A Record of Progress,
A Promise for Life

A Self-Study
Of the
University of
Arkansas for
Medical Sciences
Prepared for the Higher Learning Commission
2005 - 2007
A Record of Progress
A Promise for Life

Prepared for the Higher Learning Commission

A Self-Study of the University of Arkansas for Medical Sciences

2005 - 2007
This report documents the results of a self-study by the University of Arkansas for Medical Sciences (UAMS) as part of the accreditation process of the Higher Learning Commission of the North Central Association of Colleges and Schools. Subsequent to submission of this report, UAMS will host a team of visitors to carry out an on-site inspection of the campus. The University was last visited in academic year 1996-97, and is seeking continuing full accreditation for its educational programs for the ten-year period, 2007 through 2016.

While the core processes and findings, along with related appendices, are contained here, extensive supporting documents have also been collected in a Resource Room that will be available to the visiting team, as they were to the Committee members and project team. The prescribed Institutional Snapshot was also prepared as an ancillary document to the self-study for use by the site visitors.

This self-study is a critical part of the accreditation process. It will also serve as a progress report to campus leaders, the University's Board of Trustees and the public at large, providing an evaluation of education programs in the larger context of institutional missions and interests. It will also bolster improvement efforts by examining distinctive evidence, collected and analyzed from the fresh perspective of accreditation Committee members.

Because of its comprehensive nature, the self-study process has involved the time and energy of countless people across the institution. In addition to the formal members of the Steering and Criterion Committees, who are listed in the following pages, special thanks is given to Paul Carter, Assistant Dean of the Graduate School and Tom Hart, Director of Academic Computing for their assistance in preparing the Institutional Snapshot in addition to being active
committee members. Shannon Perna, Editor, Creative Services, was endlessly patient as the report editor, and Shane Tripcony, Web Marketing Manager in Creative Services, lent invaluable assistance with Web-based technologies and tools, and partnered with the accreditation project to carry out a major Web site updating initiative. Liz Caldwell, Managing Editor, and David Robinson, Writer/Account Executive of Communications and Marketing, lent their invaluable expertise to preparation and implementation of a comprehensive communications plan for the project. Terri Johnson, Information Technology, offered able assistance to the project staff in creating and maintaining SharePoint collaborative project sites for the committees.

While by no means an exhaustive list, others who provided key assistance to the project include: (in alphabetical order): Michael Anders, Tim Atkinson, Angie Brown, Paige Brumley, Barb Coker, Joanna Delavan, Lee Lee Doyle, Aubrey Hough, Kathleen McComber, Eddie Ochoa, Randy Perry, Amanda Saar, Carmelita Smith, Jennifer Sharp, Christina Trimble, Chadley Uekman, Jada Walker and Charles White.
Preface
University of Arkansas for Medical Sciences
Campus Leadership

Chancellor
I. Dodd Wilson, M.D.

Chancellor’s Cabinet
Bart Barlogie, M.D., Ph.D., Director, Myeloma Institute for Research and Therapy
Robert Bishop, J.D., Vice Chancellor for Institutional Compliance
John Blohm, Vice Chancellor for Development and Alumni Affairs
Tom S. Butler, Vice Chancellor for Administration and Governmental Affairs
Kari Cassel, M.B.A., Director, Information Technology
Charles Cranford, D.D.S., Vice Chancellor for Regional Programs
Debra H. Fiser, M.D., Dean, College of Medicine
Stephanie Gardner, Pharm.D., Ed.D., Dean, College of Pharmacy
Leo Gehring, C.H.F.M., Vice Chancellor for Campus Operations
Melony Goodhand C.P.A. (Tx), M.S., Vice Chancellor for Finance
Claudia Barone, Ed.D., R.N., Dean, College of Nursing
David Lipschitz, M.D., Ph.D., Director, Donald W. Reynolds Institute on Aging
Robert “Bobby” McGehee, Jr., Ph.D., Dean, Graduate School
Larry D. Milne, Ph.D., Vice Chancellor for Academic Affairs and Research Administration
T. Glenn Pait, M.D., Director, Jackson T. Stephens Spine and Neurosciences Institute
Richard A. Pierson, M.B.A., M.H.A., Vice Chancellor for Clinical Programs
John Shock, M.D., Executive Vice Chancellor and Director, Harvey and Bernice Jones Eye Institute
G. Richard Smith, M.D., Director, Psychiatric Research Institute
James Suen, M.D., Director, Arkansas Cancer Research Center
James Raczynski, Ph.D., Dean, College of Public Health
Pat Torvestad, Vice Chancellor for Communications and Marketing
Charles White, Assistant Vice Chancellor, Human Relations
Ronald H. Winters, Ph.D., F.A.S.A.H.P., Dean, College of Health Related Professions
Self-Study Steering Committee

Chairman: Larry D. Milne, Ph.D., Vice Chancellor for Academic Affairs and Research Administration
Claudia Barone, Ed.D., R.N., Dean, College of Nursing (12/06 – 4/07)
Charles Cranford, D.D.S., Vice Chancellor for Regional Programs
Charles Byrne, President, House of Delegates, (7/05 – 8/06)
Natalie DeHart, President, House of Delegates (9/06 – 4/07)
Debra H. Fiser, M.D., Dean, College of Medicine (9/06 – 4/07)
Philip Jansen, President, Associated Student Government
Stephanie Gardner, Pharm.D., E.D., Dean, College of Pharmacy
Linda Hodges, Ed.D., R.N., Dean, College of Nursing (7/05 – 11/06)
Robert “Bobby” McGehee, Jr., Ph.D., Dean, Graduate School
James Raczynski, Ph.D., Dean, College of Public Health
E. Albert Reece, M.D., Ph.D., M.B.A., Dean, College of Medicine (7/05 - 8/06)
Laura Smith-Olinde, Ph.D., Academic Senate (President and Immediate Past President)
Ronald H. Winters, Ph.D., F.A.S.A.H.P, Dean, College of Health Related Professions

Criterion One Committee

Mission and Integrity

Chairman: Claudia P. Barone, Ed.D., R.N., Dean, College of Nursing
Vice Chairman: Chris Hackler, Ph.D., Professor, Medical Humanities, College of Medicine
Linda Calhoun, M.N.Sc., R.N., Academic Senate Representative
Thomas W. Guyette, Ph.D., Professor & Chair, Audiology & Speech Pathology, College of Health Related Professions
Kimberly J. Morton, M.A., B.B.A., Director, Academic Administration & Informatics, College of Nursing
Ross E. Vanderbush, Pharm.D., Associate Professor, Pharmacy Practice, College of Pharmacy
Jodiane Tritt, Registrar and Administrative Student Advisor, Office of Student Services, College of Public Health (7/05 - 6/06)
Criterion Two Committee

Preparing for the Future

Chairman: Mary L. Ryan, MLS, MPH, Director, UAMS Library
Vice Chairman: Jonathan J. Wolfe, Ph.D., Associate Dean for Development and Professional Affairs, College of Pharmacy
Cherry L. Duckett, Director, Governmental Affairs
Leo Gehring, C.H.F.M, Vice Chancellor for Campus Operations
Thomas J. Hart, Director, Academic Computing, Academic Affairs and Research Administration
Joshua B. Johnson, Director, IT Client Services, Information Technology Division
Hosea Long, Assistant Vice Chancellor for Human Resources
Donna D. McNair, Director, AHEC Foundation Fund, Regional Programs
William W. Waldron, Director, Budget & Planning Office, Finance Division
David O. Wilcox, Assistant Vice Chancellor, Finance Division
William R. Woodell, M.H.S.A., Associate Dean for Administrative Affairs, College of Health Related Professions

Criterion Three Committee

Student Learning and Effective Teaching

Chairman: David C. Shelledy, Ph.D., Associate Dean for Academic and Student Affairs, College of Health Related Professions
Vice Chairman: Cindy D. Stowe, Pharm.D., Associate Dean for Academic Affairs, College of Pharmacy
Cameron M. Best, Vice President, Associated Student Government, College of Medicine
Paul V. Carter, M.Ed., Assistant Dean, Graduate School
Jan Hart, M.L.S., Ed.D., Assistant Director, UAMS Library
Jay H. Menna, Ph.D., Assistant Dean for Curriculum, College of Medicine¹
Bruce Newton, Ph.D., Associate Dean, Undergraduate Medical Education, College of Medicine
Thomas W. Rimmer, Sc.D., Assistant Professor, Environmental & Occupational Health, College of Public Health
Robin M. Smith, Ph.D., Assistant Professor, Office of Educational Development, Academic Affairs and Research Administration
Patricia A. Dufrene, M.S.N., R.N., C.N.S., Clinical Instructor, College of Nursing

¹Dr. Menna served as the Associate Dean, Undergraduate Medical Education in the College of Medicine until January 1, 2007.
**Criterion Three Committee Survey Development Team**

Jan Hart, M.L.S., Ed.D., Assistant Director, UAMS Library – Team Leader
Jay H. Menna, Ph.D., Assistant Dean for Curriculum, College of Medicine
Paul V. Carter, M.Ed., Assistant Dean, Graduate School
Cindy D. Stowe, Pharm.D., Associate Dean for Academic Affairs, College of Pharmacy
Michael Anders, M.P.H., R.R.T., Director of Student Affairs, College of Health Related Professions
Lee Lee Doyle, PhD, Assistant Dean for Faculty Development, College of Medicine
Leavonne Pulley, Ph.D., Health Promotion and Prevention Research, College of Public Health
Elizabeth A. Bard, Director of Administration/VCA, Academic Affairs and Research Administration
Joanna Delavan, UAMS Library

**Criterion Three Committee Associate Deans Retreat Team**

Paul V. Carter, M.Ed., Assistant Dean, Graduate School
David C. Shelledy, Ph.D., Associate Dean for Academic and Student Affairs, College of Health Related Professions
Heather Smith, UAMS Library
Elizabeth A. Bard, Director of Administration/VCA, Academic Affairs and Research Administration
Kristine Stump, NCA Project Coordinator

**Criterion Three Committee Academic Support Units**

**Focus Group Team**

David C. Shelledy, Ph.D., Associate Dean for Academic and Student Affairs, College of Health Related Professions
Elizabeth A. Bard, Director of Administration/VCA, Academic Affairs and Research Administration
Kristine Stump, NCA Project Coordinator

---

¹Dr. Menna served as the Associate Dean, Undergraduate Medical Education in the College of Medicine until January 1, 2007.
Criterion Four Committee

Acquisition, Discovery and Application of Knowledge

Chairman: Gwen V. Childs, Ph.D., Chair, Neurobiology and Developmental Sciences, College of Medicine
Vice Chairman: Rebecca L. Ludwig, Ph.D., R.T., Associate Professor & Interim Chair, Imaging & Radiation Sciences, College of Health Related Professions
Kanwaljeet “Sunny” Anand, M.D., Professor, Pediatric Critical Care, College of Medicine, (7/05 – 6/06)
Richard F. Jacobs, M.D., President, Arkansas Children's Hospital Research Institute, Professor of Pediatrics, and Interim Chair, Department of Pediatrics, College of Medicine (7/05 – 7/06)
Catherine Cole, D.N.Sc., A.R.P.N., B.C., Assistant Professor, College of Nursing (6/06 – 4/07)
Kim E. Light, Ph.D., Professor, Pharmaceutical Sciences, College of Pharmacy
Mark S. Mennemeier, Ph.D., Associate Professor, Neurobiology & Developmental Science, College of Medicine

Criterion Five Committee

Engagement and Service

Chairman: Ann B. Bynum, Ed.D., Director, Rural Hospital Program, Associate Director for Program Development, Arkansas AHEC
Vice Chairman: Billy R. Thomas, M.D., Assistant Dean for Minority Affairs, College of Medicine
E. Robert “Bob” Burns, Ph.D., Professor, Neurobiology and Developmental Sciences, College of Medicine
Paul O. Gubbins, Pharm.D., Chairman, Pharmacy Practice, College of Pharmacy
Joy Jennings, M.S.N., R.N., Clinical Faculty, College of Nursing
Martha W. Pickett, M.H.S.A., C.N.M.T., Director, Division of Nuclear Imaging Sciences, College of Health Related Professions
Katharine E. Stewart, Ph.D., M.P.H., Associate Dean for Student and Academic Affairs, College of Public Health

Ex-officio Members, Criterion Committees

Elizabeth A. Bard, Director of Administration/VCA, Academic Affairs and Research Administration
Kristine Stump, NCA Project Coordinator
## Table of Contents

Preface .................................................................................................................. i  
Table of Contents .................................................................................................. 1  
Tables and Figures ................................................................................................. 3  
Introduction ........................................................................................................... 6  
  Purpose of the Report ......................................................................................... 6  
  The 2006-07 Accreditation Self-study .............................................................. 7  
  Institutional Profile .......................................................................................... 8  
  A Brief History of UAMS ................................................................................ 10  
  Highlights of Progress and Changes in the Last Ten Years .............................. 11  
  UAMS' History With the Higher Learning Commission .................................. 14  
  How the University has Addressed Previous Concerns .................................. 14  
Criterion One — Mission & Integrity ................................................................. 22  
  Criterion One Overview .................................................................................. 22  
  Core Component 1a ....................................................................................... 25  
  Core Component 1b ....................................................................................... 36  
  Core Component 1c ....................................................................................... 48  
  Core Component 1d ....................................................................................... 51  
  Core Component 1e ....................................................................................... 55  
  Criterion One Summary .................................................................................. 65
Criterion Two — Preparing for the Future ......................... 68
  Criterion Two Overview ............................................. 68
  Core Component 2a ................................................. 70
  Core Component 2b .................................................. 76
  Core Component 2c .................................................. 96
  Core Component 2d .................................................. 106
  Criterion Summary .................................................. 110

Criterion Three — Student Learning and Effective Teaching ........ 115
  Criterion Three Overview .......................................... 115
  Core Component 3a .................................................. 118
  Core Component 3b .................................................. 157
  Core Component 3c / 3d ............................................ 169
  Criterion Three Summary ........................................... 192

Criterion Four — Acquisition, Discovery & Application of Knowledge ........ 198
  Criterion Four Overview ............................................ 198
  Core Component 4a .................................................. 199
  Core Component 4b .................................................. 217
  Core Component 4c .................................................. 235
  Core Component 4d .................................................. 242
  Criterion Four Summary ............................................. 253

Criterion Five — Engagement & Service .............................. 256
  Criterion Five Overview ............................................. 256
  Core Component 5a .................................................. 258
  Core Component 5b .................................................. 274
  Core Component 5c .................................................. 285
  Core Component 5d .................................................. 305
  Criterion Five Summary ............................................. 314

Request for Accreditation ............................................. 317

Table of Contents
# Tables and Figures

<table>
<thead>
<tr>
<th>Table / Figure #</th>
<th>Title</th>
<th>Core Component</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1-1</td>
<td>Enrollment Growth, UAMS, 1986, 1996, and 2006</td>
<td>Introduction</td>
<td>11</td>
</tr>
<tr>
<td>Table 1-2</td>
<td>Construction and Renovations Projects, UAMS, 1996-2006</td>
<td>Introduction</td>
<td>13</td>
</tr>
<tr>
<td>Table 1-1</td>
<td>Demographic Profile: UAMS Workforce, 2005 - 2006</td>
<td>1b.</td>
<td>40</td>
</tr>
<tr>
<td>Table 1-2</td>
<td>Demographic Profile: UAMS Student Body, Arkansas and the U.S. 1995 and 2004, 2005</td>
<td>1b.</td>
<td>41</td>
</tr>
<tr>
<td>Table 2-1</td>
<td>Projections for Increase in College Enrollment</td>
<td>2a.</td>
<td>74</td>
</tr>
<tr>
<td>Table 2-2</td>
<td>UAMS' Changes in Net Assets</td>
<td>2b.</td>
<td>78</td>
</tr>
<tr>
<td>Table 2-3</td>
<td>Growth of Philanthropy to UAMS 1996-2006</td>
<td>2b.</td>
<td>83</td>
</tr>
<tr>
<td>Table 2-4</td>
<td>Comprehensive Campaign Priorities</td>
<td>2b.</td>
<td>84</td>
</tr>
<tr>
<td>Table 3-1</td>
<td>Mean MCAT Scores for First Year COM Students</td>
<td>3a.</td>
<td>122</td>
</tr>
<tr>
<td>Table 3-2</td>
<td>Mean Pre-Medical GPA for First Year COM Students</td>
<td>3a.</td>
<td>122</td>
</tr>
<tr>
<td>Table 3-3</td>
<td>Matriculation Data, First Year COM Students</td>
<td>3a.</td>
<td>123</td>
</tr>
<tr>
<td>Table 3-4</td>
<td>United States Medical Licensure Examination (USMLE) Results</td>
<td>3a.</td>
<td>126</td>
</tr>
<tr>
<td>Table 3-5</td>
<td>Percentage of Senior Students Initially Matched to PGY-1 Programs in the NRMP</td>
<td>3a.</td>
<td>127</td>
</tr>
<tr>
<td>Table 3-6</td>
<td>Statistics on Entering Pharmacy Classes, 2003-2006</td>
<td>3a.</td>
<td>128</td>
</tr>
<tr>
<td>Table 3-7</td>
<td>COP Matriculation Rate, 1998 – 2002</td>
<td>3a.</td>
<td>131</td>
</tr>
<tr>
<td>Table 3-8</td>
<td>COP NAPLEX Pass Rate, 2001 – 2005</td>
<td>3a.</td>
<td>131</td>
</tr>
<tr>
<td>Table 3-9</td>
<td>Statistics on Entering Nursing Classes, 2003-2006</td>
<td>3a.</td>
<td>133</td>
</tr>
<tr>
<td>Table / Figure #</td>
<td>Title</td>
<td>Core Component</td>
<td>Page #</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------</td>
<td>--------</td>
</tr>
<tr>
<td>Table 3-10</td>
<td>Mean HESI Scores, CON</td>
<td>3a.</td>
<td>134</td>
</tr>
<tr>
<td>Table 3-11</td>
<td>CON HESI Composite Scores Based on Competency Area, 2004-2005</td>
<td>3a.</td>
<td>134</td>
</tr>
<tr>
<td>Table 3-12</td>
<td>CON HESI Composite Scores Based on Competency Area, 2005-2006</td>
<td>3a.</td>
<td>135</td>
</tr>
<tr>
<td>Table 3-13</td>
<td>B.S.N Graduate Employment Survey Results</td>
<td>3a.</td>
<td>136</td>
</tr>
<tr>
<td>Table 3-14</td>
<td>B.S.N Graduate One-Year Follow-up Survey Results</td>
<td>3a.</td>
<td>137</td>
</tr>
<tr>
<td>Table 3-15</td>
<td>Matriculation Data, CON</td>
<td>3a.</td>
<td>139</td>
</tr>
<tr>
<td>Table 3-16</td>
<td>NCLEX RN Pass Rates, UAMS, Arkansas and the U.S., 2000-2006</td>
<td>3a.</td>
<td>140</td>
</tr>
<tr>
<td>Table 3-17</td>
<td>CHRP Pass Rates for Licensure and Certification Examinations</td>
<td>3a.</td>
<td>143</td>
</tr>
<tr>
<td>Table 3-18</td>
<td>Statistics on the Entering COPH Classes, 2003-2006</td>
<td>3a.</td>
<td>146</td>
</tr>
<tr>
<td>Table 3-19</td>
<td>COPH Student Retention and Graduation Rates, 2001-02 through 2005-06</td>
<td>3a.</td>
<td>148</td>
</tr>
<tr>
<td>Table 3-20</td>
<td>Entrance Test Scores of Graduate School Admissions</td>
<td>3a.</td>
<td>151</td>
</tr>
<tr>
<td>Table 3-21</td>
<td>Advanced Nursing Licensure Examination Pass Rates, UAMS vs. US, 2004 and 2005</td>
<td>3a.</td>
<td>152</td>
</tr>
<tr>
<td>Table 3-22</td>
<td>Student and Faculty Survey Results Relating to Criterion 3a</td>
<td>3a.</td>
<td>155</td>
</tr>
<tr>
<td>Table 3-23</td>
<td>Student and Faculty Survey Results: Instruction in Colleges and Programs</td>
<td>3b.</td>
<td>165</td>
</tr>
<tr>
<td>Table 3-24</td>
<td>Faculty Survey Results: Institutional Support for Teaching</td>
<td>3b.</td>
<td>167</td>
</tr>
<tr>
<td>Table 3-25</td>
<td>Faculty Survey Results: UAMS as an Educational Institution</td>
<td>3b.</td>
<td>168</td>
</tr>
<tr>
<td>Table 3-26</td>
<td>Classroom Use by College</td>
<td>3c./3d.</td>
<td>171</td>
</tr>
<tr>
<td>Table 3-27</td>
<td>OED One-Year Workshop Statistics and Outcomes</td>
<td>3c./3d.</td>
<td>180</td>
</tr>
<tr>
<td>Table 3-28</td>
<td>Census Counts, Fall 2003 – 2006</td>
<td>3c./3d.</td>
<td>181</td>
</tr>
<tr>
<td>Table 3-29</td>
<td>Production Time Comparisons Before and After Internal Review Report Computer Program and Scaleable Model Developed</td>
<td>3c./3d.</td>
<td>183</td>
</tr>
<tr>
<td>Table 3-30</td>
<td>Student and Faculty Survey Results: WebCT and Other Technologies</td>
<td>3c./3d.</td>
<td>184</td>
</tr>
<tr>
<td>Table 3-31</td>
<td>Student and Faculty Survey Results: Distance Technology</td>
<td>3c./3d.</td>
<td>185</td>
</tr>
<tr>
<td>Table 3-32</td>
<td>Five Year Trend for the Number of Financial Aid Recipients</td>
<td>3c./3d.</td>
<td>186</td>
</tr>
<tr>
<td>Figure 4-1</td>
<td>Extramural Funding Growth, UAMS, ACH, and VA, 1986-2005</td>
<td>4a.</td>
<td>202</td>
</tr>
<tr>
<td>Figure 4-2</td>
<td>Total Awards by Division, UAMS, FY05</td>
<td>4a.</td>
<td>203</td>
</tr>
<tr>
<td>Table / Figure #</td>
<td>Title</td>
<td>Core Component</td>
<td>Page #</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------------------------</td>
<td>----------------</td>
<td>--------</td>
</tr>
<tr>
<td>Figure 4-3</td>
<td>Academic Affairs and Research Administration Division</td>
<td>4a.</td>
<td>204</td>
</tr>
<tr>
<td>Figure 4-4</td>
<td>Human Subject Protection Program</td>
<td>4a.</td>
<td>205</td>
</tr>
<tr>
<td>Figure 4-5</td>
<td>ABI and Extramural Funding</td>
<td>4a.</td>
<td>214</td>
</tr>
<tr>
<td>Table 4-1</td>
<td>College of Medicine Student Survey Results</td>
<td>4b.</td>
<td>221</td>
</tr>
<tr>
<td>Table 4-2</td>
<td>College of Pharmacy Student Survey Results</td>
<td>4b.</td>
<td>224</td>
</tr>
<tr>
<td>Table 4-3</td>
<td>College of Nursing Student Survey Results</td>
<td>4b.</td>
<td>226</td>
</tr>
<tr>
<td>Table 4-4</td>
<td>College of Health Related Professions Student Survey Results</td>
<td>4b.</td>
<td>228</td>
</tr>
<tr>
<td>Table 4-5</td>
<td>College of Public Health Student Survey Results</td>
<td>4b.</td>
<td>231</td>
</tr>
<tr>
<td>Table 4-6</td>
<td>Graduate School Student Survey Results</td>
<td>4b.</td>
<td>235</td>
</tr>
<tr>
<td>Table 4-7</td>
<td>Student Perceptions of Co-curricular Scholarship</td>
<td>4c.</td>
<td>236</td>
</tr>
<tr>
<td>Table 4-8</td>
<td>Student Participation in Professional Organizations</td>
<td>4c.</td>
<td>237</td>
</tr>
<tr>
<td>Table 4-9</td>
<td>Research Training Evaluation Data</td>
<td>4c.</td>
<td>238</td>
</tr>
<tr>
<td>Table 4-10</td>
<td>Student and Faculty Survey Opinions on Professionalism, Integrity and Grievance Policies</td>
<td>4d.</td>
<td>250</td>
</tr>
<tr>
<td>Figure 5-1</td>
<td>Selected Outreach Sites, UAMS</td>
<td>5b.</td>
<td>281</td>
</tr>
<tr>
<td>Figure 5-2</td>
<td>Center for Diversity Affairs Student Pathway</td>
<td>5c.</td>
<td>286</td>
</tr>
<tr>
<td>Table 5-1</td>
<td>Center for Diversity Affairs Relationships with Secondary Institutions</td>
<td>5c.</td>
<td>288</td>
</tr>
<tr>
<td>Figure 5-3</td>
<td>AHEC Regions in Arkansas</td>
<td>5c.</td>
<td>289</td>
</tr>
<tr>
<td>Table 5-2</td>
<td>CE Activities for all Colleges, 2004-05 and 2005-06</td>
<td>5c.</td>
<td>302</td>
</tr>
</tbody>
</table>
INTRODUCTION

Purpose of the Report

The primary purpose of this self-study is to provide a basis for accreditation from the Higher Learning Commission as well as to satisfy a set of study goals established by the UAMS Accreditation Steering Committee, which are:

- Achieve HLC/NCA Accreditation — Demonstrate that the quality of UAMS’ programs and services meet or exceed the level necessary to be granted full accreditation by the Higher Learning Commission of the North Central Association.
- Mission — Conduct an objective examination of the effectiveness of the University in meeting its four-fold mission: to teach, to heal, to search, to serve.
- Distinctiveness — Prepare a self-study that focuses on UAMS’ role as a unique and vital resource for the state of Arkansas.
- Planning — Integrate the self-study process with institutional planning efforts, emphasizing program expansion and services.
- Quality Improvement Processes — Demonstrate the University’s ability to assess programs and services, and to respond appropriately.

In addition, the process itself has produced benefits that, while perhaps less tangible, are no less important to the University in the long term. Faculty, administrators, staff and students came together in novel configurations to undertake an honest examination of the University’s programs, resources, leadership and infrastructure. These participants were given the time and resources, along with a legitimate structure and institutional charge, to undertake their evaluation and proffer conclusions with the potential to directly influence UAMS’ future.
Also, interaction that would not have taken place through any other means was conducted on a regular and extended basis. Viewpoints and perspectives crossed institutional, professional and status boundaries. Participants shared experiences and practical information about their own jobs and their own units. They had the opportunity to ask questions about practices and policies that perhaps they had never quite fully understood. Criterion Committee members in particular expressed a satisfaction in having learned so much about the larger University and those that inhabit its halls. So, while the structure of a cross-sectional committee may seem a tired and overused academic tradition, it has in this case proven an effective method for arriving at a balanced and comprehensive self-study. It has also yielded a set of faculty, administrators, staff and students who go forward with greater knowledge and experience that they will use to their own benefit and to the University’s.

The 2006-07 Accreditation Self-study

The Self-Study Process

As Vice Chancellor of Academic Affairs and Research Administration, and the campus’ chief academic officer, Dr. Larry Milne, Ph.D., was designated the Study Coordinator and Chairman of the UAMS HLC/NCA Steering Committee. The Chancellor’s Cabinet approved a management and organizational structure for the accreditation process, including Steering Committee membership (see the Preface).

Study goals and guidance on the organization of the accreditation process, and roles and responsibilities of major committees, were provided to each committee member along with additional information and resources (e.g., copies of the Accreditation Handbook and a membership directory) in a project binder. Materials were reviewed during a special orientation session (September, 2005) with all Criterion Committee Chairmen and Vice Chairmen and at the initial meeting of each Criterion Committee.

The Steering Committee decided to organize the process according to Commission criteria: that is, to establish one committee to examine each of the five criteria as presented in the Accreditation Handbook. The Steering Committee then designated Chairmen and Vice Chairmen for each Criterion Committee, giving thought to achieving representation to each of the five colleges and the Graduate School. Chairmen and Vice Chairmen then worked with the Steering Committee, Chairman Milne and project staff to identify additional members.

Criterion Committee Chairmen and Vice Chairmen organized individual committees and established a regular meeting schedule. Each committee prepared its own study plan that was combined to form a project study plan. This plan was presented to the Steering Committee for approval before being submitted to the Higher Learning Commission for comment and review. Criterion Committees continued to meet and develop their respective chapters of the self-study
through the fall of 2006. Draft committee reports were reviewed by the Steering Committee in a two-step review process. A final draft of the self-study was also submitted to the Chancellor and was posted on the UAMS Web site for comments from the campus community as well as from interested parties outside the University.

Organization of the Report

The decision to organize committees according to the Commission’s five criteria also dictated the organization of the self-study, so that the report is organized in the sequence of the five criteria along with respective committee findings. The first chapter provides introductory information about UAMS, including UAMS’ accreditation history, followed by the University’s response to issues of concern identified in its last accreditation visit. The second chapter begins a chapter-by-chapter examination of the five criteria including a summary section that includes strengths and weaknesses, recommendations and additional observations. The final chapter in the report includes the University’s request for accreditation.

Institutional Profile

The University of Arkansas for Medical Sciences (UAMS) is part of the University of Arkansas (UA) System, a network of public institutions of higher learning with campuses located throughout the state. A ten-member Board of Trustees, appointed by the Governor, governs the UA System. Today, the UA System includes five traditional four-year institutions, a health sciences campus (UAMS), five community colleges, the Arkansas School for Mathematics, Sciences and the Arts, the Division of Agriculture, the Criminal Justice Institute, the Arkansas Archeological Survey, and the Clinton School of Public Service.

UAMS is the state’s only academic health center, and comprises five colleges, a Graduate School, a medical center, six Centers of Excellence and a system of seven regional centers located throughout the state (the Arkansas Health Education Centers or AHECs). Approximately 1,200 UAMS faculty members provided instruction to more than 2,200 students in 2005-06, with an additional 690 resident physicians in training. The UAMS Medical Center provided care to patients from around the state, nation and world, logging 17,000 hospital discharges. UAMS physicians provided care during approximately 400,000 outpatient visits on the UAMS Medical Center campus alone, and more than 1.4 million outpatient visits when added to those conducted at its regional centers (AHECs) and affiliate sites.

