

**Minutes of the Board of Regents
of the Uniformed Services University of the Health Sciences**

**Meeting No. 144
August 4, 2003**

The Board of Regents of the Uniformed Services University of the Health Sciences met on August 4, 2003, at the Uniformed Services University of the Health Sciences, 4301 Jones Bridge Road, Bethesda, Maryland. Notice of the meeting date and agenda was published in the Federal Register and each Regent was duly notified prior to the meeting. The Chair called the meeting to order at 8:00 a.m. The following members and advisors were in attendance:

Board Members

Everett Alvarez, Jr., J.D., Chair
Linda J. Stierle, MSN, RN, CNAA, Vice Chair
Otis W. Brawley, M.D., Member
L. D. Britt, M.D., Member
William C. De La Peña, M.D., Member
Sharon A. Falkenheimer, M.D., Member
Vinicio E. Madrigal, M.D., Member
Lawrence C. Mohr, M.D., Member
John E. Connolly, M.D., Former Member
James A. Zimble, M.D., President, USU
David N. Tornberg, M.D., representing the Assistant Secretary of Defense (Health Affairs)
VADM Richard H. Carmona, Surgeon General of the United States
VADM Michael L. Cowan, Surgeon General, U.S. Navy
MG Kevin C. Kiley, representing the Surgeon General, U.S. Army
Col Michael W. Spatz, representing the Surgeon General, U.S. Air Force

Advisors to the Board

GEN Thomas R. Morgan, USMC (Ret), Military Advisor to the Board
Larry L. Laughlin, M.D., Ph.D., Dean, School of Medicine, USU
Patricia Hinton Walker, Ph.D., RN, FAAN, Dean, Graduate School of Nursing, USU
RADM Donald C. Arthur, Commander, National Naval Medical Center
Col William J. Germann, Commander, Malcolm Grow Medical Center
COL Jonathan H. Jaffin, Commander, Walter Reed Health Care Systems
COL Alan L. Moloff, Commander, Defense Medical Readiness Training Institute

AWARD PRESENTATIONS

Mr. Alvarez and Dr. Zimble presented the University's Distinguished Service Medal to the Honorable John E. Connolly. Dr. Connolly served over ten years as a member of the Board of Regents.

Mr. Alvarez and Dr. Zimble presented the University's Exceptional Service Medal to Mr. James P. Burke, Bureau of Medicine and Surgery, U.S. Navy, in recognition of his efforts regarding the construction of a new building at USU.

OPENING COMMENTS

Following a review of upcoming meeting dates, Mr. Alvarez presented the Consent Calendar:

Tab	4	Notice of Open Meeting, <u>Federal Register</u>
Tab	5	Members, Board of Regents
Tab	6	Charter, Board of Regents
Tab	7	Bylaws, Board of Regents
Tab	8	USU Strategic Plan
Tab	10	Minutes, Committee of the Whole, May 15, 2003
Tab	11	Minutes, Board of Regents Meeting, May 16, 2003
Tabs	33-35	Reports to the Board, Administration and Management
Tab	36	Report to the Board, Office of Research
Tab	37	Report to the Board, Clinical Affairs
Tab	38	Report to the Board, Faculty Affairs
Tab	39	Report to the Board, Medical Education
Tab	40	Report to the Board, Brigade
Tab	41	Report to the Board, Armed Forces Radiobiology Research Institute
Tab	42	Report to the Board, Faculty Senate
Tab	43	Report to the Board, Henry M. Jackson Foundation

Mr. Mannix reported that the Executive Committee of the Board was polled on July 3, 2003, regarding the following items:

- Distinguished Service Medal for Dr. William Drucker
- Distinguished Service Medal for Mr. Bobby Anderson
- Approval of off-cycle graduation for 2LT Shahin Nassirkhani, USA

These items were approved by the Executive Committee and are therefore submitted for the Board's ratification.

