UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE
EXECUTIVE SELF-STUDY SUMMARY

Prepared for the
LIAISON COMMITTEE ON MEDICAL EDUCATION
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University of South Florida and the College of Medicine

The University of South Florida College of Medicine (USF COM), the School of Physical Therapy and Rehabilitation Sciences, and the Colleges of Nursing and Public Health comprise USF Health. USF Health is located on the Tampa campus of the University of South Florida (USF) which, with over 43,000 students on four campuses, is one of the largest universities in the Southeast and among the 15 largest universities in the United States. USF was designated as a Carnegie Research I institution in 1998, largely because of its strength in health-sciences research. In August 2006, USF Health was selected as one of 20 members of the Institute for Healthcare Improvement, the first such member to include the combination of medicine, nursing, and public health. The COM was established by the Florida Legislature in 1965 and enrolled its charter class in 1971. The college offers doctoral programs in medicine (MD), medical sciences (PhD), and physical therapy (DPT). Several combined degree programs are also available, including the MD/PhD, MD/MBA, and MD/MPH. Multiple masters degree and certificate programs are offered. USF sponsors a broad array of residency and fellowship programs. The majority of students who complete medical education and/or residency training at USF remain in Florida to care for its citizens.

Process of the Institutional Self-Study

The USF COM Institutional Self-Study began in September 2005 with the naming of two faculty co-chairs and a self-study coordinator. Ten committees were formed with representatives from basic science and clinical faculty, department chairs, the COM Faculty Council, administrative liaisons, and medical students. More than 100 people participated on committees. A website (http://hsccf.hsc.usf.edu/ocme/lcme/) for this process was established to inform the COM community and to provide all relevant materials. Committees and subcommittees met from fall 2005 through summer 2006. Final committee reports were completed in the fall of 2006, and each committee presented highlights to the COM Faculty Council. The executive self-study summary was developed using committee reports with input from department and committee chairs, the faculty council president, all dean level staff, and the Steering Committee. Students were separately charged to develop an independent analysis of the COM. Their effort reflected diligence and commitment to the process. The final student document provides invaluable insight and perspective. As a result of the self-study process, a number of actions were identified and implemented. The overall process was inclusive, collegial, and beneficial in providing analyses regarding the state of the college, the advances made since the last LCME visit and opportunities for the future.
Issues in the Previous (1998-1999) LCME Survey

The COM’s last Liaison Committee on Medical Education (LCME) site visit was February 7 - 11, 1999. The two areas of concern noted by the survey team are below:

1. “In some cases, the amount of space at the medical school is qualitatively and quantitatively inadequate to support the missions of the medical school. This includes the amount of laboratory and office space in some departments.”

2. “The Department of Ophthalmology is in a state of considerable flux. There is an interim chair, there has been faculty attrition, and the residency program is on probation.”

In the transmittal letter from the LCME dated June 4, 1999, the LCME continued the COM accreditation for seven years. It also requested that progress reports be submitted by May 1, 2001 on seven issues, which included the two areas of concern above. The reports provided to the LCME between August 1999 and December 2002 for all seven items are summarized as follows:

1. “Augmentation of space and facilities for teaching and research; and the results of strategies and tactics to enhance research in the institution.”

Research space was expanded considerably with the addition of 50,000 gross square feet (including 30,000 net square feet of wet laboratory space) at the Children’s Research Institute in St. Petersburg. A substantial research endowment for the recruitment of investigators was created in pediatrics for the institute as well. The H. Lee Moffitt Cancer Center and Research Institute (MCC) added an entire research building. An associate dean for Research was appointed along with individuals to facilitate grant development. In addition, the COM developed a research-incentive-compensation program using state funds to provide stipend supplements.

Two large medical student classrooms were renovated and an existing area was re-configured to provide space for students to practice clinical skills.

2. “... inform both Secretaries when an associate dean for research is appointed, and when vacant chairs in Anatomy, Neurology, and Ophthalmology are filled.”

An associate dean for Research was appointed in 2002, an anatomy chair was appointed in 2001, a neurology chair was appointed in 2002, and an ophthalmology chair was appointed in 1999. All legal issues in the Department of Ophthalmology were fully resolved, and the ophthalmology residency received full accreditation.

3. “Continuing evolution of the educational program, including efforts to achieve greater content integration in the curriculum, more effective use of computer-based learning, and increased student engagement in active learning.”

The college reported on its continued process of curricular reform, emphasizing integration and careful implementation of the use of computers in the curriculum. Attention was paid to increasing active versus passive learning strategies.

4. “The system and results of evaluation of the educational program to determine its effectiveness in achieving the full measure of cognitive and non-cognitive learning objectives.”

A multi-faceted approach to educational assessment was implemented, addressing cognitive and non-cognitive learning objectives including an extensive clinical skills exam program.
5. “Measures to enhance the management of the faculty practice plan, including the results.”

After creating an Executive Management Committee (EMC) to enhance the management of the faculty practice plan leadership, there was considerable success in improving the financial operations of the clinical practice.

6. “Enhancements in faculty career development growing out of recent improvements in policy clarification and education of the faculty.”

Promotion and tenure guidelines were revised and clarified and an Annual Promotion and Tenure (APT) workshop was implemented. A semi-annual Orientation program for newly-appointed faculty was initiated. Faculty career development was further enhanced through instructional workshops on teaching techniques, instructional technology training, and individual assistance from educational specialists.

7. “Steps taken to address problems of interim leadership, faculty attrition, residency program probation, and legal issues in the Department of Ophthalmology.”

The Department of Ophthalmology addressed all issues and the residency received full accreditation. Since this time, the match has been competitive.

On March 7, 2003 the COM received a letter from the LCME indicating that the LCME accepted the progress reports and that no additional reports were required.
Governance and Administration

Institutional priorities and planning
The COM sets goals and priorities and develops plans through collaborative processes that include faculty, administrators, and students. The college’s strategic initiatives are aligned with those of the university. As part of USF Health, the COM collaborates in priority-setting with the Colleges of Nursing and Public Health. Systems to provide input into the development of priorities are available within each of the colleges.

There has been success in the collaborative planning process that has guided the college over the last several years. The COM emphasizes achieving creative educational models, creating scientific research programs, embracing collaboration and integration, and developing an entrepreneurial academic practice, while working to achieve a national reputation. Significant progress has been made in these directions.

Governance structure
The governance structure for the COM, as it relates to the university and the governing board, is effective and facilitates the operations of the college. USF operates under the direction of the board of trustees which exercises local oversight over all aspects of operation. The university’s board respects and appreciates the mission of the COM and has been very supportive. The board has appointed members to workgroups to gain additional understanding and insight into the operations of USF Health. The vice president (vp)/dean reports directly to the university president and participates in the president’s weekly cabinet meetings. The president is exceptionally supportive of the COM and USF Health. The vp/dean serves effectively as the chief academic and administrative officer for the colleges within USF Health.

Some responsibilities of the board of trustees relevant to the COM include establishing degree programs through masters level, granting tenure, establishing student enrollment and financial assistance policies, approving the university’s budget and submitting legislative budget requests, and developing campus master and strategic plans. In addition to approval of the board of trustees, new doctoral programs in the State University System (SUS) also require approval by the Board of Governors of the SUS.

The reorganization of the vp/dean’s office to include a model of vice deans for the three missions of the college has been a strategic approach to assure that there are individuals responsible for each mission. The vp/dean has staff responsible for assuring the implementation of strategic directives developed in cooperation with faculty and administrators such as operational enhancements and leadership training.
The governance structure of the COM is well defined in the faculty bylaws. The vp/dean is responsible for the implementation of COM policies in accordance with university and board of trustee policies. A well-defined structure for the college organization includes basic science and clinical science departments that report directly to the vp/dean. An administrative and policy committee process is in place for making recommendations to the vp/dean on all significant faculty matters.

Relationship of the COM to the university and clinical affiliates
The relationships between the vp/dean and the president, and the vp/dean and the board of trustees are collegial, supportive, and effective. The senior leadership of the Colleges of Medicine, Nursing and Public Health also work well together and collaborate on USF Health-wide projects. Although the COM does not own a teaching hospital, it works with many area hospitals to achieve its educational mission. In addition, affiliations with other area institutions are being explored to augment teaching and research programs. The relationships with the major teaching affiliates have improved since the last LCME visit. The vp/dean is on the governance board of the principal teaching affiliate, Tampa General Hospital (TGH). A recently negotiated addendum to the affiliation agreement with TGH has resulted in a significant increase in resources provided to the COM in support of the educational and clinical activities. In 2005, the COM extended the affiliation agreement with H. Lee Moffitt Cancer and Research Institute (MCC) for another ten years. This extension creates a closer educational and research partnership between the COM and MCC and has brought new opportunities in the relationship for the Department of Interdisciplinary Oncology (DIO). New affiliations have been forged with University Community Hospital (UCH) for specific programs in cardiology and orthopedics. Other partnerships are being pursued to strategically advance the COM’s missions. The relationships with the Veterans’ Administration hospitals, as major teaching affiliates, are strong although discussions continue related to part-time (fractional) clinical faculty appointments.

Organizational stability
A new vp/dean of the COM was appointed in 2004. A vice dean for Research and Graduate Studies was recruited in 2005. The vice dean for Clinical Affairs is a former COM interim dean, and the vice dean for Educational Affairs has been a faculty member and involved with the educational program for many years. Several members of the administration have served in their current capacity in the COM for five or more years and some have experience at other institutions. This experience has contributed to institutional stability and effectiveness.

Academic Environment

Graduate program in biomedical sciences
The COM offers doctoral and masters degree programs in biomedical sciences, with a variety of academic concentrations, as well as a number of graduate certificate programs. Recently, the six basic science departments were merged into three departments within a new School of Basic Biomedical Sciences. This restructuring was initiated to create an environment that enhances research and graduate studies by creating interdisciplinary synergies, bringing together a critical mass of collaborative researchers, and delivering savings from reduced infrastructure for reinvestment. The COM has initiated the recruitment of extramurally funded faculty investigators and the building of core laboratories. Signature programs in cardiovascular diseases; allergy, immunology and infectious diseases; neuroscience, and cancer biology have been identified to focus strategies for investment of resources
and create opportunities for translational research. This re-energized focus on research enhances the milieu for graduate studies by creating greater research opportunities for graduate and medical students, increasing the number of faculty who have actively funded laboratories, and improving research facilities.

Consistent with this restructuring, a new interdisciplinary PhD program in Multidisciplinary Biomedical Sciences (MBS) has been implemented via a phased approach to combine strong biomedical sciences training with increased research opportunities. The MBS program has a unified first year curriculum after which students differentiate in their studies. Historically, PhD students entered directly into a basic science department or concentration. Beginning in the 2005-2006 AY, students were encouraged, and most chose, to enter directly into the new MBS program. All students entered the new program in the 2006-2007 AY.

In 2005-2006, there were 56 masters and 88 doctoral students enrolled in graduate programs as well as 24 post-doctoral fellows (exclusive of MCC). The masters degree in Medical Sciences offers a variety of concentrations. Students admitted to the PhD program are well qualified, with average GPAs of approximately 3.4 and average GRE scores of 1175 with majors completed in fields of biology, chemistry, and microbiology. PhD students receive an annual stipend of approximately $21,000 and in-state tuition waivers.

The graduate programs are overseen by a faculty committee and supported by an associate dean. The programs are evaluated by the faculty and external reviewers, both on an ad hoc basis and as part of periodic reviews. A standard centralized evaluation process for all graduate courses includes department, faculty, and student feedback. Three external reviews of the graduate program (2001, 2004, and 2006) have occurred since the last LCME accreditation visit.

