Uniformed Services University
of the Health Sciences

"Learning to Care for Those in Harm's Way"

Board of Regents
Quarterly Meeting

October 20, 2023

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES (USU)
218TH MEETING
October 20, 2023 | 12:30 p.m. – 5:00 p.m. Eastern Time
Hosted in-person at Hershey Lodge, Cocoa Terrace/Suite 1
325 University Drive, Hershey, PA 17033
and
Virtual by Google Meet
Audio only: (US) +1 304-774-5179 PIN: 341 874 968#

MEETING AGENDA

OPEN MEETING

12:30 - 12:40 p.m.:	**Call Meeting to Order**	
	Designated Federal Officer	Ms. Annette Askins-Roberts
	Opening Comments	
	Chair, Board of Regents, USU	Dr. Nancy Dickey
12:40 - 1:00 p.m.:	**Operation Bushmaster Debrief**	CAPT Sherri Rudinsky
1:00 - 2:00 p.m.:	**USU Admissions Statement Discussion and Deliberation**	Regents
2:00 - 2:30 p.m.:	**President's Report**	
	President, USU	HON Jonathan Woodson
2:30 - 2:45 p.m.:	**Break**	
2:45 - 3:30 p.m.:	**Legislative Process Briefing and Discussion**	
	VP for External Affairs, USU	Dr. Glen Diehl
	General Counsel, USU	Mr. Paul Hutter
3:30 - 4:30 p.m.:	**Overview of the Center for Health Services Research (CHSR) Briefing and Discussion**	
	Director CHSR, USU	Prof. Tracey Koehlmoos
4:30 - 4:55 p.m.:	**Liaison Committee on Medical Education Update**	
	Dean, USU School of Medicine	Dr. Eric Elster
	Assoc. Dean, USU Medical Education	Dr. Catherine Witkop
4:55 - 5:00 p.m.:	**Closing Comments**	
	Chair, Board of Regents, USU	Dr. Nancy Dickey
	Adjourn	
	Designated Federal Officer	Ms. Annette Askins-Roberts

BOARD OF REGENTS
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES (USU)
218TH MEETING

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Reports to the Board of Regents

TAB 1

Operation Bushmaster Debrief

Bushmaster Summary

CAPT Sherri Rudinsky, MD

Chair, Department of Military & Emergency Medicine
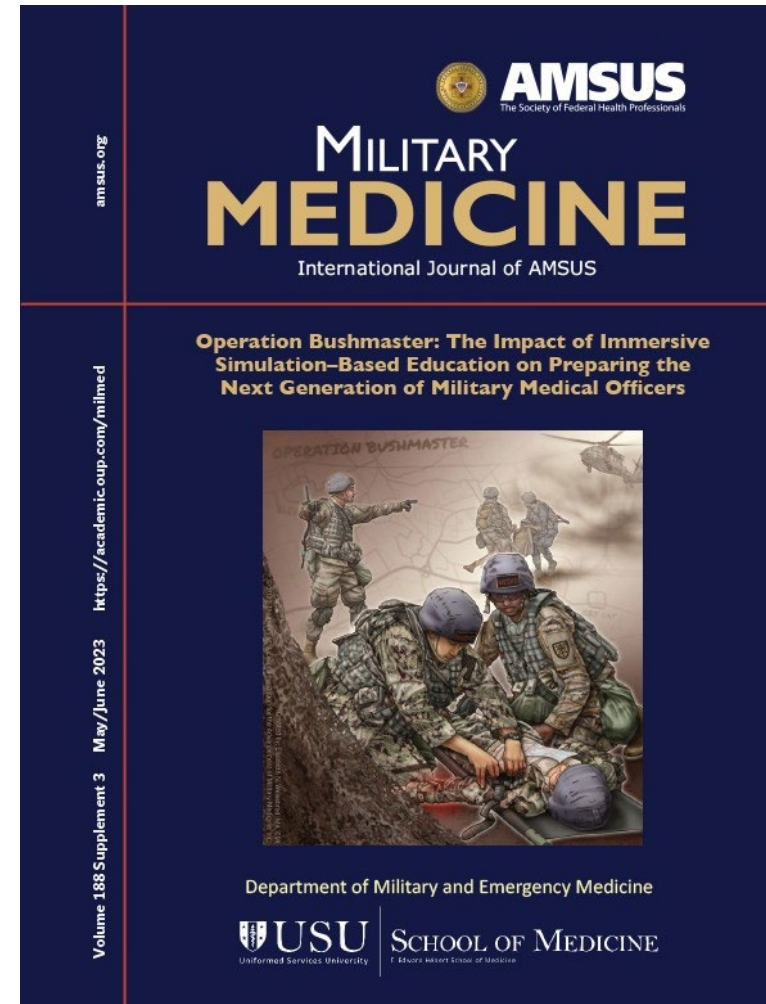
MASCAL
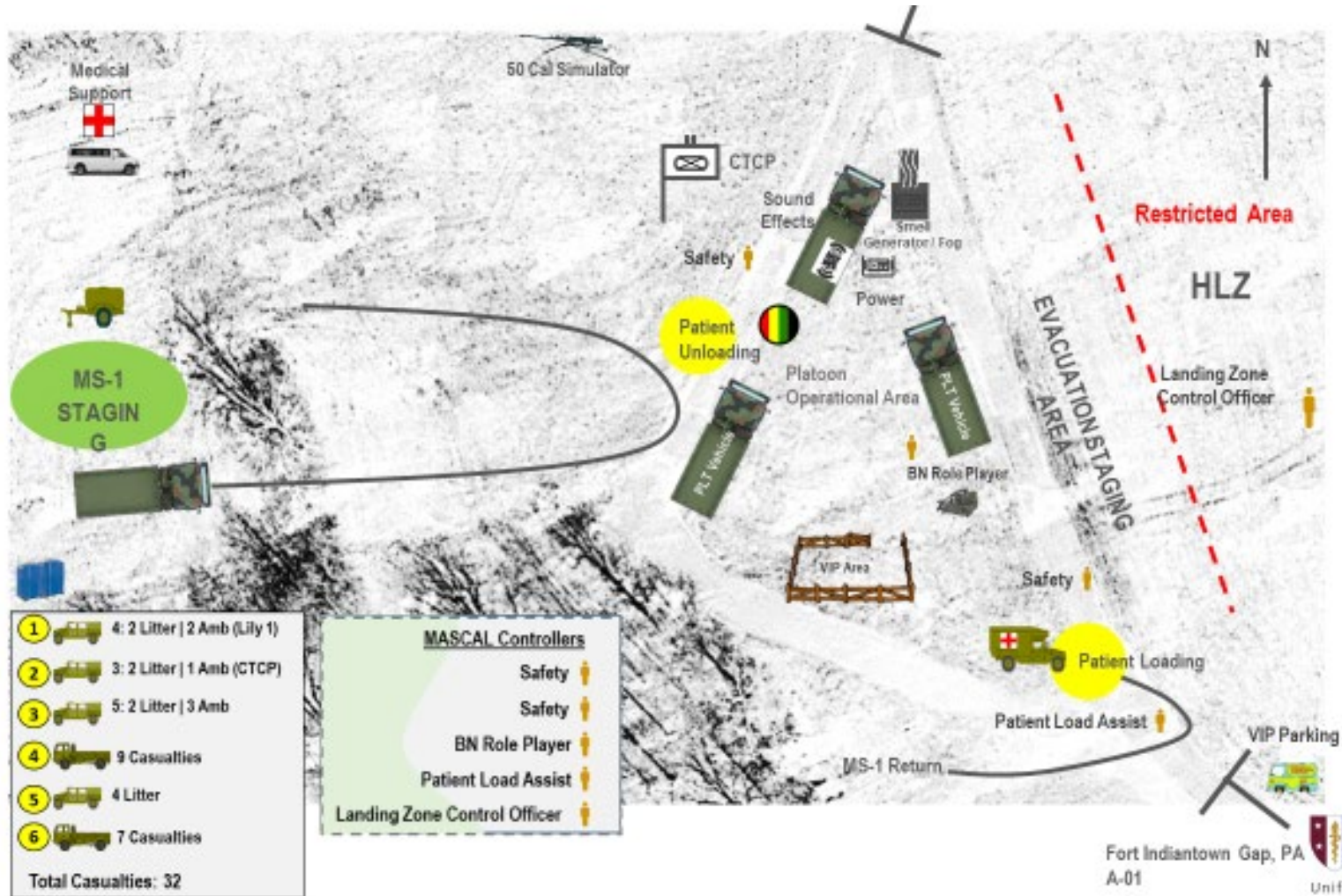
- Medical Support to Counter-Offensive
- 32 Patients over 90 mins
- Operational Challenges:
  Resource management
  Triage (Re-triage)
  Reverse Triage (RTD)
  EPW (ROE, Security)
  Expectant Care
  Helo Ops (Evac Priority)

- Unique opportunity for mid-grade MHS leaders to partner with senior combat and operational experienced faculty
  - Mitigate the Walker Dip

- Opportunity for validation of operational education and training curricula
  - USU Military Unique Curricula
  - TCCC skills retention (TQ, NDC, WBT)

Research shows that USU outperforms civilian medical schools across several key measures

"The Impact of Medical School on Military Physicians' Readiness for their First Deployment"
(Military Medicine, 2022; usac049)

Key Measure	Civilian Med School Graduates	USU Graduates
Medical Readiness	Prepared (Residency)	Prepared (Military Field Practicums)
Operational Readiness	Lack of operational preparedness; "steep learning curve"	Confidence in their abilities on deployment; "natural state"
Command Interactions	Difficulty communicating with commanders; struggled with military terminology and command hierarchy	Positive working relationships with commanders; comfortable with military culture and rank structure
Role as a Military Physician	Medically focused mindset	Mission-focused mindset; advisor to commander