Employing over 9,400 people from 70 of 75 counties in the state, UAMS is the state’s largest public employer. Along with its major teaching affiliates — Arkansas Children’s Hospital and the Central Arkansas Veteran’s Healthcare System — UAMS has an estimated economic impact to the state economy of $4.5 billion annually.
UAMS’ mission is to teach, to heal, to search, and to serve, and it carries out that mission through its 23 colleges, divisions and centers/institutes, which are listed below. While selected units or subunits may focus on one or two aspects of the University’s mission, most units have at least some responsibility for all four mission areas.

**Colleges**
- College of Medicine
- College of Pharmacy
- College of Nursing
- College of Public Health
- College of Health Related Professions
- Graduate School

**Centers of Excellence**
- Arkansas Cancer Research Center
- Harvey and Bernice Jones Eye Institute
- Donald W. Reynolds Institute on Aging
- Myeloma Institute for Research and Therapy
- Jackson T. Stephens Spine and Neurosciences Institute
- Psychiatric Research Institute

**University Medical Center** (inpatient and outpatient services)

**Regional Programs** (state outreach)
- Area Health Education Centers
- Rural Hospital Program

**Administrative Divisions**
- Academic Affairs and Research Administration
- Administration and Government Affairs
- Campus Operations
- Communications and Marketing
- Development and Alumni Affairs
- Employee Relations
- Finance
- Information Technology
- Institutional Compliance

The campus’ chief executive is Chancellor I. Dodd Wilson, M.D.

---

3Includes University Hospital and the UAMS Outpatient Center.
A Brief History of UAMS

In 1879, eight physicians began a private, not-for-profit, medical education program in Little Rock and became affiliated with the Arkansas Industrial University, now the University of Arkansas at Fayetteville. In 1899, AIU in Fayetteville became the University of Arkansas, and the medical program in Little Rock served as its medical department. The department became the School of Medicine in 1918, and later other related academic programs were established: the Graduate School (1943), School of Pharmacy (1951) and School of Nursing (1953). A new University Hospital was built and joined the campus in 1956, and in 1971, the School of Health Related Professions was established to provide allied health education.

Always committed to its service mission, in 1973 UAMS formalized its commitment to serving the state by establishing its Area Health Education Centers (AHECs), part of a cooperative initiative between UAMS and the state to improve access to primary care among underserved communities. UAMS originally established six satellite sites, which have now grown to seven. The AHECs are geographically dispersed around the state.

In 1975, a reorganization of existing university campuses in the state created the University of Arkansas System, forming an umbrella for campuses including the UA at Fayetteville, UA at Pine Bluff (UAPB), UA at Little Rock (UALR), UA at Monticello (UAM) and UAMS, which was named the UA Medical Sciences Campus at the time.

The last major addition to the campus was the Fay W. Boozman College of Public Health, which opened in 2002. Created with funding from the national Tobacco Settlement, the campus’ newest college achieved accreditation in near-record time and graduated its first students in 2004.

Today, UAMS is part of a statewide network of post-secondary education institutions of the University of Arkansas System. It has grown into an academic health center that encompasses delivery of far-reaching education, research, and service programs, which improve the physical, economic and intellectual well-being of the citizens of Arkansas.

*The graduate program was established in 1943 as an extension of the Graduate School of the UA Fayetteville campus, although academic administration of programs was carried out at UAMS. In 1995, the UAMS Graduate School completed its partnership with the Fayetteville campus and began operating independently.*
Highlights of Progress and Changes in the last Ten Years

- In 2000, Chancellor Harry P. Ward, M.D., stepped down after 21 years as the University’s chief executive. In October of the same year, College of Medicine Dean I. Dodd Wilson, M.D., was appointed to the post, where he continues to serve today. Other changes in key leadership positions include the appointment of Larry D. Milne, Ph.D. as Vice Chancellor for Academic Affairs and Research Administration; Debra H. Fiser, M.D. as Dean of the College of Medicine; Stephanie Gardner, Pharm.D., Ed.D., as Dean of the College of Pharmacy; Robert E. McGehee, Jr., Ph.D., as Dean of the Graduate School, and Claudia Barone, Ed.D., R.N., as Dean of the College of Nursing.

- UAMS celebrates the addition of a college dedicated to a new discipline among its educational programs: the Fay W. Boozman College of Public Health (COPH). The college offers the first masters and doctoral education programs in public health available in Arkansas, demonstrating UAMS’ unique ability to respond to the particular health needs of the state. James Raczynski, Ph.D., is the college’s first dean.

- In 2006, UAMS designated the Psychiatric Research Institute as its newest Center of Excellence. Since the last accreditation visit, two additional Centers have been created: the Jackson T. Stephens Spine and Neurosciences Institute and the Donald W. Reynolds Institute on Aging.

- Beyond the additional students obtained through COPH, UAMS has experienced steady growth in its student body. At the time of the last accreditation, the enrollment total was 1,870, and has now grown to 2,240, in spite of enrollment limits placed on some of its programs. In light of projected shortages in the future, UAMS has established a plan to increase enrollment for each college over the next several years.

Table I-1
Enrollment Growth, UAMS 1986, 1996 and 2006

<table>
<thead>
<tr>
<th></th>
<th>1986</th>
<th>1996</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>1,177</td>
<td>1,850</td>
<td>2,240</td>
</tr>
</tbody>
</table>

57% increase 22% increase

- The quality of UAMS’ educational programs remains high, and no measure proves this point better than the value added to students’ knowledge base and skill set. UAMS students consistently perform better on standardized national exit examinations than on entry examinations, demonstrating that the education programs in place are highly effective.
In an effort to fill new educational needs in a manner as fiscally efficient as possible, UAMS has been successful in creating a number of collaborative and joint degree programs for both professional and graduate degrees, both among its colleges and in cooperation with other institutions of higher learning.

The University has embraced new technologies as a way to improve delivery of its health care, research and service missions. A variety of distance education technologies, including Web-based and interactive video instruction, are now major elements of many educational programs. Since 1996, information technology services have been reorganized for the campus and now function centrally. The IT leadership position has been elevated to Chief Information Officer, who is a member of the Chancellor's Cabinet.

At the time of its last HLC/NCA visit, UAMS was in the final stages of its multiyear Invest in Life! Capital Campaign. That campaign was very successful both in terms of fundraising and in elevating UAMS' public image. The campaign exceeded its fundraising goal of $63.5 million.

In the decade since 1996, philanthropy at UAMS has focused on strengthening major donor relationships, increasing advisory board participation and preparing for future campaigns, even before the timeframe for the next major campaign had been identified. UAMS appeared on several highly visible lists, for example America's Best Hospitals and America's Best Doctors, spurring donor interest in UAMS with each exposure. Even in the absence of a comprehensive campaign, UAMS benefited from extraordinary gifts by some of Arkansas' wealthiest and most influential families. Among these were major lead gifts that established the Jackson T. Stephens Spine and Neurosciences Institute, Psychiatric Research Institute, expansions at Jones Eye Institute and the Arkansas Cancer Research Center Endowment. In 2007, UAMS plans to launch a multi-year Comprehensive Campaign designed to raise more than $300 million for University programs, faculty and students.

UAMS enjoys a continually improving public image. The quality of its health care professionals, clinical services and education programs are more commonly recognized among laypersons and leaders around the state and nation. Its outreach and service efforts are widely valued by a diverse set of constituents. Beyond program improvements, UAMS has invested in building a communications, public relations and marketing infrastructure that supports positive and productive relationships.

UAMS investigators are likewise gaining recognition in the science and health fields for their research efforts. In the last 10 years, grant and contract awards to UAMS investigators have more than doubled. Publications, citations and other measures of research productivity among UAMS faculty have grown similarly.
Greater demands for accountability and compliance with state and federal regulations have led to creation of formal offices to coordinate compliance efforts. Since 1996, compliance programs have been established for the hospital, the Institutional Review Board and research enterprise, and patient privacy and confidentiality, among others. In 2006, the University followed a national trend among academic health centers and established a top-level executive — the Vice Chancellor for Institutional Compliance — to oversee and coordinate compliance programs and to establish policies on issues of institution compliance and accountability.

Planning activities at the campus and major unit level have become more structured and routine. Following a top-down model, individual unit planning strategies are formulated on the basis of campus-level guidance, chiefly through biennial publication of a campus strategic plan. This plan is formulated through a highly participative and interactive retreat that includes leaders and key personnel from throughout the institution. Campus leaders monitor and revise plans almost continuously, as the Chancellor requires periodical progress reports toward planned goals.

Growth in education, research and patient care activities has resulted in an expansion of UAMS’ physical infrastructure. Since 1996, UAMS has completed the following construction and building projects5:

Table I-2
Construction and Renovation Projects, 1996 – 2006

<table>
<thead>
<tr>
<th>Project</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harry P. Ward Tower</td>
<td>1996</td>
</tr>
<tr>
<td>Reynolds Institute on Aging Building</td>
<td>1998</td>
</tr>
<tr>
<td>Gamma Knife</td>
<td>1999</td>
</tr>
<tr>
<td>Central Arkansas Radiation Therapy Institute (CARTI)</td>
<td>2000</td>
</tr>
<tr>
<td>East Parking Deck</td>
<td>2000</td>
</tr>
<tr>
<td>Education South Building (acquired &amp; renovated)</td>
<td>2001</td>
</tr>
<tr>
<td>Radiology/Oncology (CARTI)</td>
<td>2002</td>
</tr>
<tr>
<td>Biomedical Sciences II Building</td>
<td>2003</td>
</tr>
<tr>
<td>BioVentures Building</td>
<td>2003</td>
</tr>
<tr>
<td>College of Public Health Building</td>
<td>2003</td>
</tr>
<tr>
<td>Stephens Spine &amp; Neurosciences Institute Building</td>
<td>2004</td>
</tr>
<tr>
<td>Jones Eye Institute Expansion</td>
<td>2005</td>
</tr>
<tr>
<td>Positron Emission Tomography Facility</td>
<td>2005</td>
</tr>
<tr>
<td>Bookstore</td>
<td>2006</td>
</tr>
<tr>
<td>Psychiatry Administration</td>
<td>2006</td>
</tr>
<tr>
<td>Residence Hall</td>
<td>2006</td>
</tr>
</tbody>
</table>

5Does not include homes purchased in adjoining residential neighborhoods, chiefly for rental purposes.
In spite of its fast pace, facility construction and expansion have not been able to keep up with growth in programs and personnel. UAMS must also lease space off campus to house some programs. At present, UAMS is in the middle of a $280 million campus expansion project to build a new hospital building, psychiatric inpatient and research facility (the Psychiatric Research Institute), Residence Hall (completed), power plant, 1,000-car parking deck and renovation of several newly-acquired Arkansas State Hospital buildings. Phase II of the current expansion will include construction of an additional tower on the Arkansas Cancer Research Center building and a classroom building.

UAMS’ History with the Higher Learning Commission

The University of Arkansas for Medical Sciences was first accredited by the North Central Association (NCA) in 1924 and has held accredited status since that time. UAMS’ organization and name have changed along with its affiliation with the University of Arkansas System; however, throughout these changes, the University has remained in good standing with NCA and the Higher Learning Commission. UAMS’ first accreditation as a distinct campus of the UA System occurred in 1986 after a site visit in December of that year. The campus was granted accreditation in 1987 for the full ten-year period upon the vote of the Commission on Institutions of Higher Education. Ten years later, the Commission again granted full accredited status to UAMS after a self-study and successful site visit in December, 1996. UAMS is accredited to offer education programs on its campus and at any of its Area Health Education Centers (regional sites), and is also approved to offer distance education programs.

How the University has Addressed Previous Concerns

Based on the 1996-97 self-study and site visit, the Commission visitors cited several concerns, which have been addressed in the intervening decade. Each concern (as originally stated) is provided below, along with a response on measures that have been taken to address the concern.

1. CONCERN: 
_There is apparently at least a two-tiered system for the provision of some student services. The team fully realizes that there are several opportunities to resolve this problem, and we strongly urge UAMS to resolve this festering issue._

RESPONSE: Based on the recommendation from the 1996 site visit report, UAMS changed its policies to ensure that students of every UAMS college have equal access to student services, and under the same terms. Previously, COM students received medical care at free or reduced costs. This practice is no longer followed. Also, the Vice Chancellor for Academic Affairs assembles Associate Deans in charge of student and/or faculty affairs from each college...
to form the Vice Chancellor's Advisory Committee. This committee meets monthly to, among other things, ensure coordination, parity and equity of services.

2. CONCERN: Likewise, the inequity in faculty benefits provided should be addressed.

RESPONSE: The College of Medicine (COM) Faculty Group Practice pays a benefit premium for health insurance (if the service is provided at UAMS), added insurance coverage (expanded LTD) and a health club joining fee. Provision of these benefits is approved by a special UA Board of Trustees action, requiring that the related expenses be paid from clinical income generated by the group practice members. Eligible members include COM physicians and Ph.D. faculty. A number of restrictions are in place designed to ensure that the plan serves as an added benefit to COM members, but neither unfairly enhances nor jeopardizes the University, or its clinical programs. The FGP Billing Office ensures that the plan is managed responsibly and meets all accountability standards.

Moreover, practice plan benefits are a common feature of academic health centers across the country, and are a key means of recruiting physicians and faculty. UAMS' plan allows it to remain competitive in recruiting superb COM faculty, who in turn improve the University's education, research and clinical programs.

Faculty in other colleges are not eligible for COM's Faculty Group Practice benefits and do not have similar practice plans to fund such a program. The University's employee benefits package, however, is comparable to those offered at other higher education institutions. This package includes a choice of three retirement plans, a full medical and dental insurance plan with a prescription drug benefit, liberal annual leave and sick time allotments, flexible spending plans for medical care and child care, various supplemental insurance options, including disability, long-term care, cancer/critical illness coverage, and employee discounts with local retailers and businesses. Employees are also eligible to receive substantial tuition discounts for themselves and family members for most programs at UA institutions.

3. CONCERN: Although the team is aware of impending changes, we remain concerned at the slowness with which UAMS has integrated clinical activities, problem solving, small group interactions and student-centered learning into the first two years of study in its COM.

RESPONSE: Since the last site visit the College of Medicine, UAMS has made major strides in addressing this concern. Year 1 curricular features that speak to this progress include:
During the freshman year, students are involved in Problem-Based Learning (PBL) sessions in the context of the Cell Biology and Biochemistry Block, the Microanatomy Course and in the Medical Physiology Course. It is noteworthy that the Medical Physiology Course has multiple sessions using a simulator called SimMan. During the Gross Anatomy course, material is presented in a clinical context, relating anatomical structure to clinical medicine. This experience is reinforced in the laboratory setting where faculty work directly with the students in the dissection of the cadaver.

In the Introduction to Clinical Medicine (ICM) 1 Course, students meet with clinical preceptors on a regular basis to discuss and practice the taking of a medical history and the performance of a complete physical examination. The ICM-1 course has added additional physical examination teaching sessions in the Clinical Skills Center, in which very small groups of students (2-4) meet with specially trained “standardized patients” to practice their physical examination skills. This is done several times during the ICM-1 course. Additionally, in the ICM-1 course students must pass an Objective Structured Clinical Examination (OSCE) consisting of multiple cases utilizing standardized patients at the state-of-the-art Clinical Skills Center. This examination is both summative and formative.

In the Neuroscience Course, freshman are required to attend Neurology Clinical Grand Rounds and are held responsible for the general content of the presentations that are reinforced by didactic sessions. The students are subsequently assessed over the major concepts addressed at Grand Rounds. Clinical problem solving exercises consisting of clinical cases are given throughout the course, and the students are assessed on their problem-solving abilities using clinical case vignette-type examination questions.

Corollary changes to the sophomore curriculum are summarized in the following:

In the sophomore curriculum, the college transitioned from a discipline-based to an organ-system modality as a means of better integrating the courses. As a result, more clinical relevancy was infused into the curriculum. The integrated curriculum was implemented in the fall of 2006. Based on subsequent subjective evaluations and objective student assessments, it has been quite successful. The first phase of the integrated curriculum is called the “fundamental phase,” for it is during this block that students are exposed to the fundamental principles and concepts that underpin all seven sophomore courses. The second phase is study of the major organ systems with each system being presented in the following manner: normal development, abnormal development; reactive disease, including infectious disease and therapeutic interventions; followed by neoplastic diseases. All of the examinations are integrated...
and are computer-based. Some of the questions on the examinations are in National Board format consisting of clinical case vignettes that tie the basic sciences to clinical medicine and are problem-solving in nature. More of these types of questions are being added to the COM in house examinations.

- In the ICM-2 course, all students are assigned a preceptor who teaches them details about the medical history, the physical examination, presentation of patients, writing in the patient chart and developing differential diagnoses. They have six sessions throughout the year with their preceptors. Small group sessions are held to teach the taking of blood pressure and nutritional counseling, the latter using student role play. Small group sessions are also used to teach the breast examination, heart and lung examination and the abdominal examination. The ICM-2 Course also holds neuromuscular clinics, wherein real patients are taken to the Clinical Skills Center and examined by medical students with a clinical facilitator. Students also rotate through the Ophthalmology Department, where they learn to do a basic eye examination. Clinical Practice Conferences are given periodically during each of the organ system blocks to link basic science principles from multiple courses to clinical medicine. These conferences are interactive and involve problem solving by the students to derive differential diagnoses. At the end of the year, sophomores must pass an OSCE in order to receive a passing grade in the ICM-2 course. This OCSE is more difficult than the one given in the freshman year and assesses student preparation for clinical rotations in the junior and senior year. This examination, although primarily summative, is formative as well.

- In the Medical Microbiology course, students are given Patient Oriented Problem Solving Exercises (POPS) that require them to work in groups of four in solving clinical cases. These exercises consist of a pre-test and a post-test so students can monitor their learning. Additionally in the Microbiology course, students take part in multiple IMMEX exercises, which are computer-based clinical cases that require students to apply fundamental microbiological principles and an understanding of clinical microbiology to solve cases. Finally, in the context of the Microbiology course, students are required to take open book, online, quizzes that utilize clinical cases.

- In the Pathophysiology course, clinical pathological conferences are given that tie pathological concepts to clinical medicine.

- In the Medical Ethics course, small group sessions are held routinely to discuss the ethical issues attendant to various clinical cases. Additionally, in the near future the Medical Ethics examination questions will be linked to a common clinical case question vignette written by the ICM-2 course director, along with linked questions from the other sophomore courses.

- In the Medical Pharmacology course clinical case, conferences are given that serve to solidify didactic material.
4. **CONCERN:** The dormitory is currently an enigma at UAMS. The students enjoy its convenience and the social interaction that occurs there. Yet, its common areas are diminishing and it is an ill-state (sic) of repair. The team encourages UAMS administrators to discuss this issue with the students and to plan appropriately for a dormitory's continued existence.

**RESPONSE:** In 2006, UAMS opened a new Residence Hall on campus featuring 177 units (rooms and apartments). The old dormitory was imploded in December, 2005 to make room for the new hospital and Psychiatric Research Institute. The Residence Hall offers modern accommodations, including a parking lot, at a conveniently accessible location. The construction was financed through a bond issuance as part of a major campus expansion.

5. **CONCERN:** Some medical school applicants and matriculants possess entering credentials that are at risk. These students must be given the assistance they require for success as they proceed through the rigorous medical school curriculum.

**RESPONSE:** Students entering medical school at UAMS typically score lower on the standardized entrance exam (MCAT) relative to their counterparts in other states. However, UAMS has demonstrated that it is effective in adding relative value to students' education as a result of its programs. For example, for the incoming class in 2001-02, the science MCAT scores were at the 9th percentile nationally. By the time this same class graduated, its standardized exam scores on the USMLS ranked in the 50th percentile. Clearly, programs are well designed to identify and improve incoming student deficiencies.

Another example of program effectiveness is performance on the US Medical Licensing Exam. The passing rate for UAMS students in the most recent (2005) USMLE Step I was 90 percent, with a national passing rate of 93 percent. For Step II (CK) the UAMS passing rate was 90 percent with a national passing rate of 94 percent, and for Step II (CS) the passing rate for UAMS students was 100 percent. Another indicator of the success the COM academic program is that its graduates are recognized as well-trained and well-prepared physicians. In 2006, only six of 132 graduating seniors did not match for a residency program. This is the lowest number of unmatched students in 15 years.

Of course, these results stem from the excellent educators and administrators found in the college, but also through services and mechanisms designed to identify students in difficulty and provide appropriate services and assistance.

College of Medicine students struggling academically with less than a letter grade of C in any course in the freshman and/or sophomore years are required to participate in a tutorial program. In addition, basic science course directors continually counsel students in academic jeopardy, as do
the Associate Dean for Undergraduate Medical Education and Executive Associate Dean for Academic Affairs.

The Assistant Dean for Educational Advancement in COM directs the USMLE Step I and II review courses. Students participate in diagnostic exams and two full-length mock exams for both Step I and Step II courses. In the Step I course, basic science faculty members present lectures in their specific areas, e.g., pharmacology, and students participate in small group exercise sessions four evenings per week. In the Step II course, clinical faculty teach topical sessions and provide specially prepared handouts on the subject matter.

Students in the sophomore year are required to take the National Board of Medical Examiner’s Comprehensive Basic Science Examination. Those failing to attain a satisfactory score on this examination are required to take a Step I board preparation course, either at UAMS or one approved by the Assistant Dean for Educational Advancement.

Students in academic difficulty self-refer or are referred by faculty tutors to the UAMS Student Mental Health Service (SMH) to determine whether a depressive, anxiety or attention difficulty is hampering performance. In addition, students failing the USMLE Step I or II examinations often seek SMH services to combat anticipatory anxiety in their re-examination process. The UAMS College of Medicine funded the creation of the UAMS Student Mental Health Service in 1992. Since then, approximately one-third of medical students have sought the services of the SMH Clinic at least once during their medical school education.

The College’s efforts at counseling and remediation have proven effective. Annual attrition varies but is trending downward from a high of 13 percent in 1987 (9.4 percent were dismissed and 3.6 percent withdrew) to a current attrition rate of 6.6 percent (1.1 percent were dismissed and 5.5 percent withdrew). Factors thought to contribute to attrition (poor USMLE scores) have been targeted since 1991, prompting significant programmatic changes and measures such as pop quizzes and mandatory tutorials for students in academic jeopardy.

6. CONCERN: UAMS relies heavily on its clinical income, and is therefore at some financial risk.

RESPONSE: As an academic health center, UAMS has an added revenue stream of patient fees, along with the added financial liabilities associated with this clinical enterprise. A financial analysis reveals that, on the whole, the educational mission of the University benefits financially because of this revenue stream. Since the last accreditation, income from all sources has increased, including appropriations and program funding from the state, in
absolute dollars. Further, UAMS implemented aggressive fiscal policies in 2000 to improve its overall financial performance. These measures included plans to reduce spending, manage procurement/materiel more efficiently, slow personnel cost growth, increase patient volume and access new payor networks. These measures proved very effective and by 2005 put the University in a strong fiscal position. Given this strong financial position, Moody's Investment Service raised the rating of the University of Arkansas System from A1 to Aa3 in August 2004, which was affirmed on June 9, 2006. UAMS, as one of the colleges in the University of Arkansas System, benefited from this rating increase when issuing bonds to embark on major physical expansion to accommodate growing programs. This expansion will in turn further reinforce its financial solvency. Based on recent projections and forecasts, the financial future of the UAMS is slated for continued growth well into the future. (The financial status of the campus is discussed more fully in the Criterion Two Committee report).

7. CONCERN: Although UAMS has a well written assessment plan, the loop has not yet been completed in its implementation, with the exception of the CON and the COP.

RESPONSE: Assessment plans and procedures in the remaining colleges — COM, CHRP, COPH — and the Graduate School have been revised to close the continuous improvement loop. Education leaders respond to data and outcomes on student learning, quality instruction and organizational effectiveness, along with input from students, alumni and employers. Curricular, programmatic or procedural changes are put in place as indicated by established measures, which are routinely monitored. A full discussion of assessment measures and processes used in each college are contained in the Criterion 3a. Section, where evidence is provided that assessment efforts feed planning processes and result in programmatic and administrative improvements.

8. CONCERN: UAMS needs better campus-wide coordination and leadership for its computer and telecommunications endeavors.

RESPONSE: UAMS has established a campus-level unit to manage business, operational and clinical information technologies and systems, the Information Technology (IT) division, which is led by a Chief Information Officer (CIO). IT administers campus policy with regard to technological and information systems. IT coordinates closely with Academic Computing, which provides resources and expertise specifically to support educational programs within the colleges. Academic Computing maintains academic servers and provides programming and systems support for applications and services exclusive to the academic community. Monthly coordination meetings and established information channels ensure seamless service delivery to the campus.
Similarly, a Director of Telecommunications now manages a centralized telecommunications office, with campus-wide authority. The office is a subunit within the Campus Operations division, and the Director reports directly to the division’s Vice Chancellor.

9. **CONCERN:** While the team recognizes the significant increase in facilities, space remains an ongoing concern. Several colleges need more contiguous space and even having enough office and research space is a problem for some.

**RESPONSE:** UAMS has added a significant amount of space for faculty and programs of the colleges during the intervening decade (also see Table I-2, “Construction and Renovation Projects, 1996-2006”). Chief among them is the new Fay W. Boozman College of Public Health building, which not only houses the new college’s faculty and programs, but its fifth and sixth floors have been assigned to the Colleges of Nursing (CON) and Pharmacy (COP), respectively. The eighth floor houses the Clinical Skills Center with its Standardized Patient program — integral to the educational programs of COM, CON, COP and the College of Health Related Professions (CHRP). The current campus expansion project includes plans to unify CHRP in the buildings newly acquired from the Arkansas State Hospital (ASH). This facility will be renovated for the college’s use when the ASH vacates the buildings. Other major building projects since the last site visit are the Donald W. Reynolds Institute on Aging building and the Jackson T. Stephens Spine and Neurosciences building, which provide faculty offices, administrative and research space, and patient care areas. A new classroom building is also being planned using funds UAMS will receive from a recently approved higher education bond program approved by Arkansas voters in November, 2006. In spite of near-constant construction, UAMS has found it impossible to provide new space at a rate that corresponds to the growth in personnel and programs over the last decade. The current campus expansion includes Phase I and Phase II projects (described earlier) that are scheduled to continue through 2011 and are expected to largely address space needs of the campus.

10. **CONCERN:** By the team’s account, only 10 of 82 basic science faculty [in COM] are female.

**RESPONSE:** While at the time of the last visit only 12.2 percent of basic science faculty members were women, the number of women in these departments has more than doubled in the interim. By 2006, the number had risen to 30 women of a total of 112 faculty members, or 26.8 percent. Further, of seven basic science departments in COM, women now chair three. At this writing, the Microbiology and Immunology Department is recruiting a new chairman, so the possibility exists that there could be more female than male chairs in these departments in the coming months.
CRITERION ONE — MISSION & INTEGRITY

The organization operates with integrity to ensure the fulfillment of its mission through structures and processes that involve the board, administration, faculty, staff, and students.

Criterion Overview

The UAMS Mission Statement defines the University as an institution to its constituencies, including the public, while the Vision Statement represents how the University views itself and its future. The biennial Chancellor’s Strategic Planning Retreat was held in March, 2006 and included discussion of the UAMS Vision Statement and how accurately it represented UAMS. As a result of that retreat and subsequent discussions, the Vision Statement was revised, approved and implemented in the fall of 2006.

Committee’s Approach to the Criterion

In reviewing the Criterion and its Core Components and planning its response to the Commission, the Criterion One Committee members began developing a plan through regular meetings and via online interactions. Based on the guidance and Examples of Evidence provided in the Commission’s Accreditation Handbook, the committee recognized that it needed to tailor its questions specifically to UAMS and its role in the larger environment in which it operates. In developing its plan, the committee also followed a regular, biweekly meeting schedule and established a timetable of committee activities.
Methodology

The committee used two data and information collection methods, collecting primary data and secondary information from existing sources (publications, offices, Web sites), and through designing and conducting a campus-wide survey.

The Mission Survey was designed by Committee One to address specifically the questions it posed with respect to the Core Components. The survey was available for completion in an online, anonymous format through Absolute's WebPoll survey software. The survey was also available for printing on the UAMS HLC/NCA Web site and by requesting a printed copy by mail or fax. Notices of the availability of the survey were included in many forms, including articles in the campus-wide newsletter, UAMS Update, and in flyers, notices in the electronic campus announcements (four consecutive listings), and through a banner advertisement on the campus intranet. In addition, members staffed an information table in the UAMS cafeteria and distributed information about the survey during four two-hour shifts on three separate days. Printed copies of the survey were also available.

The survey was conducted from March 9, 2006, to April 7, 2006, and yielded 1,112 responses from the target audience of all UAMS faculty, staff and students. Based on the total employee population of 9,273 full- and part-time regular and temporary employees and 2,240 students, the total population was 11,513 for a participation rate of 9.7 percent. In addition to the communications cited above, members of the Criterion One Committee encouraged responses through e-mails to their respective constituencies and also manned a table in the cafeteria during peak lunchtime hours to promote awareness of the survey. A copy of the results was posted on the Accreditation Project's Web site — including comments — and was provided to the Steering Committee and the Chancellor.

Among those responding to the survey, response rates to individual questions was high. With the exception of one question, the percentage of respondents answering “don't know” ranged only from 0.9-6.5 percent with an average of 4.1 percent. The committee interpreted this to mean that the survey audience was engaged by the survey.

Another indication of this level of engagement is the number and quality of comments provided by respondents. Some 175 respondents — or 15.7 percent of those participating in the survey — provided open-ended comments about the UAMS mission and Mission Statement.
Several noteworthy findings resulted from the survey. These findings are incorporated into the appropriate narrative sections of this chapter; however, since there were relatively few questions and because the findings were quite striking in the clarity of their message, the committee believed it would be useful to summarize the basic findings as an overview to the Core Component sections that follow.

Mission

1. More than three-quarters of respondents indicated they are familiar with the UAMS mission (76.0 percent).
2. Most respondents (89.6 percent) believe that their own units’ missions are aligned with the larger mission of the University.
3. A majority (55.5 percent) believe that understanding of the UAMS mission pervades the University and is understood at all levels of the institution.
4. Some 83.6 percent agreed that the programs and services at UAMS are consistent with its mission.
5. Almost nine in 10 respondents (88.8 percent) believe that the University’s mission is relevant to the current needs of the state.

Vision Statement

6. More than nine in 10 (92 percent) believe that UAMS’ vision for the future is realistic and attainable.
7. Further, more than eight in 10 (81.8 percent) have confidence that UAMS will indeed reach that vision.