Residency training programs and continuing medical education

The COM sponsors 73 postgraduate training programs. All programs eligible for ACGME accreditation are accredited. Clinical departments with residents and fellows are highly invested in the mission of Graduate Medical Education (GME) and the success of their trainees. Resident physicians are fully engaged in clinical faculty practice both in ambulatory and hospital settings and are encouraged to participate in research. The COM has applied for new residency programs in Transitional Year and Orthopedics, and fellowship programs in Advanced Cardiology (Interventional and Electrophysiology).

The Anesthesiology residency program has faced considerable challenges. Two years ago, it was placed on probation. After full review and extensive discussion with the Residency Review Committee (RRC) and the American Council for Graduate Medical Education (ACGME) leadership, the program will be withdrawn as of July 1, 2008. All current residents were notified as of July 3, 2006. Options for current Anesthesiology residents are being explored to minimize the disruption of their educational program. The intent is that all weaknesses will be addressed and a new program will be initiated.

Residents are an integral part of the undergraduate medical educational (UME) program in the clinical years. They actively participate in a majority of the core clerkships. Students’ evaluations indicate that the teaching they receive from residents is effective and enhances their educational experiences. Ample opportunities for residents to improve their knowledge and skills as educators and evaluators are offered through the Office of Educational Af-
fairs (OEA). Since their effectiveness as teachers is assessed as one component of residency competency, the Graduate Medical Education (GME) Office provides information and training to facilitate the skills of the residents as educators and evaluators of medical students.

Undergraduate medical students are actively invited to participate in the continuing professional development (CPD) on campus and at extramural sites. Students participate in departmental grand rounds that are approved for CPD. Developing lifelong learning skills is a core value for undergraduate medical students and is supported and encouraged across the COM.

Research activities and resources
Research is an essential and highly valued mission of the college. A senior associate vice president for Research at USF and vice dean for Research and Graduate Affairs in the COM was appointed in January 2006. His responsibility is to lead the development of a well-defined strategic plan for research including developing core facilities and recruiting new faculty. Interdisciplinary basic science departments have been created through mergers of existing departments and four signature programs have been identified. The priority for future resources will be to these areas and others that are consistent with the NIH roadmap. The college has achieved national prominence in oncolgological research through its affiliation with the MCC. During the 2006-2007 academic year, resources were allocated for the recruitment of new faculty for the basic sciences, the reorganization of a COM Office of Research with a new associate dean, and the development of four core laboratories (flow cytometry/cell sorting, proteomics/genomics, advanced microscopy and imaging, and animal systems).

Research funding for the college has increased from approximately $64-million in AY 1999-2000 to $144-million in AY 2005-2006. Data as of May 2006 indicate that 231 faculty members with primary appointments in the COM are principal investigators on grants. During the 2005-2006 year, COM faculty has had 1,083 publications in peer-reviewed journals and 229 faculty members belong to national study sections or national professional committees.

The USF Health Professional Integrity Office (PIO) and the USF Health Office of Research Compliance (ORC) support the COM in efforts to promote research integrity. The PIO serves as a resource for the college on ethical issues through its Professional Integrity Committee and guides faculty and staff in the interpretation and application of the college’s Code of Conduct. The primary objective of the ORC is to make ethical and regulatory information accessible, understandable, and applicable. The ORC encourages integrity in research by providing information to the college community on responsible research conduct, addressing the review and resolution of conflicts of interest and research misconduct.

The facilities for research have been expanded and updated since the last LCME review. Remodeling of the research laboratories at the COM campus is a continuing process. Two new research facilities have been occupied since 2000: (1) a 50,000 square-foot Children’s Research Institute at All Children’s Hospital (ACH) in St. Petersburg and (2) the Stabile Research Building at the MCC providing 200,000 square feet. The vivarium is accredited by the American Association for the Accreditation of Laboratory Animal Care and meets current needs of the faculty.

Although the facilities are adequate for the current needs of the institution, the existing research facilities will not support substantial expansion of the research enterprise. A priority for the COM is to secure funds for renovation of existing space as well as research facilities.
The University Research Council provides two cycles of competitive intramural research support each year. College funding supports faculty effort for pilot studies and grant application development as well as a modest competitive program of bridge-funding for established investigators. Signature programs will provide seed funding for interdisciplinary research projects.

Impact of research activities on the education of medical students
Numerous opportunities exist for medical students to participate in basic and clinical research including a summer research program. This program matches first-year medical students with COM faculty; for the last several years, 30% - 40% of each class has participated in this experience. Upon completion, students provide a summary report. A summer stipend is provided to each student who participates in this program by the vp/dean’s office. An American Heart Association grant supports a summer research experience for three medical students to participate in cardiovascular-related research in a COM lab. Many other research opportunities exist for medical students including research /independent study electives during the senior year. The 2006 AAMC Graduation Questionnaire (GQ) indicates that 57.4% of medical students have participated in research activities. All students are encouraged to present their research at the annual USF Health Research Day and other scientific meetings.

Composite assessment of the basic science departments
The basic science departments contribute substantially to the research and education missions of the COM. Faculty members have a strong record of community and public service at the local, state, and national levels, and in college and university governance. The leadership of the departments is stable and of high-quality and the financial resources are adequate.

The six basic science departments were recently merged into three to create an environment that enhances research and graduate studies by bringing together a critical mass of collaborative researchers, to create interdisciplinary synergies, and to deliver savings from reduced infrastructure for reinvestment. The Departments of Pharmacology and Therapeutics, and Physiology and Biophysics became the Department of Molecular Pharmacology and Physiology; the Departments of Pathology and Anatomy became the Department of Pathology and Cell Biology; and the Departments of Medical Microbiology and Immunology, and Biochemistry and Molecular Biology became the Department of Molecular Medicine. Efforts to realize this goal are in progress. Two of the three basic science chairs are NIH funded investigators. A national search for the chair of molecular medicine is being conducted. The former chair of biochemistry and molecular biology serves as the interim chair of molecular medicine.

A majority (59%) of, full-time basic science faculty members is appointed on state-funded positions and not dependent upon grants for any portion of their compensation. Most recent hires receive 50% - 70% of funding through state resources and the balance through their grant funding. The availability of renovated laboratories, new space, and research cores are essential to recruit and retain a strong faculty.

The quality and quantity of teaching meets the current objectives of the UME program as attested by student reviews and performance on internal metrics as well as on the United States Licensing Examination (USMLE) Step 1 examination. Historically, challenges have existed in securing sufficient faculty volunteers to support integrated, small-group course activities. This situation has begun to improve
with the piloting of a new mission-based budgeting program (described later under Faculty – Personnel Policies: Appointment, performance, promotion and tenure of faculty).

Composite assessment of the clinical departments
Since the last LCME visit in 1999, the leadership of the clinical science departments has been strong. The appointment of three department chairs recruited from Loyola University, Brown University and the University of Florida has further enhanced the leadership of the clinical departments. The only current chair vacancy is in the Department of Radiology. There is an ongoing joint search for this position with MCC since this person will concomitantly serve as chief of Radiology Services at MCC.

The number of clinical faculty is sufficient to support the educational program. The larger clinical departments of the COM are organized into divisions. The leadership of the departments and divisions within departments is stable.

USF and its physicians are recognized as the premier group practice in the Tampa Bay region. Since the last accreditation visit, the clinical practice revenues have increased from $95.7 to $130.6 million. The faculty practice plan (FPP) has sufficient reserves that meet or exceed those required by policy and maintains a low-risk investment strategy to ensure stability of the overall FPP. The USF Physicians Group closely monitors expenditures of departments which are not meeting their budgeted expectations for revenue and expense.

The clinical departments responsible for the majority of the clinical program receive substantial amounts of state educational and general (E & G) funding to underpin their educational mission. Most clinical departments use part-time/voluntary faculty as an additional resource contributing to either the clinical service or teaching of the department. Those who provide clinical supervision in core clerkships have faculty appointments. The quality and quantity of medical student teaching is substantial and receives excellent reviews on the GQ.

In 2005, the Department of Pediatrics ranked third nationally in total NIH funding and the Department of Neurosurgery ranked ninth. Since the last accreditation visit, clinical research revenues have increased from $27.7-million to $64.9-million and the number of faculty conducting research has also increased. A significant part of the growth in research funding is attributable to the expansion of clinical trials as well as increased success in attracting peer-reviewed grant support.

Clinical service activity continues to grow. This activity is closely linked with teaching activities for both medical student and resident education. The COM seeks financial support from affiliates that is on par with the amount provided to the top 50 research institutions, but has yet to achieve this goal.

The clinical faculty is well-represented nationally with respect to articles in peer-reviewed journals, books, book chapters; journal reviewers and editorships; faculty serving on national study sections or committees; and faculty members serving as principal investigators on extramural grants.
Educational Objectives

Role of educational objectives
The educational objectives for the MD degree at the COM were revised in 2004 as a result of a faculty committee process that involved all stakeholders including faculty, students, and administration. These new objectives are captured in the mnemonic USF CARES. In developing USF CARES, authoritative and widely-accepted documents such as the Medical School Objectives Project of the AAMC, the Institute of Medicine report on health professions education, CanMeds 2000, Brown Medical School’s Nine Abilities, and the ACGME competencies were studied and used. USF CARES reflects society’s and, most importantly, patients’ expectations of physicians.

Faculty members use the USF CARES objectives in both the development of courses and the assessment of student performance. Course-specific objectives must be developed with the college-wide competencies in mind. All faculty, administrators, residents, and students are provided college-wide and course-specific learning objectives. Faculty members use student evaluation forms that incorporate the USF CARES rubric and as a result, the institutional objectives are linked to student assessment. Each time students receive formative or summative feedback using these forms, faculty and students are reminded of the USF CARES objectives.

Course development and program planning, as well as evaluation, are based on the USF CARES objectives. Each course must provide the Committee on Curriculum (CC) with a comprehensive annual summary which includes information on the integration of the program objectives with the course objectives. With this information, the CC is able to review and assess the effectiveness of the program-wide objectives across the curriculum.

Adequacy and balance of patient resources and clinical settings
By design, clinical teaching includes an appropriate mix of inpatient and ambulatory sites to meet the educational objectives of the program. The patient population available for student learning is abundant and includes patients of every age seeking care in all specialties. The educational program uses a variety of ambulatory and hospital-based clinical facilities and has a sufficient number of physicians with whom students work during the course of their training. Monitoring of logbook data during clerkships allows assessment of the adequacy and appropriateness of the clinical experience. Patient encounter information concerning demographics, diagnoses, procedures performed, and site of care is routinely gathered and re-
viewed at both the clerkship and program levels. This clerkship information is reviewed by clerkship directors, department chairs, and the CC. The educational experience of medical students is consistent across clinical sites.

Structure of the Educational Program

Years 3 and 4 curricular reform
The Program to Advance Clinical Education (PACE) was a college-wide reform process initiated in December 2003 that culminated in the implementation of a new, interdisciplinary curriculum for years 3 and 4 in June 2005. From conception to implementation, PACE emphasized collaborative leadership and shared decision-making by involving faculty, department chairs, students, and administrators working in consultation with the CC and the associate dean for UME. Faculty and students were organized into committees and working groups constituted at different stages of the project. The CC, which ultimately approved the curricular changes, provided oversight by reviewing progress reports at regular intervals from the PACE Committee, an officially designated ad hoc subcommittee of the CC. A website which contained all PACE-related information was made available to the participants and the entire COM community.

