provided to the GMEC Program Review Subcommittee for review.

The program should submit 3 consecutive months of didactic schedules to the GMEC Program Review Subcommittee. Schedules should be submitted before the month begins, followed by end-of-month reports detailing which sessions occurred and who was present live and virtually. We recommend that didactics be presented live only rather than as a live-virtual hybrid.

The program should refine the reporting of fellow concerns, the process for acting on these concerns, and how the outcomes are reported back to the fellows. Details of the process must be communicated to the fellows and faculty. An anonymous survey of the fellows must be done in 3 months and provided to the GMEC Program Review Subcommittee for review.

The program faculty should discuss how to improve support for female fellows, and create and institute a program to do so, including faculty development. Progress should be tracked with a confidential survey every 3 months, which must be provided to the GMEC Program Review Subcommittee for review.

Action plan due from Program within one month.

1. **Response(s) accepted with**
    a. ☒ **Monitoring at 3 month intervals**
    b. ☐ **No monitoring/follow-up needed**
    c. ☐ **Other (please describe**

2. **Response not accepted due to: (describe)**

3. **Action Recommended by Program Review Subcommittee to GMEC (describe)**

GMEC Action: Action plan due 9/15/23

Date: 8/1/23

UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE
Graduate Medical Education Committee
Focused Special Review Report

SECTION I: Program Reviewed: Internal Medicine Residency **Report Date:** 7/17/2023

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: Rob Nardino

Program Coordinator Name: Mary Peach / Lindsey Ferraria

Reason for Special Review: (check which apply)

1. ☐ **ADS not accurate**
2. ☒ **Poor Resident Survey**
3. ☐ **Poor Faculty Survey**
4. ☐ **Curriculum/Evaluation tools do not reflect Milestones**
5. ☐ **Case log/Patient log Concerns**
6. ☐ **APE not completed**
7. ☐ **Policies/Manual not up to date**
8. ☐ **Other (list)**

SECTION II:

Date of Special Review: 5/24/23
We followed our GMEC process for Special Review: ☒ Yes ☐ No

If no, we deviated from GMEC process for Internal Review because:_____(modified, not ACGME etc.)
Reason:

Special Review Team	Name	Title
Faculty	Adrienne Bentman	Program Director, HH Psychiatry Residency
Faculty	Amy Johnson	Program Director, Ob/Gyn Residency
Faculty	Erica Schuyler	Program Director, Neurology Residency
Resident	Caleb Busch	PGY-3, Radiology Residency
Resident	Ahmed Elmashad	PGY-4, Neurology Residency
Resident	Sarah LaPierre	PGY-3, Radiology Residency
Administrator from GME Division	Jill Goldsmith	Administrative Program Coordinator, GME

Interviewees: (list)

Name

PGY-1 Internal Medicine Residents (27)
PGY-2 Internal Medicine Residents (25)
PGY-3 Internal Medicine Residents (35)

SECTION III:

State Concern(s) from Special Review list in Section I by number and indicate Program Response to each item:

Resources

- Impact of other learners on education (76%)
    - The burden of covering for other programs' residents during didactic time often falls on the IM residents. IM residents take care of patients from other teams that rotate with Medicine when they have dedicated half-day didactics (for example, Psych/EM/FM residents rotating with medicine).
    - Emergency Medicine residents on medicine rotations impact the availability of procedures and tend to "dump" patients on IM residents during EM protected didactic time. This is an issue specifically in the ICUs.
    - In ICUs, there are PAs, PA students, and NP students competing with residents for procedures.
- Appropriate balance between education and patient care (55%)
    - Residents expressed frustration with a lack of protected, in-person didactic time. Currently, lectures are held virtually, and residents are expected to attend while still providing patient care. Attendings do not hold phones or take calls during lectures and didactics, or they will forward non-urgent messages back to residents when lecture is over. Attendings have also remained at grand rounds/conferences while residents/interns left early to attend to patient care. Not all attendings sign into Voalte/Tiger Connect at HH/SFH sites, so if residents sign out for conferences and the attending isn't signed in, calls get re-routed to MOD, etc.
    - At St. Francis, one attending frequently covers two teams so residents will wind up not rounding until 12pm or later.
- Time to interact with patients (69%)

o Morning report was noted to be a specific issue for PGY-1 residents who have to see 10+ patients prior, as there is not enough time to pre-round and patient interactions are too short. Early morning conferences (8am) result in interns arriving prior to 5am in order to round and attend to patient care. A potential solution would be to move morning report to the afternoon.

    - Geographic admitting at Hartford Hospital was identified as a large part of this problem. Potential solutions included setting strict patient caps that are similar to other hospitals and remove geographic admitting.
- Protected time to participate in structured learning activities (54%)
    - Residents are expected to use non-work time to create lectures/conferences for other residents.
    - Residents would appreciate attendings or residents on non-call blocks providing morning report/lectures rather than being assigned a morning report session during a call block.
    - Noon conferences at other sites aren't truly considered "protected time" (at SFH especially). Tiger Connect and Voalte messages are taken but held for residents to respond to after.
    - Virtual lectures not conducive to having truly protected conference time. Virtual conferences are poorly attended or are played in the background while residents do work. UConn is more protected than at other sites because most journal clubs/grand rounds are in person. Education for nursing and ancillary staff is needed to reenforce the resident role and definition of protected time.
    - HH attending physicians send priority text messages reprimanding residents for delaying care during their protected lecture time.
- Satisfied with health and safety conditions (76%)

- Incident at SFH where a rodent was found in resident lounge.
- Parking garage at HH (Retreat Garage) unsafe and unsupervised at night. Shuttle service/security can take 10-15 minutes.

Professionalism

- * Residents/fellows encouraged to feel comfortable calling supervisor with questions (70%)
  - There is no attending in-house at Hartford Hospital, and the culture is such that reaching out to attendings at night is discouraged and attendings do not answer if residents call or use TigerText. Residents are told to "group" admissions at HH and call the attending less frequently. Residents are unable to reject step-down patients or ICU admissions referred by APRNs at night because residents cannot reach their attending. This results in residents needing to "sell" these patients to the step-down attending. At UConn and SFH, attendings are in-house on days and nights. Upper-level residents stated that the lack of comfortability with calling supervisors at night might be an individual preference or self-imposed, rather than an expectation set by the attending.
  - At SFH, strokes and brain bleeds are admitted to ICU by IM residents without Neurology training, and one of the Neurosurgery attendings does not answer questions/pages.
- Able to raise concerns without fear of intimidation or retaliation (72%)
  - The culture in the UConn ICU is to "accept everything," primarily from ED providers where patients have just arrived but haven't been stabilized. The hospital culture is to not go to ED to see patients, but to wait until they get to the floor. Conversations with ED providers are not productive.
  - Email from faculty expressed frustration over needing to spend time developing action plans for survey items at the expense of writing letters of recommendation for colleagues. Similar emails were also sent prior to survey results being sent out.
  - Resident peer-to-peer evaluations can be used punitively for one-off incidents during a block.
  - Attendings at SFH and UConn attend end-of-block rotation feedback sessions and can be dismissive or defensive. Sometimes Chief Residents will tell residents to stop complaining or to not bring things up.
- Satisfied with process for dealing confidentially with problems and concerns (70%): see above.

Patient Safety and Teamwork

- Information not lost during shift changes, patient transfers, or the hand-over process (76%)
  - Lateral transfers at HH from non-teaching to teaching services do not have appropriate sign-outs or notes. Patients move frequently at Hartford from step-down to floors or floors to floors and can have a different team every day of the week. One-line sign-outs on these patients are given to residents at shift changes. APPs are also giving lateral transfers to residents, but APP handoffs are more robust than sign-outs from non-teaching attendings. ED transfers are signed over to residents at 6pm and then residents sign the same patient back out at 7pm. Issues seem to center around geographical admitting.
- Interprofessional teamwork skills modeled or taught (71%): no comments.

