State of the KU School of Medicine-2015

August 7, 2015
2014

“We are in an unprecedented era of growth, alignment and integration”
# TABLE 1: Faculty and Student Comparisons

**University of Kansas School of Medicine**

*Benchmarked against All Medical Schools*

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Trainees</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical Students</td>
<td>Graduate Students</td>
</tr>
<tr>
<td>90</td>
<td>851</td>
<td>671</td>
</tr>
<tr>
<td>80</td>
<td>791</td>
<td>439</td>
</tr>
<tr>
<td>70</td>
<td>726</td>
<td>354</td>
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<tr>
<td>60</td>
<td>675</td>
<td>257</td>
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<tr>
<td>50</td>
<td>602</td>
<td>182</td>
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<tr>
<td>40</td>
<td>532</td>
<td>138</td>
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<tr>
<td>30</td>
<td>469</td>
<td>109</td>
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<tr>
<td>20</td>
<td>414</td>
<td>75</td>
</tr>
<tr>
<td>10</td>
<td>298</td>
<td>27</td>
</tr>
</tbody>
</table>

| Mean       | 607       | 270      | 721       | 1,158       | 2.2%                       | 2.8%                            | 139                  | 15.4%                        | 1,019                | 84.6%                        |
| Valid N    | 130       | 130      | 130       | 130         | 130                       | 130                            | 130                  | 130                          | 130                  | 130                           |

¹Includes assistant, associate and full professors, as well as full-time instructors. Field is sum of Total Full-Time Basic Science and Clinical Faculty.

²CAGR = compound annual growth rate: \( (FY2014 \text{ total full-time faculty}\div FY2009 \text{ total full-time faculty})^{(1/5)}-1 \).
<table>
<thead>
<tr>
<th></th>
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<td>$759,814,410</td>
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<td>$353,820,025</td>
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<td>$171,369,299</td>
<td>6.8%</td>
<td>$137,213,845</td>
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<td>(2.2%)</td>
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<td>0.2%</td>
<td>$7,692,489</td>
<td>0</td>
<td>$1,521,954</td>
<td>$9,903,307</td>
<td>$643,100</td>
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1CAGR = compound annual growth rate: [(FY2014 total revenue/FY2009 total revenue)^(1/5)]-1.
2CAGR = compound annual growth rate: [(FY2014 practice plan revenue/FY2009 practice plan revenue)^(1/5)]-1.
3Includes revenue from university, VA, and other affiliated hospitals, including payments for services rendered to hospitals by medical schools.
Our primary mission is to improve the health of Kansans
To best serve Kansas, we must make KUSOM a destination to recruit and retain the best and brightest learners and faculty in order to provide hope to patients from Kansas and beyond.
Making our UME a destination for students in Kansas and nationally

• Vast majority of students who get accepted to KUSOM matriculate to KUSOM.
  • Includes Rural Scholars, post bac, early decision, etc.
10 Medical Schools Where Accepted Students Usually Enroll. At least 75 percent of accepted students enrolled at these medical schools, according to U.S. News data.

<table>
<thead>
<tr>
<th>School (name)</th>
<th>Students accepted</th>
<th>Students enrolled</th>
<th>Yield percentage</th>
<th>U.S. News research rank</th>
<th>U.S. News primary care rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Kansas Medical Center</td>
<td>248</td>
<td>211</td>
<td>85.1%</td>
<td>60</td>
<td>22</td>
</tr>
<tr>
<td>University of Arkansas for Medical Sciences</td>
<td>205</td>
<td>171</td>
<td>83.4%</td>
<td>84</td>
<td>40</td>
</tr>
<tr>
<td>University of Oklahoma</td>
<td>199</td>
<td>165</td>
<td>82.9%</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td>University of New Mexico</td>
<td>128</td>
<td>103</td>
<td>80.5%</td>
<td>83</td>
<td>40</td>
</tr>
</tbody>
</table>

USNWR 2014/5
### 10 Medical Schools Where Accepted Students Usually Enroll

At least 75 percent of accepted students enrolled at these medical schools, according to U.S. News data.