Mission Statement

8. Almost all faculty, staff and student respondents believe the Mission Statement is both clearly stated (96.7 percent) and easy to understand (96.0 percent).
9. A very large majority (91.9 percent) replied that the UAMS Mission Statement accurately reflects what happens at the University (i.e., reflects existing programs and services). A slightly higher number (92.8 percent) also believes that the Mission Statement accurately reflects what the University should be doing.

---

*The UAMS Vision Statement was changed during the HLC/NCA Self-study process (Fall, 2006). The Mission Survey was conducted prior to this change.*
Core Component 1a.

The organization’s mission documents are clear and articulate publicly the organization’s commitments.

Core Component Overview

The University of Arkansas for Medical Sciences’ process for development of mission documents, their periodic review and dissemination to and understanding by its various constituencies will be studied at both the campus and college levels. This review, conducted through interviews, committee member participation, surveys, examination of public documents and requests for clarifications will elucidate the mission documents’ ability to communicate why UAMS exists and who are its constituents. The mission documents’ ability to state succinctly the products and services that UAMS provides will also be evaluated. In this review, the Colleges’ and the Graduate School’s use of the mission documents to guide their specific roles within UAMS will be examined. The report will investigate the use of the mission documents by central administration, the Colleges and the Graduate School to guide their planning. Further, the report will assess if the goals and roles of the University are consistently reviewed and updated.

UAMS Mission Documents

The vision, fundamental mission and comprehensive Mission Statement of the University of Arkansas for Medical Sciences clearly and collectively define what UAMS is and what it wants to be.

The Vision Statement

UAMS will be an internationally recognized health sciences center dedicated to improving lives through better health. (July, 2006)

UAMS will be a world-class medical sciences center where excellence is the defining characteristic. (July, 2000)

The Mission

To teach, to heal, to search, to serve.
The Mission Statement

To Teach
The University of Arkansas for Medical Sciences prepares excellent health care professionals and scientists who are committed to high ethical and professional standards, life-long learning and skill advancement in health care for Arkansas, the nation and the world.

To Heal
The University of Arkansas for Medical Sciences provides comprehensive, nationally and internationally recognized health care in many specialties and disciplines for Arkansas, the nation and the world.

To Search
The University of Arkansas for Medical Sciences conducts pioneering research that leads to new knowledge with application and integration into the health care disciplines, systems of care, public policy and economic progress for all people.

To Serve
The University of Arkansas for Medical Sciences provides leadership and service in the health care disciplines and in public health policy for the benefit of the citizens and communities of Arkansas.

The brief articulation of the University’s mission and the full Mission Statement were developed in 2000, shortly after the current Chancellor, I. Dodd Wilson, M.D., was appointed to this post by the UA Board of Trustees. These changes were made as part of the campus strategic planning process that he led. The mission and Mission Statement were revised to add “to heal” to the original objectives of teaching, research and service. The rationale for the change was to provide more clarity and to communicate more accurately institutional goals related to patient care, especially to external audiences. Prior to that time, patient care was considered part of the service element of the institutional mission; however, with so many other outreach and service activities — and with the growth of the clinical enterprise — campus leaders believed that a separate delineation of the two goals was needed and useful.

This process included drawing upon UAMS’ previous Mission Statement, the history of the University in providing services to constituents across the state, and the collective vision of its leadership for the future. The current Mission Statement clearly articulates the University’s commitment to provide multiple services to a variety of constituents throughout Arkansas.

UAMS’ Vision Statement was revised in the fall of 2006 as part of the strategic planning process (described more fully below). Again, this change was predicated
on the need to adapt the current status and role of the University to an ever-changing environment.

2000 – 2006: UAMS will be a world class medical sciences center where excellence is the defining characteristic

July, 2006 – present: UAMS will be an internationally recognized health sciences center dedicated to improving lives through better health.

Specifically, “world class institution” was changed to “internationally recognized” because many leaders believe that UAMS has achieved — or is on a planned course to achieve — world class quality in many of its programs, and that the focus for the current vision should be in articulating that quality more effectively to the University’s constituents.

“Medical sciences center” was changed to “health sciences center” to recognize the University’s formal role in public health (via its new college) and other non-medical goals and programs.

“Where excellence is the defining characteristic” was changed to “dedicated to improving lives through better health.” This change was made in order to (1) change the focus from a UAMS behavior to a constituent-based outcome, and (2) to acknowledge the more comprehensive goal of improved health that includes disease prevention, patient/consumer education, improved access to primary care and promoting healthy lifestyles. UAMS’ vision should be one where the direct object is the people the University serves and where the University looks outward to envision the results it can accomplish, and not simply the means by which to go about it. Finally, many academic health centers across the country have adopted the change in name from a medical sciences to health sciences campus.

Review of the University’s mission, Mission Statement and Vision Statement is accomplished chiefly as part of UAMS’ planning process. Regular review ensures that these statements remain relevant and current, and that they are clearly articulated to all audiences. The mission, Mission Statement and Vision Statement are also subject to revision at any time that an opportunity to improve them is identified by campus leaders.

Survey results reveal that 84 percent of faculty, staff and students agree that “UAMS’ mission is relevant to the current needs of the state and its citizens” and 89 percent reported that “programs and services at UAMS are in keeping with its mission.” About 93 percent felt that UAMS’ Mission Statement accurately reflects what UAMS should be doing to serve the state and its citizens.

Individual units use UAMS’ Mission Statement to guide them in the formation of their respective Mission Statements, to orchestrate a unified and organized effort in achieving UAMS’ vision. When asked, an overwhelming proportion — nearly 90 percent — of faculty, staff and students reported that their units’ mission was “aligned with the UAMS institutional mission.” Clearly, those within UAMS feel
that there is a great deal of congruency between the University’s mission and those of its component units.

The University’s mission drives its planning efforts. UAMS operates under a five-year rolling plan that is updated every two years at the Chancellor’s Strategic Planning Retreat. The retreat is attended by the Chancellor’s Cabinet and other leaders and officials from across the institution. The retreat, and the subsequent strategic plan, are organized around the four mission areas. Goals and objectives for each are evaluated, including progress toward previously established goals. Each college and primary unit of the University then develops its own strategic plan based on affirmed mission and goals established through the campus’ strategic plan. The University’s planning process is derived directly from the continual reaffirmation and evolution of its mission documents.

**College Mission Statements**

**College of Medicine**

The mission of the College of Medicine (COM) is to provide exemplary, comprehensive and continuing educational opportunities in an environment enriched by scholarly activity for medical students, graduate students in sciences basic to medicine, postdoctoral students in clinical medicine and basic sciences, and practicing physicians. Integral to this mission are the provisions of superior health and medical services to meet the needs of UAMS’ patients in the state and region, and the conduct of programs of research in human health and disease. It is the College’s commitment that the conduct of graduate medical programs (residency training programs) furthers the COM mission of providing the highest quality medical care to patients and supports the mission of educating future generations of physicians to serve the community and Arkansas.

The COM’s four-pronged mission involves excellence in teaching, healing, searching and serving with its vision of being “in relentless pursuit of excellence, every day.” It is clear that the mission of the College of Medicine is aligned very closely with the UAMS institutional mission. In the COM, there is an on-going process for developing and reviewing its mission, vision, goals and objectives. The Five-Year Vision Plan is reviewed every two years and a new Five-Year Plan is fashioned every four years. The process begins when the COM Leadership Committee (composed of the Dean and all the Associate Deans), develop an outline to be used as guide. The one-and-a-half to two-day retreat is attended by the COM Leadership Committee, department Chairmen, Vice-Chairmen, division heads, selected senior faculty, and leaders from the UAMS Hospital, Arkansas Children’s Hospital and the Central Arkansas Veterans Healthcare System.

Internal and external constituencies are identified at the COM retreats. Generally, these are referenced in the various goals and objectives that are part of the
strategic planning process (e.g., research faculty, graduate education, medical education, clinical practitioners/programs and donors).

The COM Mission Statement includes the phrase “in relentless pursuit of excellence, every day” to describe its commitment to quality in all of the college’s endeavors, including high academic standards and student learning.

The outcomes of the planning retreats are widely distributed. Each time a new planning process is complete or older documents are revised, the information is sent to all faculty members, students and housestaff members via e-mail. They are printed and distributed widely throughout the COM and beyond in COM publications. Plans are discussed in COM faculty meetings twice a year. Finally, they are posted on the COM’s Web site.

**College of Pharmacy**

The Mission of the UAMS College of Pharmacy (COP) is to provide excellent education in a stimulating environment where delivery of superb pharmaceutical care is integrated with nationally and internationally recognized research. The COP mission involves several aspects of the larger institutional mission. For example, its focus on excellent education, the delivery of superb pharmaceutical care and internationally recognized research closely parallels the UAMS institutional mission.

The COP process for the review and revision of its Mission Statement and strategic goals began at a winter retreat in 2004 shortly after Dr. Stephanie Gardner was appointed Dean of the College. The Mission Statement was significantly revised over several months of meetings and deliberations. In January 2006, the COP held a second retreat, when its Mission Statement was revised to include a statement to recognize and cultivate diversity and promote cultural proficiency among its students and faculty. The development and revision of the College of Pharmacy Mission Statement has been systematic and democratic, and was derived from the UAMS Mission Statement. The development and revision of the Mission Statement was inclusive of faculty, students, staff and other constituents including advisory groups and practicing pharmacists. The varied internal and external constituents have been defined within the framework of the revised Mission Statement and Strategic Plan. The Mission Statement and supporting Strategic Plan stress the need for high academic standards and goals for student learning through both traditional and innovative processes. An illustration of innovative processes is the COP’s Pharmaceutical Care Evaluation Program, where objectively structured clinical examinations are utilized within a controlled environment. The COP’s faculty have also used several innovative processes for student training and evaluation, including a very successful nontraditional Pharm.D. Program, nuclear pharmacy training program and use of Internet-based training to support experiential training.
In the winter and spring of 2004, COP faculty met multiple times to craft a five-year strategic plan using the Mission Statement as a guide. In January 2006, the strategic plan was revised and updated by the faculty. Since 2004, the COP Mission Statement has appeared on the COP home page and the complete strategic plan has been prominently located as a second-level navigation item on the COP Web page. The Mission Statement is printed in the College's catalog, which is distributed to each faculty and student and it has appeared in multiple other communication venues, including the newly developed faculty handbook.

Both the Mission Statement and the Strategic Plan stress the COP’s focus on high academic standards, including teaching innovation, proven methods of education for students, world class pharmaceutical care services, competitive research translated into influencing local and national policy and care, outstanding leadership, diversity and cultural proficiency among faculty, staff and students.

A strong commitment is made to the COP’s many constituents, which is exemplified by its many service projects and activities; for example, the Poison Control Center, a prominent role within the State for Medicaid drug formulary selections, the recent formation of the Division for Pharmaceutical Evaluation and Policy and active roles by its student organizations in public health projects that provide direct benefit to the public.

**College of Nursing**

The College of Nursing’s (CON) Mission Statement is “The UAMS College of Nursing is committed to scholarly excellence in: (1) undergraduate and graduate nursing education, (2) research and (3) service to the University, profession and society.”

The mission and philosophy statements for the CON emerged directly from the UAMS Mission and Vision Statements. The Mission Statement for the CON is three-fold and includes education, research and service. The fourth University mission, to heal, is subsumed under service for the CON. Their philosophy statement serves to guide the discipline of nursing. The Mission Statement, along with the Philosophy Statement, was developed and approved by the faculty of the CON with support by CON administration.

Internal and external constituencies were identified by the CON’s two curriculum sub-committees, one for the undergraduate program and one for the graduate programs. Once the constituencies were identified, they were presented as a recommendation from the curriculum committees to the full faculty for a vote. These constituencies were thought to represent a full range of parties with a vested interest in the CON.

The CON Curriculum Subcommittees evaluate its Mission and Philosophy Statements on an annual basis and make recommendations for revision to the faculty. This is part of the College’s Master Evaluation Plan.
The College of Nursing's Mission and Philosophy Statements are printed in each CON Catalog, Student Handbook and promotional materials and are published on the CON's Web site.

**College of Health Related Professions**

The College of Health Related Professions (CHRP) serves the state of Arkansas as the primary arm of the University of Arkansas in offering programs that provide education, service and research in the allied health professions. The CHRP was organized as a separate college within the University of Arkansas for Medical Sciences in 1971.

In fulfilling its mission, the CHRP offers education and training opportunities for students of the allied health professions to prepare them as graduates to assume the roles of professionals in a variety of settings. The CHRP curricula coordinate professional course work with the arts, humanities and basic and social sciences into a total educational experience that emphasizes lifelong learning in the allied health professions.

Patient and public health education is an important part of the mission of the CHRP. In its public service role, programs in the College render patient care services as part of their educational efforts under the supervision of faculty. Technical advice and consultative services are available from the CHRP to institutions and agencies throughout the state. The professional service mission of the CHRP includes offering continuing education courses to practitioners to enhance teaching, administration and professional skills.

Research in the CHRP involves the educational process as well as professional fields. The research mission involves the quest for new information, which addresses the health and health care educational needs of the state, and shares this information with the scientific community.

The CHRP currently provides educational programs in 17 allied health disciplines housed in 10 academic departments. Each discipline, and to some extent each program, has its own constituencies, curriculum, accreditation process, demographics, societal needs and objectives. Accordingly, most of the planning in the CHRP must begin at the discipline level and evolve upward to include the divisions, departments and the college as a whole. Each faculty member, through his/her program and department, were involved in the planning process for that program and department. Those plans were moved upward to the College's Executive Committee, which is composed of the department Chairmen and Associate Deans and is chaired by the Dean. The individual programmatic, divisional and departmental plans were synthesized into a coherent whole for the college and then passed back to the departmental, divisional and programmatic levels for review before repeating the process to arrive at the final document. Some sections required more than one such cycle to complete.
CHRP used the same process to identify the various internal and external constituents. While specific internal and external constituencies vary by program and discipline, in general the internal constituencies include students, faculty, staff, administrators and the UAMS community, including the patients served by UAMS. External constituencies include other colleges and universities, which serve as feeder schools for CHRP programs, prospective students, health care employers, practicing health care professionals, patients and the citizens of Arkansas.

CHRP is been committed to high academic standards and goals for student learning. These commitments have been part of the college's stated goals for many years. Their operational effectiveness is reflected in the high pass rates and scores of CHRP graduates on national and regional examinations and on the importance of teaching quality in the annual assessments of faculty performance, upon which salary increases, promotion and tenure are largely based. Further, every program has been eminently successful for many years in achieving programmatic accreditation, usually for the longest interval awarded by each respective specialized accreditation agency.

The Mission and Vision Statements of the CHRP are reviewed on a regular basis and revised as needed to ensure that they continue to reflect the needs of the college's various constituencies. The review cycle for the campus Strategic Plan initiates the same review cycle of the College's plan. The reviews are conducted through the same processes as the Mission Statement review.

Each program in CHRP is separately accredited by its own national specialized accrediting agency. Accordingly, each program must have a Mission Statement with appropriate goals and objectives. Those statements are provided to students and other constituencies, such as advisory committees, in the informational materials that are routinely given to them. Each of these individual Mission Statements is then incorporated into the college's overall mission, which is published in the College Catalog and in the Student Handbook. The current CHRP Catalog is distributed to a large audience, including all students and faculty, as well as prospective students and applicants, in printed form, on CD, and/or on the Internet. The current CHRP Handbook is provided to each student and faculty member in the College each year.

**College of Public Health**

The mission of the College of Public Health (COPH) at UAMS is to improve health and promote well-being of individuals, families and communities in Arkansas through education, research and service. The COPH Mission Statement is clearly aligned with the UAMS institutional mission. The COPH focus on education, research, service and improving health directly parallels the larger institutional mission.
COPH processes for review and revision of the Mission Statement and strategic goals started through preliminary biweekly strategic planning meetings by an inaugural group of identified college pro tem leaders beginning in January 2001, shortly after it became clear that the COPH would be created. This retreat involved inaugural faculty and national public health leaders/consultants.

The COPH holds regular, typically annual, college-wide retreats. During early retreats, the emphasis was on broad issues such as the COPH’s Mission, goals and measurable objectives. The COPH’s Vision and Mission Statements have remained essentially unchanged since early planning, with more recent retreats focusing on revising goals, objectives and policies identified by the faculty and Dean’s Executive Committee as needing attention. The Mission Statement is intended to emphasize the core functions of public health, to recognize the strong commitment to the people of Arkansas and to address the significant public health problems in Arkansas.

Although its mission focuses on Arkansas, the COPH recognized that it cannot separate itself from global public health issues as it pursues that mission. The COPH also contributes much to public health at the national and even international levels. This Mission has been the ongoing focus in decision-making within the COPH as it has continued to develop. The COPH actively promotes and honors its Vision and Mission Statements. The Mission Statement is prominently referenced in written materials (including promotional materials, the student handbook and the COPH’s annual report, which is broadly disseminated throughout the state), in alumni and development materials, on the COPH’s Web page (www.uams.edu/coph) in presentations (including Public Health Grand Rounds, Tuesday Conferences, Arkansas Public Health Week activities and presentations to the UAMS leadership and Board of Trustees), in grant and contract applications and in strategic planning and major decision-making.

**Graduate School**

The Graduate School (GS) at UAMS is the administrative framework for a confederation of academic programs. The mission of the GS was originally developed in 1995 when Dr. Barry Lindley, Ph.D., (former Vice Chancellor for Academic Affairs), called together representatives from each of the graduate programs. These representatives fashioned the first GS Mission Statement, which is stated below.

The mission of the Graduate School is to:

- Educate researchers, educators and advanced professionals in the health sciences
- Develop new knowledge and techniques fundamental to advances in health services, biomedical technology and understanding of people in the context of health and illness, and
- Provide initial and continuing educational opportunities for health science faculties at all institutions in the state.
- Provide a gateway for health science professionals and teachers in the state into the universe of knowledge relevant to their practices at the most advanced level and highest standard of excellence.

The internal and external constituencies of the GS are clearly defined in the above statement and include students, educators, professionals and the people of the state and health science faculties across the state.

The GS clearly indicates its commitment to high academic standards through the portion of its Mission Statement “to provide a gateway for health science professionals and teachers in the state into the universe of knowledge relevant to their practices at the most advanced level and highest standard of excellence.” All aspects of the program, including the Mission Statement, are reviewed every two to three years, subsequent to University-level planning at the Chancellor’s Strategic Planning Retreat. The Mission Statement is made available through the Graduate School Catalog, which is given to all GS faculty and graduate students, and is available on the GS Web site.

**The University Vision, Mission and Mission Statement**

The Vision Statement, “UAMS will be an internationally recognized health sciences center dedicated to improving lives through better health” establishes UAMS’ dream, and the Mission Statement along with each of the college’s and unit’s supporting Mission Statement, will help make that dream a reality. For example, the UAMS Mission Statement specifies its commitment to student constituents to prepare “excellent health care professionals and scientists” who not only are exceptional health care providers but who are themselves committed to “high ethical and professional standards, lifelong learning and skill advancement in health care…”

Patients are one of UAMS’ most important constituent groups. Both the Vision and the Mission Statements place emphasis on patient care. In its Vision Statement, UAMS is “…dedicated to improving lives through better health.” In the Mission Statement under “To Heal” it states, “The University of Arkansas for Medical Sciences provides comprehensive, nationally and internationally recognized health care in many specialties and disciplines for Arkansas, the nation and the world.” As evidence, *US News and World Report* lists UAMS consistently as one of the top 100 hospitals in the United States.

Another important internal constituent group is the professoriate at the University. This group is clearly referred to in the first major heading of the Mission Statement, “To teach.” It is the faculty who teach and are instrumental in producing excellent graduates. The faculty are also referred to in the other three major headings of the Mission Statement. For example, many of the faculty
provide health care services and some have national and international reputations which underscores the vision to become “…an internationally recognized health sciences center.” The faculty are again referenced in the Mission Statement “To search.” It is the research faculty that conduct “…pioneering research that leads to new knowledge…in the health care disciplines…” Finally, the faculty — along with administrators, staff and students — are heavily involved in meeting the service and outreach needs of the state.

In addition, the citizens of the state, nation and world are clearly referenced in the Mission Statement. For example, the mission addresses these external groups in the statement that UAMS “…provides comprehensive, nationally and internationally recognized health care in many specialties and disciplines for Arkansas, the nation and the world.” Other external groups included in the Mission Statement are state health care providers, other professionals, government health care agencies and organizations of health care personnel. For example, the Mission Statement provides that the University will provide “leadership and service in the health care disciplines and in public health policy…” Clearly, the UAMS Mission Statement is sufficiently broad to include all its internal and external constituents.

High academic standards pervade the Vision and Mission Statements. The Vision Statement proposes that “UAMS will be an internationally recognized health sciences center dedicated to improving lives through better health,” supporting its commitment to high academic standards. In the Mission Statement, there is specific reference to preparing health care professionals and scientists with “high professional and ethical standards.” Further and importantly, statements that create recognition for lifelong learning and skill advancement by students are clearly stated as well.

The UAMS Mission Statement creates direction for not only instructors to teach at the highest level, but also creates an environment for inculcating recognition and responsibility for lifelong learning and skill advancement for graduates. In the HLC/NCA Student Survey, some 84 percent of faculty rated UAMS excellent or very good at providing “access to resources (e.g., research laboratories, UAMS Library, clinical practice sites, classrooms, clinical skills laboratories) necessary to meet its mission.” Eighty percent (80%) of faculty agreed or strongly agreed with the statement, “UAMS encourages attendance at programs and events (e.g., Teaching Scholars programs, workshops) designed to improve teaching quality.” Eighty-seven percent (87%) of respondents strongly agreed or agreed that the “goals for the educational program are clearly stated.” Throughout multiple domains of the survey, faculty consistently reported a favorable impression of teaching, student learning and quality of facilities.

For the public, prospective and current students and other educational constituents, education is featured prominently as a major navigational option on the UAMS home page, where considerable information related to excellence
in education is located. Finally, each of the five colleges and the Graduate School embrace the educational philosophy embodied within the University’s Mission Statement, and successfully articulate its message within their respective mission, Mission and Vision Statements and planning documents.

**Core Component Summary**

UAMS’ mission is pervasive and extensively published by UAMS on its Web site, in its catalogs, handbooks, brochures and magazines, via campus and public presentations, employee and faculty orientations and orientation materials, various promotional efforts, and television and radio programming and advertisements. The most pervasive means of communication about UAMS, its colleges, Graduate School and other programs is through its Web pages on the Internet. UAMS’ full Mission Statement is posted in its entirety only two levels (two clicks) from the main UAMS page. (“General Information” under the major navigational heading and then “Mission and Vision”). More directly, the essence of the mission, “to teach, to heal, to search, to serve” appears as the masthead for every public Web page on the UAMS site. Further, each word (i.e., mission area) is combined with an illustrative photograph and serves as the main link for that area.

Through its survey of faculty, staff and students, the Criterion One Committee learned that the Mission Statement was well understood throughout the organization. Most (76 percent) were either very familiar or familiar with the UAMS Mission Statement, with less than 6 percent either being unfamiliar or not knowing it at all.

**Core Component 1b.**

*In its mission documents, the organization recognizes the diversity of its learners, other constituencies, and the greater society it serves.*

**Core Component Overview**

Diversity at UAMS is defined in various ways depending on the context and environment, and there is no one comprehensive institutional definition. In the academic realm, diversity refers to the heterogeneous student and faculty population with respect to age, race, gender, ethnicity, geographic and educational background. Efforts to recognize and value diversity in the academic realm are addressed at the college level. In the administrative realm, diversity refers to the composition of the employee population with respect to the same variables, as well as cultural and religious identity as recognized in the UAMS Anti-Discrimination Policy (#3.3.10). In the clinical environment, diversity refers to the demographic characteristics that make up the patient population, such as age,
gender, race, geographic location, socioeconomic status, cultural and religious background, and health status. This section outlines how diversity is recognized at UAMS and what programs have been put into place to recognize deficiencies with respect to UAMS constituencies.

**UAMS Mission Statement and Vision Statement**

It is the firm belief of UAMS that each individual has dignity and worth and this belief is evident in all areas of the mission documents. In striving to meet each component of the Mission Statement - teaching, healing, searching and serving - it is the commitment of UAMS to do so across all aspects of the population with a focus on nondiscrimination and equal opportunity in all areas of service. UAMS is built on the belief that any form of racism, bigotry, or discrimination is subversive to the total mission of providing a wholesome environment where comprehensive health care, educational programs and cutting-edge research are the most important commitments of the campus.

The UAMS Mission Statement includes the concept of diversity as a function of UAMS within a multicultural society. Under the phrases “to teach” and “to heal,” “for Arkansas, the nation and the world” indicates that UAMS is concerned about the health care needs of all those who would seek its care.

Under “to search,” the phrase “for all people” indicates a willingness to apply research finding to all those the findings could benefit. Under “to serve,” the phrase, “for the benefit of the citizens and communities of Arkansas” indicates a desire to teach a diverse group of Arkansans.

**UAMS Strategic Plan**

The UAMS Strategic Plan makes diversity of the student body a priority, as stated under its education goal (Goal 1), “to educate excellent leaders, health care professionals and scientists to improve the health of the citizens of Arkansas, the nation and the world,” Objective 4, “increase enrollment and graduation rates of underrepresented and underprivileged students.”

Some strategies UAMS has employed to accomplish this goal include strengthening pre-college/pre-admission programs to underrepresented students, consolidating pre-college development programs sponsored by various units, increasing promotion of programs on and off-campus to promote health care careers, and exposing gifted and talented underrepresented students to experiences that encourage interest in health care careers. Under its outreach goal (Goal 4), diversity in employment by UAMS graduates is highlighted in Objective 5, to “increase the number of graduates who choose to practice in underserved areas of the state.”
UAMS Policies Promoting Diversity

UAMS has a detailed Anti-Discrimination Policy (#3.3.10) which clearly outlines the commitment of providing equal opportunities and services to all employees, students and the general public. The Affirmative Action Policy (#4.5.01) addresses the drive to recruit, employ, promote, admit and graduate individuals who have historically been excluded or have been recipients of discrimination based on race, color, age, disability, national origin, religion or gender. The employment of immigrants and aliens is addressed in the UAMS Administrative Guide to insure these individuals meet the guidelines of the Immigration and Nationality Act and the Immigration and Naturalization Service. Policy #3.1.12 demonstrates the commitment to adhere to the principles described in the Americans with Disabilities Act (ADA) for all employees, students, programs and services.

The UAMS Basic Code of Conduct Policy (#4.4.01) establishes guidelines for all employees with accountability for maintaining diversity awareness, cross-cultural communications, managerial and conflict resolution skills and mutual respect. These principles and practices ensure an atmosphere that provides an opportunity for the talents of all to be recognized, cultivated and promoted. The policy addresses accountability at every level of management to assist in meeting the campus strategic goals.

UAMS Diversity Committee

Strategies that address diversity are presented to each new employee during employee orientation, and diversity training is provided on a continuing basis by the UAMS Diversity Committee, which was established in 1993. The Diversity Committee assists students, faculty and staff recognize the value of this richness in all areas of campus life. The goal of the committee is to remove barriers to creativity, productivity and/or advancement for all, however different they may be. The Diversity Committee Mission Statement reads, “UAMS is committed to nurturing organizational change in the UAMS community that incorporates the values and contributions of diversity into all aspects of UAMS life: teaching, healing, searching and serving.” The UAMS Diversity Manager makes a presentation on diversity at every new employee orientation. The committee also engages in many activities throughout the year to educate the UAMS population about diversity issues.

The Diversity Committee also organizes a Diversity Week each fall, commemorations for Dr. Martin Luther King, Jr.'s birthday and February Black History Month and publishes a UAMS Diversity Brochure. Language classes are offered in Conversational English, English as a Second Language and Conversational Medical Spanish. The UAMS Diversity Manager acts as a consultant on diversity issues to other groups such as the Little Rock Racial Cultural Diversity Commission, Pulaski County WAGE Advisory Committee,
Office of Faculty Affairs, UAMS Immigration Office, CHRP Diagnostic Medical Sonography Advisory Committee, Central Baptist College’s Human Resource class and the Equal Employment Opportunity (EEO) Department of the Central Arkansas Veterans Healthcare System (CAVHS).

**The Minority Student Recruitment and Retention Committee**

The Minority Student Recruitment and Retention Committee is a campus-wide committee with representatives from all colleges and other campus divisions. The committee reviews admission policies, minority recruitment efforts, financial planning and support, and the continuing development of mentoring and other support programs.

**UAMS Center for Diversity Affairs**

UAMS also has a Center for Diversity Affairs (CDA), which partners with community-based organizations to increase the pool of students that are accepted and enroll in UAMS’ five colleges and its Graduate School. The Center for Diversity Affairs promotes diversity among the student body, faculty and employees and conducts outreach to recruit students from diverse backgrounds. The Center has developed an extensive partnership with several community-based organizations, local grade schools and high schools, local Historically Black Colleges and Universities (HBCU), and all major undergraduate institutions in the state. The Center oversees multiple projects, such as the Summer Science Discovery Program (SSDP), the CDA Middle School Program, and the Medical Application of Science for Health (M*A*S*H). (These programs are described more fully under Core Component 5b.). The Center has partnerships with other organizations to increase minority admissions, such as the Arkansas Medical Dental and Pharmaceutical Association, Minority Health Commission, Head Start, and the Greater Friendship, Inc. (GFI). It also collaborates with several schools: Henderson Health Sciences Magnet Middle School, Parkview Arts and Science Magnet High School, Pulaski Technical College, Philander Smith College, University of Arkansas at Pine Bluff and Central Arkansas Head-Start Program.

**Diversity in the UAMS Employee Population**

UAMS publishes a yearly report entitled “Desegregation and the Recruitment of African Americans, Other Minorities and Females” to report progress in diversity in these areas. The report includes the demographics and salary characteristics of non-academic employees. It also lists diversity progress at UAMS. The 2005-2006 report covered diversity training, the “Diversity at UAMS” bulletin board, UAMS’ Diversity Week events, and opportunities for classes such as English as a Second Language and Conversational Medical Spanish. This report details the ethnic/racial make-up of the UAMS employee population as follows:
Table 1-1
Demographic Profile: UAMS Workforce, 2005 – 2006

<table>
<thead>
<tr>
<th>2005-2006</th>
<th>TOTAL # / %</th>
<th>African American</th>
<th>Native American</th>
<th>Asian American</th>
<th>Hispanic American</th>
<th>White American</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>UAMS employees (non-academic)</td>
<td>6,125 / 100%</td>
<td>28.5%</td>
<td>0.6%</td>
<td>2.8%</td>
<td>1.3%</td>
<td>66.7%</td>
<td>78.4%</td>
</tr>
</tbody>
</table>

UAMS is a diverse workplace, employing more than 9,300 workers from 70 Arkansas counties. Diversity in faculty, staff and students brings richness to the campus, which ensures that all components of the mission are met. The diversity process at UAMS includes diversity training offered by the Diversity Committee to supervisors, managers, deans, directors and department heads. An eight-hour course titled “Diversity at UAMS: Managing Our Most Valuable Resource” teaches communication and conflict resolution and the development and maintenance of professional interpersonal relationships. The Diversity Committee also offers a three-hour workshop titled “Valuing Workplace Differences” aimed at non-supervisory UAMS employees.