Evaluation

- Satisfied with faculty members' feedback (78%)
  - Depends on location, but SFH seems to provide the least amount of feedback. Timely evaluations would assist – residents report delayed evaluations.

Clinical Experience and Education

- Four or more days free in a 28-day period
  - Back-to-back black weekends during block transitions have occurred, so while 1-in-4 days off are provided over one block, this does not occur from the middle of one block to the middle of the next block.
- Adequately managing patient care within 80 hours
  - Clinic in-basket messages require responses within 72 hours (UConn clinic only), regardless of rotation. UConn clinic residents are considered the PCP instead of attendings, like at other sites. There isn't a triage

person at UConn who responds to messages for residents on nights or vacation. Extra time to respond to clinic messages while on call rotations are often not counted in work hours.

Additional Feedback

- Residents rotating on call blocks are prevented from traveling to educational conferences and wind up needing to use their mandatory four days off to attend.
- In-person didactics will be incorporated into the new X+Y schedule next year, and residents seemed optimistic about this.
- PGY-2 residents reported not working more than 80 hours averaged over four weeks.
- Residents stated that missing one-day-in-seven off could happen more frequently as a PGY-1, and that the Chief Residents have been able to adjust the schedule when a mistake is made (such as ending one block on a black weekend and starting the next block with another black weekend). They reported that the Chief Residents are quick to revise the schedule when this is brought to their attention, and residents are hopeful that the X+Y schedule will mitigate this problem.
- Residents attend rapid responses on non-teaching patients, and the patient's team will not be present (frequently at HH).
- UConn ICU – anesthesia residents or APRNs supervise IM residents at night
- SFH Units – extra credit shifts go unstaffed, then jeopardy/back-up gets activated because there aren't enough providers. As a result, residents are told that jeopardy pool is depleted if they try to call out sick.
- Concerns by residents that ACGME survey will result in action plans that are punitive or require more time in the unit when they are already at the ACGME maximum for unit time.
- Geographical admissions at Hartford Hospital result in patients moving around on floors/services. Residents report meeting "soft cap" of 12 patients very frequently. Having a strict cap would be helpful (at SFH, hard cap is 10). 1-in-4 days off in 28 not an issue.
- Residents reported SFH having Neuro patients admitted to ICU; this does not happen at other sites. Residents precept with Neuro/NS attendings, who can be unsupportive.
- Residents reported multiple uncovered shifts per block which rely on extra credit shifts to fill. Jeopardy gets called in to cover, and then the Jeopardy pool is depleted when residents need to call out sick. SFH ICU is not adequately staffed and relies on Jeopardy; this could be fixed by additional hospitalists or APPs. Residents estimated six extra credit shifts per week at SFH.

Section IV:

SR Team Recommendations to Program Review Subcommittee:

1. Attending supervision at HH overnight needs to be investigated due to significant concerns of residents feeling uncomfortable/being discouraged from calling attendings and attendings not consistently responding to or answering overnight calls. Not being able to reach attendings is also a significant issue in regard to evaluation of patients for stepdown transfer which requires an attending support if a resident thinks a patient does not meet criteria for transfer. **Meet with leadership site directors at HH to review requirements for faculty supervision 24/7. Faculty need to be accessible by phone and text, responding in an expeditious fashion.**
2. Issues of inadequate sign-out – both verbal and written – of lateral transfers of floor patients to the resident teaching service. The volume of lateral transfers to resident service should also be tracked given the concern expressed by the residents that this is a majority of their admissions, and they think the volume of this type of admission to them is exceeding ACGME caps. **Meet with leadership at HH who should develop a plan to limit lateral transfers and ensure safe and timely patient sign-outs and develop an action plan to address concerns related to geographical admissions**.
3. ICU procedure numbers for residents need to be provided, given concern that residents are competing with APPs and other learners to get necessary numbers. Investigate whether APRNs or upper-level anesthesiology residents are supervising IM residents in the ICU.
4. Implement a plan for attending coverage during educational time. This was reported to be not ideal at all sites but especially at SFH and HH. Create opportunities for in-person learning and ensure that didactic time is meaningfully

protected. Coverage should be capable of doing the work of the resident while they are learning. Add attendings to site-specific group chats with residents/Chief Residents so they are aware of educational sessions. Consider moving morning report to the afternoon, and holding PGY-specific didactic sessions so not all residents are gone at the same time.

5. Provide some clarification to residents regarding expectations of keeping up with outpatient continuity clinic patients during service blocks as well as how this will change with the new X+Y+Z block format.
6. SFH ICU:
    a. **Meet with leadership at St. Francis to develop a new coverage plan for the ICU**. **The hospital needs to develop a plan to cover shifts and cannot rely on residents picking up extra-call shifts to fulfill regular staffing needs.**
    b. Investigate whether IM residents are sufficiently skilled to admit complex Neuro patients to the ICU at SFH. Monitor the number of Neuro patients admitted to the SFH ICU.
7. Confirm evaluation timeliness and create a solution for residents to receive timely feedback.

1. Response(s) accepted with

a. ☒ **Monitoring of development of action plans, including meetings with site leadership in 2 months**

b. ☐ **No monitoring/follow-up needed**

c. ☐ **Other (please describe**

2. Response not accepted due to: (describe)

3. Action Recommended by Program Review Subcommittee to GMEC (describe) see above

GMEC Action: Reviewed on 8/1/23. Report approved. Please provide action plan/update by 10/1/23

Date: 8/01/23

UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE
Graduate Medical Education Committee
Focused Special Review Report

SECTION I: Program Reviewed: Interventional Cardiology HH **Report Date: 2/6/23**

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: Dr. Immad Sadiq

Program Coordinator Name: Laurie Poulin

Reason for Special Review: (check which apply)

1. ☐ **ADS not accurate**
2. ☒ **Poor Resident Survey**
3. ☐ **Poor Faculty Survey**
4. ☐ **Curriculum/Evaluation tools do not reflect Milestones**
5. ☐ **Case log/Patient log Concerns**
6. ☐ **APE not completed**
7. ☐ **Policies/Manual not up to date**
8. ☐ **Other – Follow-up meeting**

SECTION II:

Date of Special Review: 10/20/22
We followed our GMEC process for Special Review: ☒ Yes ☐ No

If no, we deviated from GMEC process for Internal Review because:_____(modified, not ACGME etc)
Reason:

Special Review Team	Name	Title
	Dr. Christopher Steele	Educational Liaison
Upper level resident from another program if needed – or N/A		
Administrator from GME Division		

Interviewees:
Three Interventional Cardiology Fellows.

SECTION III:

State Concern(s) from Special Review list in Section I by number and indicate Program Response to each item:
Dr. Steele met with the interventional cardiology fellows from Hartford Hospital based on a few identified concerns from last year's survey. In summary, the current fellows are satisfied with their training program and do not have the same opinion as the prior group. It appears all other concerns are addressed as outlined below.

Radiation Badges:
All three fellows confirmed their badges are reviewed for radiation levels at the first week of the month.

Poor Resident Evaluations:
All three fellows state that their experience in the program has been excellent with the perfect balance of supervision and autonomy. All three fellows stated they would choose their program again.

Resources, professionalism, patient safety and teamwork, faculty teaching/supervision, educational content, diversity & inclusion, clinical experience

Scholarly Activity:
The residents report having at least two if not more national abstracts and a few pending publications.

Evaluations:
The current fellows feel their evaluations are timely and filled with excellent feedback. They also commented that most of the quality feedback they receive is in person and helps with their technical skillsets and approach to both routine and complex cases.