Research shows that **USU graduates outperformed their HPSP counterparts in FOUR of the FIVE areas measured**

1. **Ability to Navigate Military Culture**
2. **Understanding of the Military's Medical Mission**
3. **Clinical Preparation**
4. **Navigating the MHS**
5. **Teamwork**
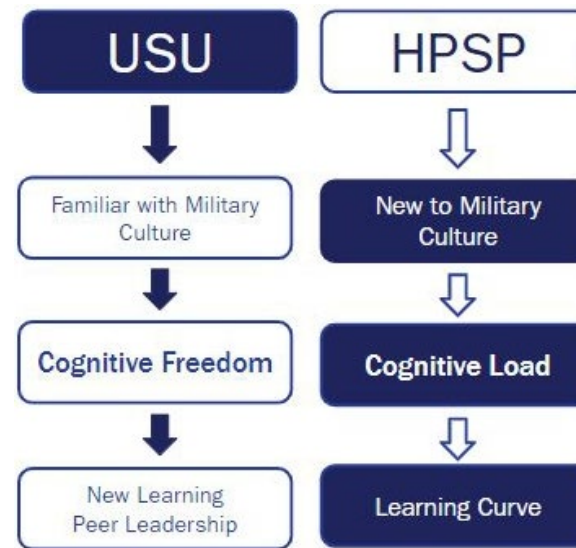
Figure: Navigating Military Culture – Cognitive Load for Incoming Residents, USU vs. HPSP

"A Comparison of HPSP and USU Graduates' Preparation for Residency"

Future USU Medical Training Campus
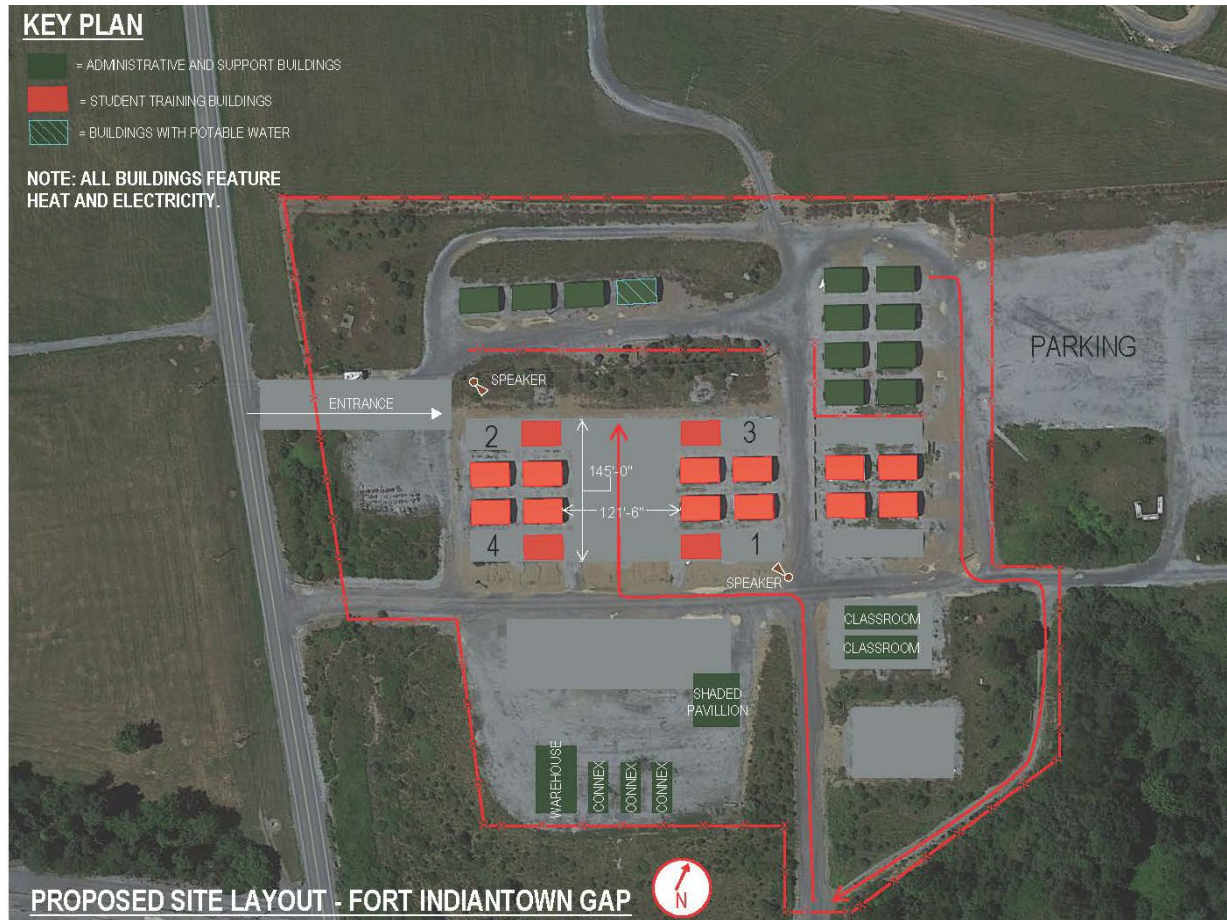
- FTIG offers tremendous opportunities to train our students across the curriculum

- Current FTIG TTB site 2025 end-of-life

- Dedicated site to fit our training needs

- MFP storage space (warehouse) and efficiency (to/from FTIG)

- Dedicated Facility/exportable curriculum to benefit other MHS entities (internal/external)
    - Leadership Capstone for USU
    - HPSP collaboration

Questions

CAPT Sherri Rudinsky, MD

sherri.rudinsky@usuhs.edu

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OPERATION BUSHMASTER

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Created by: Elizabeth N. Weissbrod, MA, CMI

Military Medical Officer (MMO) Professional Identity Formation

SCHOOL OF MEDICINE
Uniformed Services University

Physician

Officer

Educator

Diplomat

Mentor

Advisor

The Military Medical Officer

SCHOOL OF
MEDICINE
Uniformed
Services
University
Uniformed Services University
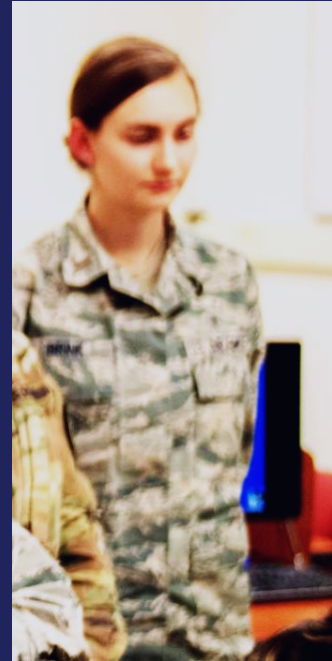
TAB 2

USU Admissions Statement Discussion
and Deliberation

Uniformed Services University of the Health Sciences (USU), America's military health professions school, educates and trains the health care professionals who care for the uniformed Services and other beneficiaries of the Military Health System. In meeting its mission, USU recognizes and celebrates the variety of backgrounds, lived experiences, and perspectives that form the bedrock of our nation and is honored to be part of the Department of Defense which is comprised of a more racially and ethnically diverse population than the United States itself.[i]

USU aspires to exceed standards established for accreditation of medical education programs, which include achieving mission-appropriate diversity,[ii] and recognize the benefits of having medical professionals who are representative of those entrusted to their care. These benefits include higher patient satisfaction,[iii,iv] greater likelihood of receiving preventive care,[v] improved receptivity to physician recommendations,[vi] and lower health care costs.[vii]

Because many health care professionals trained at USU go on to take leadership roles in the Department of Defense, USU is uniquely charged with producing not only outstanding health care professionals, but also exceptional uniformed service leaders.[viii,ix,x] The need to promote diversity among uniformed service leaders is informed by its potential to promote psychological safety, trust, and innovation,[xi] and is highlighted in the USU mission statement:

> "We support the readiness of America's Warfighter and the health and well-being of the military community by educating and developing uniformed health professionals, scientists, and leaders; by conducting cutting-edge, military-relevant research; and by providing operational support to units around the world."[xii]

The U.S. National Security Strategy, which is the foundation of the USU mission, emphasizes the importance of developing a Department of Defense which reflects the American public it represents, and the need to prioritize diversity, equity, inclusion, and accessibility as mechanisms to ensure the Nation's security.[xiii] By fostering an environment where various backgrounds, experiences, and perspectives converge, USU seeks to improve the ability of military medicine to meet the ever-evolving challenge of providing superlative health care as well as developing strong, effective leadership within the Department of Defense as a part of essential national security.

The USU admissions process is comprehensive and competitive. It includes an assessment of academic background and potential, as well as assessments aimed at ensuring that candidates have the physical and psychological attributes necessary to serve in the uniformed service. The admissions process also aims to foster an inclusive and diverse student body. The USU Board of Regents endorses the USU admissions process, including efforts to promote diversity, because it believes that it is fundamental to developing skilled, compassionate, and innovative clinicians, enables the delivery of high quality health care, and because fostering diversity among military and uniformed service leaders helps meet the national security mandate.

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[i] Need statistics from Defense Manpower Data Center (DMDC)

[ii] Liaison Committee on Medical Education. Standards for accreditation of medical education programs leading to the MD degree. Standard 3: Academic and learning environments. In: LCME Functions and Structure of a Medical School. March 2023. Accessed October 6, 2023. https://lcme.org/publications/

[iii] Takeshita J, Wang S, Loren AW, et al. Association of racial/ethnic and gender concordance between patients and physicians with patient experience ratings. JAMA New Open. 2020;3(11):e2024583. Published 2020 Nov 2. doi:10.1001/jamanetworkopen.2020.24583

[iv] Assari S. Psychosocial determinants of communication satisfaction in racially concordant and discordant patient–physician interactions. J Med Res Innov. 2019;3(2):e000165. https://doi.org/10.32892/jmri.165.

