

# **Uniformed Services University** of the Health Sciences



*“Learning to Care for Those in Harm’s Way”*

**Board of Regents**  
**Quarterly Meeting**

*February 3, 2025*

**BOARD OF REGENTS  
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES (USU)  
223<sup>RD</sup> MEETING**

**February 3, 2025, 8:00 a.m. – 12:00 p.m. Eastern Time  
Hosted virtually via Google Meet**

**MEETING AGENDA**

**OPEN MEETING**

<b>8:00 – 8:10 a.m.</b>	<b>Meeting Call to Order</b> Acting Designated Federal Officer	Dr. Glendon Diehl
	<b>Opening Comments</b> Chair, Board of Regents, USU	Dr. Nancy Dickey
<b>8:10 – 8:40 a.m.</b>	<b>President's Report &amp; Discussion</b> President, USU	HON Jonathan Woodson
<b>8:40 – 8:55 a.m.</b>	<b>Health Affairs Update &amp; Discussion</b> Acting Assistant Secretary of Defense (HA)	Dr. Stephen Ferrara
<b>8:55 – 9:10 a.m.</b>	<b>Updates on Applications and Admissions to USU Schools:</b> Graduate School of Nursing (GSN) Dean of the Daniel K. Inouye GSN	Dr. Carol Romano
<b>9:10 – 9:25 a.m.</b>	Postgraduate Dental College Associate Dean for Faculty Affairs	Dr. Jay Graver
<b>9:25 – 9:40 a.m.</b>	College of Allied Health Sciences Dean, College of Allied Health Sciences	Dr. James Nash
<b>9:55 – 10:15 a.m.</b>	School of Medicine (SoM) Dean of the F. Edward Hebert SoM Assoc. Dean, Recruit. & Admissions	Dr. Eric Elster COL Danielle Holt
<b>10:15 – 10:30 a.m.</b>	<b>Break</b>	
<b>10:30 – 11:05 a.m.</b>	<b>Discussion with Deans</b>	Regents
<b>11:05 – 11:35 a.m.</b>	<b>Update &amp; Discussion on MHS Education and Training Mission and Capability Evaluation</b> VP for External Affairs, USU	Dr. Glendon Diehl
<b>11:35 – 11:55 a.m.</b>	<b>Update &amp; Discussion on Digital Health Integration Center Concept and AI Integration</b> President, USU	HON Jonathan Woodson
<b>11:55 a.m. – 12:00 p.m.</b>	<b>Closing Comments</b> Chair, Board of Regents, USU	Dr. Nancy Dickey
	<b>Adjourn</b> Acting Designated Federal Officer	Dr. Glendon Diehl

BOARD OF REGENTS  
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH  
SCIENCES 223<sup>RD</sup> MEETING

February 3, 2025 8:00 a.m. – 12:00 p.m. Eastern Time

Table of Contents

Reports to the Board of Regents

- [TAB 1](#) ... President's Report
- [TAB 2](#) ... Health Affairs Update
- [TAB 3](#) ... Updates on Applications and Admissions to the USU  
Schools & School of Medicine Specialties
- [TAB 4](#) ... Update on MHS Education and Training Mission and  
Capability Evaluation
- [TAB 5](#) ... Update on Digital Health Integration Center Concept and AI  
Integration

# **TAB 1**

## **President's Report**

## **TAB 2**

### **Health Affairs Update**

## **TAB 3**

# **Updates on Applications and Admissions to the USU Schools & School of Medicine Specialties**

# GSN Admissions Data

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Carol A. Romano, PhD, RN, Dean and Professor

Presented to USU BOR February 3, 2025



# 2025 Admissions

101

*Total Applicants*

71%

*Acceptance Rate*

66

*Total Admitted*

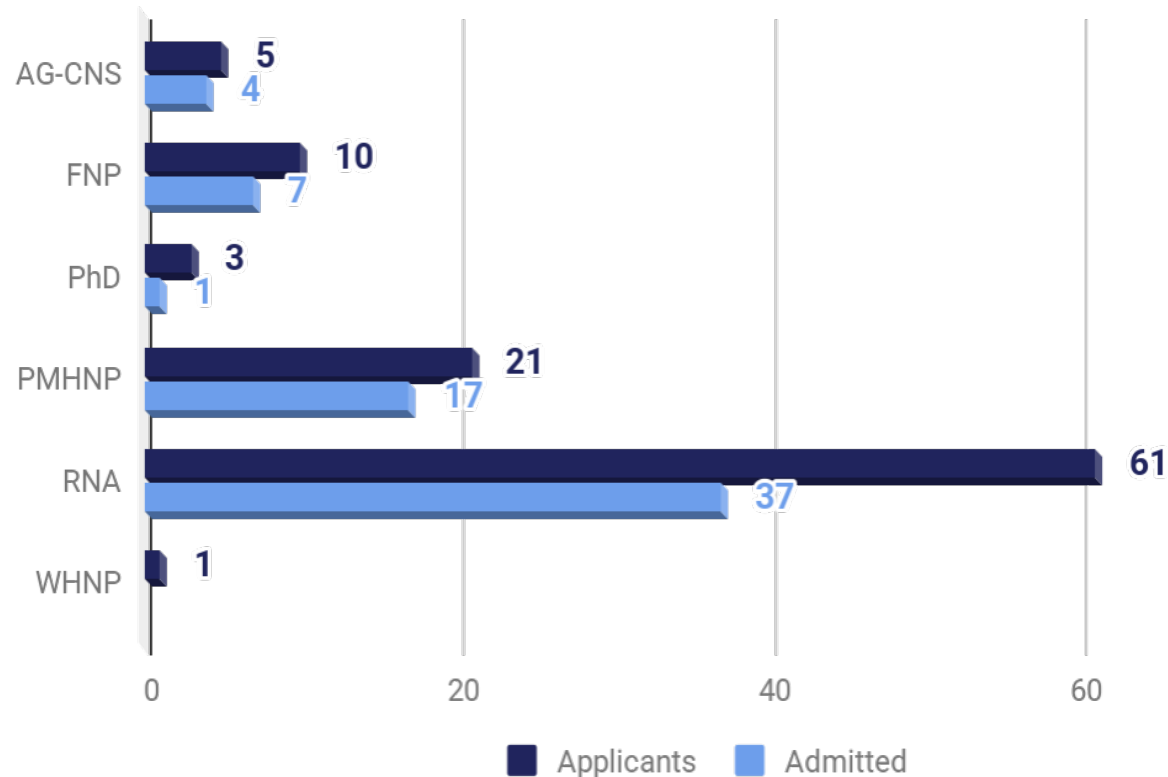
# Process

- GSN admits RNs from the military and federal services.
- Must be a full time federal employee
- Admissions application window March-August.
- Students matriculate in May
- Admission is
  - Separate and distinct from agency selection.
  - Requires GSN and sponsoring agency acceptance.
  - Requires GSN faculty endorsement and approval.
  - Competitive - meeting minimum requirements does not guarantee acceptance.

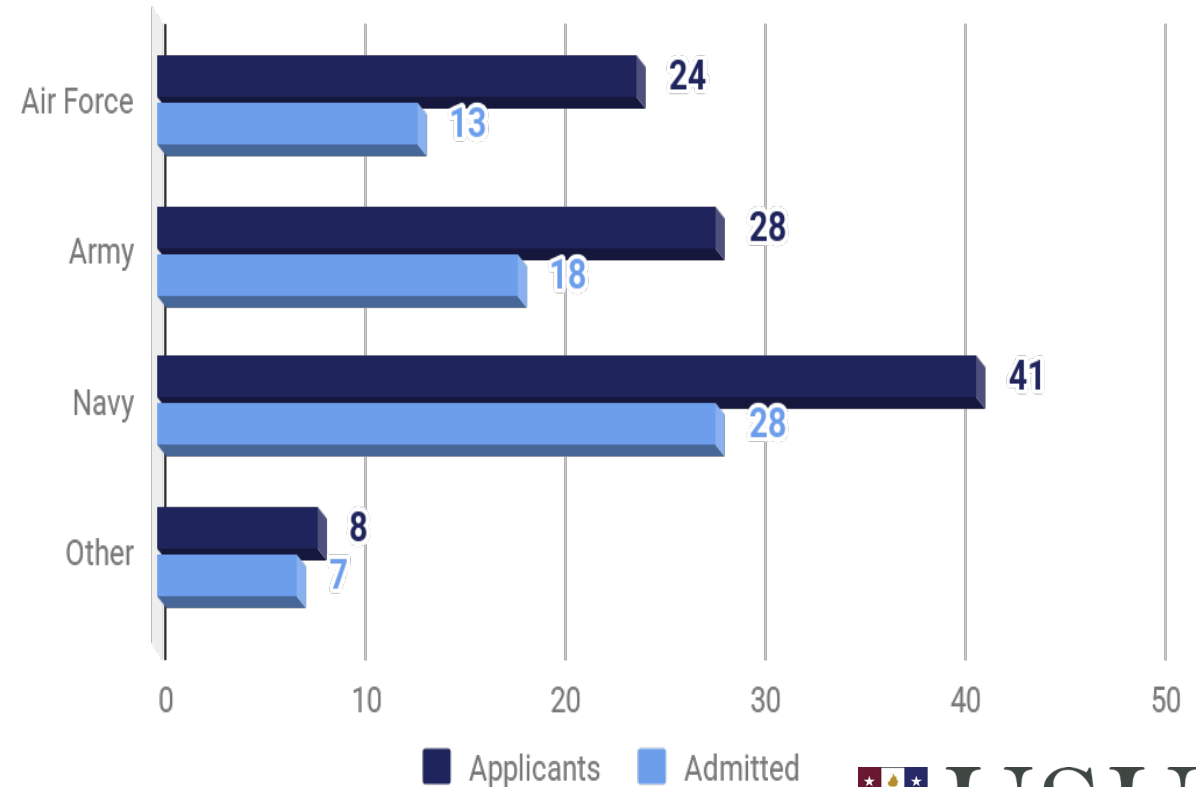


# Applications vs Admission

## 2025 Admissions by Program

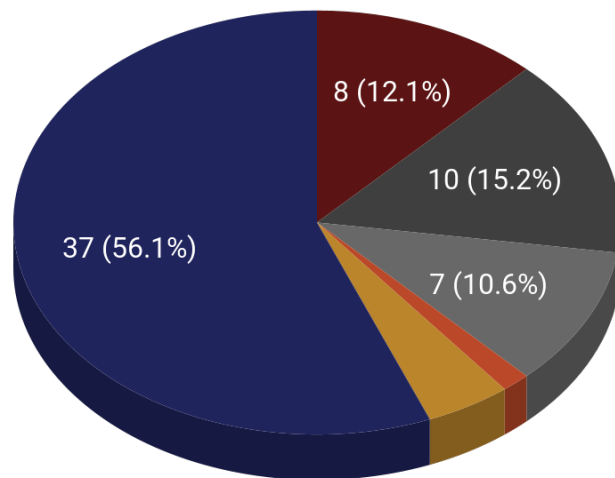


## 2025 Admissions by Service



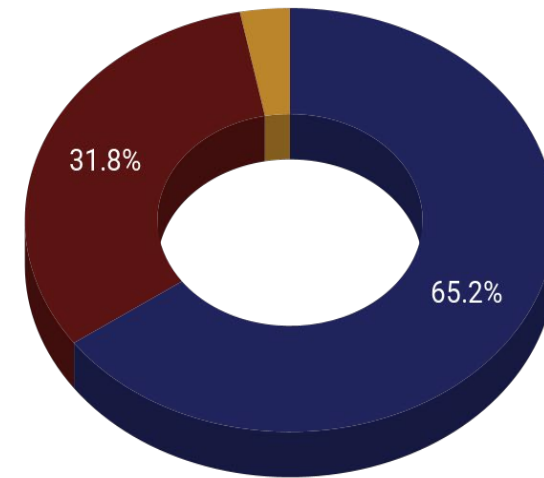
# Race/Ethnicity & Gender

2025 Admissions by Race/Ethnicity



● Asian ● Black or African-American ● Hispanic/Latino  
● Native Hawaiian or Pacific Islander ● Two or More Race/Ethnicities ● White

2025 Admissions by Gender



● Female ● Male ● Not Reported

# Race/Ethnicity & Gender Trends

- Past 5 years students from underrepresented groups ranged from 40 to 44 %
- Distribution across ethnic groups remains consistent.
- Gender mix ranged from 31 to 50 % of male students
- Distribution of total students across services remains consistent

# Subscription to Programs

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- No specialties oversubscribed
  - Greater demand for the CRNA program than we have seats
  - Admissions closely aligned with forecasted needs
    - Reflecting strategic workforce planning and clinical rotation site availability
- **Adult-Gerontology Clinical Specialists**
  - **Air Force and Navy** Admissions minimal (0-1/yr); no growth forecasted
  - Army consistent demand with minor fluctuations (3-4/yr)
- **Family Nurse Practitioner**
  - Undersubscribed by **Army and Air Force**
  - Navy increases numbers after 2025
  - Admission forecasts stabilize by 2028
  - Demand is strong and services are exploring recruitment options

# Recruitment Initiative

## *“Ready to Launch”*

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- Since 2016, GSN has offered a unique, interactive workshop to help MHS nurses with career and leadership development prior to applying to grad school.
  - 300 federal nurses participated to date from multiple MTFs
  - 22 recent USU graduates (2023/24) and current students recruited
- **Guides** MHS nurses as they select the education programs most appropriate for them
  - Interactive online or face-to-face sessions with expert faculty.
  - Demystify the doctoral nursing program process.
  - Content driven by the need of nurses seeking professional growth.
    - Clarifies differences between a Ph.D. in nursing, and the DNP
    - Helps them develop authentic applications
    - Provides mentorship and networking opportunities

# Recruitment Initiative

## *“Ready to Launch”*

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- Program Attendees' Profile
  - 47% from underrepresented groups
  - 62% military officers
  - 28% with less than 5 years nursing experience
  - 27% with 5 to 10 years of nursing experience
- Program Preferences
  - Full time study
  - Face to Face education delivery
  - 20% interested in PhD
  - 58% interested in Advanced Practice Registered Nursing
    - Nurse Practitioner, Clinical Specialist, Nurse Anesthesia

# Questions?

# USU Board of Regents

## PDC Applications and Admissions Update

### 2025

# DENTAL

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Uniformed  
Services  
University

Jay D. Graver, DDS, MS, MHPE

Associate Dean for Faculty Affairs, PDC





# **PDC MS Degree Programs & Application**

# PDC MS Degree Programs

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- Shared curriculum model
  - [USU-sponsored MS degrees](#) - accredited by Middle States Commission on Higher Education (MSCHE)
  - [Service-sponsored certificates](#) - Advanced Dental Education Residencies accredited by the Commission on Dental Accreditation (CODA)
  - Provide [integrated](#) education in biological, material, clinical sciences, and professional military development
  - [Both](#) the MS and certificate requirements must be completed for graduation
  - Prepare military dentists for [careers](#) in clinical dentistry, dental education, clinic leadership, and leadership roles in the MHS

