

Academic Affairs Subcommittee of the Board of Directors

October 21, 2024
10:00am – 12:00pm
Webex Event

Join Webex event by Computer with the password: uconn

<https://uchc.webex.com/uchc/j.php?MTID=mba88c22fd0595bcfe2c95d8c3e2bdd18>

To join by Audio only

US Toll: 1-415-655-0003

Access Code: 262 497 16242

*Please remember to keep your phone on mute
during the call.*

Time: 10:00 a.m. – 12:00 p.m.

Location: Webex Event - Join by Computer with the Password: uconn

<https://uchc.webex.com/uchc/j.php?MTID=mba88c22fd0595bcfe2c95d8c3e2bdd18>

To Join by Phone:

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1. Public Comment

2. Chair's Remarks

- a. Welcome and updates
- b. Approval of minutes from August 12, 2024 Meeting

3. Consent Items

- a. Approval of School of Medicine Recommendations for Appointment at Senior Rank (Dr. Bruce Liang)
- b. Approval of Proposed Dates for 2025 AASBOD meetings (Dr. Bruce Liang)
- c. Approval of School of Medicine Endowed Chair Reports (Dr. Bruce Liang)
- d. Approval of School of Dental Medicine Tuition and Fees Proposal (Dr. Steven Lepowsky)
- e. Approval of School of Dental Medicine Recommendation for Emeritus Appointment (Dr. Steven Lepowsky)
- f. Approval of Revisions to the School of Medicine's Bylaws (Dr. Marc Hansen)

4. Business Items

- a. Oversight Committee Report (Dr. Marc Hansen)

5. Informational Items

- a. School of Medicine Junior Rank Promotion (Dr. Bruce Liang)
- b. School of Dental Medicine Junior Rank Promotions (Dr. Steven Lepowsky)
- c. Creation of Department of Neurosurgery (Dr. Ketan Balsara)
- d. Update on the Office of Multicultural and Community Affairs (Dr. Linda Barry)
- e. Annual GME Report (Dr. Steven Angus)
- f. Addendum to 2024 SoM Entering Class Profile (Dr. Thomas Regan)
- g. Impact of Scotus Decision on UConn School of Medicine Class of 2028-
Update on New Community Initiatives (Dr. Marja Hurley)

Next Regularly Scheduled Meeting

TBD: Monday, January 27, 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.

Location: Webex Event

Join by Computer with the Password: uconn

<https://uchc.webex.com/uchc/j.php?MTID=mba88c22fd0595bcfe2c95d8c3e2bdd18>

To Join by Phone:

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1. Public Comment – no comment

2. Chair's Remarks

- a. Welcome and updates
 - i. The meeting came to order with the Chair welcoming all to the call and taking a roll call of voting members.
- b. Approval of minutes from April 22, 2024 Meeting

A motion to approve the minutes was made. Seconded. Approved 10-0-0

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 7-26 of the board book.
- 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 pages 27-36 of the board book.

A motion to approve all consent items was made. Seconded. Approved 9-0-1

4. Business Items

- a. Oversight Committee Report (Dr. Marc Hansen)
 - i. Dr. Hansen reported that there are four departmental reviews scheduled for this year, including the Department of Surgery, The Carole and Ray Neag Comprehensive Cancer Center, The Center on Aging, and The Center for Vascular Biology. Dr. Hansen reported that all four reviews are progressing well.
 - ii. Additionally, Dr. Hansen reported that there are five reviews scheduled to take place in 2025, including the Department of Cell

Biology, The Department of Community Medicine and Health Care, the Department of Dermatology, the Department of Emergency Medicine, and The Health Disparities Institute. So far, we are on schedule for the seven-year review cycle.

- iii. Dr. Liang mentioned that the naming of the Department of Community Medicine and Health Care has since been changed to the Department of Public Health Sciences. Dr. Hansen will make the change in his records.

5. Informational Items

- a. School of Medicine Junior Rank Promotions and Update to Faculty Track/Rank (Dr. Bruce Liang)
 - i. The names and details can be found on pages 39-40 of the board book.
- b. Preliminary Profile: 2024 Entering Class – UConn School of Medicine (Dr. Thomas Regan)
 - i. Dr. Regan reported that we had 4,408 applications this year, an increase from the 4,336 applications received last year. The incoming class size is 112 students, with 80% being Connecticut residents, and 56% of students identify as female.
 - ii. Dr. Regan stated that due to the SCOTUS Decision, the amount of URM students enrolled this year has dropped to 8%, from 16% last year and the amount of URIM students has dropped to 11%, from 17% last year.
 - iii. Dr. Khalilah Hunter-Anderson reviewed the process and procedural changes that have been implemented Post-SCOTUS Decision. Changes included: ensuring that members of the admissions committee are aware of the SCOTUS change, changing review process to allow for more in-depth screening of narratives, and ensuring that all candidates are given the opportunity to express their narrative about how race effected their lives. Dr. Hunter-Anderson also noted that a key factor has been and will be recruitment and outreach.
 - iv. Additionally, Dr. Hunter-Anderson explained that applicants are able to choose a narrative question to discuss how their own live experiences and unique identity will enhance the UConn SOM classrooms and community. She reported that

76% of applicants chose to answer this question on their application.

- v. Chairman Archambault asked about the difference between the primary application and the secondary application, if they are submitted around the same time and what is included in the two applications. Dr. Regan replied that the MCATs application is submitted first and once those applications are received, a second application is sent to the applicants which consists of four questions.
 - vi. Ms. Patricia Baker commented that the decline in numbers is clearly extreme and worrisome at best. Ms. Baker asked if we have started to think about the necessary outreach that must be done and how we can become the best choice of school for diverse candidates. Dr. Regan answered by showcasing the plans for the 2024-2025 school year, which includes solidifying outreach efforts at UConn satellite campuses, increasing Office of Admissions presence at recruitment events, and ensuring that all UConn recruitment efforts share information with the Office of Admissions.
 - vii. Dr. Wayne Rawlins asked if there is still a pipeline to grade schools, middle schools, and high schools to make them aware of our medical and dental schools; additionally, Dr. Rawlins asked if we have made relationships with graduate institutions who have built diverse populations to encourage them to apply to our university.
 - viii. Mr. Sandy Cloud commented that we have typically been the top of our peer group for schools who included URM students in their roster and it is disappointing to see what our results are for this school year. Mr. Cloud also reiterated that he would like to see our Office of Admissions use all the tools we have and to also seek creative ways to attract diverse opportunities.
- c. Impact of SCOTUS Decision on UConn School of Medicine - Class of 2028 (Dr. Marja Hurley)
- i. Dr. Hurley commented that the Health Career Opportunity Program, of which she is the Associate Dean, was created to be the center of recruitment and for support of URM students who are accepted into both the medical and dental schools. Dr. Hurley also provided some data regarding the HCOP program, stating that there are 30 URM students in

the 2025 class and 20 of those students participated in an HCOP program. For the incoming class of 2028, there are 12 URM students, and none of them are participating in an HCOP program.

- ii. Dr. Hurley reported that one of the issues she noticed is that the majority of URM applicants were not invited to interview until after January 2024. At this time, many of the medical school classes are already filled and it can be difficult to recruit the small number of URM students as they have already received offers from other schools.
 - iii. Dr. Hurley requested that more information be shared from the Admissions Office with the Health Careers Office. Dr. Hurley also mentioned that her office has three separate programs in place to guide college students who are interested in medicine. Information about these programs can be found on the Health Careers website.
 - iv. Dr. Hurley also highlighted a new initiative geared to expand our outreach. This program is an informal partnership with the AAMC and Albany State University, to increase the number of premedical students. The program will give these students priority consideration for MCAT prep programs and for completing research at UConn Health.
- d. Update on Research at Neag Cancer Center (Dr. Pramod Srivastava and Dr. Margaret Callahan)
- Prior to Dr. Srivastava and Dr. Callahan's presentation, Dr. Liang requested to share news with the committee. He announced that the LCME has agreed to allow the School of Medicine to increase our class size; 2 additional students per year, for the next 4 years.
 - Dr. Srivastava gave insights into the current research within the Neag Cancer Center, including the comparison of DNA of healthy tissue to DNA from cancer. Dr. Srivastava also touched on a key challenge in creating cancer vaccines, which is the fact that many mutations do not immunize and do not help treat cancers. The goal will be to figure out how to tell which can vaccinate against cancer, from the many that do not.
 - Page 63 of the Board Book lists papers, patents, and grants related to our Cancer Center.


- Dr. Callahan discussed her work regarding investigating immunotherapy in patients. She reported that 15 years ago there were no treatments which prolonged survival in melanoma cancer patients. As of today, there are multiple FDA-approved treatment options which prolong survival, giving a 50%+ chance of survival past 5+ years. However, these new treatments do not help everyone and a pre-treatment test that predicts outcomes is needed.
- Dr. Callahan reported that while analyzing blood characteristics, they have been able to cluster blood characteristics into 3 “immunotypes”. Additionally, these immunotypes can predict clinical outcomes.
- Dr. Callahan stated that her goal is to bring a test to her clinic which will help her patients. The goal is to develop a clinical assay that will help patients and physicians select the best options for immunotherapy treatments. This would assist patients in avoiding unnecessary treatments and reduce costs to the system.
- Dr. Callahan’s grants and recent publications can be found on pages 79-80 of the Board Book.
- Dr. Agwunobi praised the presentation and asked if the immunotype differences are genetic or distinguished by other factors. Dr. Callahan replied that currently they are unsure, but it is something they are hoping to research with a grant. She mentioned that this is something they have researched with mice but would like to further conduct research with humans.
- Dr. Callahan also reported that some of her lab employees may join her at UConn and/or may continue to collaborate on her work.

Next Regularly Scheduled Meeting

Monday, October 21, 2024

10 a.m. – 12 p.m. via WebEx

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

FROM: Bruce Liang, M.D. 
Dean, School of Medicine

DATE: October 21, 2024

SUBJECT: School of Medicine Recommendations for Appointment at Senior Rank

RECOMMENDATION:

That the Academic Affairs Subcommittee of the UConn Health Board of Directors approve the attached School of Medicine recommendations for appointment at senior rank.

BACKGROUND:

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

ACADEMIC AFFAIRS SUBCOMMITTEE
OF THE BOARD OF DIRECTORS

RECOMMENDATIONS FOR OCTOBER 21, 2024

APPOINTMENT AT SENIOR RANK

Associate Professor - In Residence

Dr. Dustin M. Walters - Surgery

Associate Professor - Affiliated Institution

Dr. Daniel B. Herz - (Connecticut Children's) - Surgery

Dr. Joanna Rothstein - (Connecticut Children's) - Anesthesiology

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 21, 2024

SUBJECT: Dustin M. Walters, M.D.

The Department of Surgery in the University of Connecticut School of Medicine has nominated Dr. Dustin Walters for appointment at the rank of Associate Professor in the Medical Educator professional category, in-residence track. The recommendation has the support (8:3) 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.

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 21, 2024

SUBJECT: Daniel B. Herz, M.D.

The Department of Surgery in the University of Connecticut School of Medicine has nominated Dr. Daniel B. Herz for appointment at the rank of Associate Professor, in the Medical Educator professional category, affiliated (Connecticut Children's) track. The recommendation has the unanimous (10:0) support 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.

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 21, 2024

SUBJECT: Joanna Rothstein, M.D.

The Department of Anesthesiology in the University of Connecticut School of Medicine has nominated Dr. Joanna Rothstein for appointment at the rank of Associate Professor in the Medical Educator professional category, affiliated (Connecticut Children's) 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.

2025 Proposed AASBOD Meeting Dates

All meetings will take place on Webex.

Meeting 1:

- January 27, 2025

Meeting 2:

- April 21, 2025

Meeting 3:

- August 18, 2025

Meeting 4:

- October 20, 2025

State of Connecticut Board of
Governors for Higher Education
Chair in Infectious Diseases

Kevin Dieckhaus, MD

dieckhaus@uchc.edu



THANK YOU MESSAGE

I would like to express my gratitude to you for supporting the endowed chair. The support provides material support for ongoing research activities of infectious disease fellows, medical students, and resident physicians pursuing interests in the field of infectious diseases.

RESEARCH AND TEACHING

This chair supports the development of trainees interested in infectious diseases at all levels of medical training. Specifically, during the last year, it facilitated the on-site tropical medicine training provided to eight medical residents in southwestern Uganda by supporting necessary UConn faculty oversight of the clinical experience. The Uganda clinical immersion promotes acquisition of direct medical skills as well as valuable cross cultural and integrative skills important for any physician practicing in a multiethnic world.

The chair has supported expanded opportunities for collaborative research as well as immersive opportunities for learners in additional locations including Columbia, Sri Lanka, and Vietnam. A recent memorandum of cooperation with the University of Peradeniya in Kandy, Sri Lanka, site assessment visit, symposium, and current plans to send two UConn medical students to Sri Lanka in June 2024 to pursue infectious diseases research is a testament to the success of the collaboration. A new collaboration with Gulu University has led to development of three public health projects in Kisoro and Gulu districts of Uganda for four UConn medical students.

The chair supported the work of an ID fellow evaluating the utility of intravenous immunoglobulin (IVIG) as a potential therapy for infection with *Babesia microti*, a tick-borne parasite endemic to Connecticut. Investigations are ongoing in the area of IVIG's impact on human health and diagnostic testing, with a recently-completed evaluation of Hepatitis B markers present in commercial IVIG products.

The chair has supported UConn medical student-directed research focusing on important public health issues in Connecticut. Collaboration with Hartford Hospital and St Francis have led to a current evaluation of the impact of Respiratory Syncytial Virus (RSV) on hospitalized patients. Working within our HIV/AIDS clinic populations, we are formally assessing determinants of health that may be amenable to intervention in this vulnerable population. Collaboration with Storrs investigators have focused on CRISPR-based technology for respiratory disease diagnostics.

PUBLICATIONS, CONFERENCES, AND AWARDS

The chair supported the UConn Global Health symposium series (April 2024) where the theme "Social and Environmental Determinants of Health" was explored. This symposium at UConn Health integrated with related symposium at UConn Storrs, as well as Connecticut Children's, and brought in a wide variety of speakers both nationally and internationally. The chair supported the development of the "Symposium on Infectious Diseases, COVID-19, and Antibiotic Resistance," held at the University of Peradeniya, Kandy, Sri Lanka in November 2023.

Cross-campus collaborations facilitated by this chair have led to a published manuscript evaluating CRISPR based diagnostics (Zhang Y, Song Y, Weng Z, Yang J, Avery L, Dieckhaus KD, Lai RY, Gao X, Zhang Y. A point-of-care microfluidic biosensing system for rapid and ultrasensitive nucleic acid detection from clinical samples. *Lab Chip*. 2023 Aug 22;23(17):3862-3873). A manuscript has also resulted from the babesiosis investigations: (Kostka J, Maharjan AS, Kumar S, Hackenyos D, Krause PJ, Dieckhaus K. Absence of Anti-Babesia microti antibody in commercial intravenous immunoglobulin (IVIg). *PLoS Negl Trop Dis*. 2024 Mar 14;18(3):e0012035). Our work evaluating impact of IVIG on Hepatitis B serologies was led by an ID fellow and presented at the state-wide Connecticut Infectious Diseases Society (CIDS) meeting.

The medical student research project in Sri Lanka evaluating vaccine hesitancy for dengue vaccine was awarded a Benjamin H. Kean Travel Fellowship by the American Society of Tropical Medicine & Hygiene (ASTMH) to support the implementation of the project.

SERVICE AND PUBLIC ENGAGEMENT

Related to infectious diseases in the global setting, programs have fostered ongoing and developing relationships between collaborators in the global north and south. One specific focus has been to foster linkages between researchers at international sites with potential collaborators within the UConn system through numerous web-based formats. Collaborations are advancing in Colombia, Lithuania, Sri Lanka, Uganda, and Vietnam. Formal memorandum of cooperation have recently been developed with Gulu University in Uganda, the Lithuanian University of Health Sciences, and the University of Peradeniya in Sri Lanka.

ACADEMIC PROGRAMS AND FACULTY DEVELOPMENT

The chair has helped foster developing partnerships between collaborators at UConn with those in the global south. One specific focus has been to foster linkages between researchers at international sites within low and middle income countries with potential collaborators within the UConn system through numerous web-based formats. As an example, a current collaboration with Gulu University in Uganda has developed three separate public health-focused community research projects involving four UConn medical students, three Ugandan medical students, and four Gulu University faculty, and will serve as a model for future collaborations and is designed to provide preliminary data towards future public health grant applications

LOOKING AHEAD

We plan to continue to advance many of the initiatives already in process. This includes additional studies of CRISPR-based infectious diseases diagnostic and pursuing ongoing international collaborations in research, education, and clinical care. There is a renewed focus on learner participation in immersive global health experiences. Collaborations with the University of Peradeniya and Gulu University will continue with an expanded focus of trying to parlay our initial data into research proposals that foster collaborations between UConn and our international partners.

UConn Health
 Endowed Chair in Infectious Diseases/AIDS Research
 631129-10141-10

	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Beginning Cash Balance	\$36,704	\$29,725	\$31,410	\$40,387	\$55,364	\$67,944	\$71,169	\$71,169	\$84,371
Receipts :									
Interest Transferred from DHE:		\$3,327	\$13,238	\$17,434	\$26,250	\$5,887	\$2,162	\$19,330	\$59,459
Total Receipts	\$0	\$3,327	\$13,238	\$17,434	\$26,250	\$5,887	\$2,162	\$19,330	\$59,459
Expenditures :									
Salaries and Wages									
Fringe Benefits									
Purchased Services	\$6,979			\$285	\$3,920	\$2,047	\$1,548	\$5,928	\$13,381
Supplies				\$1,527	\$4,242	\$615		\$200	\$1,944
Equipment		\$1,642	\$4,261	\$645	\$5,508				
Change in accruals							\$614		
Total Expenditures	\$6,979	\$1,642	\$4,261	\$2,457	\$13,670	\$2,662	\$2,162	\$6,128	\$15,325
Ending Cash Spendable Balance	\$29,725	\$31,410	\$40,387	\$55,364	\$67,944	\$71,169	\$71,169	\$84,371	\$128,505

Health Net, Inc. Chair in Human Genetics

David W. Rowe, MD

drowe@uchc.edu



THANK YOU MESSAGE

The Human Genetics Chair support has allowed me to expand my interactions with members of the UConn Storrs Computer Science Department to build computer analysis tools to analyze the complex histological images produced by the advanced microscopes that the Chair helped to acquire for the fluorescence imaging core that I direct. These computer tools will be applied by the core research staff who will provide these technologies to the wider skeletal biology community.

RESEARCH AND TEACHING

Our research group has made progress in the histology necessary to determine the activity of individual cells embedded in skeletal tissues (called spatial genomics). This became possible by solving technical issues inherent to cells embedded within a mineralized tissue and computer algorithms to capture and interpret the images. This foundational technology for visualizing and computing the cell-cell interactions will be incorporated into the histological portfolio offered by the imaging core.

PUBLICATIONS, CONFERENCES, AND AWARDS

We participated in two major Common Fund NIH initiatives (KOMP and HuBMAP) where leading research institutions collaborate on a specific new NIH-identified goal. We learned from and contributed to the objectives of these programs (digital histology and spatial genomics). The experience demonstrated the necessity of building cross-disciplinary research teams (engineering, microscopy, computer science and biomedicine) for success in future NIH/NSF/DOD grant submissions.

SERVICE AND PUBLIC ENGAGEMENT

We have submitted two NIH grants designed to assist the skeletal biology community to adapt to the digital environment. One grant will build a data repository especially designed for storing and retrieving imaging data from bone studies and the other will develop histological markers for specific cell types within joint cartilage. Both grants rely on researchers worldwide to design the databases and the highly developed UConn computer infrastructure that will host these databases.

ACADEMIC PROGRAMS AND FACULTY DEVELOPMENT

Given the digital transitions required of our research discipline, I wanted to see if undergraduate students in computer and biological science from UConn and the smaller colleges in the Hartford area could contribute to building and implementing the tools necessary to produce digital and analyze histological images. This proved to be a resounding success and reinforces my confidence that the intellectual talent necessary for this transition exists within our Connecticut community.

LOOKING AHEAD

Because biomedical research is now driven by digitally acquired data, impartially interpreted by computer algorithms and stored in publicly accessible databases, I have submitted proposals to UConn senior leadership to apply the expertise that currently exists in these domains to the biomedical groups at UCHC who will need this expertise.

UConn Health
 Endowed Chair in Human Genetics
 300041-10600-10

	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Beginning Cash Balance	\$277,187	\$186,903	\$172,657	\$174,873	\$231,369	\$252,898	\$168,110	\$93,769	\$105,425
Receipts :									
Interest Transferred from DHE:		\$5,992	\$5,582	\$8,968	\$18,721		\$1,577	\$14,102	\$43,377
Interest Transferred from UCONN Foundation:	\$78,968	\$74,710	\$79,255	\$79,455	\$74,454	\$79,522	\$84,669	\$86,692	\$80,870
Total Receipts	\$78,968	\$80,702	\$84,837	\$88,423	\$93,175	\$79,522	\$86,246	\$100,794	\$124,247
Expenditures :									
Salaries and Wages	\$88,817	\$49,024	\$18,122	\$5,140	\$439	\$17,941	\$87,613	\$17,559	\$21,953
Fringe Benefits	\$37,155	\$26,287	\$47,749	\$3,019	\$430	\$1,383	\$15,567	\$2,677	\$5,320
Purchased Services	\$42,045	\$19,637	\$16,750	\$1,993	\$48,491	\$61,721	\$63,031	\$54,458	\$39,161
Supplies				\$1,896		\$8,854	(\$5,722)	\$13,023	\$7,913
Equipment	\$1,235			\$19,879	\$22,287	\$68,964	\$100	\$1,420	\$0
Change in accruals						\$5,447	\$0		
Total Expenditures	\$169,252	\$94,948	\$82,621	\$31,927	\$71,646	\$164,310	\$160,588	\$89,137	\$74,347
Ending Cash Spendable Balance	\$186,903	\$172,657	\$174,873	\$231,369	\$252,898	\$168,110	\$93,769	\$105,425	\$155,325

Health Net, Inc. - American Red
Cross Chair in Transfusion Medicine

Biree Andemariam, MD

andemariam@uchc.edu



THANK YOU MESSAGE

I am deeply indebted to my donor. Being granted this endowed chair has been an incredible honor. Hematology, and specifically transfusion medicine, is a field of medicine with a dearth of experts despite very large clinical volume and vast research needs. On a more granular level, here at the UConn School of Medicine, my sickle cell and thalassemia programs account for 50% of the blood transfusions given on an annual basis. In many patients, these transfusions are lifesaving when my patients develop complications such as stroke and the acute chest syndrome. In other cases, these transfusions are patients' lifeline as they fail to make adequate blood on their own. Such patients come in to my center every few weeks for blood transfusions and they do this for life.

Although both sickle cell disease and thalassemia are conditions with heavy dependence on transfusions, there has been very little advance finding alternative treatments. In sickle cell disease, there is widespread use of unnecessary blood transfusions by physicians who are largely unfamiliar with managing the patients' steady-state anemia and do not know that avoiding transfusions except in clearly defined clinical circumstances is the standard of care. These unnecessary transfusions have the potential to precipitate several complications including red blood cell allo-immunization, iron overload with resultant liver and heart toxicity, and delayed hemolytic transfusion reactions. Moreover, giving unnecessary transfusions to patients puts increased strain on the overall blood supply for the larger American population. I always stress that one transfusion that unnecessarily went to someone who didn't need it could have been used for someone else who desperately does.

I have used this endowment to (1) educate providers on when and when not to transfuse patients, (2) increase the overall donor pool in my community, and (3) identify alternatives to blood transfusion for both sickle cell disease and thalassemia.

RESEARCH AND TEACHING

The endowed chair has enhanced my research in multiple ways. It gives me even greater stature both within and outside the University that tells current and potential research collaborators as well as grantors that my institution finds me incredibly worthy of such an honor. It gives me protected time to conduct independent investigator-initiated research and to develop additional testable research hypotheses. It also gives me the protected time to enhance education around proper use of blood transfusions in sickle cell disease and to engage in community-directed efforts to expand the blood donor pool. In the last year, I have mentored a junior faculty member in a quality improvement project focused on ensuring our hospital adheres to national guidelines regarding transfusion of individuals with the acute chest syndrome. The goal of this project is to ensure rapid diagnosis and life-saving transfusion therapy in patients identified with this syndrome upon presentation to the hospital. A second goal is to enhance this junior faculty's interest and experience in hematology as she begins to apply for fellowship in this area to further her professional development. Additionally, I have developed an international collaboration with a world renowned hematologist in the Netherlands focused on defining the role of transfusions in the management of pregnant women with sickle cell disease. We are writing a multi-center randomized, prospective, controlled clinical research protocol

to test the hypothesis that regular transfusions during pregnancy can improve the outcomes of both baby and mother. I expect that this work will lead to publications, grant funding, and enhanced visibility for the University.

PUBLICATIONS, CONFERENCES, AND AWARDS

In 2023, I gave eight invited presentations on my research. Additionally, my research was presented in 15 peer-reviewed oral or poster sessions across four national and international conferences. In September of 2023, I received the Award of Excellence for Service and Dedication Toward Sickle Cell Research and Treatment from Shiloh Baptist Church in Hartford, Connecticut. This award recognizes my commitment to the sickle cell disease community and includes the work done to improve awareness of the need for blood donations from African American donors. I was one of the invited authors of the Lancet Commission on Sickle Cell Disease which was published in July of 2023 in the highly reputable journal Lancet Haematology. The commissioned guidelines set the global priorities for sickle cell disease. In July of 2023, I co-authored a manuscript entitled "Global burden of transfusion in sickle cell disease." In December of 2023, I was senior author of a publication entitled, "Economic and clinical burden of managing transfusion-dependent β -thalassemia in the United States." I served on the steering committee of an international conference on sickle cell and thalassemia during which transfusional therapy and its risks/benefits were highlighted.

SERVICE AND PUBLIC ENGAGEMENT

Over the past year, my research team has collaborated with the American Red Cross to increase the amount of blood donors of diverse backgrounds. We have had the pleasure of working with recruitment managers to create this collaborative blood drive targeting individuals who may be moved to donate by learning of the importance of blood transfusions for sickle cell disease (SCD) patients. Our first blood drive collaboration was held on June 19, 2023 in honor of World Sickle Cell Day. Together with our Community Advisory Board (CAB), which consists of individuals who have SCD or are caretakers of individuals with SCD, we spread the word to family and friends. During the 2023 blood drive, we had CAB members stop in to support and bring along volunteers who were eager to donate blood. One of our members and the coordinator who facilitates the CAB were featured on the evening news. Importantly, the American Red Cross surpassed their goal of 25 blood donations.

We are proud to report that through this collaboration the American Red Cross obtained 40 blood donations in total that day. Of those donations, 27 came from African American donors who are almost three times more likely to be a donor match for patients with SCD. Since then, we have given feedback to the American Red Cross on ways to improve this year's blood drive and spread the word about the drive on June 19, 2024. To increase participation in this event, we shared our approved flyer with our patient population and also shared it on our institution's website for employees, staff, and other site visitors to see. We also encouraged people to share it on social media and donate if they can. Our team will be in attendance again with CAB members interacting with the donors, volunteers, and other members of the community. We look forward to continuing this tradition for years to come and do our part to diversify and increase the blood donor pool.

ACADEMIC PROGRAMS AND FACULTY DEVELOPMENT


The success of my niche clinical programs in sickle cell disease and thalassemia as well as the robust research portfolio that is run in parallel are both highlighted frequently as evidence of quality of UConn Health's academic programs. I am sought after on regular occasion by the institution for media interviews, meetings and hearings with state legislators, and to meet with faculty candidates. Sickle cell disease, in particular, is a frequent interest by medical students, dental students, and trainees for mentored research projects. Additionally, I have developed and nurtured collaborations among other researchers within the University who have in turn received federal and other extramural funding of significant magnitude.

LOOKING AHEAD

Two gene therapies have been recently approved by the Food and Drug Administration for sickle cell disease and thalassemia. These treatments have the intent to cure patients of their condition and in clinical trials these therapies were shown to eliminate the need for blood transfusions. My goal for the next year is to lay the framework for our institution to be granted qualified treatment center status which would allow us to offer these gene therapies to our patients and to others from outside the institution, locally, and nationally.

UConn Health
 Endowed Chair in Transfusion Medicine
 300037-100520-10 (and 35021)

	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Beginning Cash Balance	\$423,141	\$426,555	\$429,380	\$438,097	\$450,927	\$410,633	\$300,935	\$245,323
Receipts :								
Interest Transferred from UCONN Foundation:							\$25,289	\$47,650
Interest Transferred from DHE:	\$4,107	\$3,825	\$8,717	\$12,830	\$2,944	\$1,081	\$9,665	\$29,728
Total Receipts	\$4,107	\$3,825	\$8,717	\$12,830	\$2,944	\$1,081	\$34,953	\$77,378
Expenditures :								
Salaries and Wages					\$32,921	\$81,941	\$67,966	\$5,429
Fringe Benefits					\$10,317	\$28,838	\$22,599	\$1,401
Purchased Services	\$1,693							\$1,383
Supplies								
Equipment								
Change in accruals								
Total Expenditures	\$1,693	\$0	\$0	\$0	\$43,238	\$110,779	\$90,565	\$8,213
Ending Cash Spendable Balance	\$425,555	\$429,380	\$438,097	\$450,927	\$410,633	\$300,935	\$245,323	\$314,488



UCONN
SCHOOL OF DENTAL MEDICINE

Tuition and Fees Proposal
Academic Years 25-26 & 26-27

Academic Affairs Subcommittee
Board of Directors

October 21, 2024

UCONN
HEALTH

- Proposal for a 4.5% increase in tuition and a 3.0% increase in fees each year for the next two academic years
- While tuition and fees is increasing, the UConn SODM tuition and fees remains exceptionally competitive and below the 50th percentile for US public dental schools
- UConn graduates have one of the lowest total educational debt of any school; the average graduate has less than ½ of the debt of the average US graduate (now more than \$330,000)

UCONN
HEALTH

- Over the past 5+ years, tuition and fee increases have been low, usually between 3.5-5% per year
- Tuition and fees at most US public schools have been increasing at between 4.5-5.5% per year

The logo for UCONN HEALTH, featuring the word "UCONN" in a bold, blue, sans-serif font above the word "HEALTH" in a smaller, blue, sans-serif font. The logo is positioned in the bottom right corner of the slide's content area.

UCONN
HEALTH

- Our admissions yield remains very high
 - Class of 2028: 73 offers for 51 matriculants
 - 70% admission yield
- Accepted students who decline our offer of admission usually attend schools that are significantly higher in tuition & fees

The logo for UCONN HEALTH, featuring the word "UCONN" in a bold, blue, sans-serif font above the word "HEALTH" in a smaller, blue, sans-serif font. The logo is positioned in the bottom right corner of the slide's content area.

UCONN
HEALTH

SCHOOL OF DENTAL MEDICINE
 PROPOSED TUITION AND FEE SCHEDULE FOR THROUGH AY 2026/2027

School of Dental Medicine		Current	PROPOSED				PROPOSED			
		AY 24-25	AY 25-26		AY 26-27		AY 26-27		AY 26-27	
Tuition		Base	%	Amount		%	Amount		%	Amount
	Resident	\$42,943	4.50%	\$1,932	\$44,875		4.50%	\$2,019		\$46,895
	Non-Resident	\$86,686	4.50%	\$3,901	\$90,587		4.50%	\$4,076		\$94,663
	Regional **	\$75,151	4.50%	\$3,382	\$78,533		4.50%	\$3,534		\$82,067
Professional School Fee										
	Resident	\$3,060	3.00%	\$92	\$3,152		3.00%	\$95		\$3,246
	Non-Resident	\$3,060	3.00%	\$92	\$3,152		3.00%	\$95		\$3,246
	Regional	\$3,060	3.00%	\$92	\$3,152		3.00%	\$95		\$3,246
TOTAL TUITION & FEES										
	Resident	\$46,003	4.40%	\$2,024	\$48,027		4.40%	\$2,114		\$50,141
	Non-Resident	\$89,746	4.45%	\$3,993	\$93,739		4.45%	\$4,171		\$97,910
	Regional	\$78,211	4.44%	\$3,474	\$81,685		4.44%	\$3,629		\$85,313
Health Insurance**										
	Resident	\$3,248	5.00%	\$162	\$3,410		5.00%	\$171		\$3,581
	Non-Resident	\$3,248	5.00%	\$162	\$3,410		5.00%	\$171		\$3,581
	Regional	\$3,248	5.00%	\$162	\$3,410		5.00%	\$171		\$3,581

TOTAL TUITION, FEES AND HEALTH INSURANCE**		AY 24-25	AY 25-26		AY 26-27			
Resident		\$49,251	4.44%	\$2,187	\$51,438	4.44%	\$2,284	\$53,722
Non-Resident		\$92,994	4.47%	\$4,155	\$97,149	4.47%	\$4,341	\$101,491
Regional		\$81,459	4.46%	\$3,636	\$85,095	4.46%	\$3,799	\$88,894

Notes:
 ** The regional rate for tuition must be 175% the resident rate.
 ** The health insurance rate are estimates based on recent trends data and students can opt out if they have other coverage



**SCHOOL OF DENTAL MEDICINE
HISTORIC PUBLIC SCHOOL RANKINGS - COMBINED TUITION & FEES**

	Resident			Non-Resident		
	AY19-20	AY 20-24	AY 24-25	AY19-20	AY 20-24	AY 24-25
National Average †	\$42,084	\$47,264	\$49,391	\$73,864	\$79,805	\$82,518
UConn	\$38,437	\$44,277	\$46,003	\$76,191	\$86,338	\$89,746
National percentage increase - from prior period	5.5%	12.3%	4.5%	5.6%	8.0%	3.4%
UConn percentage increase - from prior period	3.5%	15.2%	3.9%	1.7%	13.3%	3.9%
UConn rank (1 - highest)	24	22		16	13	
# of Schools reporting	39	39		37	35	
UConn percentile	39%	45%		58%	65%	



UCONN SCHOOL OF DENTAL MEDICINE
Public Schools of Dental Medicine
Comparisons to Local, Public Competitor Schools

Resident

SCHOOL	AY23-24
Rutgers School of Dental Medicine	\$73,497
SUNY Buffalo	\$66,834
Univ of Maryland Schl of Med	\$60,983
SUNY Stony Brook	\$51,751
U of Connecticut School of Dental Med	\$44,277

Non-Resident

SCHOOL	AY23-24
Rutgers School of Dental Medicine	\$109,504
Univ of Maryland Schl of Med	\$102,858
SUNY Buffalo	\$94,044
U of Connecticut School of Dental Med	\$86,338
SUNY Stony Brook	\$78,961

Class entering in the Fall of 2022, 2023, 2024
 unless otherwise noted

There are no data available indicating where students matriculate when they turn down an offer to attend UConn SoDM. Anecdotally, it is unusual for a Connecticut resident to turn down an offer to attend the SoDM and when this occurs they most often matriculate at the 4 schools listed below.