Wellness (PIP):
All residents state that the program provides both wellness event and teaching related to this PIP. The faculty are extremely receptive and supportive of their wellness.

Section IV:
SR Team Recommendations to Program Review Subcommittee:
- No further review needed as it appears all concerns previously addressed are resolved.

1. **Response(s) accepted with**
   - a. ☐ **Monitoring at 3-month _ intervals**
   - b. ☒ **No monitoring/follow-up needed**
   - c. ☐ **Other (please describe**

2. **Response not accepted due to: (describe)**

3. **Action Recommended by Program Review Subcommittee to GMEC (describe)**

GMEC Action: Reviewed on 8/1/23. Report approved. Follow up in 3 months. Date: 8/1/23

UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE
Graduate Medical Education Committee
Focused Special Review Report

SECTION I: Program Reviewed: Neurology **Report Date:** 5/23/2023

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: Erica Schuyler

Program Coordinator Name: Tina Lender

Reason for Special Review: (check which apply)

1. ☐ **ADS not accurate**
2. ☒ **Poor Resident Survey**
3. ☐ **Poor Faculty Survey**
4. ☐ **Curriculum/Evaluation tools do not reflect Milestones**
5. ☐ **Case log/Patient log Concerns**
6. ☐ **APE not completed**
7. ☐ **Policies/Manual not up to date**
8. ☐ **Other (list)**

SECTION II:

Date of Special Review: 5/23/2023
We followed our GMEC process for Special Review: ☒ Yes ☐ No

If no, we deviated from GMEC process for Internal Review because:_____(modified, not ACGME etc)
Reason:

Special Review Team	Name	Title
Faculty	Christopher Steele, MD	GME Liaison to Affiliated Sites
Faculty	Cynthia Price, MD	APD, Emergency Medicine Residency
Administrator from GME Division	Julia Washburn	Administrative Program Assistant II

Interviewees: (list) Name
Neurology Residents

PGY1 (7), PGY2 (5), PGY 3 (6), PGY 4 (6)

SECTION III:
The following sections summarize the special review conducted on Tuesday, May 23, 2023. Most of the feedback per the neurology residents pertains to their experience at Hartford Hospital. There is only one concern with respect to UConn Health that will be highlighted individually in the report.

State Concern(s) from Special Review list in Section I by number and indicate Program Response to each item:

Resources
Impact of other learners on education (77%)
Appropriate balance between education and patient care (65%)
Time to interact with patients (73%)
Protected time to participate in structured learning activities (65%)

UConn Home Call

- Given the increased patient volumes at UConn, residents always have to come in during their call blocks despite it being home call. Historically, UConn Health had a much lower volume so residents would either not come in or come in once a night. Residents express that they come in multiple times a night now and to the point where they have to frequently call backup to cover their shift the next day. The residents feel that this can no longer be home call but also feel there are not enough residents to cover this site appropriately. They had requested solutions such as tele stroke call which other programs are adapting.
- There is also no dedicated call room at UConn Health for the neurology residents.

Patient Volume

- Volume at Hartford Hospital has grown significantly over the last few years. Residents feel that the volume of patients is extremely high and the environment is not supportive of being educational. Workload not being allocated accordingly to enhance learning. This also has created an environment where residents feel they do not have enough time to think critically and can make mistakes.
- Moonlighters at HH are necessary to efficiently take care of the patient load in the hospital.
- There was discussion that the residents would like to create a system to refuse consults that do not need emergent evaluation in the ER and/or inpatient setting. They had brought up when neurology attendings are covering the service, they are able to do so which significantly lessens the volume.
- Changes in Curriculum they mentioned were being implemented:
    - Planning to increase weekend calls requirements
    - Taking away Moonlighting, making it a required rotation

APP/ Resident Services

- Over last few years, the involvement of APP services have increased but there is not an equal division of work. The APP based services cover vascular services which at times, takes away the interesting cases and force the residents to take simple general neurology cases without much teaching value. At other hospitals, the APP also are part of general neurology services but this is not the case at Hartford Hospital. Senior residents used to have full autonomy in separating the patients between services and now it is felt the APP will take priority, even for more teaching cases. Since the stroke center leadership has left, they feel the Interim director is making decisions to protect the APPs over them. Attending's will advise residents to speak to the APP about specific issues within

their practice. Residents do not feel comfortable having these conversations as they feel it creates tension and conflict.

- The other issue brought up is that some (estimated to be 25%) of the APPs are not comfortable running stroke codes alone leading the residents to have increased responsibility while on an already busy service. They also brought up that at times the residents are requested to back up the APP led services if there are call outs on their end.

Hartford Hospital Night Float Shift

- Since HH step downs don't have APPs at night, resident is covering entire hospital for the shift
- Feel they are stretched entirely too thin at night, being pulled into many different directions, and a lot of the time it doesn't have to do with anything specifically about their specialty. They feel this is not enhancing their education. Overnight, the residents will typically follow about 40 patients and receive 10 consult.
- Emphasized the importance of a transition period between night/day shift. There is not an appropriate sign- off. Night shift is not doing morning report because they are doing stroke codes
- Outside hospitals call them because they are the attendings patients and they have to make critical decisions that they have no knowledge about

Protected Time

- They feel their protected time is not necessarily being protected. The residents brought up that at times the attending will cover the pager but some will either request they page after educational hours are completed or request a stroke code get called so residents are pulled during their educational time.
- Work piles up for 3+ hours during educational time. Once returning to the floor, no work was done in their absence.
- Information during didactic time is beneficial, but didactic time during consult time means that they are answering messages all throughout, taking away from their learning

Apparent Cause Analysis (ACA)

- At Hartford Hospital, the residents are asked to do all ACA's that are placed. At times, they feel some of the ones assigned to them are not appropriate. For example, one ACA assigned to a resident was related to a senior neuroradiologist missing a critical stroke finding. They had requested that the faculty member in charge of the ACA take some of the cases where there is either little to learn from or may lead to conflict.
- Resident are assigned ACA's based on when they rotate on Electives. They wish to have ACA's equally assigned throughout the year, since some residents report having to do 3 ACAs in a year timespan while others may have gotten 0-1.

Professionalism

Residents encouraged to feel comfortable calling supervisor with questions (77%)
Process in place for confidential reporting of unprofessional behavior (69%)
Able to raise concerns without fear of intimidation or retaliation (62%)
Satisfied with process for dealing confidentially with problems and concerns (46%)

- When residents bring up concerns to leadership, they are either left unacknowledged, or in the past, the proposed solution made them worse off than the original issue. They gave the example of requesting that their HH inpatient rotation started later as their JDH AM continuity clinic ended as the HH inpatient shift began. The solution was they had to work more weekends and the AM clinic was removed.

- When asked about the fear of intimidation or retaliation or ability to report problems/concerns, the residents feel more that when they have brought things up, they are either ignored or the solution puts them in a worse situation. When asked for examples, they brought up the APP discussion and JDH AM continuity clinic example

discussed above. This leads the residents fearful to bring things up as they feel their voice is either not being heard and/or the proposed solution will make things worse.

- There was one discussion of M&M report where a resident was yelled at in front of everyone which the residents felt was inappropriate.

Faculty Teaching and Supervision

Faculty effectively creates environment of inquiry (77%)

- The residents commented that it is hard to received teaching while the clinical volume is increased. At times, they will get neurology attendings on the wards who are inefficient because this is something they do not typically do. For example, asking an outpatient epilepsy attending to cover the general neurology service. The lack of familiarity leads to inefficiencies which ultimately increase the work of the resident.

Evaluation

Satisfied with faculty members' feedback (77%)

- Residents spoke about feedback being great, no one had any negative comments about feedback.