# PDC MS Degree Programs

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- 19 Dental Residencies within the USU PDC MS Program portfolio
- The Residency Programs - 7 Specialties and 1 Sub-Specialty
  - Comprehensive Dentistry (MS in Dental Clinical Sciences)
  - Endodontics (MS in Endodontics)
  - Oral and Maxillofacial Pathology (MS in Oral and Maxillofacial Pathology)
  - Orofacial Pain (MS in Oral Facial Pain)
  - Orthodontics and Dentofacial Orthopedics (MS in Orthodontics)
  - Periodontics (MS in Periodontics)
  - Prosthodontics (MS in Prosthodontics)
  - Maxillofacial Prosthetics (MS in Prosthodontics)

# PDC MS Degree Programs - Application

- Applicants are Service Dentists
  - Graduated from a CODA accredited US dental school
  - Licensed to practice in at least one state within their first year of active duty
  - Must be accepted to a Service-sponsored, CODA-accredited specialty program
- Application & admission to the PDC MS Degree program is through the individual Services' Postgraduate Dental Schools' Academic Admissions Committee (AAC)
  - AACs are comprised of Military dentists who are USU PDC appointed faculty
- Items reviewed by the AACs for applicants
  - Statement of intent or motivation
  - Summary from applicant's interview
  - Dental school transcript(s)
  - Dental schools' explanation of grade point average and class standing (as available)
  - National Board scores
  - Letters of recommendation

# **PDC MS Degree Programs - Admissions**

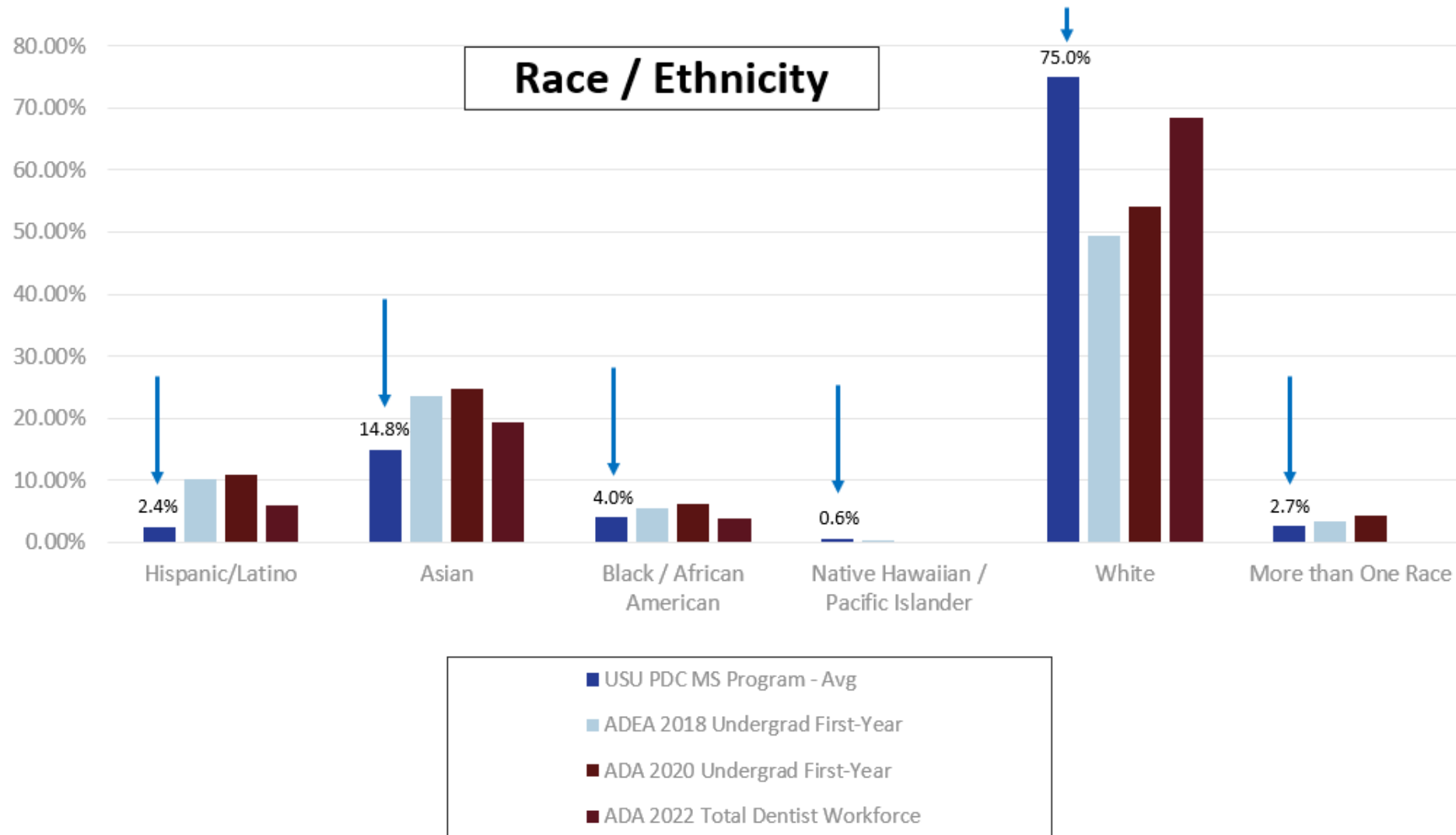
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# Admissions - Race / Ethnicity

- Total admissions 5-year average = 76
- Race / Ethnicity distribution

Race / Ethnicity	USU PDC MS Program Ethnicity - Avg	ADEA 2018 Undergrad First-Year	ADA 2020 Undergrad First-Year	ADA 2022 Total Dentist Workforce
Hispanic/Latino	2.4%	10.1%	10.8%	5.9%
Asian	14.8%	23.6%	24.7%	19.4%
Black/African Amer	4.0%	5.4%	6.2%	3.8%
Native Hawaiian/Pacific	0.6%	0.1%	Not provided	Not provided
White	75.0%	49.4%	54.0%	68.4%
More than One Race	2.7%	3.3%	4.3%	Not provided
Other/Unknown	Not provided	Not provided	Not provided	2.0%

# Admissions - Race / Ethnicity



# Admissions - Gender

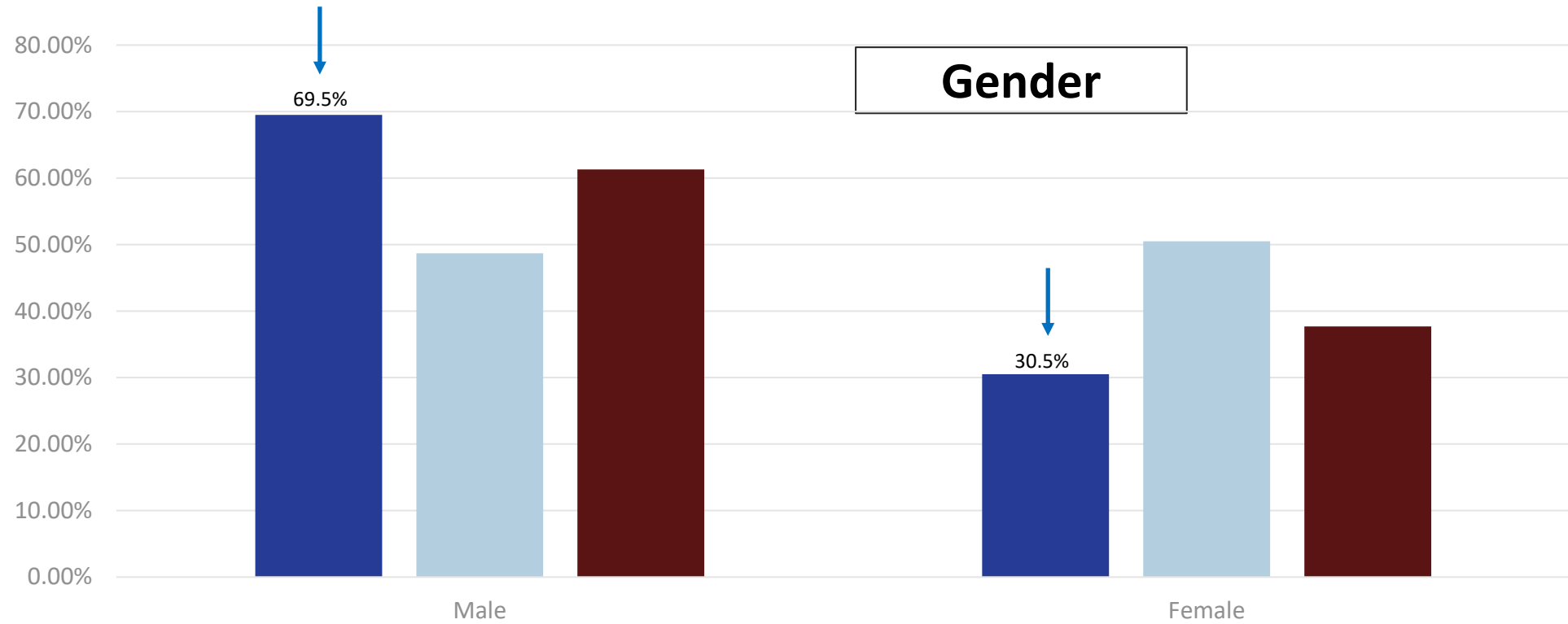
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- Total admissions 5-year average = 76
- Gender distribution

Gender	USU PDC MS Program Gender - Avg	ADEA 2018 Undergrad First-Year	ADA 2022 Total Dentist Workforce
Male	69.5%	48.7%	61.3%
Female	30.5%	50.5%	37.7%



# Admissions - Gender



- USU PDC MS Program - Avg
- ADEA 2018 Undergrad First-Year
- ADA 2022 Total Dentist Workforce

# Admissions - Race / Ethnicity & Gender Comparison

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Race / Ethnicity	USU PDC MS Program Ethnicity - Avg	US Population Ethnicity	US Military Male Ethnicity	US Military Female Ethnicity
Hispanic/Latino	2.4%	18.9%	21.4%	17.9%
Asian	14.8%	5.9%	4.9%	4.3%
Black/African Amer	4.0%	12.6%	28.9%	16.9%
Native Hawaiian/Pacific Is	0.6%	0.2%	1.6%	1.2%
White	75.0%	59.3%	69.9%	54.1%
More than One Race	2.7%	2.3%	4.3%	2.9%

Gender	USU PDC MS Program	US Population	US Military
Male	69.5%	49.1%	80.3%
Female	30.5%	50.9%	19.7%

# **PDC MS Degree Programs - Future**

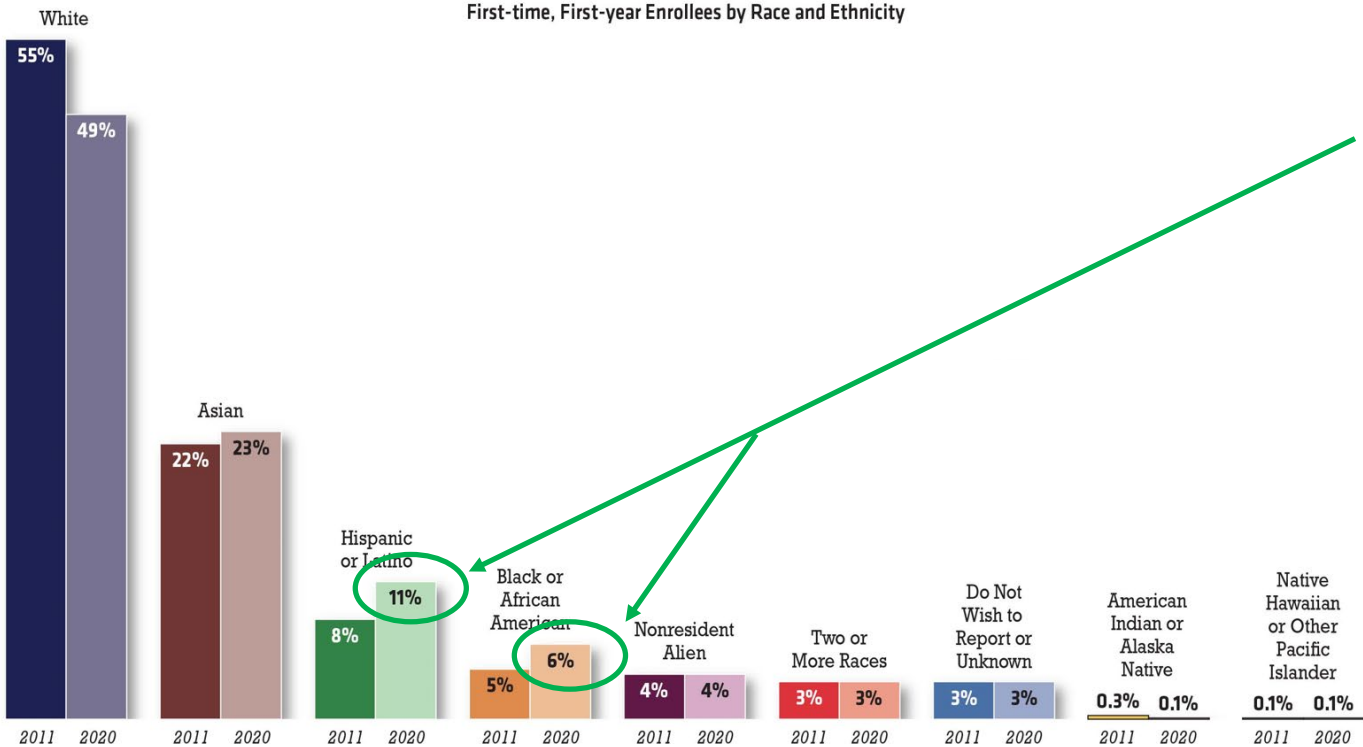
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# Status of Dental Education



## Diversity of First-time, First-year Enrollees: 2011 and 2020

Between 2011 and 2020, the diversity of first-time, first-year enrollees in dental schools increased among Hispanics or Latinos (three percentage points) followed by Asian and Black or African American enrollees (one percentage point each). During the same time, White and American Indian/Alaskan Native groups experienced decreases.