School	#	%	Resident Tuition & Fees	Non-Resident Tuition & Fees
Columbia			\$101,495	\$101,495
Tufts			\$104,296	\$104,296
U Penn			\$92,884	\$92,884
Harvard			\$72,765	\$72,765
*website				
Subtotal / Average			\$92,860	\$92,860
		Median	\$97,190	\$97,190



SCHOOL OF DENTAL MEDICINE
Tuition, Fees for First Year Dental Students
American Dental Education Association (ADEA)
Public Schools

SCHOOL	RESIDENT TUITION & FEES	Rank	% Til*	SCHOOL	NON-RESIDENT TUITION & FEES	Rank	% Til*
University of Iowa (D0204) website	79,291	1	100%	University of Indiana (D0204) website	110,190	1	100%
University of South Carolina (D0209) website	73,787	2	87%	University of South Carolina (D0209) website	109,922	2	87%
Penn State School of Dental Medicine (D0204) website	73,487	3	86%	Penn State School of Dental Medicine (D0204) website	109,204	3	86%
East Carolina University (D0204) website	66,824	4	82%	University of Iowa (D0204) website	106,220	4	81%
University of Minnesota (D0204) website	62,285	5	80%	University of Illinois (D0204) website	102,664	5	80%
University of Missouri (D0204) website	60,892	6	77%	Ohio State University (D0204) website	99,121	6	80%
University of California, San Francisco (D0204) website	58,822	7	84%	Ohio State University (D0204) website	94,294	7	82%
University of Kentucky (D0204) website	56,056	8	80%	University of Kentucky (D0204) website	93,214	8	82%
PAU (D0204) website	54,199	9	79%	University of Iowa (D0204) website	89,876	9	82%
UCVA (D0204) website	51,873	10	76%	University of Kentucky (D0204) website	89,698	10	74%
PAU (D0204) website	51,724	11	76%	University of Minnesota (D0204) website	89,224	11	73%
University of Iowa (D0204) website	51,144	12	74%	University of Minnesota (D0204) website	87,272	12	74%
Marquette University (D0204) website	50,524	13	80%	University of Connecticut (D0204) website	86,229	14	79%
University of Illinois (D0204) website	50,028	14	80%	University of Illinois (D0204) website	85,192	15	79%
Ball State University (D0204) website	49,369	15	83%	Marquette University (D0204) website	84,628	16	84%
University of Minnesota (D0204) website	49,296	16	83%	University of Kentucky (D0204) website	83,227	16	80%
University of Michigan (D0204) website	48,494	17	80%	University of Illinois (D0204) website	82,140	17	83%
University of Oklahoma (D0204) website	47,892	18	80%	University of Minnesota (D0204) website	79,284	18	80%
University of Texas, San Antonio (D0204) website	47,796	19	82%	PAU (D0204) website	79,164	19	72%
University of Tennessee (D0204) website	47,492	20	82%	University of Nevada (D0204) website	78,812	20	74%
University of Missouri, Kansas City (D0204) website	47,494	21	82%	University of Tennessee (D0204) website	78,210	21	71%
University of Connecticut (D0204) website	46,877	22	80%	University of Florida (D0204) website	75,818	22	80%
University of Texas, Houston (D0204) website	43,897	23	82%	University of South Carolina (D0204) website	75,054	23	79%
University of North Carolina (D0204) website	43,883	24	80%	University of California, San Francisco (D0204) website	69,278	24	70%
University of Colorado (D0204) website	42,394	25	87%	Georgetown University (D0204) website	69,238	25	80%
University of Florida (D0204) website	41,726	26	83%	University of Colorado (D0204) website	67,891	26	80%
University of San Diego (D0204) website	41,262	27	85%	University of North Carolina (D0204) website	66,108	27	84%
Truman State (D0204) website	40,764	28	80%	PAU (D0204) website	64,218	28	73%
Georgetown University (D0204) website	39,127	29	80%	Penn State University (D0204) website	64,072	29	80%
University of Minnesota (D0204) website	38,946	30	80%	University of Texas, Austin (D0204) website	64,026	30	81%
University of Kentucky (D0204) website	37,828	31	82%	Georgetown University	62,860	31	82%
University of Arkansas (D0204) website	36,266	32	82%	PAU (D0204) website	59,218	32	79%
University of Missouri (D0204) website	36,238	33	79%	University of Texas, San Antonio (D0204) website	59,209	33	79%
OU (D0204) website	35,141	35	81%	PAU (D0204) website	57,244	34	78%
University of Oregon (D0204) website	34,214	36	81%	University of Oregon (D0204) website	47,849	35	82%
Georgetown University (D0204) website	34,030	37	81%				
Georgetown University (D0204) website	34,030	38	81%	Georgetown University (D0204) website			
University of North Carolina (D0204) website	33,229	39	82%	University of Minnesota (D0204) website			
				University of New England (D0204) website			
				University of Florida (D0204) website			
Average	47,264			Average	73,189		


Source: ADEA Dental School Explorer - online version.
*Data for some Schools, not available in the Guide, are from the institution's website **

SCHOOL OF DENTAL MEDICINE
FINANCIAL AID AY 2023-2024

ITEM	DENTAL MEDICINE	INTEREST RATE %
Federal Loans		
Unsubsidized Direct Loans	\$ 5,730,422	7.05%
Grad Plus Direct Loans	\$ 1,674,686	8.05%
sub total	\$ 7,405,108	
Institutional Loans		
University Loan	\$ 784,734	5.00%
Health Professions Loan	\$ -	
Loans for Disadvantaged Students	\$ -	
sub total	\$ 784,734	
Institutional Grants		
HCOP	\$ 1,106,209	5.00%
Merit	\$ 103,350	
Tuition Remission	\$ 1,296,176	
sub total	\$ 2,505,735	
Grand total	\$ 10,695,577	



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 21, 2024

SUBJECT: Approval of School of Dental Medicine Recommendation for Emerita
Appointment

RECOMMENDATION:

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

BACKGROUND:

Requests for emerita appointment follow the University Bylaws and have been approved by the dean of the School of Dental Medicine.

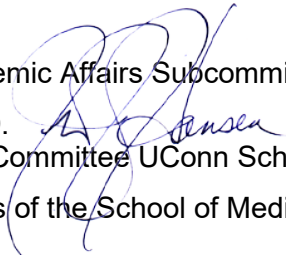
ACADEMIC AFFAIRS SUBCOMMITTEE OF THE BOARD OF DIRECTORS

RECOMMENDATION FOR OCTOBER 21, 2024

PROFESSOR EMERITA APPOINTMENT

**Mina Mina, D.M.D., M.S.D., Ph.D., Professor, Department of Pediatric Dentistry
Effective January 1, 2025**

Dr. Mina Mina will retire from the University of Connecticut School of Dental Medicine on January 1, 2025, following a distinguished career that has spanned over more than forty years. After earning her dental degree from the National University of Iran in 1978, Dr. Mina completed her residency training in Pediatric Dentistry at Case Western Reserve University where she attained the Master of Dental Science degree and certificate in Pediatric Dentistry in 1983. She joined the UConn Health Center in 1984 to pursue her Ph.D. degree in biomedical sciences and has been on the faculty of the School of Dental Medicine continuously since the completion of her doctoral studies in 1989. Since 2000, Dr. Mina has served as the Chair of the Department of Pediatric Dentistry while also serving as the Director of the School's DMD/PhD training program and as co-Director of the Skeletal, Craniofacial and Oral Biology training grant, one of the longest continuously funded NIDCR programs in the nation. An internationally renowned researcher in the field of craniofacial biology, her work has focused on understanding the molecular mechanisms regulating the growth and differentiation of the skeletal tissues in the lower jaw and tooth formation, and the identification of stem cells for tissue engineering a human tooth. Dr. Mina's contributions to the dental scientific community have been recognized with multiple distinguished awards and honors, including the Presidential Citation from the American Associate for Dental, Oral and Craniofacial Research, the Distinguished Scientist Award for Craniofacial Biology Research from the International Association of Dental Research, and fellowship in the American Association for the Advancement of Science. Dr. Mina has over 40 invited presentations, 2 book chapters, 73 peer-reviewed publications, and over 100 abstracts; her work has garnered almost \$20 million in extramural funding. Dr. Mina's record of teaching is equally impressive; she has maintained an active and robust teaching portfolio at the predoctoral, resident, graduate and postdoctoral levels, leading or contributing to more than thirty different courses and having a major role in clinical precepting in both the clinic and operating room settings. She has served as the research mentor for more than 50 medical and dental students, 20 pediatric dentistry residents and over 25 masters, doctoral and postdoctoral candidates. Dr. Mina's record of service is of significance, with decades-long activity at the school, health center, and university level as well as with national and international research communities. Dr. Mina has been a member of the Academic Affairs Subcommittee of the UConn Health Board of Directors for many years and was the recipient of the 2003 Faculty Recognition Award from the health center's Board of Directors. Dr. Mina's contributions to education, research, patient care and service have greatly advanced the mission of the institution. As Professor Emerita, Dr. Mina will continue to teach in pediatric dentistry, mentor junior faculty, and contribute to the training grant programs.

Date: October 21, 2024
 To: Members of the Academic Affairs Subcommittee of the Board of Directors
 From: Marc F. Hansen, Ph.D. 
 Chairman, Oversight Committee UConn School of Medicine
 Re: Revision of the Bylaws of the School of Medicine

Dear Madams and Sirs of the Academic Affairs Subcommittee of the Board of Directors:

RECOMMENDATION:

The SOM Oversight Committee recommends that the UConn Health Board of Directors approve the attached revisions to the School of Medicine's bylaws.

BACKGROUND:

A proposed amendment was submitted to the Oversight Committee by the Chair to amend
 Appendix B - Guidelines for Appointment or Promotion to Senior Faculty Rank and/or Tenure
 Part II - Operating Guidelines for the SAPC
 Section C - Transmission of the Decision and Supporting Data
 Page 38

The current language in this paragraph uses the word “decision” to reflect the outcome of the SAPC vote regarding promotions and tenure of senior faculty. However, the SAPC is advisory to the Dean; thus, its outcome is a recommendation, not a decision. Therefore, the Oversight Committee felt that the language in this paragraph should be amended to reflect that outcome.

Current Language	Proposed Language
<p>C. Transmission of the Decision and Supporting Data</p> <p>The Chair(s) of the Committee will transmit in writing all decisions to the Dean. The Dean will inform the appropriate department chair within two weeks of the decision and will include the numerical vote and explanatory comments concerning the basis for the decision. The department chair, in turn, will inform the candidate as soon as possible. The Dean will forward recommendations for promotion or tenure to the Provost, who will in turn make final recommendations to the Board of Directors. The Board of Directors will vote on the Provost’s recommendations.</p>	<p>C. Transmission of the Recommendation and Supporting Data</p> <p>The Chair(s) of the Committee will transmit in writing all recommendations to the Dean. The Dean will inform the appropriate department chair within two weeks of the recommendation and will include the numerical vote and explanatory comments concerning the basis for the recommendation. The department chair, in turn, will inform the candidate as soon as possible. The Dean will forward recommendations for promotion or tenure to the Provost, who will in turn make final recommendations to the Board of Directors. The Board of Directors will vote on the Provost’s recommendations.</p>

Per Section IX, footnote 20, page 17 of the SOM bylaws regarding Amendments to the Bylaws; amendments to the Bylaws that do not alter semantic content, such as grammatical corrections, corrections of typographical errors, updating of the titles of administrative units or individuals, and all other such alterations, require only 1) unanimous consent by the Oversight Committee; 2) approval by the Dean; 3) approval by the BOD.

Approved 7 to 0 by the Oversight Committee on 9/26/24.
 Approved by the Dr. Liang on 9/26/24

To the members of the Academic Affairs Subcommittee of the Board of Directors:

UConn School of Medicine Oversight Committee Report

1) Departmental Reviews

The School of Medicine (SOM) Oversight Committee (OC) is charged with initiating and monitoring “all department, center, and other reviews mandated by the Bylaws of the School of Medicine.” As part of this oversight duty and in consultation with the Dean’s office, the Oversight Committee presents the following report for Departmental/Center reviews.

Status of Departmental and Type II Center Reviews

This fall, the following reviews are scheduled to take place:

- The Department of Surgery
- The Carole and Ray Neag Comprehensive Cancer Center
- The Center on Aging
- The Center for Vascular Biology

Looking to 2025, there are five reviews scheduled:

- The Department of Cell Biology
- The Department of Community Medicine and Health Care
- The Department of Dermatology
- The Department of Emergency Medicine

A complete schedule of Departmental and Center reviews is attached to this report. At present, we remain (generally) compliant with the bylaws-mandated schedule.

Proposed Amendment to the SOM bylaws

On September 26, 2024, the Oversight Committee discussed a resolution proposed by the Chair to amend the SOM bylaws, Appendix B, Part II, Section C (page 38) on the guidelines for appointment or promotion to senior faculty rank and/or tenure concerning the operating guidelines for the SAPC and the transmission of the decision and supporting data.

The current language in this paragraph uses the word “decision” to reflect the outcome of the SAPC vote regarding promotions and tenure of senior faculty. However, the SAPC is advisory to the Dean; thus, its outcome is a recommendation, not a decision. Therefore, the Oversight Committee felt that the language in this paragraph should be amended to reflect that outcome.

Per Section IX, footnote 20, page 17 of the SOM bylaws regarding Amendments to the Bylaws; amendments to the Bylaws that do not alter semantic content, such as grammatical corrections, corrections of typographical errors, updating of the titles of administrative units or individuals, and all other such alterations, require only 1) unanimous consent by the Oversight Committee; 2) approval by the Dean; 3) approval by the BOD.

The Oversight Committee felt that this amendment fell within the guidelines of a grammatical

correction and therefore, the Section IX, footnote 20 mechanism was appropriate for this change in the bylaws.

The committee voted unanimously 7 to 0 in favor of the proposed amendment on September 26, 2024. Following that vote, the chair discussed the amendment with the Dean and received his approval on September 26, 2024.

A motion for this amendment to be placed before the AASBOD on October 21, 2024.

Respectfully submitted by Marc F. Hansen, Ph.D.
 Chair, School of Medicine Oversight Committee

Updated Review Cycles

Department and Center Review Cycles	Created	Chair appted	Most Recent Review	Comments	2024	2025	2026	2027	2028	2029	2030
Carole and Ray Neag Comprehensive Cancer Center	2004	2010	2016		2024						
Center for Vascular Biology	1998	2010	2016		2024						
Center on Aging	2008	2000	2016		2024						
Surgery		2011	2016		2024						
Cell Biology		2011	2017			2025					
Public Health Sciences	1971	1997	2017			2025					
Dermatology	1997	2016	2017			2025					
Emergency Medicine	1997	2016	2017			2025					
Health Disparities Institute	1996	2023	2013				2026				
Obstetrics and Gynecology		2014	2018				2026				
Pediatrics		2013	2018				2026				
Psychiatry		2012	2018				2026				
Immunology	2005	2014	2019					2027			
Neurology		2016	2019					2027			
Diagnostic Imaging and Therapeutics		2017	2021						2028		
Family Medicine		2016	2021						2028		
Genetics and Genome Sciences	1998	2018	2021						2028		
Molecular Biology and Biophysics	2003	2003	2021						2028		
Neuroscience	1999	2000	2021						2028		
Pat and Jim Calhoun Cardiology Center	2004	2004	2021						2028		
Center for Cell Analysis and Modeling	2005	2005	2022							2029	
Musculoskeletal Institute	2004	2013	2022							2029	
Orthopedic Surgery		2013	2022							2029	
Pathology and Lab Medicine	2005	2018	2022							2029	
Anesthesiology			2023								2030
Cato T. Laurenclin Institute for Regenerative Engineering	2023	2023	never								2030
Medicine		2023	2023								2030




Bruce T. Liang, MD, FACC

Dean, UConn School of Medicine

Ray Neag Distinguished Professor of Cardiovascular
Biology and 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

DATE: October 21, 2024

SUBJECT: Informational Item - School of Medicine Junior Rank Promotion

The respective department chair and the Dean of the School of Medicine have approved a junior rank promotion.

This item is presented for information only.

**ACADEMIC AFFAIRS SUBCOMMITTEE
OF THE BOARD OF DIRECTORS**


INFORMATIONAL ITEM FOR OCTOBER 21, 2024

Promoted to:

Assistant Professor (Affiliated)

Dr. Amy Signore (Connecticut Children's) – Department of Pediatrics – October 7, 2024

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 21, 2024

SUBJECT: Informational Item – School of Dental Medicine Junior Rank Promotion

The respective department chair and the dean of the School of Dental Medicine have approved junior rank promotions.

This item is presented for information only.

ACADEMIC AFFAIRS SUBCOMMITTEE
OF THE BOARD OF DIRECTORS

INFORMATIONAL ITEM FOR OCTOBER 21, 2024

Promoted to:

Clinical Assistant Professor

Richard Putnam Department of General Dentistry September 20, 2024

Creation of the Department of Neurosurgery at the University of Connecticut School of Medicine/UConn Health

Ketan R. Bulsara, M.D., M.B.A.
Professor and Chief, Neurosurgery

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Mission

-Establishing a national/international destination center for Neurosurgery (cranial/spine) through excellence in clinical care, education, and research.

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Summary of Initial UConn Health Experience Neurosurgery August 2017-present

-Clinical

*over 350% growth in cases (cranial/spine).
Development Brain and Spine Institute*



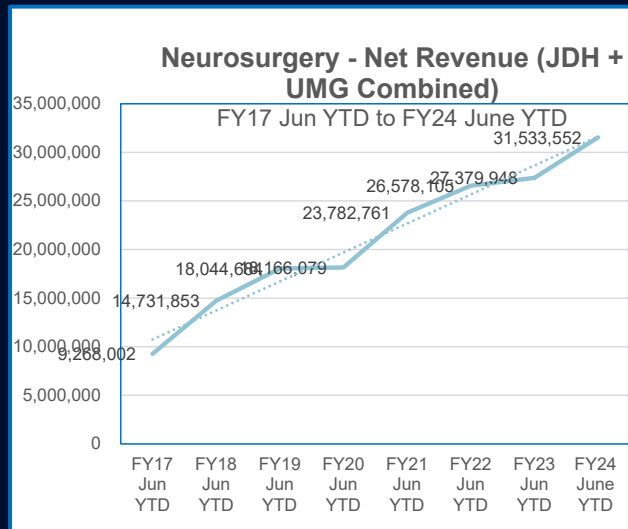
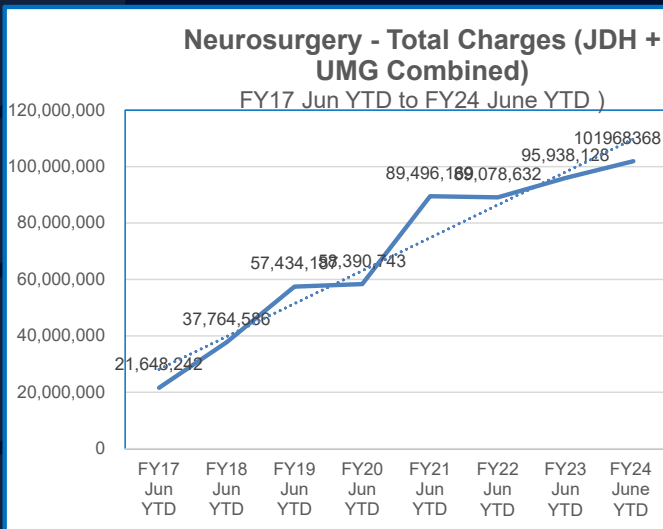
-Education

Among 2% of hospitals in USA accredited with Neurological Surgery Residency Training Program. Head of Neurosurgery RRC “best application he has ever seen on initial accreditation and on full accreditation stated we exceeded all expectations.”

-Research

Countless publications including Nature and Nature Genetics (highest cited journals in the world). Six hundred learners and growing in neurosurgery research initiative.

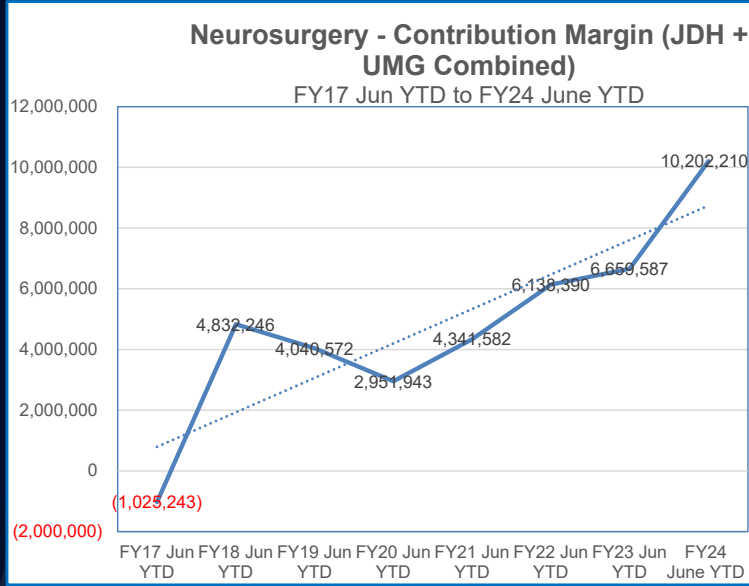
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-Total charges increased 6.3% from 2023
 -Total charges increased 371% since 2017

-Net revenue increased 14.9% since 2023
 -Approximately 240% growth net revenue from 2017

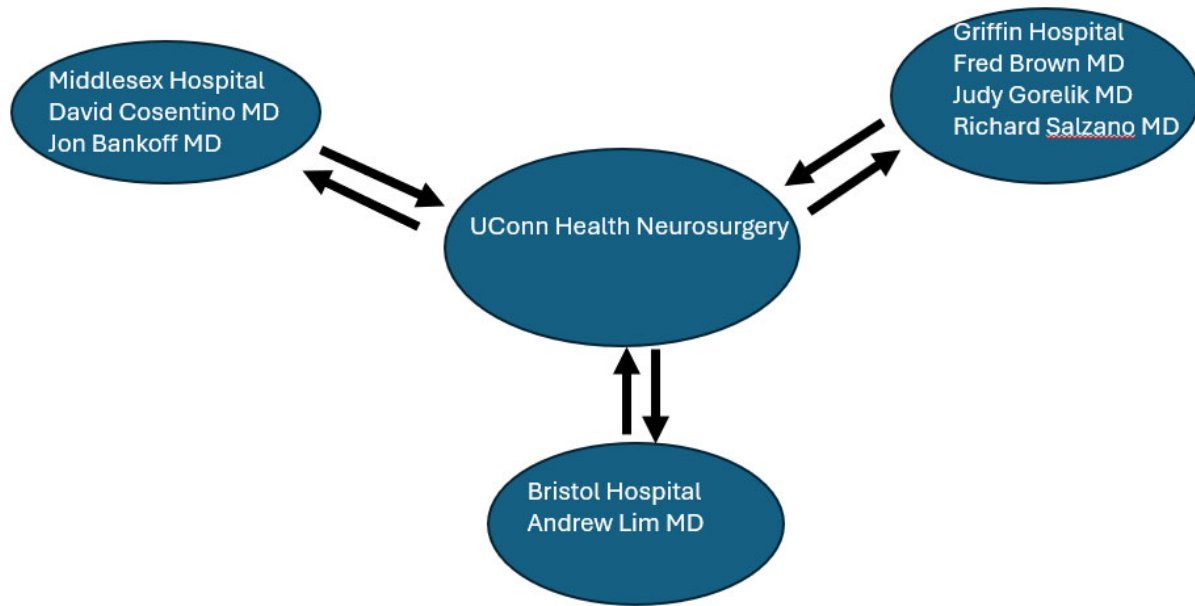




Contribution Margin	
FY 2023	6,659,587
FY 2024	10,202,210
since 2017	53.1% increase
	1,195% increase



Neurosurgery Collaborative of Excellence *(Easy Access)*



Brain and Spine Institute

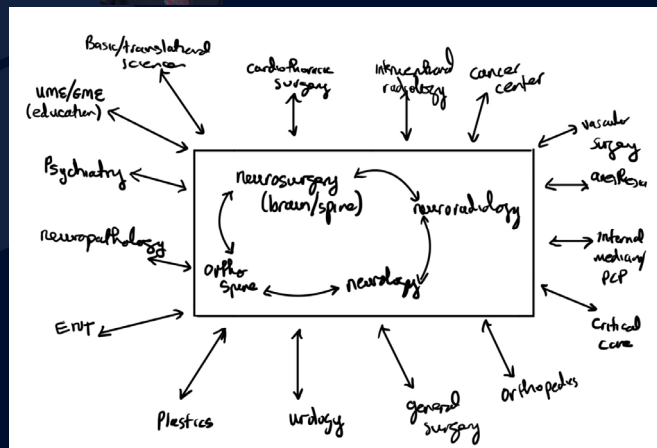
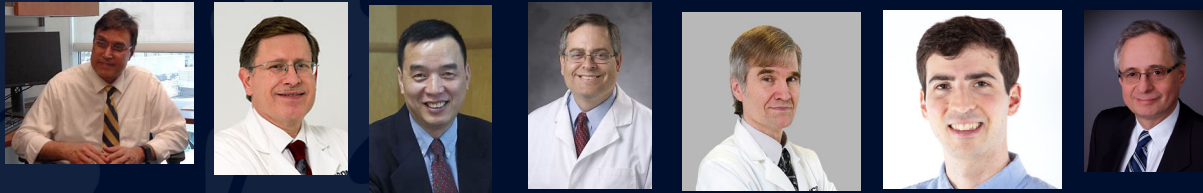


Year	Gross charges	Net Revenue	Contribution Margin
2023	\$229,010,342	\$85,452,347	\$21,399,661
2024	\$287,895,273	\$101,628,700	\$26,009,359
	25.7% increase	19% increase	21.5% increase

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Neuroscience Focus Group

-Brain, Cognition and Neural symposium September 7th focusing on cognition was a great success and laid foundations for countless new collaborations.



Education

- Advanced Practice Providers Lecture
- Carolyn m. Beaudin and Koichi Hamada
Honored Guest Lecture
- Cutting Edge Clinical Neuroscience Symposium
- Takanori Fukushima Technical Excellence in
Neurosurgery Lecture
- Advances and Innovations in the Management
of Spine Disorders Symposium

- Countless visiting students/collaborators
- 42 honored guests representing the most
prominent neurosurgeons in the world (last 6.5
years)
 - who have become our ambassadors and
advocates
 - significantly propelling
regional/national/international
reputation

SEPTEMBER 12, 2024 **UConn Today** MENU Q NEWS

UConn Health UNIVERSITY NEWS

September 5, 2019 | [Chris DeFrancesco '94 \(CLAS\)](#) - UConn Health

Neurosurgery Residency Places UConn Health in Exclusive Group

UConn Health "is positioned to train the next generation of leaders in neurological surgery, who I'm convinced will one day find solutions for problems that perplex us today," says Dr. Ketan Bulsara, chief of the division of neurosurgery.



Sites:

<i>UConn Health</i>	<i>55%</i>
<i>Hartford Hospital</i>	<i>35%</i>
<i>Connecticut Children's</i>	<i>10%</i>



Medical Students Matched Neurosurgery since 2018



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University of Connecticut Campus Wide
AANS Student Chapter Neurosurgery Research Initiative

Organizer: Ketan R. Bulsara MD, MBA/Brian Kelley MD/PhD

Neurorad/ Education	Vascular	Spine	Genomics/ Tumor	Pediatrics	Functional	Disparities	History
Bulsara Baldwin	Bulsara Kureshi	McNeill	Bulsara	Hersh	Conner	McNeill	Bulsara
Garcia Romano	Paro	Pesante	Leclair	Lambert	Ramanan	Paro Ramanan	Dean
Interested students/ faculty	Interested students/ faculty	Interested students/ faculty	Interested students/ faculty	Interested students/ faculty	Interested students/ faculty	Interested students/ faculty	Interested students/ faculty

Approximately 600 volunteers including learners and faculty willing to participate in projects as become available.



Research

-Supported by NIH grants, American Heart Association, Weatherhead Foundation, University Grants, Philanthropy

-Examples of projects

-Precision genomics initiative with JAX

-One of 9 centers in the world that offer clinical methylation analysis. One of 4 centers in the United States.

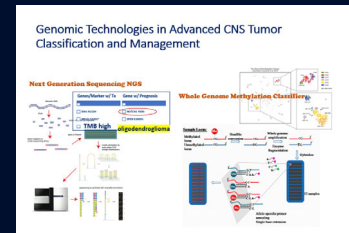
-Traumatic Brain Injury research

-Spinal cord and Brain regeneration research

-Ischemic and Hemorrhagic Stroke Research

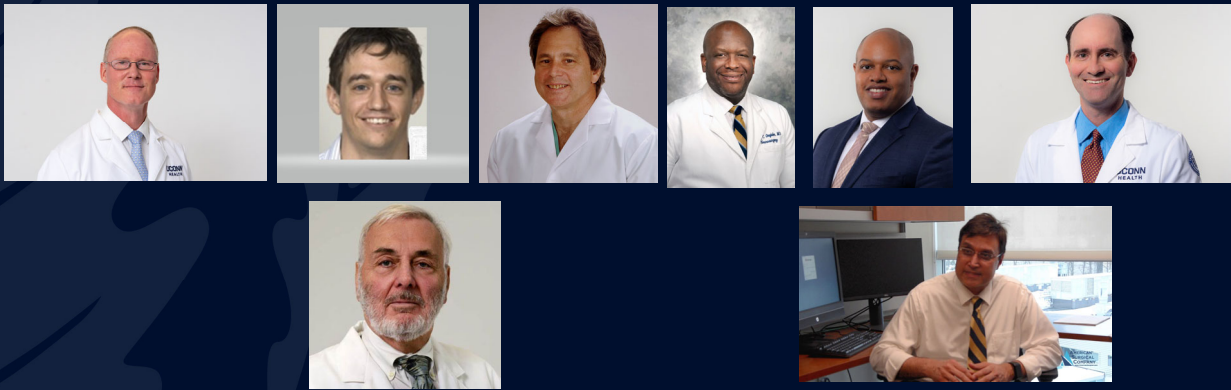
-Writing national guidelines

-168 peer reviewed publications in less than 7 years



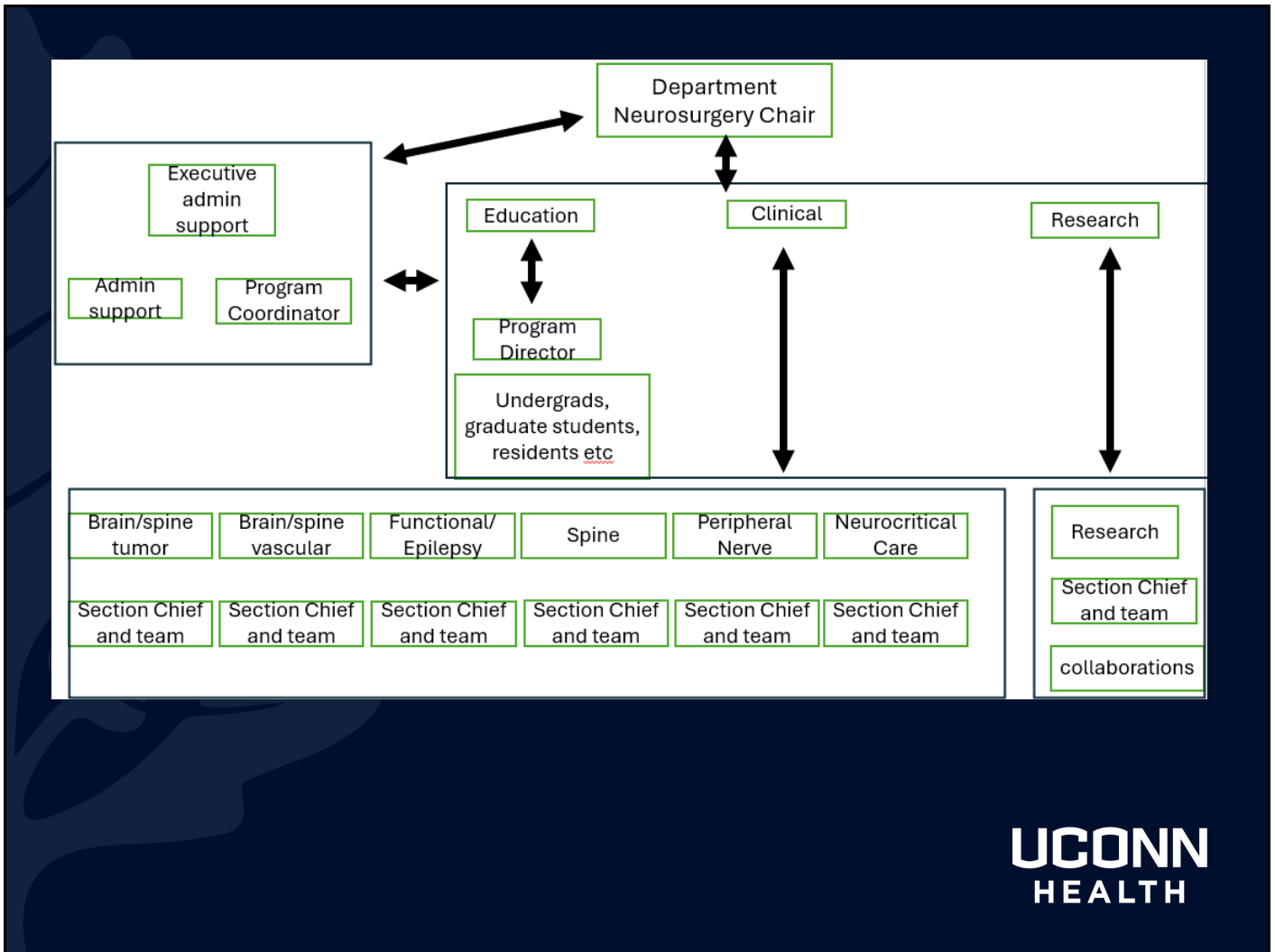
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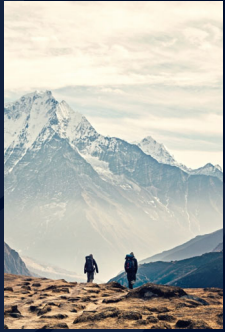
Current Team



- 15 advanced practice providers, 4 per diem neurosurgery
- residency program (1 resident/year)
- 10 clinical support staff (medical assistants/certified office administrators)
- residency coordinator
- neurosurgery administrator.