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Applications</th>
<th>Acceptances</th>
<th>Acceptance Rate</th>
<th>Average GPA</th>
<th>Accepting RNP</th>
<th>RNP USNWR Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Washington</td>
<td>296</td>
<td>235</td>
<td>79.4%</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>University of South Dakota (Sanford)</td>
<td>74</td>
<td>58</td>
<td>78.4%</td>
<td></td>
<td>RNP*</td>
<td>78</td>
</tr>
<tr>
<td>University of Utah</td>
<td>131</td>
<td>102</td>
<td>77.9%</td>
<td></td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>Ohio University</td>
<td>182</td>
<td>141</td>
<td>77.5%</td>
<td></td>
<td>RNP</td>
<td>RNP</td>
</tr>
<tr>
<td>Harvard University (MA)</td>
<td>219</td>
<td>167</td>
<td>76.3%</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>University of North Carolina—Chapel Hill</td>
<td>240</td>
<td>180</td>
<td>75%</td>
<td></td>
<td></td>
<td>22</td>
</tr>
</tbody>
</table>

USNWR 2014/5
Making our UME a destination for students in Kansas and nationally

• Around 30% of class hold multiple acceptances.
• Of Kansan applicants holding multiple acceptances (2010-2014), many (90/156) go elsewhere including some to other state schools.
Making our UME a destination for students in Kansas and nationally

1. HEB
2. Transformed curriculum
3. Three campuses
4. Faculty development
5. Increased scholarships
6. Simulation
7. Admission/recruitment
Pre-HEB
2 - LEVEL 1 LOBBY
5 - BRIDGE LOUNGE
Infrastructure in Wichita and Salina

• Wichita-
  • Enhanced and updated facilities are needed to support class growth and new curriculum

• Salina-
  • Updated facilities are needed to support current students and new curriculum.
We must provide a modern curriculum in a safe learning environment
### TABLE 4
Provide High Quality Medical Education as Judged by Your Recent Graduates

**University of Kansas School of Medicine**
Benchmarked against All Medical Schools

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Rate the Quality of Educational Experiences in Family Medicine Clinical Clerkships</th>
<th>Rate the Quality of Educational Experiences in Internal Medicine Clinical Clerkships</th>
<th>Rate the Quality of Educational Experiences in Obstetrics-Gynecology Clinical Clerkships</th>
<th>Rate the Quality of Educational Experiences in Pediatrics Clinical Clerkships</th>
<th>Rate the Quality of Educational Experiences in Psychiatry Clinical Clerkships</th>
<th>Rate the Quality of Educational Experiences in General Surgery Clinical Clerkships</th>
<th>Evaluation of Medical School Experiences (Average Percent Responding Agree/Strongly Agree, 2012-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>92.0%</td>
<td>98.5%</td>
<td>87.6%</td>
<td>94.9%</td>
<td>92.1%</td>
<td>92.2%</td>
<td>85.7%</td>
</tr>
<tr>
<td>80</td>
<td>89.8%</td>
<td>94.8%</td>
<td>84.4%</td>
<td>92.4%</td>
<td>90.6%</td>
<td>88.5%</td>
<td>79.4%</td>
</tr>
<tr>
<td>70</td>
<td>87.9%</td>
<td>94.0%</td>
<td>82.4%</td>
<td>90.7%</td>
<td>89.6%</td>
<td>86.2%</td>
<td>77.4%</td>
</tr>
<tr>
<td>60</td>
<td>85.9%</td>
<td>93.3%</td>
<td>80.8%</td>
<td>89.3%</td>
<td>88.0%</td>
<td>84.7%</td>
<td>74.2%</td>
</tr>
<tr>
<td>50</td>
<td>83.7%</td>
<td>92.0%</td>
<td>78.6%</td>
<td>87.4%</td>
<td>86.6%</td>
<td>83.5%</td>
<td>72.1%</td>
</tr>
<tr>
<td>40</td>
<td>81.6%</td>
<td>90.7%</td>
<td>76.1%</td>
<td>85.8%</td>
<td>84.4%</td>
<td>81.0%</td>
<td>71.3%</td>
</tr>
<tr>
<td>30</td>
<td>79.9%</td>
<td>89.5%</td>
<td>73.8%</td>
<td>83.5%</td>
<td>83.4%</td>
<td>80.9%</td>
<td>69.0%</td>
</tr>
<tr>
<td>20</td>
<td>76.2%</td>
<td>87.3%</td>
<td>71.1%</td>
<td>82.3%</td>
<td>78.2%</td>
<td>78.5%</td>
<td>65.1%</td>
</tr>
<tr>
<td>10</td>
<td>71.8%</td>
<td>84.8%</td>
<td>67.2%</td>
<td>78.4%</td>
<td>73.0%</td>
<td>74.5%</td>
<td>56.9%</td>
</tr>
<tr>
<td>Mean</td>
<td>82.2%</td>
<td>91.0%</td>
<td>77.5%</td>
<td>86.9%</td>
<td>84.7%</td>
<td>82.9%</td>
<td>72.0%</td>
</tr>
<tr>
<td>Valid N</td>
<td>128</td>
<td>128</td>
<td>128</td>
<td>128</td>
<td>128</td>
<td>128</td>
<td>128</td>
</tr>
</tbody>
</table>