The goals of the PACE process were two-fold: one, to determine the competencies of a general professional medical education that prepares students for all career options; and two, to respond to calls for curricular reform reflected nationally in publications by the Institute of Medicine (Health Professions Education, A Bridge to Quality, 2003) and the AAMC (Educating Doctors to Provide High Quality Medical Care, 2004). After reviewing such resources as clerkship-specific national curricula, national patient-care databases, and log-book data from previous years, consensus was built around identifying the common diagnoses, symptoms, syndromes and procedures that would constitute the core clinical curriculum.

Throughout the planning and implementation of the revised year 3 and 4 clerkships, careful attention was paid to the content, relevance, and integration of the course material. Clerkship directors met regularly to optimize clinical experiences, limit unplanned redundancies, and develop a thorough understanding and perspective of curricular content in all clerkships.

General professional education and preparation for career options
The faculty designed the entire curricular program to equip graduates with a general professional education which prepares them well for the next stage of their training. Graduates consistently select a wide range of specialties for residency education, matching at up to 22 different specialties in the past three years. The proportion of graduates choosing primary care residencies has ranged from 40-50% for the same period. A review of performance for the years 2002 - 2005 by residency program directors reveals that COM graduates were evaluated to be above or on par with their peers in the categories of medical knowledge, clinical skills, effective interpersonal skills and personal attributes. A self-evaluation by the graduates for the Class of 2005, comparing themselves to their peers in the categories of medical knowledge and clinical skills reveals that a majority (approximately 75%) rated themselves above their peers. Nearly all of the remaining students considered themselves on par with their peers.

Promotion of self-directed and lifelong learning skills
The COM is committed to the ongoing implementation of teaching methodologies that are contemporary, active, engaging and learner-
centered. The curriculum, as a whole, contributes to the promotion of self-directed learning and the development of lifelong learning skills. Self-directed learning, emphasizing the importance of independent discovery and professional teamwork for successful problem-solving, is introduced during the first course in the curriculum, and carried throughout the year. These skills are the focus during the second year through small-group problem-solving sessions, problem-based learning, research reports requiring data analysis, independent learning via intranet-posted laboratory exercises and laboratory activities. A web-based format is used to teach core knowledge in the Physical Diagnosis course, which, in turn, fosters the ability to develop self-direction, independence, and time-management skills. The Clinical Problem Solving (CPS) course is entirely structured using interactive problem-based learning cases and concentrates on the development of self-directed learning skills. The other Year 2 courses amplify and refine the development of individual self-directed learning skills. Video-archiving of lectures in Years 1 and 2 was initiated in fall 2005 to provide the opportunity to review class presentations at their convenience. In addition, the university recently signed an agreement with Apple Inc. to pilot “pod-casting”, thus promoting student choice in learning modalities.

The clinical curriculum continues to focus on the need for self-directed and lifelong learning skills through an emphasis on patient-centered learning and core curricula using a variety of learning modalities. These include computer-based experiences, reading assignments, individual presentations, and journal club assignments. In addition, some clerkships require that students formally develop clinical questions within the rubric of evidence-based practice and address these questions through literature searches and analyses.

Consistency of educational quality and alternative sites
For each clerkship, a single curriculum is implemented, regardless of educational site. Administrative oversight resides with one clerkship director who is responsible for directing all aspects of the course. The clerkship director communicates a clearly-defined set of clerkship-specific learning objectives and grading polices to all faculty members, residents, and staff involved in the educational process. Students at all sites receive formative and summative feedback by faculty using the standardized clerkship evaluation forms reflecting the USF CARES college-wide objectives. These evaluation forms contain the COM objectives and achievement ratings as well as clerkship-specific ratings that have been developed within the framework of the USF CARES competencies. Consistency of educational quality across alternative sites is monitored through the online course evaluation system.

Content areas required for accreditation
The breadth of medical science and clinical medicine is well represented in the curriculum, including those content areas required for accreditation. The first and second year curriculum includes named courses in anatomy, physiology, microbiology, pathology, molecular medicine (biochemistry, molecular biology, and genetics), and pharmacology. As a result of the successful integration of material across courses in the foundation years the contemporary content of these disciplines is included in several required courses during the pre-clinical years.

The traditionally required core clerkships were reorganized using an interdisciplinary model as part of the major revision to the clinical curriculum, inaugurated in June 2005. Clerkships during the third year now include Primary Care and Special Populations (16 weeks), Integrated Inpatient Internal Medicine and Pediatrics (8
weeks), Surgical Care (8 weeks), Neuropsychiatry (8 weeks), Newborn and Maternal Health (4 weeks), and Emergent and Urgent Care (4 weeks). In total, the third year is 48 weeks in length, preceded by a two-week Introduction to Clerkship course, with 50% of the clerkship experience set in ambulatory environments.

The fourth-year curriculum consists of eleven four-week periods. Through academic year 2005-2006, the required rotations included Critical Care Medicine (8 weeks) and Integrated Clinical Neuroscience (4 weeks). Students also completed six elective months. Beginning in June 2006, the 36-week fourth-year curriculum includes required rotations in Critical Care Medicine (8 weeks), Interdisciplinary Oncology (4 weeks), Skin and Bones (4 weeks), as well as five elective months. In both the old and new curricula, there are eight unscheduled weeks which students typically use for residency interviews and USMLE preparation.

In addition to the core basic and clinical disciplines, the four-year curriculum also includes subjects such as behavioral and socioeconomic subjects, communication skills, end-of-life care, geriatrics, human development/life cycle, and preventive medicine.

Teaching and Evaluation

Supervision of medical students and preparation of educators
The supervision of the medical students’ clinical experience is the ultimate responsibility of the clerkship director and the clerkship faculty. Every attending physician supervising clinical education in the core clerkships has a faculty appointment. While residents play an important role in the educational program, faculty members monitor their participation carefully. Clerkship faculty members directly observe students’ interactions with patients and families as well as with other members of the health-care team. At no time are students directed to provide unsupervised patient care.

All faculty members and residents are provided both college-wide and course-specific learning objectives and have ongoing communication with the clerkship director. In addition, every new resident and fellow is provided an introduction to teaching and evaluation during an orientation session sponsored by the Office of Graduate Medical Education (OGME) and the OEA. The associate dean for UME participates in this orientation. The OGME also sponsors a day-long program for rising senior residents focusing on their new roles. The program includes leadership, teaching, and evaluation skills training, and specifically addresses medical students and junior residents as learners. Significant effort is made to ensure that residents and faculty have access to up-to-date teaching tools and skills development opportunities. Faculty and residents are regularly invited to educational workshops offered through the main campus and the OEA. Educational support by the OEA has recently been enhanced by the addition of two educational specialists with doctorates. Evidence that residents are prepared for their teaching responsibilities comes directly from students. Reviews of the GQ completed by the graduating classes of 2003 - 2006 show that 85% of all respondents “agree” or “strongly agree” that “residents and fellows provided effective teaching during the clerkship.”

Attainment of educational objectives and core clinical skills
The COM uses a variety of assessment tools to ensure student achievement of the educational objectives and core clinical skills. Formal evaluations of the students’ core clinical skills are interspersed throughout the curriculum. At the end of the second year, all students complete a multi-station Objective Structured
Clinical Examination (OSCE) of physical diagnosis skills. During the third year, four of the six clerkships require a discipline-specific Clinical Practice Exam (CPX) and all students are required to complete an end-of-year multi-station CPX. During the fourth year, students are digitally-recorded performing a complete history and physical examination which is subsequently reviewed, in detail, by faculty.

Each course determines the appropriate combination of assessment tools based on its unique educational objectives. These tools may include CPXs, OSCEs, simulators, internally and externally developed written examinations, student presentations, small-group exercises, papers, performance in group conferences, logbooks, written exercises, and documented direct-observation of student skills, attitudes, and knowledge by attending physician faculty. For each student, this mixture of evaluation methods provides both a broad portfolio of information as to achievement of the educational program objectives, and in composite, information about the success of the COM in meeting its core objectives. The mix of evaluation methods is reviewed periodically by the CC and the OEA.

A comprehensive system for formative and summative assessment has been developed for both the preclinical and clinical courses. In the preclinical courses, the use of multiple assessments over time allows students to gauge their performance individually as well as in comparison to their class. Any student performing at a level of concern is invited to meet with the course director to develop a plan to improve performance. At the mid-point of the clerkship faculty initiate formative feedback. This feedback allows students the opportunity to take corrective action as needed. The associate dean for Student Affairs and the Office of Student Affairs (OSA) also closely monitor student progress and provide additional student counseling as need arises.

As a matter of policy, students are provided a summative evaluation of performance in a timely manner. In the preclinical years, final grades are submitted to the Registrar’s Office within three weeks of the end of the course. For core clerkships, grades must be submitted within four weeks of the end of the course. The submission of final grades and the distribution of grades to students are closely monitored and enforced by the Registrar’s Office and the associate dean for Student Affairs.

Curricular Management

Effectiveness of a coherent and coordinated curriculum
Curriculum planning is a strength of the COM. Academic administration, the CC, and student leadership work together as a team, on an ongoing basis, to provide the best educational experience possible. All four years of the curriculum have been modified over the past seven years. The recent year 3 and 4 curriculum reform that occurred as a result of the PACE planning process serves as an example. Since these changes were implemented, the new curricula and key outcome measures have been monitored by the CC, faculty, and students. Modifications are carefully evaluated for effectiveness. Identification and recommendations for remediation of problems within a course or of the program overall are the joint responsibility of the CC, course/clerkship directors, all faculty members involved in the implementation of the course, administrators and students. Any of these individuals or groups has the ability to bring forward issues and participate in resolutions.

The CC is the faculty committee charged with reviewing, evaluating and synthesizing policy regarding the undergraduate medical educa-
tion program and is advisory to the vp/dean. The vp/dean has appointed a vice dean for Educational Affairs and an associate dean for UME to assist in the administration of the educational program. The CC includes the following voting members: six basic scientists, six clinical scientists, one faculty member from the School of Physical Therapy and Rehabilitative Sciences, and one student representative from the Student Council. The committee also contains the following non-voting, ex officio members: the vice dean for Educational Affairs, the associate dean for UME, the Director of the School of Physical Therapy and Rehabilitative Sciences, the Director of the Area Health Education Center (AHEC), the presidents of the first, second, third, and fourth year medical classes or their designees, and the presidents of the first, second and third year physical therapy classes or their designees.

Committee members are recommended by the COM Faculty Council Committee on Committees and appointed by the vp/dean of the COM. The chair is elected from the committee membership on a yearly basis. Each core faculty member of the committee serves a three-year term. The three-year terms are staggered to minimize turnover.

In addition to monthly meetings, the CC has at least one day-long retreat annually. The Year 3 and 4 Oversight Committee is currently the only standing subcommittee and reports directly to the CC. The Year 3 and 4 Oversight Committee is composed of six clinicians, none of whom is a clerkship director, one of whom is a department chair and one of whom is a basic scientist, and the chair of the CC. Ex officio members include three student members nominated by the Student Council, one each from the second, third and fourth year classes and the associate dean for UME who convenes these meetings and reports regularly to the CC and the vice dean for Educational Affairs. Courses and clerkships are evaluated in several ways. At the conclusion of each course, students complete online-course evaluations facilitated by the OEA. Each course director completes an annual summary which provides a detailed course update including successes, areas of concern, and future needs. The CC conducts a formal, detailed review of each course every two years or more frequently if significant problems are detected. This process includes the review of outcome measures, course materials such as the course syllabus, assessments of effectiveness of faculty members, responses to previous recommendations by course directors, and evaluations of the courses by students. The CC reviewer interviews the course director as part of the review preparation and the course director meets with the entire CC when the course review is presented and discussed. The student members of the CC provide valuable input during these reviews.