Diversity in dentistry

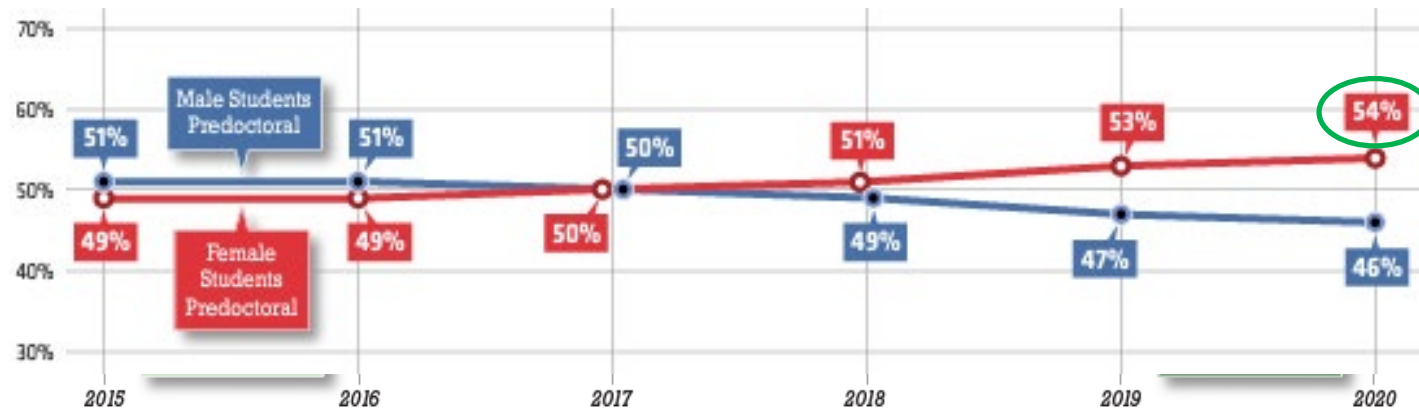


Notes: ADEA has reported applicant and enrollee data according to the current U.S. Department of Education guidelines for collecting and reporting race and ethnicity since 2011. ©2021 American Dental Education Association  
Source: American Dental Education Association, U.S. Dental School Applicants and Enrollees, 2011 and 2020 Entering Classes.

ADEA Trends in Dental Education 2021-22

# Status of Dental Education

 Gender Distribution of First-year Predoctoral and Allied Dental Students



Females in dentistry



ADEA Trends in Dental Education 2021-22

# Future - Race / Ethnicity & Gender

## Race / Ethnicity distribution

Race / Ethnicity	USU PDC MS Program Ethnicity - Avg	USU PDC PGY1 Program Ethnicity - Avg
Hispanic/Latino	2.4%	4.0%
Asian	14.8%	26.0%
Black/African Amer	4.0%	6.0%
Native Hawaiian/Pacific	0.6%	0.2%
White	75.0%	59.0%
More than One Race	2.7%	4.0%

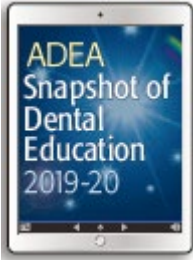


## Gender distribution

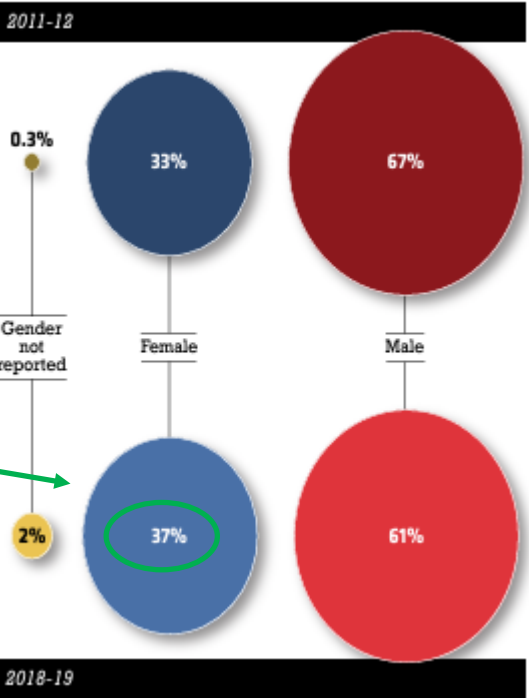
Gender	ADA 2022 Total Dentist Workforce	Gender Distribution Services Dentists - Avg	USAF PGY 1 Gender Selection Results - Avg
Male	61.3%	66.0%	Applied - 64% // Selected - 57%
Female	37.7%	34.0%	Applied - 36% // Selected - 43%



# Status of Dental Education



Faculty at U.S. Dental Schools



Female dental educators

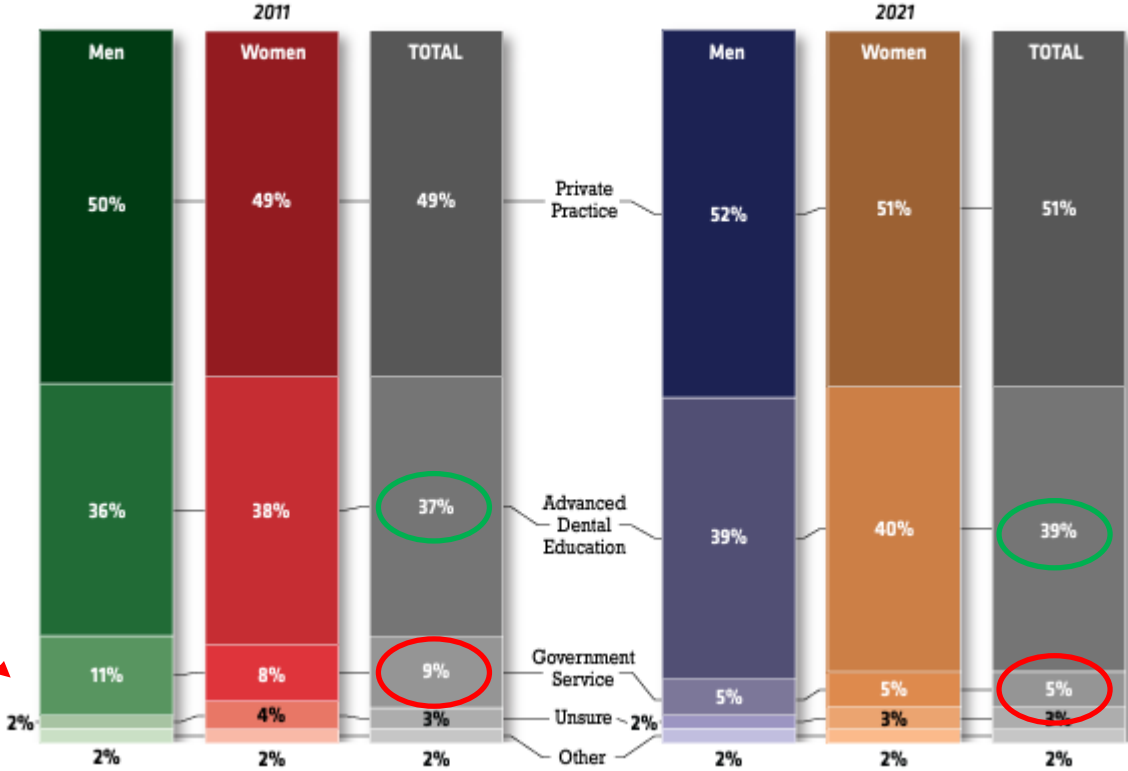


# Status of Dental Education



## Predoctoral Dental Students and Advanced Dental Education

Percentage of Survey Respondents by Immediate Professional Plans Upon Graduation, 2011 and 2021



Desire for government service



Desire for advanced training





# Future - Dental Educators

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Gender	ADA 2022 Total Dentist Workforce	ADEA Trends in Dental Education Faculty Gender	Gender Distribution Services Dentists - Avg	PDC Program Program Director Distribution	PDC Program Staff Distribution
Male	61.3%	61.0%	66.0%	74.0%	69.0%
Female	37.7%	37.0%	34.0%	26.0%	31.0%



- PDC DEIB Committee
- USU Allyship Program
- Federal Services Dental Educator Workshop



# USU PDC - South Region

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**Thank You!**



# **Uniformed Services University of the Health Sciences Board of Regents Meeting 2-3 FEB 2025**

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**James D. Nash, PhD, PharmD, MPH, BCPS**  
**Dean, College of Allied Health Sciences**

# New Student Enrollment

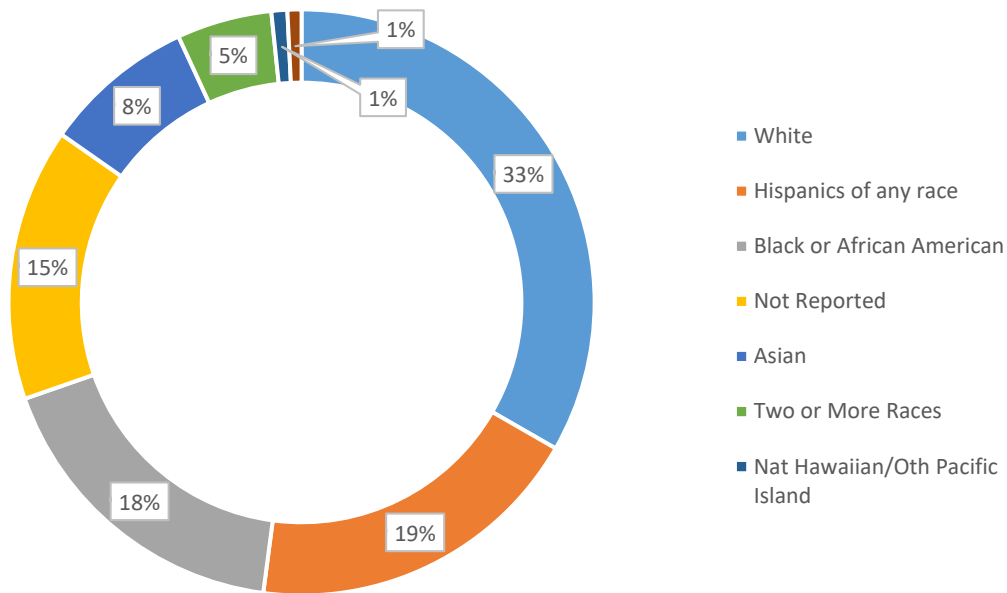
## CAHS Academic Year 2024-2025

Service	Students
Army, Army Reserve, Army National Guard	1266
Navy, Navy Reserve	3171
Air Force, Air Force Reserve, Air National Guard	331
Coast Guard	15
Total	4784

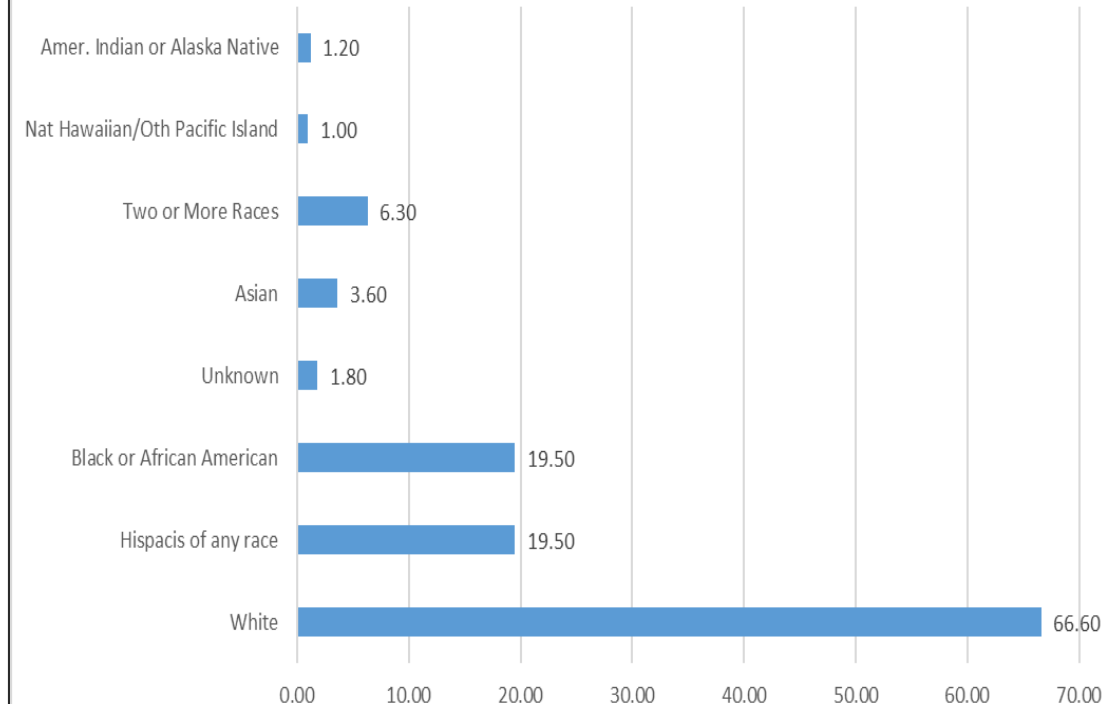
# Student Demographics

## CAHS Academic Year 2024-2025

CAHS Enrollment by Ethnicity Academic Year 2024-2025



Race of Active-Duty Enlisted Service Members (2023)

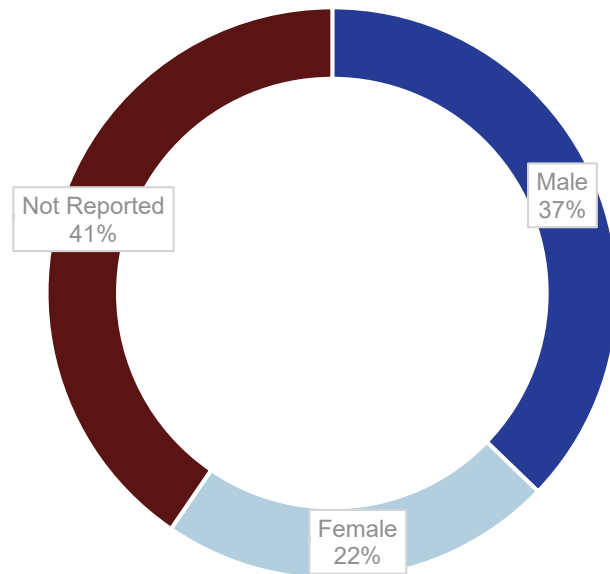


From the 2023 Demographics Profile of the Military Community, published by the Department of Defense, Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy

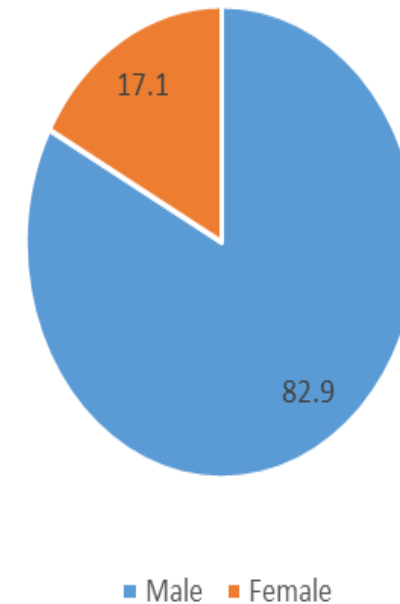
# Student Demographics

## CAHS Academic Year 2024-2025

CAHS Enrollment by Gender Academic Year  
2024-2025



Gender of Active-Duty Service Members (2023)



From the 2023 Demographics Profile of the Military Community, published by the Department of Defense, Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy

# Degree Conferral

## CAHS Academic Year 2024-2025



### June 2024 - December 2024 Degrees Awarded:

Associate of Science - 260

Army - 130; Navy - 69; Air Force - 60; Coast Guard - 2

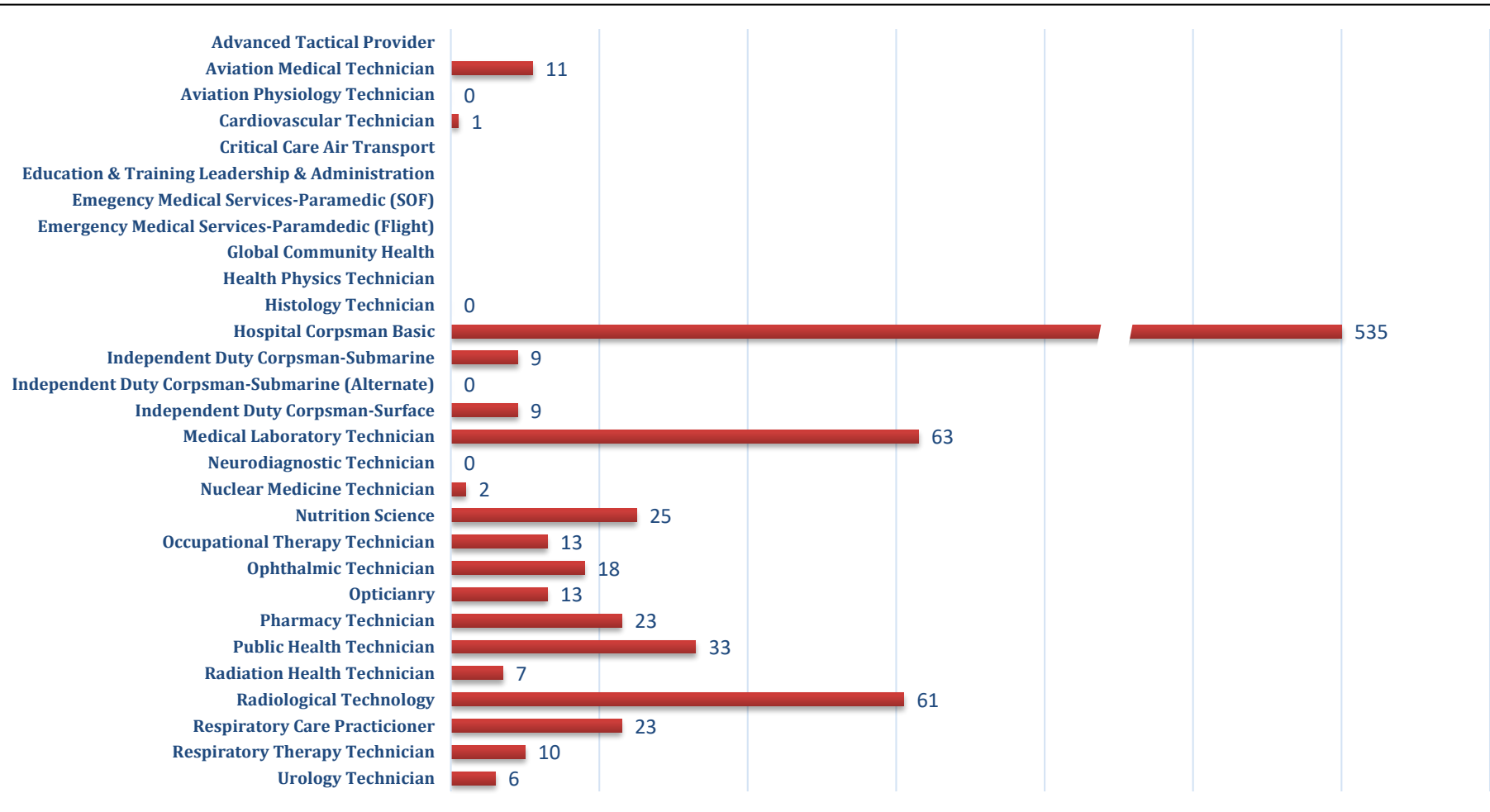
Bachelor of Science - 50

Army - 27; Navy - 20; Air Force - 3; Coast Guard - 0

College of Allied Health Sciences students earned 311 degrees thus far in the current academic year. The CAHS awarded the degrees in 20 different majors during five graduating cohorts (July, August, September, November and December). The Graduation List for 20 December 2024 has not been finalized, at this time.

# Training Program Completion

## 1<sup>st</sup> Quarter Fiscal Year 2025



These students earned 24,703 semester hours of college credit through the CAHS while completing their military training.

This represents a value of over \$6 million in tuition assistance, which was provided at no cost to the students or their Tuition Assistance benefits



# CAHS Planned Program

## METC - CAHS Programs

Medical Laboratory Technician (Air Force)	Physical Therapy Assistant (Army-Navy-Air Force)
Dental Laboratory Technician (Army-Navy-Air Force)	Medical Logistics Technician (Army-Air Force)
Dental Assistant (Navy)	Health Services Management (Army-Air Force)
Dental Assistant (Army)	Dental Assistant (Air Force)
Biomedical Equipment Technician (Army-Navy-Air Force)	Emergency Medical Technician (Air Force)
Diagnostic Medical Sonography (Navy-Air Force)	Independent Duty Medical Technician (Air Force)
Behavioral Health Technician (Army-Navy-Air Force-Coast Guard)	Emergency Medical Technician (Army)
Surgical Technologist (Army-Navy-Air Force)	Otolaryngology Technologist (Air Force)
Orthopedic Technician (Army-Navy-Air Force)	

## Naval Medical Forces Development Command

Naval Drug and Alcohol Counselor and Intern (NDACS) - NDAC course is an intensive 52 instructional day program designed to equip enlisted personnel (E-5 through E-9) with the skills and knowledge to provide comprehensive substance abuse counseling services to fellow Sailors.

Hemodialysis Technician – This course is designed to provide qualified Hospital Corpsman with the knowledge to operate and maintain hemodialysis equipment, assist with treatment procedures, and monitor associated patient disorders in medical treatment facilities and hospital ships deployed world-wide.

Flight Medic Course – this course trains qualified Navy Corpsman to perform as a non-rated air crewmember. This course provides high performance hoist rescue operations, preflight, in-flight, and immediate post-flight phases of advanced life support interventions necessary to treat, stabilize and transport critically ill or wounded casualties in a medical evacuation aircraft platform.

## Key Accomplishments

Dr. James D. Nash took the helm of the CAHS as the new Dean; replacing the retired Dr. Lula Pelayo.

Students began enrolling in two new associate degree programs that are affiliated with the Naval Aerospace Medical Institute. The Aviation Medical Technician and Aviation Physiology Technician programs.

The CAHS moved into their newly renovated office building in the historic North Beech Pavilion on Joint Base San Antonio-Ft. Sam Houston.

The CAHS have begun the search for two new positions: Associate Dean for Assessment, Accreditation and Professional Affairs and Associate Dean for Student, Faculty, and Research Affairs.

# Discussion

# School of Medicine Briefing to the Board of Regents

Eric Elster, MD, FACS, FRCS Eng (Hon.)

CAPT, MC, USN (Ret.)

Dean, School of Medicine

USU EVP for Medical Affairs

Professor of Surgery

Professor in Molecular and Cell Biology

COL Danielle Holt, MD, MSS, FACS

Associate Dean for Admissions and Recruitment

**February 3, 2025**

# Recruitment and Admissions (Medical Students)

# Class of 2029\*

- 2,238 Applications (up from 2,203)
- 178 Positions
- 603 Interviewed (27%)
- 174 Offers

## Academics

- 3.7 GPA
- 3.7 Science GPA
- 511 MCAT
- 2 MD/PhD
- 28 Early Decision Program (EDP)
- 18 EMDP2
- 50% Prior military, academy, ROTC

*\*as of 21 JAN*

# Class of 2029

- 42% Women
- 28% URiM, 18% Hispanic
- 15 % First Generation
- 28% Academy/ROTC (up from 22%)
- 21% Veterans (down from 26%)
- 28 Enlisted, 9 Officers

## Army

**63**

- 1 MD/PhD
- 10 EDP
- 4 EMDP2
- **55** Waitlist

## Navy

**52**

- 10 EDP
- 6 EMDP2
- **19** Waitlist

## Air Force

**52**

- 1 MD/PhD
- 6 EDP
- 5 EMDP2
- **33** Waitlist

## PHS/USCG

**3/4**

- 2 EDP- USCG
- 1 EMDP2
- **2/2** Waitlist

# Rolling Admissions and Under-Represented in Medicine (URiM)

	2025	2024
Total URiM Applicants	567	476
URiM Applicants Interviewed	74	83
URiM Applicants Offered Spaces	31	31
URiM Applicants Declining	<u>0</u>	<u>1</u>
Total # of URiM Holding Spaces	31	30

*Rolling Admissions ended 1 NOV*

# Class of 2029\* Demographics

Acceptances:	Male	Female
Unknown	3	2
Black	4	7
American Indian/Native Alaskan	2	1
Puerto Rican	5	2
Mexican American	8	3
Native Hawaiian/Pacific Islander	1	0
Other Hispanic	7	7
Asian	14	15
Majority	<u>54</u>	<u>35</u>
Total	98	72



# Demographics

<i>Applicant Self-Identification</i>	USU	2025	2024	2023	2022	2021	2020
<b>American Indian or Alaska Native</b>	Matriculant		0.6%	1.1%	0.6%	2.9%	2.4%
	Applicant	1.7%	1.5%	1.8%	1.2%	1.7%	1.5%
<b>Asian</b>	Matriculant		26%	23%	19%	22%	21%
	Applicant	27%	27%	25%	24%	23%	22%
<b>Black or African American</b>	Matriculant		9%	10%	9%	6%	4%
	Applicant	13%	12%	10%	10%	11%	10%
<b>Hispanic or Latino</b>	Matriculant		8%	9%	12%	9%	10%
	Applicant	12%	12%	11%	11%	10%	12%
<b>Middle Eastern or North African</b>	Matriculant		0%	0%	0%	0%	0%
	Applicant	7%	0%	0%	0%	0%	0%
<b>Native Hawaiian or Pacific Islander</b>	Matriculant		1.7%	0.6%	0.6%	0.6%	0.6%
	Applicant	0.9%	0.8%	0.8%	0.6%	1%	0.7%
<b>White</b>	Matriculant		66%	69%	70%	72%	72%
	Applicant	50%	54%	56%	57%	57%	59%



# Early Decision

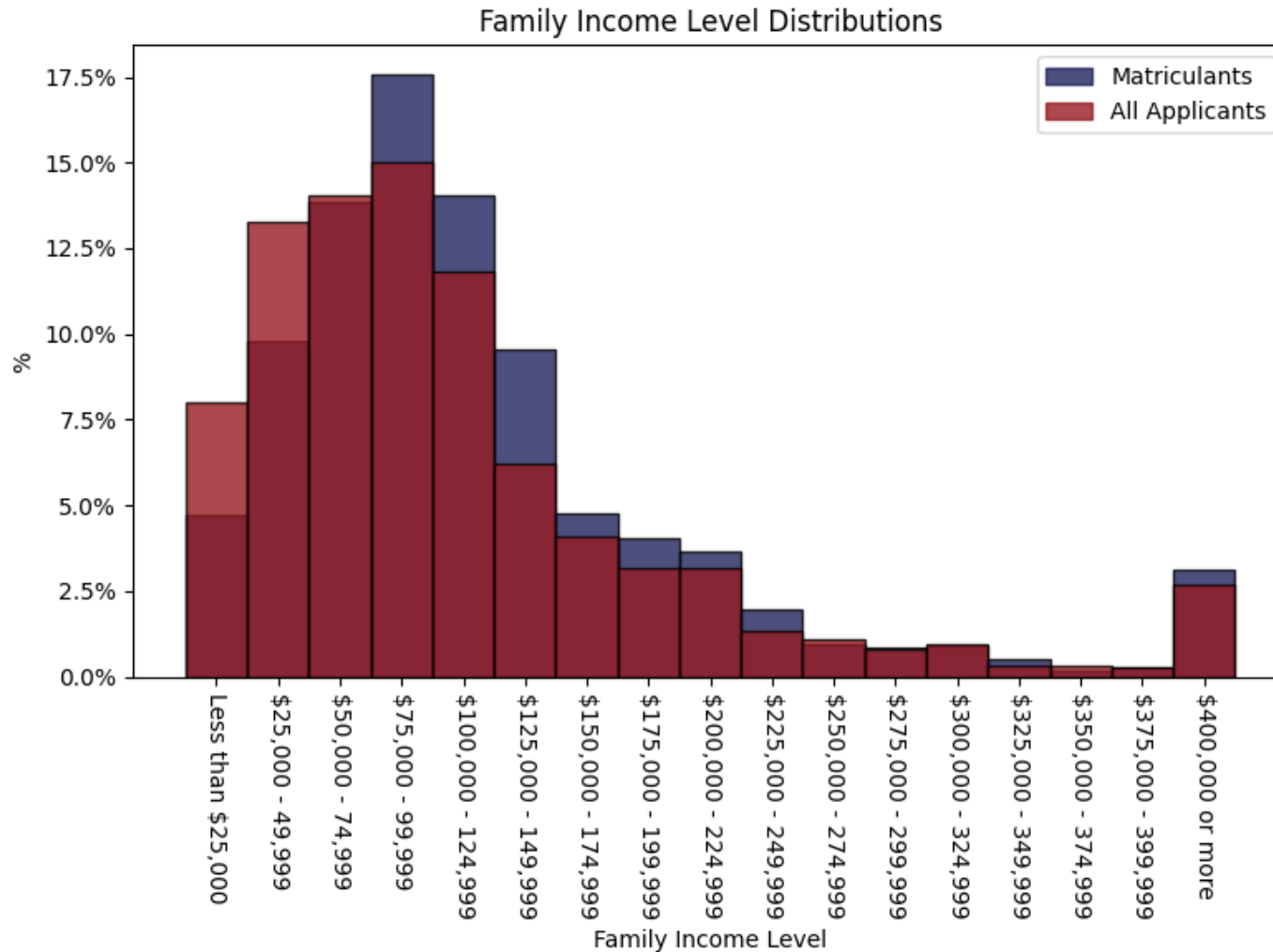
- 50 Applicants
- 8 Released to Regular Pool
- 4 Rejected, 1 Academic DQ
- 28 Accepted - 56% Acceptance Rate