Other Specific Issues Discussed:

- Pre-rounding on patients @ 7am that they don't have any knowledge about yet. Night workers are still finishing charts 7am-8am. There are no charts to review because notes aren't done because workload is too high.
- Morale of residents is very low, do not feel appreciated for all that they do. They do not feel they have someone advocating for them. Mutual feeling of disrespect from the other teams throughout the hospital.
- PGY-1 residents would appreciate an end-of-year exit interview with the Internal Medicine program leadership to provide feedback. Issues that they would like to share include getting paced on lower acuity, higher turn-over services compared to categorical interns (leading to less learning and more focus on discharging patients – specific to Hartford Hospital), and senior residents' expectations of prelim residents being less as they advance throughout the year.

Section IV:

SR Team Recommendations to Program Review Subcommittee:

Dr. Schuyler has already begun these processes, however, we would recommend the following:

- Program director will monitor and document patient volumes seen at UConn Health for night call, including how often residents are called in and skip their next day rotation over a 3-month period. These findings should be shared with program review once completed.

- Program director will monitor and document patient volumes seen at Hartford Hospital over a 3-month period with respect to admissions, inpatient service size, and consults (new and continued). These should be separated by night and day shifts.

- Develop a plan for residents to request a call room for residents who need to stay over at UConn Health.
- Develop a work group consisting of stroke leadership, APP and chief residents to help improve the APP and resident relationship (already in process).
- Review ACA case volume, including how often residents are assigned cases versus reviews are done by faculty independently.

An action plan, including the findings requested above, should be reported back to Program Review in 3 months. Evidence of improvement will be measured by another special review with the residents to see if the changes reported in the action plan have been initiated and are effective.

1. **Response(s) accepted with**
   - a. ☒ **Monitoring at 3-month intervals**
   - b. ☐ **No monitoring/follow-up needed**
   - c. ☐ **Other (please describe**

2. **Response not accepted due to: (describe)**

3. **Action Recommended by Program Review Subcommittee to GMEC (describe)**
   - **Action Plan/updates due 10/1**
   - **Program Review to meet with residents in the fall for an update**

GMEC Action: Report approved

Date: 8/1/23

UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE
Graduate Medical Education Committee
Comprehensive Special Review Report

SECTION I: Program Reviewed: Pediatrics **Report Date: 6/16/2023**

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: Stewart Mackie

Program Coordinator Name: Katyria Rivera

Reason for Special Review: (check which apply)

1. ☐ **ADS not accurate**
2. ☒ **Poor Resident Survey**
3. ☐ **Poor Faculty Survey**
4. ☐ **Curriculum/Evaluation tools do not reflect Milestones**
5. ☐ **Case log/Patient log Concerns**
6. ☐ **APE not completed**
7. ☐ **Policies/Manual not up to date**
8. ☐ **Other (list)**

SECTION II:

Date of Special Review: 6/8 & 6/9/23
We followed our GMEC process for Special Review: ☒ Yes ☐ No

If no, we deviated from GMEC process for Internal Review because:_____(modified, not ACGME etc)
Reason:

Special Review Team	Name	Title
GME	Steven Angus, M.D., F.A.C.P. Wendy A. Miller, M.D., F.A.C.P.	Assistant Dean, DIO Assistant DIO
Faculty	Robert Nardino, M.D. Margaret Rathier, M.D.	Program Director, Internal Medicine Program Director, Geriatrics
Upper level resident from another program if needed – or N/A	Joseph Testa David Bowers	PGY-3, Emergency Medicine Chief Resident, Internal Medicine
Administrator from GME Division	Carolyn Freer Bethany Steinway Julia Washburn	Administrative Program Coordinator Administrative Program Coordinator Administrative Program Assistant II

Interviewees:

Pediatric Residents by Class on 6/9/2023:
PGY 1 – 22 in attendance
PGY 2 – 9 in attendance
PGY 3 – 5 in attendence

SECTION III:

State Concern(s) from Special Review list in Section I by number and indicate Program Response to each item:

Appropriate balance between education (e.g. clinical teaching, conferences, lectures) and patient care (39%)

- PGY 1 interns say patient care far outweighs the focus on education, they are assigned to 13 or more patients at the start of intern year, there isn't a patient cap in the Pediatrics Program Requirements (the CMHC Hospitalist Cap is 14) - there isn't much time to do anything more than get on the computer and do tasks; on the 6th and 7th floor on the weekdays there is traditionally a single senior resident supervising 2 interns, and the senior may be seeing 26 patients leaving them no time to teach or assist the interns. On the weekends they are maxed out with one senior and one intern covering 29+ patients which leaves no time to do notes or anything else; rounding takes hours because there are too many patients. The 8th floor (oncology) is the only unit instituting a patient cap but even that goes away on the weekends.
- PGY1 interns are on Jeopardy 1 to 2 times per week because of the burnout and the call-outs from the rest of the staff, and it constantly interferes with their electives
- PGY2 residents are frequently being pulled from electives into other teams because of coverage issues, even if they have done that rotation before. It affects learning. They have a feeling of frustration that their patient load feels unmanageable.
- PGY2 residents feel the difference between attending and APRN caps and their team census is unfair Attendings during the day have a 16 patient cap. APRNs are also capped. On the weekend, a resident cover 30 patients. A resident on night shift could cover 25 patients with a medical student, which might be unsafe as the medical student cannot place orders. They feel the biggest weakness within the residency is night and weekend coverage.

Protected time to participate in structured learning activities (61%)

- PGY 1 interns say when they have protected time they are still receiving Voalte messages and have to catch up afterward – they often say in their away messages to Voalte the attending, but they still get alerted (sometimes it is even the covering attending who is messaging them).
- PGY1 Didactic Protected Time overlaps with floor coverage so they find themselves trying to handle things on their laptops during didactics. They also commented on an issue of conference space with the construction of the new hospital tower, and therefore virtual conferences take place which makes it hard to separate from patient care.
- PGY1 interns are covering EM and Family Medicine residents who call out in the Emergency Room or on the floor, the Peds Jeopardy system activates and they have to cover, also the Family Medicine residents struggle with the patient volume and are not as used to it as the Peds interns are
- PGY3 residents indicate they have Thursday and Fridays that have "protected" educational time but these slots are not always providing topics they feel are of significant value (i.e. reviewing a care path in the EMR). In addition, residents feel that the two hours of educational time on Fridays results in their returning to their inpatient responsibilities with more work to do as the attendings who are covering often do not take care of patient care related issues (i.e. putting in orders, preparing discharges). They have midday lectures on

Monday, Tuesday, and Wednesday which tend to be more valuable from an educational standpoint, but these are not "protected" times. If they attend, they are usually being inundated with patient related concerns or issues and on their phone during the sessions.

- PGY3 residents are very concerned with the program's recent low board pass rate and worry failing. The feel the low pass rate is a direct result of the lack of attention to their education as a priority. The acknowledge that Dr. Mackie is providing resources for board preparation but feel again the improving the educational experience throughout the 3 years would be the best way to address board pass rates.

Satisfied with safety and health conditions (73%)

- PGY1 interns expressed serious concern for patient safety – on the weekends interns can see upwards of 30 patients, stressful and one intern said specifically that they have had patients die on the weekends because of the lack of support, it is not the lack of hard work on the interns' part but they feel the atmosphere is unsafe

Satisfied with process for dealing confidentially with problems and concerns (63%)

- PGY1 interns stated that there is an Anonymous Link that was created for the interns to submit their concerns.
- PGY 1 residents feel that Dr. Mackie is incredibly transparent as a Program Director and very approachable.
- PGY2 residents did not agree that their program demonstrated any problems with confidentiality, fear of retaliation, or intimidation. Had had positive things to say about PD and APD's.
- PGY3 residents like and respect Dr. Mackie. They feel that he is working as hard as he can to rectify issues of concern. They feel that hospital leadership is not doing all that they can to address the concerns of the residents and what they feel are clear problems in the program.