Note: The percentile distributions include reported zero values but exclude missing values.

Source: AAMC Graduation Questionnaire

Staff Contact: For general report questions, contact Henry Sondheimer, M.D., at hsondheimer@aamc.org. For the data contributors to this table, see the definitions section of the report (pages 5 through 10).
Curriculum Review Project Planning Timeline 2014-2018

- **2014**: LCME report
- **2015**: General Curriculum master plan, Objectives, Competencies and Milestones
- **2016**: Revisions and refinements, Academic Calendar
- **2017**: Implementation/pilot, Revisions and refinements
- **2018**: Continuous review

- **Jan**
  - LCME report
  - General Needs Assessment
  - Sample Curriculum models
- **Feb**
  - Curriculum Review focus group
  - Goals and Objectives
- **Mar**
  - Med Ed Retreat
  - Dissemination and feedback
- **Apr**
  - Curriculum building blocks: content and methods
- **May**
  - Implementation/pilot
- **Jun**
  - Revisions and refinements
- **Jul**
  - Curriculum Go-Live
- **Aug**
  - Continuous review
Curriculum Structure

• Organization into content area blocks through the first three years

• Each block will be assigned a content “pillar”, related to but distinct from the organ systems on which the current curriculum is based.

• Pillars are broader allowing integration between organ systems where appropriate and needed to address the cases.

• The cases will be based upon clinical presentations similar to the 120 Calgary presentations and be assigned to the most appropriate block/pillar.
Foundational Sciences Pillars

Clinical Skills
- IPE
- CS Lab
- Epi/Biostats
- PHP/Informatics
- Simulation

Pathology
- Infectious Disease
- Anatomy
- Histopath
- Lab Medicine
- Neoplasia

Physiology
- Systems I
- Systems II
- Systems III
- Dev and Repro
- Pharmacology

Molecular and Cellular Biology
- Biochemistry
- Molecular/Genetics
- Cellular biology
- Nutrition
- Cancer Biology

Behavioral and social Sciences
- Social Determinants of Health
- Behavioral Sciences
- Info. Sciences
- Ethics
- Geriatrics
ACE website
http://www.kumc.edu/school-of-medicine/education/ace-curriculum.html

Sharepoint
https://share.kumc.edu/SOM/ome/curriculum/_layouts/15/start.aspx#/
We strive to enhance our recruitment process to attract the best students to meet our mission.

1. We will work to enhance the pool of applicants in the broadest sense.
2. We will do what we can to make sure those who are accepted attend.
3. We will work with the committee and Dean McCurdy to enhance diversity in the SOM as it is broadly defined.
Our three campuses support the health of Kansans

1. Build strength and support for medical education throughout the state
2. Enable students to attend who might not otherwise consider medical school
3. Provide visible evidence to the legislature of our broad commitment

*The SOM can be a better destination through geographic diversity*
School of Medicine Gift Productivity
July 21, 2015

Includes gifts of cash, pledges, realized and expected planned gifts for the KU School of Medicine including Kansas City, Wichita and Salina campuses.
We are committed to provide safe learning environments

• Residents as teachers

• New ombudsman program on all three campuses to be announced
Making our GME a destination for graduates in Kansas and nationally