**Diversity in the UAMS Student Body**

In fall 2005, the UAMS student body had 9.36 percent African American enrollment. The population of Arkansas has an African American population of 15.80 percent. The Asian student population was 5.93 percent, compared to 0.9 percent in the overall Arkansas population. Enrollment by females at UAMS in fall 2005 was 68.6 percent of the student body, while Arkansas has an overall female population of 50.8 percent. The white student body population was 82.65 percent compared to 67.40 percent in the overall Arkansas population.

The following table compares the racial, ethnic and gender characteristics of UAMS to that of Arkansas and the United States.
Table 1-2
Demographic Comparison: UAMS Student Body, Arkansas and the U.S., 1995 and 2004, 2005

<table>
<thead>
<tr>
<th></th>
<th>White %</th>
<th>African American %</th>
<th>Native American %</th>
<th>Asian %</th>
<th>Hispanic %</th>
<th>Female %</th>
</tr>
</thead>
<tbody>
<tr>
<td>UAMS student body, Fall 1995</td>
<td>85.87%</td>
<td>7.71%</td>
<td>0.95%</td>
<td>4.80%</td>
<td>0.67%</td>
<td>62.37%</td>
</tr>
<tr>
<td>UAMS student body, Fall 2005</td>
<td>82.65%</td>
<td>9.36%</td>
<td>0.95%</td>
<td>5.93%</td>
<td>1.12%</td>
<td>68.60%</td>
</tr>
<tr>
<td>Arkansas demographics 2004</td>
<td>77.20%</td>
<td>15.80%</td>
<td>0.70%</td>
<td>0.90%</td>
<td>4.40%</td>
<td>51.00%</td>
</tr>
<tr>
<td>United States demographics 2004</td>
<td>67.40%</td>
<td>12.80%</td>
<td>1.00%</td>
<td>4.20%</td>
<td>14.10%</td>
<td>50.80%</td>
</tr>
</tbody>
</table>

Census data from: [http://quickfacts.census.gov/qfd/states/05000.html](http://quickfacts.census.gov/qfd/states/05000.html)

The above data illustrate that while the UAMS student body is reflective of the demographics of the state in the enrollment of females, Asians and whites, improvement could be made in the recruitment/retention of African Americans, Hispanics and Native Americans.

The UAMS student body has experienced an increase in diversity since 1995. The fall 2005 student headcount compared to the fall 1995 headcount shows a 3.23 percent increase in the minority student population (calculated by combining African American, Native American, Asian and Hispanic enrollment). The two largest increases in minority student enrollment were in the College of Pharmacy, which increased 4.52 percent, and the Graduate School, where minority enrollment increased by 7.87 percent. The College of Public Health, a new addition to UAMS since 1995, had a minority enrollment of 32.03 percent of its student population in fall 2005. Within a specific racial category, the largest increase since 1995 was the African American student enrollment in the College of Nursing, which increased by 4.77 percent. The second largest increase within a specific ethnic group was the Asian student population in the College of Medicine, which increased 3.50 percent. Minority enrollment in the College of Health Related Professions has remained relatively steady for the past several years; in fall of 2006, minorities in the college represented 16.4 percent of total enrollment.

Since 1995, enrollment by females at UAMS has increased 6.23 percent, with particularly strong growth in the College of Health Related Professions (4.58 percent) and the Graduate School (7.64 percent). Of interest is that female enrollment in the College of Nursing actually decreased 4.41 percent, which is a sign of increased gender diversity since nursing has traditionally been a predominately female career field.
The largest drop in minority enrollment since 1995 has been in the College of Medicine, which experienced a decrease in African American enrollment of 3.34 percent from the fall 1995 to the fall 2005. Some reasons listed for this decrease in the UAMS Desegregation and the Recruitment of African Americans, Other Minorities and Females 2005-2006 Progress Report include:

- A drop nationwide in the enrollment of male African Americans in college
- Increased competition for Arkansas residents from other medical schools
- More lucrative scholarships being offered by competing medical schools to African American students

A number of measures have been taken to increase minority enrollment in the College of Medicine and in other colleges since 1995, which are detailed in the following section.

**College of Medicine**

The College of Medicine (COM) Mission Statement shows diversity toward patients in the phrase, “Integral to this mission are the provisions of superior health and medical services to meet the needs of our patients in the state and region.” The Mission Statement also includes the phrase, “we commit appropriate resources to support the residents, their educational environment and the graduate medical education programs,” which implies a willingness to provide for all students, regardless of their demographics and background.

In the Five-Year Vision Plan for the COM, one of its objectives is to examine minority recruitment efforts, with a goal of doubling minority enrollment while maintaining or increasing retention.

In the COM, a Cultural Competence Subcommittee was formed as part of the COM Curriculum Committee to develop a plan for a separately required course on cultural competence. Issues this course addressed were complementary and alternative medicine, homelessness, skills for using an interpreter and spirituality. The changes were incorporated into the COM curriculum in 2002–2003.

The COM also has a Faculty Diversity and Community Outreach (FDCO) program designed to substantially increase and retain minority faculty at UAMS through networking, mentoring, research opportunities and skills building with a long-term goal of directly improving health care at both the institutional and state levels. FDCO has community partners who share common concerns about disparities in health care and workforce diversity. FDCO also promotes adjunct appointments for minority community physicians to give these physicians the opportunity to participate in teaching as well as basic and clinical research.

The COM published “UAMS College of Medicine Diversity and Health Disparities,” which outlines the COM’s strategy to increase diversity among
students, faculty and the practicing medical profession. The report includes statistics about the diversity of Arkansans, the makeup of the student body, the residents and faculty, as well as the details of educational and outreach programs to promote diversity.

Evidence that the College of Medicine’s commitment to increase diversity in student enrollment have been successful can be seen in the 2006 graduation statistics: 10 African American medical students graduated, the largest number since 1998.

**College of Pharmacy**

The College of Pharmacy (COP) Mission Statement includes the concept of diversity in the statement that it exists to “model outstanding leadership and service in pharmacy education, pharmaceutical research and practice for the world community,” indicating a desire to serve beyond the confines of Arkansas and apply knowledge and education to all encountered.

In the COP 2006 Strategic Plan, one of the objectives is to increase recruitment and retention of underrepresented minority students. The plan to accomplish this includes:

1. Identifying and implementing feasible opportunities for recruitment of underrepresented minority students
2. Increasing the number of competitive underrepresented minority pharmacy student
3. Enhancing matriculation of underrepresented minority students and implementing proactive faculty tutoring sessions for all students early in the Fall semester for the first professional year
4. Developing and implementing early remediation intervention for at-risk students;
5. Exploring extramural funding for opportunities to support targeted underrepresented minority student recruitment, and
6. Securing funding to support targeted underrepresented minority student recruitment and retention strategies

The COP Strategic Plan also includes an objective to promote a diverse faculty, with the goal of recruiting a minimum of three underrepresented minority faculty members by spring 2007. To achieve this goal, the COP outlined the following action plan steps:

1. Explore extramural funding opportunities to support underrepresented minority faculty
2. Explain possible avenues of extramural funding identified by 2007
3. Develop a culturally sensitive plan for recruitment and retention of underrepresented minority faculty, and
4. Retain underrepresented minority faculty for a minimum of four to six years
College of Nursing

The College of Nursing (CON) Mission Statement mirrors the overall UAMS Mission Statement via the CON’s commitment to scholarly excellence in: (1) undergraduate and graduate nursing education, (2) research and (3) service to the University, profession and society. The mission is followed by a philosophy statement, which makes several references to diversity. For example, the third paragraph of the philosophy statement describes the concept of persons as “of intrinsic value and dignity, and worthy of respect because of their shared and unique physical, emotional, social, cultural and spiritual characteristics.” Referring to “health,” the CON philosophy describes this as the “integration of physical, emotional, intellectual, social, cultural and spiritual well-being…”

In the CON’s 2002-2007 Strategic Plan, diversity is addressed in Objective 1: “To implement and evaluate annually curriculum in the undergraduate program that addresses national and state health care and education trends.” Included in its action plan is the incorporation of health care and education trends that include cultural diversity, underserved populations and health care economics. The College of Nursing also has an objective to “be known as an organization that values a sense of community among all its members,” for which the action plan includes, “Display a valuing of cultural diversity among faculty, staff and students within the College.”

The CON has the Essentials for Nursing Success (ENS) program, a Health Resources and Service Administration (HRSA) Workforce Diversity grant designed to increase the number of minority and disadvantaged students who enroll in and graduate as baccalaureate prepared nurses. Minority and disadvantaged high school students, including men and first generation college students, are targeted for active recruitment and provided with information on activities that serve to interest them in nursing careers, academic support and mentoring. ENS participants benefit from monthly support groups, academic advisement, counseling, tutorial services, mentoring and financial support to assist them in successfully achieving the B.S.N. degree.

In the fall of 2006, the CON also formed a Diversity Task force to address ways to increase diversity in their student and faculty population.

College of Health Related Professions

The College of Health Related Professions (CHRP) Mission Statement includes the concept of diversity by speaking to public health and education and the “quest for new information which addresses the health and health care educational needs of the state…” This implies inclusion of all persons, an element of diversity.
The college has employed a student recruiter since 1984, whose primary assignment is to assist the faculty in increasing minority applications to the College's programs. Records for minorities other than African American are not complete for the early 1980's, but African American enrollment in the college has nearly quadrupled in absolute numbers and increased by about 50 percent as a fraction of the total enrollment since 1984. Further, the CHRP has a focus on meeting the health care needs of the increasing Hispanic population in Arkansas. The CHRP initiated discussions with a grassroots organization called La Casa to determine how the CHRP can better serve the Hispanic communities in Arkansas.

**College of Public Health**

The College of Public Health (COPH) Mission Statement includes the concept of diversity with its intent to promote the health and well-being to “individuals, families and communities in Arkansas...” This implies inclusion of all people, an element of diversity.

As part of its Vision Statement, the COPH adopted a community-based health promotion approach, which operates from the premise that protection and improvement of the community’s health is best achieved through full participation of the community in health interventions and other initiatives. One of the first actions taken by the COPH faculty was to adopt the 1996 statement of the National Policy Task Force on Community-Based Public Health. As the cornerstone of this philosophy are three critical features that relate to diversity: “...community lies at the heart of public health,” “... interventions work best when they are rooted in values, knowledge, expertise, and interests of the community itself,” and “... health encompasses the physical, mental, spiritual, environmental, and economic well-being of a community and its members.”

The COPH is one of twelve schools of public health and graduate programs selected nationally by the W.K. Kellogg Foundation to help end racial and ethnic health disparities. As part of the Foundation’s Engaged Institutions Initiative, the COPH is partnering with Arkansas communities to study racial and ethnic health disparities to identify ways to address the issue. Selected from 26 applicants, the COPH provided evidence of commitment and participation from institutional and community leaders that made a clear and compelling case for its readiness to invest in authentic community-campus partnerships and demonstrated the ability to engage other parts of the UAMS campus in the effort. The COPH’s selection was due in part to its existing efforts to address health disparities.

As part of the initiative, Community-Campus Partnerships for Health (CCPH), a nonprofit organization, assists the COPH with establishing meaningful and lasting partnerships with communities to help overcome the inequalities in health care. CCPH works with teams from the selected institutions as they develop and implement strategic action plans to become fully engaged institutions focused on eliminating racial and ethnic health disparities.
Graduate School

The Graduate School (GS) statement, “The mission of the UAMS Graduate School is to provide excellent educational opportunities for students in a stimulating environment of basic and clinical research, integrated with the delivery of superb comprehensive health care service” speaks to the concept of diversity by its emphasis on the student's learning environment going beyond the classroom to the implementation of health care in the community.

In the Graduate School’s 2004 Annual Report, several minority programs and diversity initiatives were outlined:

- Organized tours of UAMS at the University of Arkansas at Pine Bluff (UAPB) — an historically black university — to its undergraduate students with an interest in biology and chemistry. UAPB has a primarily minority student population.
- Direct e-mail notifications of offerings were sent to biology and chemistry professors at many Historically Black Colleges and Universities (HBCU) in the region including UAPB, Philander Smith College, Grambling State University, Lane College, Jackson State University and Fisk University.
- Invitations were extended to the UAMS Career Day to the group listed above.
- The GS Coordinator and Recruiter for Graduate Studies represented UAMS at the Annual Biomedical Conference for Minority Students in St. Louis, MO (a national conference for both undergraduate and graduate students), and attended the UAPB 2005 Career Day.
- Developed a course designed to improve GRE scores among minority students, in cooperation with UAMS’ Center for Diversity Affairs and the IDeA Networks of Biomedical Research Excellence (INBRE) program.

The Graduate School’s joint graduate degree programs in bioinformatics and health services administration offered between UAMS and UALR are also examples of efforts to increase diversity in program/course offerings.

Outlook for Diversity

UAMS, as well as the state of Arkansas, has many challenges to meet in order to both adequately respond to the growing diversity issues that are a result of the ever increasing Hispanic and Asian populations in the state and stay mindful of the needs of African-Americans, historically the dominant minority in Arkansas. It has also become apparent through the formulation of this self-study that there is a need for various college and campus partnerships to work toward combining resources to more thoroughly address diversity issues on campus. The effort should be more unified to ensure efficient progress. One example of a multi-disciplinary, inclusive approach to diversity issues is the UAMS Racial and Ethnic Health Disparities Taskforce, described below.
UAMS Racial and Ethnic Health Disparities Taskforce

In July 2005, a group of racially and ethnically diverse physicians, administrators, faculty and staff at UAMS formed the UAMS Racial and Ethnic Health Disparities Taskforce with the support of Chancellor Wilson. The Taskforce was created to explore strategies to address health disparities at UAMS and in the state, based on results from a 2004 study on health and healthcare disparities in Arkansas conducted by UAMS faculty and national reports on the issue, such as the Sullivan Commission’s report Missing Persons and the Institute of Medicine’s report Unequal Treatment. The group focuses on several areas in pursuing its goals: (1) access to, and quality of, health care services; (2) minority recruitment and retention of faculty, students and staff; and (3) cultural and linguistic appropriateness of services at UAMS, including curricula, continuing education and training programs. The Taskforce works to address issues of diversity in the health care workforce and health issues across different cultures.

In a memo to Chancellor Wilson of UAMS on July 19, 2005, the Racial and Ethnic Health Disparities Taskforce outlined its mission to eliminate health and health care disparities by providing:

- Information about the presence of health care disparities at UAMS and their causes
- Recommendations on strategies to eliminate health care disparities
- Oversight of efforts to reduce health care disparities, and
- Support for research and dissemination of learning on health and health care disparity elimination

A major initiative was launched in the Spring of 2006 when the Taskforce proposed a plan for UAMS to satisfy national standards on culturally and linguistically appropriate services (CLAS). Specifically, the group recommends focusing on 10 areas for language improvement: 1) assessment of need for medical interpreter (MI) services; 2) assessment of resources for provision of MI services; 3) formal community relations with various ethnic communities in the state; 4) bi/multi-lingual signage, including making “I Speak” cards available in multiple languages; 5) translated materials (patient instructions, prescription directions, appointment reminders, etc.); 6) adding access to a bilingual (English-Spanish) telephone receptionist at the Call Center; 7) establishing a program to train and evaluate medical interpreters; (8) documentation of language services needs and services available/provided; 9) system restructuring to accommodate service delivery and evaluation; and 10) training and dissemination of information.

The Taskforce’s work was one reason that the College of Public Health (COPH) was selected to participate in the W.K. Kellogg Foundation’s Engaged Institutions Initiatives (described on page 23). Through participation by Deans and other education leaders in planning activities and consultations, the initiative has taken on a University-wide scope.
Core Component Summary

In conclusion, perhaps UAMS’ success in promoting the value of diversity can be found in results of Criterion 3 Committee’s survey of both the student body and faculty. When asked whether they agreed or disagreed that UAMS as an educational institution considers diversity to be important, an overwhelming majority of students (81 percent) agreed or strongly agreed. Only five percent disagreed or strongly disagreed. Faculty affirmed that sentiment, as 78 percent agreed or strongly agreed that UAMS values diversity with 14 percent of the professoriate in disagreement. Judging from these results, clearly UAMS recognizes diversity as a critical element in the modern educational process.

Core Component 1c.

Understanding of and support for the mission pervade the organization.

Core Component Overview

The University of Arkansas for Medical Sciences subscribes to Mission and Vision Statements that define it as an institution. These statements are communicated to constituencies in a variety of ways. These statements guide the institution with respect to structure and function, priorities and decision making. The Mission and Vision Statements clearly articulate a commitment to high academic standards. The clarity and understanding of these statements are critically important to the institution. Committee One sought to examine the perceived clarity, understanding, and attainability of the statements and whether or not the statements represent what the institution actually does as an entity. Responding to ebb and flow within the institution, the Mission and Vision Statements are reviewed for continued institutional representation, and modified as deemed necessary.

Mission and Vision Integrity at UAMS

The Mission and Vision Statements are the driving forces at the University of Arkansas for Medical Sciences (UAMS). These documents provide the initiative and support for strategic planning that occurs at the Chancellor’s and Chancellor’s Cabinet level and which flow down throughout the organization to the other units. As a result, the goals of the administrative and academic units are congruent and aligned with the UAMS’ Mission and Vision Statements.

The UAMS Mission Survey results help to illustrate these points. Ninety percent (90%) of respondents either agree or strongly agree that the mission of their primary unit is aligned with the UAMS institutional mission. Fifty-six percent
(56%) of respondents agree or strongly agree that understanding of UAMS’ mission pervades the University and is understood by faculty and staff at all levels and in all areas.

With respect to its constituencies, over 90 percent of respondents believe that the Mission Statement accurately reflects what UAMS should be doing to serve its constituents (patients, students, research sponsors, policy-makers and health care providers around the state), and believe that UAMS’ mission is relevant to the current needs of the state and its citizens.

The goals of the administrative subunits and the academic subunits of the organization are congruent with the organization’s mission. This is clearly evident in the Mission Survey results and upon review of each subunit Mission Statement. Each subunit articulates the goals of providing excellence in education, research and service in its individual Mission Statement. It is through the actions of individual UAMS units that the UAMS Mission and Vision Statements come to fruition.

Over 90 percent of respondents to the Mission Survey are familiar with UAMS’ mission, demonstrating that the Mission Statement is clearly articulated within the organization. In addition, approximately 70 percent of the respondents believe that the leaders at UAMS are effective in balancing the needs of the University’s multiple missions of teaching, healing, research and service. Over 90 percent of the respondents agreed or strongly agreed with the statement that the UAMS mission is easy to understand. This perception is enhanced with a multimedia approach to providing the public with a number of venues for the Mission Statement. These include such items as the Mission Statement appearing on the UAMS homepage; documents in print, such as various UAMS magazines, catalogs and handbooks, as well as radio and television announcements, press releases and advertisements.

The organization’s planning, budgeting and strategic decisions flow from, support and have a direct relationship to the Mission and Vision Statements. Administrative retreats are held biennially to review, reaffirm and/or modify UAMS’ strategic plan. It was determined from this process in 2005 that the Vision Statement and Strategic Plan did not accurately reflect what UAMS was doing or accomplishing. As a result, the Chancellor’s Cabinet moved forward with review and modification of the Vision Statement that took into consideration priorities for the campus and various budget-related issues. Each administrative and academic subunit also reviewed the campus Strategic Plan for parallels to their respective unit’s Strategic Plan. Depending upon the subunit, this document may be reviewed annually or biennially with any needed changes made to ensure congruity with the larger University Mission Statement.

The survey was structured to allow respondents both to answer questions and to offer comments. The following comments from the mission survey are supportive
of the contention that understanding and support of the mission pervade the organization:

- As you can imagine, balancing all facets of our mission is difficult with increasing demands for productivity, making it difficult to be as responsive by developing new services or methods to reach out. This is a challenge to be overcome, not a stumbling block. UAMS is of a size that great things can happen. I feel optimistic that we are heading in the right direction, but we need to recognize the need to create communication and planning models to fit our size.
- I believe UAMS really does offer world class care in an atmosphere reflective of it mission and its vision. When we do falter, it seems to me it almost always is in the area of communication.
- I believe UAMS is an integral part of the states' economic, educational and public health systems.
- UAMS is a great place to work and maintains very high standards. UAMS serves the state of Arkansas very well. UAMS cares about its employees and treats them well. UAMS does not rest on past laurels.
- I have greatly enjoyed being part of the UAMS family that pursues the mission of clinical care, teaching and research.
- I am very grateful to be an employee in this institution and I am proud of being part of its mission.
- I believe that UAMS is working hard to achieve its mission. It is an institution of great integrity and dedication to the people it serves.
- I agree with the Mission Statement, with the exception that we can't always heal. “To heal sometimes, to comfort always”. While healing always is a noble goal, it is not attainable. Compassion and comfort are attainable.
- Each element in the Mission Statement needs to be equally balanced for the best outcome for patients and employees.
- While the vision is quite ambitious, it is also attainable. The University is making strides toward achieving the vision and fulfilling the mission.
- I think that the Mission and Vision Statements are appropriate and represent what we should all strive to accomplish at UAMS.
- I am proud to acknowledge that I work and also received my undergraduate education at this facility... I fully support this Mission Statement.
- I believe that UAMS is a first-rate institution and that part of its ability to be a first-rate institution rests in its leadership and its focus on doing what it says it will do. Part of that encompasses being true to its Mission and Vision Statement. I know that I am proud of what I do and proud of where I work. Most importantly, I’m proud to be a part of the mission of UAMS and want people who are outside the realm of UAMS’ buildings to know how important our mission and vision are to the “worker bees.” I want people to know that UAMS strives for excellence in everything it does - including being true to what makes it tick as articulated in the Mission and Vision Statements.
Core Component 1d.

The organization’s governance and administrative structures promote effective leadership and support collaborative processes that enable the organization to fulfill its mission.

Core Component Overview

At the University of Arkansas for Medical Sciences, there are a variety of layers for the exchange of information and support for the mission and vision. The effectiveness of the leadership is demonstrated throughout the institution through these layers and the ability at all levels to demonstrate a supportive environment. Communication is streamlined through the appropriate channels as information to support decisions is exchanged vertically and horizontally. Evaluation of existing processes occurs on a regular basis with the goal of making a change that would enhance improvement and efficiency. Individuals within the governance and administrative structures are educationally and experientially qualified to carry forth their respective responsibilities.

The University of Arkansas traces its origins to an act of the Legislature in 1871, which established a land grant for the “Arkansas Industrial University.” The Arkansas Constitution was amended in 1943 to clarify and define the role of the Board of Trustees. This constitutional protection stands as an important guarantee of the independence of the University.

The University of Arkansas Board of Trustees is the institution’s principal governing body. The 10 Trustees are appointed by the Governor, one each year, for 10-year terms with the consent of the Senate. One Trustee is appointed from each of the four congressional districts and the balance from the state at large. The Trustees oversee the University of Arkansas System, select the President, evaluate the President’s performance and approve major system and institutional policies. The Board Policy Manual outlines the role of campus governance for the members of the system, including scope and purpose, authority and responsibility for the areas of admissions requirements, curriculum and courses, degrees and requirements for degrees, calendars and schedules, academic honors and student affairs.

The Board of Trustees meets at six regular meetings each year, as well as on special occasions as required. Meetings are open by law to the press and the public. Regular meetings are rotated through the campuses and the Board meets on the UAMS campus at least once a year. All Chancellors are required to attend and the chancellor hosting the meeting gives a State of the Campus address. Attendance by other administrative officers is optional; however, attendance is strongly encouraged should there be an agenda item of interest to that individual or that campus. When academic matters germane to a particular college are being
considered, the Dean of that college normally attends, often as well as the relevant department Chairman and other faculty involved with the issue(s).

Standing committees of the Board include Buildings and Grounds, Fiscal Affairs, Legal, Legislative and Audit, Personnel, the University Hospital Board of Trustees Joint Committee, and others as specified by UA Board policy. The University Hospital-Board of Trustees Joint Committee plays an especially important role with respect to clinical operations. The growth, complexity and competitive environment that exist today have placed extra demands on this body, and they have responded with interest and diligence.

The Board members are deeply committed to the University, keeping well-informed on affairs of the campuses and on issues in public higher education. They have a healthy respect for academic traditions, as well as pride in the accomplishments of the faculty and students. Their firm and reasoned guidance helps to build a supportive atmosphere in which the campuses feel both enabled, yet accountable.

The University of Arkansas Foundation is managed by an Executive Director, whose office is in Fayetteville. The Foundation provides the non-profit corporate framework and fiduciary responsibilities for charitable and philanthropic contributions to the University; it does not contract for research or sponsored activities. All expenditures from funds for the purposes of UAMS must be authorized by the Chancellor. The UAMS Foundation Fund, organized under the University of Arkansas Foundation, has an active Board, which is very supportive of UAMS. There is also a coordinated Arkansas Cancer Research Center Foundation Fund Board, similarly valuable to UAMS.

**The State Board of Higher Education**

Higher education in Arkansas is coordinated by the State Board of Higher Education (SBHE), appointed by the Governor and supported by the staff of the Arkansas Department of Higher Education (ADHE). The ADHE collects statistical data on the operations of all public post-secondary institutions in the state, manages the study of proposals for new programs or significant changes in programs or organization, makes biennial budget recommendations to the Governor and General Assembly and in other ways works to promote an accountable and effective system of higher education for the state. The SBHE has statutory authority to review and approve all new instructional, research and service programs and organizational units of the public institutions of higher education in Arkansas.

**University of Arkansas System**

The President is the Chief Executive Officer of the University of Arkansas System, which includes 13 individual campuses, the Division of Agriculture, the Arkansas...
Archeological Survey and the Criminal Justice Institute. The President is appointed by and is responsible to the Board of Trustees. Subject to the direction and control of the Board of Trustees and the laws applicable to the University, the President is responsible for the management of the affairs and execution of the policies of the University of Arkansas and all its campuses, divisions and units of administration. Each campus has a Chancellor as its Chief Executive Officer and state funds are appropriated directly to the campuses.

The President and his staff now occupy headquarters in Little Rock, about one mile from the UAMS campus. The System Administration office includes the President; Vice Presidents for Agriculture, Finance and Administration, and University Relations and Public Service; the General Counsel and associates; the Internal Audit Department; the Fringe Benefits Section; and support staff. The President meets and talks regularly with the campus Chancellors and with the proximity of UAMS to System Administration offices, communications at all levels are easy, open and frequent.

The General Counsel and his associates handle legal matters relating to policy, contracts and personnel for all the campuses. The work load for this office has increased with the growth and complexity of campus programs and it has become difficult for them to provide a timely response. The quality of the office’s work is excellent, however, and relations with faculty and administrators on the UAMS campus are very good. To enhance the responsiveness of the General Counsel's office to matters arising at UAMS, an associate general counsel was moved to UAMS in 1997 and an additional associate was retained at UAMS in 2003. The current President, B. Alan Sugg, Ph.D., has been in office since 1990.

UAMS Administration

I. Dodd Wilson, M.D., has served as Chancellor and Chief Executive Officer of UAMS since 2000. He is directly responsible to the President of the University for all activities of UAMS and its subsidiary programs. In accord with University policy, the Chancellor is held accountable for all UAMS education, research, service and healing programs, planning and preparation of the budget for presentation to the President, UAMS facility and program planning, the allocation of space between major units on the campus, the development of affiliation agreements, professional relations, press relations and other duties as may be prescribed by the University and by law.

The Deans of the five colleges and the Dean of the Graduate School report directly to the Chancellor, as do Vice Chancellors with responsibility for the areas of UAMS Medical Center, Regional Programs, Finance, Academic Affairs and Research Administration, Administration and Government Affairs, Institutional Compliance, Communications and Marketing, Development and Alumni Affairs, Employee Relations and Campus Operations. The Executive Vice Chancellor and the Directors of the Jackson T. Stephens Spine and Neurosciences Institute, the
The Chancellor’s Cabinet consists of the above persons and advises the Chancellor on policies and procedures affecting UAMS units and keeps him apprised of appropriate campus matters. The Cabinet meets weekly and is an active group for the exchange of information, the review of major proposals for change and the coordination of campus policy. The agendas for these weekly meetings are set by the Chancellor and members are encouraged to submit items to be considered. A summary of each meeting is prepared and distributed to those attending. The effective operation of this leadership group is a principal factor in the adaptability and success of the programs. The UAMS Strategic Plan, Mission and Vision Statements are reviewed and updated every two years at an administrative retreat held at the University System Office. In addition to the Chancellor’s Cabinet, key administrative personnel from each college are invited to participate in this retreat. The invitation to attend is at the discretion of the Cabinet members.

Individuals that serve directly below their Dean or Director are educationally and experientially qualified for the positions they hold and are key individuals for the day-to-day problem solving, communication and policy/procedure review/revisions necessary for the organization's strength and successful outcomes. Many of these individuals serve on cross-campus committees, such as the Vice Chancellor’s Advisory Committee (VCAC) and the Academic Computing Advisory Committee (ACAC) and work collaboratively to identify issues and solutions that affect the campus as a whole.

The Campus Assembly of UAMS provides a broad base for campus governance through the participation of students, faculty and staff and is described in the Administrative Guide. The Assembly is composed of two deliberative bodies, the Academic Senate and the House of Delegates. The Academic Senate is composed of all faculty plus the President of the Associated Student Government. Administrative responsibilities are delegated to the Academic Senate Council. Although there is some faculty representation in the House of Delegates, that body primarily represents the remaining classified employees and staff on campus. This includes executive, administration, management, professional non-faculty, skilled crafts, service and maintenance, technical and clerical areas. The roles of participants and functions of the assembly and standing committees are outlined in the bylaws.