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Our Continued Journey Neurosurgery (Cranial/Spine)

- Become Renaissance Center of Neurosurgery (Cranial/Spine)*
- exemplary contributions clinical/research/education*
- All Neurosurgery faculty and collaborators achieve regional/national/international prominence*
- All learners (residents/medical students etc) get national recognition for their research collaborations*
- Partner with National Patient Organizations*

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Office of Multicultural & Community Affairs

Promoting Diversity, Equity & Inclusion at UConn SOM



Linda Barry MD, MPH, FACS
Professor
Departments of Surgery & Public Health Sciences

Associate Dean
Office of Multicultural and Community Affairs
University of Connecticut School of Medicine



Office of Multicultural and Community Affairs

The Office of Multicultural and Community Affairs (OMCA) focuses on promoting and facilitating an inclusive environment for instruction, research, and health care delivery at the UConn School of Medicine (SOM) in alignment with the school's commitment to diversity and inclusion.

- Resource for the SOM and UConn Health communities, particularly for those representing diversity in all its varied expressions, including but not limited to, gender, race, ethnicity, physical ability, sexual orientation, and gender identity.
- Promotes and nurtures perspectives that are enhanced by the celebrated differences in culture, experience and values.
- Emphasizes diversity in the recruitment, retention, and advancement of students, faculty and staff.



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Recruitment

- Supreme Court Decision - Removal of race as a factor
- Impact on UME - sharp reduction in underrepresented in medicine students in this year's incoming class
- In 3-5yrs, the adverse impact will be seen in residency programs
- OMCA efforts:
 - collaborated with GME
 - aggressive outreach
 - attended medical student conferences

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Recruitment

- Attended
 - Student National Medical Association (SNMA) National Mtg,
 - SNMA Regional Mtg, Latino Medical Student Association (LMSA) National Mtg
 - LMSA Regional Mtg
 - Howard University Recruitment Fair
- Outcomes of Outreach:
 - Engagement with 77 students (2023), 122 students (2024)
 - Students from regions who do not normally consider applying to UConn
 - Partner with GME Diversity Oversight Committee = faculty & residents → showcase UConn

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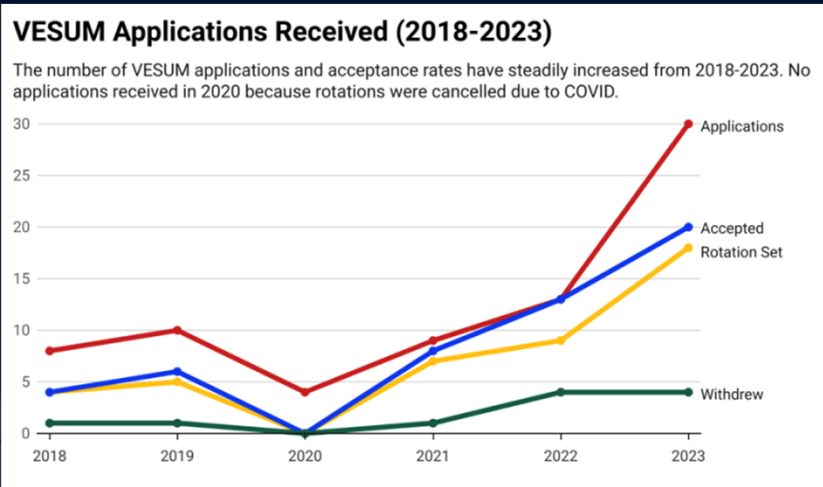
Visiting Externship for Students Underrepresented in Medicine (VESUM)

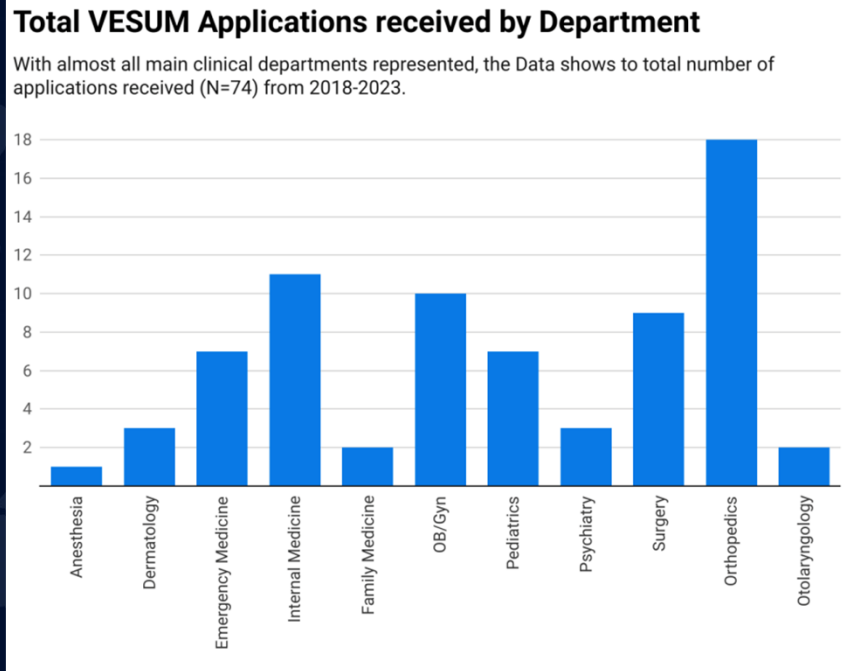
The UConn School of Medicine Visiting Externship for Students Underrepresented in Medicine (VESUM) reflects our long-term drive and commitment to reflect the racial and ethnic diversity of the broader community we serve.



- Eligibility: African American, Native American/Alaskan Native, Latino, Native Hawaiian/Pacific Islander per AAMC definition
- 4-week duration
- \$1500 Stipend
- Scheduled from August to November
- Mentorship and Career guidance provided

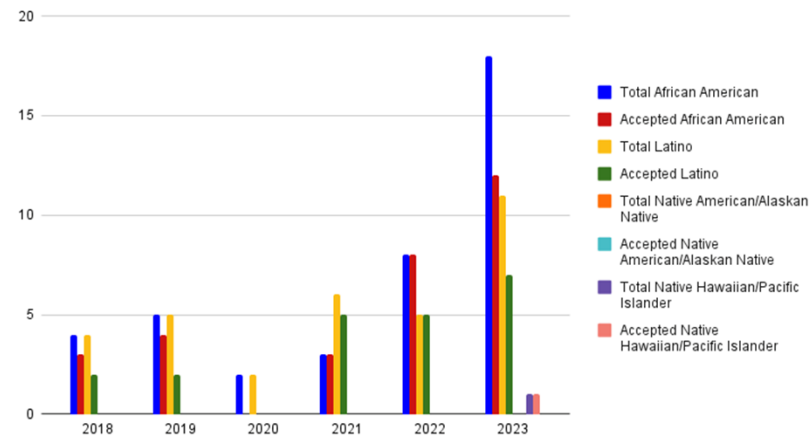
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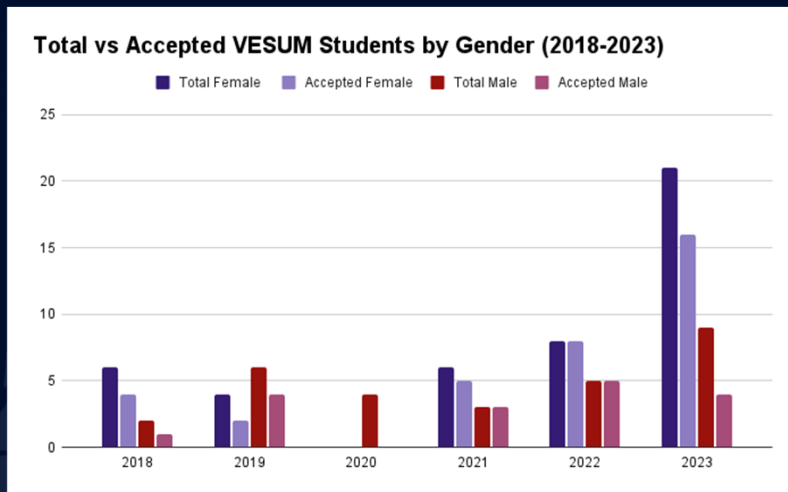




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Total vs Accepted VESUM Students by Race/Ethnicity (2018-2023)

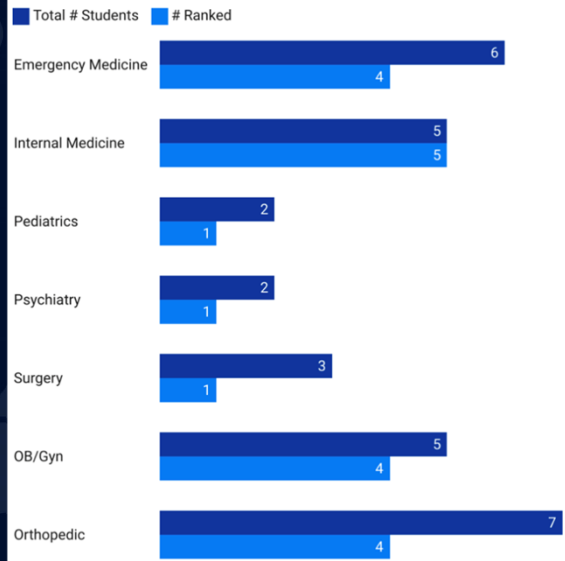


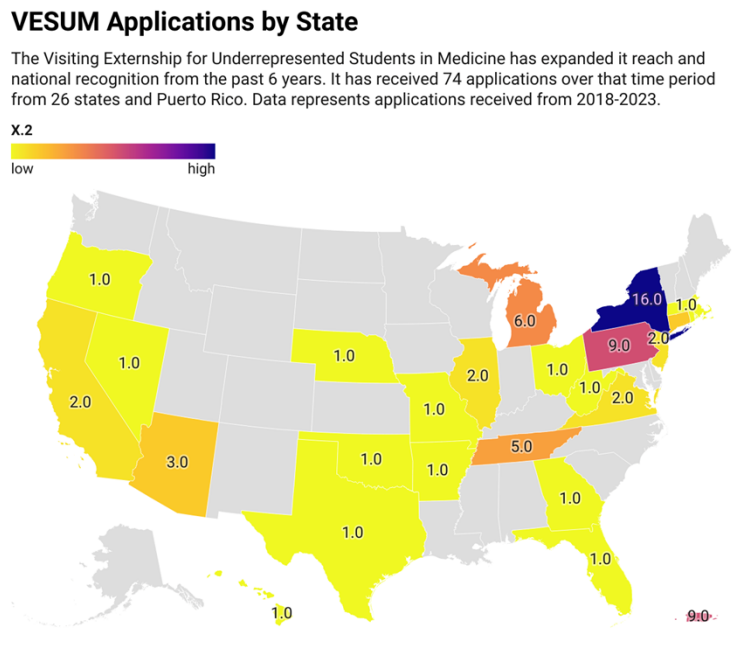


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VESUM Students Ranked for Residency Slots by Department

Data represents the number of VESUM students ranked for the Match by department from 2018-2023.





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VESUM 2023

- 30 applications
- 27 students accepted
- 15 students rotated at UConn
- All were ranked
- 5 matched with UConn
 - Orthopedics, Anesthesia, Emergency Medicine, OB/Gyn, Dermatology
- Accepted VESUM students - testimonials and promotion of VESUM

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Diversity Council

- Members: faculty, students, post-docs, and staff representatives
- addresses DEI-related issues
- Advisory body to the Dean
- Need to establish ways to engage with

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Diversity Champions

- Designated representatives from various departments/institutes
- Addresses DEI issues
- Sharing best practices
- Highlight successes of OMCA
- Engage with VESUM students – advocate program
- Creating significant DEI focused programming for their departments

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Implicit Bias Training & Consultation

- Conducted 25 implicit bias presentations to clinical departments & residency programs
- Implementation of an anti-bias training module as a requirement for search committees
- Consultation with various departments to develop customized diversity plans and provide recommendations for DEI efforts.

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Forthcoming...

- DEI Strategic Plan for UConn School of Medicine
- Faculty development in DEI
- Leadership programming for residents & medical students
- Community engagement collaborative partnership coalition

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Annual Institutional Review Executive Summary

2023 - 2024

Kiki Nissen, MD

Senior Associate Dean for Faculty Affairs
Associate Dean for Graduate Medical Education

Steven Angus, MD

Designated Institutional Official
Assistant Dean for Graduate Medical Education

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Content of Report

- UConn GME Workforce
- GME Outcomes
 - GMEC Actions
 - Accreditation
 - Board Pass Rates
 - Scholarly Activity
 - ACGME Survey Data
 - Wellbeing
 - Annual Program Reports
 - CAHC/GME Exit Survey
- GME Finance
- Action Plans and Future Initiatives



UConn's GME Workforce



UConn's GME Workforce

The University of Connecticut School of Medicine sponsors 81 programs and 737 residents and fellows including:

- 18 ACGME Core Specialties
- 46 ACGME Fellowships
- 8 Non-standard Training Programs
- 9 Non-ACGME Fellowships

From 2019 to 2024, there has been an increase of:
23% in the number of sponsored programs
7% in the number of filled FTEs

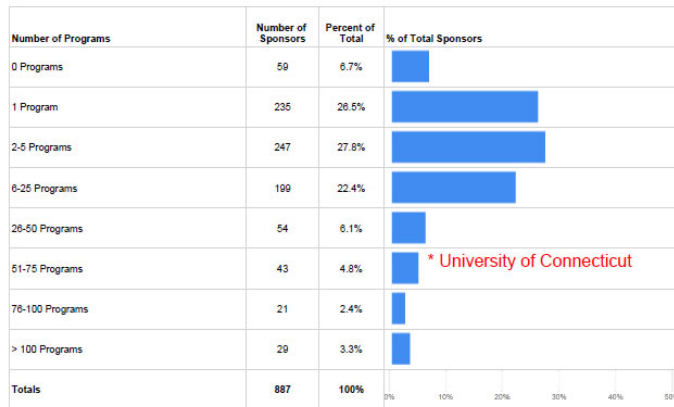
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Number of Sponsoring Institutions By Size Of Sponsor

Academic Year 2023-2024
United States



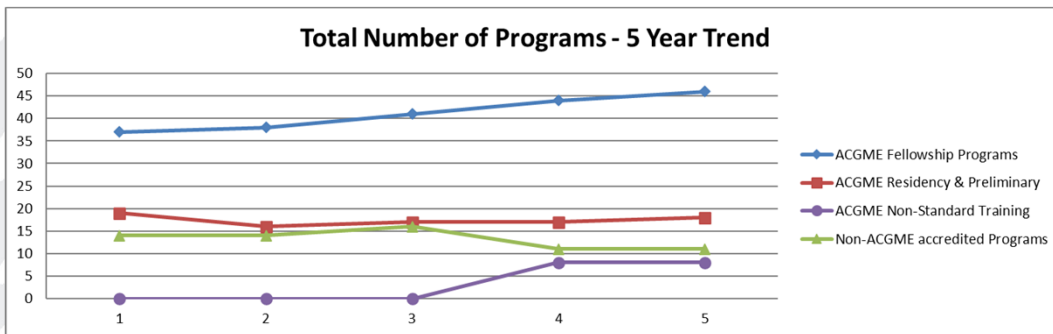
Totals are subject to change during current academic year



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



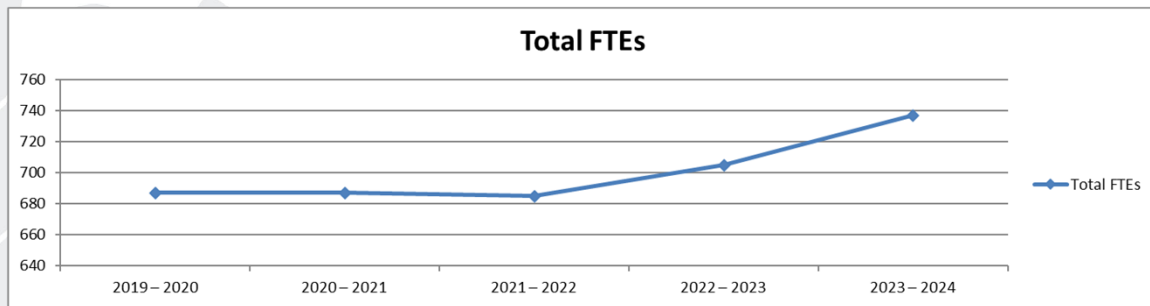
Program Growth in GME



	2019 - 2020	2020 - 2021	2021 - 2022	2022-2023	2023-2024
ACGME Fellowship Programs	37	38	41	43	46
ACGME Residency & Preliminary	19	16	17	18	18
ACGME Non-Standard Training	0	0	0	0	8
Non-ACGME accredited Programs	10	14	14	16	9
Total	66	68	72	77	81



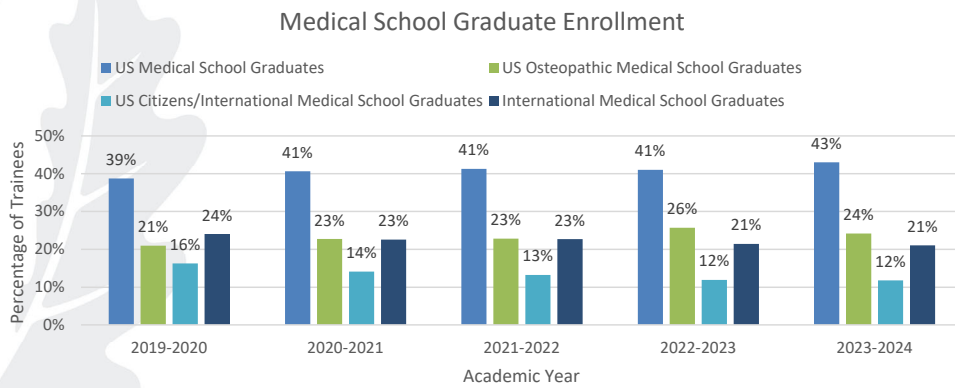
FTE Growth in GME



Growth in GME: Number of Positions					
	2019-2020	2019 – 2020	2021 – 2022	2022 – 2023	2023 – 2024
Total FTEs	687	687	687	705	737



Medical School Graduate Enrollment

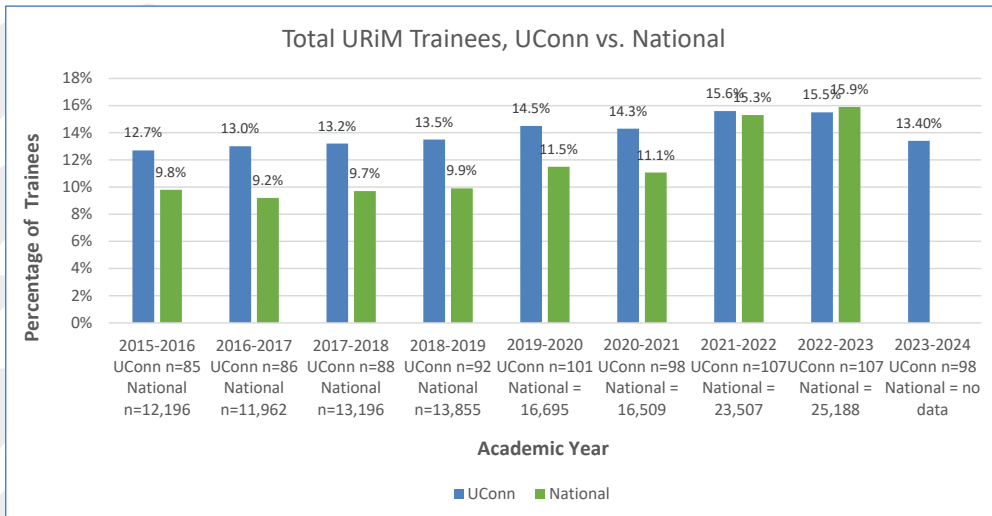




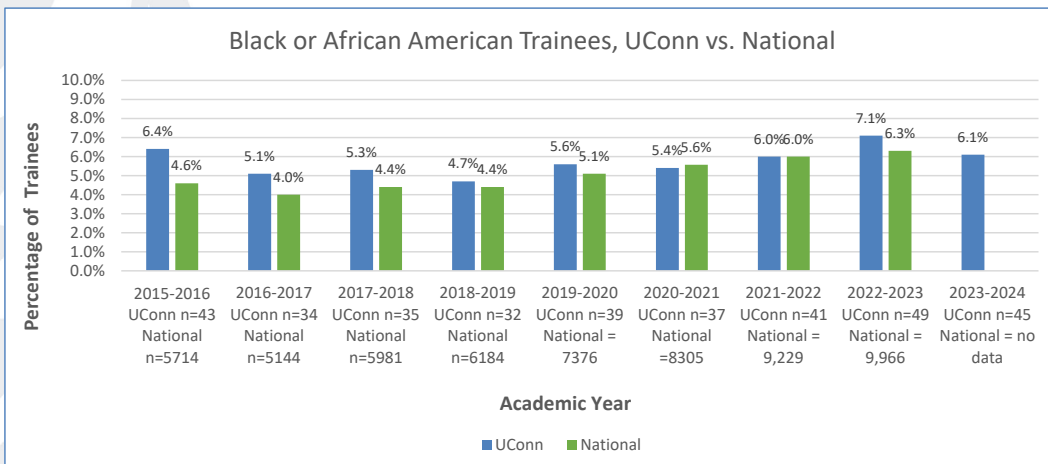
Diversity in UConn's GME Workforce

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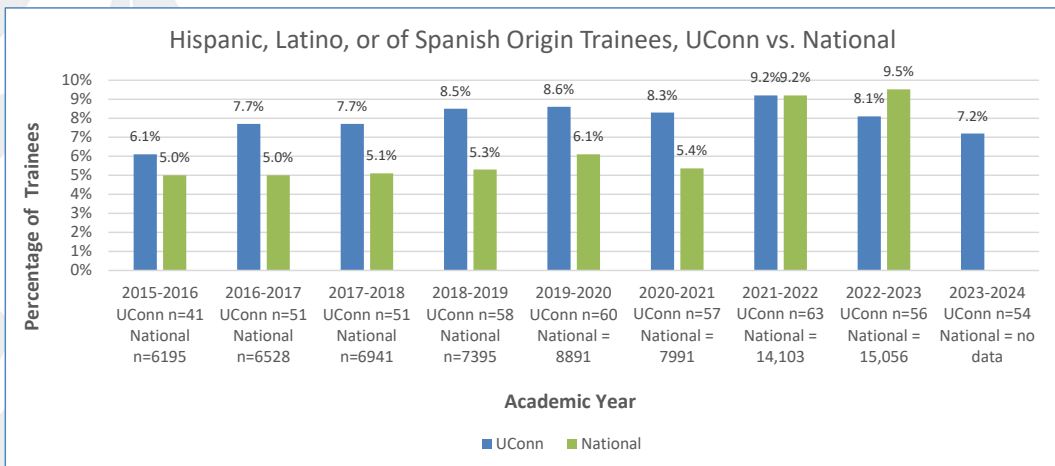
Total URiM Trainees, UConn vs. National



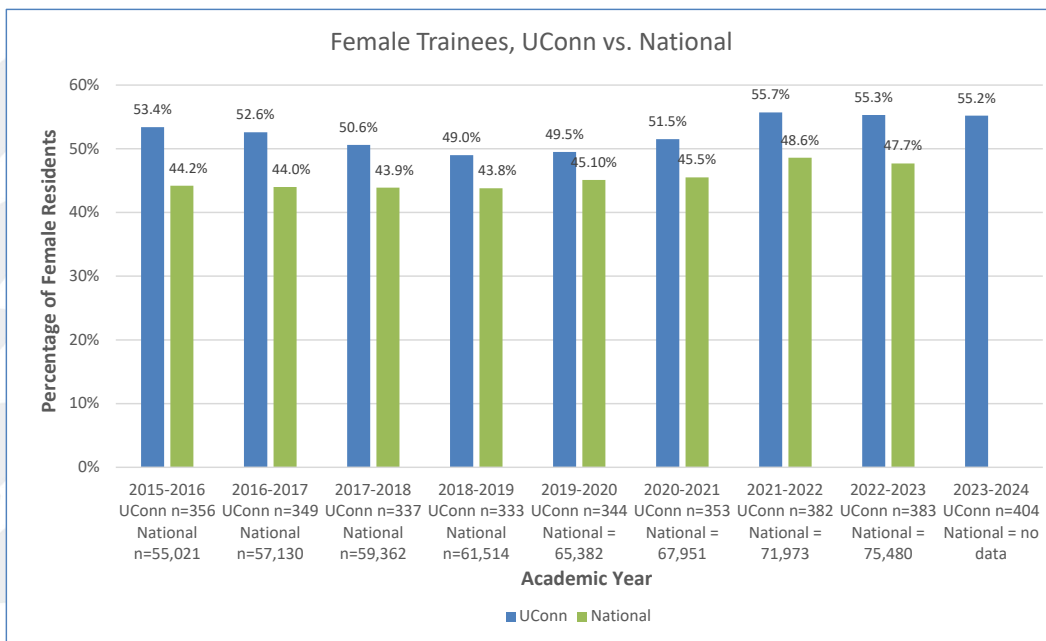
Total Black or African-American Trainees, UConn vs. National



Total Hispanic, Latino/Latina, or Trainees of Spanish Origin, UConn vs. National



Female Trainees, UConn vs. National



Post-Graduate Plans: Residents

	2022- 2023		2023 - 2024	
Number of graduating residents	181	100%	183	100%
Continue to UConn residency (chief year, change program, prelims)	13	7%	15	8%
Continue to UConn fellowship	18	10%	14	8%
Continue to CT fellowship (Yale, HH, SF)	11	6%	17	9%
Continue to out-of-state fellowship	73	40%	74	41%
Continue to practice in CT	24	13%	29	16%
Continue to practice outside CT	39	22%	32	17%
Unknown	3	2%	2	1%

Post-Graduate Plans: Fellows

	2022 - 2023		2023 - 2024	
	Number	Percentage	Number	Percentage
Number of graduating fellows	55	100%	68	100%
Continue to UConn fellowship	2	4%	2	3%
Continue to CT Fellowship (Yale, HH, SF)	1	2%	2	3%
Continue to out-of-state fellowship	11	20%	8	12%
Continue to practice in CT	9	16%	26	38%
Continue to practice outside CT	29	53%	29	43%
Unknown	2	5%	1	1%

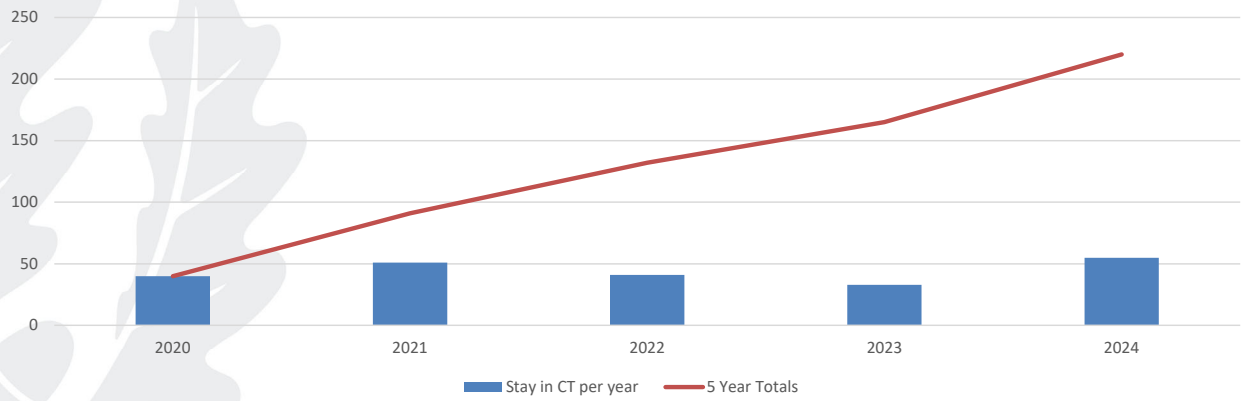
Post Graduate Plans over Five Years

Total Graduates 2019 - 2024	1,192	
Continue to UConn residency/fellowship	164	14%
Continue to other CT residency/fellowship	68	6%
Total CT residency/fellowship	232	19%
Continue to out-of-state fellowship	410	34%
Continue to practice in CT	220	18%
Continue to practice outside of CT	286	24%
Total stay in CT residency/fellowship or practice	452	38%
Withdrew/Unknown	44	4%

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Residents/Fellows who Continue to Practice in CT

Residents and Fellows Who Continue Practice in CT



	2020	2021	2022	2023	2024
Stay in CT per year	40	51	41	33	55
5 Year Totals	40	91	132	165	220



GME Outcome Measures

- GMEC Actions
- Accreditation
- Board Pass Rates
- Scholarly Activity
- ACGME Survey Data
- Wellbeing
- Annual Program Report Cards
- CAHC/GME Exit Survey

GMEC Actions

- New Programs Approved: 4
- New Program Director Approvals: 6
- Program Closures: 0
- Faculty Development
 - Dr. William McDade, ACGME Chief Diversity Officer, provided an in-person presentation
 - The Struggling Learner
 - Health Disparities
 - Well-being Resources and Introduction to new Well-being Index
 - Office of Institutional Equity provided an overview of their role and mandatory reporting
 - Resident/Fellow Salary and Benefit Updates

Institutional Accreditation

Our Annual Institutional Letter of Notification from the ACGME:

The Review Committee commended the institution for its demonstrated substantial compliance with the ACGME's Institutional Requirements.