A number of mechanisms are in place to ensure a coherent and coordinated curriculum. The biennial CC course reviews provide one method of monitoring course content. Additional measures of the adequacy of course content include the USMLE sub-score analyses and the performance-based assessments of clinical skills including OSCEs and CPXs. As noted, overall curriculum is reviewed during the annual CC retreat. These retreats provide an update of national trends and innovations, a detailed review of all course evaluations, normative test scores, student responses to the GQ, results of performance-based examinations, and other information relevant to curricular assessment. Areas of concern are noted, discussed, and corrective plans are formulated. Particular attention is given to content, coordination, and outcome measures.

Coordination within the curriculum is also managed at the level of the course directors in each of the four years. In the preclinical years, course directors work collaboratively
to plan the educational programs for their respective blocks by creating a detailed, integrated curriculum plan and hourly schematic. This planning process has served to ensure coordination, integration, completeness, and relevance. It has been especially helpful to have the dedication of a number of both basic science and clinical faculty in this process.

The resources needed to implement and sustain the COM educational program have been adequate. It has been critical for the vice dean for Educational Affairs to have both the resources and the authority to fulfill the education mission. During the self-study process, two areas for improvement were identified and addressed. The first area of concern was the availability and scheduling of small-group conference rooms. To address this need, and with the recommendation of an LCME Self-Study Committee, the vp/dean directed the OEA to assume the responsibility of centrally scheduling all space available for educational purposes. Funding was committed to ensure that all small-group rooms are uniformly equipped with appropriate audio-visual tools including a projector and a data port for internet connectivity. The second challenge was staffing of interdisciplinary courses by faculty in the face of conflicting departmental demands and priorities. Committee discussions indicate that the new mission-based budgeting system (AIMS), has begun to ameliorate this problem.

Workload and balance
To promote a healthy learning environment, the CC and the COM have established limits on the number of scheduled work hours required of a student each week. Within these guidelines, course directors work to ensure an appropriate mix of instructional modalities within any given day. In the foundations courses, the limit is twenty-eight hours per week of contact plus four hours per week of a Longitudinal Clinical Experience (LCE). In the self-study process, the CC found that the first year of the curriculum has substantially more contact hours than the national average (1132 as compared to 831 hours nationally). The department chairs, course directors, faculty members involved in the Year 1 curriculum, the vice dean for Educational Affairs and the associate dean for UME, have implemented a plan for the 2006-2007 academic year to reduce the number of contact hours in Year 1 to 978 (a 13% decrease from the 2005-2006 year). Similarly, it is projected that the Year 2 program will realize a 9% decrease in contact hours for academic year 2006-2007 (from 862 to 788), bringing the COM’s Year 2 number of contact hours very close to the national average of 763.

During all clinical rotations, the 80 work hour limitation in place for the residents also applies to the students. However, it is rare that a student would spend this much time on assigned activities. All clerkships limit and monitor student caseloads and have a formal didactic program that carefully balances education and patient care.

Workload and balance between education and patient care are monitored in at least two ways. First, students provide an assessment of the time requirements for each course as part of the standardized online course evaluation. Second, the CC includes an evaluation of time requirements as part of each formal course review done biennially. Such reviews are effective as evidenced by the instituted reduction of contact hours in the preclinical years.

Evaluation of Program Effectiveness

Achievement of institutional objectives
The COM employs a number of external and internal educational outcome measures to demonstrate that students are achieving institutional objectives. These indicators of
effectiveness include both external and internal data. External metrics include results of USMLE step and NBME subject examinations, NRMP results, program director surveys of PGY-1 performance and student responses on the GQ. Internal metrics include student advancement, graduation rates, and scores on internally-developed measures of knowledge, skills, and attitudes. Performance-based assessments include OSCEs and CPXs, and the evaluation of a digitally-recorded history and physical for 4th year students.

COM students perform well on the USMLE and NBME subject examinations and are able to match into a broad range of competitive residency training positions. For the seven most recently completed academic years, the USMLE results for COM first-time takers show pass rates consistently at or above the national mean. Program director surveys of PGY-1 performance show graduates are well-prepared for the next stage of training. Feedback from the GQ indicates that COM graduates are satisfied with the quality of their medical education and consider themselves well prepared to enter residency training. Collectively, these measures demonstrate that institutional objectives are being achieved and reflect congruence with the expectations of graduates, residency programs and the knowledge and skills required for licensure.

Evaluating and improving the educational program
All external and internal educational outcome measures referenced above are reviewed widely by the CC, the OEA, the OSA, course directors, department chairs, and departmental education committees. At the course level, course directors review course-specific metrics to gauge educational effectiveness and to guide improvements. At the program level, two primary mechanisms provide feedback to course directors to improve the educational program. First, the biennial CC course reviews as previously described reflect an assessment of course-specific educational outcome measures. Second, the CC and vice dean for Educational Affairs review all external and internal data at the annual CC retreat. Areas of concern are identified and referred back to the respective course directors; areas noted for improvement are reviewed the following year. In some instances, this review process has resulted in the creation of entirely new courses (e.g., Evidence-Based Medicine) or broader reform such as the Year 3 and 4 curricular restructuring best illustrated by the PACE process.
Admissions

Recruitment and selection of students
The Medical Student Selection Committee (MSSC) is composed of seven faculty members from clinical science departments, five core faculty members from basic science departments and the associate dean for Diversity/Minority Affairs. The Medical Student Council, in cooperation with the associate dean for Student Affairs, selects four senior medical students to serve on the committee each year. Two students are designated as voting members of the committee and two are designated as alternates. The vp/dean appoints the committee chairperson. Faculty committee members are appointed for staggered three-year terms.

The process of recruitment and selection of medical students is strong and has been carefully developed to bring a qualified, diverse student body to the COM. The faculty committee charged with this responsibility provides oversight to the process for the selection of students. The Office of Admissions has a formalized process to inform prospective students about the educational program. The Office of Admissions staff visits all of the major educational institutions in Florida as well as select institutions outside of the state where there are large numbers of premedical students from Florida. The director of Admissions participates in the National Association of Advisors for Health Professions to communicate to program advisors the strengths of the COM program and share information on the process of admissions. The Office of Admissions staff also participates actively in all premedical events and activities in Florida and meets individually with the pre-med advisors and organizations from various institutions. In concert with AHEC and the Office of Academic Enrichment, the Office of Admissions participates in a significant number of programs designed to promote the interest of underrepresented minorities in medicine. The COM has created a series of combined degree (BS/MD) programs with a number of undergraduate programs around the state. As a result, Office of Admissions representatives visit several community high schools each year to recruit into those programs. It is an ongoing priority for the MSSC and the COM administration to recruit students from groups which are underrepresented in medicine.

The COM admits a class of qualified students who are successful in the educational program. The class includes individuals from varying educational and socioeconomic backgrounds, as well as those who are underrepresented in medicine. A particular strength of the admissions process is the active role that the Admissions director plays in creating and maintaining relationships with applicants throughout all stages of the process. The size of the applicant
pool is more than adequate for the established class size. Approximately 900 applicants per year meet the selection criteria to fill the 120 seats in each new medical class. From this group of 900, approximately 300-400 are interviewed. The admissions process considers the student’s academic performance, ability to effectively communicate, and demonstrated interest in medicine. The quality of the entering classes has remained strong and the average GPA and MCAT scores over the last seven years have remained consistent at approximately 3.7 and 30, respectively. The committee reviews non-academic credentials to ensure that students entering the COM have participated in activities demonstrating humanism.

Validity of selection criteria is assured by monitoring performance in course work, passing national examinations, performance in the clinic, professional behavior, number of years to graduate, and number of dismissals. In addition to these benchmarks, the validity of the selection criteria is supported by participation of COM students in service activities. The students choose, and are accepted into, residencies encompassing all fields of medicine and most graduates practice medicine in Florida.

Goals for a diverse student body
The COM works to promote an environment that welcomes and embraces diversity in the student body and seeks to ensure that all students feel supported and accepted. Towards this end, several initiatives are underway including: increasing the enrollment of students from underrepresented and/or disadvantaged populations; enhancing education related to developing cultural competency throughout the curriculum; increasing the recruitment and retention of diverse faculty and residents; encouraging and ensuring diverse representation on COM and university committees; and promoting the COM as an inclusive and welcoming place to work and attend school.

The MSSC is knowledgeable of the need and value for diversity in the medical class and in the community as a whole. College-wide diversity education programs are well-attended. However, there are challenges in fully achieving the COM goals since the pool of underrepresented and/or disadvantaged students who complete applications is small; there are limited scholarships available; and there is a shortage of underrepresented minority faculty role models.

Despite these challenges, in 2005 the COM enrolled the largest percentage of underrepresented minorities, of the Florida schools of medicine. The support for the diversity of students has been enhanced through the creation of an Office of Academic Enrichment in June 2005. This office sponsors a number of programs including a pre-medical summer enrichment program, a pre-matriculation program, and peer tutoring for medical students all four years. A variety of organizations including the Student National Medical Association, the Latin American Medical Student Association, the Asian/Pacific Islander Student Association, the International Health Collaborative Association, and Project World Health also support students of diverse backgrounds.
Over the last several years, the COM has established a strong relationship with the USF Counseling Center for Human Development to provide evaluation of learning skills for medical students having academic difficulty. The center also provides customized educational counseling and intervention for improvement. As part of the first course in the curriculum, this center administers a learning styles inventory for all medical students to heighten their awareness of their learning preferences and optimize their academic success in COM.

Effect of transfer and visiting students
The number of transfer students is very small, with no more than two students per year. By policy, visiting students only take electives and cannot register for them until all regular students have registered. As a result, neither the transfer students nor visiting students adversely impact the educational program or the availability of resources for regular COM students.

Student Services

Adequacy of student support
Strong student support is a priority for the COM. The OSA is highly rated by students on the GQ each year. The OSA has an open-door policy for student counseling whether personal or academic. Other faculty members and administrators at the college, including the vice dean for Educational Affairs and the associate dean for UME, are also available for support. Course directors and faculty routinely offer academic and career counseling as well as personal support for students.

The COM offers a well-developed program to support students who are in need of emotional and mental-health counseling. The Health Enhancement for Lifelong Professional Students (HELPs) program is independent of the faculty and staff of the college. The Division of Infectious Diseases organizes the college’s approach to infectious and environmental hazards associated with patient care for all faculty, staff, and students at USF Health. Clear policies have been established for emergent, post-exposure procedures for students participating in patient care across all sites. These policies are broadly distributed to students. Medical hazards education concerning bodily fluid exposures, needle sticks and other infectious and environmental hazards is provided to students at orientation (Year 1 and Year 3) as well as during the LCE course. Students are provided an exposure contact information card and advised to carry it at all times. An individual is on call 24/7 to provide assistance if an exposure occurs.

The college requires that all students carry basic health and disability insurance policies, and supplemental policies are made available.

Academic difficulty and support mechanisms
Since the last LCME visit, the completion rate for admitted students has remained high with a graduation rate of approximately 98%. This success is due, in part, to the admissions process and support services. Students who have academic difficulties receive excellent support from the OSA and Office Academic Enrichment, course directors, faculty, administrators, colleagues, and the USF Counseling Center for Human Development. Approximately 15% of students over the past six years have experienced academic challenges and the majority receives counseling, remediation, and graduate.

Career, residency, and elective advising
Career counseling, residency preparation, and elective selection processes are administered through the OSA and appear to be effective. Students consistently report via the GQ that they receive the support necessary to make informed choices on residency selection and the majority of students match at one
of their top choices. An individual within OSA is designated to coordinate career counseling.