[v] Ma A, Alison Sanchez A, Ma M. The Impact of Patient-Provider Race/Ethnicity Concordance on Provider Visits: Updated Evidence from the Medical Expenditure Panel Survey. Journal of Racial and Ethnic Health Disparities. 2019;6(5): 1011–20. https://www.jstor.org/stable/48707053

[vi] Saha S, Beach MC. Impact of physician race on patient decision-making and ratings of physicians: a randomized experiment using video vignettes.   J Gen Intern Med. 2020;35(4):1084-1091. doi:10.1007/s11606-020-05646-z

[vii] Jetty A, Jabbarpour Y, Pollack J, Huerto R, Woo S, Petterson S. Patient-physician racial concordance associated with improved healthcare use and lower healthcare expenditures in minority populations.   J Racial Ethn Health Disparities. 2022;9(1):68-81. doi:10.1007/s40615-020-00930-4

[viii] Burns R, Baldor LC. Top US general urges greater racial diversity in military. The Associated Press Published May 5, 2021. https://apnews.com/article/race-and-ethnicity-government-and-politics-1deffc0efb652716aa44dab756b614d1

[ix] Chivvis CS, Lauji S. Diversity in the High Brass. Carnegie Endowment for International Peace. https://carnegieendowment.org/2022/09/06/diversity-in-high-brass-pub-87694. Published September 6, 2022.

[x] Garret MX. Military Diversity: A Key American Strategic Asset. Military Review. Published May-June 2021. https://www.armyupress.army.mil/Journals/Military-Review/English-Edition-Archives/May-June-2021/Garrett-Military-Diversity/

[xi] Expert Panel®Forbes Councils Member. 14 Important Benefits Of A More Diverse Leadership Team. Forbes. Jun 24, 2021. https://www.forbes.com/sites/forbescoachescouncil/2021/06/24/14-important-benefits-of-a-more-diverse-leadership-team/?sh=7c698a5b1f9b

[xii] USU. Mission Statement. USUHS, AO, Accreditation, Strategic Planning.

[xiii] Biden-Harris Administration's National Security Strategy. October 2022. https://www.whitehouse.gov/wp-content/uploads/2022/10/Biden-Harris-Administrations-National-Security-Strategy-10.2022.pdf

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viii Burns R, Baldor LC. Top US general urges greater racial diversity in military. The Associated Press Published May 5, 2021. https://apnews.com/article/race-and-ethnicity-government-and-politics-1deffc0efb652716aa44dab756b614d1

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x Garret MX. Military Diversity: A Key American Strategic Asset. Military Review. Published May-June 2021. https://www.armyupress.army.mil/Journals/Military-Review/English-Edition-Archives/May-June-2021/Garrett-Military-Diversity/

[xi] Expert Panel®Forbes Councils Member. 14 Important Benefits Of A More Diverse Leadership Team. Forbes. Jun 24, 2021. https://www.forbes.com/sites/forbescoachescouncil/2021/06/24/14-important-benefits-of-a-more-diverse-leadership-team/?sh=7c698a5b1f9b

[xii] USU. Mission Statement. USUHS, AO, Accreditation, Strategic Planning.

[xiii] Biden-Harris Administration's National Security Strategy. October 2022. https://www.whitehouse.gov/wp-content/uploads/2022/10/Biden-Harris-Administrations-National-Security-Strategy-10.2022.pdf

TAB 3

President's Report

TAB 4

Legislative Process Briefing and Discussion

Authorizers vs. Appropriators

- Authorizers = **POLICY**
  - House Armed Services Committee
  - Senate Armed Services Committee

- Appropriators = **$$$$$**
  - House Appropriations Committee - Defense
  - Senate Appropriations Committee - Defense

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Professional vs. Personal Staff

- Professional Staff Members (PSMs) (3-star/2-star)

  - Focused on overall policy and legislative vehicle e.g. NDAA

  - Generally has specific military, policy or industry experience

  - Directly engage with Members across Committees

- Personal Staff

  - Focused on their specific Member of the House of Senate

  - Experience level varies

  - Must gain Professional Staff support for inclusion into a legislative vehicle

Congressional Schedule

- Budget

- Hearing Season

- Mark-up

- Floor

- Conference

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National Defense Authorization Act (NDAA)

- National Defense Authorization Act is a bill passed into law each year. It allows the government to continue funding national security interests and the military for the next fiscal year.

- The authorization bill determines the agencies responsible for defense and sets the **policies** under which money will be spent.

- The two chambers simultaneously draft and consider independent bills. Any differences must be resolved before it can be passed.

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Senate Armed Services Committee

- **Airland**
  - Army programs (less Special Operations Forces); Air Force programs

- **Emerging Threats**
  - Policies and programs related to cyber security, intelligence, counter-terrorism, and homeland security

- **Personnel**
  - Military and DOD civilian personnel policies; end strengths for military personnel; military personnel compensation and benefits; **military health care**; and military nominations

- **Seapower**
  - Navy and Marine Corps Programs

- **Readiness and Management**
  - Military readiness; military construction; housing construction and privatization; contracting and acquisition policy; business and financial management; BRAC; and defense environmental programs.

- **Strategic Forces**
  - Nuclear and strategic forces; non-proliferation programs; space programs; DoE defense nuclear, and defense environmental management programs; and ballistic missile defense

House Armed Services Committee

- **Tactical Air and Land Forces**
  - Oversight of ammunition programs, Army and Air Force acquisition programs, all Navy and Marine Corps aviation programs, and NG and Army and AF NG & Reserve

- **Military Personnel**
  - Responsible for military personnel policy, reserve component integration and employment issues, **military health care**, military education, and POW/MIA issues

- **Oversight and Investigations**
  - Conducts investigations on inquiries into allegations of waste, fraud, abuse, and wrongdoing and inefficiencies within the DoD

- **Readiness**
  - Oversees military readiness, training, logistics and maintenance issues and programs, military construction, installations and family housing issues, and the BRAC process

- **Seapower and Projection Forces**
  - Oversight of the Navy and Marine Corps programs.

- **Strategic Forces**
  - Oversees nation's nuclear weapons, ballistic missile defense, national security space programs, and Department of Energy national security programs

- **Emerging Threats and Capabilities**
  - Oversees counter-terrorism programs and initiatives and counter proliferation of WMD

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How Does Congress Learn About the Military Health System?

- OSD(HA), DHA, Surgeon General testimonies before Congress

- Requests for Information (RFIs)

- Requests for Briefings (RFBs)

- Congressional Delegation (CODEL) Visits

- Staff Delegation (STAFFDEL) Visits

- Courtesy Calls with Congressional District Staff

- Special Events (i.e. Homecomings, Ribbon Cutting, Change of Command)
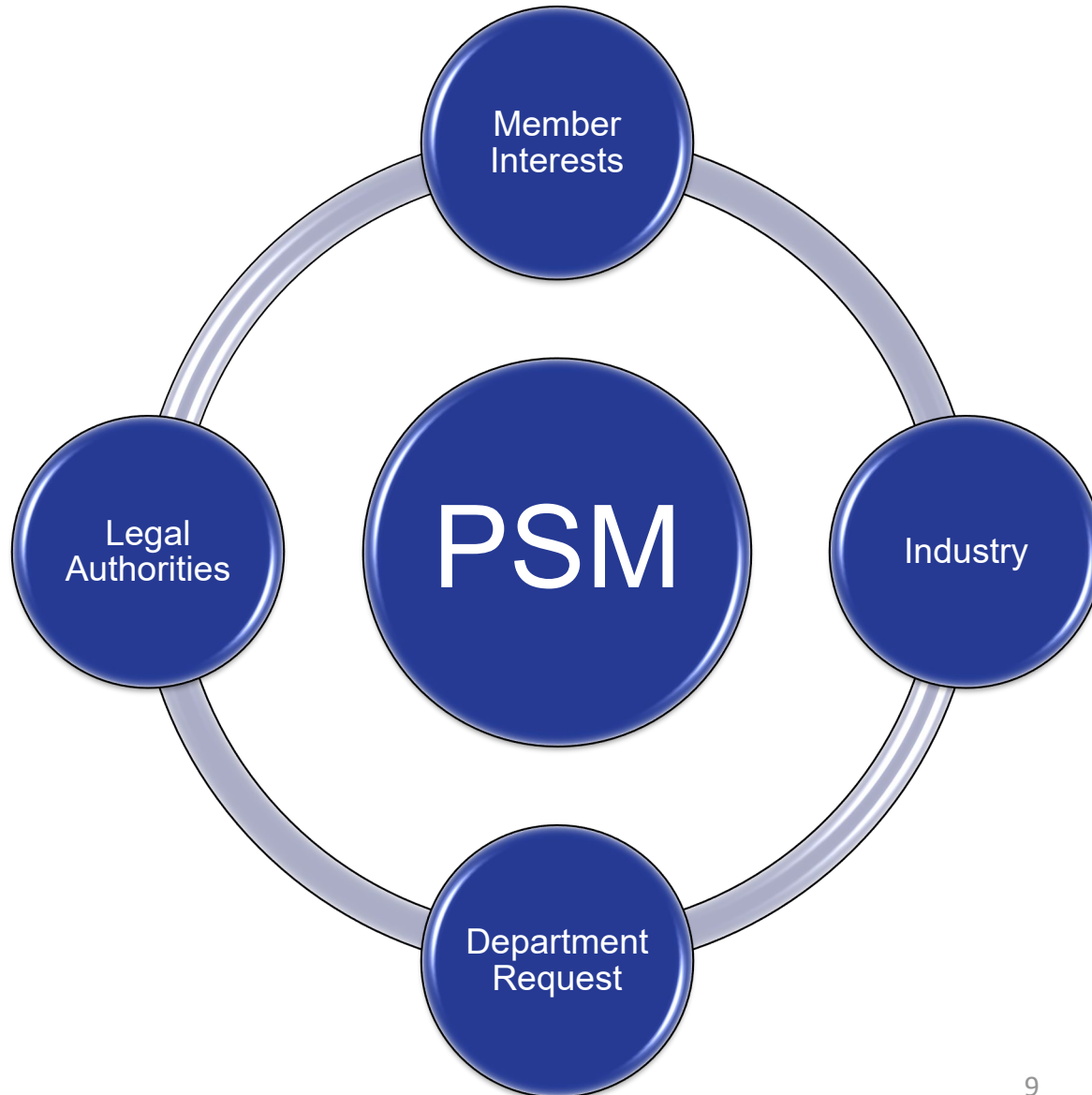
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The Hill Dynamic

How the Board Can Engage with Congress

- Visits to the Hill with Members/Staff on the Armed Services Committees (House and Senate) and Appropriations Committees-Defense (House and Senate) – Not being paid by DoD or acting in official capacity

- Letters to Congress

- Invitations to Members of the House and Senate or their staffs for specific events or collaborations

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Challenges with Board of Regents Engagement

- If acting in a paid capacity as an official of DoD, policy states you will not ask members of Congress or congressional staff to support funding requests not included in the President's budget request or to enact legislation that has not been approved by the Department of Defense.