Appropriate amount of teaching in all clinical and didactic activities (49%)

- PGY1 interns say teaching on rounds from the attendings happens only 10% of the time, on their estimate, due to the number of patients and trying to get patient care tasks completed.
- PGY1 interns get didactic time on Mondays/Wednesdays (one hour) and Fridays (2-hour block) but still get Voalte notifications and worry that the time they are spending in didactics means that no one is taking care of their patients for two hours and when they return to the floor, they will be catching up on what was not done while they were gone.
- PGY2 said the acute issue is not having any lecture space within the hospital due to construction. They have no dedicated educational space and are not aware of any plans for it. Some of the lectures are more helpful than others. Adult learner style lectures have been helpful. Subspeciality services could improve delivery of education. Friday didactic lectures are powerpoint presentations but not in an adult learner style. They worry this creates a lapse in education which could impact learning and board scores.
- PGY3 residents indicated that the level of teaching is often subpar. Very few attendings take the time to provide teaching both during and outside of rounds (i.e. in the afternoons residents would welcome even 15 minutes of discussion of a topic yet this does not occur). Attendings (subspecialty or otherwise) do not consistently attend their didactic sessions. (note: Dr. Mackie does attend didactics and provide teaching). . PGY3 residents feel that clinical responsibilities take priority over education. They do feel they have raised this as a concern, yet little has changed during their 3 years in the program.
- PGY3 residents stated that during the pandemic, didactics were held over zoom. For a brief period, sessions were again held in person. At this time, didactics again being held over zoom due to the lack of conference rooms. The program does not have any educational/learning space available for resident use. The residents

indicated conference rooms are being used for storage and for eating areas for the hospital. The residents feel their education is compromised by the lack of in person conferences.

Extent to which increasing clinical responsibility granted, based on resident's training and ability (66%)

- PGY1 interns feel like they are taking on the bulk of the responsibility on the hospital floor when it comes to patient care

Satisfied with faculty members' feedback (64%)

- PGY1 interns say there in not an opportunity for debriefing with faculty or to reflect on what went wrong (or right) in certain situations and the creation of plans on how to fix it
- PGY2 residents say that in person feedback has been helpful, but remains variable based on the faculty member. All preceptors are very nice and tend to give very nice feedback in person. One instance reported of poor end of evaluation written evaluation that was not addressed in person. They would appreciate more constructive criticism in person on how to improve practice.

Four or more days free in a 28 day period (76%)

- PGY3 residents do not feel that this is a concern or an issue but due to a lack of understanding of what defines a "day off". They feel this is likely due to residents who work a 24-hour shift Friday 6 am until Saturday 7 am and then must work Sunday do not perceive Saturday as a "day off" because they "did not got to sleep and wake up in their own bed on Saturday". The PGY 3 residents do understand that in this scenario, Saturday would be a day off.

Adequately manage patient care within 80 hours (76%)

- PGY3 residents are concerned about the patient volume and caps for the weekend shifts. They indicated that one senior resident will supervise one intern OR one sub intern with at 20-28 patients including admissions. Their greatest concern about this is the safety of their patients (i.e. delays in care, failure to identify change in patient status in a timely fashion). They feel that with interns this is both difficult stressful but with sub interns it is even more so.
- PGY3 residents said there are 3 RTAs that have been hired to assist with clerical tasks for patients. The residents feel only 1 of them is of help to the teams as this individual completes tasks and is proactive in seeking ways to help. The other 2 join rounds, seem to make minimal effort to complete tasks and take a passive role in assisting with the needs of the team/patient after rounds have finished. The PGY 3 residents expressed that they do not know how these individuals were trained or who has authority over them.
- PGY3 residents feedback, as has been expressed in prior meetings, is that they continue to be frustrated by the use of their back up system and jeopardy system to cover call outs from residents in other disciplines (i.e. FM and EM). Using back up for this then eliminates a back-up resident for the peds residents and using jeopardy results in peds residents being pulled off of elective time, therefore diluting their educational experience even further. Residents expressed that they do not feel that they can call out sick as their back up and jeopardy systems are strained.

Meeting with Hospital/Program Administration on 6/9/23:
Dr. Juan Salazar – Chair, Pediatrics Residency Program
Dr. Stewart Mackie – Program Director, Pediatrics Residency Program
Dr. Sharon Smith – Associate Program Director, Pediatrics
Dr. Eric Hoppa – Associate Program Director, Pediatrics
Dr. Jonah Mandell – Associate Program Director, Pediatrics

Hospital Growth:
The Pediatrics program is unique in that the residents all gather at the same hospital. The residents are feeling tired and have worked incredibly hard. They feel the same as the faculty. This past year was the busiest that they have had in the history of the hospital – Oct, Nov, Dec 2022 – boarders in every single unit, Zone C med/psych was overwhelmed. The emergency status created a stressful environment that was witnessed by the residents who saw that they were being utilized as a staffing resource, interfering with their education. The faculty being called to on-duty service then reflected in their inability to teach the residents. COVID wave that hit adults early in the pandemic was delayed for children. Addressed the burnout results of the peds residents which can be reflected across the country in Peds program. The hospital's catchment area has increased to 1.2 million patients across the various locations, the consolidation of smaller hospitals into the one large healthcare system, adding Family Medicine and Emergency residency programs. The other residency programs that rotate at Connecticut Children's who call out impact the Peds residents who must cover them. It was a model that worked when the hospital was smaller but not now.

The hospital got bigger, the patients became more complex but the Residency program didn't grow which leads to burnout, call outs. The program is trying to come up with solutions but to residents it doesn't seem like there are tangible outcomes. The residents don't understand the changes that will make an impact are slow to implement because of the complexities of the hospital administration.

Resident Workload:
The workload is a major issue for the residents on inpatient service and it makes the residents concerned about the safety of their patients and the quality of care. Weekend coverage is an across-the-board issue. The hospital got hit hard during the surges and it fell on the residents and has ultimately hurt the morale of the program. Faculty burnout has been another issue, affecting their ability to teach and create a good learning environment. It is a constant challenge to get the residents the learning experience they need. The closing of the conference rooms due to the construction has also negatively affected didactics.

Surge/patient acuity:
Increased number of boarders are falling to the responsibility of the residents. Protected time for education is not being respected. Complexity of the patients, the acuity is far greater than what has been seen in the past. The system was already stressed and then the surge of RSV/COVID has added an extra strain. Sicker and harder patients to take care of beyond the previous volume.

Call-outs/Burnout:
COVID forced everyone to focus on their wellness but trying to find that balance between wellness and people coming to work is difficult. The program is trying to figure out ways to provide support and stability so that residents aren't called in for Jeopardy which makes them lose time on their electives. Emergency Department and PICU are generally seen as great experience by the residents because they are closed departments where there is more resident to faculty involvement, but they want to replicate that everywhere.

Communication Issues:
Data that was pulled shows that 200 – 300 voaltes are being sent per day on inpatient service, and during the residents protected time which disrupts their learning. Faculty have encouraged residents to use the Do Not Disturb function on Voalte and leave issues to the attendings when they are in didactics, and efforts have been made to educate everyone on Voalte etiquette, in addition to creating an RN/Resident Committee to address other communication issues.