The Academic Senate is composed of all individuals holding academic ranks of Distinguished Professor, Professor, Associate Professor, Assistant Professor, Instructor or Assistant Instructor. There is a representative body, the Academic Senate Council, composed of two representatives from each college and the
Senate officers. The Academic Senate is the legislative body responsible for making recommendations to the Chancellor for changes regarding educational policies/programs research facilitation, appointment, non-reappointment, dismissal, promotion and tenure. The Academic Senate has standing committees for recommending campus honors and nominations and convenes additional committees as needed, e.g., amending the UAMS constitution. Faculty representation to the University of Arkansas System office on topics such as fringe benefits also comes through the Academic Senate.

Each college and the Graduate School has its unique processes in place to ensure that curricular issues are reviewed, revised, approved, implemented and evaluated on regularly scheduled intervals. Curricular changes may be initiated by students, faculty, administration and/or the constituencies that the college serves. Outcome data are also collected that serve to guide the curriculum and stimulate analysis of student learning. To illustrate this process, the College of Nursing has a well-defined curricular process at both the undergraduate and graduate level. Courses are assigned a rotating four-year review process. This serves as the minimum standard, and certainly, courses can be reviewed more frequently if deemed necessary. Input from internal and external stakeholders guide the curricular process, as well as outcomes defined by the college. Also taken into consideration is the match between the curriculum and the mission and philosophy, the larger UAMS mission and vision and the evaluation plan.

Impetus for review and revision of policies may come from a variety of sources. The Chancellor, Vice Chancellors and Deans are possible sources for policy review and revision. Depending upon the issue at hand, the policy may or may not allow for input from the various constituents on campus; however, policies that are revised undergo a rigorous review process and the implications for change are carefully considered by legal counsel.

**Core Component 1e.**

*The organization upholds and protects its integrity.*

**Core Component Overview**

An essential characteristic of excellence is a commitment to ethical standards and institutional integrity. UAMS and its constituent units have developed numerous structures, policies, and procedures to ensure that they operate according to the highest ethical and legal standards, and that faculty, students, and staff members are aware of these standards.

The institution’s commitment to integrity will be documented in each area of its four-fold mission. Education about ethics and human values will be presented as an integral part of the curriculum of each academic unit. Numerous programs, policies, committees, and oversight panels will be described that highlight ethical
concerns in the delivery of patient care, and that protect the rights and welfare of volunteers in clinical research. UAMS also strives for the highest standards of integrity in its relationships with the public, for example, in its communications and fund-raising. A new compliance structure will be presented that protects the rights of all constituents, both internal and external, and seeks to ensure that the institution operates legally, responsibly, and honestly.

UAMS serves the people of Arkansas and the nation by preparing health care professionals for the future, meeting current health needs of its patients, searching for ways to improve the delivery of health care and serving the broader health needs of the community. The University strives for excellence in each of these areas. An essential characteristic of excellence is a commitment to ethical standards and institutional integrity. Accordingly, UAMS and its constituent units have developed numerous structures, policies and procedures to ensure that they operate with integrity and with appropriate concern for ethical and legal standards.

Preparing Professionals for the Future: Education in Ethical and Legal Standards

In preparing their students to provide optimal care to future patients, including the patients they will see as students in their clinical years, health sciences campuses must impart standards of ethics and integrity. UAMS has developed nationally recognized programs of instruction in ethics and human values. The College of Medicine was a pioneer in the addition of ethics and the humanities to the medical curriculum. A required course in medical ethics has been offered since 1983, along with a number of well-subscribed elective courses in the medical humanities (anthropology, ethics, law, literature and history). Ethical standards are discussed during orientation week, at the end of which the new students participate in a White Coat ceremony sponsored by the Student Honor Council and sign an oath written by the medical students.

The College of Pharmacy also has included ethics and the humanities in the curriculum for two decades. Formal instruction in ethics has been part of the required Pharmacy curriculum since 1985, including lectures about ethical systems and medical ethics, as well as case studies and an examination on ethics. The required curriculum includes formal instruction in the history of pharmacy, emphasizing the origin of professional institutions and their ties to professional values and patient care. Further courses in ethics are available to advanced students as electives. The COP also sponsors a white coat ceremony and all students sign an oath accepting their professional responsibilities.

The College of Nursing includes ethics in a number of its courses, with heavy emphasis in the gerontology courses on end-of-life issues. In its graduate courses, there is great emphasis on ethics as it relates to the scope and standards of nursing practice. A separate course in ethics is being developed for its doctoral students.
Programs in the College of Health Related Professions address ethical concerns in their various curricula and the college offers an interdisciplinary course in ethics. The College of Public Health ensures student education in the twelve ethical principles for public health as part of the core curriculum and requires coverage of research ethics in the capstone course required of all graduates. Resident physicians in UAMS clinical departments must complete a course in ethics as a requirement for completing the residency. Graduate students in the basic sciences are also offered instruction in the ethical conduct of research through two interdisciplinary courses, one directed at scientific integrity and the other at protection of human subjects of research.

Students’ immediate concerns about ethics often focus on standards of intellectual honesty and academic integrity. Each college has honor codes in place, which are typically enforced by student honor councils. The codes contain clear procedures for reporting and handling suspected infractions and for appealing adverse decisions. The College of Medicine Honor Council processes about three to four cases each year and successfully resolves almost all of them to the satisfaction of involved parties, although cases have gone to full trial when no resolution could be achieved. The perception among both students and administration in all colleges is that the system works well in achieving swift, responsive and just resolutions of cases. Recently the COM Honor Council stepped beyond its traditional role of enforcing academic integrity and began a proactive series of student forums on issues of ethics and integrity that are especially relevant to professional students.

Instruction is only one way in which respect for professional integrity is imparted. Faculty members must also serve as role models of professionalism, understood as consistent adherence to professional excellence and probity. Responses to Criterion Three Committee's Faculty Survey indicated that a sense of professionalism pervades the University. By overwhelming margins, the respondents agreed that professionalism is clearly defined; that students receive instruction in professionalism; and that students, faculty and administrators display professional attitudes and practice academic integrity. For a complete discussion of survey results related to professionalism and ethics, see section 4d., Integrity and Ethics Related to Student Scholarship.

Meeting Current Health Needs Guided By Ethical and Legal Standards

Through its outpatient clinics, Area Health Education Centers and three teaching hospitals, UAMS provides a wide variety of clinical services. Respect for the dignity and autonomy of every patient is a guiding value in all clinical settings. The Patients' Bill of Rights is recognized and publicized in each hospital. Patients must give informed consent to treatment and have the right to refuse unwanted medical treatment. The institution's policy is to respect a patient's refusal of
treatment through legally valid advance directives and to facilitate completion of advance directives if the patient desires to do so.

Protecting patient privacy is a primary concern at UAMS. Patients are notified upon admission of privacy policies and practices and employees are required to complete training about privacy provisions embodied in the federal Health Insurance Portability and Accountability Act (HIPAA). Professional staff and employees in all clinical centers, including the AHECs and the faculty practice group, must pass an online course and all new employees receive HIPAA instruction as part of their orientation. Employees are required to report any suspected violation of patient privacy and good-faith reports are immune from retaliation. Confidential telephone lines are available to any student or employee for this purpose. The UAMS HIPAA Office is charged with approving educational initiatives and responding to reported violations. The HIPAA Office also conducts audits to determine who gains access to confidential patient records.

Information about ethical standards and policies is available to employees on the UAMS Web site. There are also regular institutional venues for addressing ethical concerns. A well attended monthly Ethics Discussion Group was begun in 2005 at Arkansas Children’s Hospital and a similar program was begun in 2006 on the main UAMS campus. Signifying the importance of ethics, the first presentation was given by the hospital’s medical director and subsequent sessions will feature respected clinicians from all departments. The Division of Medical Humanities also offers a bi-monthly Grand Rounds series, open and advertised to all faculty and staff, on topics in ethics and the humanities. Ethical standards and policies of the institution and the availability of the Ethics Consultation Service are specifically discussed at training sessions held for new employees in all clinical service departments. An additional opportunity for publicizing these matters might be the orientation program for new faculty in the College of Medicine.

UAMS policies are periodically reviewed to ensure that they are adequate and up to date. A recent policy concerning treatment at the end of life will serve as an example. Sometimes family insists on continued aggressive treatments that the doctors and others feel to be ethically wrong, such as treatments that are futile or that will inflict additional suffering on the patient for no benefit. The policy seeks to balance the important value of family decision-making against the equally important value of preserving professional ethical integrity. It establishes a process for resolving differences between the treatment team and the family that appear, after diligent discussions, to be irreconcilable. The policy was developed by an interdisciplinary group, with the help of a consultant and was reviewed by the Ethics Committee before adoption by the hospital medical board. It was featured positively in a recent edition of *The Source*, published by the Joint Commission on the Accreditation of Healthcare Organizations.

The Medical Ethics Advisory Committee has served for two decades as a resource for patients and their families, as well as for the professional staff. The
committee reviews hospital policies, as indicated above, and is available to help with ethically-charged treatment decisions. Since the last accreditation visit, the committee has instituted an Ethics Consultation Service to provide more flexible, thorough and timely consultations on ethical concerns in clinical care. Patients, their families and the professional staff are informed about the existence of the service on admission and encouraged to contact the committee with any concerns about their ethical rights or responsibilities.

**Searching for Improvements in Health Care**

Conducting research to improve health and health care is of great importance to society. Equally important is protecting the rights and welfare of individuals who volunteer to participate in such research. UAMS established an Institutional Review Board (IRB) for this purpose two decades ago, but it has evolved significantly since the last accreditation visit. As the volume of research on the campuses has expanded, the work load of the IRB has also increased (in 2005 the IRB processed 1,800 research proposals). To ensure that it could manage the increased work load and give sufficient attention to the rights and interests of research participants, the single IRB was expanded over time to four separate committees, allowing more careful and systematic review of each research proposal. The office staff was also increased, doubling the size of the support staff and adding expertise in legal and regulatory issues. Early in the current decade, the IRB completed conversion to a fully electronic system, using Automated Research information Administrator (ARIA) software created especially for this purpose and making it one of only three IRBs in the country to use a paperless system of submission and review. In recognition of its excellent work, the UAMS IRB is one of only 34 research review boards nationwide to receive full accreditation by the Association for the Accreditation of Human Research Protection Programs. As the volume of research expands on campus, it will be important to continue strong administrative support for the IRB.

The Office of Research Compliance (ORC) supports the institution's activities to protect research subjects in three ways. First, it offers educational programs for researchers, research coordinators and all clinicians involved in research with human subjects. Two courses it sponsors are required of all researchers: “Online Human Subject Protection Training” and “Online HIPAA for Research Training.” In addition to frequent courses and seminars, it offers a Certified Research Specialist Program that emphasizes ethical, legal and regulatory issues in the conduct of research. The ORC is available to researchers for advice and consultation at any time on matters of research compliance and integrity. It also conducts audits of selected research projects to ensure compliance with legal and ethical standards.

Audits are undertaken at the request of the IRB, primarily if the required reports submitted by the Principal Investigator of a particular study are unusual in
number or content. The ORC also performs routine audits of randomly selected studies. The aim of routine audits is to assess the overall conduct of research, to develop and present remediation plans for any problems identified, to identify any areas where further education may be helpful and to develop educational programs for research staff to address any knowledge gaps identified. Last year ORC audited about 50 studies, some of which were directed by the IRB, some routine (or random) and some requested by the Principal Investigator. Investigators may request an ORC audit to get an independent review of the adequacy of study procedures and records. While the ORC has not audited the IRB itself to date, such auditing is planned in the future. The ORC routinely consults with the IRB on compliance issues.

**Conflicts of Interest**

In addition to protecting the rights and welfare of research subjects, researchers must be free of bias resulting from the possibility of personal gain from a particular outcome. UAMS has a number of policies designed to manage these and other potential conflicts of interest. IRB members must declare any involvement in research being reviewed. The IRB requires potential investigators to reveal in their applications any financial investments that might be affected by the research and it will not review such proposals until the UAMS Conflict of Interest Committee has reviewed the situation and approved a management plan.

The UAMS policy on Institutional Conflict of Interest and Conflict of Commitment regulates financial interests that could influence the design, conduct, or reporting of research, as indicated above. It also governs outside employment that could compromise the individual’s primary commitment and obligations to the University. Certain financial holdings and arrangements for outside employment are prohibited; others must be disclosed, approved and reviewed periodically. The University does not discourage traditional academic activities, such as consulting and publishing in the professional literature, that stimulate personal growth, enhance the institution’s reputation, or contribute to society. It seeks, however, to balance such opportunities with the employee’s primary responsibilities to advance the core missions of the University.

The current policy, which has been in effect since 1995, appears largely successful; it defines a variety of conflicts of interest and establishes a mechanism for detecting, reviewing and managing potential conflicts. Conflict of interest is difficult to define with any precision, however, and judicious interpretation is often required. The Conflict of Interest Committee has primary responsibility for implementing the policy. Given the size of the institution and the complex nature of its external relations with government and industry, the Committee works effectively. It handles about three or four new cases per month. Committee meetings are well attended with a rich discussion and exchange of ideas on individual cases. Written rules are respected, but if no rule clearly applies to
the situation, the Committee will research what other institutions do in similar circumstances before making its determination.

The policy must deal with a changing landscape. As faculty members become more involved with commercial applications of their research and as institutions seek patent rights to marketable products of research, institutions need to ensure that their conflict of interest policies and their institutional structures remain adequate. Accordingly, the current policy is under review by the Conflict of Interest Committee, which has recently drafted a revised version for further consideration. Since the number of cases involving potential conflicts may be expected to increase, the institution will need to monitor existing structures to ensure they can effectively cope with a heavier workload.

**Serving the Community**

**Educating the Community**

As the state's only academic medical center, UAMS assumes a leadership role in all aspects of health care, including discussion and dissemination of ethical standards. After establishing the state's first hospital ethics committee two decades ago, faculty members have assisted other hospitals in organizing their own ethics committees. The Division of Medical Humanities offers an Intensive Workshop in Healthcare Ethics each summer to health care professionals around the state. One important goal is to help prepare doctors, nurses and others to serve on their own hospital's ethics committee. Faculty members frequently participate in workshops and seminars throughout the state on legal and ethical issues. David Lipschitz, M.D., Ph.D., who chairs the Department of Geriatrics, writes a weekly column on aging for the statewide newspaper that frequently deals with issues of ethics and human values.

**Communicating with the Public**

In order to serve the community well, the institution must represent itself honestly and accurately and be fair in its dealings with the public. UAMS Public Relations staff members belong to the Public Relations Society of America (PRSA) and to its state chapter. UAMS subscribes to the PRSA Code of Professional Standards, which requires truth, accuracy, fairness and responsibility to the community. These standards are followed in all aspects of communication with the public. Rigorous information gathering and review precedes all news releases. Every news release must then receive approval from all parties mentioned, including individuals (doctors, administrators, etc.) and those representing a certain college, department, or division. If a change is suggested, no matter how big or small, the review process is repeated. It is UAMS policy for a public or media relations professional to accompany members of the media any time they are on campus. This helps to ensure an accurate exchange of information between
the interviewer and interviewee. It also creates an opportunity for the reporter to rely on the Public Relations staff member, should further information or clarification be needed.

The Internet is an increasingly important medium for communicating with the public. Communications and Marketing oversees the content of the UAMS Web site. A team of public relations, marketing and technical representatives meets every other week to review the status of both the Intranet site, which is used internally by UAMS faculty and staff, and the Internet site, which is intended to provide access to information on the part of the general public or specific other external audiences. This Web Strategy Committee is responsible for the sites, posting all news and reviewing major content. The committee, however, cannot police every page, especially pages that are created for academic use only. If the content of any page is questioned, it removes the page until it can be reviewed for accuracy. Recently the committee engaged the services of Greystone.net to study the Web site and to make recommendations for improving and expanding the UAMS Web presence.

**Fundraising in the Community**

UAMS depends heavily on financial support from the community to help it achieve and sustain a level of excellence in its many programs. In its fundraising efforts, the University adheres to a Statement of Fundraising Values, the first value of which is to be guided by the best interests of its donors in such matters as taxes, cash flow and estate planning. In order to be faithful to the intent of the donor, the Office of Development and Alumni Affairs (ODAA) routinely creates “Gift Agreement” documents for gifts of $10,000 and above (and for lesser amounts if desired or indicated). These Gift Agreements specify in writing the intent of the donor as to how the gift is to be used at UAMS. These agreements are signed by both the donor and UAMS representatives and become part of the permanent donor record. These Gift Agreements are an important part of the written record, should a financial audit be conducted on gifts and their applications. Gifts are posted each day for appropriate accounting purposes. There is a close working relationship between the ODAA accounting division and the University of Arkansas Foundation, Inc., which is the depository of private gifts received by UAMS.

The ODAA Statement of Ethics embodies guidelines promoted by the Council for Advancement and Support of Education and the Association of Fundraising Professionals. Privacy of the donor is a critical ethical concern and UAMS complies with HIPAA provisions in its fundraising activities. ODAA letterhead mentions that UAMS is a HIPAA-compliant institution and that individuals being solicited may opt out of all development mailings. Office staff members are periodically reminded of the latest HIPAA operational guidelines. The Statement of Ethics also contains a detailed prohibition of any kind of self-dealing by fundraising professionals. Issues of self-dealing and other potential conflicts of
interest are often considered in staff meetings, talked through when necessary (including receiving legal counsel if needed) and resolved in a preventive fashion.

Creating an Ethical Climate

To operate with integrity, an academic health center must protect the rights and welfare not only of its students, patients and research subjects, but also of its faculty, staff and employees. UAMS is committed to policies of non-discrimination in all of its programs and activities, including admission and grading of students, treatment of patients and hiring, retention and promotion of faculty and staff. It will neither commit nor condone acts of bigotry or discrimination based on race, color, gender, age, sexual orientation, religion, national origin, or disability. It subscribes fully to the principles described in the Americans with Disabilities Act. It seeks gender equity and forbids sexual harassment. Policies clearly describe the individuals to whom alleged acts of discrimination should be reported, procedures for resolving the complaints and safeguards for those who are accused.

Grievance policies have been established for faculty, staff and students. There is one policy for all UAMS staff, but each college also has its own policies and procedures for its faculty members and for its students. The policies are similar, as they are based on state law and University of Arkansas system-wide policy and have been reviewed by the Office of General Counsel. They are consistent with due process requirements and review boards contain adequate representation of the population governed by the policy. Grievances are not limited to acts of discrimination as defined above, but may be based on the belief that any rule, procedure, or policy has been applied in an inequitable manner. The various policies require an initial attempt at an informal resolution satisfactory to all parties, and in fact most grievances are settled in this manner without need of a formal hearing. The Vice Chancellor for Employee Relations submits a report every year that provides a brief description of all disciplinary actions and their outcomes, as well as summative statistics. During the last year there were 90 complaints that proceeded to investigation. Of these, the employee was supported in seven and a compromise was reached in 15. Of 22 Equal Employment Opportunity Commission (EEOC) charges filed, nine showed no evidence of discrimination and five are still pending resolution.

All units express general satisfaction with their policies, although the College of Medicine recently rewrote its policy, without altering the substance, to make it more readily intelligible. A survey of the UAMS faculty indicated overwhelming support for the view that student grievance procedures are well-communicated and that the policies are followed.

The College of Medicine developed a policy in 2002 concerning the mistreatment of students or residents by faculty, by supervising residents, or by other clinical personnel with authority over them. The policy is based on the principle of
mutual respect and prohibits behavior intended to threaten, humiliate, or otherwise harm students, or to exploit the power that teachers and supervisors exercise over them. The policy has been quite successful. Three complaints have been lodged, two against faculty members and one against a supervising resident, and all were resolved to the satisfaction of the parties involved without a formal hearing.

Ensuring Legal Compliance

UAMS has three major compliance programs to ensure that its employees and actions are compliant with all aspects of federal, state and local laws and regulations, and with its own policies. One of these programs oversees research activities, a second the hospital and a third the outpatient clinical programs. As the regulatory environment has grown increasingly demanding and complex, and with programs and personnel spread throughout the University’s organizational chart, the need has emerged for a more coordinated and centralized level of oversight. Centralized authority would improve communication on common issues among compliance units and facilitate communication between the operational and executive levels of the campus. For these reasons, and in order to provide even stronger assurance of comprehensive institutional compliance, these three programs have recently been consolidated into one office, led by a Vice Chancellor for Institutional Compliance (VCIC), a new position that reports to the Chancellor and the Board of Trustees. The VCIC coordinates and monitors all compliance efforts and programs throughout the institution. In addition to research and clinical activities, the new officer is responsible for identifying other University functions and routine business practices that need compliance oversight, educating employees about compliance issues, monitoring and auditing compliance, enforcing standards and investigating suspected infractions, and developing mechanisms by which individuals may safely report suspected violations. In all of this, and in responding to government inquiries about compliance, the VCIC will work in concert with the Office of General Counsel.

Ensuring Fiscal Integrity

The Vice Chancellor for Finance Administration (VCFA) is ultimately responsible for financial information, soundness and integrity at UAMS. The office provides financial reports to the Chancellor, University of Arkansas System Office, state agencies, auditors and other external parties. Reports are prepared in accordance with standards issued by the Governmental Accounting Standards Board (GASB). The previous year’s audit by Ernst and Young was successfully completed, according to the office’s annual report, with a significant reduction in “material weaknesses” from 26 to three, and in reportable conditions from six to one. The Office of the VCFA has recently developed a Web site that is accessible to the general public, providing a measure of transparency about University financial procedures (www.uams.edu/finance/).
Criterion One Summary

Strengths

1. **UAMS’ Mission is Relevant.** The UAMS Mission, Mission Statement and Vision Statement are reviewed during the Chancellor’s Retreat every two years, which is the beginning step of each strategic planning cycle. This ensures that planning goals and activities are derived directly from a fresh and relevant view of the institution’s ultimate aims.

2. **Planning is Mission Driven.** The University's mission drives planning at the campus level as well as development of individual units’ mission statements. College mission statements are closely aligned with those of the institution and form the basis for college planning activities.

3. **The Mission is Well Articulated.** The Mission Survey conducted by the Criterion One Committee shows that employees have a high degree of recognition and understanding of the UAMS mission and are in agreement with the ideals and objectives it contains. Employees also endorsed the full UAMS Mission and Vision Statements as clearly articulated documents with appropriate goals. Further, respondents perceive the missions of individual units, especially educational units such as the colleges and centers/institutes, to be closely aligned with the UAMS mission.

4. **Communicating UAMS’ Mission to the Public.** UAMS’ “I Am” TV spots demonstrate diversity in that they show people of different races and gender and each focuses on one specific aspect of the UAMS four-fold mission. Other communications consistently articulate the University’s mission to both internal and external audiences, (for example, commercials from this campaign and other media designed to communicate UAMS’ mission).

5. **Diversity.** The UAMS Ethnic and Racial Health Disparities Taskforce represents the institution’s resolve to extend the University’s solid record of valuing diversity. This taskforce undertakes issues of health and health care diversity both within the University and among the state’s population. The University has policies in place to create an environment that values diversity and has provided the resources and support necessary to implement campus-wide education and awareness activities and training programs. The University has implemented specific programs designed to recruit and retain students with respect to race, ethnicity, gender, nationality and economic status (for example, the Center for Diversity Affairs), and the success of this effort is reflected in the diverse nature of the UAMS student body. A new position to strengthen these efforts is also being created at the time of this writing: the Director of Recruitment for Diversity. This Director will coordinate and strengthen diversity activities among the Colleges of
Medicine, Pharmacy, Nursing, Health Related Professions and the Graduate School. The Chancellor and Cabinet officials have demonstrated commitment to the ideals of equality, opportunity and diversity and communicated those ideals effectively to faculty, staff and students. This leadership is reflected in survey results, which show that 81 percent of students and 78 percent of faculty agree that UAMS “considers diversity to be important.”

6. Ethics and Professionalism. UAMS has historically demonstrated a strong commitment to ethics — both in its policies and practices, and by incorporating ethics into the curricula and educational experiences. Selected examples of this commitment include the presence of a dynamic and effective Ethics & Humanities Program in COM, creation of the position of the Vice Chancellor for Institutional Compliance, the University-wide Ethics Discussion Group and UAMS’ End-of-Life Policy.

Further, educational programs have done an excellent job in integrating ethics training into the curriculum and learning environment. Programs have also incorporated professional standards into program requirements for students, who are typically evaluated according to these non-cognitive standards in addition to scholastic achievement.

Weaknesses

1. In the course of its work, the Criterion One Committee realized that there is currently no single definition used by the groups specifically charged with working on diversity-related issues. Also, some confusion exists about the difference between equal opportunity/equal employment initiatives and diversity. Perhaps cohesion among diversity programs could be improved.

Recommendation. Establish an institutional definition of diversity to be used by all diversity-related programs (e.g., the UAMS Diversity Committee, the Center for Diversity Affairs and the Racial and Ethnic Health Disparities Taskforce), and encourage greater coordination among these groups. Administrators also should consider whether there is benefit to locating these related programs under an umbrella unit at the campus level.

In any case, the Committee suggests that the Health Disparities Taskforce be embedded within (or formally attached to) a central administration unit at the Chancellor or Cabinet level, so that it operates with authority and within the management and operational framework of the campus and not as a peripheral group.

2. Individual efforts and institutional commitment to ethics and professionalism pervade the University. However, the Committee believes that the campus as a whole would benefit from greater coordination of effort and activities. Therefore, the Committee suggests that a university-wide committee be
organized to address a comprehensive strategy for increasing interdisciplinary collaboration among all units in addressing issues of ethics and professional standards.

**Additional Observations**

1. Criterion One Committee suggests that UAMS publish a UAMS annual report and that each Cabinet-level unit do the same. A consistent record of programs and services over time by the major units at UAMS would provide a systematic record of the University’s growth and achievements.

2. UAMS has been in consultation with Greystone.net, (a Web consulting firm) regarding the possibility of reorganization and redesign of its Web site, including implementation of a new content management system. The Committee recognizes that its Web site is a critical tool for effectively communicating with internal and external constituents, and the Committee applauds the University’s efforts to improve its Web presence. As part of this plan, the Committee encourages the Communications and Marketing division to establish its own Web page, where University information designed to support overall communications strategies for external and internal groups could be posted (newsletters, magazines, reports, campus calendars, brochures, possibly even audio and video segments).

3. The Committee suggests establishing more student scholarships for minority or underrepresented students as part of the Comprehensive Campaign. According to college officials, often UAMS scholarships are not competitive for these populations. The Comprehensive Campaign has established that scholarships are a major fund-raising priority, providing an excellent opportunity to dedicate some portion of scholarship endowments to help the University meet its future diversity goals.

**Conclusion**

The Criterion One Committee found that UAMS met the standards set by the Higher Learning Commission with regard to its mission and mission documents. The University has a mission that is widely understood and a Mission Statement and Vision Statement that are clearly articulated and which permeate all layers of the institution. Its internal and external constituents are recognized in UAMS’ mission as well its planning process, which is constantly monitored and mission-based. Finally, the University pursues its mission through policies and practices that are grounded in integrity and promote ethical conduct.
CRITERION TWO — PREPARING FOR THE FUTURE

The organization’s allocation of resources and its processes for evaluation and planning demonstrate its capacity to fulfill its mission, improve the quality of its education, and respond to future challenges and opportunities.

Criterion Overview

UAMS and its programs are intimately connected with the vital needs of Arkansans for adequate health care and training of an ample supply of health professionals and cannot stand apart from consideration of future needs. For this reason, the committee’s approach was to describe and to understand a set of deeply ingrained processes. The committee also considered UAMS’ tradition of preparing for future needs to be highly successful, creating a culture in which its faculty, staff and leaders look toward the future as a set of opportunities rather than as a set of problems. UAMS has projects under way today that will prepare it for the future.

Approach to the Criterion

The committee examined the four Core Components within Criterion Two as indicators of present and past performance and as guides to future expectations. The questions established in the Commission’s guideline formed a sound basis for the committee to examine the University’s record of planning and preparation for its future activities.
Methodology

Key people with access to pertinent information were asked to serve on the committee. Members then carefully reviewed the NCA/HLC guidelines and developed a study plan for preparing its report. The study plan was discussed at length, in particular the types of information needed. When complete, the list of evidence largely entailed documents, information and reports already available at the institutional or college/division level. Where official documents did not exist, committee members worked to develop the information through personal knowledge or contact with the appropriate campus officials.

Members were assigned to one of four Core Component teams, which had responsibility for gathering information and drafting a report of findings. Teams were led by the co-Chairmen Mary Ryan and Jonathan Wolfe, who had the added responsibility for initial review and editing of draft sections into a full committee report.

In addition to methods common to the accreditation process — gathering documents and information and using the SharePoint site main library and shared document page — the committee undertook two methods of collecting primary data. First, the committee devised and executed an employee survey. The “Preparing for the Future Survey” sought to determine attitudes and perceptions of employees related to several budget/financial, facilities, planning and communications questions. The anonymous, online survey was conducted from May 30 through June 22, 2006 and 1,068 employees elected to participate for a 13 percent response rate. Results from the survey are cited throughout this document.

The second method was a schedule of structured interviews with executives in charge of educational units; that is, the Chancellor, Deans of the Colleges and Graduate School and the Vice Chancellor for Regional Programs.

Responses from the survey and interviews were reviewed and analyzed along with a number of institutional and project-developed materials, including results from surveys conducted by other Criterion Committees.

---

8Based on the headcount of all regular and full-time employees at UAMS during June 2006.

Criterion Two Overview
Core Component 2a.

The organization realistically prepares for a future shaped by multiple societal and economic trends.

Core Component Overview

UAMS has proven itself highly successful in planning realistically to adapt to emerging trends in education, research and service. It has in place policies and processes that equip it well to succeed in the change-laden future that is anticipated. UAMS has a Mission Statement that is future-focused. It is phrased in terms of performance of global tasks. This is an appropriate underpinning for preparation for the future.

UAMS has goals derived from its mission that provide appropriate near-term guidance. Within this context, UAMS has a Five-Year Strategic Plan maintained by the Chancellor’s Cabinet. Performance is evaluated regularly in relation to the plan and adjustments are made as needed.