27% Women

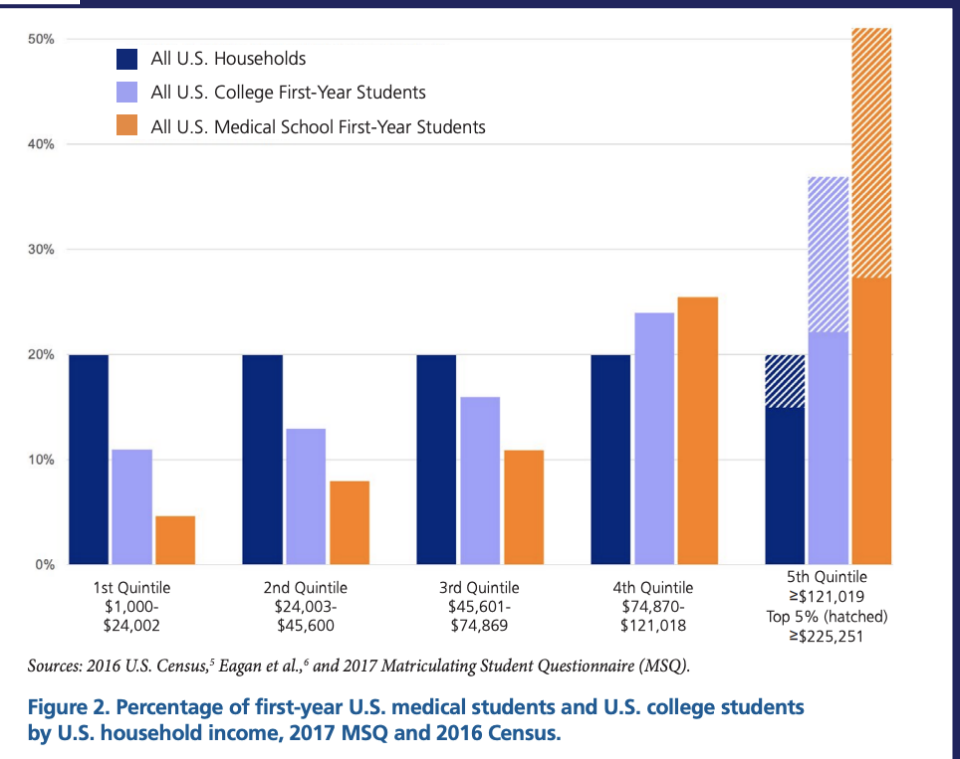
- 17% URiM
- 27% First generation college
- 60% **Military service**
  - 47% Veterans - 11 EMDP2
  - 13% Academy/ROTC

- 510 Average MCAT
- 3.8 GPA

# Childhood Family Income



- Median family income for USU \$75-99K - 2019-2024
- 55% of US matriculants come from >\$125K, with 27% coming from >\$225K (top 5% of US households) - 2017



# Tuition-Free or Need-Based Aid Schools

*USU students receive tuition-free medical education AND full income and benefits*

**Key distinction:**  
**Household income**

1. Albert Einstein
2. NYU Grossman
3. NYU Long Island
4. Cleveland Clinic Lerner at Case Western
5. Kaiser Permanente Bernard J. Tyson
6. Johns Hopkins University
7. Washington University
8. Weill Cornell Medicine
9. UCLA
10. Columbia University
11. University of California, San Francisco (UCSF)
12. The University of Chicago Pritzker
13. Stanford University
14. Harvard Medical School
15. Emory
16. Duke

## **131 withdrawn after USU acceptance**

1. Albert Einstein - 2
2. Kaiser Permanente Bernard J. Tyson - 1
3. Johns Hopkins University - 1
4. Washington University - 3
5. Weill Cornell Medicine - 1
6. UCLA - 2
7. Columbia University - 1
8. Harvard Medical School - 2
9. Emory - 1
10. Duke - 2

**12% attended potentially tuition-free schools**

- 44% from service academy

**8% withdrawn before USU acceptance**

# Military Underrepresentation

- Military: **0.7%** matriculants compared to **1.6%** applicants nationwide
- USU trains average of **39%** military matriculants to US medical schools per year
  - 30% of prior service members at USU are EMDP2

	Applicants				Matriculants				
	<i>National - MIL</i>	<i>USU - MIL</i>	<i>Total Applicants</i>	<i>% MIL Applicants National</i>	<i>National - MIL</i>	<i>USU - MIL</i>	<i>Total Matriculants</i>	<i>% MIL National</i>	<i>% MIL at USU</i>
<b>2024</b>	811	346	49,652	1.6%	166	78	23156	0.7%	47.0%
<b>2023</b>	804	336	50,195	1.6%	171	54	22980	0.7%	31.6%
<b>2022</b>	851	372	52,819	1.6%	154	57	22710	0.7%	37.0%
<b>2021</b>	964	439	60,264	1.6%	163	65	22666	0.7%	39.9%
<b>2020</b>	855	416	51,129	1.7%	168	63	22239	0.8%	37.5%



# Enlisted to Medical Degree Preparatory Program (EMDP2)



## Cohort 6 (25 students)

- 36 % women, 32% URiM
- Avg MCAT 502 (493-513)
- 92% matriculated to medical school (16 USU/7 HPSP)+
- 73 % (11) % '25 C6 alumni projected to graduate from USU in 4 years
- 1 disenrollment (medical), 3 decelerations, 2 no matriculation, 1 USU % 2026
- 3 prior cohort alumni % 2025 (2-C4, 1-C5)

*EMDP2 USU Class of 2025 students, Match Day*

# Enlisted to Medical Degree Preparatory Program (EMDP2)

## Cohort 9 (25 students)

*USU Class of 2028*

- 32% women, 36% URiM
- Avg MCAT 504 (486-512)
- 76% were accepted to USU (19)
- as of Jan 2025 - 92% are in medical school or have been accepted to medical school (23)\*



\*2 = returned to service

## Cohort 10 (26 students)^

*EMDP2 Year 2, USU Class of 2029*

- 19 % women, 30% URiM
- Avg MCAT 509 (494-526)
- 42% USU EDP (11)
- as of Jan 2025 - 69% have received at least one medical school acceptance (18)