1. Fair compensation
2. Simulation
3. World class faculty and facilities
4. Improved learning environments
We are working on a coordinated plan for a surgical skills lab which will be a necessary component of destination GME.
Making our clinical partners a destination for clinical care

1. World-class faculty
2. World-class facilities
School of Medicine-KC:
• Faculty physicians, residents and students provide inpatient care at The University of Kansas Hospital
• Ambulatory care through The University of Kansas Physicians

School of Medicine-Wichita and School of Medicine-Salina:
• Paid faculty
• Volunteer faculty
• Students and residents

Clinical partners:
Clinical excellence

All 12 University of Kansas Hospital specialties ranked:

- Cancer (31)
- Diabetes & Endocrinology (26)
- Ear, Nose & Throat (21)
- Gastroenterology (32)
- Geriatrics (17)
- Gynecology (41)
- Heart Care and Heart Surgery (26)
- Nephrology (38)
- Neurology & Neurosurgery (19)
- Orthopedics (34)
- Pulmonology (17)
- Urology (38)
Cambridge North
Future view of KU Hospital
Making our campuses destinations for scientists

1. State support
2. Inter- and multidisciplinary centers and institutes
3. Bridging programs
4. Pilot project funding
State Support
State funding remains below pre-recession levels

State General Fund Operating Expenditures – KU Medical Center
(Not adjusted for inflation)

Note: From FY 2012 to 2014, $5 million in KU Cancer Center funding was appropriated via the Department of Commerce and therefore not reflected on this chart for those years. This funding is once again directly appropriated to KUMC in FY 2015.
## Revenue Comparisons
### University of Kansas School of Medicine
Benchmarked against All Medical Schools

**TABLE 3**

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</table>

| Mean       | $807,793,303              | 4.3%     | $343,903,011                     | 7.5%     | $143,401,185    | $72,560,349                         | $43,952,742              | $34,502,813               | $30,828,882            | $33,023,903            |            |

| Valid N    | 130                       | 130      | 129                              | 123      | 123             | 118                                  | 130                      | 130                        | 130                     | 130                     | 130         |

1. CAGR = compound annual growth rate: \([\text{FY}2014 \text{ total revenue}/\text{FY}2009 \text{ total revenue}]/(1/5))-1.  
2. CAGR = compound annual growth rate: \([\text{FY}2014 \text{ practice plan revenue}/\text{FY}2009 \text{ practice plan revenue}]/(1/5))-1.  
3. Includes revenue from hospital, VA, and other affiliated hospitals, including payments for services rendered to hospitals by medical schools.
Multidisciplinary centers

• KU Cancer Center
  One of only 68 NCI designated centers
  Renewal and consideration of comprehensive status in 2016

• KU Alzheimer’s Disease Center
  One of only 29 NIH-designated Alzheimer’s Disease Centers
  Renewal in 2016

• Frontiers: Clinical and Translational Science Award (CTSA)
  CTSU saw its 6,000 research participant on 7/31!
  Renewal in 2015
Research achievements on the horizon

• Polycystic Kidney Disease Center- Jim Calvet

• Great Plains Collaborative-
  - PCORI ($8.6M)
  - Russ Waitman
  - Breast CA, Obesity, ALS
SOM Bridging Program

• Funding gaps are a natural part of a research career.
• Early support through bridging are generally very successful.
• Applications due Sept 1.
• Questions to Peter Smith
• https://redcap.kumc.edu/surveys/?s=KA4NK44 WTR
KUMC Pilot Funding 2015

- Frontiers Pilot and Collaborative Studies
- Research Institute Lied Basic Science Pilot Grants
- Research Institute Clinical Pilot Funding
- Cancer Center Cancer Prevention Pilot Projects
- Cell & Development COBRE Pilot Program
- Liver Disease COBRE Pilot Program
- Kidney Institute Pilot & Feasibility Grant Program
- Pilot Studies In Alzheimer’s Disease and Brain Aging, ADC and CoA
- IRHRM Pilot Funding Initiative
- K-INBRE Pilot Grants
- Other department or center-specific pilot studies
The SOM is more like an amoeba than a snowball.
We remain committed to make KUSOM a destination.
Thank you for everything you do to help.