Mr. Mannix also presented a necessary amendment to the minutes of the May 16, 2003, meeting of the Board of Regents. Two members of the Class of 2003, upon completion of necessary requirements, may graduate off-cycle and therefore need to be listed, by name, in the meeting minutes. These students are 2LT Shahin Nassirkhani, USA, and ENS Elisabeth A. Pimentel, USN.

Mr. Alvarez reminded the Board that any item on the Consent Calendar can be extracted for clarification or discussion.

The Board, upon motion duly made and seconded,

Voted by voice vote: To ratify the Executive Committee's approval of the three items noted above, to approve as amended the Minutes of the May 16, 2003, Board of Regents Meeting, and to accept as submitted those items presented for information.

PRESIDENT'S REPORT

Dr. Zimble welcomed Col Germann, USU Class of 1982, and Col Spatz, USU Class of 1983, to the meeting. He also introduced COL David Jarrett, Director, Armed Forces Radiobiology Research Institute. COL Jarrett began his duties as Director in June 2003.

In early July, the University received its Statement of Accreditation Status from the Middle States Commission on Higher Education. Dr. Zimble reported that accreditation was reaffirmed with commendation, and that the next self-study evaluation is due in ten years, which is the maximum the Commission grants.

Two USU alumni were among the six residents who achieved the highest average scores in the nation on a mandatory otolaryngology in-service examination.

DEANS' REPORTS

School of Medicine

Dr. Laughlin described the Class of 2007. Its members boast higher grade point averages than any class within the last five years, although also the lowest MCAT scores. The class is 40 percent female, 60 percent civilian (that is, no military background) and 8 percent underrepresented minority. Its 167 members were selected from 1,688 applicants.

The Dean also reported the following:

- A retreat for department chairs will be held this fall.
- There are currently four ongoing searches for department chairs.
- The Clinical Skills Assessment Examination will be a requirement beginning with the Class of 2005. The test itself will cost about \$1000 per student, and will probably not be given locally.
- The Military Medicine Task Force is progressing well and producing good data. Its recommendations for the Department of Military Medicine may well be presented to the Board in November 2003.
- With the help of Ms. Willis, Director, USUHS Alumni Affairs, medical information from recent war experiences is being gathered and fed back into the University.

Graduate School of Nursing

Dr. Walker's report covered a range of topics:

- The Master's Class of 2005 started in June 2003, and both part-time (ten) and full-time (three) Ph.D. students will start in August 2003.
- An increase in the Family Nurse Practitioner Program may increase costs in the next few years if sites outside the National Capital Area are needed for preceptorships.
- The new (and more efficient) GSN curriculum is basically in use.
- New faculty include two research scientists previously at Johns Hopkins University and a full time faculty member "boarded" at USU from the Department of Veterans Affairs.
- Realigned departments in the Graduate School of Nursing are the
 - Department of Health Systems, Risk, and Contingency Management
 - Department of Health, Injury, and Disease Management

PRESENTATION: NAVY MEDICINE

VADM Cowan briefed the Board on current issues in Navy medicine, linking some to lessons learned in the earlier war with Iraq, some to current philosophies which surrounded Operation Iraqi Freedom (OIF), and some to thoughts on future needs based on lessons learned. His remarks included the following points:

- Military medicine learned from the Gulf War that to mix personnel with variations in level of practice and technological expertise and with no training in team efforts was detrimental.