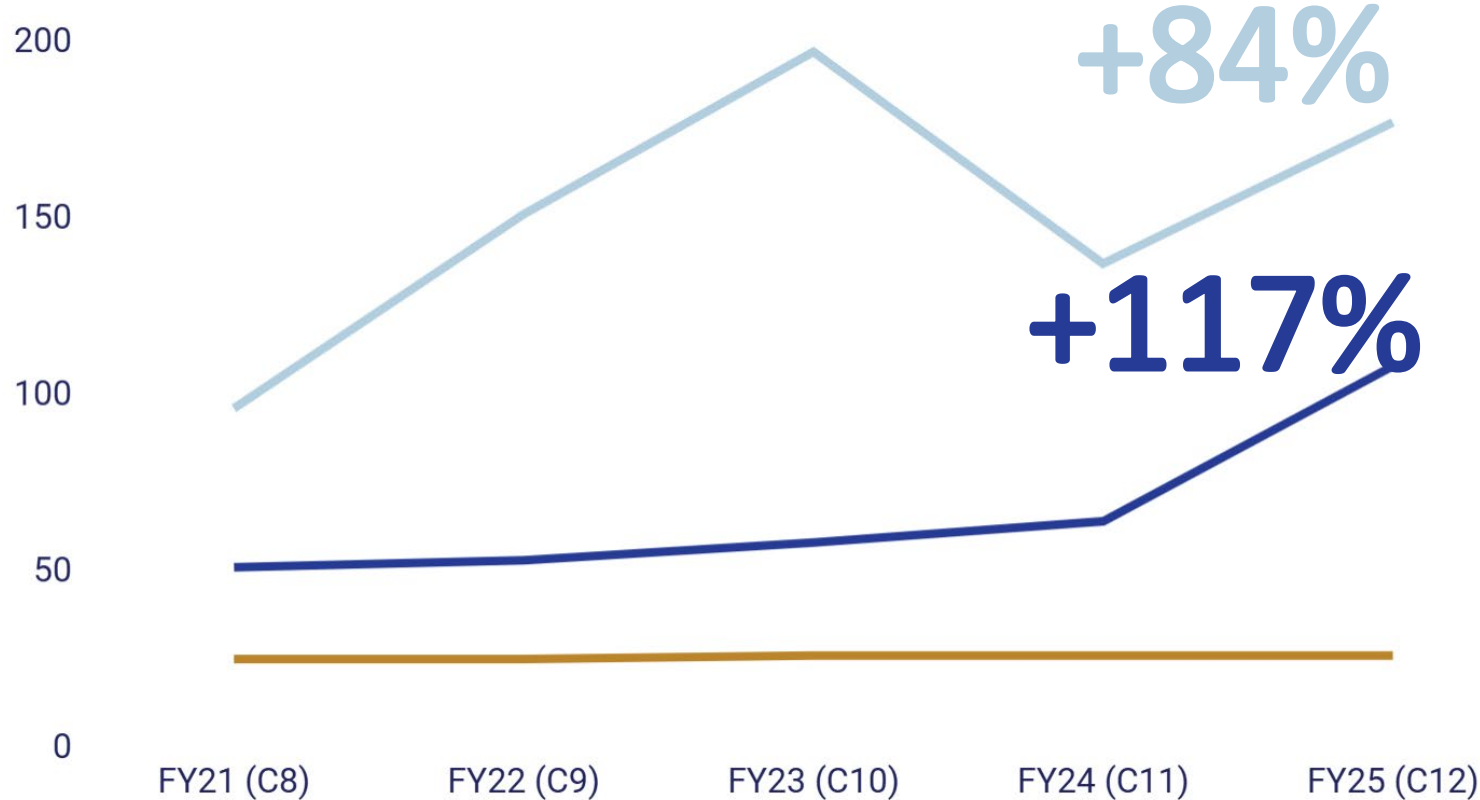


^Coast Guard first year participating



# Rapid growth in EMDP2 applications, 2021 - 2025

## 5-Year Trend (FY21 - FY25)



### FY 25 (Future C12, Class of 2031)

177 applications, 108 interviewed, will select 26

### FY 24 (Future C11, Class of 2030)

137 applications, 64 interviewed, 26 selected

### FY 23 (Future C10, Class of 2029)

197 applications, 58 interviewed, 26 selected

### FY 22 (C9, Class of 2028)

151 applications, 53 interviewed, 25 selected

### FY 21 (C8, Class of 2027)

96 applications, 51 interviewed, 25 selected



Applied



Interviewed



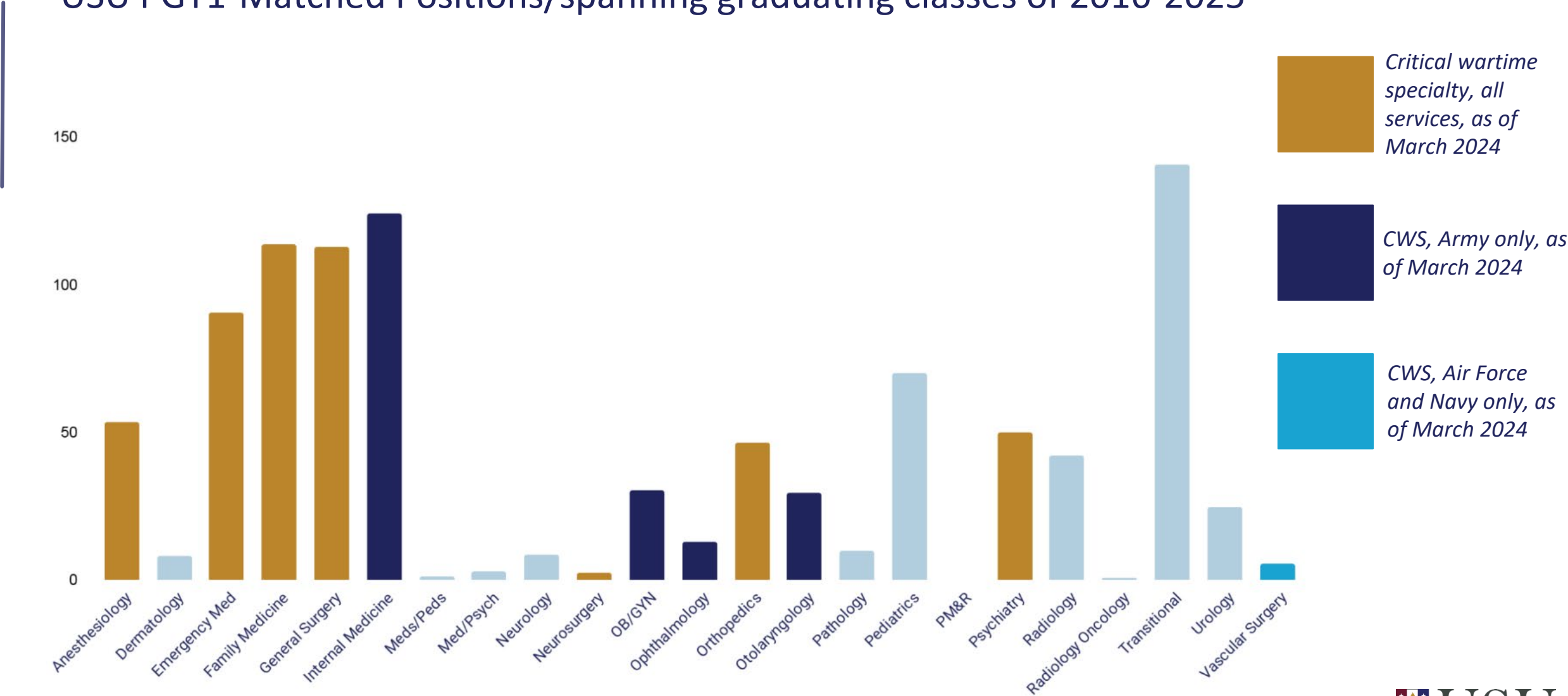
Accepted



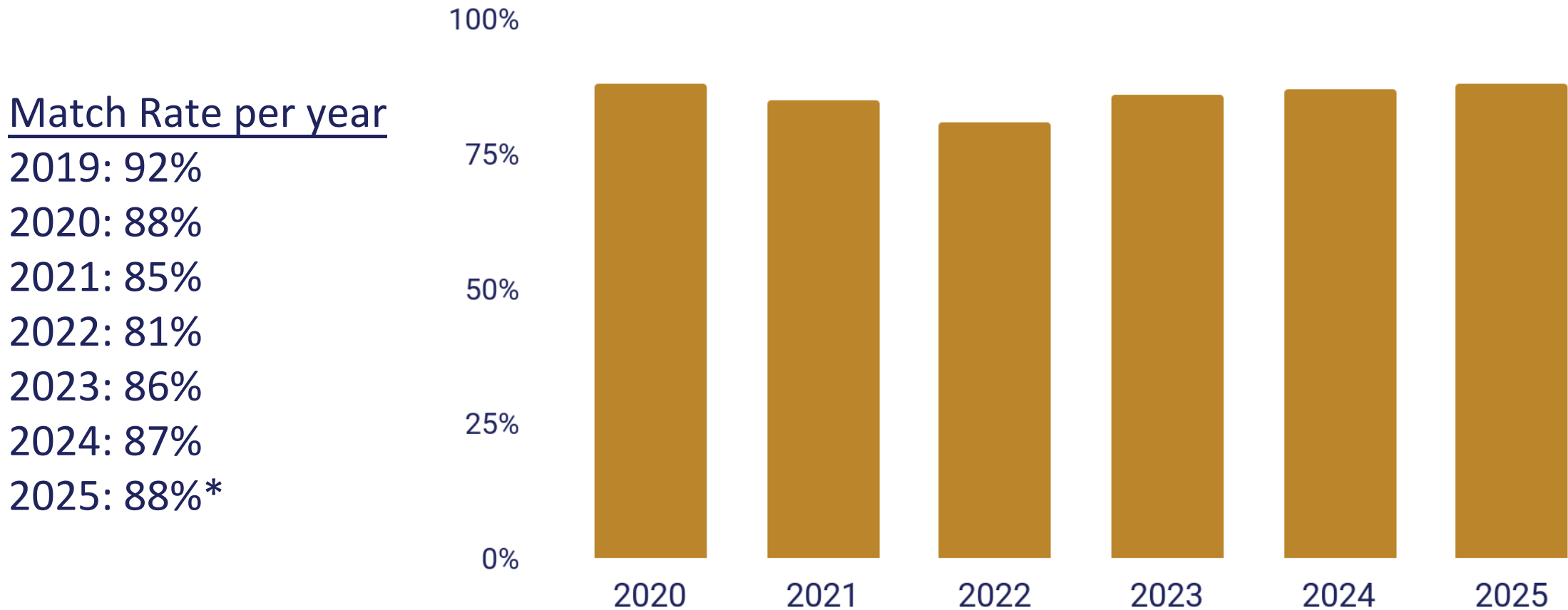
# Specialty Brief and Discussion

# Top Specialties, Classes of 2016 - 2025

USU PGY1-Matched Positions/spanning graduating classes of 2016-2025

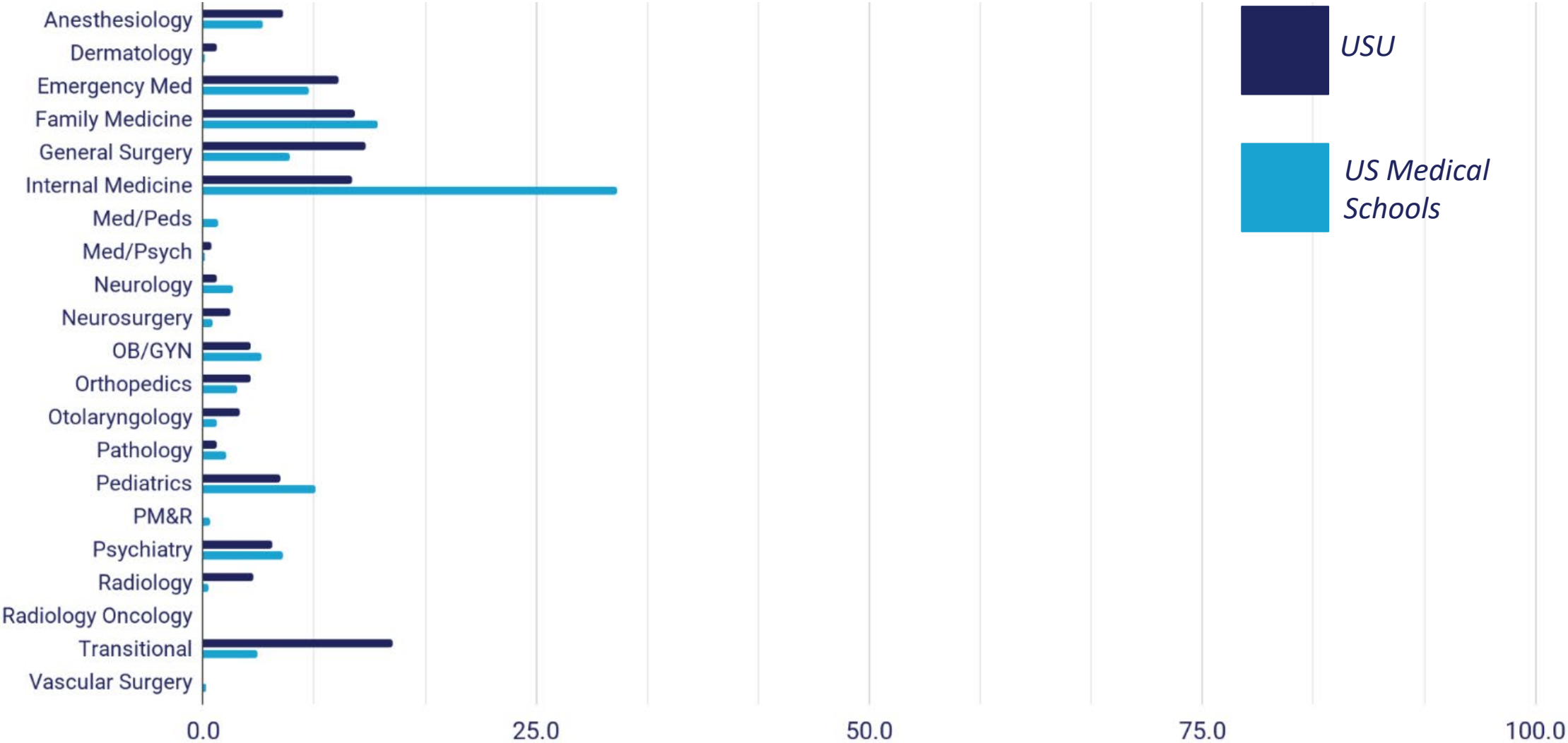


# Match Rate to Top Specialty Choice, Classes of 2019 - 2025\*



\*2025 data only includes Joint Graduate Medical Education Selection Board (JGMESB) results pending civilian match

# PGY1-Match by percentage, USU vs. US, 2020 - 2025\*



\*Ophthalmology and Urology excluded - comparison data not available

# How do our students choose specialties?

## Evidence-based resources

- Specialty-specific guidance from expert mentors
- Informed by OSA data and expertise
- Inspired by AAMC's Careers in Medicine program

## A robust career advising program

Students receive formal guidance but ultimately choose the specialties that best align with their strengths and interests

Examples of specialties:

Internal medicine  
Emergency medicine  
Surgery  
Pediatrics  
Neurology  
Radiology  
Orthopedics  
Ophthalmology  
Anesthesiology

## A longitudinal approach

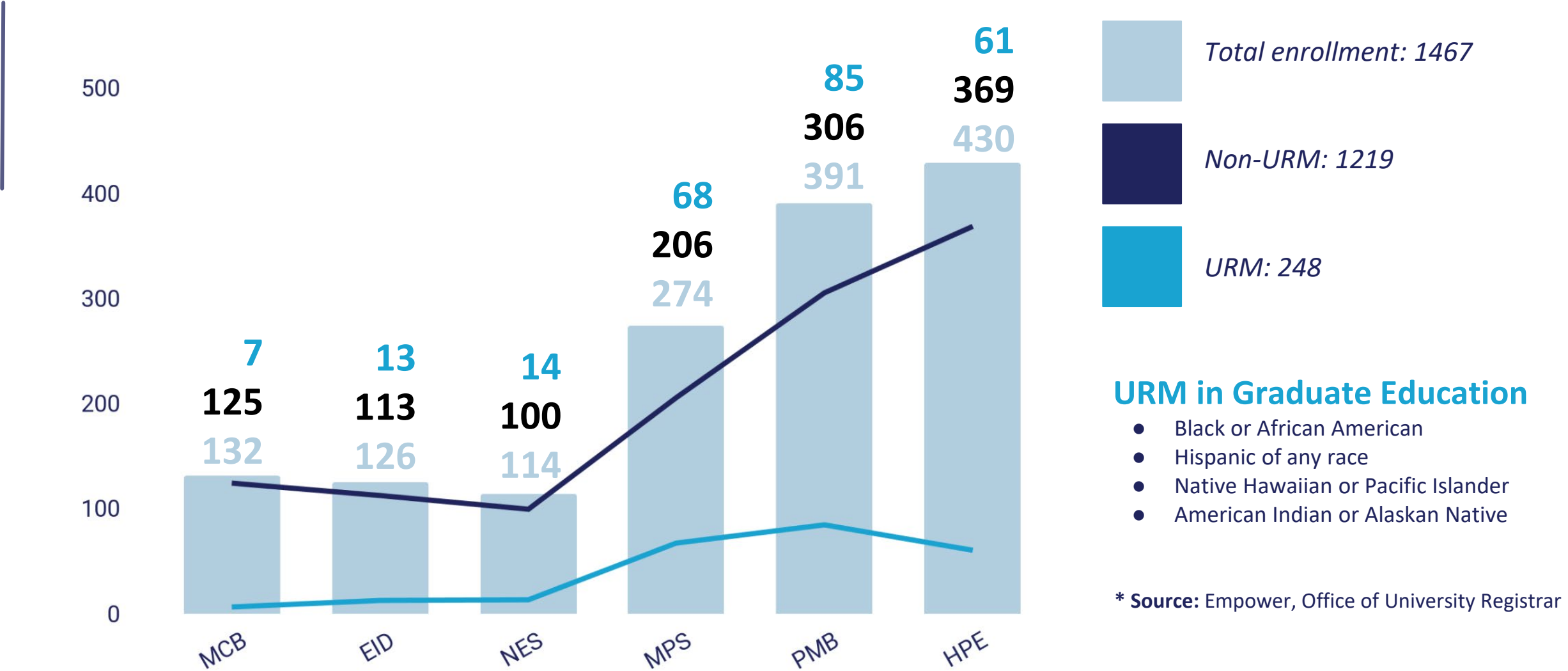
- Coaching and advising across the entire four years
- At least 10 sessions during pre-clerkship and clerkship
- 1:1 advising sessions
- 12 hours of "GME Boot Camp"

## GME Boot Camp

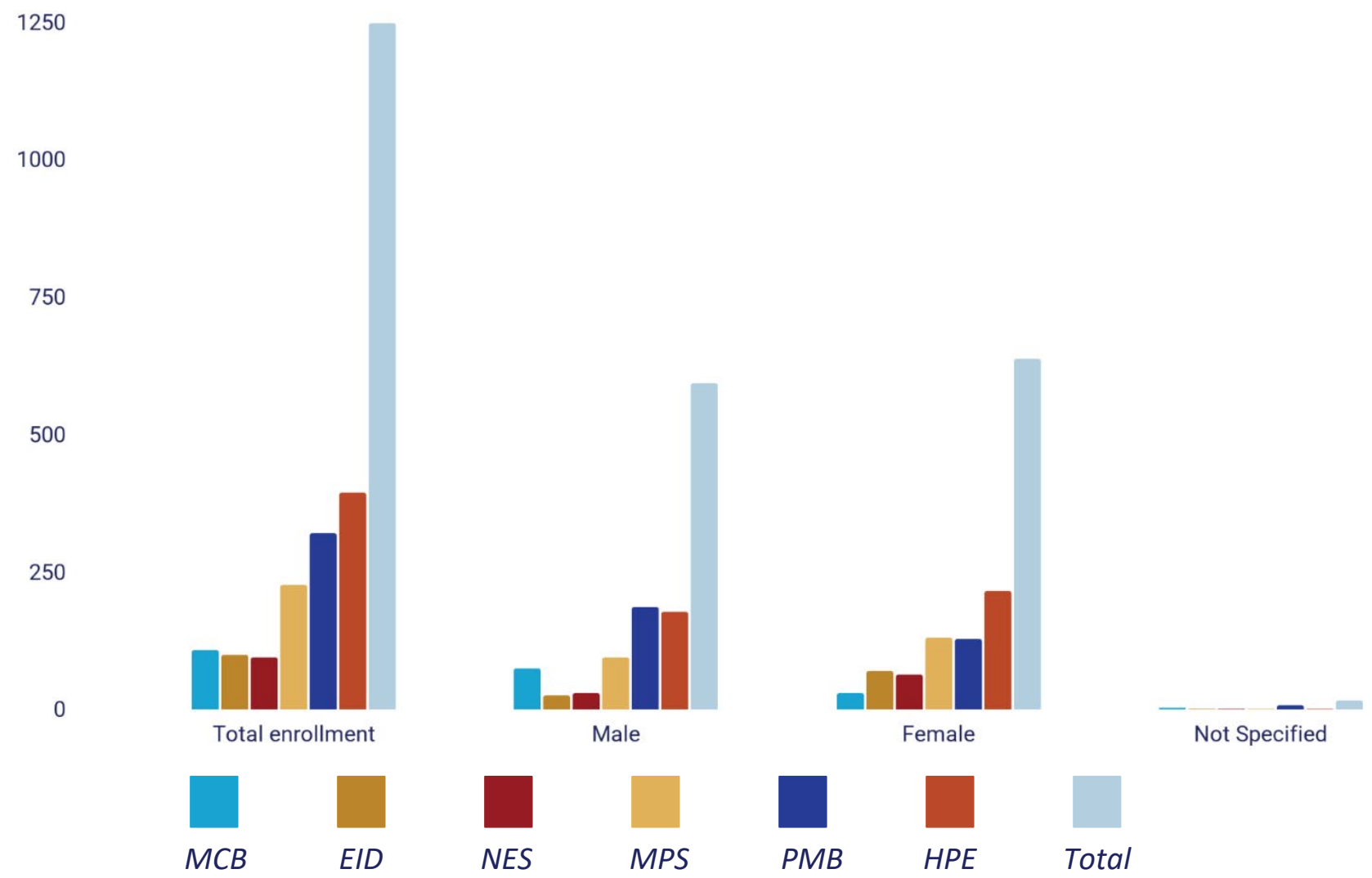
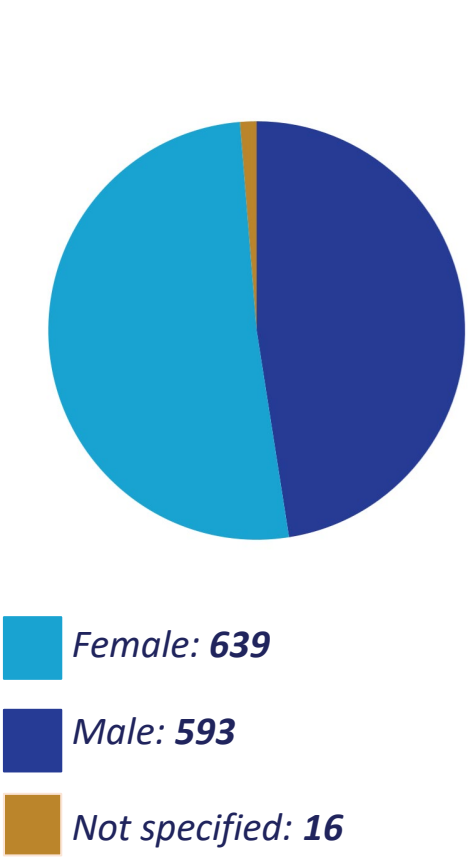
- Scheduled during Bench to Bedside and Beyond (B3)
- Classroom sessions and hands-on GME prep
- Service-specific briefings from Army, Navy, and AF GME Leads