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Program Accreditation

- 45 ACGME-Sponsored Programs without Citations
- 10 programs with ACGME Citations:
 - 2 Residency Programs and 8 Fellowship Programs
- 15 programs with ACGME Areas for Improvement:
 - 5 Residency Programs and 7 Fellowship programs

3-Year Written Board Pass Rate: Residencies

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



3-Year Written Board Pass Rate: Fellowships

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 Hematology/Oncology Interventional Cardiology HH Nephrology Orthopaedic Sports Medicine Pediatric Emergency Medicine Pediatric Gastroenterology Pediatric Orthopedics Pediatric Otolaryngology Pediatric Surgery Pulmonary & Critical Care Reproductive Endocrinology Vascular Surgery		Rheumatology	Endocrinology Infectious Disease Neonatology Surgical Critical Care	Advanced Heart Failure Child & Adolescent Psychiatry Interventional Cardiology JDH Geriatric Psychiatry Pediatric Endocrinology Maternal-Fetal Medicine Pediatric Hematology/Oncology Pediatric Pulmonology



Scholarly Activity for Recent Graduates (N=251)

PubMed IDs	National, International, Regional Presentations (#)	Textbook Chapters (#)	Teaching Presentations within Program (#)
315	803	40	3,062

Annual Scholarly Activity for Core Faculty (N=537)

PubMed IDs	National, International, Regional Presentations (#)	Chapters or textbooks (#)
708	1,657	147

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ACGME Resident Survey

- The University of Connecticut School of Medicine sponsors 81 programs, of which 53 programs were eligible to be surveyed. Of 705 residents surveyed, 683 (97%) responded.
- The survey reflects eight content areas:
 - We are at or above the national mean in each content area

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ACGME Resident Survey

2023-2024 ACGME Resident/Fellow Survey - page 1

080445 University of Connecticut School of Medicine - Aggregated Program Data

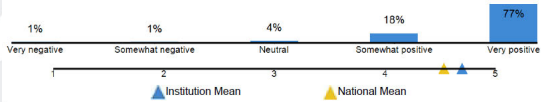
Survey taken: February 2024 - April 2024

Programs Surveyed 53

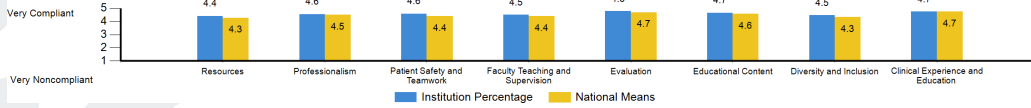
Residents Responded 683 / 705

Response Rate 97%

Residents' overall evaluation of the program



Residents' overall opinion of the program



ACGME Faculty Survey

- The University of Connecticut School of Medicine sponsors 81 programs, of which 53 programs were eligible to be surveyed. Of 519 program directors and core faculty surveyed, 501 (97%) responded.
- The survey reflects six content areas:
 - We are above the national mean in each content area

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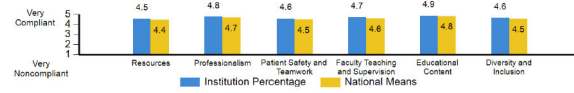
ACGME Faculty Survey

2023-2024 ACGME Faculty Survey - page 1
080445 University of Connecticut School of Medicine - Aggregated Program Data

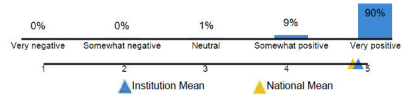
Survey taken: February 2024 - April 2024

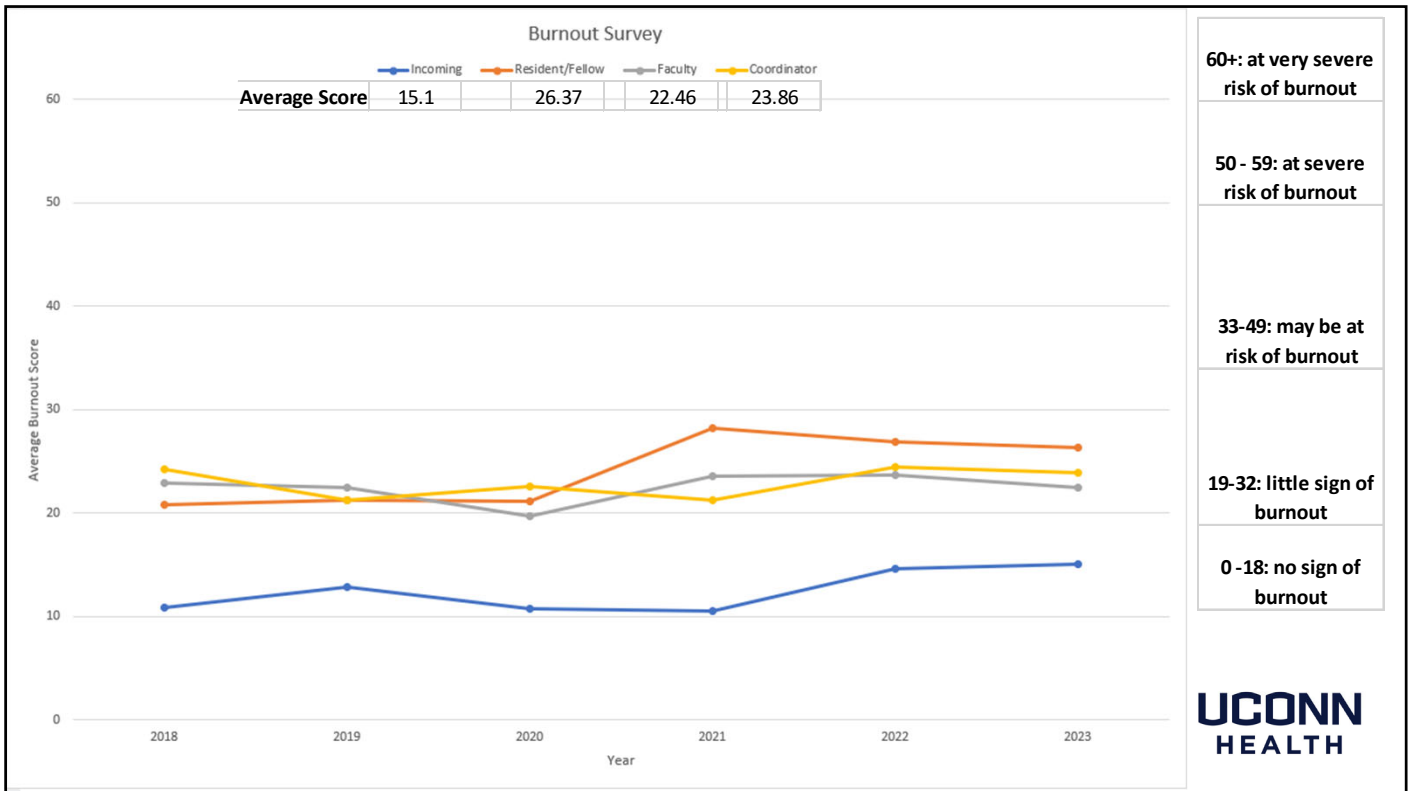
Programs Surveyed 53
Faculty Responded 501 / 519
Response Rate 97%

Institution Percentage at-a-glance



Faculty's overall evaluation of the program





Annual Program Reports 2023-2024

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

Fellowships	
Acute Care Surgery	Green
Advanced Heart Failure & Transplant	Blue
Cardiology HH	Green
Cardiology Interventional HH	Yellow
Cardiology Interventional JDH	Green
Cardiology JDH	Green
Child Psychiatry	Blue
Emergency Medicine International	Blue
Endocrinology	Blue
Family Medicine Sports	Green
Foot and Ankle	Blue
Forensic Pathology	Green
Gastroenterology	Blue
Geriatric Psychiatry	Blue
Geriatrics	Blue
Hand Surgery	Blue
Hematology/Oncology	Blue
Infectious Disease	Blue
Maternal Fetal Medicine	Green
Minimally Invasive Gyn Surgery	Blue
Movement Disorders	Green
Musculoskeletal Radiology	Yellow
Neonatology	Blue

Nephrology	Green
Neuromuscular	Blue
Neurovascular Medicine	Red
Orthopaedic Surgery of the Spine	Blue
Orthopaedics Sports	Blue
Pediatric Cardiology	Blue
Pediatric Emergency Medicine	Green
Pediatric Gastroenterology	Blue
Pediatric Hematology/Oncology	Blue
Pediatric Hospital Medicine	Blue
Pediatric Infectious Disease	Yellow
Pediatric Orthopaedics	Blue
Pediatric Otolaryngology	Blue
Pediatric Pulmonary	Blue
Pediatric Surgery	Blue
Pediatric Endocrinology	Blue
Preventative Cardiology	Green
Pulmonary	Blue
Reproductive Endocrinology	Yellow
Rheumatology	Yellow
Surgery Critical Care	Red
Vascular Surgery	Green

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



Capital Area Health Consortium/GME Exit Survey

- Action plans are developed by each assistant dean for any item that falls below 3.5
- Those action plans are approved by GMEC

Capital Area Health Consortium/GME Exit Survey

Hospital	Work Environment	Educational Experience
John Dempsey Hospital	4.09	4.09
Hartford Hospital	3.93	4.20
St. Francis Hospital and Medical Center	3.55	3.70
The Hospital of Central Connecticut	3.81	3.88
Connecticut Children's	3.81	3.89

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Graduate Medical Education Finance

FY23 final bill total (CAHC hospitals & other affiliated sites): \$113,361,729

Resident Salaries	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
2023 – 2024 Year End	64,441	66,761	70,158	74,028	76,170	78,263	81,067
2023 – 2024 AAMC Northeast mean salary (projected)	68,536	70,994	75,522	79,535	82,183	84,094	86,906
2024 – 2025 Approved Salaries	67,544	70,099	73,666	77,580	79,979	82,176	85,120
2025 – 2026 Approved Salaries	72,272	75,006	78,823	83,011	85,578	87,928	91,078
2026 – 2027 Approved Salaries	76,608	79,506	83,552	87,991	90,712	93,204	96,543

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2023-2024 PIP #1 Follow-Up: Strategic Planning Around the Defined Institutional Aims

We developed various stakeholder groups with members from both within and external to GME including residents, to engage in strategic planning around these eight 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 health 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.

Each workgroup was presented available data (local, regional, national) related to the specific aim and engaged in a SWOT analysis. From their analysis, each group created two SMART goals for GME to consider as a means to help us further achieve our aims.



2023-2024 PIP #2 Follow-Up: Belonging and Well-being

Our second improvement project based on review of our 2022-2023 institutional data focused on belonging and well being.

- We have continued to support our resident-forum led affinity groups and have encourage the creation of new affinity groups to meet the resident/fellow interest.
- We have also launched a new wellbeing self-assessment tool for resident to use to self-assess their level of distress. The launch of the Mayo Clinic's Resident Well-Being Index was done as part of a larger wellbeing initiative by UConn Health where all faculty and staff will be utilizing the same Mayo Well-Being Index, allowing us to compare results across settings and clinical areas.

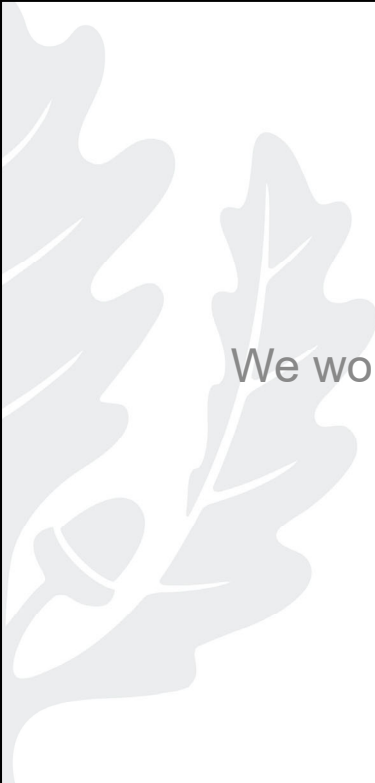
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2024-2025 Institutional Improvement Plans

The 2024-2025 academic year will see the ACGME release a new set of institutional accreditations requirements. Concurrent with the release of these new requirements, the ACGME has notified us that we have been scheduled for our 10-year institutional self-study in preparation for our upcoming 10-year accreditation site visit (2027).

Our action plans for this upcoming year will be to engage a multi-stakeholder group in completing our self-study and to review, strategize around, and implement new procedures or processes to ensure that we remain in compliance with the new ACGME institutional requirements, so that we can continue to demonstrate our substantial compliance with all requirements and maintain our excellent institutional accreditation status.

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Thank You!
We would be happy to answer any questions.

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Graduate Medical
Education
Annual Institutional
Review 2023-2024



	Graduate Medical Education Annual Report Executive Summary AY 2023-2024
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<p>Number of Programs and Trainees:</p>	<p>Graduate Medical Education has seen steady growth in both new programs and the number of trainees over the last five years. The percentage of new programs from 2022-2023 and 2023-2024 had an increase of 5% with an increase of trainees for the same period of 4.5%.</p> <p>The UConn School of Medicine now sponsors 81 residency and fellowship programs with 737 trainees.</p>
<p>New Programs and New Program Directors:</p>	<p><u>New Programs</u></p> <ul style="list-style-type: none"> • Complex Family Planning, Dr. Sarah Lindsay • Critical Care Medicine, Anesthesiology, Dr. Dhamodaran Palaniappan • Pediatric Hospitalist Medicine, Dr. Allyson McDermott • Thoracic Surgery, Dr. Dustin Walters <p><u>Residency Program Director Changes</u></p> <ul style="list-style-type: none"> • Anesthesiology, Dr. Howard Gutstein (interim) • Radiology, Dr. Gary Gong <p><u>Fellowship Program Director Changes</u></p> <ul style="list-style-type: none"> • International Emergency Medicine, Dr. Natalie Moore • Neuromuscular Medicine, Dr. Amanda Hernandez • Orthopaedic Sports Medicine, Dr. Katherine Coyner • Pediatric Endocrinology, Dr. Sunitha Sura
<p>Diversity, Equity, and Inclusion:</p>	<p>Graduate Medical Education continued to highlight diversity and inclusion this year as part of our ongoing GME improvement plans, including enhancing our efforts at recruiting a diverse workforce. In 2023-2024, 13.7% of UConn GME trainees identified as American Indian/Alaskan Native, Black/African American, or Hispanic/Latino. National data for 2023-2024 was not released at the time of this report but was 15.9% for 2022-2023. The Diversity Oversight Committee is now in its fourth year of collaborating with GME to enhance DEI.</p> <p>Lastly, we introduced a two-year Interdisciplinary Diversity, Equity, and Inclusion Track. The extra-curricular learning track is available to all trainees.</p>

	<u>Accreditation</u>
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<p>Role of Sponsoring Institution:</p>	<ul style="list-style-type: none"> • 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.
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<p>Institutional Accreditation:</p> <p>Program Level Accreditation:</p> <p>Special Reviews:</p> <p>ACGME Clinical Learning Environment Review (CLER)</p>	<ul style="list-style-type: none"> • Annual Letter of Notification from ACGME without any Citations or Areas for Improvement • Forty-six programs received an Annual Letter of Notification with no Citations or Areas for Improvement, and a notation of Commendable • Ten programs with twenty ACGME Citations • Anesthesiology, 6/10/24 • Cardiology at Hartford Hospital, 10/19/23 • Internal Medicine, 7/17/23 • Interventional Cardiology at Hartford Hospital, 6/04/24 • Neurology, 6/27/24 • Pediatrics, 10/03/23 • Reproductive Endocrinology and Infertility, 6/12/24 <p>In June, we hosted a three-day Accreditation Council for Graduate Medical Education (ACGME) CLER Visit. The primary goal of a CLER visit is to evaluate how well the clinical setting supports resident and fellow education in the areas of Patient Safety, Health Care Quality, Teaming, Supervision, Well-being, and Professionalism.</p>
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Outcomes

<p>Board Pass Rates:</p>	<p>Three-year rolling Board pass rates for residency and fellowship programs showed 8 residency programs and 16 fellowship programs with overall scores in the 95-100 percentile; 4 residency programs scored in the 90-94.9 percentile; and 3 residencies have overall scoring in the 85-89.9 percentile. Fellowship programs had 1 program scoring in the 85-94.9 percentile, 4 programs scoring in the 75-84.9 percentile, and 8 programs scoring in the less than 75 percentile.</p>
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<p>Scholarly Products:</p>	<p><u>Faculty scholarly activity:</u></p> <ul style="list-style-type: none"> • 708 PMIDs • 1,657 Conference Presentations • 147 Textbook Chapters <p><u>Graduating Residents/Fellows Scholarly Activity:</u></p> <ul style="list-style-type: none"> • Pub Med: 315 • Conference Presentations: 803 • Chapters/Textbooks: 40 • Teaching Presentations within Program: 3,062
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Exit Survey:	Data was collected on 52 programs, 202 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:	<ul style="list-style-type: none"> • A wide range of counseling services are available to all residents who are provided with information monthly regarding how to access them • Incoming interns are offered a “Well-Being Resource Visit” with an EAP Counselor prior to beginning training to learn about the well-being resources available to them • Each program receives a well-being budget to plan activities/programs to enhance resident/fellow well-being • The GME Office has a well-being budget which is used to plan one or more activities open to all residents and fellows • Residents will be included in the health system wide implementation of a new tool to self-assess for Well-Being which is slated to begin at the start of the 2023-2024 academic year
Patient Safety Initiative:	<p>Patient Safety remained a significant focus in GME.</p> <ul style="list-style-type: none"> • Twenty-three Patient Safety Faculty Experts provided education, training and mentorship in patient safety to residents and fellows in 32 of our residency and fellowship programs at John Dempsey Hospital, Connecticut Children’s and St. Francis Hospital and Medical Center (Figure 12) • 216 residents and 64 fellows were educated regarding patient safety and taught how to report and how to analyze safety events using Apparent Cause Analysis (ACA) • 200 residents participated in a simulated ACA and 203 participated in an ACA of a real-time safety event • 40 fellows participated in a simulated ACA and 31 participated in an ACA of a real-time safety event (Figure 13) • A total of 80 ACAs were completed by trainees. 49 corrective action plans were implemented as a result of these analyses. 403 safety events were reported by housestaff
Improvement Plans:	<ul style="list-style-type: none"> • The first action plan was strategic planning around the defined institutional aims. We developed various stakeholder groups with members from both within and external to GME including residents, to engage in strategic planning around eight institutional aims. Each group created two SMART goals for GMEC to consider to help us further achieve our aims. • Our second improvement project based on review of our 2022-2023 institutional data focused on belonging and well-being. We have continued to support our resident-forum led affinity groups and have encourage the creation of new affinity groups to meet the resident/fellow interest. We have also launched a new well-being self-assessment tool for resident to use to self-assess their level of distress.
Future Improvement Plans:	<p>The 2024-2025 academic year will see the ACGME release a new set of institutional accreditations requirements. Concurrent with the release of these new requirements, the ACGME has notified us that we have been scheduled for our 10-year institutional self-study in preparation for our upcoming 10-year accreditation site visit (2027).</p> <p>Our action plans for this upcoming year will be to engage a multi-stakeholder group in completing our self-study and to review, strategize around, and implement new procedures or processes to ensure that we remain in compliance with the new ACGME Institutional</p>

	Requirements, so that we can continue to demonstrate our substantial compliance with all requirements and maintain our excellent institutional accreditation status.
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I: Message from the Associate Dean and the 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 2023-2024 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-needed acceleration to our efforts around diversity, equity and inclusion in the GME space. The GME enterprise strives 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.

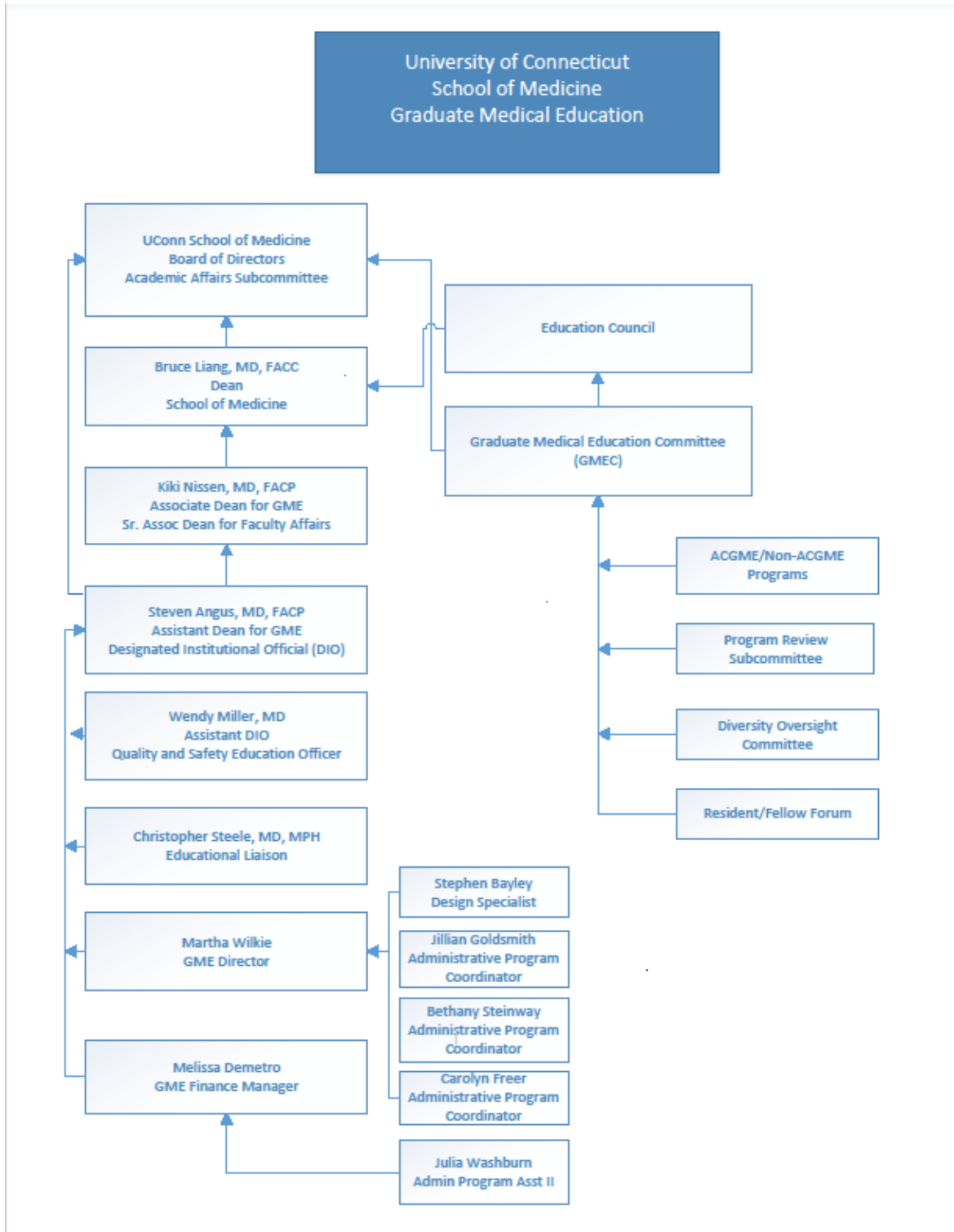
As our review of the academic year of 2023 – 2024 ends, and we enthusiastically look ahead to the future, we appreciate this opportunity to share the wonderful accomplishments of our programs, our faculty and our trainees. Our goals center on providing outstanding care to the citizens of Connecticut and providing our residents/fellows a supportive training program that emphasizes 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, MD, Connecticut Children's
 - Kenneth Robinson, MD, Hartford Hospital
 - David Shapiro, MD, St. Francis Hospital and Medical Center

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:**
 - Physical Medicine and Rehabilitation – 8/16/23
 - Complex Family Planning – 11/16/23
 - Cardiothoracic Anesthesiology - 11/31/23
 - Pediatric Infectious Disease – 3/12/24
 - Reproductive Endocrinology and Infertility – 3/12/24
- **Non-ACGME Site Visits:**
 - Minimally Invasive Gynecologic Surgery- 8/16/23

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:**

- Pediatrics – 10/03/23
- Cardiology/HH – 10/19/23
- Neurology – 10/25/23 & 6/25/24
- Internal Medicine – 11/3/23
- Interventional Cardiology/HH – 6/04/24
- Anesthesiology – 6/10/24
- Reproductive Endocrinology & Infertility – 6/12/24

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

- Complex Family Planning, Dr. Sarah Lindsay
- Critical Care Medicine, Anesthesiology, Dr. Dhamodaran Palaniappan
- Pediatric Hospitalist Medicine, Dr. Allyson McDermott
- Thoracic Surgery, Dr. Dustin Walters

- Residency Program Director Changes

- Dr. Howard Gutstein (interim), Anesthesiology
- Dr. Gary Gong, Radiology

- Fellowship Program Director Changes

- Dr. Katherine Coyner, Orthopaedic Sports Medicine
- Dr. Amanda Hernandez, Neuromuscular Medicine
- Dr. Natalie Moore, International Emergency Medicine
- Dr. Sunitha Sura, Pediatric Endocrinology

- **Program Closures:**

- None

- **Faculty Development:**

- Dr. William McDade, ACGME Chief Diversity Officer provided an in-person presentation
- The Struggling Learner
- Health Disparities
- Well-being Resources and Introduction of new Well-being Index
- Office of Institutional Equity
- Resident/Fellow Salary and Benefits updates

- **Resident Town Hall Meeting Topics:**

- Quality Improvement Symposium
- Yearly Update from the Assistant Deans from each affiliated site
- Patient Safety Quality Initiatives
- Salaries and Benefits Updates

- ACGME Survey Data
 - Capital Area Health Consortium Exit Survey review
 - Well-being Index
 - Resident Forum Updates
- **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
 - Dermatology
 - Emergency Medicine
 - Family Medicine
 - Internal Medicine
 - Neurological Surgery
 - Neurology
 - Ob/Gyn
 - Orthopaedic Surgery
 - Otolaryngology
 - Pediatrics
 - Psychiatry
 - Radiology
 - Urology
 - Fellowships
 - Advanced Heart Failure
 - Adult Cardiothoracic Anesthesiology
 - Cardiovascular Disease (JDH)
 - Cardiovascular Disease (HH)
 - Child and Adolescent Psychiatry
 - Critical Care Medicine (Anesthesiology)
 - Endocrinology
 - Epilepsy
 - Family Medicine Sports Medicine
 - Forensic Pathology
 - Gastroenterology
 - Geriatric Medicine
 - Geriatric Psychiatry
 - Hand Surgery
 - Hematology/Oncology
 - Infectious Disease
 - Interventional Cardiology (JDH)
 - Interventional Cardiology (HH)

- Maternal Fetal Medicine
- Musculoskeletal Radiology
- Neonatal-Perinatal Medicine
- Nephrology
- Neuromuscular Medicine
- Pediatric Emergency Medicine
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Hematology/Oncology
- Pediatric Hospital Medicine
- Pediatric Orthopaedics
- Pediatric Pulmonary
- Pediatric Surgery
- Orthopaedic Surgery of the Spine
- Orthopaedic Sports Medicine
- Pulmonary Critical Care
- Rheumatology
- Pulmonary Critical Care
- Sleep Medicine
- Thoracic Surgery
- Vascular Neurology
- Vascular Surgery

Programs with Citations and/or Areas for Improvement (AFIs) noted on their annual Letter of Notification are 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 distinct citations. Number of citations received noted next to program name

- Residencies:
 - Surgery (2)
 - Vascular Surgery (2)
- Fellowships:
 - Complex Family Planning (1)
 - Orthopaedic Foot and Ankle (5)
 - Pediatric Cardiology (1)
 - Pediatric Infectious Disease (1)
 - Pediatric Otolaryngology (1)
 - Physical Medicine and Rehabilitation (1)
 - Reproductive Endocrinology and Infertility (4)
 - Surgical Critical Care (2)

Please see Attachment B for citation details

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

- Residencies:
 - Dermatology
 - Emergency Medicine
 - Neurological Surgery
 - Neurology
 - Pediatrics

- Fellowships:
 - Cardiothoracic Anesthesiology
 - Complex Family Planning
 - Forensic Pathology
 - Pediatric Endocrinology
 - Pediatric Infectious Disease
 - Pediatric Surgery
 - Physical Medicine and Rehabilitation
 - Reproductive Endocrinology and Infertility

Policy Updates

- No new policies were introduced. Minor edits were made to the Code of Conduct Violations/ Non-Academic Policy to be more in line with specific licensing forms requests

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 2023-2024

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 2023-2024 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. 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. 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.

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.

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 81 programs with 737 residents and fellows including:

- 18 ACGME Core Residency programs
- 46 ACGME Fellowships
- 8 Non-standard Training Programs
- 9 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 2023-2024 Match season, we received 25,399 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 22.7% increase in the number of programs sponsored. Figure 2 and Table 2 reflect our growth in total FTEs, 7.3% over the past five academic years.

Figure 1

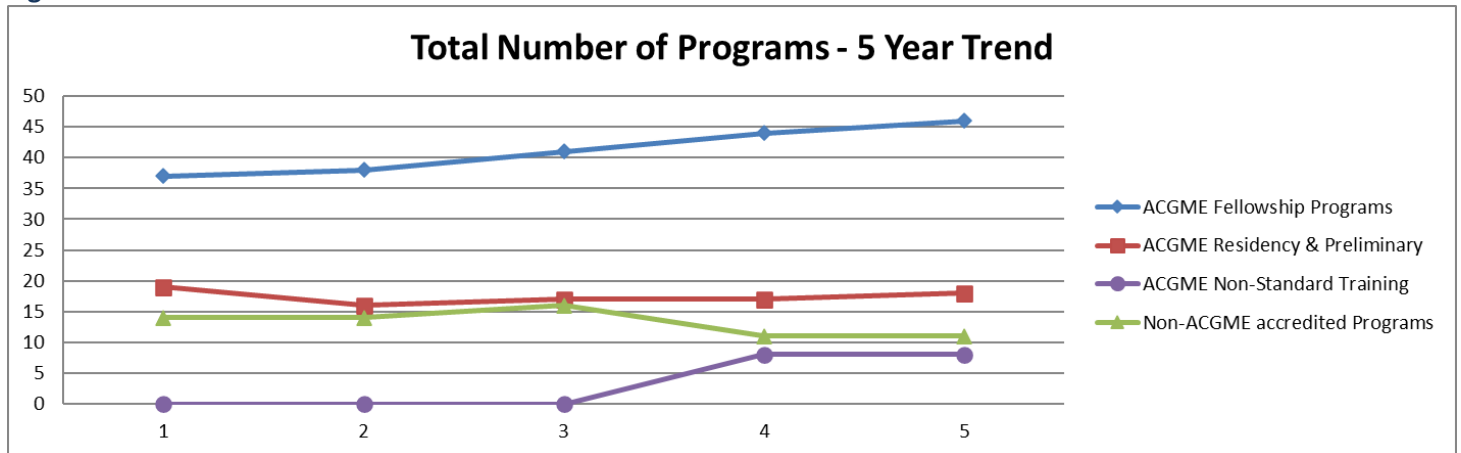
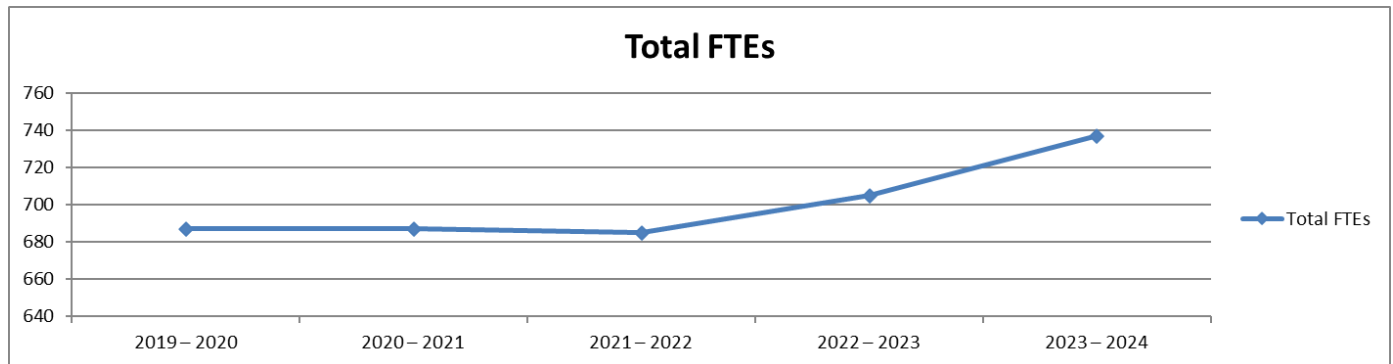


Table 1

	2019 - 2020	2020 - 2021	2021 - 2022	2022-2023	2023-2024
ACGME Fellowship Programs	37	38	41	43	46
ACGME Residency & Preliminary	19	16	17	18	18
ACGME Non-Standard Training	0	0	0	0	8
Non-ACGME accredited Programs	10	14	14	16	9
Total	66	68	72	77	81

Figure 2**Table 2**

Growth in GME: Number of Positions					
	2019-2020	2019 - 2020	2021 - 2022	2022 - 2023	2023 - 2024
Total FTEs	687	687	687	705	737

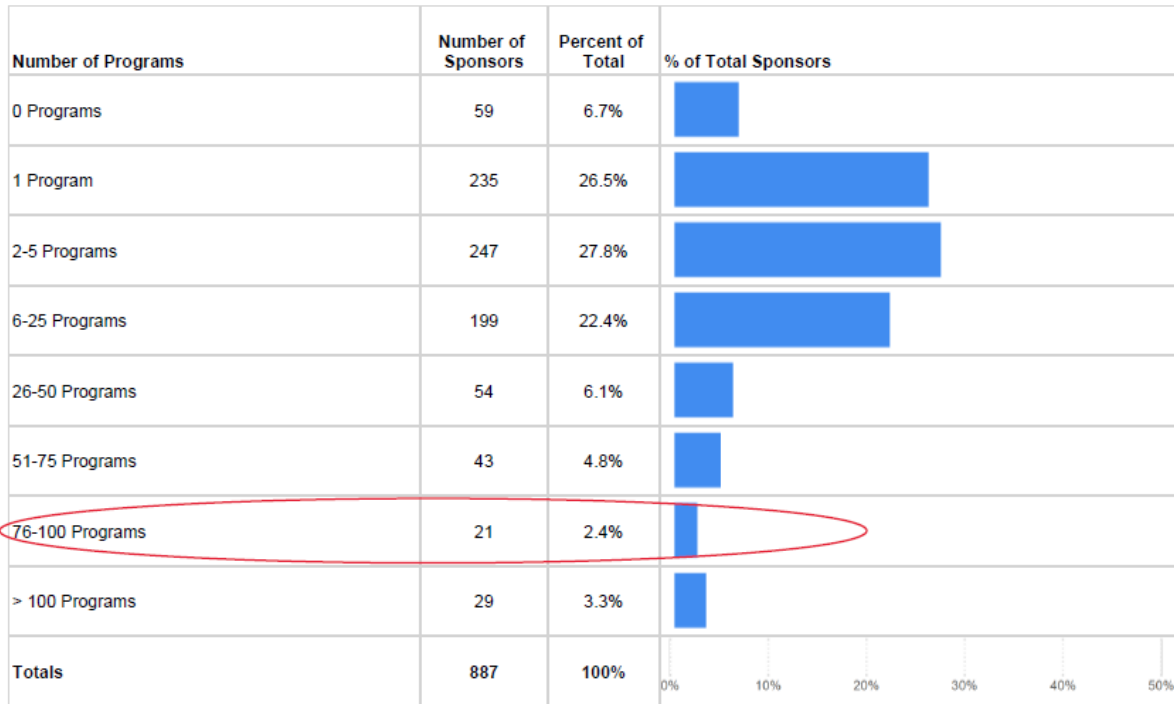
Figure 3 illustrates the ACGME Number of Sponsoring Institutions by Size and Number