Information Resources

As Chancellor, Dr. I. Dodd Wilson maintains regular contact with a network of external constituents and stakeholders. These contacts include various board positions in the community, such as with Arkansas Children's Hospital and the Arkansas Center for Health Improvement, as well as through participation in the Chancellor’s Circle (a society of external friends and supporters of UAMS) and regular interaction with the University of Arkansas and higher education officials, policy-makers and business leaders. Dr. Wilson has access to — and is accessible by — education, public policy, business and community leaders throughout the state. During 2005 and 2006, he made over 80 presentations, primarily to community leaders. Six of these presentations were directed at both internal and external constituents regarding the proposed satellite campus in northwest Arkansas. This access provides the Chancellor with detailed knowledge and insight into health-related needs and issues at the local, state, federal and international levels. The Deans of the constituent colleges, the Director of Regional Programs and the Directors of the Centers of Excellence on campus are regularly consulted about trends in their particular areas and the impact these are likely to have on the UAMS campus.

Track Record

The best place to begin any consideration of how UAMS prepares for the future is with a review of how the campus has performed historically in meeting challenges. The campus has experienced a change of Chancellors since the last site visit by the HLC/NCA, as well as the appointment of new Deans in the
Colleges of Medicine, Pharmacy, Nursing and the Graduate School. UAMS has also added a new Dean and academic unit in Public Health with the founding of the Fay W. Boozman College of Public Health. Throughout this process, the campus has maintained continuity in the offices that are critical to advising about proposed future actions, such as the budget office, Associate Deans and Centers of Excellence Directors. UAMS has performed well and remains well-prepared to meet anticipated challenges in the future. It also maintains flexibility in its planning capacity to make reasonable preparations for those that will be unexpected.

UAMS’ ability to prepare for the future has been demonstrated at the campus level in various and diverse initiatives. The foremost among these are:

**Tobacco Settlement**

In FY 1999-2000, UAMS participated in a broad coalition of K-12 education, higher education, non-profit and public policy groups to work with state policy makers on legislation to allocate the state’s portion of the Tobacco Tax Settlement. This coalition — Coalition for a Healthier Arkansas Today, or CHART, included approximately 75 independent groups. Under the leadership of the Arkansas Center for Health Improvement (a UAMS sponsored entity), CHART worked with lawmakers to craft legislation to dedicate the settlement proceeds strictly for programs to improve and promote Arkansans’ health. After months of planning and negotiations, and working through the steps to place the proposal on the ballot for the 2000 general election, this milestone legislation was passed. Arkansas was the only state to designate 100 percent of its proceeds for health-related projects and initiatives.

In addition to other initiatives outside of UAMS, the legislation dedicated funds through UAMS to establish:

- A new College of Public Health at UAMS
- The Arkansas Biosciences Institute, a consortium of Arkansas research universities led by UAMS faculty
- Seven Center on Aging satellite locations across the state
- An Area Health Education Center (AHEC) in the Delta region of Arkansas to become one of seven AHECs operated by UAMS’ Regional Programs division. The conversion of the pre-existing Delta Health Education Center into an AHEC allowed the Center to qualify for, and participate in, state and federal programs set up in support of regional health models. The center also completed construction of a new 25,000 square-foot facility that includes a wellness center, classrooms, a youth center, library and indoor and outdoor walking tracks.

UAMS’ participation in the CHART Coalition is a powerful testament to the University’s ability to lead and coordinate a complex process in the public interest.
Foundation of the College of Public Health

The Fay W. Boozman College of Public Health is the only college in the state dedicated to public health issues. Funding for the college flowed in large measure from the Tobacco Settlement, which enabled the campus to construct the College of Public Health building. The campus was also able to secure additional state funding to support operational needs of this new college. The cost of this new building was substantially lessened because of past planning. More than ten years ago, the first two floors of the COPH Building were built as classrooms, a gross anatomy laboratory and morgue space. At that time the foundation and frame were stressed to carry another seven stories of construction. This is one example of the University’s foresight embedded in planning processes that benefit both immediate and long-term interests.

Establishment of Centers of Excellence

The Arkansas Cancer Research Center (ACRC) provided the model for Centers of Excellence within UAMS, where resources are organized around types of diseases or conditions in a structure that allows an interdisciplinary and comprehensive approach to treatment, education and research. For over 20 years, the ACRC has met that function well. The Center of Excellence model has been followed by the Harvey and Bernice Jones Eye Institute, the Donald W. Reynolds Institute on Aging, the Myeloma Institute for Research and Therapy and the Jackson T. Stephens Spine and Neurosciences Institute. UAMS now has a good start on a new Center, the Psychiatric Research Institute, which is part of the current $280 million campus expansion. The facility will follow the Center of Excellence model and will feature a 40-bed inpatient facility. The institute will continue the close working relationship between UAMS’ Department of Psychiatry and the Arkansas State Hospital (ASH), located adjacent to the UAMS campus. In fact, the campus expansion project involved joint planning and coordination with the ASH. As part of the plan, ASH agreed to sell its current facility and land to UAMS in exchange for construction of a new facility just a short distance from its current site. Ensuring physical proximity of the two facilities is considered crucial to the success of joint and collaborative efforts well into the future. UAMS anticipates that this investment in behavioral sciences research and treatment will be important to the well-being of Arkansans and will lead to further successes not only in securing outside funding, but also in providing optimal education and patient care.
College and Division Planning

At the college and division level, UAMS has demonstrated its strengths for planning and for executing plans in numerous practical initiatives, including the following three examples.

Enrollment Growth Linked to Workforce Studies/Forecasts

The connection between workforce needs and plans (enrollment goals) for UAMS’ educational programs is great and the University conducts its own workforce analyses. Campus leaders continuously scan for information related to workforce needs of the state. The Chancellor and his staff, along with the Deans and Vice Chancellors, interact with various arms of state and national government to survey and to assess readiness. The individual colleges also regularly survey the market for their own graduates. Relying on a number of formal and informal mechanisms, college leaders remain in touch with emerging trends in their fields and with the changes needed in their instructional programs by:

- Maintaining active curriculum and advisory committees in each of the colleges
- Participating in state, regional and national professional organizations
- Maintaining communications with employers and health care providers

In 2003, UAMS’ Regional Programs prepared a comprehensive report on workforce vacancies throughout the state, *Health Workforce Vacancies in Arkansas*. This report was distributed to College and University leaders to support planning efforts for educational programs. A current 2006 workforce report was prepared by UAMS’ Communications and Marketing. This work, drawing upon national studies and state demographic forecasts, concluded that two emerging demographic trends will cause the number of health care professionals needed in Arkansas in the coming decades to increase substantially. First, the aging of the baby boom generation means that the proportion of elderly in the state’s population to be cared for will increase from 12.4 percent in 2000 to almost 20 percent by 2030. Second, the increasing number of Latinos immigrating into the state will require UAMS to adapt to a new set of cultural needs.

Not only will more physicians, nurses, pharmacists and allied health professionals be needed in Arkansas in the coming years, but also the need is outpacing UAMS’ ability to meet it. Based on these conclusions, a plan has been developed to increase enrollment in each of the colleges over the next several years.
Table 2-1
Student Enrollment Goals by College, Annual Headcount

<table>
<thead>
<tr>
<th>College</th>
<th>2000</th>
<th>2005</th>
<th>2010 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Medicine</td>
<td>570</td>
<td>581</td>
<td>700</td>
</tr>
<tr>
<td>College of Pharmacy</td>
<td>312</td>
<td>360</td>
<td>465</td>
</tr>
<tr>
<td>College of Nursing</td>
<td>232</td>
<td>317</td>
<td>400</td>
</tr>
<tr>
<td>College of Health Related Professions</td>
<td>383</td>
<td>547</td>
<td>600</td>
</tr>
<tr>
<td>College of Public Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students enrolled who paid tuition</td>
<td>0</td>
<td>128 /</td>
<td>200/</td>
</tr>
<tr>
<td># Active students who are pursuing a degree</td>
<td>261</td>
<td>350</td>
<td></td>
</tr>
<tr>
<td>Graduate School</td>
<td>358</td>
<td>395</td>
<td>475</td>
</tr>
<tr>
<td>Total</td>
<td>1,855</td>
<td>2,328</td>
<td>2,840</td>
</tr>
</tbody>
</table>

Table features the headcount of students who enrolled and who paid tuition during the academic year.

These results also led the Chancellor and campus officials to develop a plan to establish a satellite campus elsewhere in the state. By having a second campus in Arkansas, UAMS can better identify and utilize training sites for students and residents. Currently, the UAMS Medical Center, Arkansas Children’s Hospital and the Veteran’s Hospital are training the maximum number of students. In order to increase the number of resident-training physicians, UAMS must find additional educational training sites outside central Arkansas.

**Consistent Excellent Achievement on National Licensure Examinations**

UAMS uses performance on national licensing examinations (and on formative examinations administered during the course of matriculation) to determine how well UAMS performs against national standards. This involves more than simply checking ourselves against national pass rates. UAMS students come principally from Arkansas schools and their pre-professional education is only as strong as their prerequisite education. UAMS performs a value-added function, which is often overlooked, by improving the performance of students on national exams beyond their performance as entering students, as indicated in the following chapter of this report.

Students from UAMS colleges that have license providers and boards have consistently exceeded national success rates on licensure and board examinations. For a detailed breakdown of pass rates and types of exams completed for each college, see Criterion Three, Core Component 3a. This performance is considered
a primary marker of how well the University has met the educational planning needs of the past and will remain a chief means to gauge the educational excellence in the future.

**Pioneering the Use of Objective Structured Clinical Examination on the Standardized Patient Methods for Instruction**

UAMS is a national leader in using Standardized Patients (SP) as part of the delivery of professional instruction. The University developed an excellent SP facility. When campus expansion required its relocation, UAMS moved up to the next level with a truly state-of-the-art Clinical Skills Center facility (recently renamed the Center for Clinical Skills Education), housed in the College of Public Health Building. Facilities and staff are not the only measure of how important this method of instruction has become. The UAMS Standard Patient Program serves as a model of inter-college collaboration. The College of Pharmacy (COP), with its access to the SP facilities, has made itself the model for pharmacy colleges in the U.S. Further, UAMS colleges have successfully shared many facilities and resources, including instructional laboratory facilities, classrooms and instructional resources, realizing the mutual benefit of such a practice.

**Core Component Summary**

UAMS has historically demonstrated its ability to adapt rapidly to unforeseen challenges and has done so in ways consistent with its mission. Today the University is consciously preparing to meet its obligations in an evolving environment. The greatest concerns are the demographic trends outlined above, along with health needs for the future and financial and physical realities of operating expensive education programs for health professionals.

UAMS faces the demands of the future from a position of fiscal strength. Income from all sources continues to rise, even above levels of inflation. This financial growth has allowed the campus to expand its services in critical areas, including establishing the state’s only College of Public Health, increasing enrollment in its colleges, expanding outreach to communities across the state, becoming more competitive in applying for NIH research funds and carrying out its current campus expansion.

UAMS is preparing a Comprehensive Campaign to maximize the role of philanthropy at UAMS. Working with the national firm Martz and Lundy, UAMS has conducted extensive planning to establish anticipated levels of participation, set a campaign goal and develop an action plan to reach a number of target audiences and ultimately, reach the campaign goal.
UAMS’ financial future depends partly on federal-level decisions about paying for health care. The Medicare and Medicaid programs have historically provided compensation that allowed UAMS to shift some costs of education to margins from these programs. UAMS in particular has had success in drawing patients with private insurance coverage, whose care is reimbursed at rates that are generally more favorable than any governmental program. The University must remain acutely aware of trends in health care financing and drug pricing. Government programs such as Medicare are forbidden by law to negotiate lower prices for pharmaceuticals, making care more difficult for their beneficiaries. Drug pricing, along with health insurance and coverage, are all issues unsettled whose outcomes will directly impact UAMS in the near future.

**Core Component 2b.**

*The organization’s resource base supports its educational programs and its plans for maintaining and strengthening their quality in the future.*

**Core Component Overview**

UAMS and individual colleges and units have flexible planning processes in place to ensure that educational programs are adequately supported and that they respond to the changing needs of Arkansas. Decisions are made to reallocate resources and to downsize or expand programs and services based on careful study of environmental scans, workforce studies, changes in the health professions and advances in technology.

In order to fulfill its education mission, UAMS must have adequate financial, human and physical resources, as well as a strong infrastructure. UAMS has made many improvements in these areas in the past ten years, which have strengthened its ability to support education. Educational programs have expanded tremendously and will continue to do so because of many factors, including the projected need for more health professionals as the wave of aging baby boomers places unprecedented strains on the current health care system. Since UAMS is a public institution and has an obligation toward public service and indigent health care, it has always faced some financial challenges. Six years ago, UAMS was operating without sufficient financial reserves and had to depend on its line of credit several times to make payroll. Vast improvements have been made since then and UAMS is now financially healthy. Indeed, present reserves have allowed UAMS to cease maintaining a line of credit.

Clinical revenues, which make up two-thirds of UAMS revenues, are projected to increase through the next decade and beyond. Since clinical revenues are important in helping support many of its education programs, the financial outlook for clinical programs provides a positive backdrop for educational resources. Financial resources have been significantly strengthened with several
new and expanded clinical facilities and will be further improved with the completion of the new hospital currently under construction and the upcoming expansion of the Arkansas Cancer Research Center. UAMS’ research funding has doubled every five years for the past 15 years and philanthropic giving has increased significantly and should continue to do so with the implementation of the new multi-year Comprehensive Campaign. Also, implementation of better budget planning and management procedures and the SAP budget and financial system since the last HLC/NCA review have strengthened the institution’s ability to track and analyze financial transactions and to budget appropriately for the future.

UAMS has over 9,300 employees distributed throughout the state in 70 of the 75 counties and is one of the state’s largest employers. Recruiting and retaining well-qualified and productive faculty and staff, and making efficient and effective use of such a diverse and widespread workforce, are challenges that UAMS handles well. In the Preparing for the Future Survey, 77 percent of respondents indicated they had a high degree of job satisfaction and 87 percent indicated confidence in the ability of UAMS to succeed in the future. Support services were highly rated in various surveys done during the past 10 years, especially those services provided by the Library, IT and Creative Services. Many programs have been instituted to improve communication and provide the resources needed by employees to perform their jobs well, examples of which are in section 2b2.

Along with financial and human resources, adequate physical resources and infrastructure are vital to meeting the education mission of UAMS. Amazing growth in facilities has taken place at UAMS in the past 10 years, with an average of one new building each year and three currently under construction. One-third of the total square footage at UAMS was added in the past ten years. The addition of the new College of Public Health (COPH) building was especially important in supporting education since it contains the COPH offices and student spaces, numerous classrooms, an auditorium, a large computer lab and significant expansion space for the colleges of Nursing and Pharmacy. While many improvements in educational space have been made, there are still some pressing space needs, such as study and relaxation space for students in and outside of the Library, classroom and laboratory space, faculty office space and parking. Passage of the Higher Education bonds in the 2006 November general election make it possible to construct new classroom space.

The colleges work well with other universities throughout the state and beyond to share resources and develop joint degree programs, such as the bioinformatics degree with the University of Arkansas at Little Rock and the Doctor of Nursing Practice program with the University of Central Arkansas. UAMS is currently studying the need and feasibility of establishing a satellite campus in northwest Arkansas since the clinical capacity in central Arkansas cannot handle needed expansions in various educational programs. As UAMS is cognizant of the connection between its current and potential future resources and its capacity...
to provide quality educational programs, it works carefully to study needs and
develop quality educational programs that can be adequately supported.

Financial Resources

Sources of funding for UAMS include the following: clinical fees (64 percent),
grants and contracts (18 percent), state government appropriations (11 percent),
private philanthropy (five percent) and student tuition (two percent). UAMS’
financial position remained strong at June 30, 2005, with assets of $795,193,000
and liabilities of $299,879,000. Net assets, which represent the residual interest
in UAMS’ assets after deducting liabilities, were $495,314,000 at June 30, 2005.
Changes in net assets represent the activities of UAMS, which result from
revenue, expenses, gains and losses, and are summarized for the years ended June
30, 2005 and 2004 as follows:

Table 2-2
Changes in Net Assets, UAMS
(in thousands)

<table>
<thead>
<tr>
<th></th>
<th>Year ended June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2004</td>
</tr>
<tr>
<td>Operating revenue</td>
<td>$712,956</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>$(724,168)</td>
</tr>
<tr>
<td>Non-operating revenue and expenses</td>
<td>$46,743</td>
</tr>
<tr>
<td>Other changes in net assets</td>
<td>$11,438</td>
</tr>
<tr>
<td>Increase in net assets</td>
<td>$46,969</td>
</tr>
</tbody>
</table>

Moody’s Investment Service raised the rating of the University of Arkansas
System from A1 to Aa3 in August 2004. UAMS, as one of the colleges in the
University of Arkansas System, will benefit from this rating increase.

Budget Planning Process

There are many procedures and documents used to ensure that UAMS finances
are properly planned and appropriately reviewed. The UAMS Budget Office
has the central administrative responsibility to coordinate the preparation of
the annual and biennial campus budgets and to recommend budget guidelines,
prepare financial forecasts and provide documentation of budget methodologies.

The annual operating budget process begins in December by requesting
enrollment forecasts from the colleges and the Graduate School. These forecasts
are used to project tuition income for the budget year. In January, the remainder of the campus general revenue is projected, including state funding, investment income, indirect cost recovery, miscellaneous income and hospital income. Campus budget hearings are held in March, when each division presents its requests for new funding to the Chancellor. The budget is finalized at the campus level in late April and the annual budget is presented for approval to the University of Arkansas Board of Trustees in late May. The budgets of all UA campuses are presented to the General Assembly as a single package.

The Five-year Financial Plan is updated annually. The plan allows the institution to ensure that there will be appropriate funds available for the next five years. By using a five-year approach, expenses can be gradually adjusted over several years if needed, thus ameliorating the severity of a large expense reduction to offset an unforeseen projected income shortfall.

In its continuing effort to improve the financial support for UAMS, the administration included two objectives in the UAMS Strategic Plan for 2005-2007 related to financial resources. Strategies for “Objective 4 – Improve the institution’s financial decision-making capacity” include understanding real costs in all major expense categories, looking for opportunities to increase margins on major revenue streams and implementing information systems to provide better data for administrative and financial planning. Strategies for “Objective 5 – Engage in institutional capacity-building activities” include implementing e-commerce solutions for customer payment (includes patient billings, student tuition, etc.), identifying new products/services and sources of revenue and establishing incentives for good financial stewardship.

**General Fund**

Each division has a base budget amount allocated through fund 111, the General Fund. The divisions/units have primary responsibility for their budgets. That oversight is supplemented by the Chancellor’s Financial Cabinet and Chief Financial Officer. The Financial Cabinet meets quarterly to ensure that budgets are adequate and being followed appropriately throughout the year.

**Grant Funding and Indirect Cost Recovery Income**

The Grants Accounting Department projects the indirect cost recovery (ICR) income based on historical trends and anticipated grants for the budget year. As an incentive plan 30 percent of the ICR income growth is allocated back to the individual colleges that earn it. Sponsored Programs, which include federal grants and contracts, state/local grants and contracts and non-governmental grants/contracts, increased by $5,489,000 in FY 2005, with modest growth in all three categories. Growth in Sponsored Programs revenue is expected to be modest over the next few years, due to decreasing Tobacco Settlement funds and slowing growth in National Institutes of Health (NIH) funding.
Arkansas State Income

The total amount of projected state income is determined by legislated appropriations and funding acts. UAMS’ biennial request for state funding (for campus positions, capital funding and Legislative appropriations) is prioritized by the Chancellor and then by the Arkansas Department of Higher Education (ADHE) before being presented to the Legislature for consideration. UAMS receives a lower percentage of its total operating budget from state funding than most other regional academic health centers. As a proportion of total University funding, state appropriations have declined for several years, with a drop from 15.6 percent in 1996 to 11.3 percent for 2005. The projection for 2006 falls somewhat lower still (11.0 percent). However, in terms of absolute dollars, state appropriations to the campus have increased every year. The amount of growth in those appropriations has simply not kept pace with greater increases in entrepreneurial categories: patient care income, research grants and contracts and philanthropy.

Tuition Income and Enrollment Forecast

Enrollment numbers are projected annually by each college. The amount of tuition increase is established by the Chancellor after considering each college’s recommended percentage of increase, and must be approved by the UA Board of Trustees. As an incentive plan, each year 30 percent of the tuition growth is allocated back to the individual colleges that earn it. Tuition income is projected to be over $17,000,000 for 2006/07.

Investment Income

Income is determined by investment holdings and earnings rates. The amount projected for 2006-07 is $7,242,800 for all campus funds combined.

Miscellaneous Income

Miscellaneous income includes traffic violation, vending machines, Dental Hygiene Clinic, royalties and campus lease income. The total projected for 2006-07 is approximately $1,500,000.

Economic Outlook

UAMS’ financial position continued to strengthen in fiscal year 2005, as evidenced by an approximate $47,795,000 increase in net assets. One of UAMS’ greatest financial strengths is the diverse stream of revenue, which funds its operations, including tuition, patient services revenue, state appropriations, investment income, and philanthropic support from individuals, foundations and corporations. UAMS continues to seek funding aggressively from all possible sources consistent with its missions to teach, to heal, to search and to serve.
In fiscal year 2005, UAMS embarked on a series of expansion projects designed to support its four missions. This series of projects will include a $168,000,000 building project to replace the 50-year old hospital, a new residence facility to replace the old dormitory and the addition of the new Psychiatric Research Institute. UAMS refinanced $58,265,000 of outstanding 1998 facility bonds and issued $95,915,000 in new bonds in fiscal year 2005, with plans to issue $100,000,000 more in new bonds during fiscal year 2007.

The new bonds will be secured by a pledge of patient service revenue. The new hospital facility will house at least 290 adult beds and additional bassinets, operating rooms, cardiac catheter labs, radiology and other ancillary areas. The UAMS Psychiatric Institute will house 40 psychiatric inpatient beds, psychiatry clinics, offices and research areas. UAMS will build a power plant capable of maximum power generation, which can meet all the power needs of the west side of the UAMS campus during peak operating periods. This new plant will take advantage of state-of-the-art efficiencies and its equipment will reduce operating costs.

While UAMS’ hospital and clinics are well situated to maintain a strong financial position in the near term, ongoing constraints on revenue are expected to continue because of the continual tightening of reimbursement and fiscal pressures on employers and federal and state governments. Management believes that much of the pressure can be offset by growth in patient volume. An independent strategic planning consultant projected a 27 percent growth over 10 years for inpatient volume and a 39 percent growth over 10 years for outpatient volume. In the two years following that study, inpatient volume grew by 4.7 percent and outpatient volume grew by 14.1 percent.

Additionally, management recognizes the absolute necessity of cost control. Management has identified expense reduction targets for the upcoming year and is actively developing strategies for future years. All departments have reduced base budgets by one percent for efficiencies they are tasked to find. The hospital supply budget has been reduced by four percent. These reductions will help cover the costs of the extra debt service. UAMS has begun significant investments in information technology in order to generate necessary productivity gains, more closely manage clinical practice and outcomes, continue to increase patient safety and to remain compliant with an ever-growing regulatory burden.

To increase patient volume, UAMS also continues to seek new funding sources. Two examples of recent successes are the Enhanced Medicaid Program and the Tobacco Settlement Funds. Both programs are described below.

In the fourth quarter of fiscal year 2004, UAMS successfully completed the requirements to participate in the Enhanced Medicaid program. The first payment under this program was received in July 2004 and covered the period October 2002 through May 2004. The net proceeds to UAMS from this payment were
approximately $25,810,000. Fiscal year 2005 net proceeds from this program were approximately $25,265,000. UAMS expects modest growth in net proceeds in subsequent years. The additional expense to participate in the Enhanced Medicaid program is minimal.

Initiated Act Number 1 of 2000, the Tobacco Settlement Proceeds Act, was passed by popular vote on November 7, 2000. During fiscal years 2004 and 2005, UAMS received $9,478,000 and $9,961,000, respectively, in operating funds from the Tobacco Settlement. Funds were allocated to the Fay W. Boozman College of Public Health, the Donald W. Reynolds Institute on Aging and the Department of Geriatrics, Delta Area Health Education Center and the Arkansas Biosciences Institute. In addition to the operating funds, the Arkansas Development Finance Authority issued Tobacco Settlement Revenue Bonds. Proceeds from the sale of these bonds were used to provide funds for two capital projects, the College of Public Health building and the Arkansas Biosciences Institute, which were completed in fiscal year 2004.

UAMS has experienced solid financial growth with a three-year average annual growth in net assets of 14.4 percent. Because of the strength and commitment of the faculty, staff and students, UAMS has positioned itself well to respond to future opportunities and challenges.

**Philanthropy**

UAMS recognizes that to achieve fully its future goals by 2010 and beyond, it must increase the capacity of charitable giving to supplement revenues from state sources and increasingly competitive federal grants. To that end, the Chancellor, the UAMS Office of Development and Alumni Affairs, the College Deans and Center and Institute Directors are committed to continually improving professional fundraising operations. The institution solicits private gifts on behalf of all areas of UAMS. Overall, private gift support allows UAMS to accomplish many mission objectives in accordance with the campus strategic planning goals. Often these objectives could not be accomplished in the near term, were it not for the flexibility permitted by donors whose additional support becomes available through private gift resources.

These charitable resources provide much needed stimulus for endowed chairs, faculty support, ongoing facility improvements, equipment and technology, laboratory upgrades and academic and research programming. Clearly, philanthropic income is a significant revenue source with meaningful impact on the education, clinical and research programs of UAMS.
Table 2-3
Growth of Philanthropy to UAMS, 1996-2006

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>$13,600,357</td>
</tr>
<tr>
<td>1997</td>
<td>$ 8,592,596</td>
</tr>
<tr>
<td>1998</td>
<td>$ 9,044,154</td>
</tr>
<tr>
<td>1999</td>
<td>$20,430,205</td>
</tr>
<tr>
<td>2000</td>
<td>$28,027,418</td>
</tr>
<tr>
<td>2001</td>
<td>$19,040,798</td>
</tr>
<tr>
<td>2002</td>
<td>$44,028,869</td>
</tr>
<tr>
<td>2003</td>
<td>$37,450,358</td>
</tr>
<tr>
<td>2004</td>
<td>$33,319,982</td>
</tr>
<tr>
<td>2005</td>
<td>$35,000,000</td>
</tr>
<tr>
<td>2006</td>
<td>$34,573,660</td>
</tr>
</tbody>
</table>

Charitable gifts not only provided facility and infrastructure improvements, but also helped to shape priorities for a campus-wide master plan for the future, including strategies to elevate private gift potential to secure a margin of excellence for the many academic and research programs. The impact of philanthropy on the UAMS education mission is clearly illustrated by the sharp increase in endowed chairs from 1996 to 2006. Many of these major gifts contributed directly or indirectly to recruitment of nationally regarded scientists and clinicians, resulting in 42 new philanthropically supported endowed chairs in the College of Medicine alone. In total, the COM has 56 endowed chairs and the University has 59 overall. These endowed chairs also encouraged overall philanthropy to UAMS and stimulated other essential academic, clinical and research expansions.

The intervening decade since the last self-study also marked a more integrated relationship among the Development Office, Deans and Department Chairmen and the newly established Communications and Marketing office. Communications and Marketing was elevated to cabinet-level status with the appointment of the first Vice Chancellor for Communications. This officer led an institution-wide analysis of ways that UAMS images and branding could enhance the institution’s visibility to the state while promoting its priorities for the future. Establishing a branded identity helped shape the environment for UAMS fund raising both externally and internally. Externally, the outcome was a more professional and streamlined process to place consistent, meaningful messages before the public and potential donors. Internally, the new branding regimen established a standardized fundraising environment for all areas of UAMS.
UAMS recently restructured fundraising operations under a new Office of Development and Alumni Affairs. Following a national search, successful development professionals were recruited to serve as Vice Chancellor and Associate Vice Chancellor for Development. With a revamped Development Office in place, UAMS initiated a year-long internal and external assessment process to evaluate system-wide priorities for the future and determine the level of government, state and private dollars that would be necessary to meet the campaign goals. Serious fund-raising objectives were incorporated into all campus-wide strategic planning activities. A national consulting firm, Martz and Lundy, was engaged to coordinate the assessment projects and guide a formal feasibility study to evaluate whether a professional comprehensive campaign could achieve the necessary level of private philanthropy to help implement the desired goals of the institution. The consultants and key UAMS faculty conferred with volunteer board members, donors, statewide civic and business leaders, patients and foundation representatives using personal interviews and surveys to evaluate the potential level of statewide support for a comprehensive multi-year UAMS campaign. The study found that UAMS excels in the number of large gifts closed among the top tier of high net worth donors, resulting in a favorable rank for total dollars raised. The consultants also compared the UAMS fund-raising operation to that of several peer institutions across the U.S., confirming that potential philanthropy to UAMS fares at or above the giving potential for peer institutions, although recommendations for improvement were also noted.

The consultant team from Martz and Lundy, along with key faculty and administrators at UAMS, representatives of the UAMS Foundation Board and selected hospital task force members, jointly evaluated various internal and external reports. The team concluded that UAMS should establish an official timeline to prepare campaign collateral materials and to schedule events and publicity, even while assessment and strategic planning continued. Campaign case statements and media themes were developed, volunteer task force leaders were identified and advisory board participation was increased statewide in preparation for a comprehensive campaign. Initial planning included a campaign timetable from 2007 through 2010 with an estimated goal of $325 million. The following broad campaign priorities were defined in this collaborative process:

Table 2-4
Comprehensive Campaign Priorities

<table>
<thead>
<tr>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Clinical Facilities That Meet Growing Patient Needs</td>
</tr>
<tr>
<td>Recruitment and Retention of Gifted Faculty and Research Scientists</td>
</tr>
<tr>
<td>Scholarships and Other Educational Opportunities for UAMS Students</td>
</tr>
<tr>
<td>A Secure Future for Statewide Outreach Programs</td>
</tr>
<tr>
<td>Enhanced Patient Education and Services</td>
</tr>
<tr>
<td>Unrestricted Funds for Unforeseen Needs</td>
</tr>
</tbody>
</table>

84
**Budget Concerns**

Some budget concerns appeared repeatedly in interviews with deans and other administration leaders as well as in planning documents. The chief concerns include salary levels for many positions and the competition with the outside marketplace for qualified faculty and staff, the inadequate funding for academic support units over the last five years, the cost of replacing computers on a routine basis, the effect of a flat National Institutes of Health budget on research funding, and the strong dependence of UAMS on clinical revenues. Although recent passage of an Any Willing Provider law in Arkansas has significantly improved UAMS’ payer mix in the first quarter of FY07, the rapidly rising cost of providing health care and the unusually large number of uninsured patients in Arkansas will probably continue to be the greatest threats to financial security at UAMS.