- 18 USC 1913 prohibits the use of appropriated funds to encourage, pressure, or suggest that private citizens, citizens' groups, corporations, associations, or other private organizations contact or solicit Congress on legislative matters.

- Section 715 of Public Law (PL) 116–93 prohibits the use of appropriated funds by Executive Branch employees for publicity or propaganda purposes designed to support or defeat legislation pending before Congress, other than for normal and recognized executive-legislative relationships in presentation to the Congress

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The Department of Defense Legislative Program

Paul J. Hutter, JD
General Counsel

October 20, 2023

Note: These slides are adapted from those presented in a DoD Legislative Counsel briefing to members of the Office of General Counsel in April 2023.

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Agenda

(1) The Department of Defense Legislative Program

(2) OGC Role in the Legislative Program

(3) Other Items Related to Legislation

(4) Common Issues

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Department of Defense Legislative Program

Program Goal

A consolidated legislative proposal that—

1) supports the Secretary of Defense's priorities for the Department;

2) is approved by the Administration; and

3) is submitted in a timely manner for consideration by the Armed Services Committees of the House and Senate for inclusion in their versions of the National Defense Authorization Act for that fiscal year.

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Governing Policies

10 U.S.C. 113a
- Requires Secretary of Defense to transmit to Congress annual defense authorization request **during the first 30 days after the budget is submitted.**
- Includes requests for authorizations of appropriations, personnel strengths, military construction, and any other matter the Secretary proposes to include as part of the NDAA.

Office of Management and Budget (OMB) - Circular A-19
- Requires all proposals for legislative changes be cleared by OMB before transmission to Congress.
- It does not matter whether the proposal is in the form of legislative language or a narrative idea in oral or written form, OMB approval is required.

Department Issuances, Deputy Secretary Memos, and joint memos issued by the General Counsel and Assistant Secretary of Defense for Legislative Affairs (ASD(LA))

- ***Provide that no legislative proposal may be transmitted to Congress except by direction of ASD(LA).***
- ASD(LA) develops legislative strategy supporting the DoD legislative program, priorities, and goals.
- Establish a Legislative Review Panel (LRP) and Deputies LRP of senior leaders to consider legislative proposals submitted by components and determine whether each proposal should move forward as a Department position.
- Terms of Reference define procedures for meetings of LRP and Deputies LRP.
- Office of Legislative Counsel manages process for coordination and LRP review of submitted proposals.

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Deputy Secretary of Defense Call Memo

DEPUTY SECRETARY OF DEFENSE
1010 DEFENSE PENTAGON
WASHINGTON, DC 20301-1010

JUN 2 4 2022

2. <u>Limitation on Number of Proposals Submitted</u>. OMB annually limits the number of legislative proposals that the Department may submit for consideration in the upcoming legislative cycle to no more than 200. This limitation ensures that OMB can review all of the Department's priorities for the legislative cycle in a timely manner and provide the Department a meaningful opportunity to advocate for its priorities with Congress. To comply with this limitation, each Component is limited to submitting no more than 20 legislative proposals for consideration in FY 2024. Components should ensure they submit only proposals that respond to an actual need that requires a statutory change to accomplish the intended policy, and minimize the submission of proposals that do not require enactment in the FY 2024 legislative cycle. The success of the Department's legislative program is measured not by the number of proposals enacted into law, but rather by the enactment of the Department's priorities in a meaningful way.

OSD005233-22/CMD005888-22

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Department of Defense Legislative Program

August 1

Component sponsors submit proposals for fiscal year that begins October 1 of the following calendar year to Office of Legislative Counsel (OLC)

August (3 Weeks)

OLC conducts Department-wide policy coordination of submitted proposals
=============
DoD/OGC conducts **initial** legal review of proposals

September through December

Deputies Legislative Review Panel and Legislative Review Panel meet to review and adjudicate coordinated proposals

October to December

OLC transmits LRP- and DSD-approved proposals to OMB

January through March

OMB passes back approvals, disapprovals, and deferrals of legislative proposals

December or January

Budget controls lock, component sponsors finalize budgetary information

December or January

USD(C) certifies that necessary budgetary information is complete

February through May

After submission of President's Budget, ASD(LA) transmits to Congress proposals approved by the LRP, OMB, and WHLA and certified by USD(C); March is the HASC/SASC deadline for receiving DoD proposals for consideration for NDAA and target date for final DoD transmission of proposals.

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Other Things to Note about Legislative Proposals and Process

PRIORITIZATION: Proposal sponsors are required to rank their top 10 proposals and may rank additional proposals when uploading proposals to the OLC website. Priority information is provided separately via the OLC website and not included in the proposals themselves.

OTHER AGENCY EQUITIES: After proposals are submitted, OLC makes an initial determination for each proposal as to whether it is likely to draw the interest of interagency partners. *****

DLRP AGENDAS: In August, OLC uses the prioritization information and the initial determination with respect to agency equities to create the agendas for each DLRP meeting, frontloading the items determined to be the highest priorities by the sponsors along with those likely to draw interagency interest. This allows DoD to clear and transmit to OMB the proposals we consider most important or that may take the longest to clear through interagency coordination and OMB examination ahead of others that are not as much of a priority or unlikely to draw interagency interest.

QUAD CHARTS: The sponsor of each proposal has to create a 1-page, informational quad charts for each proposal that is due one week after coordination begins. These quad charts are used only internally to DoD as preparatory material for the DLRP and LRP meetings. **See slide 27 for representation of USU Quad Chart**

NEGOTIATIONS WITH OMB AND INTERAGENCY PARTNERS: Negotiations with OMB and interagency partners will often result in requests to change legislative proposals. These changes are allowed so long as they do not substantively broaden the proposal to such an extent that it makes the LRP approval no longer valid. Additionally, any comments or questions received from OMB during the interagency coordination and examination process are required to have an initial response within 3 business days.

Note: Other federal agencies will be interested in USU's proposals as they seek to include the opportunity for additional agencies to enroll and attend USU programs and courses.

DOD/OGC Roles and Responsibilities

After Proposal Submission

OLC does an initial review of every proposal submitted to accomplish 4 tasks:

1. Ensure that every required element of the proposal is included and a submission memo was provided.
2. Designate an initial OGC office to be responsible for legal review.
3. Determine if other agencies of the Federal Government are likely to have equity or strong interest in the proposal.
4. For proposals submitted by non-OSD components, designate an initial OSD lead component for the proposal.

OLC begins DoD-wide coordination of proposals and distributes the proposals to the appropriate OGC offices for review

Two Part Process for Legal Review

PART I – Legal Necessity and Critical Issues

- *Question 1: Is a statutory change legally necessary to accomplish the desired policy expressed in the proposal?*

- *Question 2: If the answer to question 1 is yes, are there any critical issues with the proposal that need to be resolved prior to consideration by the DLRP?*

DOD/OGC Roles and Responsibilities

After Proposal Submission – OGC Review of Proposals

Two Part Process for Legal Review

PART II – Let's fix this thing!

- OLC legislative drafters review and revise each proposal to ensure the legislative text is drafted in a concise and accurate manner and in the same form and style as the professional legislative drafters in the House and Senate.

- OLC drafters share drafts with the subject-matter expert attorneys for review prior to providing the revised drafts back to the client.

- OLC works on drafts in the order in which they will be considered at a meeting of the DLRP.

DOD/OGC Roles and Responsibilities

After OGC Review is Complete

Changes Resulting from Negotiations

- Proposal sponsors are encouraged to negotiate with OMB and interagency counterparts during the coordination and examination process lead by OMB.

- OLC maintains version control of all proposals on OLC website.

- Changes within the reasonable bounds of the policy approved by the LRP and Deputy Secretary are allowed without going through the LRP-approval process again. Significant expansions of proposals *may* require re-coordination depending on the circumstances.

- Proposal changes are not final until formally posted on the OLC proposal website. OLC consults with our OGC colleagues on any substantive changes to proposals.

Other Items Related to Legislation

Technical Drafting Assistance

- Congressional staff request DoD provide legislative language that executes a particular policy.

- Allowed as long as meets specific requirements:

1) Request must come from congressional staff, preferably in writing, not instigated or suggested by DoD.
2) Request must include enough specificity for DoD to determine exactly what the staff member is asking for without making independent policy decisions.
3) Response **must include** a specific caveat in both the draft and the transmission email that says the draft is being provided as a courtesy at the request of congressional staff and does not necessarily represent DoD or Administration position.
4) The written request and the response must be shared with OMB after it is transmitted to Congress.