Number of Sponsoring Institutions By Size Of Sponsor

Academic Year 2023-2024
United States



Totals are subject to change during current academic year



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 2023 - 2024 academic year, there were a total of 318 FTEs enrolled in primary care programs (43% 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

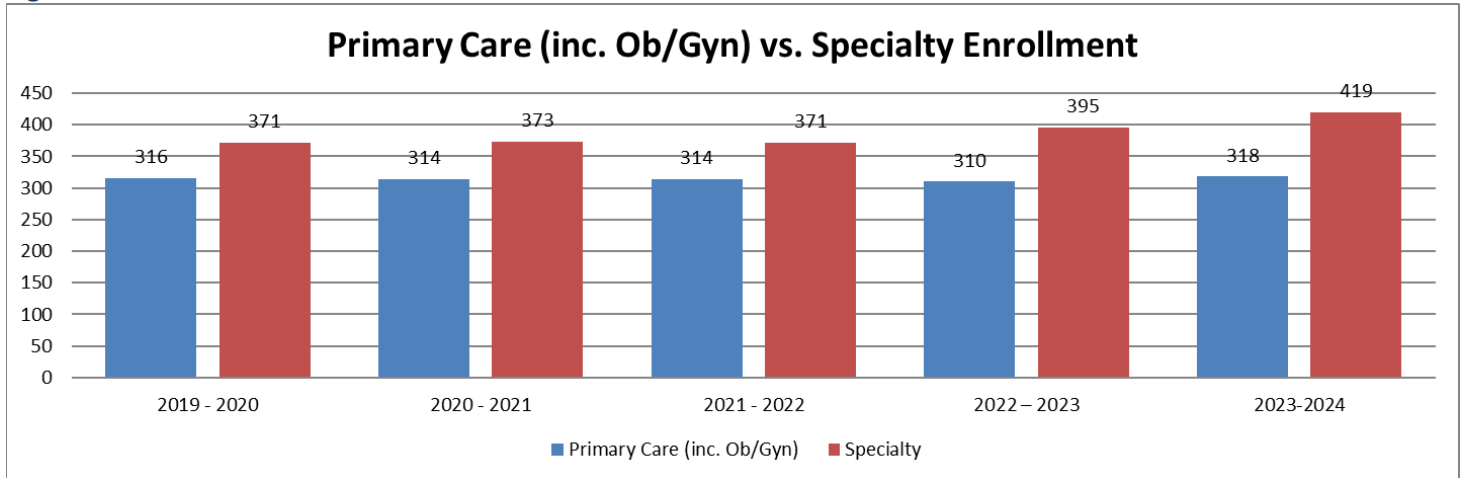


Table 3

Primary Care Programs	2023 - 2024 FTEs
Family Medicine	21
Internal Medicine (IM, prelim, chief)	138
Pediatrics (peds, chief)	66
Primary Care (pricare, chief)	53
Ob/Gyn	40
Total Primary Care Enrollment	318
Total GME Enrollment	737

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

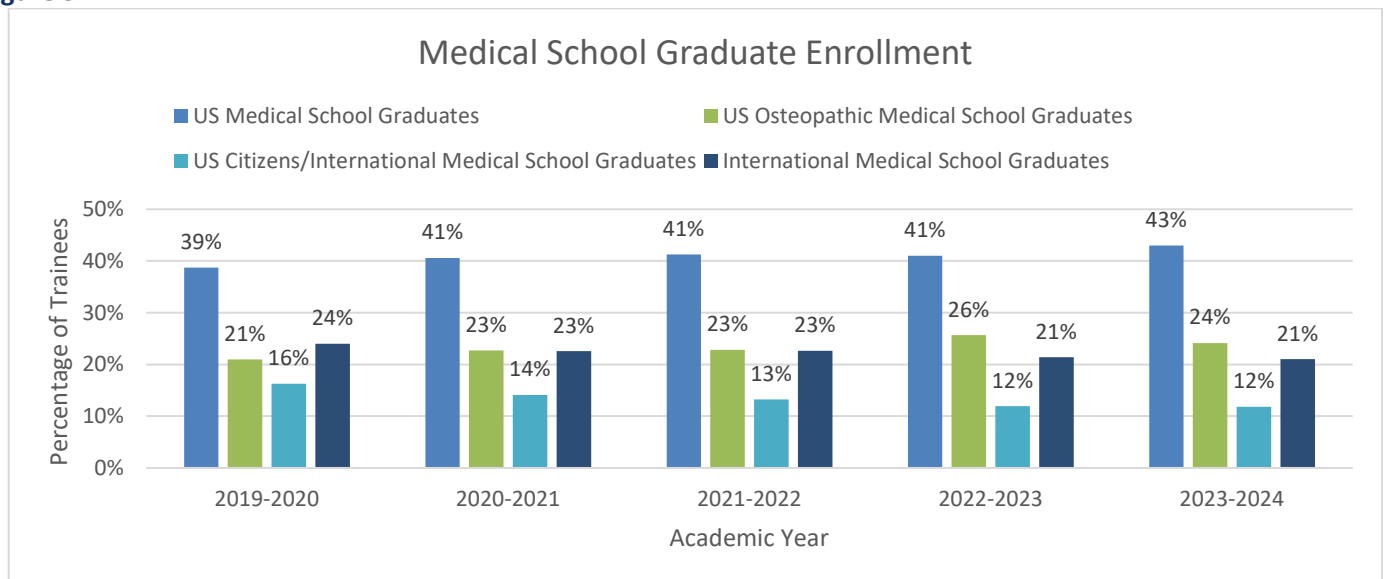


Table 4

Medical School Graduate Enrollment										
	2019-2020		2020-2021		2021-2022		2022-2023		2023-2024	
	%	N	%	N	%	N	%	N	%	N
US Medical School Graduates	39	268	41	279	41	281	41	289	43	317
US Osteopathic Medical School Graduates	21	144	23	156	23	157	26	181	24	178
US Citizens / International Medical School Graduates	16	110	14	97	13	89	12	84	12	87
International Medical School Graduates	24	165	23	155	23	158	21	151	21	155
Total	100%	687	100%	687	100%	685	100%	705	100%	737

Figure 5a

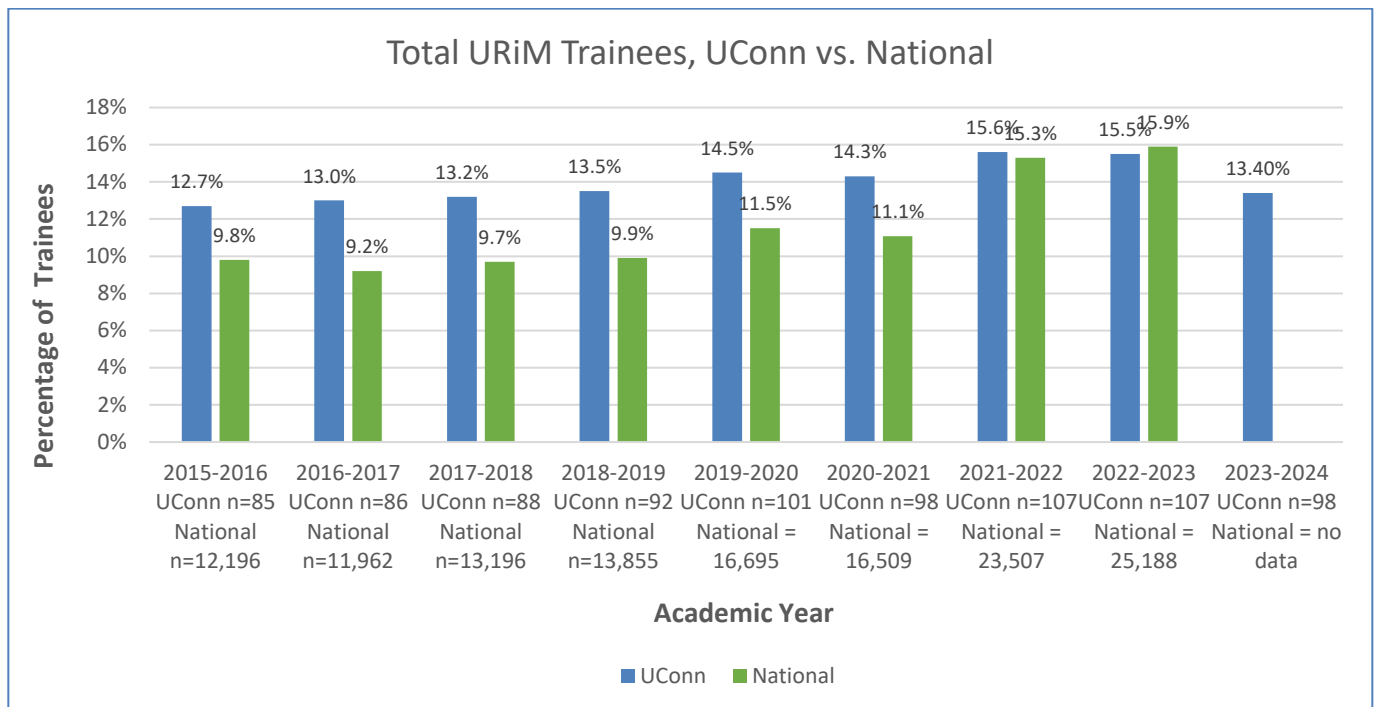


Figure 5b

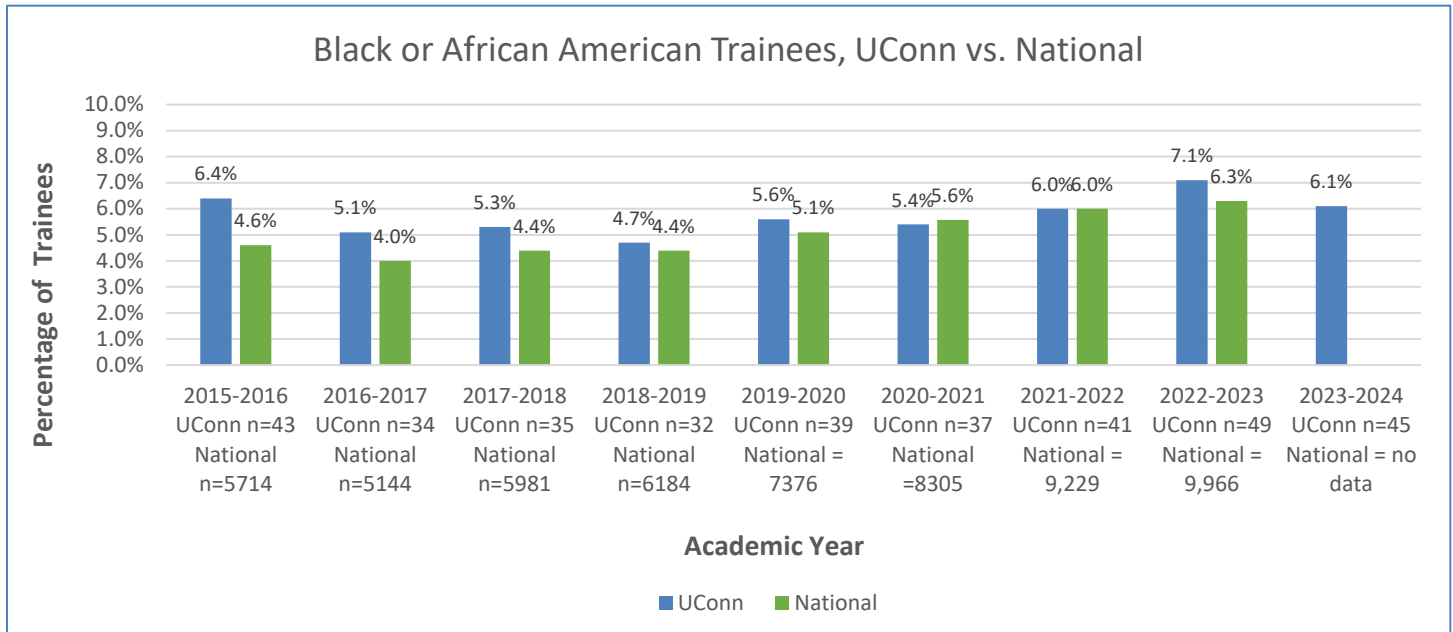


Figure 5c

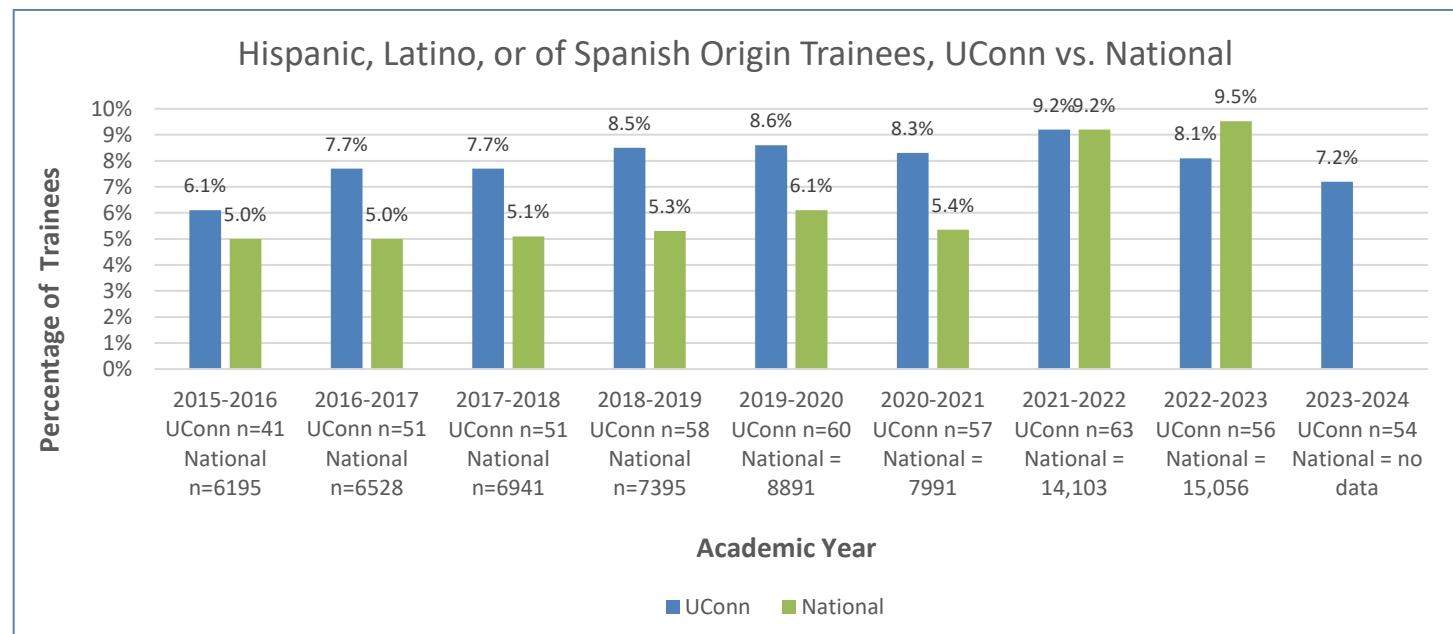


Figure 5d

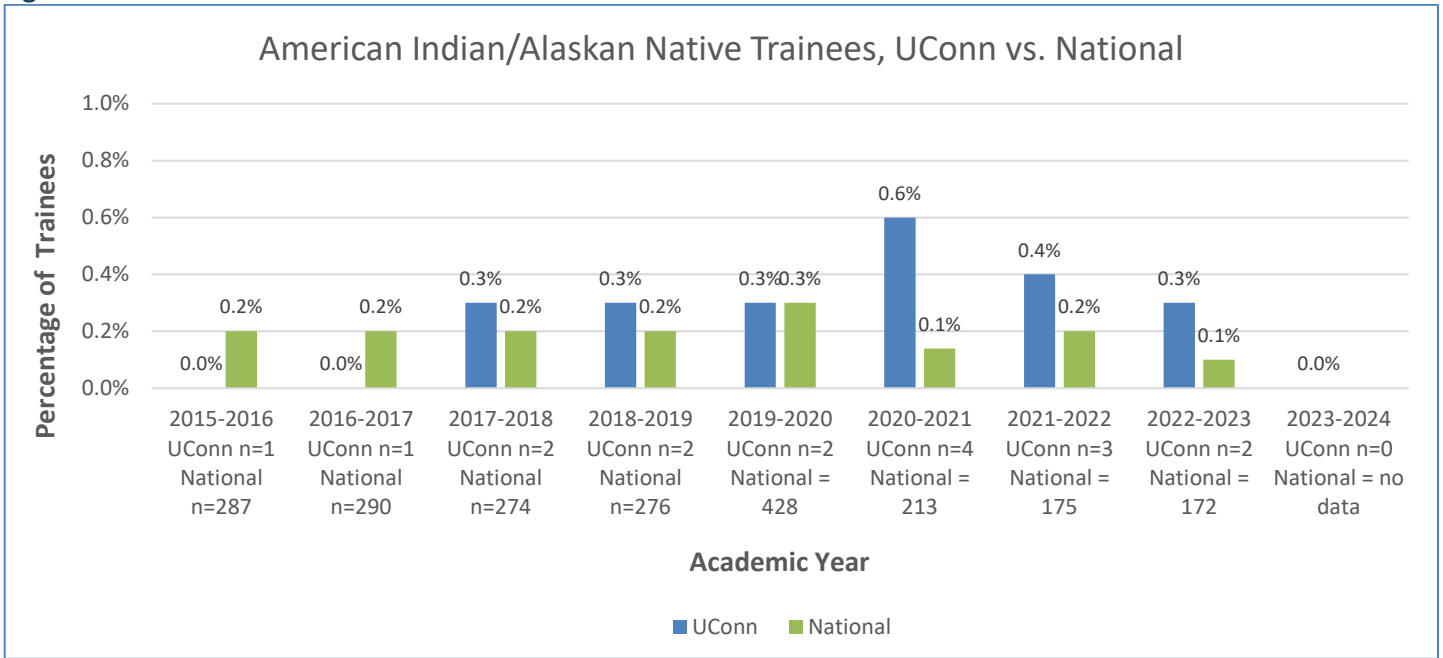


Figure 5e

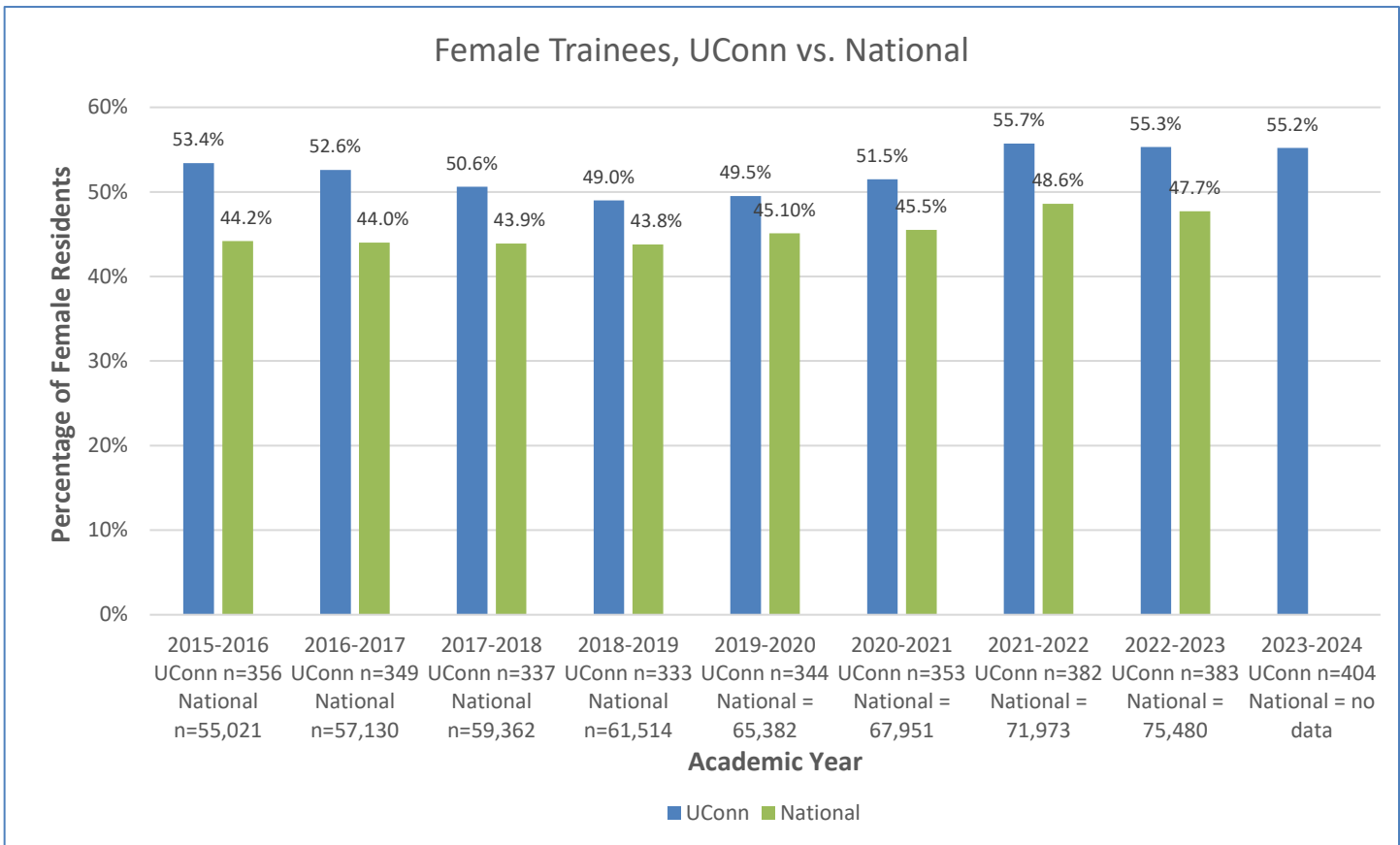
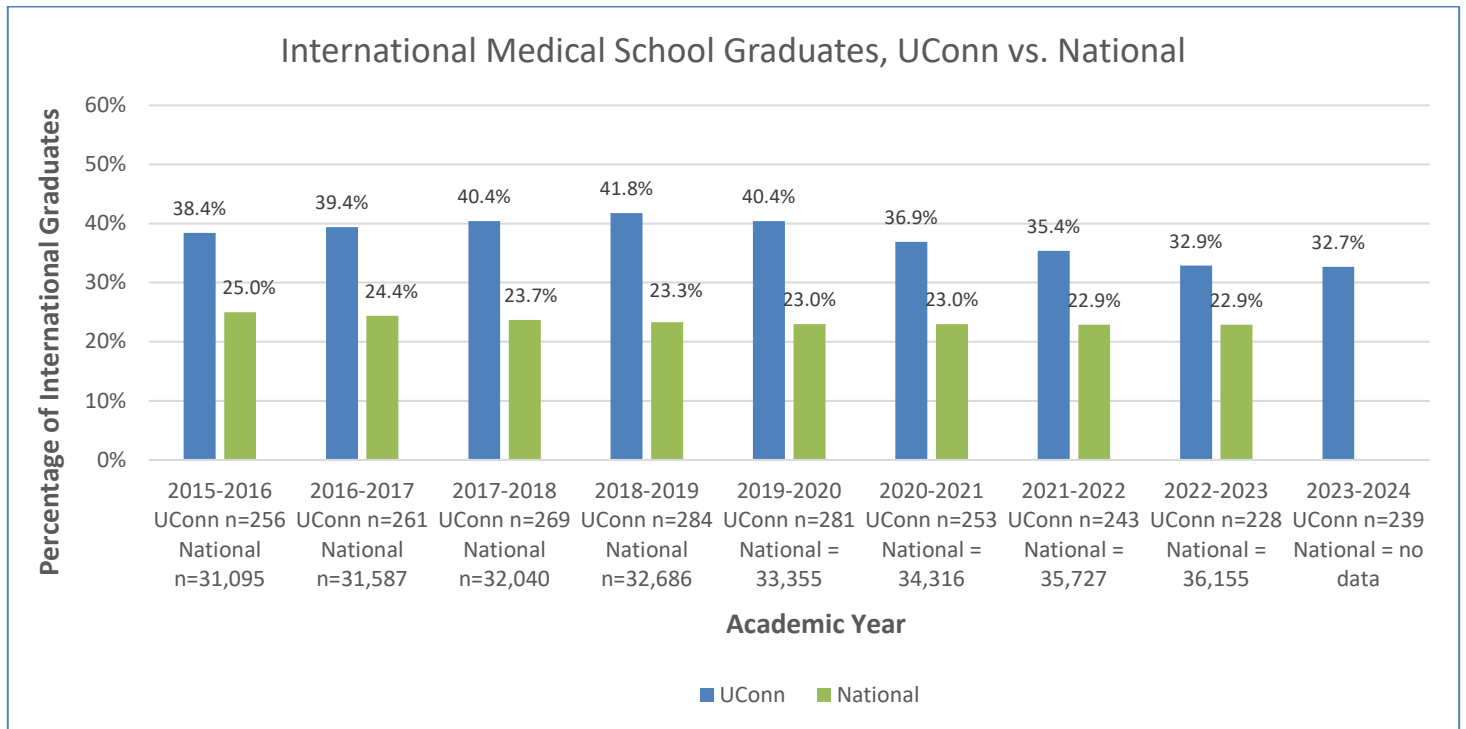


Figure 5f



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 %
<ul style="list-style-type: none"> • Anesthesiology • Dermatology • Family Medicine • Neurology • Ob/Gyn • Otolaryngology • Radiology • Urology 	<ul style="list-style-type: none"> • Emergency Medicine • Internal Medicine • Orthopedic Surgery • Surgery 	<ul style="list-style-type: none"> • Pediatrics • Primary Care • Psychiatry 		

Figure 7

Fellowship Programs: 3 Year Written Boards Pass Rate				
95% - 100%	90% - 94.9%	85% - 94.9%	75% - 84.9%	<75%
<ul style="list-style-type: none"> • Cardiology HH • Cardiology JDH • Family Medicine Sports • Gastroenterology • Hematology/Oncology • Interventional Cardiology HH • Nephrology • Orthopaedic Sports Medicine • Pediatric Emergency Medicine • Pediatric Gastroenterology • Pediatric Orthopedics • Pediatric Otolaryngology • Pediatric Surgery • Pulmonary & Critical Care • Reproductive Endocrinology • Vascular Surgery 		<ul style="list-style-type: none"> • Rheumatology 	<ul style="list-style-type: none"> • Endocrinology • Infectious Disease • Neonatology • Surgical Critical Care 	<ul style="list-style-type: none"> • Advanced Heart Failure • Child & Adolescent Psychiatry • Interventional Cardiology JDH • Geriatric Psychiatry • Pediatric Endocrinology • Maternal-Fetal Medicine • 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=251)

PubMed IDs	National, International, Regional Presentations (#)	Textbook Chapters (#)	Teaching Presentations within Program (#)
315	803	40	3,062

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

PubMed IDs	National, International, Regional Presentations (#)	Chapters or textbooks (#)
708	1657	147

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		Fellowships		
Anesthesiology		Acute Care Surgery		Nephrology
Dermatology		Advanced Heart Failure & Transplant		Neuromuscular
Emergency Medicine		Cardiology HH		Neurovascular Medicine
Family Medicine		Cardiology Interventional HH		Orthopaedic Surgery of the Spine
Internal Medicine		Cardiology Interventional JDH		Orthopaedics Sports
Neurological Surgery		Cardiology JDH		Pediatric Cardiology
Neurology		Child Psychiatry		Pediatric Emergency Medicine
Ob/Gyn		Emergency Medicine International		Pediatric Gastroenterology
Orthopaedics		Endocrinology		Pediatric Hematology/Oncology
Otolaryngology		Family Medicine Sports		Pediatric Hospital Medicine
Pediatrics		Foot and Ankle		Pediatric Infectious Disease
PM&R		Forensic Pathology		Pediatric Orthopaedics
Primary Care		Gastroenterology		Pediatric Otolaryngology
Psychiatry		Geriatric Psychiatry		Pediatric Pulmonary
Radiology		Geriatrics		Pediatric Surgery
Surgery		Hand Surgery		Pediatric Endocrinology
Urology		Hematology/Oncology		Preventative Cardiology
Vascular Surgery		Infectious Disease		Pulmonary
		Maternal Fetal Medicine		Reproductive Endocrinology
		Minimally Invasive Gyn Surgery		Rheumatology
		Movement Disorders		Surgery Critical Care
Outstanding	96-100	Musculoskeletal Radiology		Vascular Surgery
Very Good	80-95	Neonatology		
Good	70-79			
Fair	60-69			
Poor	≤59			

d. ACGME Resident Survey Composite

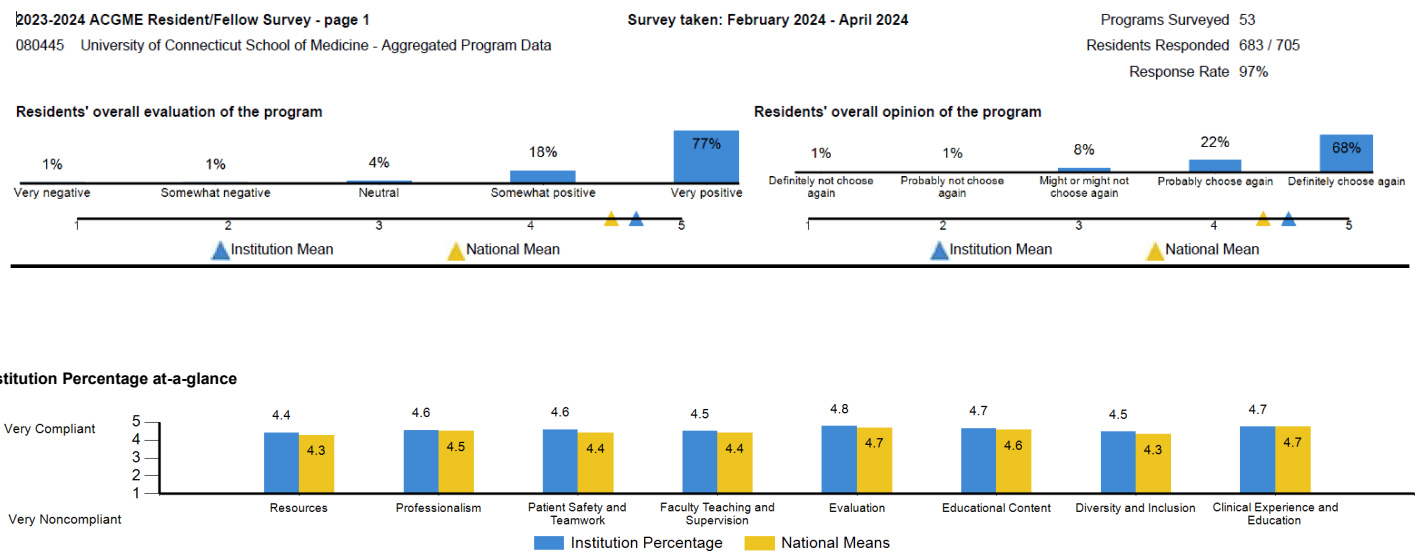
All residents/fellows in ACGME programs are surveyed annually by the ACGME. Each program is required to have a 70% completion rate, though we strive for 100% completion, in order to protect anonymity, only programs with four or more residents/fellows in the program will receive the survey results from 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 81 programs, 53 of which were eligible to complete the ACGME surveys. These programs are comprised of 705 residents/fellows of which 683 (97%) 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 2023-2024 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. 90% 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

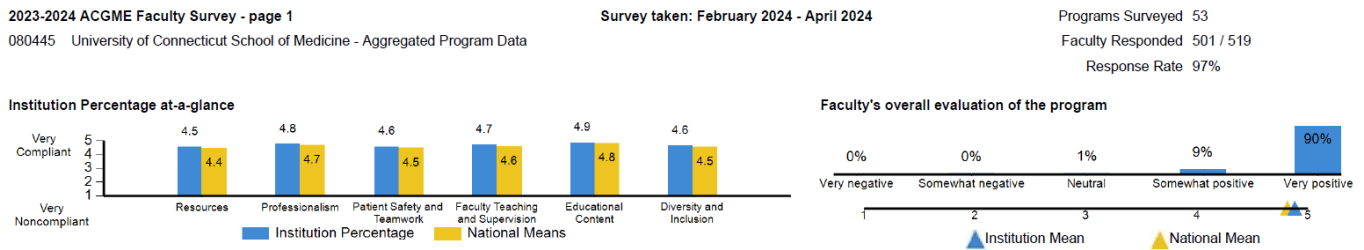
Like our trainees, core faculty in our ACGME sponsored programs participated in an annual faculty survey conducted by the ACGME. For the 2023-2024 academic year, a total of 53 programs were surveyed which represents 519 program directors/core faculty with a response rate of 97% of which 501 completed 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 52 programs, 202 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	4.09	4.09
Hartford Hospital	3.93	4.20
St. Francis Hospital and Medical Center	3.55	3.70
The Hospital of Central Connecticut	3.81	3.88
Connecticut Children's	3.81	3.89

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 2023-2024 include:

Table 6

	Strengths	Areas for Improvement
John Dempsey Hospital	Strong emphasis on resident education and wellbeing	Issues with call rooms
	Excellent facilities and resources	Delays in lab results, issues with consult services
	Supportive faculty and staff	
Hartford Hospital	Strengths	Areas for Improvement
	Patient volumes and diversity. A high volume of patients, especially complex cases	Issues with parking, call rooms, and overall facility cleanliness and maintenance
	Strong supportive faculty	Professionalism concerns about nursing staff and other healthcare professionals
St. Francis Hospital and Medical Center	Availability of resources, such as equipment, staff, and consultants	Excessive workload effects residents' well-being
	Strengths	Areas for Improvement
	Patient volume and diversity: exposure to a wide range of cases	Staffing shortages across multiple departments

	Autonomy: opportunities for residents to take on responsibility and make decisions	Issues related parking and call room cleanliness
	Positive interactions with other healthcare professionals, such as nurses and consultants	
The Hospital of Central Connecticut	Strengths	Areas for Improvement
	Strong faculty and educational environment	Improve availability of food and computers
	Diverse patient population	Availability of social workers and case managers
Connecticut Children's	Strengths	Areas for Improvement
	Strong educational focus with dedicated faculty	Parking garage, call rooms, and general facility cleanliness
	Diverse patient population and caseload	Nursing staff availability, professionalism, and teamwork

a. Graduation Data

Data on our graduating residents' and fellows' career plans after training is collected. In the academic year 2023 - 2024, there were 183 residents who graduated from our core residency programs. The largest percentage of these graduates went on to fellowship training (57%, n=105), 33% (n=61) went into practice, and small group went to other residencies (8%, n=15). Of the 61 residents who graduated and went to practice, 29 (16%, or 48% of all residency graduates) remained in Connecticut. Table 7 reflects the data for this group.