Students are prepared to enter any residency specialty. The pattern of career choices has been relatively stable for the past six years, with graduates choosing from 17 to 22 specialties per class. Approximately 40% of all graduates selected a primary care specialty (family medicine, internal medicine, or pediatrics). That they have been mistreated is low and is consistently below the national average for the past several years. Policies appear to be effective, but with so few reports of mistreatment, ascertaining the effectiveness of such policies is difficult.

As an affirmation of the importance of the teacher-learner relationship, the COM implemented a formal student-faculty compact in the summer of 2006 that was endorsed by the Student Affairs Committee.

Tuition, financial aid, and indebtedness
During the 2005-2006 academic years, in-state tuition and fees at COM were $18,432 (compared to $20,911 for all public schools nationally). However, tuition and fees alone only made up approximately one-half of the student’s expense. The average COM debt for the Class of 2006 was $103,453 (national figures not yet available) and tuition and fees comprise approximately 63% of this amount.

The financial needs of all medical students can be met through a combination of scholarships and loans. In the history of the COM, no student has been unable to attend for lack of available funding.

Several debt management programs are used to assist students in keeping debt to a minimum. A series of presentations on financial aid, debt counseling, and credit management are provided. Participation in these sessions is high. Students are given annual personalized debt-summary sheets with anticipated repayment schedules. The experienced COM financial aid staff offer all students individual debt and money management counseling.

Student advancement and confidentiality of student records
The standards and policies of the COM regarding advancement, graduation, disciplinary action, appeal, and dismissal are broadly distributed to the students via the Student Handbook. At orientation, students are made aware of this section of the Student Handbook and are advised to review it. Course/clerkship directors are well-versed with these policies as all course and clerkship directors serve on the Academic Performance Review Committee (APRC). The APRC is the faculty committee that adjudicates decisions on student advancement, graduation, disciplinary action, appeal, and dismissal. To ensure confidentiality, all student records are locked securely in the Office of the Registrar and clear policies are in place to maintain the confidentiality of student records. Students may review their records on request.

Student space and learning environment
The facilities available for students at the COM are adequate. Each student is provided a locked desk with internet access within the student laboratory as well as a locker on the COM campus. These spaces are available 24/7. The entire campus is now wireless. Additional study space is available in the library, classrooms, and conference rooms. The current student lounge includes a kitchen and a recreational area. Through expansion and renovations currently underway, new or renovated student space will include a computer lab, an exercise facility, a kitchen, and a lounge. In the clinical environments, adequate space for study is available and call rooms are provided for students at the facilities requiring overnight call.

The Learning Environment

Treatment of students and teacher-learner relationships
COM policy forbids the mistreatment of students. At orientation, the associate dean for Student Affairs describes the zero-tolerance policy on student abuse to students. Faculty and residents receive annual reminders of the mistreatment policy. The number of students who report on the GQ
Number, Qualifications, and Functions

Recruitment and retention of faculty
As of January 2006, the COM had 141 full-time and 11 part-time basic science faculty and 409 full-time and 35 part-time clinical faculty. The hiring of basic science and clinical faculty into available positions has been successful. Since the last LCME site visit, 38 additional basic science and 29 more clinical faculty members have been hired.

Factors that facilitate recruitment and retention of faculty include: a large university that benefits from three health-related colleges; strong state funding; a progressive administration focused on enhancing all missions of the college; an innovative undergraduate medical education curriculum; designation as a Carnegie Research I Institution; identification of strategic research initiatives; anticipated opening of the Centers for Advanced HealthCare; large number of patients with an appropriate mix of pathology; successful clinical practice; increased community awareness of the COM; and a geographically desirable location.

Factors that may hinder faculty recruitment and retention include: the physical separation between the COM and the primary teaching hospital; limited and aging research space; limited endowments and untapped alumni support; and anticipation of future competition for state support and top-notch faculty and students from two recently approved medical colleges in Florida.

As with many medical schools, minority faculty members are underrepresented compared with the state population demographics. The college recognizes this disparity and efforts to improve the situation are ongoing. To a great extent, this disproportion relates to the limited number of qualified underrepresented faculty members who are available to be hired. Progress is being made as reflected by new recruits of underrepresented minorities at junior faculty ranks.

Development of teaching, evaluation, and leadership skills
Many opportunities for faculty and residents to improve their teaching and evaluation skills are available. The university’s Center for 21st Century Teaching Enhancement (http://www.cte.usf.edu) provides a variety of programs for improving teaching and evaluation skills and the assessment of students. The center sponsors publications, workshops, and research to promote instructional excellence. It offers opportunities for individuals to improve their teaching effectiveness using classroom visitations.
Within the COM, the OEA provides numerous opportunities for faculty members to improve their skills as teachers and evaluators of medical students. Offerings include traditional workshops and web-based training opportunities. Workshops offered for the 2005-2006 year included: Learning, Teaching, and Understanding; Learning with Intention; Assessment of Student Learning; Using PowerPoint to Enhance Lectures; Building Learning Communities; Developing Learner-Centered Syllabi; and Technology Based Assessment. A new three-session Team-Based Learning workshop was offered this year. In the inaugural offering of this workshop in spring 2006, 27 individuals participated. Experts from outside of the COM have provided workshops over the last several years. Examples are found in the faculty section of the database.

The vice dean for Educational Affairs and the associate dean for UME have extensive experience in student assessment and are available to support faculty in their endeavors. Faculty members may also receive individualized educational consultations with experts in the OEA to assist in evaluating the curriculum, and designing educational and evaluative tools. In addition, the OEA sponsors attendance at the AAMC annual meeting for several faculty members.

Individual clerkships and departments provide faculty development activities related to teaching and evaluation skills. As examples, the Primary Care and Special Populations clerkship provides all preceptors a quarterly newsletter entitled, The Teaching Physician, and the Emergent and Urgent Care clerkship provides relevant reference materials to instructional staff including the Society for Academic Emergent Medicine Medical Student Educators’ Handbook and Teaching Techniques in the Clinical Setting.

The vp/dean has been particularly instrumental and supportive of developing leadership opportunities for the faculty. The Leadership Institute is a major initiative begun in 2004 to address faculty development. The program includes an extensive leadership assessment, 360 degree feedback, team learning projects, developmental plans, and lectures by national speakers. Armed with these new skills, participants are empowered and encouraged to address institutional challenges. This program is now being replicated at some of the COM’s hospital affiliates. In addition, financial support is provided for selected women faculty to participate in AAMC-sponsored leadership programs such as the Executive Leadership in Academic Medicine, Southern Region Professional Development Conference for Women in Medicine and Research, and the AAMC Mid-Career Women Faculty Professional Development Seminar.

**Personnel Policies**

**Appointment, performance, promotion and tenure of faculty**

The COM Appointment, Promotion, and Tenure (APT) Committee reviews and evaluates all candidates for the level of associate professor or higher. The committee is comprised of nine tenured faculty members of which no fewer than four are tenured basic scientists and no fewer than four are tenured clinical faculty members appointed by the vp/dean on the recommendation of the faculty. The senior executive associate dean of Academic Affairs is an ex officio member of the committee and serves as a resource for the committee. By design, one-third of committee members rotate off the committee each year. The recommendations of the APT Committee are forwarded to the vp/dean and are usually sustained.
The guidelines and policies related to appointment, promotion and tenure are clear and are widely understood and followed. In addition to being available on the Office of Faculty Affairs website, these guidelines and policies are explained and discussed with new faculty members as part of faculty orientation held twice annually. A formalized mid-tenure and review process has been established for the COM. Each faculty member reviewed is advised of overall evaluation and areas that may need improvement. The senior executive associate dean for Academic Affairs also holds an annual workshop for prospective candidates for promotion and/or tenure and provides substantial individualized counseling on request.

Each faculty member is required to present performance goals and objectives, in advance of the academic year, to the department chair/division director or program leader. This meeting typically begins with a review of the faculty member’s accomplishments of the preceding year’s goals and objectives. The faculty member’s assignments and expectations of academic contributions for the coming year, based on COM guidelines for advancement and promotion, are discussed. These elements are then submitted to the departmental APT Committee for review and then to the chairs for final review and assignment of duties. The chairs then attest to the vp/dean that this process has been completed.

The COM highly values the educational mission, educational innovations, and creative technologies for effective learning. The evaluation process for teaching assesses the effectiveness of faculty members’ teaching skills by residents and students and is used in critical decisions about faculty members’ development, retention, and personal academic advancement. Participation in teaching is required and plays a significant role in the promotion process.

The COM is in the process of implementing a mission-based budget system, Asset Investment Management System (AIMS). The system details minimum performance standards and expectations for each mission of the COM, for faculty at each level, and also sets criteria for performance incentives and bonuses. This system will be used in annual evaluation and review for faculty and will also be linked to promotion and tenure. There are five departments currently piloting the AIMS initiative with full implementation scheduled for July 2007.

Conflict of interest policies
Conflict of interest policies covering aspects of research, patents, inventions, allocation of time, speaking engagements, sponsorships and other areas are covered clearly on the Faculty Affairs website. Further information regarding research integrity programs is presented earlier in this document under Institutional Resources - Academic Environment: Research activities and resources.

Governance
Organizational communication and decision making
Elected by the faculty, the COM Faculty Council serves as its representative body through the council and policy committees. The COM Executive Council is composed of the vp/dean, the department chairpersons, the director of the School of Physical Therapy and Rehabilitative Sciences, and the president and vice-president of the Faculty Council. The president of the COM Student Government also serves as an ex officio, non-voting member of the Executive Council. The Faculty Council, its policy and administrative committees, and the Executive Council, serve in an advisory capacity to the vp/dean.
All Faculty Council meetings are open to all faculty members and are teleconferenced to TGH and ACH. A summary of faculty deliberations of the Faculty Council is provided to administrators for consideration and appropriate action. The Faculty Council website posts agendas, presentations, and meeting highlights that summarize the major topics of discussion. In general, these mechanisms provide meaningful opportunities to communicate among faculty members and between faculty and administrators. The Faculty Council leadership communicates regularly with all faculty members and is now serving as an effective interface among the dean, vice deans, administrators, and faculty, and actively solicits greater participation and input. While there is general consensus that the mechanisms for communication with faculty are effective; efforts to enhance open dialogue should continue.

The administration has frequently solicited, and responded to faculty input regarding decision-making processes. Opportunities for participation in decision-making and communication beyond Faculty Council include annual and semi-annual general faculty meetings, regular departmental meetings, and faculty retreats. In the past several months, institution-wide “town hall” meetings have also been held on a regular basis. This forum encourages open communication at a level not often possible at more formal meetings. These meetings have been used effectively to examine research reorganization, faculty incentive plans, evaluation processes, and discussion of UME and GME issues. The college-wide process organized to revise the entire clinical curriculum of the COM, PACE, is another example of collaborative leadership and decision-making. This process was fully described earlier in this document under Educational Program for the MD Degree - Structure of the Educational Program: Years 3 and 4 curricular reform.

The COM is moving toward a business-defined model of management. In the transition, opportunities for new channels of communication among administrators, faculty, and the faculty council leadership have been developed. Direct communications and increased opportunities for faculty leadership to meet and interact directly with the vp/dean and designated members of the dean’s staff have been positive improvements. Despite these efforts, concerns remain among some faculty members regarding the appropriate process for shared governance. In addition, while some faculty members have expressed concerns about the rapidity and substance of some changes made since the appointment of the vp/dean in 2004, most faculty members have accepted these changes as positive for the COM. The Faculty Council leadership is actively working with the vp/dean to further enhance communication efforts to alleviate these concerns.
Finances

Sources of financial support
The COM continues to advance towards an appropriate balance of sources of financial support. Specifically, of all revenue sources, reliance on faculty practice earnings continues to decrease while grants, contracts, and indirect-cost earnings have increased since 1999. For FY 2004-2005, revenues from the faculty practice plan (FPP) accounted for approximately 40% of the college’s total revenue.