DOD/OGC Roles and Responsibilities

Informal Views

- Congressional staff request informal views of DoD on legislative text written by Congress.

- Can provide a response so long as it is not inconsistent with views of the Administration, if otherwise expressed or known.

- Should be unattributed, not signed or stated as coming from a particular component or official.

DOD/OGC Roles and Responsibilities

Legislative Appeals

- ASD(LA) managed process for the Department to express a view on how a provision contained in the House or Senate version of the NDAA should be addressed in the final bill text.

- One-page documents that are cleared through OMB, may included suggested edits to legislative text.

- Generally cannot oppose the inclusion in the final text of a provision contained in both bills.

Common Issues

Legislation that is not legally necessary

- Client believes legislation is easier than a policy change.

- Client unable to get senior leadership agreement to change policy, so propose legislation instead.

- Client fearful of negative reaction from Congress if carry out lawful policy, so proposes legislation to get congressional "buy in".

Common Issues

Report "Requirements" vs "Requests"

- Department policy is to respond to both statutory requirements and requests in committee report and joint explanatory statement documents.

- Reports that are required by a duly enacted statute are reporting "requirements".

- Reports that respond to other congressional documents (i.e., committee report or joint explanatory statement accompanying a conference report) are "requests", **_not_** "directions" or "requirements".

- All DoD documents, but particularly those transmitted to Congress, should carefully delineate between when DoD is responding to a request and when DoD is responding to a requirement.

Quad Chart – USU Proposed Legislation*

PRIORITY/SUMMARY/JUSTIFICATION

- *Priority – Priority #16 of 20 proposals submitted*
- Establishes parity with the Service Academies. Allows foreign military medical students, facilitates research funds from more sources, endowments and use of those funds, admission of variety of students to graduate programs.
- Allows level competition with civilian medical schools for best students and faculty, provides endowment funding consistent with civilian practice, creates parity among DoD institutions of higher learning.
- Strengthens relationships with allies and partners IAW National Defense Strategy and National Military Strategy.

HISTORY/PRIOR ENGAGEMENT

- **Prior Submissions.** Similar effort in 2021 NDAA limited new students to USCG, VA and HHS. Did not include foreign medical students, variety of graduate students or endowments
- **Congressional Engagement.** Engagement with HASC and SASC PSMs; favorable reception; invitations for legislative drafting assistance.
- **Hill Stakeholders.** HASC/SASC (MilPers Subcommittees) and individual members with large military installations.
- **Obstacles to Passage.** House and Senate staffers support.
- No interagency concerns; HHS, DHS, DOJ, VA seek expanded access to USUHS graduate medical programs

RISK IF ADOPTED/REJECTED

- **Risk to Mission.** Missed opportunity to better support our Allies and Partner nations through integrated medical education and training. Inability to compete with civilian medical school risks reduced number of applications and admission of lower caliber students and faculty; opportunity for foreign and wide non-profit affiliations and more research.
- **Risk to Force.** USUHS is key to medical provider accession and retention through medical school and graduate education programs. Risk to provider recruitment.
- **Budget Impact.** Not significant; absorbed within existing budget authority.
- **Interagency Equities/Objections.** None anticipated.

OTHER KEY DATA

- **Key Data Points.** Strengthens Allied and Partner Nation medical education, training and interoperability. Encourages robust interaction and partnership with federal agencies, foreign military medical departments and non-profit partners that provide opportunities for research and education collaboration.

* Modified from the original to eliminate Controlled Unclassified Information (CUI) concerns.

Questions?

TAB 5

Overview of the Center for Health
Services Research (CHSR)

USU Center for Health Services Research

20 October 2023

Tracey Pérez Koehlmoos PHD, MHA
Professor & Director
Center for Health Services Research
Uniformed Services University of the Health Sciences, Bethesda, MD, USA

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Disclosure

- Presenter has no financial interest to disclose

- Disclaimer: The content of this presentation is the sole responsibility of the author(s) and does not necessarily reflect the views or policies of Uniformed Services University of the Health Sciences (USUHS), the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. (HJF), the Department of Defense (DoD), or the Departments of the Army, Navy, or Air Force. Mention of trade names, commercial products, or organizations does not imply endorsement by the U.S. Government

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Agenda

- The Center for Health Services Research at USU

- Research

- Education & Training

- Knowledge Translation & Partnerships

- Service

- Operational Challenges

- The Future of CHSR

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THE CENTER FOR HEALTH SERVICES RESEARCH AT USU

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The Need for a CHSR

- **Critical capability gaps identified by 2014 MHS Review:**

  =Lack of system-wide health care evidence to support policy & decision making

- **Insufficient health services research capability to analyze MHS data for improving care**

  - Need for a cadre of researchers able to conduct & lead HSR

  - Collaborations with HSR communities across multiple departments & organizations to optimize research opportunities

  - Expand opportunities for knowledge translation to improve policy & practice

- **Goal is to have evidence informed policy & decision making**

- For example, the MHS COVID-19 AAR & the Section 731 MHS Report to Congress both identified the need for Health Services Research to determine the impact of certain policy decision made with respect to the MTFs on the long-term health of the beneficiary population

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Mission

The Center for Health Services Research (CHSR) supports the readiness of America's Warfighter and improved health outcomes for the military community by building capacity throughout the Military Health System (MHS) to conduct health services research (HSR) that supports MHS goals, DoD's mission, and the National Security Strategy.

Vision

By the end of CY2027, the Center for Health Services Research will be nationally recognized as the leader in MHS Health Services Research. We will produce actionable, outcomes-based policy recommendations and direct support that will improve health outcomes throughout the MHS and will be instrumental in supporting the MHS as it reimagines current care models and the healthcare experience throughout the continuum of care.

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CHSR 2023 Year to Date

Policy Impacts

3

Policy Impacts

Research from CHSR impacted 3 policy decisions in 2023

Presentations

28

Presentations

CHSR gave 28 presentations at 9 conferences and 6 invited events

New Projects

7

Research Programs

CHSR oversaw 7 major research projects/ programs

Publications

29

Publications

CHSR had 29 articles published/in press since January 2023

Education

795

Attendees Educated

CHSR educated 795 attendees throughout 2023 at workshops & the bi-monthly HSR Interest Group, which has 130 members

Students

20

Students in Training

- 17 MPH
- 2 MHAP
- 1 DrPH
- 3 PhD Public Health
- 3 PhD Clinical Psychology
- 4 MD
- 2 Fellows

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Organizational Chart

CHSR Director
Prof. Tracey Perez Koehlmoos

CHSR Program Mgr
Dr. Cathaleen Madsen

Epidemiologist & Data Manager
Ms. Amanda Banaag

CHSR Core Team

- **CHSR Scientist** Dr. Felicia Denteh
- **RA** Mr. Luke Juman
- **RA, Dir of Edu** Ms. Jessica Korona
- **RA, Dir Soc Media** Ms. Miranda Le
- **RA, Analyst** Ms. Holly Wu
- **Admin Assist** Ms. Jade Parker
- **RA, TBD**
- **CHSR Scientist TBD**

Project Mgr, Administrative
Ms. Shatonya Lumpkin

- **HSR in the NCR**
- **Funded Projects**
- **CDC-CKD Project**
  - **Analyst** Ms. Hava Marneweck

EPIC Project Mgr
Ms. Miranda Le

- **Analyst** Ms. Madison Cirillo

FASD Scientist
Dr. Elizabeth Lee

- **Program Mgr** Ms Mitali Shah
- **Senior Scientist** Dr. Eric Flake
- **RA** Ms. Ilse Rivera
- **RA** Ms. Zoe Solomon

MiHReC-19 Scientist
Dr. Christian Coles

- **Project Mgr** Ms. Sharon Pritchett
- **RA** Ms. Vivitha Mani
- **Analyst** Dr. Satish Munigala
- **Analyst** Mr. Kevin Chuang
- **Analyst** Ms. Sarah Selica Miura
- **RA TBD**
- **RA TBD**

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Oversight Structure & Reviews

CHSR Board of Advisors

USU
- Joint Medical Chair, USU & NDU
  - Chair of CHSR BOA
- Chief of Staff
- Vice President for Research
- Deputy VP for Research
- Director of Strategy
- Dean, School of Medicine
- Chair, PMB
- Director, CCD
- Associate Dean, Faculty Affairs, GSN

NIH
- Office of Behavioral Health

OSD(HA)
- Director of Strategy Management
- Deputy Director of Strategy Management

DHA
- Director, J9 or designee
- SME, TRICARE

Service Specific Leaders in HSA/HSR:
- Office of Army SG
- Office of Navy SG
- Office of Air Force SG

BOA Reviews: August 2022 & March 2023
OKR Reviews: October 2021 & April 2022

IPR: May 2022 & May 2023
5-yr External Review: TBD

CHSR Strategic Objectives

Education & Training:
- Provide training opportunities for individuals, units & leaders who support military health services research
- Educate graduate students, doctoral candidates, & medical residents on basic & advanced HSR
- Support faculty development in HSR through access to grants, awards, & expertise

Research:
- Conduct research that measurably supports MHS strategic goals/objectives
- Conduct research that contributes to learning & policy across the MHS
- Expand USU's military HSR capacity through recruiting, training, & developing health services researchers
- Become recognized as the thought leader in military HSR throughout MHS, DoD, & US Healthcare/ research communities

Direct Support Services:
- Expand CHSR's ability to respond to requirements generated from organizations & units within DoD & the MHS
- Establish enduring relationships with MHS CHSR customers

CHSR Major Achievements: 2019-2023

- Developed a Dynamic Mapping Tool for COVID19 Pandemic Support to the White House Office of Science & Technology Policy

- Set up a HSR Interest Group nationwide network of over 180 research professionals in military, academia, & non-profit organizations

- Produced the most comprehensive body of work on race-based healthcare disparities in the MHS, briefed to the Defense Health Board multiple times