- Between the Gulf War and OIF, lessons learned or validated include
 - The “golden hour” is still all-important.
 - Echelons of care, though theoretically sound, are difficult in the reality of battlefield situations.
 - What makes a difference is “doing whatever is necessary to stop physiological deterioration” long enough for safe transport to the next level of care. Moving even seriously injured patients to necessary treatment facilities is successful if done in “hops” with stabilization in between.
 - Small hospital units, basically on the battlefield, work
 - The Navy used Forward Resuscitation Surgical Systems, each comprised of two surgeons, support personnel and materials, which could set up in a tent.
 - The Air Force modularized its forward units. Most hospitals were around 25 beds which could “leap frog” where needed.
 - Hospitals were busy primarily due to the care given to Iraqi citizens.
 - Systems were robust enough not to be overwhelmed.
 - The Navy needs to be even more flexible; being “platform-centric” is not the optimum.
 - Hospital ships such as the USNS Comfort are too big, too slow and too far away from the battlefield. The next generation of Navy medicine will be even more mobile, involving perhaps “ambulance ships” rather than hospital ships.
- Even in a conflict situation, a primary mission remains delivering care throughout the military healthcare system here at home. Staff in the medical treatment facilities around the country maintained levels of service, illustrating the system’s flexibility.
- Many current successful strategies reflect information championed by USU
 - Profound understanding of differences between combat/casualty care and operational care
 - Commitment to the “golden hour”
 - Several of the real experts in the recent conflict received their training at the University
- Next steps in military medicine involve Homeland Security.
 - USU needs to again provide leadership.
 - Protecting US citizens in their own homes is a new concept.
 - Fighting germs used as weapons rather than fighting disease germs is a new challenge.

Points raised in ensuing discussion included:

- The military truly has a healthcare system, not a “disease-care” system.
- With its focus on preventative care and long-term investments in individuals, military medicine provides a good model for civilian healthcare systems.
- An emphasis on the importance of graduate medical education.
- Many sectors of the U. S. healthcare system are involved in rebuilding the infrastructure of the Iraqi healthcare system.

BOARD ACTIONS

Degree Granting – Graduate Education

Dr. Laughlin presented for certification seven candidates to receive graduate degrees.

Upon motion duly made and seconded, the Board

Voted by voice vote: To confer the degrees as presented by Dr. Laughlin and recommend to the President and the Assistant Secretary of Defense for Health Affairs that the President implement the actions.

Faculty Appointments and Promotions

Dr. Laughlin presented the recommendations made on June 17, 2003, by the Committee of Appointments, Promotion and Tenure. Twenty-nine individuals were recommended for faculty appointments or promotions.

Upon motion duly made and seconded, the Board

Voted by voice vote: To concur with the recommendations of the Committee and recommend to the President and the Assistant Secretary of Defense for Health Affairs that the President implement the actions.

Nomination for Honorary Degree

Dr. Zimble presented a recommendation made by the Committee on Names and Honors that Martin E. Silverstein, Professor of Surgery Emeritus at the University of Arizona and Adjunct Professor of Surgery at USU, receive an honorary degree from the University. Dr. Silverstein will be present on August 21, 2003, at the 18th Surgery for Trauma Day.

Upon motion duly made and seconded, the Board

Voted by voice vote: To approve the recommendation as presented by Dr. Zimble and to recommend to the Assistant Secretary of Defense for Health Affairs that the President implement the action.

REPORTS

Core Report: Budget

Dr. Zimble presented the budget report, which included the following points:

- The University's finances are largely unchanged since the last report to the Board.
- Some of the Operations and Maintenance budget and the entire Research, Development, Testing and Evaluation budget consist of Congressional appropriations for specific programs. The University has oversight responsibility for this money.

Core Report: Recruitment and Diversity Affairs

CAPT Macri reviewed current activities in the Office of Recruitment and Diversity Affairs:

- The office is tracking which conferences, career fairs and expositions produce applications to the University.

- USU continues to work towards a joint recruiting system with the Armed Forces Health Professions Scholarship Program (HPSP) for applicants interested in a career in military medicine.
- Contact with local chapters of Alpha Epsilon Delta, the undergraduate pre-med honor society, may prove to be a fruitful recruiting avenue.
- Marketing and recruitment tools remain an issue that needs to be addressed in the upcoming fiscal year.

Core Report: Graduate Education

Dr. Laughlin reported that of the new students matriculating into USU's graduate programs this fall, the largest group of Ph.D. students will join the interdisciplinary Emerging Infections Disease Program. The largest group of students at the master's level will enter the Preventive Medicine and Biometrics Department.