**Human Resources**

UAMS has an active program aimed at making effective use of human resources by recruiting and retaining qualified employees and enabling them to develop and continuously improve their skills as their jobs and the needs of UAMS change.

**Organizational Communication**

UAMS administration leaders communicate with employees and students in many ways, including the Chancellor’s annual State of the Campus address (which is also broadcast via the Intranet to off-campus sites including the AHECs), the annual Meet Your Administrators meeting, numerous e-mails and campus-wide announcements, the UAMS Update and college/department newsletters. While efforts are continually being made to communicate well at all levels of the organization and to include appropriate people in decision-making processes, there is still room for improvement, as indicated by Planning for the Future survey results, the Licensing Commission for Medical Education (LCME) report, the SWOT analysis for the College of Medicine and other reports. Suggestions for improvements include more communication about plans and accomplishments, more inclusion in planning and decision-making processes at the departmental level, regular faculty meetings and an anonymous feedback mechanism.
Training and Professional Development

UAMS offers a number of training/educational opportunities to faculty and staff designed to enhance both professional and personal growth and development. These include the following:

Faculty and Staff Orientation

Introductory orientation is provided for all staff (non-faculty) which is designed to go beyond completing forms for benefits, payroll sign up, etc. Familiarity with the organizational culture is an important aspect of this effort. For example, members of the Chancellor’s Cabinet are included on the agenda to offer a high-level overview of the institutional mission and to communicate appreciation for the contributions each attendee will make to UAMS. Since it is difficult to schedule faculty for group orientation sessions, additional one-on-one visits are provided for them.

Administrative Procedures Training

Regular training is provided to all professional and administrative support staff responsible for entering and maintaining data in the enterprise level administrative system, SAP. Many procedures such as payroll, position control, purchasing and budget management are decentralized; therefore, employees outside of central administration must have skills to execute these transactions online. All faculty and staff are offered the opportunity to handle a number of their Human Resources/Payroll transactions through employee self-service Web applications, which prevents the need to visit the Human Resources office or complete forms to effect transactions.

Supervisory/Management Training and Events

Over the last year 10 supervisory/management courses were taught to a total of 263 UAMS employees. Examples of courses include An Introduction to UAMS Human Resources, Providing Performance Feedback, Customer Service Training, Essential Skills of Communication, Resolving Conflict and Coaching Job Skills. The Office of Human Resources (HR) also offered a number of consulting services consisting of special training events and the facilitation of two surveys. In January 2006, HR began offering the Birkman assessment, which measures a person’s communication and leadership style in relation to his/her usual behavior, needs and stress behavior. To date, 80 individual and five team feedback sessions have been administered using the Birkman Assessment.

Technical Support and Training

Most employees at UAMS use computers as an integral part of their everyday work, thus training and support in the use of technology has become an increasingly important necessity for an effective work environment. One of
the concerns included in the 1996 HLC/NCA site visit report was the lack of communication about Information Technology (IT) and telecommunication needs. Much improvement has been made since that time. UAMS now has a well-organized IT unit led by a Chief Information Officer and has several committees that meet routinely to address various aspects of the technical infrastructure and services at UAMS, including the Academic Computing Advisory Committee, the IT Leadership Group, the IT Coordinating Group and the IT Executive Committee. Also, Academic Computing, Library and Academic Services IT staff meet monthly as the Academic Affairs Technology Action Group and they have a close working relationship with the IT department. The University Hospital was just named one of the “100 Most Wired Hospitals and Health Systems” for the fifth time in eight years by the Hospitals & Health Networks Magazine and the Library has state-of-the-art technology in the Teaching Resource Center, the Access Grid room and throughout the Library. UAMS has had Internet II connectivity for several years and will soon become part of the national Lambda Rail system.

The number of servers supported by the IT division rose from 195 in 2002 to 323 in 2005, and servers supported by the Library and Academic Computing rose from 15 to 30. The total number of PCs supported by IT rose from 2,232 to 6,302 and the number of PCs supported by the Library, Academic Computing and Academic Services rose from approximately 260 to 415.

Various units provide training and support in the use of computer hardware and software. The UAMS IT department provides a 24/7 Technical Support Center (Help Desk) to answer questions and troubleshoot problems, maintains the e-mail system used by most employees and provides access to 175 courses on a wide variety of topics, ranging from Microsoft Office applications to management topics, through the LearnKey online training system. Over 2,200 hours of training have been provided through LearnKey since its introduction at UAMS last year. Other units provide training and support as well, including Creative Services’ classes on PowerPoint and other software applications and the Library’s classes on various databases and support in accessing online information resources. Web sites, Intranet sites and SharePoint sites are maintained by various units on campus to facilitate the sharing of information within the workplace.

**UAMS Leadership Institute**

In February 2006, UAMS launched the first UAMS Leadership Institute, a year-long leadership development program that provides participants with the opportunity to learn about leadership from a variety of perspectives. The goals of the UAMS Leadership Institute are to:

- Foster an environment where participants can build relationships and work across departmental boundaries
Acquaint participants with UAMS needs, challenges and opportunities
Offer an opportunity for the participants to identify problems and generate solutions for critical issues facing UAMS
Provide participants with the tools needed to develop and enhance their leadership skills

The curriculum for the education sessions and content of the projects are based on the following leadership skills: Personal Effectiveness, Leading Others, Health Care Industry Knowledge/UAMS Knowledge and Teaming and Relationship Management.

The UAMS Leadership Institute is aimed at identifying and developing leaders who will contribute to the continued success of UAMS. The program is enrolls 24 employees representing all areas of UAMS. The 2005/2006 class spent one year developing a strategic plan for improving guest relations at UAMS. The class has prepared a presentation describing the current state of guest relations at UAMS, research of guest relations programs at institutions similar to UAMS and their recommendations for improving guest relations at UAMS. This information was presented to Chancellor Wilson and his Cabinet in December, 2006.

Tuition Assistance Program

Full-time employees, their spouses and dependent children are eligible to receive a tuition discount at UAMS and any of the University of Arkansas system campuses. The employee discount is 90 percent off the full cost of tuition for selected home campus programs (not including professional degrees such as the M.D. or Pharm. D. at UAMS), and 70 percent off of the full cost of tuition at any other University of Arkansas campus. For spouses and dependents, there is a 50 percent discount for eligible home campus classes and 40 percent discount at other campuses. For the last fully reported academic year (2004/2005) 1,175 UAMS employees and 168 dependents took advantage of the tuition discount program. The total amount of the discount granted was $1,395,132.

Employee Assistance Program

The Employee Assistance Program (EAP) provides professional counseling, information and management consultation to UAMS employees, as well as to their families. Concerns addressed by EAP include stress management, finances, alcohol and other drug abuse, elder care, job/career issues, legal issues, family problems and personal/emotional concerns. This service is free and confidential.

Health and Fitness

UAMS is committed to improving the health of its employees. Through the Get Healthy UAMS initiative, wellness screenings designed to identify health risks and develop plans for improvements in health maintenance practices are offered.
annually to all UAMS faculty and staff. Data from the screenings is analyzed and recommendations for improvements are given to participants. Employees and students may join the UAMS Fitness Center, which is open 24 hours a day, seven days a week, with key card access, for a membership fee, which is based on salary. The Team UAMS program facilitates team participation in activities such as running, cycling, tennis, golf and hiking. Also, the employee health insurance program offers a preventive care, lifestyle coaching program to all employees who carry the offered health insurance. UAMS has a mental health wellness program for all students, the College of Medicine has a mental health wellness program for faculty and the UAMS Medical Staff Health Committee assists physicians with potentially impairing conditions. The mental health program for students needs additional funding since the number of students using the service is increasing.

**Faculty Recruitment and Retention**

In the area of faculty recruitment and retention, UAMS faces the same challenges as all other health care institutions. The reality is that physicians, pharmacists, nurses and other practitioners can command higher entry salaries than UAMS can pay to new faculty.

**Non-Classified, Non-Faculty Compensation Study**

UAMS has a total employee population of over 9,300. The tremendous growth in numbers of UAMS employees over the past 10 years has resulted in the need to adapt its compensation system for UAMS non-classified employees (approximately 70 percent of the workforce). This group of employees is made up of nurses, a variety of health care professionals, non-health care professionals, administrators and mid-level managers. UAMS will utilize the services of a consulting firm with expert knowledge of academic medical centers to collaboratively develop, design and implement a business model that allows for flexibility in setting salaries at point of hire, promotion, reclassification and transfer based on current market conditions while accommodating various degree backgrounds and specialty areas. The compensation study will help UAMS to analyze its salary structure and make necessary adjustments to ensure that the University remains competitive in the marketplace. In addition to salary equity, an incentive plan designed to encourage better quality performance will also be introduced.

**Employee Opinion Survey**

Employees in the Hospital, Human Resources and IT (37 percent of total employees) participate in a biennial Morehead satisfaction survey, which has become a valuable tool to assist in identifying areas for improvement in management practices and services. Efforts are currently under way to include the rest of the University in the next round of surveys. More information on this survey is contained in Section 2.c.2.
**Online Exit Interviews**

Two years ago, UAMS developed and implemented a Web-based exit interview process available to all faculty, administrators and staff through a link on the Human Resources Web site. Responses to queries on the exit interview are used to produce executive reports for the Chancellor’s Cabinet, department heads and Human Resources, as the institution looks for areas in which to implement improvements.

**Diversity**

UAMS has an employee and student population that is representative of 72 different countries. For the past 10 years, UAMS has had a diversity initiative which is designed to create awareness of all types of diversity that exist within the University and to develop appropriate skills to assist in effectively managing the array of diverse perspectives that exist. Core Component 1b. contains a full discussion of diversity issues and initiatives and demonstrates that UAMS values the diversity of its students, faculty and staff.

**Employee Recognition Programs**

For over 30 years, UAMS has formally recognized faculty and staff for their valuable years of service. This has become a tradition that has grown from recognizing a small number of dedicated workers for increments of five years of service to 1,200 who were recognized during the 2006 ceremony. Service bonuses are also provided for staff who meet established longevity milestones. An online employee recognition program will begin in the spring of 2007, which is designed to allow for both peer and supervisory recognition for special project accomplishments, excellent customer service, or for any worthy reason.

**Physical Resources and Infrastructure**

In order to fulfill its mission, UAMS must have adequate facilities and a strong infrastructure. Since 1996, UAMS has increased the size of its facilities by 50 percent by adding a net total of over 1.2 million square feet of finished structures. Facilities added include a 1,000 space parking deck, the Harry P. Ward Tower, the Institute on Aging, the Fay W. Boozman College of Public Health, Central Arkansas Radiation Treatment Institute (CARTI), the Arkansas Cancer Research Center, Bio Ventures, Biomedical Research II, Jones Eye Institute, the Stephens Spine and Neurosciences Institute, Positron Emission Tomography (PET) Imaging, a new Bookstore and the Student Residence Hall. While these additions and others are impressive, there are still many needs for new facilities and renovation of current ones. Facilities currently under construction are a 384,084-square-foot addition to the hospital, a Psychiatric Research Institute and a 1,000-space parking deck. Renovations needed to extend the useful lives
of existing structures include the Arkansas State Hospital space (for the College of Health Related Professions and other planned occupants), the Education II building (including the 30-year-old Library) and the Barton Research Building. Some of these projects will be funded through an upcoming bond issue approved by voters in November 2006. Partial funds to underwrite the ACRC expansion (building) have been secured by restructuring the Tobacco Settlement bond issue and a combination of public and private sources is being pursued for the remaining funds.

UAMS Campus Operations manages the Strategic Facility Master Planning Program, which created and executes the Facilities Master Plan. The plan was finalized in 2004, with the assistance of an architectural firm, to ensure that renovation and construction projects planned for the next several years would support the mission of UAMS. The plan includes space utilization policies that apply to all UAMS departments, divisions, schools and facilities. It also includes an Infrastructure Analysis Plan. Major planning principles, such as entrances, gateways, land use, future land acquisition, vehicle and pedestrian circulation, parking, service circulation and utilities are addressed in the plan. A Strategic Facility Master Planning Committee appointed by the Chancellor meets monthly to oversee the allocation and utilization of space throughout the campus, ensuring that space is provided as needed to meet the goals of each unit.

Parking is a perennial problem at UAMS. This remains as true as it was a decade ago. Space is very limited, the number of employees, students and patients at UAMS has grown rapidly in the past 10 years and state regulations prohibit the use of state revenues to build parking lots or structures. A new 1,000-spot-parking deck, planned to open in 2008, should help to alleviate the parking problem, but parking will probably continue to be a major problem into the future.

**Educational Facilities**

The two existing education buildings on campus at the time of the last HLC/NCA accreditation review contain a total of 193,524 square feet. With the completion of the Fay W. Boozman College of Public Health building in 2003, UAMS added 128,225 square feet for education and academic administration purposes. While the fundamental purpose of the addition was to house the new UAMS College of Public Health, substantial space in the building was also allocated to the Colleges of Nursing and Pharmacy, enabling these schools to provide on-campus consolidated space for faculty and administrators who had previously been dispersed and often located off-campus. Other space on the 8th floor of the COPH building houses the new state-of-the-art Center for Clinical Skills Education, a 173-seat general purpose lecture hall with up-to-date AV capabilities and the UAMS Fitness Center, a long-needed exercise facility for UAMS students and staff.
Even with the addition of the COPH building, however, providing adequate teaching space to accommodate increased enrollment in COPH and Graduate School programs, new programs and burgeoning enrollment in CHRP and significantly increased class sizes in the COM, CON and COP has been a challenge. In addition to supporting the UAMS curricular educational programs, the UAMS educational classrooms, conference rooms and auditoriums also are used for numerous committee meetings, continuing education programs, grand rounds and other purposes. The difficulty of allocating appropriate teaching and lab space for educational programs has been exacerbated by the general lack of space on campus.

Moreover, a significant portion of the available teaching space is aging. The Education II building, which provides almost half of the available teaching space, was opened 30 years ago. While there has been some renovation of particular teaching areas in that building, much remains to be accomplished to refurnish and refit the building. Most notably, the furnishings and student seating date from its initial commissioning, and the classrooms are not equipped to accommodate students’ use of laptops during lectures. The building’s infrastructure, including the heating and air conditioning system and the elevators, has outlived its expected lifespan and is a major impediment to further improvements. Also, survey results and focus group reports point out the need for better maintenance of and housekeeping for existing buildings, especially the Education II building.

UAMS is planning to build a new education building to address the deficiencies of existing education space and to accommodate increased class sizes. As currently planned, the building would house two 200-seat auditoriums, one 90-seat auditorium, two 55-seat classrooms and ten 20 seat conference rooms.

In addition to the constraints on teaching space, the current educational facilities also provide insufficient study space for students. In fact, the student survey results identified the lack of study space as the most serious space or facilities-related issue students face. Some 34 percent of responding students rated study space as no better than fair. Despite having reallocated some stack areas in the Library for use as study space, the current available study space in the Library can accommodate no more than 10 percent of the students. Many classrooms are left unlocked to provide additional study space for students, but this practice will probably change soon due to security concerns. The Library has proposed repurposing significant current stack space into study space and funding has been identified to renovate space on the first floor, but funds for a much-needed third floor renovation are not as yet available.

**Technology in Education**

Through committees and regular meetings, the academic support units work closely with the central IT and Telecommunications departments to ensure that the campus-wide technical infrastructure supports the requirements of the
academic programs. The Telecommunications Department installs voice and data network cabling, manages the land and cellular telephone network and services on campus, and is working with IT on Voice Over Internet Protocol (VOIP) pilot projects. The IT Department manages Internet connectivity and the data network, including core network and security components, wireless network connectivity and the network security policy. The campus network backbone operates at 1 Gbps with 100 Mbps bandwidth available to the desktop. A project to implement redundant network fiber paths to campus buildings will be completed by the end of 2006.

UAMS students receive accounts enabling access to the UAMS network and receive e-mail accounts in the UAMS e-mail system based on Microsoft Exchange. All UAMS network, e-mail security and acceptable use policies apply to students. The process of establishing network and e-mail accounts for students is coordinated by Academic Computing and the IT Department. The Library Learning Resource Center assists new students with initial access to their network and e-mail accounts.

Most academic programs incorporate student use of clinical or other information systems in their curricula. The IT Department administers the processes whereby students in these programs are assigned system logon credentials enabling them to have authorized and appropriate access to the specific information systems used in their programs.

The UAMS classrooms, lecture halls, educational conference rooms and auditoriums are equipped with data projectors and network connections. The auditoriums and lecture halls are also equipped with PCs, document projectors and Audio Visual (AV) control podiums. Portable Personal Computer (PC) configurations and network-based video services can be scheduled for use in classrooms and conference rooms. The OAS Audiovisual Services unit provides technical administration of AV equipment, delivery and connection of portable AV equipment as scheduled and assistance with use of AV capabilities.

Over the past several years the educational support units, working with the colleges, made several proposals for developing new facilities for computer-based simulations and testing, but none was approved due to limitations of funding and available space. Through careful planning and management of funding, however, these units have been able to increase the number and capacity of existing classrooms and labs equipped for computer-based instruction and exams. This increased capacity has barely met the needs of the colleges for this type of instructional space and until recently there was no consolidated computer-equipped teaching space that could accommodate an entire College of Medicine class. The classrooms and labs on the 8th floor of the Education II building now contain a total of 168 computers (24 each in seven labs), which is sufficient to accommodate the current COM classes. Flexible partitions can be moved to accommodate various class sizes. The Office of Academic Services (OAS) and
Office of Academic Computing (OAC) work together to provide support and technical administration for the computer-equipped facilities on the 8th and 9th floors of the Education II building. OAS and OAC support personnel, as well as some Library staff, meet regularly to review support requirements, security provisions and any plans for changes or upgrades to hardware, software or facilities. With the planned additional increases in the class sizes for Nursing, Pharmacy and Medicine, these facilities will be further strained and the current capacity may become inadequate for some purposes.

The facilities of the Library Learning Resource Center include an instructional room equipped with 12 student PCs, one instructor PC and a data projector and two rooms that are equipped respectively with 11 and nine PCs, which are used primarily for self-scheduled computer-based exams.

The Library, OAS and OAC also work together to manage the Instructional Equipment Plan, which provides a defined but flexible schedule for replacement of instructional PCs and equipment in their facilities. The plan incorporates management of an annually allocated budget for capital purchases, a projected schedule for replacement of equipment and provisions for transferring replaced equipment to less critical or technology intensive uses. These three units also collaborate closely on administration of shared resources and joint activities, including support of computer-based exams, access to Library educational materials in other facilities and shared use of computer management and backup tools.

While relying principally on the shared central facilities to support their needs for instructional space and technology, the colleges also provide additional, sometimes more specialized, computer-equipped instructional facilities. The COPH classrooms include a computer lab that provides 32 student PCs, an instructor laptop PC and two data projectors. The gross anatomy lab administered by the College of Medicine’s Department of Neurobiology and Developmental Sciences includes 24 Macintosh workstations for use during lab instruction and general student use of educational resources. The Colleges of Pharmacy, Nursing, Public Health and Health Related Professions also provide small computer labs for instruction and student use.

**Student Access to Computers and the Network**

UAMS has been fairly successful in making personal computers available to students for access to the Internet, the Library catalog, online journals and educational resources, including the campus Web-based distance learning system and for use of e-mail, word processing and other software. The Library provides the principal facilities housing PCs available to students and the colleges provide some additional computers in smaller labs located within the colleges’ administrative areas. The Library currently provides 45 PCs and four laptops
available for UAMS faculty, staff and students and four PCs for non-UAMS visitors. The Library Learning Resource Center (LRC) includes 22 PCs and three Macintosh computers in an open area and the computers in the instructional and testing rooms in the LRC are available for student use when those facilities are not being used for scheduled activities. These facilities are available during Library hours, which are 7:30 a.m. to midnight, Monday through Thursday, 7:30 to 6:00 p.m. on Friday, 9:00 a.m. to 5:00 p.m. on Saturday and 2:00 p.m. to midnight on Sunday. The student survey reflects that students are generally happy with the Library’s schedule, although there have been numerous requests over the years for the Library to open at 7:00 a.m. during the week and some requests to be open more hours on weekends. The Library has been open extended hours several times during exams at the request of College of Medicine students.

In addition, the LRC provides a student computer lab called the X-Lab, which contains 16 computers and a printer that are available to students 24 hours every day. The lab is equipped with video surveillance and entrance security requiring a scan of students’ UAMS ID badges. The LRC also has provided and manages several PCs located in the hospital or departments, which are used by students doing clerkships in some of the clinical departments.

The implementation of a wireless network in the Library and education buildings has increased the availability of access to the Internet and online resources. A project to systematically extend wireless networking into all the classrooms, conference rooms, auditoriums and open sitting areas in the Education II and COPH education buildings is currently underway.

**Videoconferencing**

Videoconferencing is used to conduct distance learning courses and educational seminars, remote clinical consultations, research collaboration and general planning or administrative meetings among dispersed UAMS personnel and with colleagues at other institutions. The Telemedical Communications (TMC) unit within the Office of Academic Services and the IT Department work together to support the use of videoconferencing capabilities. UAMS maintains a compressed interactive video network, which extends to the seven UAMS AHEC sites and to 54 hospitals and clinical sites, including Arkansas Children’s Hospital, and the Little Rock and North Little Rock campuses of the Central Arkansas Veteran’s Healthcare System. UAMS also participates in the state’s Video Network (VNet), which comprises approximately 160 sites, including most of the state’s colleges and universities. Telemedical Communications maintains fixed videoconferencing equipment in two classrooms specially designed for videoconference sessions, as well as in several of the larger auditoriums and conference rooms and three portable videoconference units are available. Videoconferencing capability has also been implemented in several clinical locations on campus and the COPH also administers a classroom and videoconferencing unit used for education and meetings.
Two Access Grid facilities are available in the Library and the COPH auditorium for videoconferencing between UAMS and other Access Grid sites throughout the world. Similar facilities were established at the other major research universities in the state, including the University of Arkansas at Fayetteville, the University of Arkansas at Little Rock and Arkansas State University. The inSORS version of the Access Grid software was implemented last year and funding was obtained for inSORS Access Grid units in 10 additional universities in the state as well as the AHEC in Helena.

Core Component 2c.

*The organization's ongoing evaluation and assessment processes provide reliable evidence of institutional effectiveness that clearly informs strategies for continuous improvement.*

Core Component Overview

UAMS has succeeded in devising evaluation and assessment processes that are regularly applied to preparing the programs that now form the core of its campus initiatives. Just as clinicians practice evidence-based medicine, UAMS administrators practice evidence-based planning, evaluation and decision-making.

Data underlying the assessment of institutional effectiveness come in many forms. Student evaluation data include tests, board exams, exit interviews, follow-up evaluation with employers of graduates, etc. Faculty are evaluated by students, peers and administrators. Academic and administrative subunits are evaluated annually as part of their annual report and goal-setting process and many units benchmark their performance against outside peers. Workforce studies, environmental scans and other processes routinely assess needs and provide sound data for planning for the future. While planning, evaluation and assessment processes are well-supported, an institutional studies office would improve the processes even further and would save a significant amount of time and effort.

Data Resources for Planning, Evaluation and Decision-Making

Many information resources are maintained and utilized at UAMS to ensure that planning, evaluation and decision-making activities are based on valid and relevant data.
Evaluation of Educational Quality

Colleges, departments and other units annually evaluate faculty and other employees and students are assessed at various points along the education process including entrance exams, tests and board exams, and post-graduation and employer surveys. A full discussion of student and educational assessments is contained in Criterion Three Committee's report in Section 3a, which details — by college — the full complement of tests, clinical experiences and other measures that colleges and programs employ to ensure the quality of education programs at UAMS, including:

- Student performance on course written examinations
- Student performance on other course assignments (projects, papers, discussion groups, presentations, etc.)
- Student performance in laboratory courses (written examinations, laboratory assignment completion, laboratory task or procedure performance, etc.)
- Student performance in clinical courses, rotations or assignments (written examinations, task or procedure performance assessment, care plans, written assignments, presentations, projects, etc.)
- Student grades in theory, laboratory and clinical or practicum courses
- Student evaluations of classroom, laboratory and clinical courses
- Student performance on end-of-program comprehensive examinations and practice board examinations
- Exit interviews of students
- Surveys of graduates
- Surveys of employers
- Graduate placement
- Graduate success in professional practice, to include participation in leadership activities in the profession and promotion to supervisory or clinical leadership positions
- Faculty evaluation by self, peers and dean
- Self-study review of academic programs
- Specialized accreditation reviews and reports by the various professional program accrediting bodies

Section 3a. also examines pass rates on national licensure and certification examinations and finds that UAMS students perform at or above national averages. Section 2c. in this chapter describes how faculty and courses are evaluated and Section 5.d describes in detail some of the ways the quality of UAMS graduates is measured.
**Financial Data**

UAMS uses the SAP financial suite of software to track and report on all financial information. Currently there are five years of history available to the campus. Additionally, budgets are created at division level through the SRC (Sandstrom-Reif Corporation) budget development system. The budget development and reporting system effectively combines a multi-dimensional relational database with a fully functional live Excel user interface. The integration of these two systems was designed to accommodate all state regulations and reporting requirements.

Original and current financial and payroll data are downloaded from the campus SAP system and built into SRC budget workbooks at the department level. This data can then be used to facilitate budget hearings at the division level and the Excel workbook format provides users with a mechanism for entering and consolidating data for the new budget year. A set of varied custom reports allows users at all levels to view their budgets in either summary or detailed formats.

**Workforce Studies**

As mentioned previously, workforce studies are used routinely to help determine the number of health care professionals needed in the state and to help determine the number of students UAMS needs to educate in order to meet the state's needs. UAMS assesses the health care workforce needs of the state on a regular basis. A 2006 UAMS study concluded that Arkansas, as well as the rest of the nation, faces an increasing shortage of health care professionals just as the number of people needing health care services is rising. Arkansas has one of the highest percentages of elderly in the U.S., consistently ranks as one of the least healthy states and has thousands of unfilled health care positions already. In order to meet Arkansas’ health care needs, UAMS is planning to expand classes, increase faculty, expand facilities and establish a satellite campus in order to educate more health professionals.

**Student Information System**

The principal campus-wide system for management of student enrollment and associated information across UAMS colleges is the Online Administrative Student Information System (OASIS), which includes student demographics, overall semester-by-semester academic information for each student and student fees, financial aid and payment transactions. OASIS is not designed as a comprehensive student records management system and does not maintain detailed student course-of-study and grade information.
**Faculty Information System**

While the human resources component of the UAMS SAP administrative information system provides basic data on UAMS faculty, it does not include detailed data regarding academic appointments, tenure, pathways and other aspects of faculty information necessary for reporting and planning. Moreover, the system does not routinely include data on voluntary adjunct and clinical faculty, i.e. faculty who are not paid by UAMS. An attempt to address this deficiency was first made through development of the Faculty Information Tracking System (FITS). The goal was to provide a system that would meet the needs of the colleges and campus administration for recording and reporting current and historical faculty data. While all colleges were included in the development and implementation project, use of FITS, by and large, never became an ingrained component of the operations of the colleges. Building on the experience gained through the FITS project, a new project is underway. The new system, called FacFacts, in addition to providing administrative level data, also incorporates data directly useful to faculty in management of the promotion and tenure application process. FacFacts is now operational in the Colleges of Medicine and Nursing and the process of adapting and implementing the system for use by the other colleges continues.

Meeting reporting requirements with respect to faculty information continues to be a challenge often requiring the integration of data from several information systems, including the HR component of the SAP administrative information system, the Time and Effort Reporting system and one or both of FITS and FacFacts. Once FacFacts is fully operational for all colleges, the process of assembling data required for reporting faculty information, while still complex, should be more well-defined.

**Institutional Studies Office**

While UAMS does a good job of basing its planning, evaluation and decision-making activities on valid data, it does not have a central institutional studies office to provide needed information efficiently. The need for such an office has been pointed out in survey results, focus groups and interviews with administrators used in preparing this self-study report. An institutional studies office should be established to oversee the accurate and systematic assembly and consolidation of data necessary to satisfy institutional reporting requirements, respond to ad-hoc information requests and provide information resources to support academic planning. Not only would decision-making processes be executed much more efficiently with the assistance of a central institutional studies office, but also the validity and consistency of needed data would be improved.
Assessment, Evaluation and Continuous Improvement

Assessment, evaluation and continuous improvement are integrated parts of the planning process at UAMS at all levels. Results of evaluations are routinely used as a basis for future planning.

Institutional Level

The rolling UAMS Five-Year Strategic Plan is evaluated every two years and updated as current objectives are met and new goals and objectives are established. Goals have been established for all components of the Mission Statement, education, clinical programs, research and outreach, as well as in a category titled Securing the Future, which establishes objectives designed to ensure adequate resources to invest in each mission. As a tool to evaluate the strategic plan in late 2005, each division prepared a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis focusing specifically on each college and division. After the SWOT analyses were presented to the Chancellor’s Cabinet, Chancellor Wilson convened a planning retreat in March 2006 to broaden the participation of the colleges and divisions and to determine areas of similarity, as well as areas unique to specific programs. The day-long session identified 31 areas of strengths, 17 areas of weaknesses, 24 areas of opportunity and 21 areas of threat to the success of UAMS’ mission. The items were then ranked in order of importance with one to four items per category targeted for special emphasis over the next year. The recently revised 2005-2007 UAMS Strategic Plan includes an objective to use the HLC/NCA Self-Study document and site visit report to modify the education strategic plan for the campus.

Department, College and Unit Level

UAMS’ colleges and divisions carry out the process of continuous evaluation and assessment through various means, including identifying strengths, weaknesses, opportunities and threats (SWOT analyses), writing and monitoring progress on “I Will” statements, and by establishing yearly goals and objectives that support the UAMS mission and reporting on the accomplishment of those goals and objectives.

For example, the College of Medicine begins with the Campus Five-Year Strategic Plan and conducts an annual retreat for its leadership to formulate a plan to carry out its part of the campus plan. There is central guidance from the Chancellor to the Dean and then from the Dean to the faculty leaders. The concern with resources to support initiatives is always present, with funding addressed along with what is to be accomplished. The other colleges on campus adhere to similar processes for annual leadership retreats. This planning produces a campus-wide planning process that is consistent with the campus’ larger goals and objectives.
Other ways colleges evaluate and improve on their activities include responding to periodic accreditation self-studies and analyzing students test/ board scores, placement and successful performance in their professions. All faculty are routinely evaluated by students, peers and administrators and are judged according to the number of publications and presentations during annual faculty reviews. Faculty are also reviewed by respective Promotion and Tenure Committees when applying for promotion in rank or tenured status. Routine exit surveys are done for students and faculty. More in-depth information about the evaluation of the quality of educational programs will be presented in the next chapter, Student Learning and Effective Teaching, especially under Core Component 3a.