- Enabling expertise to the Clinical Communities Advisory Council

- Direct support to the Secretary of Defense Independent Review Team in Summer 2022

- Provided direct research support to the DHA & OSD (HA) to address high-priority issues

- Established the PhD in Public Health program through USU-PMB

- Built community, capacity, & professional development through 4-6 education workshops & events each year reaching 1000+ military, civilian, & academic participants

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RESEARCH

Research Overview

Research by the CHSR is outcomes-based, requirements-drive, innovative & directly relevant to the DoD, the American Warfighter, & the Uniformed Services community

Strategic Objectives for Research

- Conduct research that measurably supports MHS strategic goals/objectives

- Conduct research that contributes to learning & policy across the MHS

- Expand USU's military HSR capacity through recruiting, training, & developing health services researchers

- Become recognized as the thought leader in military HSR throughout MHS, DoD, & US Healthcare/research communities

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CHSR Core Research

- Investigating the Relationship Between Clinical & Readiness FTEs in the MHS

- Designing a Knowledge Translation Tool for Women's Health Research in the MHS

- Assessing Mid-Career Female Physician Burnout in the MHS: How to find joy in practice after the COVID-19 Pandemic

- The Association between Body Composition Standards & Disordered Eating among Active Duty Service Women

- Use of machine learning/artificial intelligence to reduce administrative burden on providers

- Racial Disparities in the Military Health System & the Quest for Patient Provider Concordance

- Optimizing the Military Health System Video Connect (MHS VC) platform in the National Capital Region Defense Health Network (NCR) through the perspective of patients, providers, & schedulers

Major Funded Research Programs

- Military Health System Response to COVID-19 (MiHReC-19)

- Fetal Alcohol Spectrum Disorders (FASD) Prevention & Clinical Guidelines Research

- Assessment of Ukrainian Trauma Systems

- CDC-Chronic Kidney Disease Surveillance Program (CDC-CKD)

- The Comparative Effectiveness & Provider Induced Demand Collaboration (EPIC)

- MSKI-Hub: Focus on Rehabilitation of Musculoskeletal Injuries from training (DLC) – An Integrative Approach to Address Deployment Limiting Musculoskeletal Injuries for the Total Force

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Funded Research: Intramural Research

The CHSR has funded intramural research:

J. Gray, et al. **Healthcare utilization and readiness outcomes among soldiers with post-deployment at-risk drinking, by comorbidity clusters**.

B. Hawks, et al. **A methodology to understand quality and efficiency of care: Adapting the Episode Grouper for Medicare (EGM) to the Military Health System (MHS)**.

P. Richard, et al. **The Economic Burden of Traumatic Brain Injury in the Military Health System**

E. Hisle-Gorman, et al. **Exploring outcomes for military family units who have received care in the Army Warrior Care and Transition Program (WCTP).**

D. Riggs, et al. **The individual and systemic costs associated with behavioral health clinic processes that negatively impact delivery of effective psychotherapy.**

B. Agan, et al. **Impact of DoD Service HIV Policies on Quality and Cost of Care.** **(Complete)**

D. Tribble, et al. **A comparative analysis of healthcare utilization and cost of multi-drug-resistant Gram-negative bacilli infections (MDRGN-I) following battlefield injury.** **(Complete)**

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EDUCATION & TRAINING

Education & Training

CHSR educates outstanding health professionals, leaders, scientists, & administrators to meet the needs of the DoD, the MHS, the Public Health Services (PHS), & the Warfighter in support of effective, efficient quality healthcare

We design, sustain, & modify curricula, both on campus & at military training locations

Strategic Objectives for Education & Training

- Provide training opportunities for individuals, units & leaders who support military HSR

- Educate graduate students, doctoral candidates, & medical residents on basic & advanced HSR

- Support faculty development in HSR through access to grants, awards, & expertise

Students, Residents, & Fellows

Program of Study	In Progress	Alumni
MPH/MHAP	3	39
PhD/DrPH Public Health	3	8
PhD Nursing	0	2
PhD Psychology	3	4
Residents	-	7
Research Fellows	2	18
Medical Students	4	0

50+ publications & 50+ presentations involving students, residents, or fellows since 2016

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Education & Training Opportunities

- **Value Based Care Journal Club**: Weekly meeting for MHS & civilian healthcare leaders
  - Over 100 articles available in the DHA library
- **HSR Interest Group**: Bimonthly virtual meeting for over 100 nationwide members from military, civilian, academic, & industry backgrounds. Recent topics include:
  - Looking at MHS Surgical Procedures through the Lens of an Episode Grouper
  - Application of Implementation Science on Naloxone Prescribing in the MHS
  - MHS Response to COVID-19 (MiHReC-19): A Sustainable Approach to Process Improvements
- **Seminars & Workshops:** 4-6 offerings per year. More than 1000 attendees. Recent topics include:
  - MHS 101: Brown Bag Sessions
  - Intro to DaVINCI DoD/VA Joint Clinical Intelligence System
  - The Ethics of Big Data Management
  - Using MHS Databases for Healthcare & Costing Research

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KNOWLEDGE TRANSLATION & PARTNERSHIPS

Knowledge Translation Impacts

Informed FY2022 NDAA for reduction of low-value services in the MHS	Work/Demo with TRICARE contributed to signed memo setting MHS priorities	Informed Request for DHB investigating racial disparities in the MHS	In-hospital Outcomes for COVID-19 Patients in the MHS article used in Congressional Synopsis
Supported USMC to revise body composition standards for Marines	MHS/US Civ. Partnership article included in Congressional Synopsis discussing in depth MHS/VA response to COVID-19	Geospatial Analysis article informed decision re: ending OB services at 1 MTF	80+ articles added to DHA Value Based Care Library
Informed Chairmen of Joint Chiefs of changes in obesity during COVID-19 pandemic	Sustained Opioid Use article selected as testable item for 2022 ABOS board certification	Funded work on contraceptive policy during training was cited in DHB report on ADSW healthcare	SecDef accepted recommendations from Independent Review

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CHSR Partnerships & Service 2023

USU
- Department of Surgery
- Department of Pediatrics
- CRSR
- Dept GSO
- Dept FAM
- Dept Medical & Clinical Psychology
- CHAMP
- Graduate School of Nursing
- Murtha Cancer Center
- MICOR

MTFs
- Madigan Army Medical Center; JBLM
- National Intrepid Center of Excellence
- WRNMMC; Bethesda, MD

DoD
- Office of the Undersecretary of Defense (Health Affairs); DC
- Defense Health Agency; Falls Church, VA
- Enterprise Intelligence and Data Solutions; San Antonio, TX
- HQ Marine Corps, DC

Academic Institutions
- Yale University
- BWH/Center for Surgery and Public Health
- Harvard School of Medicine
- Boston University
- University of Pittsburgh
- University of Minnesota;
- Cedars Sinai; Los Angeles, CA
- University of Maryland
- University of Nevada Las Vegas

Not For Profit Organizations
- FASD United
- Henry M. Jackson Foundation
- Geneva Foundation

- WICC
- CCAC
- DOD/VA HEC

Other Federal
- National Institute of Diabetes & Digestive and Kidney Diseases, National Institutes of Health; Bethesda, MD
- National Institute of Deafness & Communication Disorders, National Institutes of Health, Bethesda, MD
- National Heart, Lung, & Blood Institute, National Institutes of Health; Bethesda, MD
- Centers for Disease Control & Prevention; Atlanta, GA

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Direct Support Services

CHSR provides direct support to elements of the MHS to educate, train & build capacity in Health Systems research & to directly improve health outcomes

Our direct support services are:

- Requirements based, responding to the needs of MHS individuals, units & leaders
- Customer-focused, translating research knowledge into actionable policies the MHS seeks
- Responsive & focused, providing timely and detailed support

Strategic Objectives for Direct Support Services

- Expand CHSR's ability to respond to requirements generated from organizations & units within DoD and the MHS
- Establish enduring relationships with MHS CHSR customers

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Service Engagements, 2022-2023

- Independent Review Team Action Officer for the Secretary of Defense, June-July 2022
- Enabling expertise to the TRICARE Health Plan administrative team to support their Congressionally mandated research efforts
  - Weekly for 5 months
  - Includes 'Voice of the Customer' project
- OSD(HA): Assessing Impact of Readiness FTEs on Clinical Workload
- DHA: Response to Geospatial Analysis of Access to Psychiatric Health Services
- DHA's High Reliability Network (HRN) working to create a push knowledge translation platform in support of the clinical communities through the creation & dissemination of relevant health services research summaries
- Addition of Women's Health body of work to DHA HRN Dashboard
- New engagement with USD P&R on mental health of Black ADSW (March 2023)
- Ongoing engagement to CCAC, TRICARE, Women in Service Working Group, DoD/VA Women's Health, WICC Disparities Working Group, & Cerner Women's Health Council Call
- Defense Health Board Racial Disparity presentations

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OPERATIONAL CHALLENGES

Operational Challenges

- Manpower

- Restoral of Core Funds

- DOD Review of CHSR Manuscripts

- MHS Review & Analysis

- Any additional issues

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THE FUTURE OF CHSR

CHSR: The Home of Health Services Research

- Solidify the CHSR as the home of health services research in the MHS

    - DoD CoE? Flattening the 'request & feedback' pathway?

- CHSR designs & tests health services research & knowledge translation tools in samples of populations to improve health outcomes

- Expand efforts in health systems strengthening

- CHSR strives to adapt & implement new technology in a continually evolving digital future

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Questions?