Core Report: Student Management

Dr. Wittman, Assistant Dean for Academic Support Services, reported the preliminary results of USU's second year medical students' performance on the 2003 USMLE Step 1 Examination. The average class performance was similar to last year's and the "first time pass rate," at 90.6 percent, went up slightly. Sixteen students failed the examination.

Core Report: Admissions and Academic Records

Mr. Stavish reported that there are 167 members in the Class of 2007. The declination rate was 36 percent, which is two percent less than last year. (Nationally, the declination rate is about 50 percent.) Forty percent of the class is women, and ensuing discussion included possible long-term effects if this percentage remains stable or increases.

PRESENTATION: CURRENT ISSUES IN MEDICAL EDUCATION

Dr. Cassimatis presented five currently significant issues in medical education and the probable impact of each on military medicine and USU.

- The National Residency Matching Plan Lawsuit
 - Filed in May 2002, this class-action suit alleges that organizations in charge of residency programs collude and that therefore wages and employment specifics for resident physicians violate the Sherman Antitrust Act.
 - Oral arguments were presented in late February 2003, and the judge's opinion could be rendered by October 2003. The Accreditation Council for Graduate Medical Education has filed for dismissal.
- Clinical Skills Assessment Examination (CSAE)
 - The plan for a CSAE that includes standardized patients was endorsed in the mid-1990's by the National Board of Medical Examiners (NBME).
 - Millions of dollars were spent developing the examination and pilot studies in several medical schools as well as field tests have occurred.
 - In 2004, five fixed test centers will begin administering the examination. It will cost each student about \$1000 plus travel expenses.
 - Although the need for a CSAE is basically unquestioned, many feel the test should not be a requirement for licensure until its reliability is proven

and all medical schools have the ability to teach the needed skills. Since 2002, the American Medical Association has opposed the examination's implementation.

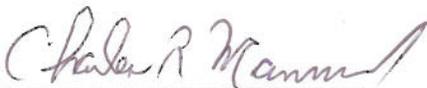
- The Accreditation Council for Graduate Medical Education (ACGME) Resident Duty-Hour Requirements
 - Patient and resident safety issues as well as changes in the clinical environment have focused attention on resident physicians' duty hours.
 - Responses to public and private calls for regulation have come from an ACGME work group, legislation in New York State and the introduction of Federal legislation. All these options include:
 - A basic weekly total of 80 hours on duty
 - A basic total of 24 hours continuous duty
 - A minimum recovery time (eight to ten hours)
 - One day in seven free of all clinical responsibilities
 - On call no more than one night in three
 - The ACGME program-wide requirements create a minimum set of standards which may be enhanced by Residency Review Committees.
 - The ACGME has also strengthened adherence to duty-hour standards through a variety of compliance activities.
- Transition from Process-based to Outcomes-based Accreditation
 - Public concerns about the quality of and safety within medical institutions is changing the education and accreditation process from assessing program characteristics to assessing graduates of the programs in terms of competencies learned.
 - At present, programs are being assessed and competencies defined.
- Repositioning Continuing Medical Education (CME)
 - Outcomes issues are also affecting CME. The Council on Medical Specialties Society has taken the lead in this area.
 - Recommendations are still general, but CME will probably change significantly in the next few years.

Dr. Cassimatis concluded with comments about the impact of these issues on medical education in general and USU specifically. The delineation of competencies affects graduate medical education, continuing medical education and medical school curricula. Resident duty-hour requirements are impacting graduate medical education and teaching hospitals. And finally, the Clinical Skills Assessment Examination will cost USU \$400 to \$500 thousand beginning in FY 2004.

ADJOURNMENT

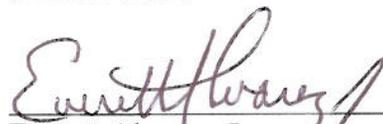
There being no further business, Mr. Alvarez adjourned the meeting at 12:00 p.m.

SUBMITTED:



Charles R. Mannix
Executive Secretary, Board of Regents
Prepared by Janet S. Taylor

APPROVED:



Everett Alvarez, Jr.
Chair, Board of Regents