# Graduate Education Office Enrollment Update

# Under Represented Minorities (URM) Enrolled in SOM Graduate Programs, 2019 - 2024\*



# Gender Distribution, Students Enrolled in SOM Graduate Programs, 2020 - 2024\*





# Over- and Under-Subscription in Graduate Programs

## EID, MCB, NES

No reported issues  
with over- or  
under-subscription

N/A

## MD/PhD

*# of highly qualified  
applicants exceeds #  
of slots available*

Total Applicants – **26**  
Highly Qualified – **8**  
Admitted - **2**

*Highly qualified applicants  
not admitted may  
matriculate elsewhere,  
resulting in potential loss of  
physician-scientist talent in  
the Military Health System*

## HPE

*Master's program has  
more applicants than  
department can support*

Program director  
reports that 8 highly  
qualified MHPE  
applicants deferred  
admission for one year  
pending available seats

- *Highly qualified applicants  
not admitted could  
matriculate elsewhere*
- *Other USU programs  
could recruit these  
applicants to their  
programs*

## PMB

*# of highly qualified  
applicants exceeds # of  
slots available*

Some seats sponsored by  
the Services (LTHET,  
DUINS, and HPERB) are  
going unfilled due to a  
lack of qualified  
applicants

*PMB identified 10 empty  
sponsored seats for the  
2024-25 academic year,  
resulting in loss of Service-  
provided resources to USU*

## MPS

MPS is responding to a  
nationwide and DoD-  
wide shortage of  
mental health  
providers

See next slide

# MPS: Responding to a Shortage of Mental Health Professionals

## A nationwide shortage

HRSA estimates a shortage of over 250,000 mental health professionals in 2025

## DoD response

2023 NDAA proposes to expand USU behavioral health programs to address MHS needs

## Addressing the gap

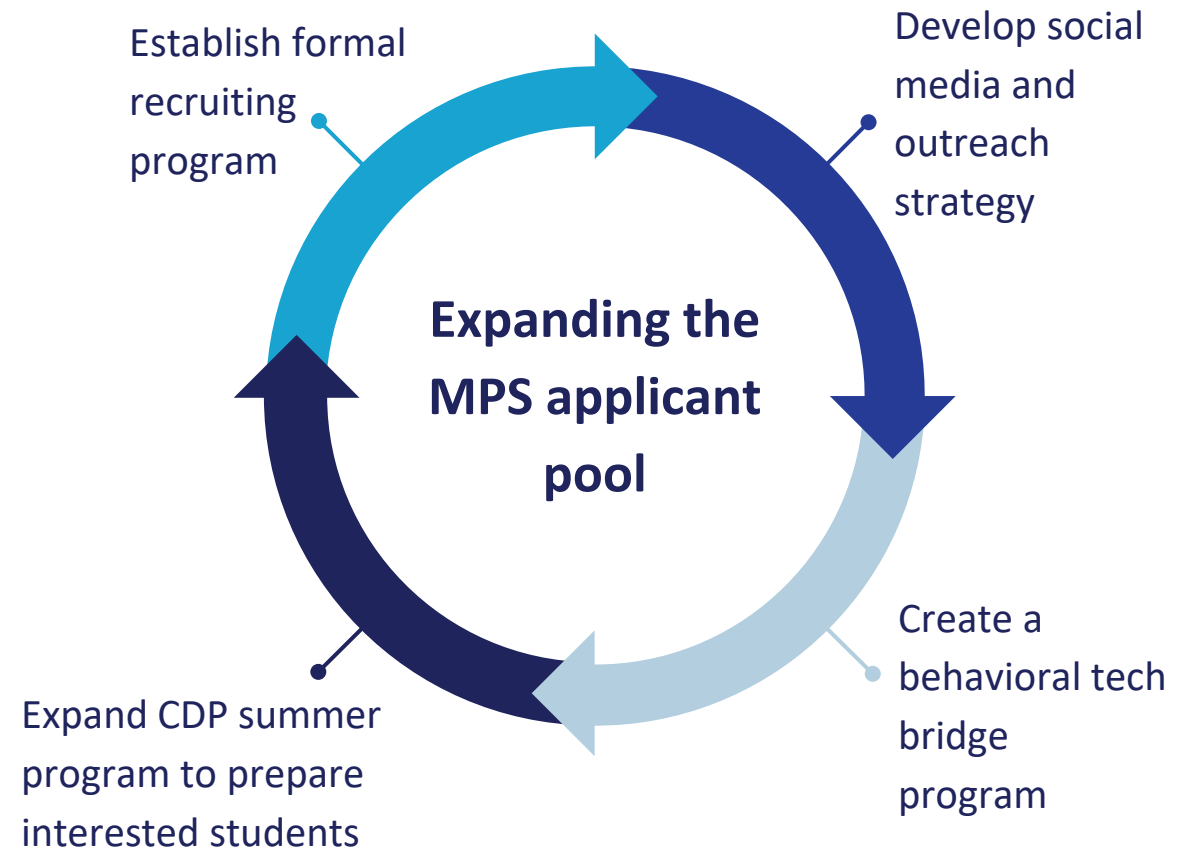
Expand existing programs, establish MSW program, and ***expand the applicant pool***

## Proposals

**NEW:** Certificate in Behavioral Health

**NEW:** MSW program

Expand existing MPS PhD program



## **TAB 4**

# **Update on MHS Education and Training Mission and Capability Evaluation**

# National Defense Authorization Act for Fiscal Year 2023 (NDAA 23) Section (SEC) 724 Study

Uniformed Services University (USU) Board of Regents Update, February 2025

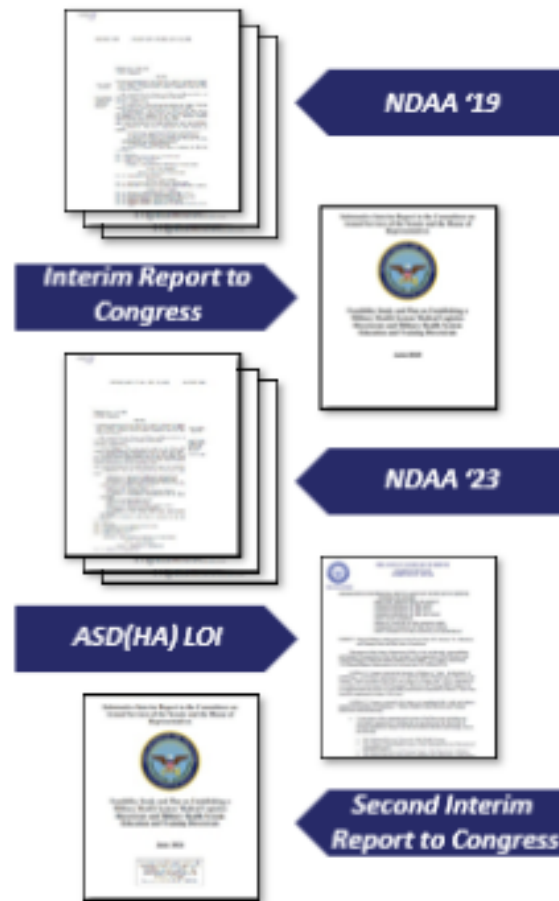


# Background

The current USU-led NDAA '23 SEC 724 Study benefits from work done supporting two previous interim reports to Congress. While it builds upon that work, it employs an approach that learns from and avoids pitfalls encountered in previous studies.

## Previous Attempt Pitfalls

- **Limited Value Proposition:** Delivered Congressional Report describing Decision Courses of Action (COAs).
- **Focus on Ownership:** Centered decision on who would “own” the capabilities.
- **Began with Organization:** Addressed future organizational design up front, reducing the opportunity for investment across organizations, leading to “non-concurs”.
- **Worked Up to Senior Leaders:** Relied on field grade work groups to stake out organizational positions.
- **Delivered Decision:** Attempted to drive to a single recommendation, with which organizations concurred or non-concurred.



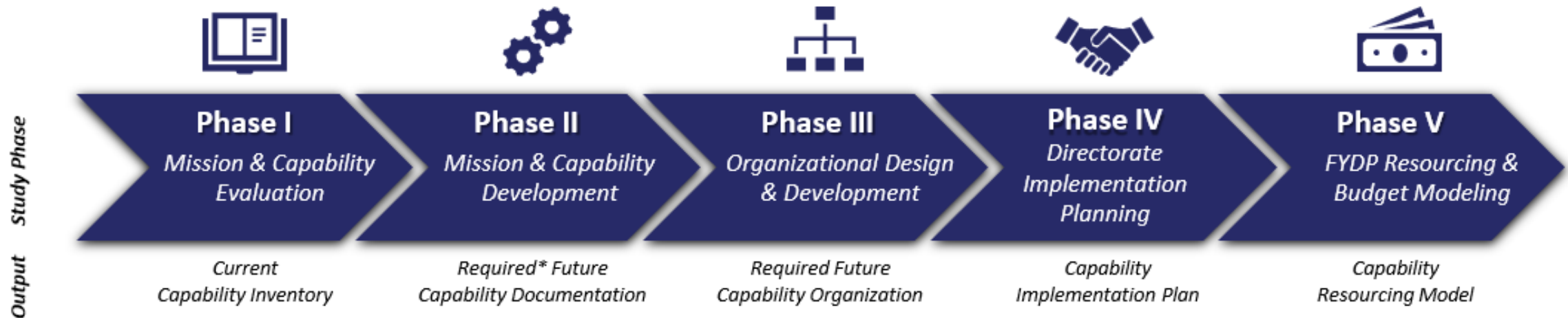
## Current Study Approach

- **Broad Value Proposition:** Delivering multiple products with value for stakeholders:
  - Current Requirements Inventory
  - Current Capability Inventory
  - Future Capability Analysis
  - COA Implementation Plans
  - Business Case Analysis
- **Focus on Requirements:** Centering decision on ability to collectively, fully, and continuously meet requirements.
- **Beginning with Equity:** Addressing all principal's priorities and equities as inputs into study design.
- **Working Down from Senior Leaders:** Relying on Senior Leader direction as principals to direct organizational participation.
- **Delivering Decision Space:** Attempting to measure the trade-offs between realistic potential courses of action to facilitate a policy decision.



# Project Approach

The purpose of the NDAA '23 SEC 724 Study is to conduct a feasibility study on establishing a Military Health System (MHS) Education & Training (E&T) directorate. The study will also develop an evidence-based plan for establishing any governance mechanisms and/or organizations deemed necessary and feasible to meet Congressional intent and best fulfill MHS E&T missions and objectives.



## Objectives

The study team will conduct qualitative and quantitative analyses to facilitate the integration of readiness and health within the MHS to help establish a plan toward accomplishing the following key objectives:

- Defining and measuring MHS E&T contributions to military medical readiness
- Optimizing MHS E&T platforms for readiness
- Standardizing MHS E&T requirements, organization, and governance
- Maximizing MHS E&T resource efficiency and effectiveness

\*For a discussion of requirements, see slide 11.



# Project POAM

## Phase I: MHS E&T Mission & Capability Evaluation

The following provides a plan of actions and milestones (POAM) for Phase 1 of the NDAA '23 SEC 724 Study. Phase I will include several analyses, broken out into the below deliverables and tasks, culminating in the delivery of an MHS E&T Mission & Capability Evaluation Report.



Phase I: MHS E&T Mission & Capability Evaluation POAM												
Tasks	Days 0-30				Days 30-60				Days 60-90			
Engage Key Stakeholders & Community of Interest (COI)												
Conduct Literature Review & Structured Interviews												
Inventory Current MHS E&T Capabilities												
Assess MHS E&T Capability Effectiveness												
Deliver MHS E&T Mission & Capability Evaluation Report												

### Phases II-V: USU NDAA 23 SEC 724 Study Next Steps



II. MHS E&T Mission & Capability Development



IV. MHS E&T Directorate Implementation Planning



III. MHS E&T Directorate Organizational Design & Development



V. Mission Effectiveness & Future Years Defense Program Resourcing & Budget Modeling

#### POAM Key



Time to Draft

Review & Solicitation

#### Task Level Key



Environmental Scan



Capability Analysis



Phase I Report Delivery



# Senior Leader Engagement

The Study Team has engaged key Senior Leaders throughout the course of the study to ensure their respective organizations are active participants in the analysis, whose contributions and equities are appropriately reflected.

## Study Initiation Request

- **Assign Staff:** Provide field-grade officer or senior Government civilian to participate in the *NDAA '23 SEC 724 Planning Group*; leader must be:
  - Empowered** to represent your organization's equities
  - Experienced** enough to understand unique and Service-specific requirements based on tenure, breadth of previous assignments, and professional network within the organization
  - Expert**, with thorough understanding of the organization's point-of-execution challenges in both education and training
- **Facilitate Coordination:** Provide access to staff and organization to ensure the study accounts for Service/organization-specific equities, challenges, requirements, and unique capabilities.

## Key Takeaways from Senior Leader Engagements (*as of FEB 2025*):

- **Feasibility:** Begin with a “big-picture” focus to understand what is required to meet the mission and define what is within the realm of the possible given current constraints.
- **System Design:** Understand interdependencies between healthcare delivery, education, training, and military assignments to inform decisions that improve the system's overall effectiveness.
- **Leadership Development:** Understand how MHS E&T can be configured to best foster career-long leadership development and military health professions lifecycle development.
- **Operating Model:** Understand how capabilities can be coordinated and synchronized to operate with greater efficiency and effectiveness, while causing minimal disruption.
- **Governance:** Adhere to proactive and transparent governance and policy coordination guidelines to support good-faith collaboration in the best interest of the MHS.

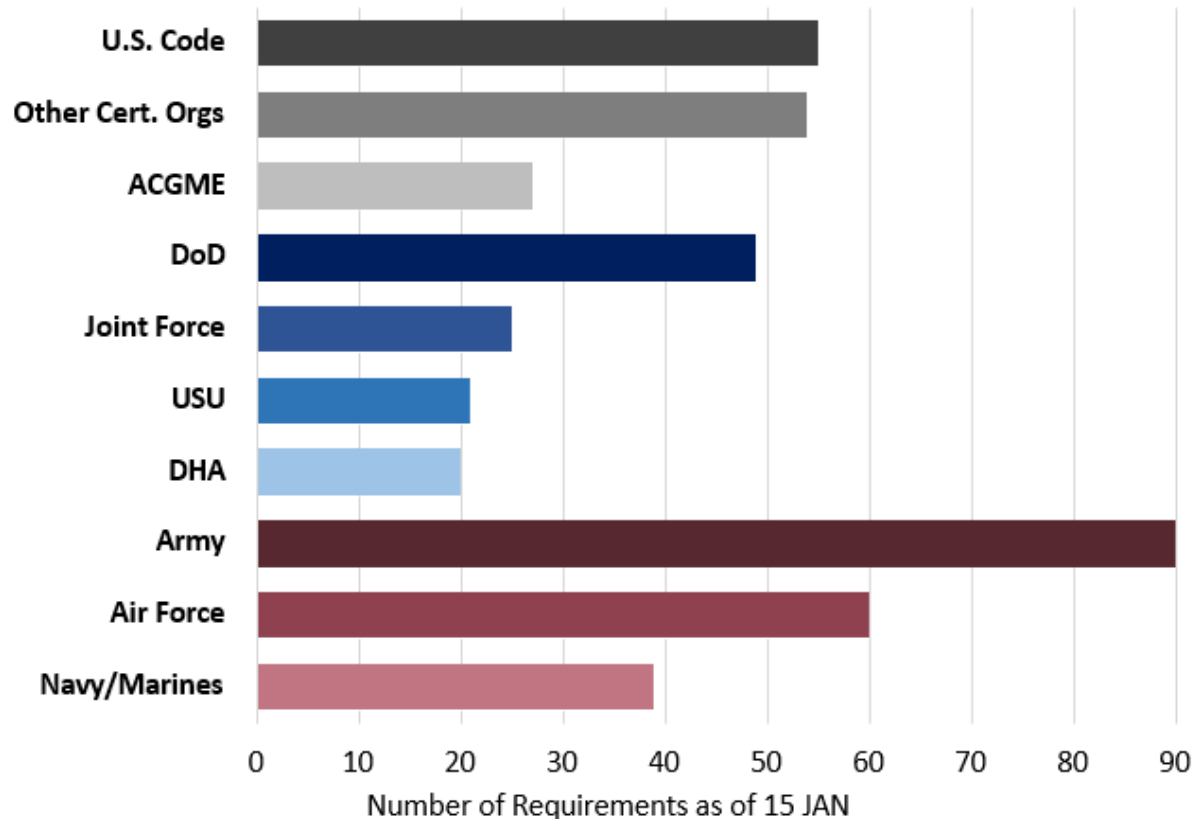




# Requirements Inventory

The Study team collected, categorized, and quantified requirements across multiple organizations to build a robust MHS E&T Requirements Inventory. The Requirements Inventory provides insight into “what must be done” and the extent to which it is codified. It will be validated with principal MHS organizations before the study progresses to Phase II.