Table 7

	2022- 2023		2023 - 2024	
Number of graduating residents	181	100%	183	100%
Continue to UConn residency (chief year, change program, prelims)	13	7%	15	8%
Continue to UConn fellowship	18	10%	14	8%
Continue to CT fellowship (Yale, HH, SF)	11	6%	17	9%
Continue to out-of-state fellowship	73	40%	74	41%
Continue to practice in CT	24	13%	29	16%
Continue to practice outside CT	39	22%	32	17%
Unknown	3	2%	2	1%

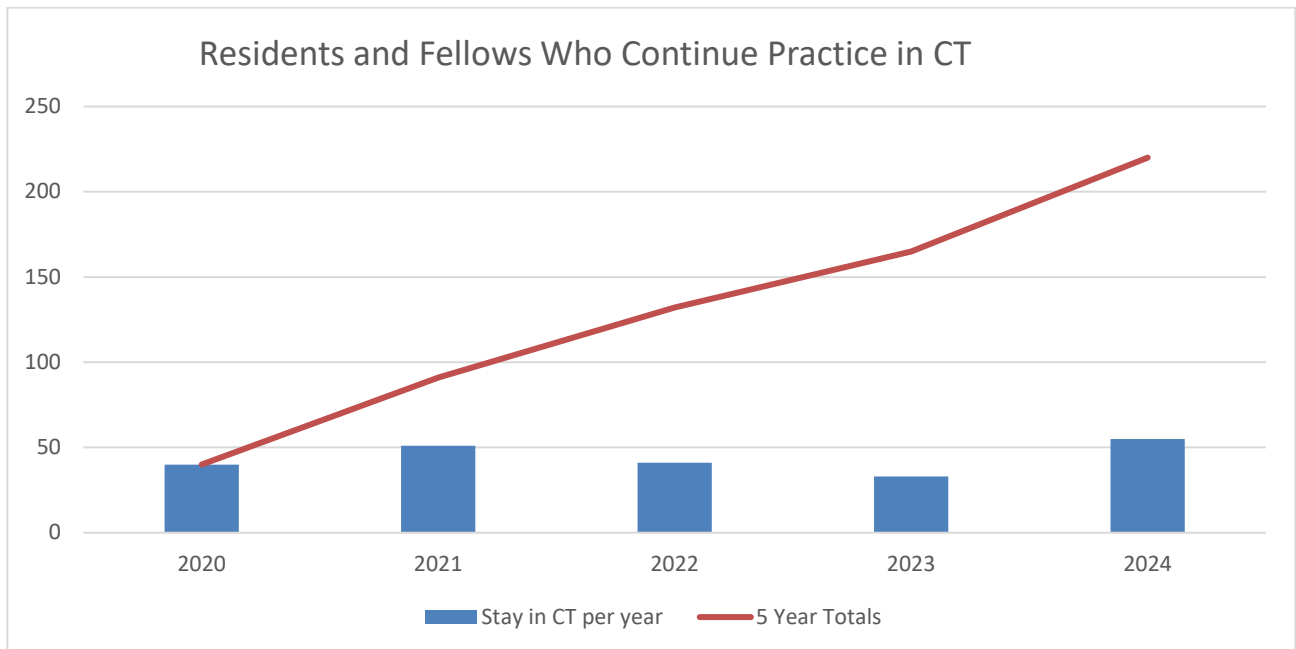
During the academic year 2023 - 2024, there were 68 FTEs who graduated from fellowships. The majority of the graduating fellows went on to practice (n=55, or 81%), while some pursued additional fellowship training (n=12, or 18%). Of the 55 graduating fellows who went into practice, 26 (47%, or 38% of all fellow graduates) remained in Connecticut. Table 8 shows this data.

Table 8

	2022 - 2023		2023 - 2024	
	Number	Percentage	Number	Percentage
Number of graduating fellows	55	100%	68	100%
Continue to UConn fellowship	2	4%	2	3%
Continue to CT Fellowship (Yale, HH, SF)	1	2%	2	3%
Continue to out-of-state fellowship	11	20%	8	12%
Continue to practice in CT	9	16%	26	38%
Continue to practice outside CT	29	53%	29	43%
Unknown	2	5%	1	1%

Of the 251 total graduates of our residency and fellowship programs, 104 or 41% remained in CT, with n=55 (22%) going into practice, and the remaining n=49 (20%) 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, 220 graduates have gone on to practice in Connecticut.



	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Stay in CT per year for residency/fellowship or practice	40	51	41	33	55
5 Year Totals	40	91	132	165	220

Table 9

Total Graduates 2019-2024	1,192	
Continue to UConn Residency/Fellowship	164	14%
Continue to other CT Residency/Fellowship	68	6%
Total CT Residency/Fellowship	232	19%
Continue to out-of-state fellowship	410	34%
Continue to practice in CT	220	18%
Continue to practice outside of CT	286	24%
Total stay in CT residency/fellowship or practice	452	38%
Withdrew/Unknown	44	4%

VIII: 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.

Beginning in the 2023-2024 academic year, the GME Office worked with UConn Health’s Employee Assistance Program (EAP) to schedule all incoming interns for a Well-Being Resource Visit. The purpose of the visit was for these interns to learn about the resources available to them to support their well-being during residency, including but not limited to the counseling services available through EAP and other providers. 182 incoming interns were scheduled for a virtual visit with an EAP provider. 33 (18%) opted out. Of the remaining 149, 70 (47%) attended their visits and 79 (53%) were “no shows”.

We conducted a very brief survey of the interns who were scheduled for Well-Being Resource Visits. 56 (30%) of residents responded to the survey. 26 residents who responded to the survey had attended their visits and 92% of them found the visit to be beneficial and the comments are overwhelmingly positive. 30 residents who responded to the survey did not attend their visits for various reasons, not the least of which was scheduling. We will be working with the EAP providers to modify the way we schedule appointment days/times for next academic year in the hopes of increasing participation for those who are interested.

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. Residents receive monthly emails with detailed information regarding the counseling services and incorporated into these emails are tips on how residents may enhance their own well-being on a day-to-day basis. There has been a 2.94% increase in utilization of these counseling services from academic year 2022-2023 to 2023-2024 for a total cost to GME of \$122,746.

2023-2024 Counselors/EAP Counseling	2022-2023 Counselors/EAP Counseling
939 sessions	955 sessions
\$122,746 spent	\$119,239 spent
43.6 average number seen/per month	48 average number seen/per month
HAVEN/Related Costs	HAVEN/Related Costs
\$28,008	\$34,365
12 residents	13 residents

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 has sent anonymous burnout self-assessment surveys to our residents. Using a Burnout Inventory, residents have been provided the opportunity to self-assess their level of burnout twice over the academic year. As residents have completed the anonymous self-assessment, they have been 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 have surveyed our core teaching faculty and program coordinators at those same intervals and provide them with well-being resources available through the faculty affairs website.

Scores for all groups over the start of the survey are shown in Table 10. Average scores for residents and for faculty were stable but for program coordinators they were slightly lower in December of 2023. Use of the Burnout Inventory was retired after the survey in December of 2023 in anticipation of the health system wide implementation of a new tool (the Well-Being Index) in the Spring of 2024.

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	15.1	121	43	11	1	1
June 2022 Incoming Resident/Fellows	14.63	111	48	7		
June 2021 Incoming Resident/Fellows	10.58	87	16	1		
June 2020 Incoming Resident/Fellows	10.78	93	18	1		
June 2019 Incoming Resident/Fellows	12.82	105	34	5		
June 2018 Incoming Resident/Fellows	10.9	118	26	1		
June 2017 Incoming Resident/Fellows	9.8	89	18	1		
December 2023 Resident/Fellows	26.31	31	24	22	9	
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	
October 2018 Resident/Fellows	21.31	104	87	41	7	3
March 2018 Resident/Fellows	20.2	138	81	48	5	2
October 2017 Resident/Fellows	22.26	131	82	56	12	1
December 2023 Faculty	22.76	72	59	27	8	1
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	
October 2018 Faculty	21.22	85	61	27	5	
May 2018 Faculty	24.64	39	25	26	4	
December 2023 Coordinator	20.57	13	10	3	2	
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		

IX: Diversity, Equity, And Inclusion

Strategic Plan

As part of our institutional improvement plan for the 2023-2024 academic year, the GME Office enhanced our efforts in the realm of diversity, equity, and inclusion. An institution GME strategic plan for diversity reflects outcomes, strategies, action steps, and metrics.

This strategic plan focuses 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.

- Established the GME Speaker Series: Addressing Healthcare Disparities
 - “Healthcare Disparities in Gender & Sexual Minorities” (September 15, 2023) Speaker Panel – Dr. S. Brett Sloan, Program Director of Dermatology Residency, Dr. David Shapiro, Assistant Dean of GME, Chief Medical Officer at St. Francis Hospital and Medical Center, Dr. Chandler Ford, PGY-3 Emergency Medicine
 - “Removing the Stigma: Substance Use and Addiction Medicine” (April 19, 2024) Speaker Panel-Zita Lazzarini, JD, Ph.D. UConn School of Medicine, Dr. Lucille Howard, PGY-4 OB/Gyn, Amanda Moore, PA-C Hartford Hospital
- Hosted two virtual recruitment events :
 - Celebrate Diversity Night (August 31, 2023) : Virtual event for prospective applicants to learn more about UConn and its DEI initiatives.
 - Community Building Event (February 1, 2024) : Virtual event was for URiM applicants of residency programs and involved URiM faculty from the core residency programs
- Book Club
- Recruitment Events we attended:
 - Student National Medical Association (SNMA) Conference in Burlington, VT 11/10/23
 - Northeast Regional Latino Student Association (LMSA) Conference 3/1-3/2/24
 - Howard Medical School Residency Fair 3/9/24
 - Annual Medical Education Conference (AMEC) SNMA Conference 3/28-3/30/2024
 - Medical Student Pride Alliance (MSPA) Virtual Conference 4/14
- Updating the DOC Website
- Social Media Plan – Successful implementation of the “Trailblazers Series” Posts with highlights of residents and faculty members involved in DOC, still working on future ideas of Takeovers, Reels – “Why I belong @ UConn”
- Affinity Groups – continue to do outreach and stay connected involve faculty, current residents/fellows and incoming residents/fellows

- Curriculum/Training Opportunities:
 - GME in collaboration with Dr. Trevor Sutton, introduced a two-year extra-curricular learning track available to all trainees. The curriculum utilizes Awareness, Reflection, Empowerment, Action (AREA) learning modules to advance learners through the AAMC continuum of DEI competencies. We currently have 14 learners from ten specialties participating in this opportunity.
 - A Health Disparities curriculum that begins at orientation for all interns as part of our 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 +)

Overall, we continue to make 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.

X: Global Health Program

Our Global Health Program at UConn SOM is run by Dr. Kevin Dieckhaus and Dr. Natalie Moore.

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 such as monthly evening topical presentations including skills building sessions and a “global health careers night.” A formal global health track has continued within the Internal Medicine Residency under the direction of Dr. Susan Levine, beginning with academic year 2023. This track includes 18 trainees in Internal Medicine and Infectious Diseases. 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.

The Global Health Program facilitated and participated in a Medical Immersion service trip to the Dominican Republic in November 2023, including a contingent of UConn faculty, resident physicians, and medical students. After the success of this program, there are active plans to repeat and expand this service and opportunity in November 2024. The ongoing project is in collaboration with UConn Storrs, the Universidad Iberoamerican Medical School in Santo Domingo, Dominican Republic, Fundacion Guanin Dominican Republic, and the Dominican Medical Association of New York City.

The Global Health Program facilitated resources from Graduate Medical Education to support the travel expenses for up to 18 resident learners doing medically related global health experiences during the 2024-2025 academic year.

The global health experience database, found at <https://travelexperiences.uhc.edu/home>, was updated with data from new travel. It summarizes over two decades of travel experiences for medical students, with the recent addition of graduate medical education experiences. Learners may peruse prior experiences to identify resources and contacts for potential future experiences. A global health newsletter, IMMERSIONS, was released in Autumn 2023.

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 Canada, Dominican Republic, Grenada, India, Jamaica, Jordan, Mauritius, the Philippines, Sri Lanka, Turkey, and Uganda during AY 2023-2024, 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.

XI: Patient Safety Initiative

Patient Safety remained a significant focus in GME. 23 Patient Safety Faculty Experts provided education, training and mentorship in patient safety to residents and fellows in 32 of our residency and fellowship programs (Figure 12) at John Dempsey Hospital, Connecticut Children’s and St. Francis Hospital and Medical Center. 216 residents and 64 fellows were educated regarding patient safety and taught how to report and how to analyze safety events using Apparent Cause Analysis (ACA). 200 residents participated in a simulated ACA and 203 participated in an ACA of a real safety event. 40 fellows participated in a simulated ACA and 31 participated in an ACA of a real-time safety event (Figure 13). A total of 80 ACAs were completed by trainees. 49 corrective action plans were implemented as a result of these analyses. 403 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
Orthopaedics
Otolaryngology
Pediatrics
Physical Medicine & Rehabilitation
Primary Care Internal Medicine
Psychiatry
Radiology
Surgery
Urology
Vascular Surgery
Fellowships
Cardiology
Endocrinology
Family Medicine Sports Medicine
Gastroenterology
Hematology and Oncology
Infectious Disease
Neonatology

Pediatric Emergency Medicine
Pediatric Endocrinology
Pediatric Gastroenterology
Pediatric Hematology & Oncology
Pediatric Otolaryngology
Pediatric Surgery
Pulmonary Critical Care

Figure 13

	Total n	Educated (n/%)	Completed a Sim Case (n/%)	Participated in Real ACA (n/%)
Residents				
PGY1s and Residents new to the institution	175	171/98%	157/90%	152/87%
Residents above the PGY 1 level or new to the institution	396	45/11%	43/11%	51/13%
Fellows				
First Year Fellows	25	23/100%	16/64%	16/64%
Upper Year Fellows	43	39/91%	24/56%	15/35%

XII: 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:

- The constant threat in significant cuts in both DGME/IME reimbursement rates
- 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 \$113.4 million dollars in total expense for the academic year ending 06/30/2024. This can be seen in Table 11 broken down by hospital:

Table 11

Site	FTE	Resident Salary Expense	Resident Fringe Benefits (22.12%)	Program Expenses	Central Admin Allocation	IDC (15%)	Total Bill
CCMC	112.41	7,839,812	1,734,166	1,849,861	355,180	1,766,853	13,545,873
Hartford Hospital	248.61	17,407,197	3,850,472	13,002,740	785,562	5,253,974	40,299,944
Hospital of Central CT	56.02	3,825,310	846,158	1,736,346	177,017	987,725	7,572,555
John Dempsey	179.35	12,288,658	2,718,251	10,443,188	565,655	3,905,285	29,921,037
Saint Francis/Trinity	134.61	9,285,798	2,054,019	5,733,523	425,352	2,624,804	20,123,496
Other Sites/Payers	18.51	1,322,599	292,559	264,260	19,405	-	1,898,823
Grand Total	749.51	51,969,374	11,495,625	33,029,917	2,328,170	14,538,641	113,361,729

* 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 06/30/2024, the resident fringe benefit rate was 22.12%.

Table 12

6/28/2023-6/01/2024

Resident Salaries	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
2023 – 2024 Year End	64,441	66,761	70,158	74,028	76,170	78,263	81,067
2023 – 2024 AAMC Northeast mean salary (projected)	68,536	70,994	75,522	79,535	82,183	84,094	86,906
2024 – 2025 Approved Salaries	67,544	70,099	73,666	77,580	79,979	82,176	85,120
2025 – 2026 Approved Salaries	72,272	75,006	78,823	83,011	85,578	87,928	91,078
2026 – 2027 Approved Salaries	76,608	79,506	83,552	87,991	90,712	93,204	96,543

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.

XIII: Institutional Improvement Projects

Follow-up on the 2022 - 2023 action plans:

Based on GMEC’s review of the 2022-2023 Annual Institutional Review, two institutional actions plans were developed. The first action plan was strategic planning around the defined institutional aims. We developed various stakeholder groups with members from both within and external to GME including residents, to engage in strategic planning around these eight 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 health 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.

Each workgroup was presented available data (local, regional, national) related to the specific aim and engaged in a SWOT analysis. From their analysis, each group created two SMART goals for GMEC to consider as a means to help us further achieve our aims.

Our second improvement project based on review of our 2022-2023 institutional data focused on belonging and well being. We have continued to support our resident-forum led affinity groups and have encourage the creation of new affinity groups to meet the resident/fellow interest. We have also launched a new wellbeing self-assessment tool for resident to use to self-assess their level of distress. The launch of the Mayo Clinic’s Resident Well-Being Index was done as part of a larger wellbeing initiative by UConn Health where all faculty and staff will be utilizing the same Mayo Well-Being Index, allowing us to compare results across settings and clinical areas.

Improvement Plans for the Upcoming Academic Year

The 2024-2025 academic year will see the ACGME release a new set of institutional accreditations requirements. Concurrent with the release of these new requirements, the ACGME has notified us that we have been scheduled for our 10-year institutional self-study in preparation for our upcoming 10-year accreditation site visit (2027).

Our action plans for this upcoming year will be to engage a multi-stakeholder group in completing our self-study and to review, strategize around, and implement new procedures or processes to ensure that we remain in compliance with the new ACGME institutional requirements, so that we can continue to demonstrate our substantial compliance with all requirements and maintain our excellent institutional accreditation status.

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 2023 - 2024 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
	Kenneth Robinson, MD, DIO, Hartford Hospital
	David Shapiro, MD, St. Francis Hospital and Medical Center
Clinical Chief	Robert Fuller, MD, Emergency Medicine ('23)
Educational Liaison	Christopher Steele, MD
Director of Graduate Medical Education	Martha Wilkie
Manager of Graduate Medical Education Finance	Melissa Demetro
Capital Area Health Consortium Directors	Michelle Nielson, Michael Tran
Residency Directors (3 yr term)	Robert Nardino, MD, Internal Medicine
	Peter Albertsen, MD, Urology ('26)
	Thomas Lane, MD, Primary Care ('25)
	Shawn London, MD, Emergency Medicine ('24)
	Stewart Mackie, MD, Pediatrics ('25)
	Brian Shames, MD, Surgery ('25)
	Brett Sloan, MD, Dermatology ('26)
Fellowship Directors (3 yr term)	Duffield Ashmead, MD, Hand Surgery ('24)
	Lane Duvall, MD, Cardiology ('25)
	Lauren Geaney, MD, Foot and Ankle ('26)
	Andrea Orsey, MD, Pedi Hem/Onc ('25)
	Andrea Shields MD, Maternal Fetal Medicine ('24)
	Jennifer Trzaski, MD, Neonatology ('26)
GMEC Subcommittee Chairs	Wendy Miller, MD, CLER
	Cynthia Price, MD, Diversity Oversight Committee
	Martha Wilkie, C-TAGME, Program Review
Resident Forum Representatives	Niala Moallem, MD, Internal Medicine
	Nurudeen (Lucky) Osumah, MD, Emergency Medicine
Residency Program Coordinator Representative	Michelle Ambrosio, Orthopaedic Surgery ('24)

Fellowship Program Coordinator Representative

Kara Magley, Surgical Critical Care ('25)

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

Melissa Demetro, GME Finance Manager

Leigh Kowalski, PGY 3, Ob/Gyn

Samantha McPeck, Chief, Internal Medicine

Brenton Nash, PGY 4, Infectious Disease

Ashwin Pillai, PGY 2, Internal Medicine

Albert Zhou, PGY 2, Dermatology

Resident Forum Members	Program	PGY Level
Joanna Ghobrial, DO	Anesthesiology	IV
Lisa Townsend, MD	Anesthesiology	II
Casey Cuccio, DO	Anesthesiology	III
Vaibhav Satija, MBBS	Cardiology JDH	V
Mikhail de Jesus, DO	Cardiology HH	IV
Neelesh Jain, MD	Dermatology	IV
Elnara Muradova, MD	Dermatology	IV
Albert Zhou, MD	Dermatology	II
Nurudeen Osumah, MD (Co-Chair)	Emergency Medicine	I
Minh Nguyen, MD	Gastroenterology	IV
Marleni Milla, MD	Geriatric Psychiatry	IV
Niala Moallem, MD (Co-Chair)	Internal Medicine	III
Shriya Gupta, MBBS	Neurology	IV
Juan Cabrera Pulla, MD	Neurology	IV
Roxana Mir, MD	Obstetrics & Gynecology	III
Amanda Katz, MD	Obstetrics & Gynecology	II
Lisa Tamburini, MD	Orthopedic Surgery	II
Alfonso Caetta, MD	Otolaryngology	II
Erin Mulry, MD	Otolaryngology	IV
Lauren Costigan, MD	Pediatrics	II
Nickolas Mancini, MD	Pediatrics	II
Courtney Stern, DO	Pediatrics	I
Jessica Mary, MD	Primary Care Internal Medicine	II
Martha Dillon, MD	Primary Care Internal Medicine	II
Luis Velez, MD	Psychiatry	II
Richard Zhang, MD	Psychiatry	III
Brian Davis, MD	Psychiatry	III
Sarah Stinson, MD	Psychiatry	II
Garrett Fiscus, DO	Pulmonary Critical Care	V
Courtney Pinto, MD	Physical Medicine & Rehabilitation	II
Racquel Helsing, MD	Radiology	III
Sarah LaPierre, MD	Radiology	IV
Herbert Downton Ramos, MC	Surgery	VI
Malika Wilson, MD	Surgery	II
Kristina Kuklova, MD	Surgery	II
Maya Petashnick, MD	Surgery	III
Ryan Daigle, MD	Urology	II
Tim Hewitt, MD	Urology	V
Phil Olson, MD	Urology	III
Jimmy Nolan, MD	Urology	V
Jeremy Green, MD	Urology	III
Jennifer Lindelof, MD	Urology	IV
Ariana Matz, MD	Urology	III
Dylan Buller, MD	Urology	IV
James Jarrell, MD	Urology	II
Augustyna Gogoj, MD	Urology	V

Diversity Oversight Committee Members:	Title:
Cynthia Price, MD, Chair	Chair, Diversity Oversight Committee, Associate Program Director, Assistant Professor
Jacqueline (Kiki) Nissen, MD	Associate Dean for Graduate Medical Education
Steven Angus, MD	Assistant Dean for Graduate Medical Education, Designated Institutional Official
Stephen Akinfenwa, MD	Resident, PGY3, Primary Care Internal Medicine
Sabrina Bawa, MD	Resident, PGY3, Emergency Medicine
Jessica Cheung, MD	Fellow, PGY7, Reproductive Endocrinology
Jacob Dolins, DO	Resident, PGY2, Emergency Medicine
Ka'La Drayton, MD	Resident, PGY5, Surgery
Chandler Ford, MD	Resident, PGY3, Emergency Medicine
Daniel Grow, MD	Faculty, Reproductive Endocrinology and Infertility
Komal Gulati, MD	Resident, PGY2, Psychiatry
Carter Johnson, MD	Resident, PGY4, OBGYN
Walter Jongbloed, MD	Resident, PGY4, Otolaryngology
Julian Kaufmann, MD	Resident, PGY3, Internal Medicine
Jane Keating, MD	Faculty, Acute Care Surgery
Robert Keder, MD	Faculty, Pediatrics
Johanna Lee, MD	Resident, PGY3, Emergency Medicine
Regina Lopez-Merrill, MD	Resident, PGY2, Emergency Medicine
Srimathi Manickaratnam, MD	Faculty, Nephrology
Minh Thu Nguyen, MD	Fellow, PGY6, Gastroenterology
Nurudeen Lucky Osumah, MD	Resident, PGY3, Emergency Medicine
David Shapiro, MD	Vice Chair of Surgery, Chief of Critical Care and Chief Quality Officer Saint Francis Hospital & Medical Center Associate Professor of Surgery SOM
Brett Sloan, MD	Program Director, Dermatology
Sharon Smith, MD	Faculty, Pediatrics
Tiffany Smith, MD	Resident, PGY2, Internal Medicine
Trevor Sutton, MD	Faculty, Anesthesiology
Mandeep Takhar, MD	Fellow, PGY4, Neonatology
Wan Ying Tan, MBBS	Fellow, PGY4, Hematology & Oncology
Dyanne Tappin, MD	Faculty, Internal Medicine
Clara Weinstock, DO	Faculty, Internal Medicine, Site Director
Malika Wilson, MD	Resident, PGY3, Surgery
Jill Wruble, MD	Faculty, Radiology
Sara Zaytoun, DO	Resident, PGY2, Emergency Medicine
Albert Zhou, MD	Resident, PGY3, Dermatology
Ad Hoc 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
Ken Robinson, MD	Assistant Dean, Hartford Hospital & DIO

Patient Safety Faculty Experts 2023-2024	
Residencies	
Anesthesiology	Joseph Gerace
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
Pediatric EM	Natalie Bezler, MD and Heather Tory, MD
Pediatric Endocrinology	Natalie Bezler, MD and Heather Tory, MD
Pediatric Gastro	Natalie Bezler, MD and Heather Tory, MD
Pediatric Hematology & Oncology	Natalie Bezler, MD and Heather Tory, MD
Pediatric Orthopaedics	Natalie Bezler, MD and Heather Tory, MD
Pediatric Otolaryngology	Natalie Bezler, MD and Heather Tory, MD
Pediatric Pulmonary	Natalie Bezler, MD and Heather Tory, MD
Pediatric 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	1	REI
3. Prog Pers & Resources		
A. Qualifications of Program Director		
B. Responsibilities of Program Director	1	CCS
C. Qualifications of Faculty		
D. Responsibilities of Faculty	1	REI
E. Other Program Personnel	1	CFP
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	1	PDI
G. Educational Program - Procedural Experience		
H. Service to Education Imbalance		
I. Scholarly Activities	1	PDC
J. Supervision	1	PM
K. Learning and Working Environment		
K.1. 80 Hours per week	1	GS
K.2. 1 day in 7 free		
K.3. Minimum Time Off Between Scheduled Duty Periods		
K.4. Maximum Duty Period Length	1	GS
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		
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	5	CCS, OFA, 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	1	OFA
D. Performance on Board Exams		
6. Experimentation and Innovation		
A. RRC Approval for Innovation		

PROGRAM SPECIFIC CITATIONS BY CATEGORY

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.

Continued Non-Compliance: 04/29/2024

The 2020-2023 Multi-year Faculty Survey continues to indicate improvement is needed with respect to fellow involvement in program efforts to recruit and retain diverse fellows. At the time of the site visit, it was noted that the faculty involved in the recruitment process may not have proper education and faculty development about recognizing and mitigating bias in assessment of fellowship applicants. The Field Representative also noted that in the face of potential bias expressed by faculty, individuals did not feel comfortable speaking up in that environment.

3. Prog Pers & Resources

B. Responsibilities of Program Director

[4420821020] Surgical critical care

Citation from meeting date: 1/4/2024

[Program Requirement II.A.4.a).(7)] The Program Director must provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)

Review of the multi-year fellow survey did not demonstrate substantial compliance with the requirement. Specifically, the items "satisfied with the process for dealing confidentially with problems and concerns" and "able to raise concerns without fear of intimidation or retaliation" were non-compliant. The program is advised to investigate these findings with fellows (and faculty) and ensure policies and procedures are in place so that fellows can raise concerns and provide feedback without fear of intimidation or retaliation.

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.

Continued Non-Compliance: 04/29/2024

The 2020-2023 Multi-year Fellow Survey indicates continued 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 that the program has started a twice monthly fellow practice. This is an important advance but does not replace having fellows fully integrated into the patient care of the practice. The program is advised to devise methods to achieve this integration, regardless of whether patient visits are virtual or in person. At the time of the site visit, it was reported that there are several faculty members who are good teachers for fellow level learners. These include Drs. Barsky, Benadiviva, Makhijani and Lynch.

E. Other Program Personnel

[2360822002] Complex family planning

Citation from meeting date: 2/7/2024

Other Program Personnel
II.C.2.a)

The program coordinator must be provided with support equal to a dedicated minimum of 0.3 FTE for administration of the program. (Core)

The information provided to the Review Committee does not demonstrate substantial compliance with the requirement. While the Site Visit Report correctly indicates that the program coordinator has 0.3 FTE to dedicate to the fellowship, it also indicates that the program coordinator is the administrator for four additional fellowships which require 0.8 FTE for a total of 1.1 FTE.

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.

Continued Non-Compliance: 04/29/2024

The 2020-2023 Multi-year Faculty Survey indicates faculty members do not consistently provide fellows with increasing patient care responsibilities appropriate to their training and abilities. The program must determine a process to give fellow-appropriate responsibility for patient care within the practice, regardless of whether patient contact is video visit or in person. The fellow clinic is not a comprehensive solution to this concern. This entity also comes with some significant negative consequences, such as disruption of research and other activities.

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.

Continued Non-Compliance: 01/05/2024

Evidence of improvement lacking. Specifically, while the minimum number for the airway procedure domain for each graduating fellow is 15, the fellow who graduated in the 2022-2023 academic year reported eight such cases. The program reported over the past two years, there have been changes to the requirements for open airway procedures for pediatric otolaryngology fellows. Previously, the demands were five tracheostomies in patients under three and eight open airway procedures. The program historically fulfilled tracheostomy requirements but not open airway procedures due to evolving practices. The recent shift combines both categories, mandating 15 airway procedures. Historical data from academic years 2017–2021 shows the program consistently meeting or exceeding these minimums, offering a conducive training environment. The fellow receives top priority for airway cases, with quarterly monitoring to ensure progress towards the required case numbers. While the Committee accepted the program's response, the citation will remain until a future graduating fellow meets the specified requirement.

F. Educational Program - Patient Care Experience

[3350832013] Pediatric infectious diseases

Citation from meeting date: 4/10/2024

Patient Population

Program Requirement I.D.1.f)

An adequate number and variety of patients with infectious diseases ranging in age from newborn through young adulthood must be available to provide a broad experience for the fellows. (Core)

During the site visit, robust clinical volume with diverse pathology, including rare and unusual cases, in both the inpatient and ambulatory patient population was noted as a program strength and exposure to solid organ transplants, especially kidney transplants, is robust. However, there is minimal exposure to bone marrow transplant patients for the fellow; this is expected to improve when the new patient tower opens with a dedicated bone marrow transplant unit.

I. Scholarly Activities

[3250832001] Pediatric cardiology

Citation from meeting date: 9/11/2023

12 Months of Scholarly Activity for the Fellow(s)

Program Requirement IV.D.3.d).(1)

Fellows must have a minimum of 12 months dedicated to research and scholarly activity, including the development of requisite skills, project completion, and presentation of results to the scholarship oversight committee. (Core)

According to information in the block diagram and the Site Visit Report, one third of the fellowship (13 of 39 blocks) is devoted to research and scholarly activity. However, this outlines that blocks are four weeks, and research blocks are 90% research and 10% outpatient. Four weeks of vacation per year is allowed during ECHO, Research, or Elective. When calculating 90% of 13 blocks, that only comes to 11.7 months without taking vacation into account.

J. Supervision

[3400800001] Physical medicine and rehabilitation

Citation from meeting date: 1/11/2024

Supervision and Accountability/Appropriate Level of Supervision

Program Requirement VI.A.2.a).(2)

The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)

The institutional supervision policy reviewed during the site visit addresses the appropriate levels of supervision; however, a program-specific supervision policy was not available for review.

K. Learning and Working Environment

K.1 80 Hours per week

[4400821390] Surgery

Citation from meeting date: 1/4/2024

[Program Requirement: VI.F.1.] Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Review of the 2023 Resident Survey indicated the item “80-hour week (averaged over a four-week period)” was non-compliant. The program is advised to monitor this item closely and ensure scheduling, as well as program policies and procedures, allow all residents to remain compliant with work hour requirements.

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.4 Maximum Duty Period Length

[4400821390] Surgery

Citation from meeting date: 1/4/2024

[Program Requirement VI.F.3.a)] Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Specifically, 28% of respondents on the 2023 Resident Survey indicated they sometimes, often, or always worked more than 28 consecutive hours. The program is advised to investigate this item and implement an action plan to ensure residents comply with all duty hour requirements.

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.

Continued Non-Compliance: 04/29/2024

The 2020-2023 Multi-year Fellow Survey indicates continued fellow dissatisfaction with the program's process to report unprofessional behavior, process to deal with problems, and fellows' ability to raise concerns without fear. At the time of the site visit, it was reported that fellows perceive a lack of action in response to their concerns. In addition, their concerns have been passed on directly to individuals involved and this has created situations where faculty and/or staff are obviously upset with the fellows for speaking up.