For additional comments or feedback, please contact us:

CHSR PI:

Prof. Tracey Perez Koehlmoos

Tracey.Koehlmoos@usuhs.edu

Program Manager (HJF):

Dr. Cathaleen Madsen

Cathaleen.Madsen.ctr@usuhs.edu

TAB 6

Liaison Committee on Medical
Education (LCME) Update

School of Medicine Briefing to the USU Board of Regents

– LCME Update
– 2023 AAMC Graduation Questionnaire Summary of Results

Catherine Witkop, MD, PhD, MPH, Col, USAF MC (Ret.)
Associate Dean for Medical Education
Professor of Preventive Medicine and Gynecologic Surgery & Obstetrics
20 Oct 2023

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F. Edward Hébert School of Medicine

LCME Update

Schedule and milestones, pre-site visit

20 July 2022
ISA Task Force Kick-Off Meeting

31 Aug 2022
USU Self-Study Kick-Off Meeting

July - Oct 2022
Gather and compile data in DCI
Establish Self-Study Task Force
Distribute ISA to student body

Nov 2022
Distribute DCI to Self-Study Task Force

Nov - Dec 2022
Analyze and complete ISA Report
Distribute ISA Report to Self-Study Task Force

Nov 2022 - Mar 2023
Self-Study Task Force reviews and analyzes DCI and ISA reports

Nov 2022 - Dec 2023
Develop plans and implement changes to correct issues identified during self-study process; repeat partial ISA as needed

Mar - May 2023
Self-Study Task Force completes the Self-Study Summary Report

Jul - Aug 2023
Update DCI, DCI appendices, and Self-Study Summary Report

Sep 2023
Review survey package for consistency and accuracy

Oct 2023
Submit survey package

22 - 24 Jan 2024 LCME Survey Visit

2022

2023

2024

Complete

In progress

Next step

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Timeline, post-site visit events

January 2024

Exit Report

Survey Team Secretary emails exit report to Dean

March 2024

Draft Report / Findings to LCME Secretariat

Survey Team Secretary sends draft report and team findings to LCME Secretariat

April 2024

Feedback / Suggestions due

Dean and SoM receive draft survey report and team findings and have 10 days to provide feedback and suggest changes

April - May 2024

Final Report submitted

Final Survey Report and associated communications submitted to LCME

11 - 13 June 2024

LCME Meeting

LCME holds its last meeting of AY 2023 - 2024

June - July 2024

Accreditation Letter

SoM receives accreditation letter with accreditation action, term of accreditation, and requested follow-up

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Survey Package

DCI

Data Collection Instrument (DCI) –

Quantitative and descriptive responses to questions for each accreditation element

Summary Report

Institutional Self-Study Summary Report –

USU's analysis of its performance in the accreditation elements

ISA

Independent Student Analysis (ISA) –

Results and analysis of student-developed survey in which students identify strengths and areas for improvement at USU

AAMC GQ

AAMC Medical School Graduation Questionnaire (AAMC GQ) Individual School Report –

Survey completed by final-year medical students

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2023 AAMC Graduation Questionnaire (GQ) Summary of Results

Prepared by:
Catherine Witkop, MD, PhD, MPH
Associate Dean for Medical Education

What is the AAMC Graduation Questionnaire (GQ)?

✓ Survey completed each spring by graduating students from medical schools across the US

✓ Respondents share perceptions on program quality, faculty professionalism, preparation for residency, and overall satisfaction with their medical school experience

Results reported here generally compare responses from USU students with responses from ALL participating medical students (which include USU responses as well)
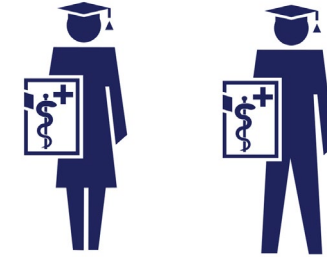
Class of 2023 respondents
➔ 16,699 respondents from 153 medical schools (79.8% response rate)
➔ 157 respondents from USU (93% response rate)

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Strength of Basic Science Preparation for Clerkships 2023
(% of Graduates Rating Good or Excellent)

Discipline	USU '20	USU '21	USU '22	USU '23	All Schools '23
Biochemistry	66.9%	70.4%	61.7%*	77.3%*	71.4%
Biostatistics & Epidemiology	78.9%	77%	76.2%	81.3%*	72.3%
Genetics	67.5%	75.8%	66.2%*	71.4%*	74.4%
Gross Anatomy	95.6%	98.1%	94.7%*	96.1%*	86.1%
Immunology	81.4%	78.4%	78.8%	82.2%*	84.0%
Intro to Clinical Medicine/Intro to Patient	95.6%	92.7%	91.2%	97.4%*	91.9%
Microanatomy/Histology	72.5%	71.9%	65.3%*	75.2%*	71.9%
Microbiology	89.3%	88.2%	85.3%*	87.9%*	87.0%
Neuroscience	91.9%	93.4%	96.0%*	92.9%*	85.2%
Pathology	88%	84.3%	79.3%*	80.6%	85.6%
Pharmacology	88.2%	88.2%	77.4%*	86.0%*	83.3%
Physiology	97.5%	98%	92.0%*	96.2%*	92.2%
Behavioral Science	93.8%	93.5%	95.3%	96.8%	90.3%
Pathophysiology of Disease	95.6%	98.7%	91.4%*	96.2%*	94.7%

*Indicates decrease of ≥ 2% for USU from previous year. *Indicates increase of ≥ 2% for USU from previous year. Red font indicates USU is worse (>2%) than all schools for '23.

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2023 Curricular Integration
(% of Graduates Rating Agree or Strongly Agree)

	USU '21	USU '22	USU '23	All Schools '23
Clinical Relevance Incorporated into Basic Sciences (Sufficient Illustrations)	91.5%	78.6%*	88.4%*	81.8%
Basic Science Integrated into Required Clinical Experiences	87%	82.6%*	93.6%*	85.1%

*Indicates decrease of > 2% for USU from previous year. *Indicates increase of > 2% for USU from previous year. Red font indicates USU is worse than all schools for 2023.

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Clinical Experiences – USU '23 vs. All Schools '23

	Observed Taking a History (%)	Observed Performing Exam (%)	Provided Mid-Term Feedback (%)	Faculty Provided Effective Teaching (Agree or Strongly Agree)	Residents Provided Effective Teaching (Agree or Strongly Agree)
Family Medicine	99.4 vs 94.6%	100 vs 95.6%	99.4 vs 96.8%	92.3 vs 86.8%	96.8 vs 88.8%
Internal Medicine	100 vs 96.2%	100 vs 96.9%	100 vs 98.8%	95.5 vs 93.5%	96.8 vs 95.4%
Neurology	100 vs 91.2%	100 vs 95.5%	98.0 vs 93.3%	88.5 vs 84.1%	94.9 vs 88.2%
OB-GYN	98.7 vs 90.5%	100 vs 94.2%	99.4 vs 95.3%	84.7 vs 75.8%	80.8 vs 77.3%
Pediatrics	99.4 vs 96.3%	99.4 vs 97.0%	100 vs 97.8%	91.1 vs 89.9%	93.0 vs 90.3%
Psychiatry	98.1 vs 95.9%	98.7 vs 95.5%	98.7 vs 96.3%	87.9 vs 87.2%	92.4 vs 90.3%
Surgery	96.8 vs 85.0%	96.8 vs 88.6%	99.4 vs 94.9%	88.4 vs 75.9%	90.4 vs 82.5%

In 2023, percent of USU students indicating they had the experiences listed above was greater than all schools in **ALL** categories!

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Quality of Clinical Clerkships 2023 – USU vs All Schools
(% of Graduates Rating Good or Excellent)

Specialty	USU '20	USU '21	USU '22	USU '23	All Schools '23
Emergency Medicine	89.2%	91.5%*	92.4%	94.2%	87.4%
Family Medicine	93.8%	95.5%*	94.0%	94.3%	85.7%
Internal Medicine	88.8%	91.6%*	88.1%*	91.7%*	92.4%
Neurology	89.6%	89.5%	90.8%	90.6%	82.1%
OB-GYN	85.7%	92.2%*	80.8%*	87.9%*	78.9%
Pediatrics	88.2%	94.8%*	86.8%*	94.3%*	88.4%
Psychiatry	84.5%	92.8%*	86.8%*	91.1%*	88.4%
Surgery	88.2%	88.3%	84.8%*	87.9%*	83.1%

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Preparedness for Residency – USU vs All Schools 2023
(% of Graduates Rating Agree or Strongly Agree)

Domain	USU '20	USU '21	USU '22	USU '23	All Schools '23
Clinical Skills Needed to Begin Residency	91.2%	97.4%*	96%	96.8%	93.5%
Understanding of Management of Common Conditions	94.4%	94.8%	98.7%*	98.1%	95.2%
Communication Skills Needed to Interact with Patients & Health Professionals	99.3%	99.4%	98.6%	99.3%	98.3%
Clinical Decision Making & Use of Evidence Based Medicine	96.2%	97.4%	96.6%	97.5%	95.7%
Understanding of Social Sciences in Medicine	93.7%	89.7%*	94.6%*	94.8%	95.5%
Understanding of Expected Ethical & Professional Values	97.5%	99.3%	98.7%	98.7%	98.0%
Ability to Care for Diverse Patients/Populations	92.4%	95.4%*	96.7%	96.2%	95.6%
Skills to Apply Principles of High Value Care (e.g. Quality, Safety, Cost) in Medical Decision-Making	74.9%	84.4%*	81.3%*	89.8%*	85.5%
Skills to Address Social Determinants of Health	83.4%	83.8%	89.1%*	86.4%*	91.7%

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Additional Items – USU vs All Schools 2023
(% of Graduates Rating Agree or Strongly Agree)