COM tuition levels are at the 50th percentile for public universities. It appears that Florida will continue to mandate tuition levels through the legislature with an anticipated increase of 5% per year. Without additional enrollment funding, significant investment in facilities, and LCME approval, enrollment levels in the MD program cannot be increased. As a result of successes at the COM, philanthropy has become an increasing source of support. In FY 2005-2006, the COM received $27.3-million in philanthropic support which included a single gift of $17-million. Philanthropic support bolsters the financial ability of the college to support its missions and it is of increasing importance. The COM needs to continue to develop its relationships with alumni.

Pressure to generate revenue
Faculty productivity pressure exists in every US medical school, but the COM’s missions will ensure that the educational program will remain strongly supported. In 2005, the COM embarked on the creation of a mission-based management system called the Asset Investment Management System (AIMS). A representative council was appointed and charged with the responsibility to develop a clearly-defined approach to faculty assignment (including minimal effort standards for each faculty member by mission), metrics for incentive and bonus programs, methods to analyze faculty effort with college priorities and fund sources, and the implementation of a pilot program. The goal is to align sources and uses of college funds in order to promote success in each mission and ensure accountability for income and expenditure allocation. This system will ensure long-term protection of the educational mission by earmarking a majority of state funds allocation and tuition for educational effort. A seminal mandate passed in academic year 2005-2006 includes a 15% effort commitment with college-wide minimums for every full-time faculty member in education (5%), scholarship (5%), service (3%), and professional development (2%).
Positioning of the clinical enterprise
The COM has a sound organizational structure and FPP. Since the vp/dean is the CEO of the FPP, missions between the COM and the FPP are congruent. As a result, the FPP provides services in support of the college’s clinical education mission.

The Executive Management Committee (EMC) of the FPP, which serves as the management team for the board of directors, is responsible for reviewing all clinical programs, their finances, faculty compensation, compliance, and managed-care contracts. To assure fiscal soundness the vp/dean and the board of the FPP, created an independent audit committee. This committee is now led by someone with a good local and national reputation in non-profit accounting and, as a result, several new financial systems have been implemented.

The college is currently involved in a sizable building project to create two new outpatient Centers for Advanced HealthCare in the Tampa area, one located at the main campus and the other at the TGH campus. In preparation for construction of these buildings, considerable internal planning, related to the relevant clinical programs, has been conducted. Substantial effort has been expended toward evaluating the health care opportunities within the medical school and surrounding communities in order to plan the program for these new facilities. These clinical facilities will become clinical teaching sites for out-patient service and use new electronic technology for the health care records and practice management systems.

Marketplace analysis projected for Hillsborough County (location of the main COM campus and the majority of its clinical affiliates) and the six surrounding counties show a future compounded annual growth rate of 2.7% within the 45-64 age group over the next five years. Hillsborough County also has the fastest growing 65+ age group in Florida. These forecasts provide the COM an opportunity to continue to increase clinical service provided in the region.

General Facilities
Facilities for teaching, research, and service: present and future capital needs
Careful strategic planning regarding the capital needs of the COM in all of its missions has been conducted. Present and future capital needs are assessed at all levels of the organization. Sources of revenue include state funds, philanthropy, indirect-rebate fund recovery, FPP surpluses, and year-end carry forward funds of unspent state appropriations. While these funding sources have historically been modest, the amounts the COM has received for capital improvement and expansion have increased in recent years.

Space is currently adequate for all three missions of the COM. However, the goal is to secure funding to modernize and improve the facilities for the educational program; to increase, in both quality and quantity, the space available for research; and to complete construction on the Centers for Advanced HealthCare.

Since the last LCME site visit, three large classrooms have been renovated and the clinical skills center (Center for Advanced Clinical Learning, CACL) has opened. Both of these enhancements have served the educational program well. Older educational facilities and labs are in need of renovation and expansion to meet future anticipated educational needs.

State funds have been provided for various renewal and major maintenance projects at the COM. This year for example, student lounges, a computer lab, and a fitness
center are scheduled to be completed. In addition, the entire COM campus has recently been converted to a wireless environment.

The general facilities for research are adequate for the current institutional needs and have been expanded and updated. The existing research facilities, however, will not support the expansion of the research enterprise as outlined in current goals. Some remodeling of research buildings on the main campus has occurred and two new research facilities have been completed and occupied since 2000.

The general facilities for patient care are adequate. The medical clinics on the main campus have been renovated and upgraded to improve the patient experience. Similar improvements have been made at the other patient-care sites such as TGH. Two new patient-care centers, previously described, are expected for completion in the next two years.

Major research and educational building projects of the COM are on the university’s top priority request list for appropriations from the State of Florida and are expected to be funded in the next five years.

Security and safety
Since the last site visit, security on the main COM campus has been upgraded for protection of students and staff. USF police patrol the facility 24/7 and emergency telephones are in parking lots and student teaching areas. As part of a continuing effort to improve security, approximately 200 additional security cameras have been installed around the main COM building complex over the past three years. In addition, a card-swear access system that limits after-hours access has been installed. The USF police provide an annual educational program on public safety for the medical students.

The affiliated teaching hospitals employ security personnel and protocols common to large metropolitan hospitals. After-hours parking for students is secure at ACH, MCC, TGH, and the Tampa and Bay Pines VA hospitals. Parking is currently limited at the TGH complex, but a 1400-car parking garage is planned to open in spring of 2007. In the meantime, a remote, secure off-site lot has been provided for use by students, hospital staff, and hospital administrators with a shuttle bus connecting the remote parking facility with the hospital. Even though students are advised to use these services, students report that they park in other locations near the hospital.

Clinical Teaching Facilities

Clinical resources
The clinical resources available to the COM are excellent. The numbers of patients are more than adequate (in FY 2006 there have been more than 215,000 outpatient visits to the main and TGH campuses) and the patient mix reflects diversity in age, gender, education, socioeconomic status and medical conditions. There are sufficient numbers of clinical faculty for the size of the student body at all sites. Ambulatory care facilities are available and adequate for the educational program. As noted previously, two new ambulatory centers are under construction. Early in AY 2005-2006, the number of pediatric and geriatric patients available was suboptimal in two clinics being developed with new faculty. The patient populations in these clinics have since increased.

Interaction between hospital affiliates and the COM
Relationships between the COM administration and the hospital/clinics used for teaching have improved since the LCME site visit in 1999. The vp/dean of the COM sits on the board of trustees of two of the three major teaching hospitals, TGH and MCC. The chair of Pediatrics sits on the Board of Trustees of ACH. A vibrant dean’s committee for both VA hospitals meets four times per year and
brings the leadership of the VA hospitals and the COM together to discuss strategies and tactics to improve the affiliations, the faculty, and the educational programs. Despite improved relationships, hospital affiliates have significant opportunities to increase strategic and financial support of the COM’s academic mission.

At every clinical facility with educational programs for medical students regular communication at the highest levels of leadership is ongoing between the college faculty and the affiliates to ensure that policies are in place to support the medical education program. Even during times of inevitable disagreement between the COM and affiliates, student education is not compromised.

The clinical staffs at all of the facilities are attuned to students’ interests and needs. All have clear mandates from senior leadership to promote and support the student experience. In some affiliates, such as TGH and ACH, the medical staff is composed of college faculty and community physicians. Some community physicians are particularly active as volunteer clinical faculty and are important in the educational process of the students. Even though the medical staff leadership at most hospitals is not controlled by COM clinical department heads, student education has not been adversely affected.

Information Resources and Library Services

Information resources
Information technology services at the COM are excellent and strongly support the educational mission. Students use online course evaluation and logbook systems that are accessible on campus or remotely. The major clinical affiliates are sufficiently integrated to assure connectivity to the COM.

Information Technology is responsive to the needs of students and faculty. Services available include training, computer setup and repair, technical support, and networking. As previously noted, the COM campus has recently become wireless. All courses and clerkships use available courseware (BlackBoard®) making course materials available to students over any internet-connected computer. The COM faculty and administration are receptive and willing to use new and emerging technologies to enhance the educational program. Information Technology fully supports such efforts. For example, in 2005-2006 the COM implemented video-archiving for all Year 1 and Year 2 lectures.

The library
The needs of the COM are well-served by the quantity and quality of library materials. The library provides abundant printed and electronic resources. When budgets permit, new subscriptions are added with input from faculty. In order to maximize resources, some cancer subspecialty journals are available either at the adjacent MCC or the main medical school library.

The library provides access to a large number of online resources including textbooks, databases, and journals. The library staff closely monitors usage of these resources and when access becomes limited by concurrent user license agreements, the allocation is adjusted.

The library is well-staffed and broadly available to all constituents. The library staff provides computer training on data searches, information management, and computer use. Numerous study carrels and a few study rooms, several of which are being renovated, are available for use. The library opens at 7:30 am weekdays, 10 am on Saturdays, and noon on Sundays and remains open every day until 11 pm. Some have expressed a need to extend hours of operation but at the current time, it is felt that the resource allocation needed to staff the library for additional hours would not be supported by the expected use. Alternative study spaces, along with online library resources, are available at the COM 24/7.
Strengths:

1. COM has a dynamic, energetic, and enthusiastic leadership team with vision and commitment to achieve excellence in all missions of the COM. The vice-dean model is particularly effective.

2. The curriculum is innovative, dynamic, and learner-centered emphasizing integration of content that is relevant to the contemporary practice of medicine. Ongoing collaboration between faculty and students to assess the curriculum as a whole, and its component parts, is at its foundation.

3. USF CARES, the set of faculty developed COM objectives, is the foundation for development of all courses/clerkships as well as the framework for assessment of student performance.

4. The transition to an interdisciplinary curriculum involving horizontal and vertical integration of content has created opportunity for faculty development, increased interaction across disciplines, and enhanced collegial relationships among students, faculty, and administrators.

5. USMLE performance over the past seven years indicates that COM students typically perform above the national average.

6. Students consistently evaluate the support services offered by the Offices of Student Affairs and Financial Aid as outstanding.

7. The newly constructed Center for Advanced Clinical Learning provides excellent clinical learning opportunities.

8. The faculty practice plan has improved operating mechanisms yielding improved fund recovery from clinical faculty services.

9. The clinical affiliates provide access to a large number and variety of patients, supporting the educational mission and offering enhanced opportunities for research.

10. The research mission is energized with clear strategic goals, the identification of four signature research programs, plans for faculty recruitment, and resources for the development of laboratory cores.

11. The Tampa Bay area offers a growing economy, opportunities for strategic partnerships, a broad patient base, and a high quality of life.
Prioritized Problem Areas and Associated Recommendations:

1. While the research facilities are adequate to support currently funded research, there must be new and renovated facilities to meet the COM’s goals and aspirations.

2. While there is adequate space for the current educational program, and progress has been made in improving the educational space, some educational facilities are dated and need renovation and expansion to meet anticipated educational needs.

3. While the relationships with the clinical affiliates have improved since 1999, significant opportunity exists to increase strategic and financial support of the academic mission of the COM by the hospital affiliates.

4. The COM will resubmit to the Residency Review Committee a plan for a newly structured Anesthesiology residency program. The recent re-negotiation of the Anesthesiology relationship at TGH has laid the groundwork for the COM’s ability to resubmit this application. Support of hospital-based specialties by the affiliates is critical to success of clinical programs.