Meeting with Pediatrics Faculty on 6/13/23:
Review Team: Dr. Angus, Dr. Miller, Dr. Nardino

Pediatric Faculty Attendees: Andrea Orsey, Noah Jablow, Christine Trapp, Christine Rader, Hassan El Chebib, Ada Booth, Ruchika Mohla Jones, Christine Skurkis, Francis DiMario, Sonia Chaudhry, Blaine Lapin, Anna Tsirka, Joanne Crowley, Kerri Wallace, Rob Keder, Jennifer Haile

What do you think the residents are dissatisfied with?

The last year has brought unprecedented times for Pediatrics – bed shortage, excessive boarders – a lot of the challenges stem from that. The hospital is being asked to do more with less staff. They had a wave of RSV in fall 2022 that matched the levels of emergency that COVID did for Internal Medicine during the start of the pandemic.

The general feeling from the faculty is that they don't have the time to teach, they are drowning with the number of patients. There is a noted difference in the ability to sit down and teach effectively – due to work-staff shortages. One faculty member said they find themself apologizing when they gets pulled away from teachable moments with residents for a crisis. Faculty said they don't have the opportunity to attend conferences, protected time that used to be hours a week isn't there anymore because patient care is the greater need.

The faculty who are primarily outpatient get the sense that the residents are unhappy. The residents are forced to cancel their electives because they are being called to work in-hospital service. It is apparent that the residents feel they are not being listened to, and when they do attend elective that they are very disengaged. Residents have been pulled 3 days out of the 5 of an elective week. There have been weeks where the residents are hardly showing up for their outpatient electives. Some residents over the past year have missed up to a week of a month elective due to being pulled for coverage.

Spillover and complete dissatisfaction – as evidenced by call outs which are very high. The resident stories that come from the hospital floors are traumatizing and the outpatient faculty are looking for ways to improve interpersonal skills and better communication. Who is in the resident's mentor portfolio? They need to have people to debrief with and process the difficult cases and moments of their experience. A faculty member said one of the residents told them every day in the hospital feels like World War 3. The residents feel like every time they go to the floor, they are waiting for something bad to happen and then ultimately feeling like it is their fault when there is a negative outcome for a patient.

The environment isn't good for the residents, it is a perfect storm. The parking garage is falling apart, the teaching space does not exist, there is technology/equipment issues in the call rooms, the residents are getting pulled in every direction. The residents recognize the issues that they are having with increased complexity of patient care is shared by the faculty and they feel it is the hospital leadership to fix this issue of being overworked and overwhelmed. There is also a general feeling between both residents and faculty that the hospital administration is investing in the future with the construction of the new tower at the expense of the immediate present.

The faculty want to teach, they want to be engaging but they are looking for tools and resources. The model has become that this is a business and there is less of a focus on education. There is a communication breakdown in the fact that there isn't much personal interaction anymore. There have been ideas to help develop community like the creation of "resident houses" where groups of residents and faculty meet for dinner or at someone's house to develop bonds.
The faculty said the engagement was mixed. Some houses met and some dwindled to the point of non-existence.

Section IV:
SR Team Recommendations to Program Review Subcommittee:

The recommendation is to place the Pediatrics Residency program on internal probation until the results of the next ACGME Resident and Faculty Surveys demonstrate improvement and complete the following required actions.

Required Actions for the program:

- Establish caps for individual interns and total team size, applicable on weekends too; this would address safety concerns, burnout, and allow time for teaching on rounds by August 1, 2023. The program director will then monitor average team sizes and report to GMEC/program review on a monthly basis to ensure caps are being followed.

- Ensure conference space so that educational conferences can take place in person. This must be accomplished by August 1, 2023.

- Revise medical student responsibilities so that they are not considered equivalent to an intern. Subinterns must be scheduled as "extra" on the service at all times, including weekends. They never should function in the same capacity as an intern. This must be accomplished by August 1st.

- Develop strategies to ensure the majority of residents can attend educational conferences and not be interrupted by patient care duties; educate nurses about minimizing calls during educational time. This must be accomplished in the next 3 months.

- Develop a long-term strategy for coverage of residents rotating from other specialties. Pediatrics residents should not provide coverage for learners from other programs in the emergency room.

- The program should revise the Back Up/Jeopardy system to minimize loss of elective time.

1. Action Recommended by Program Review Subcommittee to GMEC : Listed above.

GMEC Action: GMEC approved electronically to place the program on internal probation

Date: 7/03/23

UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE
Graduate Medical Education Committee
Focused Special Review Report

SECTION I: Program Reviewed: Radiology **Report Date: 5/11/23**

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: Marco Molina

Program Coordinator Name: Lisa Turner

Reason for Special Review: (check which apply)

1. ☐ **ADS not accurate**
2. ☐ **Poor Resident Survey**
3. ☐ **Poor Faculty Survey**
4. ☐ **Curriculum/Evaluation tools do not reflect Milestones**
5. ☐ **Case log/Patient log Concerns**
6. ☐ **APE not completed**
7. ☐ **Policies/Manual not up to date**
8. ☒ **Other (list) – check-in on status of improvements**

SECTION II:

Date of Special Review: 5/12/23
We followed our GMEC process for Special Review: ☒ Yes ☐ No

If no, we deviated from GMEC process for Internal Review because:_____(modified, not ACGME etc)
Reason:

Special Review Team	Name	Title
	Dr. Steven Angus	DIO
Upper level resident from another program if needed – or N/A		
Administrator from GME Division	Martha Wilkie	GME Director
Other		

Interviewees: (list)

Name	**Title**
Radiology residents in person and via Zoom	

SECTION III:

State Concern(s) from Special Review list in Section I by number and indicate Program Response to each item:

This was a follow-up meeting to a previous Special Review meeting.

Dr. Angus asked the residents for an update on the areas that we have discussed with them in the past. At the previous meeting the residents voiced that there had been significant, positive changes in the program. The attendings were more visible, signouts were happening in person and on a daily basis, the quizzes were being assigned, and meetings were being held on a regular basis.

During the present meeting, all residents in attendance stated that the positive changes discussed at the previous meeting have been sustained. They also stated that the program had also initiated a new, a standing meeting with the program director and the residents. The residents feel comfortable voicing any concern at that meeting and they feel their concerns are being heard, with positive changes resulting from their conversations.

Section IV:
SR Team Recommendations to Program Review Subcommittee:

Remove the program from internal probation.

1. **Response(s) accepted with**
   - a. ☐ **Monitoring at_____intervals**
   - b. ☐ **No monitoring/follow-up needed**
   - c. ☐ **Other (please describe**

2. **Response not accepted due to: (describe)**

3. **Action Recommended by Program Review Subcommittee to GMEC (describe)**

Program Review recommends removing the Radiology Residency from Internal Probation

GMEC: GMEC approved removing the Radiology Residency Program from Internal Probation

Date: 6/6/23

UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE
Graduate Medical Education Committee
Focused Special Review Report

SECTION I: Program Reviewed: Reproductive Endocrinology **Report Date: 1/31/23**

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: Dr. Daniel Grow

Program Coordinator Name: Pamela Brancati-Moynihan

Reason for Special Review: (check which apply)

1. ☐ **ADS not accurate**
2. ☒ **Poor Resident Survey – Aggregate Multi-Year Survey**
3. ☐ **Poor Faculty Survey**
4. ☐ **Curriculum/Evaluation tools do not reflect Milestones**
5. ☐ **Case log/Patient log Concerns**
6. ☐ **APE not completed**
7. ☐ **Policies/Manual not up to date**
8. ☐ **Other – Follow-up meeting**

SECTION II:

Date of Special Review: 1/31/2023
We followed our GMEC process for Special Review: ☒ Yes ☐ No

Special Review Team	Name	Title
	Dr. Christopher Steele	Educational Liaison
Upper level resident from another program if needed – or N/A		
Administrator from GME Division		

Interviewees:
The three current Reproductive Endocrinology Fellows.