Domain	USU '20	USU '21	USU '22	USU '23	All Schools '23
Received appropriate guidance in elective selection	77.3%	77.4%	69.7%*	78.2%*	74.8%
Knowledge/opinion influenced/changed by becoming more aware of perspectives of individuals from different backgrounds	86.1%	86.4%	73.3%*	84.1%*	90.1%
Diversity within my medical school class enhanced my training and skills to work with individuals from different backgrounds	73.4%	72.1%	74.7%*	72.0%*	73.3%
My medical school has done a good job of fostering and nurturing my development as a person	84.8%	80.5%*	75%*	82.6%*	71.3%
My medical school has done a good job of fostering and nurturing my development as a future physician	96.2%	95.5%	91.3%*	94.9%*	91.0%

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Adverse Behaviors Experienced in Medical School
(% Answering "Never")

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	USU '20	USU '21	USU '22	USU '23	All Schools '23
Publicly Embarrassed	62.7%	58.8%*	58.0%	66.0%*	60.7%
Publicly Humiliated	83.5%	82.4%	76.7%*	84.6%*	79.0%
Threatened w/Physical Harm	100%	99.3%	98.7%	100%	98.7%
Been Physically Harmed	99.4%	98.7%	99.3%	99.4%	98.3%
Required to Perform Personal Services	97.5%	96.1%	94.7%	96.8%*	96.3%
Subjected to Unwanted Sexual Advances	98.1%	96.7%	97.3%	95.5%	96.0%
Asked to Exchange Sexual Favors	100%	100%	100%	99.4%	99.7%
Denied Opportunities Based on Gender	94.9%	94.1%	92.7%	94.2%	94.7%
Subjected to Offensive Sexual Remarks	91.1%	86.2%*	82.6%*	92.9%*	86.2%
Received Lower Evaluations Based on Gender	95.6%	91.5%*	91.3%	94.9%*	93.6%
Denied Opportunities Based on Ethnicity	97.5%	99.3%	95.3%*	98.7%*	96.0%
Subjected to Offensive Racial/Ethnic Remarks	96.8%	98.7%	91.3%*	97.4%*	91.1%
Received Lower Evaluations Based on Race/Ethnicity	98.1%	98.7%	96.7%*	98.7%*	96.1%
Denied Opportunities Based on Sexual Orientation	100%	98.7%	100%	100%	99.1%
Subjected to Offensive Remarks Based on Sexual Orientation	96.2%	95.4%	97.3%	98.7%	97.5%
Received Lower Evaluations Based on Sexual Orientation	99.4%	97.4%*	100%*	100%	99.3%
Subjected to Offensive Remarks Based on Personal Beliefs/Characteristics	96.2%	94.1%*	91.3%*	96.2%*	92.4%

"There are disconnects between what I am taught about professional behaviors/attitudes and what I see being demonstrated by faculty"

	Never	Almost Never	Sometimes	Fairly Often	Very Often	Always
All Schools – '23	9.4	36.2	32.2	9.3	8.7	4.0
USU – '23	15.6	47.4	23.4	7.1	3.2	3.2

In 2023, 63% of USU students answered Never or Almost Never -- as compared to 46% for all schools in 2023.

USU is well above the 90th percentile as compared to other schools.

Professionalism of Faculty– USU vs All Schools 2023
(% of Graduates Rating **Very Often or Always** for how often the professional behaviors are demonstrated by faculty)

Behavior	USU '23	All Schools '23	USU percentile
Respecting patient confidentiality	96.2%	91.7%	75-90
Using professional language/avoiding derogatory language	90.3%	81.2%	>90
Being respectful of house staff and other physicians	89.8%	81.2%	75-90
Respecting diversity	89.1%	78.7%	75-90
Being respectful of other health professions	82.8%	79.2%	50-75
Being respectful of other specialties	70.1%	69.7%	50-75
Providing direction and constructive feedback	78.9%	65.6%	>90
Showing respectful interaction with students	81.5%	74.7%	75-90
Showing empathy and compassion	75.8%	74.0%	50-75
Being respectful of patients' dignity and autonomy	86.6%	81.8%	75
Actively listened to and showed interest in patients	84.1%	78.6%	75-90
Taking time and effort to explain information to patients	81.4%	71.8%	75-90
Advocating appropriately on behalf of their patients	85.3%	77.4%	75-90
Resolving conflicts in ways that respect the dignity of all involved	85.8%	77.8%	75-90

Participation on an Elective (for Credit) or Volunteer (Not Required) Basis '23

	USU '20	USU '21	USU '22	USU '23	All Schools '23
Independent study project for credit	45.6%	55.2%*	50.3%*	55.4%*	50.1%
Research project with a faculty member	74.7%	69.5%*	72.8%*	77.7%*	84.4%
Authorship of peer-reviewed paper submitted for publication	46.8%	51.3%*	53.6%*	55.4%	63.7%
Authorship of peer-reviewed oral or poster presentation	57.0%	60.4%*	55.0%*	63.7%*	66.5%

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"If You Could Revisit Your Career Choice, Would You Choose to Attend Medical School Again?" 2023

	No	Probably Not	Neutral	Probably Yes	Yes
All Schools - '23	2.5%	7.3%	10.7%	35.0%	44.5%
USU – '23	3.8%	5.8%	11.5%	25.6%	53.2%
USU – '22	5.3%	7.3%	8.0%	32.7%	46.7%
USU – '21	3.2%	9.1%	12.3%	35.7%	39.6%
USU – '20	6.3%	8.2%	13.9%	37.3%	34.2%
USU – '19	1.2%	4.9%	14.6%	31.7%	47.6%

In 2023, **79%** of USU students reported 'Probably Yes' or 'Yes' -- as compared to 80% for all schools in 2023.

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"Overall, I am Satisfied with the Quality of My Medical Education" 2023

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
All Schools – '23	1.2%	3.1%	7.3%	51.4%	37.0%
USU – '23	0.6%	1.3%	3.2%	37.7%	57.1%
USU – '22	0.7%	2.6%	5.3%	39.7%	51.7%
USU – '21	1.3%	0.7%	4.0%	29.5%	64.4%

In 2023, 95% of USU students Agree or Strongly Agree – as compared to 89% for all schools in 2023

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Table 8.0-1 | Overall Satisfaction with Medical Education Program Quality

Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who *agree/strongly agree* (aggregated) with the statement: *"Overall, I am satisfied with the quality of my medical education."*

AAMC GQ 2021		AAMC GQ 2022		AAMC GQ 2023	
School %	National %	School %	National %	School %	National %
93.96	88.55	91.39	88.37	94.8	89.4

USU students consistently Agree or Strongly Agree with this statement at rates higher than students from all schools.

Heat Map, Standards Performance

KEY	
In compliance	Has met the intention of the entire element based on review of current LCME requirements
Needs review	Ongoing work to ensure compliance, based on current LCME requirements
At risk	May not meet the intent of the element based on review of current LCME requirements
★	Denotes element identified as Unsatisfactory based on last site visit
▲	Denotes element identified as Needs Continued Monitoring based on last site visit
!	Denotes element identified as Needs CQI Activity or Monitoring (based on review of current DCI/ISA)
^	Denotes element identified as needs follow-up/more details in DCI

	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8	Standard 9	Standard 10	Standard 11	Standard 12
	Mission, Planning, Organization, and Integrity	Leadership and Administration	Academic and Learning Environments	Faculty Preparation, Productivity, Participation, and Policies	Educational Resources and Infrastructure	Competencies, Curricular Objectives, and Curricular Design	Curricular Content	Curricular Management, Evaluation, and Enhancement	Teaching, Supervision, Assessment, and Student and Patient Safety	Medical Student Selection, Assignment, and Progress	Medical Student Academic Support, Career Advising, and Educational Records	Medical Student Health Services, Personal Counseling, and Financial Aid Services
x.1	▲!			^		!		★^	!			
x.2			▲!	^				▲^	^	★	!	n/a
x.3			▲!	^		★		★!	^			▲
x.4	★	!						!	^			^
x.5		n/a			!			!	^	^		
x.6		n/a	!	▲^		^	^	▲	^			
x.7								^	!		n/a	
x.8								^	!	▲	n/a	
x.9												
x.10												
x.11					▲							
x.12												

Detail next slide

	Standard 1: Mission, Planning, Organization, and Integrity	Standard 2: Leadership and Administration	Standard 3: Academic and Learning Environments	Standard 4: Faculty Preparation, Productivity, Participation, and Policies	Standard 5: Educational Resources and Infrastructure	Standard 6: Competencies, Curricular Objectives, and Curricular Design	Standard 7: Curricular Content	Standard 8: Curricular Management, Evaluation, and Enhancement	Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety	Standard 10: Medical Student Selection, Assignment, and Progress	Standard 11: Medical Student Academic Support, Career Advising, and Educational Records	Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services
x.1	▲!			^		!		★^	!			
x.2			▲!	^				▲^	^	★	!	n/a
x.3			▲!	^		★		★!	^			▲
x.4	★	!						!	^			^
x.5		n/a			!			!	^	^		
x.6		n/a	!	▲^		^	^	▲	^			
x.7							^	!		n/a		
x.8							^	!	▲	n/a		
x.9												
x.10												
x.11					▲							
x.12												

October 2023

	Standard 1: Mission, Planning, Organization, and Integrity	Standard 2: Leadership and Administration	Standard 3: Academic and Learning Environments	Standard 4: Faculty Preparation, Productivity, Participation, and Policies	Standard 5: Educational Resources and Infrastructure	Standard 6: Competencies, Curricular Objectives, and Curricular Design	Standard 7: Curricular Content	Standard 8: Curricular Management, Evaluation, and Enhancement	Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety	Standard 10: Medical Student Selection, Assignment, and Progress	Standard 11: Medical Student Academic Support, Career Advising, and Educational Records	Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services
x.1	▲!					!		★	!			
x.2			▲!					▲		★	!	n/a
x.3			▲!			★		★!				▲
x.4	★	!						!				^
x.5		n/a			!			!				
x.6		n/a	!	▲			^	▲				
x.7							^	!		n/a		
x.8							^	!	▲	n/a		
x.9												
x.10												
x.11					★!							
x.12												

Questions?