5. The COM has a strategic goal to increase the number of faculty from populations who are underrepresented in medicine. Despite this goal, faculty numbers from these groups remain small and continued efforts are required.

6. The COM has not fully developed and availed itself of the opportunities for alumni philanthropy, partially due to the relative youth of the college. More efforts are needed to harness alumni support, particularly for student scholarships.

7. The inherent logistical issues of a geographically-divided campus remain. Efforts to improve communication including the use of electronic media and video links should continue.

Transitional Issues:

1. It is the goal of the COM to significantly improve research ranking and to gain national prominence through the pursuit of excellence in all missions. To meet this goal, a number of new and aggressive strategies have been developed and implemented, at times more swiftly than the faculty and staff are accustomed. This has led to excitement in some and concern in others.

2. The implementation of a dynamic, modern, and innovative curriculum allowing for varied learning strategies presents challenges to some faculty and students who have more traditional expectations. Ongoing efforts toward faculty and student education and development should continue in order to optimize the positive potential of these educational advancements.

3. The approval of two new state-funded medical colleges in Florida may impact state resource allocation and maintenance of a qualified pool of faculty and students.

4. The effects of a projected cut in Medicare reimbursement will require close monitoring.

5. Participation of faculty in interdisciplinary courses has improved with the discussion and piloting of our mission-based budgeting system (AIMS). Attention must be directed to this area to ensure that such participation continues.

6. The re-creation of a COM Department of Orthopedics has provided the ability to apply for a new residency program and to promote other opportunities including the statewide Sports Medicine & Athletic-Related Trauma (SMART) Institute at USF.
Self-Study Steering Committee

Paul M. Wallach, MD, Chair
Vice Dean, Educational Affairs
Professor, Internal Medicine

Bryan Bognar, MD
Associate Dean, Undergraduate Medical Education,
Office of Educational Affairs
Associate Professor, Internal Medicine

Gretchen Koehler, PhD
LCME Administrator
Office of Educational Affairs

Susan Pross, PhD
Faculty Co-Chair, LCME Self-Study Associate Professor,
Molecular Medicine

Deborah C. Roth, DO
Faculty Co-Chair LCME Self-Study
Associate Professor, Psychiatry & Behavioral Medicine

Oversight Committee

Michael Barber, DPhil
Self-Study Committee Chair #1
Interim Associate Dean, Office of Graduate & Postdoctoral Affairs
Professor, Molecular Medicine
Faculty Senate, President-Elect

Robert Belsole, MD
Administrative Liaison
Vice Dean, Clinical Affairs
Professor, Surgery

Bryan Bognar, MD, Steering Committee Administrative Liaison
Associate Dean, Undergraduate Medical Education
Associate Professor, Internal Medicine

Nick Burdash, PhD
Self-Study Committee Co-Chair #7
Professor, Molecular Medicine

John Curran, MD
Administrative Liaison
Senior Executive Associate Dean, Academic & Faculty Affairs
Professor, Pediatrics

Peter J. Fabri, MD
Administrative Liaison
Associate Dean, Graduate Medical Education
Professor, Surgery

Francisco Fernandez, MD
Self-Study Committee Chair #3
Professor & Chair, Psychiatry & Behavioral Medicine

Patricia Haynie, PhD
Administrative Liaison
Associate Vice President, Strategic Planning, Analysis & Operations, USF Health
Assistant Professor, Internal Medicine

Joseph M. Jackson, MBA
Administrative Liaison
Executive Director, USF Physicians Group

Mohamad Kasti, MS, MBB, MCA Administrative Liaison
Chief Operating Officer, USF Health

Thomas Klein, PhD
Self-Study Committee Chair #9
Professor, Molecular Medicine

Paula Knaus, MA
Administrative Liaison
Associate Dean, Faculty & Staff Affairs, College of Public Health

Gretchen Koehler, PhD
Steering Committee
LCME Administrator
Office of Educational Affairs

Joseph Krzanowski, PhD
Administrative Liaison
Associate Dean, Graduate Affairs
Professor, Molecular Pharmacology & Physiology
Joe Lezama, MD  
Self-Study Committee Chair #6  
Associate Professor, Internal Medicine  
Assistant Program Director Internal Medicine  
Chief, Medical Service, James A. Haley Veterans’ Hospital

Bruce G. Lindsey, PhD  
Self-Study Committee Chair #2  
Professor & Chair, Molecular Pharmacology & Physiology

Philip Marty, PhD  
Administrative Liaison  
Associate Vice President, USF Health  
Strategic Partnerships & Governmental Affairs, USF Health

William G. Marshall, Jr., MD, MBA  
Administrative Liaison  
Associate Vice President, USF Health  
Clinical Research & Venture Development  
Assistant Professor, Surgery

Karl Muffly, PhD  
Self-Study Committee Chair #10  
Associate Professor, Pathology & Cell Biology

Greg Nicolosi, PhD  
Self-Study Committee Co-Chair #4  
Associate Professor, Molecular Pharmacology & Physiology  
Chair, Committee on Curriculum

Santo V. Nicosia, MD  
Self-Study Committee Co-Chair #7  
Professor & Chair, Pathology & Cell Biology

Charles Paidas, MD, MBA  
Self-Study Committee Chair #8  
Chief, Pediatric Surgery  
Professor, Surgery & Pediatrics  
Faculty Council Representative

Susan Pross, PhD  
Faculty Co-Chair, LCME Self-Study  
Associate Professor, Molecular Medicine

Abdul S. Rao, MD, MA, DPhil  
Administrative Liaison  
Senior Associate Vice President for Research – USF Health  
Vice Dean, Research & Graduate Affairs  
Professor, Surgery & Molecular Medicine

Marion Ridley, MD  
Self-Study Committee Co-Chair #4  
Associate Professor, Otolaryngology  
Faculty Council Past President

Deborah C. Roth, DO  
Faculty Co-Chair LCME Self-Study  
Associate Professor, Psychiatry & Behavioral Medicine

Beverly Shattuck, MS, MBA  
Administrative Liaison  
Director, Health Sciences Library

Steven Specter, PhD  
Administrative Liaison  
Professor, Molecular Medicine  
Associate Dean, Admissions & Student Affairs

Joann Strohbe, MEd  
Administrative Liaison  
Chief Financial Officer & Associate Vice President, Finance, Administration & Technology, USF Health

Paul Wallach, MD  
Chair, Steering Committee  
Vice Dean, Educational Affairs  
Professor, Internal Medicine

Deanna Wathington, MD, MPH, FAAFP  
Self-Study Committee Chair #5  
Associate Dean, Academic Enrichment  
Assistant Professor, Family Medicine

Self-Study Committees:  
Committee #1: Institutional Setting: Governance and Administration

Michael Barber, DPhil  
Self-Study Committee Chair  
Interim Associate Dean, Office of Graduate & Postdoctoral Affairs  
Professor, Molecular Medicine  
Faculty Council, President

Michael Alberts, MD, MBA  
Professor, Interdisciplinary Oncology

Sally Houston, MD  
Professor, Internal Medicine

Kendall F. Morris, PhD  
Associate Professor, Molecular Pharmacology & Physiology

Robert M. Nelson, Jr., MD, MS  
Professor & Chair, Pediatrics

Philip Shenefelt, MD  
Associate Professor, Internal Medicine

Martin Silbiger, MD, MBA  
Professor & Chair, Radiology  
Chief, Moffitt Radiology
Committee #2: Institutional Setting: Academic Environment: Research/Graduate Programs/Basic Science

John Curran, MD
Administrative Liaison
Senior Executive Associate Dean, Academic & Faculty Affairs
Professor, Pediatrics

Patricia Haynie, PhD
Administrative Liaison
Associate Vice President, Strategic Planning, Analysis & Operations, USF Health
Assistant Professor, Internal Medicine

Committee #2: Institutional Setting: Academic Environment: Research/Graduate Programs/Basic Science

Bruce G. Lindsey, PhD
Self-Study Committee Chair
Professor & Chair, Molecular Pharmacology & Physiology

Burt Anderson, PhD
Professor, Molecular Medicine

Eric S. Bennett, PhD
Associate Professor, Molecular Pharmacology & Physiology
Faculty Council

Barry B. Bercu, MD
Professor, Pediatrics

Nagwa Dajani, MD, PhD
Assistant Professor, Neurosurgery
Faculty Council Representative

Denis English, PhD
Professor, Neurosurgery
Director, Cell Biology/Center for Aging & Brain Repair Research

Peter Medveczky, MD
Professor, Molecular Medicine

Paul R. Sanberg, PhD, DSc
Distinguished University Professor
Vice Chair, Academic Affairs/Department of Neurosurgery

Kenneth E. Ugen, PhD
Professor, Molecular Medicine

Lynn Wecker, PhD
Distinguished Research Professor, Molecular Pharmacology & Physiology
Associate Dean, Research

Alison Willing, PhD
Associate Professor, Neurosurgery

Ken Zuckerman, MD
Harold H. Davis Professor of Cancer Research
Professor, Oncology, Internal Medicine & Molecular Medicine
Director, Division of Medical Oncology & Hematology

Josh O'Donnell
Graduate Student Year 3

John Curran, MD
Administrative Liaison
Senior Executive Associate Dean, Academic & Faculty Affairs
Professor, Pediatrics

Joseph Krzanowski, PhD
Administrative Liaison
Associate Dean, Graduate Affairs
Professor, Molecular Pharmacology & Physiology

William G. Marshall, Jr., MD, MBA Administrative Liaison
Associate Vice President, USF Health
Clinical Research & Venture Development
Assistant Professor, Surgery

Philipp Marty, PhD
Administrative Liaison
Associate Vice President, USF Health
Strategic Partnerships & Governmental Affairs, USF Health

Abdul S. Rao, MD, MA, DPhil
Administrative Liaison
Senior Associate Vice President for Research – USF Health
Vice Dean, Research & Graduate Affairs
Professor, Surgery & Molecular Medicine

Committee #3: Institutional Setting: Academic Environment: Clinical Departments/Residences

Francisco Fernandez, MD
Self-Study Committee Chair
Professor & Chair, Psychiatry & Behavioral Medicine

H. James Brownlee, MD
Professor & Chair, Family Medicine

Don F. Cameron, PhD
Professor, Pathology & Cell Biology
Anne B. Curtis, MD, FACC
Professor, Medicine
Chief, Division of Cardiology
Director & CEO, Cardiovascular Services

Michael Flannery, MD
Professor, Internal Medicine

Rani Gereige, MD, MPH, FAAP
Associate Professor, Pediatrics

Sandra Gompf, MD, FACP
Associate Professor, Internal Medicine
Faculty Council President-elect

Jorge Lujan-Zilbermann, MD, MS
Assistant Professor, Pediatrics

Bruce Schnapf, DO
Associate Professor, Pediatrics
Division Chief, Pulmonology

Saundra Stock, MD
Assistant Professor, Psychiatry & Behavioral Medicine

Harry R. van Loveren, MD
Professor & Chair, Neurosurgery

Don Luong, MD
Resident Physician, Internal Medicine

Stephanie Parks Pezzo
Medical Student, Year 4

Janelle Fauci
Medical Student, Year 3

Elizabeth Rommel
Medical Student, Year 2

Robert Belsole, MD
Administrative Liaison
Vice Dean, Clinical Affairs
Professor, Surgery

John Curran, MD
Administrative Liaison
Senior Executive Associate Dean, Academic & Faculty Affairs
Professor, Pediatrics

Peter J. Fabri, MD
Administrative Liaison
Associate Dean, Graduate Medical Education
Professor, Surgery

William G. Marshall, Jr., MD, MBA Administrative Liaison
Associate Vice President, USF Health
Clinical Research & Venture Development
Assistant Professor, Surgery