5. Evaluation

A. Evaluation of Residents/Fellows

[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.

[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.

[4420821020] Surgical critical care

Citation from meeting date: 1/4/2024

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)

Review of the multi-year fellow survey did not demonstrate substantial compliance with the requirement. Specifically, the multi-year fellow survey demonstrated 62% of fellows were "satisfied with faculty members' feedback." The Review Committee recommends the program work to ensure robust, timely feedback is provided to fellows upon the completion of each assignment, and that fellows (and faculty) are informed of any programmatic changes made as a result of their feedback (such as an annual meeting to review the results of the annual program evaluation and/or surveys.)

[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.

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.

Continued Non-Compliance: 04/20/2024

This citation was extended based on the information reported in the Accreditation Data System (ADS), which did not demonstrate substantial compliance with the Osteopathic Recognition Requirements. The Committee acknowledged the program's action plan; however, this citation will be extended until the program is able to demonstrate substantial compliance with this recognition requirement.

[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.

SPONSORED PROGRAMS WITHOUT CITATIONS

0400821172 Anesthesiology
0410804001 Adult cardiothoracic anesthesiology
0450804001 Critical care medicine (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
1600800016 Neurological surgery
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
2670826037 Orthopaedic surgery of the spine
2680821006 Orthopaedic sports medicine
2800821025 Otolaryngology - Head and Neck Surgery
3100830001 Forensic pathology
3200821045 Pediatrics
3260821054 Pediatric endocrinology
3270832009 Pediatric hematology/oncology
3290821013 Neonatal-perinatal medicine
3300821007 Pediatric pulmonology
3320813076 Pediatric gastroenterology
3340832002 Pediatric hospital medicine
4000821266 Psychiatry
4050813186 Child and adolescent psychiatry

4070840053	Geriatric psychiatry
4200821225	Radiology-diagnostic
4260842001	Musculoskeletal radiology
4450812053	Pediatric surgery
4500821070	Vascular surgery - independent
4600800001	Thoracic surgery - independent
4800821028	Urology
5200814001	Sleep medicine (multidisciplinary)

CITATIONS FOR RECENTLY WITHDRAWN PROGRAMS (programs withdrawn in the current and previous academic years)

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	Howard Gutstein	Patrycja Luke	40
Dermatology	S. Brett Sloan	Christina Iwanik	11
Emergency Medicine	Shawn London	Laurie Sprague	52
Family Medicine	Kenia Mansilla-Rivera	Stephanie Phillips	21
Internal Medicine	Robert Nardino	Lindsey Ferrara	133
Neurology	Erica Schuyler	Tina Lender	28
Neurological Surgery	Ketan Bulsara	Natasha Judge	4
Ob/Gyn	Amy Johnson	Christine Robertson	40
Orthopaedics	Adam Lindsay	Michelle Ambrosio	26
Otolaryngology	Kouroush Parham	Suzie Kubis	12
Pediatrics	Stewart Mackie	Crista Aresti/Thalia Flores	66
Physical Medicine and Rehabilitation	Subramani Seetharama	Stacey Hines	8
Primary Care	Thomas Lane	Jenn Navarro	53
Psychiatry	Surita Rao	Sue Treviso	26
Radiology	Gary Gong	Lisa Turner	9
Surgery	Eric Girard	Janice Hutchison	37
Urology	Peter Albertsen	Debbie Savino	13
Vascular Surgery	Kwame Amankwah	Melissa Costa	1
Preliminary Year Programs	Program Director	Program Coordinator	FTE
Internal Medicine Prelim	Robert Nardino	Lindsey Ferrara	5
Surgery Prelim	Eric Girard	Janice Hutchison	11
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	2
Surgery Research	Eric Girard	Janice Hutchison	2
Fellowship Programs	Program Director	Coordinator	FTE
Acute Care Surgery	Jonathan Gates	Bree O'Connor	2
Adult Cardiothoracic Anesthesiology	Luke Aldo	Patrycja Luke	2
Advanced Heart Failure & Transplant	Jason Gluck	Andria Jagroo	1
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

Complex Family Planning	Sarah Lindsay	Pam Brancati-Moynihan	0
Emergency Medicine International	Natalie Moore	Jim Gorman	2
Endocrinology	Pooja Luthra	Meghan Delage	4
Epilepsy	Anumeha Sheth	Dominique Angell	0
Family Medicine Sports	Matthew Hall	Regina James	2
Foot & Ankle	Lauren Geaney	Sandy Phelan	1
Forensic Pathology	James Gill	Michelle Carroll	2
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
Headache & Facial Pain	Sandhya Mehla	Jessica Rebucci	2
Hematology/Oncology	Susan Tannenbaum	Kathy Mikulak	6
Infectious Disease	Lisa Chirch	Laura Arciero	6
Maternal Fetal Medicine	Andrea Shields	Pam Brancati-Moynihan	3
Minimally Invasive Gynecological Surgery	Danielle Luciano	Pam Brancati-Moynihan	2
Movement Disorders	Joy Antonelle de Marcaida	Sara Pizzanello	0
Muskuloskeletal Radiology	Daniel Marrero	Lisa Turner	1
Neonatology	Jennifer Trzaski	Vivian Bronson	6
Nephrology	Lalarukh Haider	Nella Field	3
Neuromuscular	Amanda Hernandez-Jones	Sara Pizzanello	0
Neurovascular	Ajay Tunguturi	Rosanne Wright	1
Orthopaedics Sports	Katherine Coyner	Sandy Phelan	1
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	Sunita Sura	Vivian Bronson	2
Pediatric Gastroenterology	Bella Zeisler	Kierstyn Connors	4
Pediatric Hematology/Oncology	Andrea Orsey	Brittany Valentine	3
Pediatric Hospital Medicine	Allison McDermott	Brittany Valentine	0
Pediatric Infectious Disease	Hasan El Chebib	Brittany Valentine	0
Pediatric Orthopaedics	Mark Lee	Kierstyn Connors	0
Pediatric Otolaryngology	Christopher Grindle	Kierstyn Connors	1
Pediatric Pulmonary	Melanie Collins	Allison Williams	0
Pediatric Surgery	Christine Finck	Allison Williams	1
Preventative Cardiology	Antonio Fernandez	Laurie Poulin	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	1
Sports Neurology	Stephanie Alessi-Larosa	Lisa Bonet	0
Surgical Critical Care	John Mah	Bree O'Connor	3
Thoracic Surgery	Dustin Walters	Melissa Costa	0
Vascular Surgery	Parth Shah	Bree O'Connor	3
Total FTE for AY 23-24			737

Attachment E – ACGME Resident Survey

2023-2024 ACGME Resident/Fellow Survey - page 1

Survey taken: February 2024 - April 2024

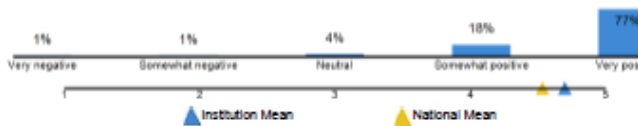
Programs Surveyed 53

080445 University of Connecticut School of Medicine - Aggregated Program Data

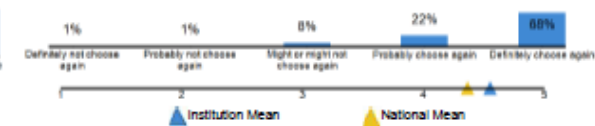
Residents Responded 683 / 705

Response Rate 97%

Residents' overall evaluation of the program



Residents' overall opinion of the program



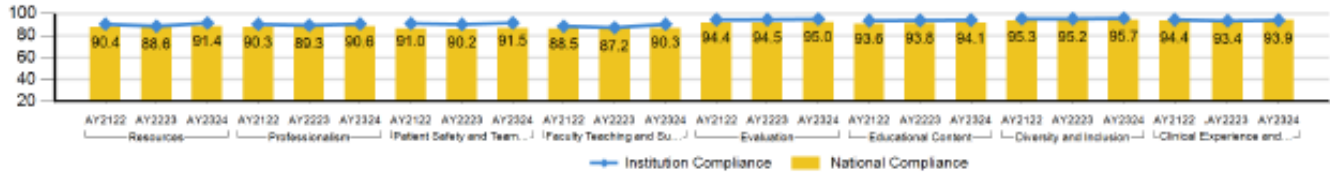
Category	Item	% Institution Compliant	Institution Mean	% National Compliant	National Mean	
Resources	Education compromised by non-physician obligations	95%	4.7	85%	4.5	
	Impact of other learners on education	84%	3.7	89%	3.7	
	Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	86%	4.3	81%	4.1	
	Faculty members discuss cost awareness in patient care decisions	92%	3.8	91%	3.6	
	Time to interact with patients	91%	4.4	89%	4.3	
	Protected time to participate in structured learning activities	92%	4.5	87%	4.4	
	Able to attend personal appointments	95%	4.8	92%	4.7	
	Able to access confidential mental health counseling or treatment	100%	5.0	95%	4.8	
	Satisfied with safety and health conditions	89%	4.5	96%	4.4	
Professionalism	Residents/fellows encouraged to feel comfortable calling supervisor with questions	88%	4.5	88%	4.5	
	Faculty members act professionally when teaching	95%	4.6	92%	4.5	
	Faculty members act professionally when providing care	98%	4.8	96%	4.7	
	Process in place for confidential reporting of unprofessional behavior	94%	4.7	90%	4.6	
	Able to raise concerns without fear of intimidation or retaliation	82%	4.3	80%	4.2	
	Satisfied with process for dealing confidentially with problems and concerns	81%	4.2	76%	4.1	
	Personally experienced abuse, harassment, mistreatment, discrimination, or coercion	94%	4.7	94%	4.7	
	Witnessed abuse, harassment, mistreatment, discrimination, or coercion	94%	4.7	93%	4.7	
Patient Safety and Teamwork	Information not lost during shift changes, patient transfers, or the hand-off process	87%	4.2	84%	4.2	
	Culture reinforces personal responsibility for patient safety	93%	4.5	89%	4.4	
	Know how to report patient safety events	97%	4.9	97%	4.9	
	Interprofessional teamwork skills modeled or taught	86%	4.4	80%	4.2	
	Participate in safety event investigation and analysis	94%	4.8	80%	4.2	
	Process to transition patient care and clinical duties when fatigued	92%	4.7	90%	4.6	
Faculty Teaching and Supervision	Faculty members interested in education	91%	4.5	85%	4.3	
	Faculty effectively creates environment of inquiry	89%	4.5	84%	4.3	
	Appropriate level of supervision	92%	4.7	92%	4.7	
	Appropriate amount of teaching in all clinical and didactic activities	86%	4.5	82%	4.5	
	Quality of teaching received in all clinical and didactic activities	99%	4.4	97%	4.3	
	Extent to which increasing clinical responsibility granted, based on resident/fellow's training and ability	86%	4.3	82%	4.2	
Evaluation	Access to performance evaluations	100%	5.0	99%	5.0	
	Opportunity to confidentially evaluate faculty members at least annually	99%	5.0	98%	4.9	
	Opportunity to confidentially evaluate program at least annually	97%	4.9	96%	4.8	
	Satisfied with faculty members' feedback	84%	4.3	76%	4.1	
Educational Content	Instruction on minimizing effects of sleep deprivation	89%	4.6	86%	4.5	
	Instruction on maintaining physical and emotional well-being	96%	4.9	94%	4.8	
	Instruction on scientific inquiry principles	96%	4.8	94%	4.8	
	Education in assessing patient goals e.g. end of life care	98%	4.9	96%	4.8	
	Opportunities to participate in scholarly activities	95%	4.8	94%	4.8	
	Taught about health care disparities	90%	4.0	86%	3.8	
	<u>Program instruction in how to recognize the symptoms of and when to seek care regarding:</u>					
	Fatigue and sleep deprivation	94%				
	Depression	94%				
	Burnout	96%				
Diversity and Inclusion	Preparation for interaction with diverse individuals	97%	4.5	95%	4.3	
	Program fosters inclusive work environment	97%	4.6	97%	4.5	
	Engagement in program's diverse resident/fellow recruitment/retention efforts	93%	4.3	91%	4.1	

Clinical Experience and Education

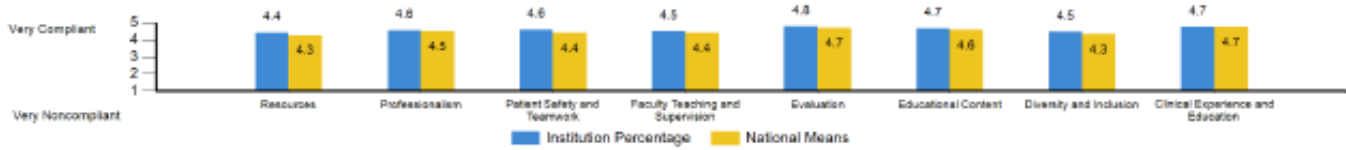
80-hour week (averaged over a four-week period)
 Four or more days free in 28 day period
 Taken in-hospital call more than every third night
 Less than 14 hours free after 24 hours of work
 More than 28 consecutive hours work
 Additional responsibilities after 24 consecutive hours of work
 Adequately manage patient care within 80 hours
 Pressured to work more than 80 hours

	% Institution Compliant	Institution Mean	% National Compliant	National Mean
80-hour week (averaged over a four-week period)	93%	4.7	92%	4.6
Four or more days free in 28 day period	84%	4.4	84%	4.4
Taken in-hospital call more than every third night	96%	4.9	98%	4.9
Less than 14 hours free after 24 hours of work	95%	4.8	95%	4.8
More than 28 consecutive hours work	97%	4.8	97%	4.8
Additional responsibilities after 24 consecutive hours of work	97%	4.8	97%	4.8
Adequately manage patient care within 80 hours	91%	4.6	91%	4.6
Pressured to work more than 80 hours	98%	4.9	98%	4.9

Total Percentage of Compliance by Category



Institution Percentage at-a-glance

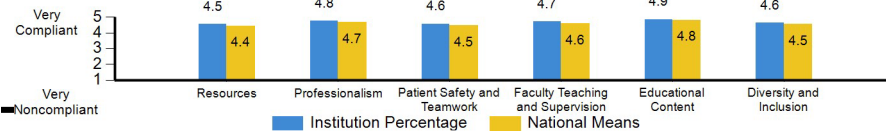


Attachment F – ACGME Faculty Survey

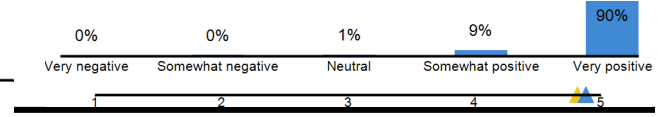
Survey taken: February 2024 - April 2024

Programs Surveyed 53
 Faculty Responded 501 / 519
 Response Rate 97%

Institution Percentage at-a-glance



Faculty's overall evaluation of the program



Resources

Satisfied with professional development and education 99%
 Workload exceeded residents'/fellows' available time for work 94%

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

Education 96%
 Quality improvement and patient safety 92%
 Fostering your own well-being 90%

Fostering resident/fellow well-being 94%
 Practice-based learning and improvement 97%

Contributing to an inclusive clinical learning environment 97%

% Institution Compliant	Institution Mean	% National Compliant	National Mean
-------------------------	------------------	----------------------	---------------

99%	4.6	97%	4.5
94%	4.5	90%	4.4

96%	4.6	94%	4.5
92%	4.5	90%	4.4

96%	4.6	94%	4.5
92%	4.5	90%	4.4

Professionalism

Faculty members act unprofessionally 96%
 Residents/fellows comfortable calling supervisors with questions 99%
 Process for confidential reporting of unprofessional behavior 99%
 Satisfied with process to deal confidentially with problems and concerns 97%
 Personally experienced abuse, harassment, mistreatment, discrimination, or coercion 97%
 Witnessed abuse, harassment, mistreatment, discrimination, or coercion 97%

% Institution Compliant	Institution Mean	% National Compliant	National Mean
-------------------------	------------------	----------------------	---------------

96%	4.6	94%	4.5
99%	4.8	96%	4.7
99%	5.0	99%	5.0
97%	4.7	94%	4.6
97%	4.9	97%	4.8
97%	4.8	97%	4.8

Patient Safety and Teamwork

Information not lost during shift changes, patient transfers, or the hand-off process 93%
 Effective teamwork in patient care 98%
 Interprofessional teamwork skills modeled or taught 96%
 Effectively emphasizes culture of patient safety 98%
 Residents/fellows participate in clinical patient safety investigation and analysis of safety events 95%
 Know how to report patient safety events 99%
 Process to transition patient care and clinical duties when residents/fellows fatigued 92%

% Institution Compliant	Institution Mean	% National Compliant	National Mean
-------------------------	------------------	----------------------	---------------

93%	4.4	90%	4.3
98%	4.7	96%	4.7
96%	4.7	92%	4.6
98%	4.8	96%	4.7
95%	4.8	93%	4.7
99%	5.0	99%	4.9
92%	4.6	91%	4.5

Faculty Teaching and Supervision

Sufficient time to supervise residents/fellows 96%
 Faculty members committed to educating residents/fellows 99%
 Program director effectiveness 97%
 Faculty members satisfied with process for evaluation as educators 91%

% Institution Compliant	Institution Mean	% National Compliant	National Mean
-------------------------	------------------	----------------------	---------------

96%	4.7	95%	4.6
99%	4.9	97%	4.8
97%	4.8	94%	4.7
91%	4.5	85%	4.3

Educational Content

Residents/fellows instructed in cost-effectiveness 97%
 Residents/fellows prepared for unsupervised practice 98%
 Learning environment conducive to education 97%

% Institution Compliant	Institution Mean	% National Compliant	National Mean
-------------------------	------------------	----------------------	---------------

97%	4.9	94%	4.8
98%	4.9	97%	4.8
97%	4.9	97%	4.8

Diversity and Inclusion

Program fosters inclusive work environment (with respect to race, ethnicity, gender, sexual orientation, ability, or religion) 99%
 Engaged by program in efforts to recruit diverse residents/fellows 97%
 Engaged by program in efforts to retain diverse residents/fellows 96%

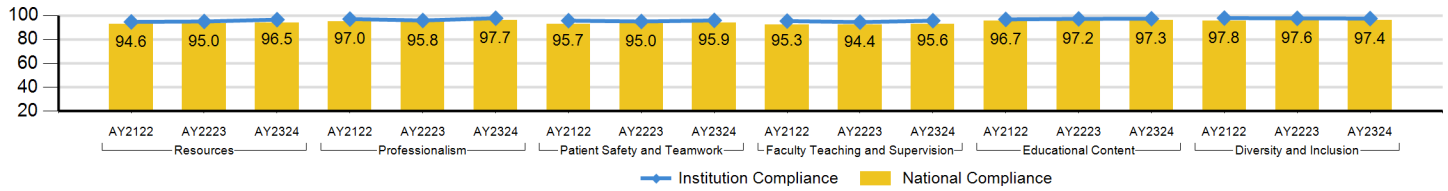
% Institution Compliant	Institution Mean	% National Compliant	National Mean
-------------------------	------------------	----------------------	---------------

99%	4.8	99%	4.7
97%	4.6	95%	4.5
96%	4.5	94%	4.4

Participated in efforts to recruit diverse: % Frequency**
 Pre-residency learners, including medical students* 75%

Faculty members* 88%
 Other GME staff* 68%

Total Percentage of Compliance by Category



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** 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.

This report is confidential and not for further distribution. Do not publish or share these results outside of your Sponsoring Institution.

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

SECTION I: Program Reviewed: **Anesthesiology**

Report Date: 6/10/2024

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: **Dr.Howard Gutstein**

Program Coordinator Name: **Pattie Luke & Kendrick Mercedes**

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. Adrienne Bentman	Psychiatry HH PD
	Dr. Cynthia Price	Emergency Medicine APD
Upper level resident from another program if needed – or N/A		
Administrator from GME Division	Julia Washburn	APA II
Other		

Interviewees: (list)

<u>Name</u>	<u>Title</u>
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Anesthesia PGY 2 = 9 in attendance	
Anesthesia PGY 3 = 7 in attendance	
Anesthesia PGY 4 = 6 in attendance	

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

General Comments –

There were a large number of residents present; many participated. They seemed a mature group.

Impact on other learners on education

- Anesthesia residents & CRNA students compete for the same cases, which can cause some friction between the residents & CRNA students.
- State that attendings like to trade off the big cases between both CRNA & Residents
 - Residents believe they should always get big cases over the CRNA
 - Residents state that if they are proficient in a certain skill/ big case, they could be passed on the case and in turn given to CRNA; which they do not agree with this because the CRNAs will not be doing cases such as this.
 - If a CRNA gets a large case in place of the resident- practice will ask resident to sit in room to give breaks for attendings. Since patient volume has gone up, this is happening more often.

Able to raise concerns without fear of intimidation or retaliation

- Asked residents – “Are you able to talk to your PD/chief” Unanimously stated – YES
- Asked residents – “Is there a process within your program for dealing with concerns and issues” Unanimously states – YES
 - They feel very comfortable with PD & chiefs and they have been very receptive to feedback.
- Residents stated that this question may have scored lower because of the rapport with the attendings at private practice. They do not approach the attendings as freely due to not wanting to come off as ‘complaining or gossiping’. Also, those residents desiring to remain in the Hartford area want to keep their job options open.

Satisfied with process for dealing confidentially with problems and concerns

- Stated that the PD met with each PGY class individually for concerns/ issues they see within the program which they appreciated
- Dr. Gutstein has already gone to private practices and asked them to give action plans for specific changes at the sites. Stated that Dr. Gutstein is representing entire program in confidential way.

Interprofessional teamwork skills modeled or taught

- Residents stated that they mostly work alone and that this question may have been misinterpreted
- No coaching was given this year prior to taking the survey. The residents asked for coaching next year prior to survey

- Example: At one practice, XYZ plan of care should occur with specific patient case, and at another practice, how to treat case XYZ is different. PGY3-4's are more confident in their knowledge to discuss cases with attendings and changes to care plan.

Faculty members interested in education

- Resident stated they felt fortunate to have dedicated and knowledgeable faculty members who are involved in education and learning environment.
- Asked residents – “Are site directors at each of the sites are effective in learning?” Unanimously answered – YES
- Every attending they work with are Private Practice physicians with the exception of Dr. Gutstein.

Faculty effectively creates environment of inquiry

- Feel they are getting a great education, and they are by and large fortunate for their educational experience.
- Residents do not feel they are below national average in regard to some of these questions/ means are showing on the survey.

Extent to which increasing clinical responsibility granted, based on resident/ fellow training and ability

- A lot of the residents seem surprised by the lower scores/ lower than national average.

New Topics For Discussion

- Change in Quality of learning/ Feedback from Attendings in regard to Didactics
 - The PGY 3's & PGY 4's stated that a few years back they were held to very high standards in regard to didactics topics and were given work to prepare prior to the lecture which is currently not being practiced
 - Stated that faculty that were responsible for these high didactic standards have retired
 - The disorganization of didactics has been noted by the residents, from faculty attendings not attending the lectures to high yield topics not being discussed like in year's past.
 - Residents state some have given a didactic lecture with NO attending faculty present, so no feedback was given and felt affected their learning
 - Residents state that they will take accountability for not preparing for didactics as in year's past. Since they are not being held to as high of standards, they collectively feel they do not prepare as much.

Section IV:

SR Team Recommendations to Program Review Subcommittee:

1. Follow-up plan regarding CRNA case assignment and the ways in which it limits resident learning
2. Follow-up regarding “what giving attending breaks” means – residents not assigned to a case initially should not be asked to step in to cover to give someone else a break (service versus education, also raises concerns for supervision)
3. Need PD develop a plan collaboratively with core faculty and residents about how to best achieve goal of didactics; need to track board pass rate and scores on other exams to determine if changes made to didactic curriculum are having a negative or positive impact.
4. The PD will continue to meet monthly with Dr. Angus and continue to report on success of action plans from his meetings with the residents and based on the recommendations of this special review.

1. Response(s) accepted with

- a. **Monitoring at 3 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: Approved

Date: 8/6/24

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

SECTION I: Program Reviewed: Cardiology HH

Report Date: 10/19/23

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: William Duvall, MD

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
Faculty Reviewer	Dr. Christopher Steele	Educational Liaison
Upper level resident from another program if needed – or N/A		
Administrator from GME Division		
Other		

Interviewees:

<u>Name</u>	<u>Title</u>
Cardiology HH Fellows (15)	

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

Summary: The fellows had nothing but positive remarks to say about the program and its leadership. All the fellows strongly expressed the program took all concerns very seriously and they are very happy with their training

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%**

- **Summary Prior Review:** In prior review, some fellows were apprehensive to report issues due to the small class number and fear that the feedback would directly come to those they recently worked with. In general, there are no concerns of retaliation, except from a few fellows and felt it contributes to their burnout. Some reported that support from the faculty was limited. 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 or working with private cardiologists. There was also a concern that female fellows work harder than their male counterparts and that there is perceived gender bias.
- **Current Review:** Fellows mention that there was a misconception prior on how quickly attending physicians received feedback. Now that it has been clarified, no fellow expressed concerns of reporting issues. There were no issues raised this academic year.
- None of the 15 fellows expressed concerns of retaliation and if anything, feel the faculty put an exerted effort to support each fellow. All the fellows expressed extreme pleasure in their program director and their leadership.
- All the female fellows feel their program supports them and does not promote gender bias. If anything, they feel the program is proactive at preventing any potential issues. For instance, an attending made a sexist comment towards a female fellow and the program leadership addressed it immediately. That fellow stated she did not even realize the comment was said and was impressed with how quickly and seriously they took it. The only non-favorable comments made towards women have been micro aggressions from staff, but that too is reported to be infrequent. There are no other perceived biases based on race, ethnicity, age, gender or sexual orientation by all fellows.

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%)**

- **Summary Prior Review:** One main concern was the timing of attending rounds for the night fellow. Some attendings come in as late as 10 AM, 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. 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.

- They also expressed that their didactics are often cancelled (30-40% estimated.. The biggest problem was perceived to be echocardiogram didactics. 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. 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. Fellows indicated they have a lot of opportunity for research and a great culture of inquiry.
- **Current Review:** The fellows never break the 28-hour duty hour rule. Fellowship leadership has addressed coming in late with faculty. They report only one attending is still coming in late, however, this person rounds over the phone so the fellows can still leave on time.
- They also made a concerted effort to highlight the fellowship has hired additional echocardiogram faculty where there is always someone present for teaching. If anything, the teaching is contagious and they feel it is one of the best sections taught.
- The fellows state the didactics quality has vastly improved and the senior leadership is jealous of the interns for the noticeable improved quality. All interns will get the Mayo Clinic lectures once the new material is available. Lectures are now booked out 2-months + in advance and if anything, they have to turn faculty down for lectures. No lectures have been cancelled for this academic year and no fellow expresses concerns with making lectures.

Evaluation

Satisfied with faculty members' feedback (73%)

- **Summary Prior Review:** 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.
- **Current Review:** These comments were addressed above and the fellows report no active issues with providing or receiving feedback.

Patient Safety and Teamwork

Culture reinforces personal responsibility for patient safety (73%)

Interprofessional teamwork skills modeled or taught (67%)

- **Current Review:** The prior report did not discuss these topics. During this review, each fellow states they receive an extensive patient safety curriculum and feel their experience with interprofessional teams is excellent.

Educational Content

Instruction on minimizing effects of sleep deprivation (73%)

Instruction on scientific inquiry principles (73%)

- **Current Review:** This also was not discussed last visit but they state that neither of these are issues for the current fellows.

Section IV:

SR Team Recommendations to Program Review Subcommittee:

All recommendations have been addressed with adequate evidence provided by the fellows or by the program leadership. The fellows wanted to express that the concerns from the prior review reflect opinions that have since graduated who were uniquely impacted by the COVID-19 pandemic. They themselves do not share these opinions and express nothing but satisfaction with their training and their leadership.

1. Response(s) accepted with

- Monitoring with next resident survey to make sure all changes have been sustained.**
- No monitoring/follow-up needed**
- Other (please describe)**

2. Response not accepted due to: (describe)

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

GMEC Action: Approved

Date: 12/5/23

**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 Ferrara

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
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%)
 - 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 reinforce 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)

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

Report Date: 06/04/2024

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: Dr. Immad Sadiq

Program Coordinator Name: Andria Jaggroo

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: 06/04/2024

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 the 21-22 fellow survey. The 22-23 fellows and the 23-24 fellows are satisfied with their training program and do not have the same concerns as the prior group.

All three fellows are happy with their training, have no major issues and would choose their program again.

For background, the interventional cardiology fellowship is only one year. The follow report will highlight the prior interview responses as the 22-23 fellows and the current interviewed fellows as the 23-24 fellows.

Radiation Badges:

- **22-23:** All three fellows confirmed their badges are reviewed for radiation levels at the first week of the month.
- **23-24:** All three fellows confirmed their badges are also reviewed for radiation levels monthly.
-

Poor Fellow Evaluations:

- **22-23:** 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.
- **23-24:** All three fellows state that evaluations are excellent. They note one of the strengths of the program is the large sample size of attendings (15 total) and find that feedback improves depending on how long they work with them.

Scholarly Activity:

- **22-23:** The fellows report having at least two if not more national abstracts and a few pending publications. They report no issues with scholarly activity.
- **23-24:** The fellows state that research is self-driven and available to all. Those who choose to make it a career interest have ample opportunity to do so.

Evaluations:

- **22-23:** The 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.
- **23-24:** The agreed with the previous cohort and feel feedback is excellent and that most importantly, they receive excellent technical feedback as this is a procedural fellowship.

Wellness (PIP):

- **22-23:** All fellows state that the program provides both wellness event and teaching related to this PIP. The faculty are extremely receptive and supportive of their wellness.
- **23-24:** All three fellows state the program focuses on wellness and there are multiple events throughout the year that promote wellness. They also mention Dr. Sadiq personally reaches out to each fellow if there is an adverse event to both process the event and be a sounding board for ways to better approach challenging cases like that in the future.

New Concerns:

1. **LED for procedures:** All fellows wear LED for the procedures. The institution provides 4 LED vests, which are all the same size. One interventional fellow is a female, and she is concerned her breasts are more exposed as the LED they provide does not fit her well. Though female interventional fellows are rare, although half the cardiology fellows at HH are female and it may benefit for better fitted LED. They also all brought up fellows' bodies are all different and ideal fits for the LED are important to minimize radiation exposure. They as a group want to explore ways to improve LED vest fittings for future fellows in the program.

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 ____ 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: Approved

Date: 8/6/24

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

SECTION I: Program Reviewed: NEUROLOGY

Report Date: June 27, 2024

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. XError! Bookmark not defined. 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
Faculty	Christopher Steele, MD	GME Liaison to Affiliated Sites
	Edwin Zalneraitis, MD	Professor Emeritus
Upper level resident from another program if needed – or N/A	Albert Zhou, MD, PhD, PGY2 - DERM Leigh Kowalski, MD, PGY3 - OBGYN	Resident Physician Resident Physician

Interviewees: (list)

<u>Name</u>	<u>Title</u>
Neurology Residents (24/27) residents attended	

SECTION III:

Summary:

Dr. Zalneraitis, Dr. Steele, Dr. Zhou and Dr. Kowalski met with the neurology residents on Tuesday, June 25th, 2024. The residents agreed that the survey reflected their true opinion of the program and their experiences at both UConn and

Hartford Hospital. The ratings in the survey continue to show the program is below the national average overall and for many elements addressed. The work burden-education balance still needs to be addressed. Around half of the residents are still not satisfied with the effectiveness of the processes for addressing their concerns. The residents uniformly felt that coverage at night for both healthcare systems is too much and at times, creates safety concerns. They would also like greater attention to the pursuit of inquiry in evidence-based care. The residents request more constructive feedback and ask that systematic approaches to issues be undertaken, and that they not be “blamed” in front of their colleagues.

Though there have been some improvements since the last visit such as the call rooms at UConn and the Apparent Cause Analysis, other issues are the same or have gotten worse. The overall theme of the visit is that clinical volume seen at both UConn and Hartford through various services/clinics leads to a diminished experience with respect to education, a culture of safety, with blame happening instead of systems improvement.

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

1. Resources

Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care (63%)

Impact of other learners on education (71%)

Satisfied with safety and health conditions (67%)

Balance Education and Patient Care/Safety

- **Prior Visit:** Volume at Hartford Hospital and UConn Health has grown significantly over the last few years, with residents expressing high volume impacting their educational experience and reduces their ability to think about patients. There was discussion that the residents would like to create a system to refuse consultations that do not need emergent evaluation in the ER and/or inpatient setting.
- **Current Visit:** Patient volumes remain high given the current number of residents covering each service and a lack of recruitment of alternative providers who can help provide coverage. At Hartford Hospital, the residents state that the solution to correct for service issues is to add more responsibilities to the residents. The residents provided an example that their leadership now has a point resident triage all EEG questions, including non-clinical concerns (e.g. a lead falling off) that would be best addressed by the primary neurological service and/or staff that typically handles these issues.
- The residents also expressed that night coverage at UConn is much busier as volume has increased significantly. They state that dedicated coverage at night would help greatly.
- At Hartford Hospital, the residents said there are many transfers approved by attendings but not appropriately communicated to covering residents, which leads to potential safety concerns. One example provided is the residents is that patients are accepted for services that the hospital may not have bandwidth to address such as continuous EEG.

Hartford Hospital Night Float Shift

- After-hours volume of patients and care demands remain particularly challenging at Hartford Hospital. All residents continue to feel they are stretched entirely too thin at night, being pulled into many different directions with multiple stroke codes, admission, transfers, and new consults. Average patient loads are ~35 patients on the neurology service, 4 new admissions, and 8-10 new consults. ICU is an ‘open-ICU’ in which neurology may remain the primary team. Furthermore, residents feel that given the intense workload and acuity of certain patients, mistakes are more likely to occur. When this happens, there is significant ‘finger-pointing’ and blame, rather than a systems-improvement

approach. Residents feel that the EMR is satisfactory and does not impede workflow. Sign-out happens ~7a, residents do not feel like they must stay longer than needed. Shifts are from 8p-8a.