SECTION III:

State Concern(s) from Special Review list in Section I by number and indicate Program Response to each item:

Dr. Steele met with the reproductive endocrinology fellows on Tuesday, January 31st. Overall, the fellows stated that their experience in the fellowship was consistent with the results of the aggregate resident survey that prompted the review. They expressed that they had several concerns that they have not felt comfortable bringing up until this meeting. The following special review highlights the concerns brought up by the fellows separated by ACGME survey content areas. For reference, the fellow response is categorized numerically versus the program director's responses which are alphabetically.

Resources

1. Fellows feel they are given responsibilities like students or residents, as opposed to fellows. They do not have their own panel of patients and do not manage IVF cycles. These are two responsibilities typically given to fellows at other programs, per their report. They also report doing chart reviews for faculty members for patients they are not part of their care. They express that most of their responsibilities are to perform sonography. Each fellow expressed that they would appreciate more graded autonomy in clinical care as they advanced throughout the program, with clear expectations of that increasing clinical responsibility.
    a. This was discussed with Dr. Grow who states that most of the clinical encounters such as new intakes and follow-up appoints, are completely virtual. Only sonography and some procedures are completed in person. This began around the COVID-19 pandemic, and the site plans to continue this given improved patient satisfaction scores. This at times leads the fellows to be on the call with the attendings and may not get the chance to lead the visit independently.

2. The fellows note that they are usually scheduled to cover clinics for any faculty absence. The program has hired nurse practitioners (NP) to help with increased clinical volume, but the fellows, who have been asked to train the NP, do not feel the presence of the NP has helped to reduce clinical volume as was planned.

3. The fellows also report there are too many learners who rotate at their site. Specifically, there are frequently 2 medical students and 2 residents. Initially it was the 1st year fellow's responsibility to schedule the experience for the medical students and residents, but they do report now that they receive some help.

    a. Dr. Grow states that their site limits rotations to 15 residents per year and limit other learners to times when these residents are not rotating.

Professionalism

1. All fellows are aware of the GME-Hotline. In previous years, one of the fellows had anonymously called the GME Hotline. In response, faculty had a meeting internally and instructed the fellows to report all concerns internally as a first step before using the GME-Hotline. Furthermore, the fellows feel that faculty will frequently try to determine which fellow provided feedback, which in return, makes the fellows uncomfortable to report their concerns internally or through the Hotline.

Faculty Teaching and Supervision

1. All three current fellows had concerns about program leadership regarding organization and attention to details such as in dealing with schedules, evaluations, research activities. The fellows provided several examples of their concerns.

2. Overall, the fellows rate the teaching as poor. They feel they are not getting the expected minimal amount of time by the program. The program outlines fellows receive 2 hours of teaching per month. Each of the fellows note that the sessions are either cancelled or done with outdated materials. When asked to provide concrete examples, the fellows stated December's session was cancelled, January's session lecture taught on outdated guidelines (2016 vs 2021) and a prior session used questions from 1993. The fellows also are expected to create academic sessions that occur after 5 pm that are poorly attended by faculty. Only 3 of the 8 faculty attended the last session and one left early. The fellows have asked the faculty at their site for an improved educational experience and received the feedback that they do not have the time available in their schedule to create effective teaching.

    a. Dr. Grow provided a detailed mapped 18-month curriculum schedule, including how fellows rated each session. Most sessions were rated favorably by the fellows (4 or 5 out of 5). The two outliers that were brought up by the fellows have already been addressed by Dr. Grow. There was a lecture that was cancelled, and attempts were made to reschedule at a time convenient for fellows; they did not respond with any options for times to reschedule.

Diversity and Inclusion

1. They do not receive any formalized training on DEI. All fellows requested additional training on this topic.

Clinical Experience and Education

1. The ACGME program requirements for REI permits fellows to work clinically for up to 4-hours/week during normal weekday times averaged over a 4-week period while on their research block. The fellows stated and provided detailed documentation of the clinic hours they worked that showed that 1 of three fellows occasionally violated requirement.

Wellness

1. There currently is not a space in the office for fellows to pump breast milk. Program requirement I.D.2.c. states that each participating site must provide clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care.

ACGME Core Requirements For Reference (pages 25-26):
https://www.acgme.org/globalassets/pfassets/programrequirements/235_reproductiveendocrinologyinfertility_2022_tcc.pdf

Section IV:
SR Team Recommendations to Program Review Subcommittee:

Please submit action plans that address each of the concerns raised above, with specific attention to the 5 items listed below:

1. Policy and expectations for increasing clinical graded responsibility.
2. Specific expectations of role of fellows by year of training regarding clinical responsibilities, teaching, and supervision of them by faculty and their role of junior learners, especially as it surrounds the remote patient encounters.
3. Lactation space that meets ACGME program requirements must be identifiedI.D.2.c) clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)
4. Outline of clinical responsibilities during research rotations.

1. **Response(s) accepted with**
    a. ☒ **Monitoring at 3 month intervals**
    b. ☐ **No monitoring/follow-up needed**
    c. ☐ **Other (please describe**

2. **Response not accepted due to: (describe)**

3. **Action Recommended by Program Review Subcommittee to GMEC (describe)**

GMEC Action: Approve
Date: 4/4/23

UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE
Graduate Medical Education Committee
Focused Special Review Report

SECTION I: Program Reviewed: Surgical Critical Care **Report Date:** March 17, 2023

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: John Mah, MD, FACS

Program Coordinator Name:

Reason for Special Review: (check which apply)

1. ☐ **ADS not accurate**
2. ☒ **Poor Resident Survey – Aggregate Multi-Year Survey**
3. ☐ **Poor Faculty Survey**
4. ☐ **Curriculum/Evaluation tools do not reflect Milestones**
5. ☐ **Case log/Patient log Concerns**
6. ☐ **APE not completed**
7. ☐ **Policies/Manual not up to date**
8. ☒ **Other – Follow-up meeting: Follow up meeting for a special review.**

SECTION II:

Date of Special Review: Wednesday, March 17, 2023
We followed our GMEC process for Special Review: ☒ Yes ☐ No

If no, we deviated from GMEC process for Internal Review because:_____(modified, not ACGME etc)
Reason:

Special Review Team	Name	Title
Faculty	Christopher Steele, MD	Educational Liaison
Upper level resident from another program if needed – or N/A	n/a	n/a
Administrator from GME Division		
Other		

Interviewees: (list)

Name	**Title**
Chris Engler	First year fellow
Sandy Roh	First year fellow

SECTION III:

State Concern(s) from Special Review list in Section I by number and indicate Program Response to each item:

The following special review is a follow-up conducted to determine the program's progress in responding to the findings and recommendations. The last special review in October found that both fellows felt that their experience in the program was going well. Today, the fellows felt the same and the program has followed through with all issues as outlined in the previous report.

Fellow Wellbeing:

The fellows again identified that this was currently not an issue.

Fellow Autonomy/Responsibility:

Both fellows state that the autonomy has progressed significantly where they now run rounds and progress most of the plans on the ICU.

SICU Culture and Educational Experience:

There are no reported culture issues between attendings and APP at Hartford Hospital. Both fellows did mention some APP are leaving Hartford Hospital but feel this is due to better opportunities as opposed to poor working environment.

Vacation:

This has not been an issue for either fellow.

PD Involvement:

Both agree Dr. Mah is very involved and holding regular feedback sessions.

Involvement Junior faculty:

All faculty have been very responsive and feel the teaching is excellent. Dr. Mah has done an excellent job executing the changes outlined in his response to the previous special review.

Section IV:

SR Team Recommendations to Program Review Subcommittee:

The follow-up visit demonstrates the fellows feel all issues addressed a year prior are not currently present. This has been demonstrated over a 6-month period.