Committee #4: Educational Program for the MD

Greg Nicolosi, PhD
Self-Study Committee Co-Chair
Associate Professor, Molecular Pharmacology & Physiology
Chair, Committee on Curriculum

Marion Ridley, MD
Self-Study Committee Co-Chair
Associate Professor, Otolaryngology
Faculty Council, Past President

Lori Bowers, MD
Assistant Professor, Pediatrics

Sophie Dessureault, MD, PhD
Assistant Professor, Interdisciplinary Oncology & GI Tumor Program

Paul E. Gottschall, PhD
Professor, Molecular Pharmacology & Physiology

Richard P. Hoffmann, MD
Associate Dean, Clinical Outreach
Associate Professor, Internal Medicine

David L. Keefe, MD
James M. Ingram Chair, Obstetrics & Gynecology
Professor, Obstetrics & Gynecology

Christopher Phelps, PhD
Professor, Pathology & Cell Biology

Susan Pross, PhD
Faculty Co-Chair, LCME Self-Study
Associate Professor, Molecular Medicine

W.S. Quillen, PT, PhD, SCS, FACSM
Professor & Director, School of Physical Therapy

Deborah C. Roth, DO
Faculty Co-Chair LCME Self-Study
Associate Professor, Psychiatry & Behavioral Medicine
Cynthia Selleck, ARNP, DSN  
Director, Area Health Education Center

Kira Swygart, MD  
Assistant Professor, Family Medicine

David Wilson  
Medical Student, Year 4

Guraman Bhullar  
Medical Student, Year 3

Jenny Beckman  
Medical Student, Year 3

Alexis Harrison  
Medical Student, Year 2

Jonathan Keshishian  
Medical Student, Year 1

Bryan Bognar, MD  
Administrative Liaison  
Associate Dean, Undergraduate Medical Education, Educational Affairs  
Associate Professor, Internal Medicine

Eduardo Gonzalez, MD, FAAFP  
Associate Professor, Family Medicine

Suzanne Jackson, MPH  
Director, Office of Academic Enrichment

Ismail Kazem, MD  
Professor, Interdisciplinary Oncology  
Chief, Radiation Oncology, James A. Haley Veterans’ Hospital

Dennis K. Ledford, MD  
Professor, Internal Medicine & Pediatrics  
Chair, Medical Students Selection Committee

Michael Morgan, MD  
Assistant Professor, Pathology & Cell Biology

Peter Reed Pavan, MD  
Professor & Chair, Ophthalmology

Leon Prockop, MD  
Professor, Neurology

Laura Weathers, MD  
Associate Professor, Pediatrics

James Meredith  
Medical Student, Year 4

Shelbourn Kent  
Medical Student, Year 2

Brian Boe  
Medical Student, Year 1

Steven Specter, PhD  
Administrative Liaison  
Associate Dean, Admissions & Student Affairs  
Professor, Molecular Medicine

Committee #5: Medical Students: Admissions

Deanna Wathington, MD, MPH, FAAFP  
Self-Study Committee Chair  
Associate Dean, Academic Enrichment  
Assistant Professor, Family Medicine

W. Lee Adair, PhD  
Professor, Molecular Medicine

Lewis Barness, MD  
University Distinguished Professor, Pediatrics

Claudia Beghe, MD  
Associate Professor of Medicine, Division of Geriatric Medicine  
Chief, Division of Geriatric Medicine, James A. Haley Veterans’ Hospital

Glenn Catalano, MD  
Professor, Psychiatry & Behavioral Medicine  
Associate Chief of Staff, Mental Health & Behavioral Science Service, James A. Haley Veterans’ Hospital

Duane C. Eichler, PhD  
Professor, Molecular Medicine & Pediatrics  
Faculty Council Representative

Committee #6: Medical Students: Student Services/Learning Environment

Joe Lezama, MD  
Self-Study Committee Chair  
Associate Professor, Internal Medicine  
Assistant Program Director, Internal Medicine  
Chief, Medical Service, James A. Haley Veterans’ Hospital

Michael Albrink, MD  
Associate Professor, Surgery

Lynn Crespo, PhD  
Associate Professor, Molecular Pharmacology & Physiology  
Director, Pharmacology Education
Peter Dunne, MD
Professor & Chair, Neurology

Elamin M. Elamin, MD
Associate Professor, Anesthesiology & Medicine

John Greene, MD
Professor, Interdisciplinary Oncology & Internal Medicine
Chief, Interdisciplinary Oncology

Monina S. Mabuti, MD
Assistant Professor, Internal Medicine

James C. Mayer, Jr., MD
Director, Undergraduate Women’s Health Care Education
Associate Professor, Obstetrics & Gynecology

Keith R. Pennypacker, PhD
Associate Professor, Molecular Pharmacology & Physiology

Samuel Saporta, PhD
Professor, Pathology & Cell Biology
Faculty Council Representative

John Sinnott, MD FACP
Associate Dean, International Affairs
Professor, Internal Medicine
Clinical Director, Signature Research Program in Allergy, Immunology & Infectious Disease

Antoinette C. Spoto-Cannons, MD
Director, Undergraduate Children’s Health Care Education
Assistant Professor, Pediatrics

Michael Harrington
Medical Student, Year 4

Christy Shamas
Medical Student, Year 3

Lisa Moody
Medical Student, Year 2

Patrick Teefey
Medical Student, Year 1

Steven Specter, PhD
Administrative Liaison
Associate Dean, Admissions & Student Affairs
Professor, Molecular Medicine

Committee #7: Faculty

Nick Burdash, PhD
Self-Study Committee Co-Chair
Professor, Molecular Medicine

Santo V. Nicosia, MD
Self-Study Committee Co-Chair
Professor & Chair, Pathology & Cell Biology

Martha Brown, MD
Director, Division of Addiction Medicine & Professional Health Services
Associate Professor, Psychiatry & Behavioral Medicine
Faculty Council Representative

Enrico Camporesi, MD
Professor & Chair, Anesthesiology

Edward Cutolo, MD
Associate Chairman, Medicine Chief, Medical Service, James A. Haley Veterans’ Hospital
Acting Chief of Staff, James A. Haley Veterans’ Hospital
Associate Professor, Internal Medicine
Faculty Council Representative

Edward Eikman, MD
Associate Professor, Radiology
Faculty Council Representative

Judith D. Ranells, MD
Interim Chief, Division of Medical Genetics
Associate Professor, Pediatrics

Kailie Shaw, MD
Professor & Vice Chair, Psychiatry & Behavioral Medicine

Larry P. Solomonson, PhD
Professor & Chair, Molecular Medicine

Deborah Sutherland, PhD
Associate Vice President, USF Health
Associate Dean, College of Medicine
Continuing Professional Development

John Curran, MD
Administrative Liaison
Senior Executive Associate Dean, Academic & Faculty Affairs
Professor, Pediatrics

Paula Knaus, MA
Administrative Liaison
Associate Dean, Faculty & Staff Affairs, College of Public Health
Committee #8: Educational Resources: Finances

Charles Paidas, MD, MBA
Self-Study Committee Chair
Chief, Pediatric Surgery
Professor, Surgery & Pediatrics
Faculty Council Representative

Charles Brock, MD
Assistant Professor, Neurology
Faculty Council Representative

John Dietz, PhD
Professor, Molecular Pharmacology & Physiology

Charles M. Edwards, MD, MBA
Director, Internal Medicine
Assistant Professor & Associate Program

Harvey Greenberg, MD, MBA
Associate Professor & Associate Chair, Interdisciplinary Oncology

Richard Heller, PhD
Professor, Molecular Medicine
Co-Director, Center for Molecular Delivery

Richard Karl, MD
Director, Division of Surgical Oncology
Richard G. Connar Professor & Chair, Surgery

Michael T. Parsons, MD, MBA
Associate Vice President, Clinical Quality Improvement, USF Health
Professor, Obstetrics & Gynecology

Joseph M. Jackson, MBA
Administrative Liaison
Executive Director, USF Physicians Group

Joann Strobbe, MEd
Administrative Liaison
Chief Financial Officer & Associate Vice President, Finance, Administration & Technology, USF Health

Committee #9: Educational Resources: General Facilities/clinical Teaching Facilities

Thomas Klein, PhD
Self-Study Committee Chair
Professor, Molecular Medicine

Karen Bruder, MD
Assistant Professor, Obstetrics & Gynecology
Faculty Council Representative

John B. Downs, MD
Professor, Interdisciplinary Oncology

Patricia J. Emmanuel, MD
Associate Professor, Pediatrics
Chief, Pediatric Infectious Diseases

Mike Garry, Sergeant
University of South Florida Police Department USF Health

Allan L. Goldman, MD
Professor & Chair, Internal Medicine

R. Kennedy Keller, PhD
Professor, Molecular Medicine

John Liston
Assistant Vice President, USF Health Operations & Facilities

William G. Marshall, Jr., MD, MBA
Associate Vice President, USF Health
Clinical Research & Venture Development
Assistant Professor, Surgery

Jane L. Messina, MD
Director, Pathology Residency Training Program
Associate Professor, Pathology & Medicine

David J. Orban, MD
Associate Professor & Director, Emergency Medicine/Internal Medicine

Dorothy Shulman, MD
Professor, Pediatrics

Michael Small
Medical Student, Year 4

John Mullinax
Medical Student, Year 3

Elizabeth Tatum
Medical Student, Year 2

Elizabeth Melzer
Medical Student, Year 1

Robert Belsole, MD
Administrative Liaison
Vice Dean, Clinical Affairs
Professor, Surgery

John Curran, MD
Administrative Liaison
Senior Executive Associate Dean, Academic Affairs
Professor, Pediatrics
Patricia Haynie, PhD
Administrative Liaison
Associate Vice President, Strategic Planning, Analysis & Operations, USF Health
Assistant Professor, Internal Medicine

Mohamad Kasti, MS, MBB, MCA, Administrative Liaison
Chief Operating Officer, USF Health

Joann Strobbe, MEd
Administrative Liaison
Chief Financial Officer & Associate Vice President, Finance, Administration & Technology, USF Health

Committee #10: Educational Resources: Informational Resources/Library

Karl Muffly, PhD
Self-Study Committee Chair
Associate Professor, Pathology & Cell Biology

Lodovico Balducci, MD
Chief, Division of Geriatric Oncology
Professor, Interdisciplinary Oncology & Internal Medicine

George Blanck, PhD
Professor, Molecular Medicine

Jonathan A. Harton, PhD
Assistant Professor, Molecular Medicine
Faculty Council Representative

Shelly Holmstrom, MD
Assistant Professor, Obstetrics & Gynecology
Faculty Council Representative

Thomas V. McCaffrey, MD, PhD
Leader, Head & Neck Oncology Program
Professor & Chair, Otolaryngology

James McKenzie
Assistant Vice President/Chief Information Officer, USF Health Information Systems

Hugo Narvarte, MD
Assistant Professor, Internal Medicine & Pediatrics

Richard Roetzheim, MD, MSPH
Professor, Family Medicine

John Zak, MD
Associate Professor, Psychiatry & Behavioral Medicine

Jacob Dexheimer
Medical Student, Year 4

Joseph Jenkins
Medical Student, Year 3

Bishoy Samuel
Medical Student, Year 2

Daniel Bui
Medical Student, Year 1

Beverly Shattuck, MS, MBA
Administrative Liaison
Director, Health Sciences Library

Joann Strobbe, MEd
Administrative Liaison
Chief Financial Officer & Associate Vice President, Finance, Administration & Technology, USF Health
By improving the learning journey for students... we will improve the medical journey for our patients.