- Outside hospitals occasionally call the resident on call if an attending neurologist patient shows up at a surrounding ER to make critical decisions about their care. The residents report this practice is improving and the attending on record is being called instead of the resident for advice.
- Reportedly, hospital administration has not been able to fill an open position and hire a non-physician clinician (PA, NP) to alleviate the workload. Locums and moonlighting are potential solutions that have not been tried or have been tried unsuccessfully.
- There are similar and mounting after-hours demands at UConn Health where the residents are called often from home call and at times, need to come in from home. The residents feel the volume at UConn Health has increased significantly to the point where they feel someone needs to be physically present.

Ambulatory Care:

- Residents do not feel the outpatient longitudinal schedules are well-organized at UConn. They are scheduled for these continuity experiences for one-half day each week, and residents are seeing ~5 'new-to-them' patients without appropriate follow-up available. Each resident has their own medical assistant.
- They are not satisfied by the clinic triaging. For example, patients are being placed as "know to residents" even if they were only seen years ago by a different resident" or being sent to their clinic for a complaint that has been seen by a neurologist outside of UConn recently.
- Residents find the patients they are scheduled to see are the same diagnoses, such as headache, functional neurologic disorders, without the opportunity to see a more diverse patient caseload.

2. Professionalism

Residents/fellows encouraged to feel comfortable calling supervisor with questions (71%)

Able to raise concerns without fear of intimidation or retaliation (58%)

Satisfied with process for dealing confidentially with problems and concerns (54%)

- **Prior Visit:** 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.
- **Current Visit:** Residents voice similar concerns, feeling that many attendings remain somewhat malignant and toxic and are not receptive to feedback. Attendings are felt to be highly critical and place significant blame on residents, who are struggling with the current workload, and lack understanding or appreciation of the clinical pressures. A specific example was given that the Morbidity and Mortality conferences are very focused on finger pointing and placing the blame on the resident involved.

3. Patient Safety and Teamwork

Culture reinforces personal responsibility for patient safety (67%)

Interprofessional teamwork skills modeled or taught (71%)

- **Current Visit:** The residents identified concrete examples were patient workload compromises safety. The first examples are the stroke code team at Hartford Hospital. Residents overnight are the only ones responsible for going to stroke codes. There have been multiple stroke codes called at the same time and there is not a second provider as backup to attend multiple codes going on at the same time. In addition, the way stroke codes are called at Hartford Hospital, the residents are unable to triage which to prioritize. This has led to documented safety events due to this system.

- The second example is they have an open ICU system where the resident overnight is responsible for covering these sick patients but also, responsible for admissions and consultation. The residents feel overwhelmed taking care of these extremely complicated patients overnight with their additional responsibilities.

4. Faculty Teaching and Supervision

Faculty effectively creates environment of inquiry (58%)

Appropriate amount of teaching in all clinical and didactic activities (71%)

Faculty Teaching and Supervision

- **Prior Visit:** The residents commented that it is hard to receive 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.
- **Current Visit:** Residents voiced complaints that since patient volumes remain high, this cuts into educational time. Furthermore, residents feel many attendings do not adequately explain their medical decision-making during rounds or in the ambulatory setting and would appreciate a more evidence-based approach to teaching.
- Another issue raised during the review is getting attendings to staff consultations at Hartford Hospital. Currently, residents see consultations and are expected to staff with an attending covering a specific service or type of neurological condition. If the attending feels the question can be better answered by another neurologist, they will recommend someone else to staff the consultation. This frequently leads the resident to call multiple attendings before one accepts handling it. The residents express that this system leads to confusion, and lost time for an already busy service.
- The residents also expressed that expectations for calling attendings overnight vary considerably making it a challenge when they should reach out.

5. Evaluation

Satisfied with faculty members' feedback (58%)

- Addressed above in other sections.

Section IV:

SR Team Recommendations to Program Review Subcommittee:

The Program Review Subcommittee recommends that the neurology program be placed on academic probation. In addition, the committee recommends the following within a 90-day period.

- The program director will be responsible for an action plan addressing each of the concerns raised by the special review.
- The program director will provide volumes at UConn Health for night calls, including how often residents are called in and skip their next day rotation over a set time.
- The program director will document patient volumes seen at Hartford Hospital with respect to admissions, inpatient service size, and consultations (new and continued). These should be separated into night and day shifts.
- A meeting with the neurology program director Dr. Erica Schuyler, Hartford Hospital Leadership including the Chair of Neurology and the Assistant Dean Dr. Kenneth Robinson should be held to address the resources needed to address the issues raised.

- A progress report will be provided and reviewed after the initial 90 days after this report, and future measures will be considered.
1. **Response(s) accepted with recommendations for:**
 2. **Response not accepted due to: (describe)**
 3. **Action Recommended by Program Review Subcommittee to GMEC (describe)**

GMEC Action: Approved internal probation

Date: 8/6/24

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

SECTION I:

Program Reviewed: Pediatric Residency

Report Date:

Follow-up meeting: 10/3/2023

Current Accreditation Status and Effective Date: Continued Accreditation

Program Director Name: Dr. Stewart Mackie

Program Coordinator Name: Thalia Flores

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)**

Mandatory follow-up review with all Pediatric PG-II, PG-III, & Chief Residents regarding previous poor resident survey results

SECTION II:

Date of Special Review: 10/3/2023 – 3 month follow-up to original review on 6/9/23

We followed our GMEC process for Special Review: Yes No

Special Review Team	Name	Title
	Dr. Wendy Miller	Assistant DIO
	Dr. Robert Nardino	Program Director, Internal Medicine
	Dr. Christopher Steele	GME Educational Liaison
Upper level resident from another program	Dr. Olivia Brooks	PGY-3 Internal Medicine
	Dr. Garrett Fiscus	PGY-5 Pulmonary Critical Care
Administrator from GME Division	Carolyn Freer	Administrative Program Coordinator
	Bethany Steinway	Administrative Program Coordinator

Attendees: (list)

Residents

PGY-1 – 15 residents

PGY-2 - 13 residents

PGY-3 – 8 residents

Faculty:

n/a – Meeting was held for Residents Only

SECTION III:

Concerns from Special Review list underlined below with background of the issues and Resident update of ongoing improvement to address the concerns.

Appropriate balance between education and patient care

Background: Residents say patient care far outweighs the focus on education, there isn't a patient cap.

Resident Update: Patient caps have just recently been established for interns, senior residents, and sub-interns. The cap for interns of 8 patients with 2 more added throughout the day. The hospital leadership came to these figures by modelling their caps to other institutions. When the whole team is capped, attendings and APPs will take the additional patients. The weekends are still difficult and have not been completely figured out yet, there can still be up to 30 patients per floor for the housestaff team to care for. Each subspecialty service takes responsibility for writing 5 notes. The residents say the lessened load of notetaking does help, but they are still responsible for other aspects of patient care.

Protected time to participate in structured learning activities

Background: Residents say their protected time is interrupted, they receive text messages while they are in didactics and they are constantly being activated in the Jeopardy system which is pulling them away from their electives.

Resident Update: While it seems that protected time for didactics has greatly improved, nurses still do occasionally text interns for non-urgent issues. This is particularly an issue during sign-in and sign-out but also occurs during their education time. Nursing are actively writing down resident lecture times to reduce paging. There is also an active interdisciplinary committee working to improve this. Residents report that attending coverage of pages during didactics is better, but some attendings have not been trained to enter orders in EPIC.

Some lectures have moved back to in person, but others remain via Zoom. Residents prefer in person, case-based lectures. The last block of their intern year they were supposed to have a rising PL-2 lecture period but it was not protected time so many interns didn't make it off the floor to go to those lectures.

Satisfied with safety and health conditions

Background: Residents expressed serious concern for patient safety due to the overload of patients they are assigned, sometimes upwards of 30 patients per resident on the weekends.

Resident Update: As mentioned above, they get some support at least for the documentation, although they are still responsible for providing care for all the patients especially on weekends when there is no cap. Regarding the issue of sub-interns being considered the same as an intern, Sub-I's now have a buddy on night floor shifts. It has alleviated some of the concerns about excessive responsibility for the supervising resident.

There were two other instances described by the group that contribute to the safety with respect to patient coverage. Starting October 1st, residents from outside programs (e.g. family medicine) are responsible for covering their resident call outs. These programs are still not responsible for covering weekends and nights.

Satisfied with process for dealing confidentially with problems and concerns

Background: 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.

Resident Update: The residents feel comfortable going to Dr. Mackie with concerns. The residents still do not feel part of CCMC and feel disconnected to hospital leadership.

Appropriate amount of teaching in all clinical and didactic activities

Background: Interns say teaching on rounds from the attendings happens only 10% of the time in their estimate mostly due to the number of patients, lack of conference room space due to construction on the new hospital tower has also impacted lectures, most lectures are still being held over Zoom.

Resident Update: The opinion seems to vary by class year. The seniors report that all lectures are in person and the quality has greatly improved. They also note that protected time has greatly improved as well. The interns indicated there is still no conference room or educational space for lectures during the week. They have the Conklin Auditorium for 2 hours of Friday didactics. There is a room on H4 that is being used for conferences (i.e. noon conference) but the acoustics make it difficult to hear and not everyone can fit in the room. Some conferences seem to still have a virtual option, but one intern expressed that they were not allowed to attend virtually while others were. Making it to grand rounds is difficult to impossible while on inpatient service as it occurs at 8 am. Interns were unclear on how many grand rounds they needed to attend. They mentioned they attended an Intern lecture series at the start of the academic year, which was good, but the time of the conference made it difficult to attend.

The PGY-2 residents noted that on the outpatient side, the program has changed the curriculum and moved away from just PowerPoints to make it more case based. The residents go to a half-day clinic one day per week and quality of the teaching session varies by clinic day/site. They are still Zoom sessions, so it is hard to participate depending on where residents are logging in from. Generally, the majority thought that it is improved.

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

Background: Interns feel like they are taking on the bulk of the responsibility on the hospital floor when it comes to patient care.

Resident Update: The Chief Residents this year are better about delegating responsibility.

Satisfied with faculty members' feedback

Background: Interns say there is 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. Residents say that in person feedback has been helpful, but remains variable based on the faculty member.

Resident Update: There is still a feeling that attendings don't give uniform constructive feedback. Residents also describe a lack of bedside teaching. The inpatient neurology service seems to need the most attention in this regard. The Pulmonology and Cardiology services were called out for good teaching and can serve as role models for other services. Residents expressed

that they are held responsible to get a feedback form filled out for evaluations; they are often getting no response from the attendings which they are worried will count against them negatively in the Professionalism category. Overall, they feel that feedback is given but the quality is variable based upon who is providing it.

Adequately manage patient care within 80 hours

Background: Residents 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 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.

Resident Update: Emergency Medicine is now providing coverage for their own callouts during the weekdays, but not on weekends. Family Medicine residents frequently activating the Jeopardy system is still a big issue. Residents also feel like the non-UConn affiliated Family Medicine residents should be versed in EPIC before they start their rotations.

New Topics Addressed by Residents:

The residents noted that some administrative things have fallen through the cracks with the turnover of Program Coordinators in the Pediatrics program. The residents said they are not receiving prompts to complete certain tasks through MyEvaluations like to fill out faculty feedback forms. They reported there were times that lectures that went unstaffed because the reminders didn't get sent out to the presenters.

Duty hours with Telehealth

Question about how Duty Hours rules apply to Telehealth: There are residents who report that the on-call responsibilities for clinic are becoming excessive. They are on telehealth support the weeks that they are outpatient. On the weeknights, the calls start right at 5:01 pm and the residents are still in the clinic finishing up. On the weekends, they are on-call Friday night at 10:00 pm through 8:00 pm Sunday. There seems to be some confusion about how to count this time on call as work hours; the work hour rules, and documentation of hours worked should be reviewed with the residents.

The program should consider tracking the volume of calls responded to.

The program should be sure appropriate attending supervision is available to residents who take call at home, and the supervising attending should be readily available.

Call rooms that are not well maintained (i.e. sheets not changed regularly, computers that don't work). Call rooms often function as their workspace. Silver team does not have a dedicated call room. The room they use as a call room is shared space with nursing and they are not able to access the room at certain times of the day.

NICU does not have a set sign out time. Interns sign out to APPs who work 24-hour shifts and they have a difficult time finding the APP to sign out which results in their staying late.

Section IV:

SR Team Recommendations to Program Review Subcommittee:

Appropriate balance between education and patient care:

- Monitor team census to be sure they are in compliance with team caps recently set, including during expected surge in volume.
- Develop and implement a plan for weekend patient coverage; this seems to be a most pressing issue.

Protected time to participate in structured learning activities.

- Continue to develop/enforce process to protect residents from non-urgent text messages during conferences.
- Ensure all interns can attend the rising PGY2 workshop this spring.
- Set expectations for Grand Rounds and other conference attendance; if they are to be present when on an inpatient team, strategy for coverage will be needed.

Appropriate amount of teaching/Satisfied with faculty member feedback.

- Provide faculty development/share best practices for teaching on rounds and for providing constructive feedback; monitor that feedback is being provided.

Adequately manage patients within 80 hours

- Develop solution for EM callouts over weekend.
- Please review workload of at-home outpatient call; be sure residents know how to and are documenting time overnight spent on patient care activities.

New Issues raised:

- Review call room assignments and ensure adequate workspace with working computers; call rooms and workspace should be separate if possible.

1. **Response(s) accepted with**

- a. **Monitoring at 3 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)** See above

GMEC Action: Approved

Date: 12/5/23

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

SECTION I: Program Reviewed: Reproductive Endocrinology & Infertility Fellowship Report Date: 6/19/2024

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**
- 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) – Status of Continued Accreditation with Warning**

SECTION II:

Date of Special Review: **June 12, 2024**

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
	Dr. Wendy Miller	Assistant DIO
	Dr. Margaret Rathier	PD, Geriatrics Fellowship
Upper level resident from another program if needed – or N/A	Dr. Brenton Nash	Infectious Disease Fellow
Administrator from GME Division	Carolyn Freer	Administrative Program Coordinator
Other		

Interviewees:

(Fellows)

<u>Name</u>	<u>Title</u>
Katherine Koniaries	PGY-7 REI Fellow
Jessica Cheung	PGY-6 REI Fellow
Stephanie Hallisey	PGY-5 REI Fellow

(Faculty)

<u>Name</u>
Dr. Claudio Benadiva
Dr. Lawrence Engmann
Dr. David Schmidt
Dr. Andrea DiLuigi
Dr. Kelly Lynch – Associate Program Director
Dr. Prachi Godiwala
Dr. Reeva Makhijani
Dr. Maya Barsky

(Program)

<u>Name</u>
Dr. Daniel Grow – Program Director
Dr. Brian Miller – CEO of Center for Advanced Reproductive Services
Pam Brancati-Moynihan – Program Coordinator

SECTION III:

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

Notes from meeting with Fellows:

The fellows discussed the progress that the program has made and brought up several concerns.

Many of the concerns seem to revolve around communication with the program leadership, particularly the lack of closed-loop communication to inform the fellows in program changes. The fellows do meet monthly with the PD, APD and PC but seem uncomfortable bringing up concerns.

The fellow continuity practice has started. The fellows are expected to be the attending physician for this panel of patients. This does lead to them being pulled off research to complete procedures on their patients. It was suggested that the fellows can treat the patients in the fellow clinic as a practice within a practice and share responsibilities for the panel of fellow patients among the three fellows just as attendings would cover for one another.

The research fellow has a list of administrative duties that consume a fair amount of time. Among these activities are scheduling the didactic series, booking rooms for lectures, reminding attendings about the lectures, preparing for lectures, and completing their coursework. They feel uncomfortable asking the Program Coordinator for help as she is not based at CARS which is where all the REI conferences happen. The program has hired a nurse practitioner and other staff to help with the patient load which has lessened the time they get pulled from research.

The clinical experience for the first-year fellow is much different, and much improved compared to the second- and third-year fellows experience. The program has implemented changes in the clinical environment that allow for great fellow responsibility and autonomy. When the first-year fellow works with the attendings, she feels that she is kept in the loop with patient care.

There is a fellow research director for the fellowship but the third-year fellow felt that this person could be more engaged, although their involvement seems to have increased with the first-year fellow.

Some concern regard surgical skills falling off during fellowship. Many surgeries are referred to MIGS. Although the REI Fellows rotate with MIGS for 4 weeks, some would like to get more procedures.

Cycle Review (their version of M&M)– conference concerning patients with less than ideal outcomes as prepped by the first year fellow. This has drastically improved recently.

Notes from meeting with faculty:

Faculty were grateful for the opportunity to meet with us. All expressed that the program is working hard to make changes. They give Dr. Grow credit for spearheading the changes in an attempt to make the fellows experience better. They feel he “has a heart of gold” and has the fellows’ best interest in mind. They did say that communication between the program leadership and the fellows is not perfect. They see some of this from lack of closed-loop communication on the part of leadership and partly due to fellow lack of expressing their thoughts. The faculty felt that the fellows did not really form strong relationships with any of the faculty and thus didn’t feel comfortable opening up. One suggestion brought up to help in this regard was the development of a mentorship program. Three junior faculty quickly volunteered to be assigned mentors to the fellows and feel that his near-peer mentorship would greatly benefit the fellows and the program.

The faculty felt that part of this was due to the growth in the practice. Previously, when there were only a handful of faculty, the fellows and the faculty worked closely with one another. Now that the number of faculty has nearly tripled, those close working/teaching relationships are not established. Part of this extends beyond the number of faculty and relates to how the program is structured: the fellows are given a fair amount of autonomy in scheduling themselves and other learners with faculty. They also have the ability to schedule patients in with faculty as they see appropriate. This leads to less sustained interaction between a fellow and a specific faculty member. In fact, some faculty say they can go several months without working with the fellows.

The need for fellows to provide service has greatly decreased from the height of the pandemic. The practice has hired several staff including ultrasonographers and APPs. The faculty feel this allows the fellows more time to see patients with faculty and attend high-impact educational experiences and didactics. They did express some concern with the fellows taking first call every third night, particularly as many of the calls they are asked to manage are things that do not require a fellow or an attending (i.e. prescription issues). They agree that restructuring call to relieve fellows of these types of call is in order. They also feel that once they implement their new EMR it could solve a lot of the problems surrounding this issue. The practice leadership agrees with these sentiments and is looking at ways to restructure call.

The faculty also engaged in discussions about the didactic component of the program. Based on the last ACGME multiyear survey which showed a low level of satisfaction with teaching, the program responded by adding in more didactics as they assumed this is what the fellows would want to fix the concern as the fellows provided no other feedback despite being asked. The faculty have now come to realize that this was not the solution the fellows were looking for, and they are now looking to restructure the didactics to be more mindful to minimize evening activities.

Section IV:

SR Team Recommendations to Program Review Subcommittee:

Structure – The schedule of the program should be more structured, with the program assigning the fellows to work with a specific faculty member for a duration long enough to establish a close working relationship in order for faculty to determine when to provide graduated responsibility and autonomy to the fellows based on longitudinal direct observation.

That schedule should be based on a specific fellow's individualized needs and future career plans. Each fellow should complete a self-assessment and based on this assessment an individualized learning plan (ILP) should be developed for each fellow. Each fellow should get a core experience, but should then be allowed to devote a portion of their clinical time to specific areas of interest and/or need (more time in MIGS, more time in reproductive endocrinology, etc)

Mentorship- The program should implement a faculty-fellow mentor program whereby each fellow is assigned a junior faculty member to be their mentor for three years.

The mentor can help the fellows develop their ILP, provide career counseling, and serve as a conduit for communication by providing a safe space to talk about difficulties and concerns with a faculty member who is not in program leadership.

Educational Half-Day/Protected Time – The program should strongly consider implementing an educational half-day, weekly or every other week.

This educational session should be done during regular work hours to minimize evening activities. The program and the practice must ensure that sufficient number of faculty are present at each didactic session. The program coordinator, or other staff member at CARS should be responsible for room scheduling, assigning faculty to deliver specific topics and other administrative aspects of the didactic curriculum.

Call Responsibilities – The call schedule needs to be revamped to rely less of fellows.

The current call structure is not sustainable and is a big dissatisfier for fellows. The program should examine and implement alternative call coverage. This may include having a nurse or other provider triaging calls for the early part of the evening when most calls are administrative in nature, triaging only those calls that need physician-level decision making to the fellows. Another potential and more readily available solution would be to have faculty take first call on a rotating basis with fellows so that the frequency of fellow call is greatly diminished.

Well-Being – make the fellows aware of the counseling services, EAP and other recommendations for wellness. Remind the fellows that it is an ACGME requirement that they are allowed to take time for wellness care like doctor's appointments. The program must post the confidential counseling flyer in an area that is readily visible to fellows.

1. Response(s) accepted with

- a. Monitoring at ____ intervals
- b. No monitoring/follow-up needed
- c. Other (please describe)

Given the ongoing nature of the problems as well as the ACGME accreditation status of the program, this program requires close monitoring and consideration should be given to a status on internal probation.

We anticipate that several of the recommendations above (schedule structure, educational half day, assigning of mentors, developing ILPs) should be implemented by the beginning of the next academic year. Other recommendations (call responsibilities) should be implemented within the next 3-6 months if not sooner.

Dr. Grow should continue to develop and implement an internal survey to be completed twice per year by fellows and all rotating residents that addresses the issues noted on the ACGME survey and in this special review. The results of this survey should be shared with faculty/fellows and GMEC.

Dr. Grow will continue to meet on a regular basis with Dr. Angus to review progress on implementation of action plans and to discuss results

It is expected that faculty and fellows informed of all changes to the program, the reasoning behind those changes, and the expected outcomes to enhance communication between program leadership and the fellows and to solicit their opinions on actions planned.

2. Response not accepted due to: (describe)

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

GMEC Action: Approved internal probation

Date: 8/6/24

August 30, 2024

To: Bruce Liang, Dean, School of Medicine
Melissa Held, 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, Assistant Dean of Clinical Medical Education
Marilyn Katz, 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 2024 ENTERING SCHOOL OF MEDICINE CLASS

Summary characteristics:

- A total of 112 new students
- Women comprise 57% of the new matriculants, men comprise 43%
- 12% of entering students received their primary undergraduate degree in 2024
- Average age at matriculation is 24
- 81% are Connecticut residents
- 11% of new matriculants are Underrepresented in Medicine (URiM), 8% of new matriculants are Underrepresented Minority (URM) students
- 29% of new matriculants are members of Asian groups
- The average academic characteristics of the class are: 3.76 BCPM, 3.80 OGPA
- The average MCAT score is 513 (84th percentile)
- 56 undergraduate schools are represented: 32% are from the U of Connecticut. 40% are from schools in the State of Connecticut (including UConn).
- 87% have majored in science or health-related fields as undergraduate students
- 14% of new matriculants have advanced degrees
- The combined admissions yield for *regular MD and MD/PhD applicants* was 55.7% (201 offers, 112 matriculants) or ~1.9 offers per matriculant [The overall admissions yield for *regular MD applicants only* was 58.3% (180 offers, 105 matriculants), or ~1.7 offers per matriculant. The overall admissions yield for the *MD/PhD program only* was 33.3% (21 offers, 7 matriculants), or 3 offers per matriculant.]
- A total of 11 entering students were born outside of the United States

Class Profile
School of Medicine Class of 2028
(8/20/2023) n=112

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

Age: a. average age at matriculation is 24 years old
 b. age distribution

21 – 3	24 – 32	27 – 2	30 - 2
22 – 17	25 – 12	28 – 3	31 - 2
23 – 31	26 – 7	29 - 1	

Residency: Residents = 91 (81%); Non-residents = 21 (19%)
 Non-residents: California (2), Florida, Illinois, Louisiana, Massachusetts (4),
 Minnesota, New Hampshire (2), New Jersey, New York (2), Pennsylvania, Rhode
 Island (3), Utah, Vermont

Ethnicity: 11% URiM (URM +Other Hispanic), 8% URM, 29% Asian

	M	F	TOTAL
URiM: African American	2	3	5
Mexican	1	1	2
Other Hispanic	1	2	3
Puerto Rican	1	1	2
Asian: Bangladeshi	0	2	2
Cambodian	0	1	1
Chinese	1	5	6
Filipino	0	3	3
Indian	6	6	12
Japanese	1	0	1
Korean	1	3	4
Pakistani	1	0	1
Taiwanese	0	2	2
Vietnamese	1	1	1
White	30	30	60
Other	1	2	3
Decline to respond	2	2	4

Academic Performance: (Grades)

Average undergraduate science grades (BCPM): 3.76

Average undergraduate overall grades (OGPA): 3.80

MCAT scores:

Average MCAT scores: 513 (84th percentile)

Biological and Biochemical Foundations of Living Systems 128.4

Critical Analysis and Reasoning Skills 127.6

Chemical and Physical Foundations of Biological Systems 128.1

Psychological, Social, and Biological Foundations of Behavior 129.2

Undergraduate Schools: (first degree – 56 different schools)

Adams State University	Loyola University Chicago	University of Massachusetts
Amherst College (2)	Northeastern University (6)	University of Miami (2)
Boston University	Northwestern University	University of Michigan (3)
Brandeis University	Penn State University (3)	University of Nevada
Brown University (4)	Quinnipiac University (2)	University of New Hampshire
Bucknell University	Rensselaer Polytechnic Inst	University of North Carolina
Case Western Reserve University	Rochester Institute of Tech	University of Notre Dame
CUNY Queens College	Sacred Heart University	University of Oregon
Colby College (2)	Saint Joseph's College Maine	University of Pennsylvania(2)
Cornell University	Smith College	University of Rhode Island
Duke University	Southern CT State University	University of South Carolina
Eastern CT State University	St. Olaf College	University of Wisconsin
Elizabethtown College	SUNY Binghamton	Vanderbilt University (2)
Emory University	Swarthmore College	Wake Forest University
Fordham University (2)	Trinity College	Weber State University
Georgetown University (2)	University of Chicago	Wesleyan University (2)
Johns Hopkins University	University of Connecticut(36)	Xavier University
Lafayette College	University of Denver	Yale University
Le Moyne College	University of Florida	

(32% from the U Connecticut)

(40% from schools in Connecticut)

Undergraduate Majors: (health or science = 87%; non-science = 13%)

Majors:

Biology (20)
Molecular and Cell Biology (13)
Health Science (9)
Biochemistry (7)
Neuroscience (6)
Physiology & Neurobiology (6)
Biomedical Engineering (3)
Chemistry (3)
Nursing (3)
Chemical Engineering (2)
Economics (2)
Nutrition (2)
Psychology (2)
Finance (2)
Athletic Training
International Relations
Political Science
Public Health
Public Policy Studies
Sociology
Statistics

Dual Majors:

Biology, Psychology (2)
Chemistry, Molecular & Cell Biology (2)
Physiology & Neurobiology, English (2)
Physiology & Neurobiology, Psychology (2)
Anthropology, Health & Society
Biochemistry, Classics
Biochemistry, Spanish
Biology, Anthropology
Biology, Economics, History
Biology, English
Biology, Health, & Society, Spanish
Biology, Science, Technology & Society
Chemistry, Italian
Chemistry, Sociology
Chemistry, Theology/Religious Studies
Neuroscience, Biology
Neuroscience, Fine Arts
Nutrition, Biochemistry
Physiology & Neurobiology, Economics
Physiology & Neurobiology, Linguistics/Philosophy
Physiology & Neurobiology, Molecular & Cell Bio

Advanced Degrees: (14%)

Master of Public Health (4)
Master of Science Biomedical Science (6)
Master of Science Bioethics
Master of Science Biomedical Engineering

Master of Science Chemistry
Master of Science Emergency Management
Master of Science Surgical Neurophysiology
Master of Taxation

Special Program Participation:

UCONN Combined Program in Medicine – 6
UCONN Post Baccalaureate Program - 1
HCOP-sponsored Student Programs - 1
MD/PhD Program – 7

Country of Origin:

Bangladesh
Canada (2)

China
India (4)

Ireland
Pakistan (2)

United States (101)

Admission Yields:

	Total Apps	Offers	Matriculations	Yield
Non-residents	4,160	59	21	35.5%
Residents	466	141	91	64.5%
All Applicants	4,626	200	112	56%
*MD only	4,408	180	105	58.3%
*MD/PhD	218	20	7	35%
**URM	621	21	9	42.8%
***URiM	875	34	12	35.2%

* 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

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

**FROM: Marja Hurley M.D., FASBMR.
Board of Trustees Distinguished Professor of Medicine & Orthopedics
Associate Dean Health Career Opportunity Programs**

DATE: October 21, 2024

**SUBJECT: Impact of Scotus Decision on UConn School of Medicine Class of
2028-Update on New Community Initiatives**

Background

The SCOTUS decision has negatively impacted the UConn medical class of 2028 with only 12 of 112 students being URIM although the total number of applications from URIM students was similar to the UConn medical class of 2027.

The SCOTUS decision allows admissions officers to consider inviting for interviews qualified students who have participated in pipeline/pathway programs designed to increase a diverse pool of pre-health college students.

UConn Health Career Opportunity Programs New Initiatives to Expand the Pipeline



Informal Partnership with AAMC /Albany State University Pathway Initiative to increase the number of Premedical Students.



Proposal to the Connecticut Health Foundation to expand the Health Disparities Summer Research Fellowship Program for first generation and URM collegestudents.



Invited proposal submitted to the National Board of Medical Examiners Foundation to increase the MCAT preparation summer course for First Generation and URM/URIM College Students.

UConn Health Career Opportunity Programs New Community Partnership Initiatives to Expand the Pipeline



In-person Bridge to the Future Mentoring Program for Connecticut
Premedical, Predental students, October 2024



Partnership with National Organization " Black Men in White Coats"
Inaugural Youth Summit for Connecticut Urban Middle and High School
Students, November 2024.



Partnership with CT Chapter of the National Medical Association (CTNMA)
and Hartford's Senator McCrory Inaugural Black Doctors Day, Mentor
Program, November 2024

UConn Health Career Opportunity Programs New Short-term Initiatives to Expand the Pipeline

Strategy: Develop Proposal for Informal Partnership with Association of American Medical Colleges (AAMC) /Albany State University Pathway Initiative to increase the number of Premedical Students.

Update: UConn School of Medicine and Morehouse School of Medicine were selected by the AAMC to receive a 3 year–pathway grant awarded to HBCU Albany State University to develop and implement a hybrid academic year virtual and in person summer program to enhance Albany State’s premedical college student’s preparation and applications to US medical schools

UConn Health Career Opportunity Programs New Short-term Initiatives to Expand the Pipeline

Strategy: Invited LOI proposal submitted to the National Board of Medical Examiners Foundation to increase the MCAT preparation summer course for First Generation and URM/URIM College Students

Update: Selected to submit full proposal for 3-year funding to

- 1) Expand MCAT Preparatory program
- 2) Engage an external consultant evaluator of HPPI Initiatives

Decision on funding : Pending

UConn Health Career Opportunity Programs New Short-term Initiatives to Expand the Pipeline

Strategy: Exploratory conversation with Connecticut Health Foundation (CHF) to expand the Health Disparities Summer Research Fellowship Program for first generation and URIM college students.

Update: Meeting held with President of the CHF who will explore feasibility with CHF Board of Trustees

Decision on funding : Pending

UConn Health Career Opportunity Programs In-Person Bridge to the Future Mentoring Program for Connecticut Premedical, Pre dental students.

Coming in the fall, this is a conference for college students interested in medical and dental careers.

- Students interact with UConn medical, and dental faculty and students.
- Tour UConn Health & participate in team-based learning exercises.
- Learn about research conducted by UConn medical and dental students at a Poster session.
- Learn about community engagement and opportunities for UConn medical and dental students.
- Learn about support, career advising, mentoring by UConn HCOP Dean and URIM Faculty and Alumni.




Preparing the Next Generation of Healthcare Providers

Aetna Health Professions Partnership Initiative Pathway College Programs

UConn Health Career Partnership with CT Chapter of the National Medical Association (CTNMA) Inaugural Black Doctors Day, Mentor Program

Black Doctors Day is a community event designed to engage middle school, high school and college students with physicians who look like them.



The poster features a group of diverse medical professionals in white coats standing in front of a building. A quote from a young girl is prominently displayed: "Today I saw a doctor that looks like me." The event is presented by IMHOTEP Connecticut National Medical Association. The event is titled "BLACK DOCTORS DAY" and is a free event open to everyone, held on Saturday, November 2, 2024, from 12PM to 5PM at Dunkin' Park, 1214 Main St, Hartford, CT. For more information, the poster directs visitors to the CTNMA website.

CTNMA

IMHOTEP CONNECTICUT NATIONAL
MEDICAL ASSOCIATION PRESENTS:

**BLACK
DOCTORS DAY**

"Today I saw a doctor that looks like me."

FREE EVENT OPEN TO EVERYONE

**SATURDAY
NOV 2, 2024
12PM - 5PM**

**SAVE
THE
DATE**

DUNKIN' PARK
1214 Main St,
Hartford, CT

For more info, please visit:
<https://www.ctnma.org>

UConn Health Career Partnership with National Organization “Black Men in White Coats” Inaugural Youth Summit for Connecticut Urban Middle and High School Students

UConn Health, UConn Health Career Opportunity Programs Contribution to the Summit.

- UConn Health Sponsorship.
- UConn Health Career Opportunity Invited Podium Speaker.
- Attendance by UConn Aetna Health Professions Doctors Academy Students and Parents required.
- Establishment of Connecticut Inaugural Black Men in White Coats Chapter by UConn Student National Medical Association (SNMA) Medical Students Chapter .