# of Requirements by Primary Requirement Org



Requirements by Inventory Category

## Category I: Type\*

**68%** relate to medical E&T the management or organization  
**32%** designate specific medical E&T skillsets

## Category II: Realm\*

**66%** relate to regulations regarding medical E&T  
**17%** relate to direct medical care management/administration  
**8%** relate to direct medical care delivery  
**5%** relate to the direct medical care support  
**4%** relate to Service-specific direct medical care

## Category III: Scope\*

**77%** manage routine performance to desired outcomes  
**13%** manage performance to reach set milestones  
**10%** seek to optimize medical E&T

*\*The total of each Inventory Category equals 100%*

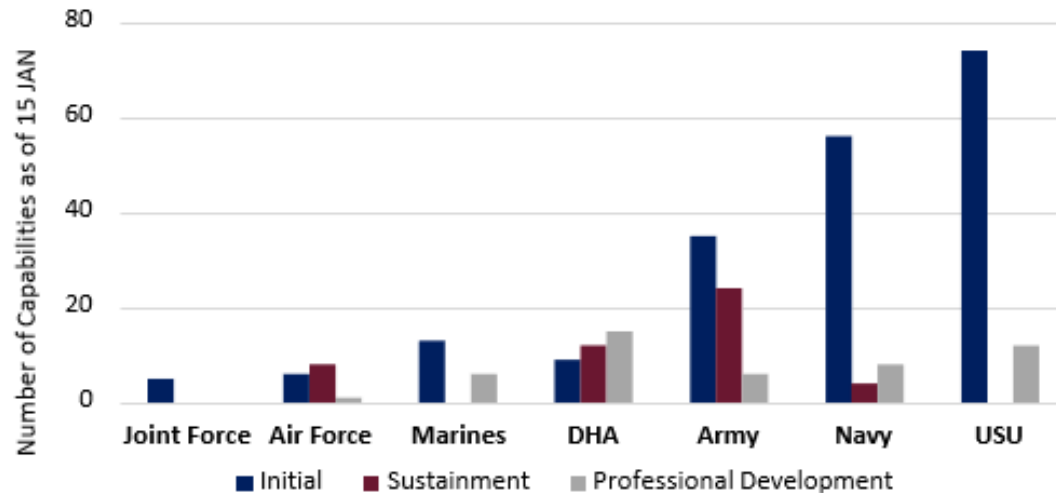


# Capabilities Inventory

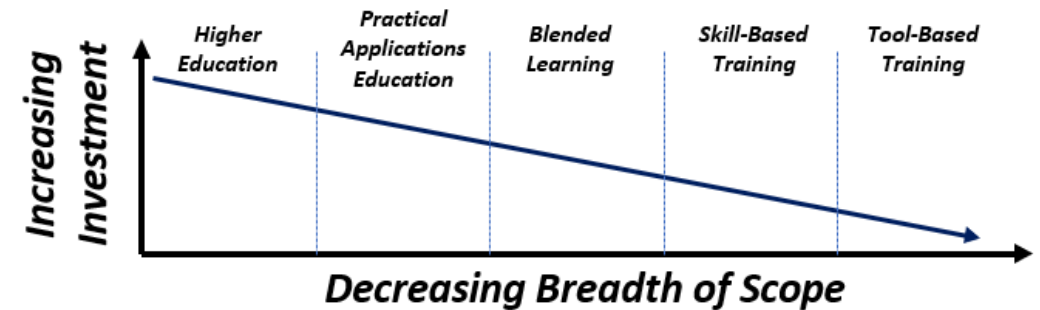
The Study team compiled a comprehensive list of E&T capabilities across the MHS. The Capabilities Inventory provides insight into what programs MHS E&T capability owners currently offer. It will be validated with principal MHS organizations before the study progresses to Phase II.

**Non-GME Capabilities by Agency & Category**

Note: Chart excludes GME & GAHE



GME & GAHE	Capabilities
Agency/Service	Count
Joint	104
Army	67
Navy	44
Air Force	28
<b>Total</b>	<b>243</b>



## Education

**Definition:** Broad-based process imparting theoretical knowledge, critical thinking, values, and principles.  
**Focus:** Long-term intellectual and personal development.  
**Content:** Includes abstract concepts, foundational theories, wide range of subjects, and interactive components.  
**Approach:** Encourages exploration, questioning, and critical thinking.  
**Outcome:** Grows individuals capable of applying knowledge and frameworks to various fields and environments.

## Training

**Definition:** Practical, skill-focused process preparing individuals for tasks and roles.  
**Focus:** Immediate application and proficiency in a particular setting.  
**Content:** Specialized and focused on techniques, tools, and best practices.  
**Approach:** Repetition, practice, and step-based instruction.  
**Outcome:** Develops skills for performing specific tasks efficiently and effectively.

## Education & Training are Interdependent in a Learning Enterprise:

- Training can contextualize knowledge from education
- Education provides the foundation upon which to train skills



# Initial Findings

The table below presents a preliminary comparison of the capabilities and requirements the study team identified across 19 program types, highlighting areas of alignment and discrepancy. These initial findings and observations will be discussed and validated with principal MHS organizations before the study progresses to Phase II.

Org.	GME	M.D. Program	Dental Program	Nursing Program	Allied Health Services	General Medicine	Military Medical Training	Military Training	Other Medical	Behavioral Health	Global Health	Public Health	Emerging Medical Technology	IT & Data Management	Leadership & Professional Development	Business & Health Administration	Communication	Ethics	Library
<b>Requirements</b>																			
DHA																			
USU																			
MILDEPs																			
<b>Capabilities</b>																			
DHA																			
USU																			
MILDEPs																			
Joint Force																			

## Initial Observations

- Newer requirements highlight a strong emphasis on centralizing programs at DHA to reduce overlap and enhance efficiency
- Statutory requirements and MILDEPs capabilities emphasize the important functionality civilian partnerships currently provide in MHS E&T
- GME and “Leadership & Professional Development” account for the largest volume of programs compared to other program types
- Allied Health programs are primarily managed by USU and the MILDEPs
- There is strong similarity in several military medical training programs across different MILDEPs such as combat & trauma medicine



# MHS E&T Dashboard Overview

An interactive, adaptable PowerBI dashboard will be available to present 724 Study Team initial findings to MHS principal organizations to foster discussion and validate Phase I findings.

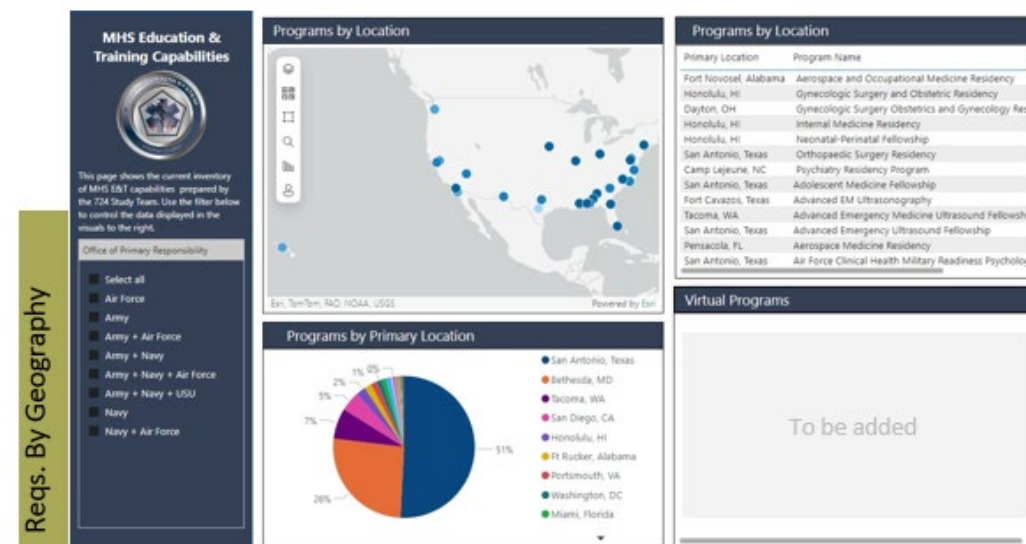
*Outcomes of interest currently captured in the dashboards include:*

## Capabilities

- Programs by Office of Primary Responsibility
- Programs by Type
- Programs by Facilitating Organization
- Programs by Primary Location

## Requirements

- Requirements by Type
- Requirements by Office of Primary Responsibility
- Requirement Intended Outcomes
- Requirement Summaries



# Next Steps

The following represent immediate next steps that will result in the close-out of NDAA '23 SEC 724 Study Phase I: MHS E&T Mission & Capability Evaluation.

1



- ***Refine & Validate*** qualitative and quantitative findings with principal MHS organizations and develop shared “terms of reference”
- ***Assess*** MHS E&T capability effectiveness utilizing Requirements and Capabilities Inventories

2



- ***Integrate*** budgeting and programing data into the dataset
- ***Report*** Phase I results to principal organization senior leaders and obtain direction
- ***Identify*** next steps for Study continuation through Phases II-V

3



- ***Finalize*** MHS E&T Capability Evaluation
- ***Deliver*** MHS E&T Mission & Capability Evaluation Report
- ***Close-Out*** NDAA '23 SEC 724 Study Phase I
- ***Prepare*** for NDAA '23 SEC 724 Study Phases II-V



# Requirements Discussion

## “Requirement” Definition

### Joint Capabilities Integration and Development System (JCIDS) Manual

**Requirement** - A capability which is needed to meet an organization’s roles, functions, and missions in current or future operations to the greatest extent possible. A requirement is considered to be ‘draft’ or ‘proposed’ until validated by the appropriate validation authority. (Source: CJCSI 5123.01)

### DAU Glossary of Defense Acquisition

**Capability Requirement** - Measures of Effectiveness (MOE) in the form of mission focused task statements that are best written in “task, condition and standard” format. CRs are described in relation to tasks, conditions, and standards IAW the Universal Joint Task List or equivalent DoD Component Task List and are thought of as “what needs to be done (the metric), and to what level (the initial value)”. If a CR is not satisfied by a capability solution, then there is an associated capability gap. A requirement is considered to be ‘draft’ or ‘proposed’ until validated by the appropriate authority. (Source: CJCSI 5123.01I)

**Joint Military Requirement** - A capability necessary to fulfill, or prevent a gap in, a core mission area of the Department of Defense. (Source: JCIDS Manual)

## Sources of Authority

Requirements may exist as fully articulated, validated, and codified needs. They may also be less fully developed and/or less clearly defined. This study will seek to fully understand MHS E&T requirements and make recommendations for requirements that must be more fully articulated, validated, and codified. Sources of authority we will consider include:

- Legislation
- National interest, national security, defense, and military strategy documents
- Defense, Joint Force, and Armed Service strategies, policies, guidance, directives, instructions, memos, and plans
- Interagency directives, agreements, and guidance
- Armed Service, functional, theater, component, and campaign command plans, directives, guidance, and orders
- Applicable regulations and standards from international agreements, federal civilian agencies, regulation bodies, and standards organizations





# Capability Evaluation Methodology

## Capability Analysis

### MHS E&T Requirements

Research and analyze MHS E&T requirements to understand what MHS E&T *"should be doing"*

#### Requirements Matrix

##### Requirements



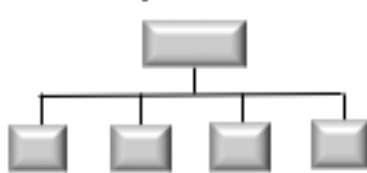
**Description:** Collect, categorize, and quantify requirements by authority, stringency, and outcome.

#### Value

Presents an **understanding of what is required** and the characteristics of each requirement.

#### Taxonomy

##### Required Tasks



**Description:** Organize requirements by category, ensuring none overlap but all are accounted for.

#### Value

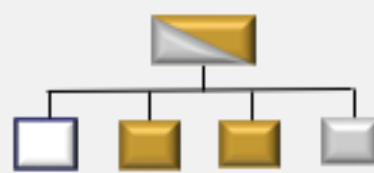
Provides a mutually exclusive, collectively exhaustive **framework to measure the weight of a requirement**.

### MHS E&T Capabilities

Inventory and assess capabilities to understand what MHS *"is doing"* and current state effectiveness

#### Capability Inventory

##### Requirements X Capabilities

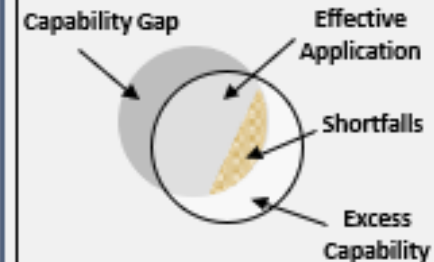


**Description:** Compile comprehensive list of capabilities and compare to requirements.

#### Value

Demonstrates where the **MHS E&T system currently delivers capabilities** against outlined requirements.

#### Capability Assessment



**Description:** Assess capabilities against requirements to measure effectiveness of MHS E&T.

#### Value

Allows the Study Team to target areas for **improvement in readiness production and leadership development**.

## Delivery & Decision Point

### Evaluation



The MHS E&T Mission & Capability Evaluation Report measures MHS E&T enterprise effectiveness as a collective readiness production and leadership development system and recommends whether the study should proceed.

### Cost-Benefit Analysis



The Cost-Benefit analysis provides a framework for budgeting MHS E&T.

## **TAB 5**

# **Update on Digital Health Integration Center and AI Integration**