1. Response(s) accepted with

a. ☐ **Revisit with the fellows in:**

b. ☒ **No monitoring/follow-up neededc.** **Other (please describe**

2. Response not accepted due to:

3. Action Recommended by Program Review Subcommittee to GMEC: No further action needed

4. GMEC Action: Approved 4/4/23

August 17, 2023

To: Bruce Liang, Dean, School of Medicine
Melissa Held, Interim Senior Associate Dean of Medical Student Education
Christine Thatcher, Associate Dean for Medical Education & Assessment
Marja Hurley, Associate Dean for Health Career Opportunity Programs
Laurie Caines, Interim Assistant Dean of Clinical Medical Education
Marilyn Katz, Interim Assistant Dean of Student Affairs
Thomas Manger, Assistant Dean for Preclerkship Medical Education
Kimberly Dodge-Kafka, M.D./Ph.D. Program Director
School of Medicine Admissions Committee

From: Thomas Regan, Assistant Dean of Admissions & Student Affairs
Carla Burns, Director of Admissions & Student Affairs

PROFILE FOR THE 2023 ENTERING SCHOOL OF MEDICINE CLASS

Summary characteristics:

- A total of 112 new students
- Women comprise 57% of the new matriculants, men comprise 43%
- 10% of entering students received their primary undergraduate degree in 2023
- Average age at matriculation is 23
- 76% are Connecticut residents
- 17% of new matriculants are Underrepresented in Medicine (URiM), 16% of new matriculants are Underrepresented Minority (URM) students
- 27% of new matriculants are members of Asian groups
- The average academic characteristics of the class are: 3.78 BCPM, 3.82 OGPA
- The average MCAT score is 513 (84^{th} percentile)
- 59 undergraduate schools are represented: 35% are from the U of Connecticut. 42% are from schools in the State of Connecticut (including UConn).
- 88% have majored in science or health-related fields as undergraduate students
- 10% of new matriculants have advanced degrees
- The combined admissions yield for *regular MD and MD/PhD applicants* was 51.6% (217 offers, 112 matriculants) or 1.9 offers per matriculant [The overall admissions yield for *regular MD applicants only* was 54.4% (191 offers, 104 matriculants), or 1.8 offers per matriculant. The overall admissions yield for the *MD/PhD program only* was 30.7% (26 offers, 8 matriculants), or 3.2 offers per matriculant.]
- A total of 18 entering students were born outside of the United States

Class Profile
School of Medicine Class of 2027
(8/17/2023) n=112

Gender: Men = 48 (43%); Women = 64 (57%)

Age:
a. average age at matriculation is 23 years old
b. age distribution

21 – 7	24 – 28	27 – 3	31 - 2
22 – 21	25 – 12	28 - 1	
23 – 32	26 – 5	30 - 1	

Residency: Residents = 85 (76%); Non-residents = 27 (24%)
Non-residents: California (2), Florida (2), Massachusetts, New Hampshire (4), New Jersey (3), New York (5), North Carolina, Ohio, Pennsylvania (5), Puerto Rico, Rhode Island, Virginia

Ethnicity: 17% URiM (URM +Other Hispanic), 16% URM, 27% Asian

		M	F	TOTAL
URiM:	African American	3	4	7
	Mexican	5	2	7
	Other Hispanic	0	1	1
	Puerto Rican	1	3	4
Asian:	Asian	0	1	1
	Asian, Bangladeshi	1	1	2
	Asian, Filipino	1	1	2
	Asian, Indian	5	7	12
	Asian, Pakistani	2	0	2
	Asian, Taiwanese	0	2	2
	Chinese	5	2	7
	Korean	0	2	2
White		22	37	59
Other		2	1	3
Decline to respond		1	0	1

Academic Performance: (Grades)

Average undergraduate science grades (BCPM): 3.78
Average undergraduate overall grades (OGPA): 3.82

MCAT scores:

Average MCAT scores: 513 (84th percentile)
Biological and Biochemical Foundations of Living Systems 128.6
Critical Analysis and Reasoning Skills 127.4
Chemical and Physical Foundations of Biological Systems 128.1
Psychological, Social, and Biological Foundations of Behavior 129.4

Undergraduate Schools: (first degree – 59 different schools)

Boston College (3)
Boston University (2)
Bowdoin College
Brandeis University
Brown University
Colgate University
College of the Holy Cross
Cornell University
CUNY Brooklyn College
Davidson College
Emory University
Fairfield University
Fordham University (2)
George Washington Univ
Georgetown University (2)
Hamilton College (3)
Harvard University
Johns Hopkins University
Kent State University
Lehigh University
Lycoming College
MCPHS University
Michigan State University
Middlebury College
New York University
Northeastern University (4)
Northwestern University
Penn State University
Princeton University
Quinnipiac University (2)
Rensselaer Polytechnic Inst
Rhodes College
SUNY Stony Brook
Texas A&M University
Trinity College
Tufts University (4)
University of Bridgeport
University of California Davis
University of Central Florida
University of Connecticut (39)
University of Hartford
University of New England
University of New Haven
University of North Carolina
University of Notre Dame
University of Oregon
University of Pennsylvania
University of Pittsburgh
University of Puerto Rico-Rio Piedras
University of Rochester
University of Vermont (2)
University of Washington
University of Western Ontario
Vassar College
Villanova University
Washington University in St. Louis
Wesleyan University
Wheaton College
Wright State University

(35% from the U Connecticut)
(42% from schools in Connecticut)

Undergraduate Majors: (health or science = 88%; non-science = 12%)

Majors:
Biology (29)
Neuroscience (15)
Molecular Biology (10)
Biochemistry (6)
Chemistry (5)
Engineering (5)
Physiology & Neurobiology (5)
Health Science (4)
Physiology (3)
Pre-Medical (2)
Accounting
Biomedical Science
Biotechnology
Economics
Environmental Science
History
Nursing
Pathology
Psychology

Dual Majors:
Biology, Neuroscience (2)
Biology, Psychology (2)
Anthropology, Foreign Language
Anthropology, Foreign Language
Biology, Chemistry
Biology, Music
Biology, Political Science
Chemistry, Foreign Language
Ecology & Evolutionary Biology
Engineering, Mathematics
Molecular Biology, Business
Molecular Biology, Foreign Language
Molecular Biology, Genetics
Molecular Biology, Nutrition
Molecular Biology, Pathology
Molecular Biology, Psychology
Neuroscience, Psychology
Physiology, Anthropology

Advanced Degrees: (10%)

Master of Arts Finance
Master of Public Health (5)
Master of Science Biomedical Science (3)
Master of Science Pediatric Nurse Practitioner
Master of Science Psychology

Special Program Participation:

UCONN Combined Program in Medicine - 6
UCONN Post Baccalaureate Program - 2
HCOP-sponsored Summer Student Programs - 7
MD/PhD Program – 8

Country of Origin:

Bangladesh (2)	Ghana	Israel (2)	Korea (2)	Russian Federation
Belarus	Greece	Jamaica	Mexico	United States (94)
China (3)	India	Japan	Pakistan	

Admission Yields:

	Total Apps	Offers	Matriculations	Yield
Non-residents	3,866	86	27	31.3%
Residents	470	131	85	64.8%
All Applicants	4,336	217	112	51.6%
*MD only	3,829	188	102	54.2%
*MD/PhD	226	26	8	30.7%
**URM	607	65	18	27.6%
***URiM	745	66	19	28.7%

* included in resident & non-resident numbers
**URM designations: Black or African American, Mexican/Chicano, Puerto Rican and American Indian or Alaskan Native
***URiM designations: URM plus Other Hispanic