Support units have routine planning and evaluation procedures as well. The Academic Affairs support units produce annual reports, which include an evaluation of progress on current goals and objectives and an outline of new ones for the coming year. The UAMS Library participates in the Association of Academic Health Sciences Libraries (AAHSL) in the U.S. and Canada and uses the annual AAHSL statistics to compare the Library’s resources, expenditures and performance indicators against those of the other 140 academic health sciences libraries in AAHSL.

Course and Faculty Evaluations

The Office of Educational Development (OED) and Academic Computing have worked closely together and with the colleges to design and develop Course and Instructor Ratings Online (CAIRO), a system for course and faculty evaluations. OED reviewed existing evaluation practices with the colleges and worked with them to identify standardized evaluation items and instruments. The CAIRO system incorporates a standardized set of evaluation types and associated core evaluation items and also enables use of optional items. The system provides security and reporting features as well as automatic e-mail notification to students about scheduled evaluations. Further development of the system to enhance reporting and other features is planned.

In addition to CAIRO, some courses or other programs may conduct specialized evaluations or student surveys using the Perception system. The Library and Academic Computing collaborate to support use of Perception.

Accreditation Self-Studies and Reviews

UAMS colleges and divisions continue the process of evaluation and assessment through participation in many different accreditation self-studies and reviews. This process of external quality review scrutinizes the colleges, including clinical programs, for quality assurance and quality improvement. For example, the College of Health Related Professions offers 17 different degrees and certificates within its 10 departments and is accredited by 16 different agencies. Each
accreditation agency requires a self-study, peer review and site inspection. The length of time between site inspections varies by program and agency.

Another example involves the College of Medicine’s current LCME self-study. The self-study team determined that program effectiveness is being adequately measured. The following outcomes are cited as examples:

- In 2006, only six of 132 graduating seniors did not match for a residency program. This is the lowest number of unmatched students in 15 years.
- The passing rate for UAMS students in the most recent (2005) United States Medical Licensing Examinations (USMLE) Step I was 90 percent, with a national passing rate of 93 percent.
- For Step II (Clinical Knowledge) the UAMS passing rate was 90 percent with a national passing rate of 94 percent.
- For Step II (Clinical Skills) the passing rate for UAMS students was 100 percent.

Students in the incoming class of 2002-03\(^9\) scored in the 9th percentile nationally on the science portion of the MCAT (admissions test). Upon completion of their studies in the COM, students gained significant ground relative to their counterparts in other programs, scoring at the 50% percentile nationally on medical licensing exam (USMLE). The college’s success in bringing students to the USMLE passing level indicates the strength of its academic programs. No weaknesses were identified for evaluation of program effectiveness. A similar case may be made for the colleges of Nursing, Pharmacy and Health Related Professions. In each of them, students achieve success on professional licensing examinations that indicates a true value-added process. Accreditations and other performance standards and evaluation measures indicate that the Graduate School and COPH are doing a similarly excellent job in providing educational value to their students.

*Program Expansion to Meet Changing Needs*

The creation of a new College of Public Health, new degree programs in response to state workforce needs, and the addition of another AHEC location (Helena), are examples of the University’s efforts to meet the evolving needs of the state and its commitment in preparing for the future. UAMS’ regional Area Health Education Centers (AHECs) combine with central resources to form one of the two best programs of its kind in the nation, and this program continues to grow to meet the changing needs of all areas of the state.

UAMS has established six outstanding patient care centers of excellence: the Arkansas Cancer Research Center; the Myeloma Institute for Research and

---

\(^9\)The most current year for which percentile rankings are available for comparison. Average MCAT scores among UAMS students for more recent years are presented in Table 3-1, section 3a. of this report.
Therapy; the Harvey and Bernice Jones Eye Institute; the Donald W. Reynolds Institute on Aging; the Jackson T. Stephens Spine and Neurosciences Institute; and the Psychiatric Research Institute. With world class clinical services, UAMS and its programs are in great demand and provide excellent learning opportunities for students.

Despite completion of the Harry P. Ward Tower in 1999, the hospital’s older core inpatient facilities are outmoded and not suitable for renovation. Outpatient facilities are also no longer capable of meeting the demand for services, thus constraining patient volume and income. After evaluating the current and future needs of patients, and in response to growing demand for more services, UAMS initiated the construction of a new bed tower, the Psychiatric Research Institute, a new parking deck, expansion of the Arkansas Cancer Research Center and a new power plant. Roads and utilities access on campus are also being reconfigured to accommodate the new structures.

One of the boldest plans involves the creation of a satellite campus in northwest Arkansas to meet the demand for more health care practitioners. Each college is straining under increased demands for more students. However, limited faculty and clinical rotation sites hinder UAMS’ efforts to meet this demand in its current location. It is estimated that a satellite campus could increase student enrollment and resident participation by more than 250 during the first four years of operation. Such a campus would allow UAMS students to access patients and qualified clinical preceptors who are not today engaged as fully in teaching as they might be. UAMS already has a resource in northwest Arkansas that can be extended and many bridges already exist between UAMS programs and sites there. A satellite campus would recognize and make the best use of this resource.

Surveys

Evaluation and assessment do not stop with program expansion and construction projects. Surveys are often used to gather the opinions of students, employees and patients in order to evaluate and improve programs and services at UAMS.

Employee Opinion Survey - In 2002 the Hospital initiated an employee opinion survey, administered by Morehead Associates, which captured responses from 1,614 clinical programs employees, or 60 percent of the target population. In 2004, the survey was expanded to include campus operations personnel in areas involving physical plant, security, construction and information technology. That year, 2,387 employees participated in the survey with a response rate of 85 percent. In 2006, the response rate climbed to 93 percent. Benchmarking the responses to the 2004 survey, the largest areas of improvement were found in the employees’ perception of: increased focus on quality improvement, satisfaction with benefits, perceived respect, feedback received from managers and communication throughout the organization. Areas that showed a negative shift included organizational support for work-life balance, career development

Criterion Two  Core Component 2c.
opportunities, involvement in decision-making, climate of trust within the work unit and use of the survey information to improve operations.

Preparing for the Future Survey - The Criterion Two Committee polled UAMS employees regarding their opinion of institutional planning and resources allocation for various support services and campus operations. Over 50 percent agreed that campus administration recognizes the need to provide adequate support and maintenance to meet future expansion needs, with 31 percent disagreeing. Over 40 percent of the respondents felt the system of allocating resources was unfair. Eighty-seven percent of the respondents believe that UAMS will succeed in the future and over 77 percent of the employees surveyed indicated that they had a high level of job satisfaction.

Patient Satisfaction Survey - UAMS also measures the opinion of one of UAMS’ most valuable assets – its patients. Through ongoing evaluation and assessment utilizing the resources of Press Ganey, UAMS conducts patient satisfaction surveys on 100 percent of inpatients and Emergency Department patients upon discharge with some custom questions specific to the individual units or departments. Formal reports are available for three-month periods. Reports that contain written comments are generated and e-mailed to respective units. Reports with department-specific and category-specific data are shared with departments via committees, e-mails and postings within units. Each department/unit has a patient satisfaction poster that allows it to post its most recent results.

For the period June 1 through August 31, 2006, UAMS received an overall mean score of 79.5 for its inpatient services. That score improved slightly in the most recent survey, taken September 1 through November 30, with an overall mean score of 80.7. While many factors go in to the compilation of this score, UAMS leaders feels this ranking is too low and not truly reflective of the quality of its clinical services. A goal in the University’s Strategic Plan is to raise patient satisfaction ratings for inpatient, emergency and outpatient services. Ongoing activities aimed at improving patient satisfaction include:

- A CARE (Compassion, Attitude, Respect and Excellence) Advisory Board, which is a multidisciplinary team that meets after every report to discuss the findings, develop initiatives and evaluate progress on unit/departmental based initiatives.
- The CARE Advisory Board chairperson presents Patient Satisfaction data and activities to the Quality Review Committee and other administrative teams.
- Recognition activities to reward excellence in patient satisfaction have been developed which include: CARE Cards for gift basket drawings, CARE reception for all employees recognized in surveys by patients, eligibility for the Helen May Compassionate CARE Award and Wal-Mart Gift Certificates for all team members of the unit with most improved score for question selected.
Patient comments and complaints on all surveys are recorded in a database. These are posted and shared on inpatient units and the Emergency Department and are sorted by positive, negative and neutral. Serious complaints are followed up by departmental managers after they receive them from the CARE department. Resolution results are incorporated into the patient complaint database.

Training activities have been developed, which include integration of CARE values into staff education offerings. In addition, patient satisfaction in-services and seminars are presented during brown bag luncheons. CARE training is also offered through leadership development workshops titled “Building Bridges.”

An Executive CARE Rounder’s Program has been established, which encourages top level executives to visit patients and act as liaisons, and to support frontline staff and managers.

Hospital Administration is in the process of reassessing its strategic plan to improve patient satisfaction through a multifaceted approach involving ideas such as an organized service recovery program/department, initiation of a mandatory customer service training program (Disney or similar program) and a more robust employee rewards/compensation program that is linked to achievement of measurable satisfaction goals.

An internal marketing campaign for the CARE program is being considered, which would include both hospital staff and medical staff in a saturation message on CARE values.

**External Evaluations and Input**

As a public university in the University of Arkansas System, UAMS reports to the UA Board of Trustees, the Arkansas Department of Higher Education and to the Arkansas Legislature, which meets in a biennial general session for approximately four months and in special sessions when needed. The Chancellor, Hospital Director and other top administrators routinely attend quarterly UA Board meetings to discuss UAMS activities and UAMS has a Vice Chancellor for Governmental Affairs who serves as a liaison to the Arkansas Legislature.

Outside funding sources evaluate the use of special funding, such as the RAND Corporation’s evaluation of the use of Tobacco Settlement funds and the NIH oversight of the use of federal research funding. Many UAMS units also have outside advisory committees or boards that assist in planning, evaluating and decision-making activities. For example, each of the seven Area Health Education Centers has an advisory board made up of members of the community in which it resides, and the Chairman of each local AHEC advisory committee serves on an advisory committee for the overall AHEC program. Every five years, the College of Medicine has outside content experts from other academic institutions perform a comprehensive evaluation of all courses and clerkships. Also, various environmental scans are routinely done to provide vital information affecting current and future directions for UAMS.
Core Component 2d.

All levels of planning align with the organization’s mission, thereby enhancing its capacity to fulfill that mission.

Core Component Overview

UAMS realizes that planning objectives established at the upper echelons of the institution will not be fruitful if those efforts are not reflected in the operational and programmatic units assigned to carry out those objectives. Communication of established objectives, and provision of the means to carry them out, must be accomplished by the institution’s leaders. The results will be a unity of vision and mission among all levels of the University; a clarity of purpose that manifests itself in all aspects of the University’s efforts. The following section demonstrates that this is indeed the case at UAMS: that planning goals are understood and carried out by each level of the institution, all in mutual support of the University’s four-part mission.

Resources

As reported by the Criterion One (Mission and Integrity) Committee, UAMS’ mission is clearly understood by the majority of UAMS faculty, staff and students. The mission is featured prominently in all UAMS materials developed for its various purposes and audiences, including the Chancellor’s Strategic Planning Retreat where the Chancellor sets campus priorities and builds consensus among campus leaders. Once established at the campus level, planning retreats are then organized for each college and in other campus centers. Consideration of the Mission and Vision Statements is the first action item in every retreat. After these two guiding statements are established, campus leaders then develop goals and strategies for carrying out the University’s mission. This serves to remind participants of the necessity that every plan shall serve the overall mission. It also ensures unity of purpose during planning activities.

The Mission Statement is the fulcrum for the campus’ Five-Year Strategic Plan. The Five-Year Plan, in turn, becomes the source of year-to-year strategic planning for each UAMS campus unit, ensuring a consistent focus on the larger goals.

Unique Mission Statements for all units of the campus are derived from the UAMS Mission Statement. These statements are amplified with specific goals that define more particularly how each component of UAMS advances the overall mission. These statements provide practical guidance for the contribution each unit makes to the overall mission of UAMS.

The budget process for UAMS flows then from the matrix of Mission Statements subordinate to the overall campus document. Campus resources are allocated in order to meet needs in the order of importance indicated by articulated goals.
The comparison of mission and goal statements among units allows the campus to minimize duplication and to identify areas of synergy. As the UAMS budget has grown to the order of $700 million annually, coordination and collaboration across programs are the best promise for optimal resource allocation. The campus Mission Statement has proven of immense practical worth. Its application to the critical work of budget and control will remain a central strength of UAMS administration through the decade to come.

Process

The process for future planning is inclusive and broad-based. Members of all parts of the UAMS campus community have become acutely aware that UAMS operates in a complex environment. The Chancellor's office has been particularly careful to publicize the size of the University's economic enterprise and to indicate its wider role in central Arkansas and in the state at large. UAMS benefits the state directly by the provision of critical and distinct services. UAMS also benefits the state in a less obvious way, through its status as the state's largest public employer. The multiplier effect of UAMS' $700 million dollar budget and its employment of over 9,300 people result in an annual economic impact of $4.5 billion.

UAMS operates in an external environment undergoing rapid change. Major trends that affect delivery of services and success in meeting its mission range from immigration to federal fiscal policy. For instance, the most recent U.S. Census showed that Arkansas today has the most rapidly growing Latino population of any state. UAMS is faced with a number of corollary challenges to this demographic shift, including that of identifying qualified medical interpreters to assist with services to Spanish-speaking patients.

No part of the UAMS campus operates in isolation from these realities. Personnel in all colleges, centers/institutes and divisions are therefore involved regularly in gathering information for planning purposes and for critiquing plans for the individual units. UAMS considers how it may be impacted by external forces. This is not confined solely to the demographic and economic matters suggested above. UAMS must determine how to effectively attract the best students and the best employees to carry out a sophisticated mission. UAMS struggles with the need to attract and to retain faculty members who will deliver the superior educational content that students need.

Examples to indicate how UAMS currently aligns individual planning processes to the campus Mission Statement are discussed below and in the previous chapter. In each, individual initiative is paramount. Expertise about each program resides primarily in the colleges, centers/institutes and the departments. The interplay of cabinet-level contact in retreats and in weekly meetings serves to guide Deans, Directors and Managers toward appropriate collaborations. Final coordination occurs in the planning and budgeting functions associated with the Chancellor's office.
UAMS is distinguished in Arkansas because it is the sole provider of broad-based health care education. The educational component of the campus makes it unique from any other medical center in the state. Individual planning in the colleges clearly indicates the alignment with the Mission Statement. It also stakes out clearly the sort of process by which UAMS will continue to meet challenges and opportunities.

Enrollment offers the first example of how colleges align with the campus mission. Despite warnings of possible over-production of graduates during the 1990s, it has become clear that Arkansas and the U.S. presently face a shortage of caregivers. Not only are population numbers increasing, but also the caregivers now in practice are aging, as mentioned in section 2a. The University must increase its student enrollment in order to fulfill the most basic element of its educational mission. The approach has differed among colleges.

New degree programs are featured prominently in planning process. The College of Health Related Professions has seen the establishment of the largest number of new programs. These range from certificate programs to those at the doctoral level, and each represents a pooling of resources from disparate sources, coordinated through UAMS.

Another source of new degree programs has been the advent of combined degree pathways. These lead to the award of two degrees at the end of a defined course of study. Students realize important economies of time because these pathways allow recognition of coursework taken in one toward credit in the other. The prototype at UAMS was the combined M.D./Ph.D. program. There are now over 20 students pursuing this combined degree.

The founding of the newest college, the Fay W. Boozman College of Public Health, illustrates the link between planning and mission. It also illustrates the process for collaboration among UAMS and government and other healthcare leaders in Arkansas. From the earliest days of the 20th century, UAMS leaders have understood the benefits of a College of Public Health. As part of the Tobacco Settlement, this long-held goal became a reality when Initiated Act One was passed. A leading benefit of this funding was that it provided money to build and equip the College of Public Health building on this campus.

UAMS has increased services and programs in all of its mission areas, including outreach. One excellent example is the Regional Programs (RP), which includes the Area Health Education Centers (AHECs) and affiliated Rural Hospitals. As an indication of the importance of the University’s outreach mission, this unit is led by a Vice Chancellor, a Cabinet appointment. Regional Programs, as the name implies, extends from Little Rock to the peripheries of the state. It was designed to serve the needs of rural-based caregivers and, through their involvement, to enhance the quality of patient care in Arkansas and augment the educational resources of UAMS. All colleges of UAMS share the resources of the AHECs.
Faculty from several colleges work within individual AHECs and students from all colleges gain advanced educational experiences in the AHECs.

As UAMS faces the future with little likelihood of increased public sector support for health care education, the ability to identify partners and to work effectively with them is central to survival. Regional Programs at UAMS goes far toward identifying future partners and methods to involve them in the work of UAMS. Regional Programs, and particularly the AHECs, will remain an important element of UAMS’ ability to plan for, and respond to, the state’s clinical and health care worker needs.

UAMS has met great success in the past by providing seed money and support for programs that have grown into Centers of Excellence. The Arkansas Cancer Research Center (ACRC) offers an excellent example. Dr. James Suen and Dr. Kent Westbrook approached then-Chancellor Harry Ward with a direct proposal. If the Chancellor would lend minimal support, the oncology physicians at UAMS would create and endow a center for research and treatment benefiting patients with cancer. Their initiative led to the assembly of a highly successful surgical team, collaboration with the Central Arkansas Radiation Therapy Institute (CARTI) and eventually to the emergence of the highly successful ACRC.

The ACRC thus became the first Center of Excellence. The former Chancellor’s intent was to assemble focused groups able to offer national-level leadership in a particular field or disease state. In this way, UAMS would position itself to attract significant support in the form of contracts and grants. This was always seen as an elegant means to improve education at UAMS: by attracting nationally-recognized researchers and clinicians, who provide optimal learning experiences for students in many health care disciplines. The result to date has been to establish foci of strength in these Centers of Excellence that benefit the entire campus community.

The Donald W. Reynolds Institute on Aging offers a similar example. Here a program begun by Dr. Eugene Towbin on the campus of the Veterans’ Affairs Medical Center (VAMC) in Little Rock, where he served for many years as Medical Director, has been generalized into a Center of Excellence for UAMS. Dr. Towbin recruited Dr. David Lipschitz to serve as the lead physician in establishing a practice group focused closely on treating patients for the chronic and debilitating diseases that too often accompany the aging process. Over time, the group created the Geriatric Research and Education and Clinical Center (GRECC) within the VAMC. The cross-appointment of personnel between UAMS and the VAMC – and Dr. Towbin’s participation in the governance of both the VA medical staff and the College of Medicine – enabled the Department of Geriatrics in time to apply successfully for a transformational gift from the Donald W. Reynolds Foundation. This provided the nucleus from which first a Center on Aging (now the Institute on Aging), could be funded and begin to offer a broad array of services. Its broad focus on patient care clearly demonstrates support of the University’s mission by establishing clinical services that reflect needs of a particular demographic within in the state.
The eye of UAMS remains fixed on the future. The decision by successive Chancellors to assist in founding a UAMS small business incubator unit, BioVentures, is testimony to the central role that entrepreneurship plays on this campus. The model of carrying bench research from the laboratory and clinical research from the bedside into the world of commerce remains compelling. UAMS faculty and staff see every day the practical merit of identifying commercial potential for every patent or marketable program they can invent and discover, and the campus willingly assists these innovators in the exploration of markets for those innovations. Although still a nascent program, the University believes that a consistent investment over time will have an effect similar to its successes in philanthropy and in securing NIH funding. BioVentures is certain to play an increasing role in bringing UAMS the economic benefit from its own programs and investigators. It is a model that holds great promise for the future.

**Criterion Two Summary**

The Criterion Two Committee finds a number of fundamental strengths that characterize UAMS’ approach to preparing for the future, the most impressive of which are noted below.

**Strengths**

1. *Successful Record of Planning.* UAMS has a long and consistent history of thoughtful planning and effective execution of plans, including the ability to respond quickly to changes in the external environment. Examples of successful planning efforts over the course of the past decade include plans to: fund and construct the Harry P. Ward Tower; create three new Centers of Excellence and the Fay W. Boozman College of Public Health; carry out the Invest in Life! Capital Campaign, which surpassed its total fund-raising goal; and the current Campus Expansion, which is the largest expansion effort in the University’s history.

2. *Planning with a Purpose.* Planning is conducted with a clear link to the institution's mission, is flexible and adaptive and maintains a strong focus on assessment. The Chancellor and his Cabinet do an excellent job of reviewing, adapting and executing forward-thinking plans for the University. The UAMS Strategic Plan is a five-year document that is reviewed and adapted every biennium at a Strategic Planning Retreat that includes up to 60 campus leaders and representatives. Progress toward goals and objectives are monitored throughout the year and form a basis for continuing improvement.

3. *Human Resources.* Chancellor Wilson reminds both internal and external groups that the people at UAMS, that is, its faculty, staff, administrators and students, are what make the University's programs and services possible. There would be no UAMS — no new buildings, no program expansions, no
laurels, accomplishments or accolades without the daily, individual effort of thousands of men and women. In turn, this philosophy results in employee retention and job satisfaction, as indicated in the Preparing for the Future Survey. That survey also showed that, aside from being satisfied with their jobs, UAMS employees have a high level of confidence in UAMS as an institution and strongly believe that the University will be successful in the future.

UAMS works diligently to find ways not only to recruit its most valuable asset (employees), but to retain them as well. Campus leaders and Human Resources officials seek improvements to benefit packages and perks for employees and faculty alike. Examples of ways in which UAMS demonstrates that it values faculty, staff and students are numerous, including annual Employee Recognition ceremonies and dozens of faculty achievement awards. Similarly, opportunities for professional development and training are key features of the employee experience at UAMS. Internal assessments that include feedback from employees are in place and provide information instrumental in decision-making processes. These are some of the factors that create an environment where employees are likely to excel.

4. **External Relationships.** Leaders at UAMS have developed and maintained excellent relationships with public and private leaders in Arkansas who are needed to successfully plan for meeting the varied needs of constituent groups across the state. Chancellor Wilson maintains an active schedule of interaction with leaders from the business, healthcare, policy-making and government arenas, recognizing that UAMS can only serve the state well when engaged in an ongoing dialogue. An example may be found in the process for exploring the possibility of establishing a satellite campus in northwest Arkansas. Dr. Wilson planned meetings and presentations to discuss the idea extensively with principals in the region as well as with the Governor, members of the Legislature and the UA Board of Trustees. Knowing that cooperation and support by the larger community are key to the realization of the project, the University’s leaders are articulating the rationale and potential benefits to all stakeholders.

5. **Finances.** UAMS is in a strong position financially. The institution has dramatically reversed its financial situation in the last six years through a program of strategic and operational steps. These steps have led to increases in revenues, reserves and collections that — in tandem with reduced and strict spending guidelines — resulted in a financial status awarded a 3a bond rating. Because of its excellent financial performance, UAMS has been able to issue bonds to support its current campus expansion. Forecasts conducted by independent sources project that the current expansion will in turn lead to even greater profit increases through its clinical enterprise.
Other strengths in the financial arena are the excellent budget and financial offices, demonstrating strong leadership and robust expertise. In addition to leadership, finance and administration on campus have been greatly enhanced by implementation (and continual development) of a sophisticated SAP software system. SAP provides finance, business and administrative managers extensive capabilities in executing, tracking and analyzing financial transactions as well as human resources activity and costs. Features such as a complete online purchasing system provide greater efficiency and accountability. Executives and managers have access to numerous automated, real time reports that provide timely and meaningful information on which to base sound decision-making.

6. Quality of Facilities. Facilities at UAMS have grown significantly since the last self-study and site visit. Facilities, in particular educational facilities, were rated very positively by students and faculty when surveyed. For example, 94 percent of students rated the quality of classrooms at UAMS positively. Other facilities rated particularly well were: Center for Clinical Skills, Nursing Learning Resource Center, student computer facilities and the Library. In spite of the need for selected improvements, such as additional study areas and improvements to older classrooms, the quality of the facilities that UAMS provides are considered excellent overall by those who use them.

Weaknesses

The Committee also has identified two areas where UAMS may improve both its performance and stakeholder perception of that performance. As an educational institution, these are challenges the Committee is confident the institution can meet.

1. Office of Institutional Studies. After spending some months in pursuit of extensive institutional level data, the Committee concludes that the process of gathering institutional information and data is problematic, in that most of it resides at the college or division level. Further, data and information that is generated at the institutional level is distributed idiosyncratically. No one official or office is charged with the responsibility of reporting, coordinating or sharing information with the campus in a systematic way. Much success in information gathering is based on informal relationships, which operate outside the view of monitoring and accountability. As a result, information gets to the appropriate executives but less often and less easily to those occupying the middle rungs of the institutional ladder, including middle management, and rarely to the rank and file faculty and employees.

Recommendation: Establish an Office of Institutional Studies to provide administrators, educators and researchers summary statistical information about the campus. The charge of this office must be carefully considered, since this Committee is aware that in the past there have been widely divergent
ideas of the role such a unit should play and the type and level of data it would report. This office should report to the Chancellor or Cabinet official to ensure that it maintains a manageable and legitimate focus.

2. Faculty Salaries. Officials in the Colleges of Pharmacy, Nursing and Health Related Professions report that a persistent problem in recent years is the tight market for qualified faculty. In some disciplines, such as nursing, there is a national shortage of qualified personnel making it more difficult for the University to recruit nursing professionals. In other instances, such as Pharmacy, the University has difficulty competing with private sector pay. These issues are prevalent among the nation’s academic health centers and not specific to UAMS. College and University administrators consider it one of their greatest responsibilities to spend time recruiting qualified faculty through customized recruitment and employment packages proffered with a great deal of personal attention. Non-salary considerations become critical in such negotiations, and it speaks well that UAMS has, on the whole, met recruitment challenges successfully in recent years.

Recommendation: To the extent possible, upgrade faculty salary levels to remain competitive with other academic health centers while continuing to explore non-salary terms and benefits attractive to qualified faculty.

Additional Observations

Child Care. The Committee applauds recent efforts to re-examine the possibility of establishing a child care facility for UAMS employees. The College of Medicine Faculty Development Office, the Office of Human Resources and the University Hospital have partnered to investigate the feasibility of constructing a child care facility. Negotiations are under way with a reputable consulting firm to conduct a demand analysis and a feasibility study. Evaluative data produced from this engagement will better position UAMS to pursue funding options for the construction and third-party management of a child care facility.

E-commerce. The Committee encourages campus leaders to continue recent progress in enhancing e-commerce capabilities. Progress has been made in several areas, and the Committee believes the potential exists for even greater improvement on several fronts. Increasing the institution’s capacity for accepting credit card payments and online (Web-based) payment options would improve its financial performance and efficiency. Online options for patients paying medical bills, students paying tuition, and working professionals to pay for continuing education courses could improve collections by the University while representing an added service to clients and constituents. More and more people are accustomed to having the option to make purchases and pay bills online and may soon count it as a lack of basic service if these options are not available.
E-commerce is being used to streamline processes. UAMS can purchase supplies and has some paperless procurement systems with vendors who have paid UAMS for their own e-commerce connections. This reduces inventory and supply costs. Another possibility is campus money cards, which students and employees could use to make purchases and/or payments at the cafeteria, Library, coffee shops, gift shops and bookstore. Such cards also could be used for donations and gifts through the UAMS Foundation. Negligible fees could be assessed to cover the cost of the cards and encoding. Cards are commonly available on many college campuses.

*Employee Opinion Survey.* Currently, only University Hospital, IT and Human Resources participate in this biennial survey. The Criterion Two Committee suggests that all UAMS units be encouraged to participate in the survey. This would help address the need to obtain more feedback from employees and better communication at department/college levels, since the survey company prepares department and sub-department level reports on communication, management and supervisory effectiveness.

**Conclusion**

UAMS meets every standard for future-focused activities and has shown exemplary success in meeting most items related to Criterion Two. UAMS should continue its overall methods for planning. It should continue to base each plan squarely on its Mission Statement and to examine performance of plans in the same light. UAMS has demonstrated that it has quite effective systems for managing its budget and financial needs and in providing the resources necessary to meet the needs of its educational programs. The Criterion Two *Preparing for the Future* Committee has established that UAMS exceeds the standards set out in the Commission's standards for Criterion Two.
CRITERION THREE — STUDENT LEARNING & EFFECTIVE TEACHING

The organization provides evidence of student learning and teaching effectiveness that demonstrates it is fulfilling its educational mission.

Criterion Overview

As a comprehensive academic health center, the University of Arkansas for Medical Sciences (UAMS) embraces its four-fold mission to teach, to heal, to search and to serve. Criterion Three, Student Learning and Effective Teaching, is directly related to the University’s mission as an educational institution and its goal of achieving excellence in all of its educational programs. The educational mission of UAMS is to “prepare excellent health care professionals and scientists who are committed to high ethical and professional standards, lifelong learning, and skill advancement in health care for Arkansas, the nation and the world.” In fulfilling its educational mission, UAMS seeks to provide excellent educational opportunities for students of the health and health care professions in a stimulating environment of basic and clinical research, integrated with the delivery of superb, comprehensive health care services.

This mission is achieved through the efforts of the six academic units of UAMS—the Colleges of Medicine, Nursing, Pharmacy, Health Related Professions, and Public Health, and the Graduate School—as well as the University Hospital, the Area Health Education Centers, the Arkansas Cancer Research Center, the Harvey and Bernice Jones Eye Institute, the Donald W. Reynolds Institute on Aging, the Myeloma Institute for Research and Therapy, the Jackson T. Stephens Spine & Neurosciences Institute, and the recently created Psychiatric Research
Institute. Together, these academic, research and patient care units and facilities provide the environment for students to acquire the knowledge, skills and attitudes they need to become competent health care professionals.

The Criterion Three Committee sought to obtain and review the evidence regarding the University's success in providing effective teaching and student learning in its academic programs. As the Criterion Three Committee progressed through the process of identifying, gathering and reviewing the evidence related to student learning and effective teaching at the University of Arkansas for Medical Sciences, several broad themes emerged.

First, the high quality of the educational programs provided in each of the academic units at UAMS became apparent. It appears that UAMS does indeed value and support effective teaching and create effective learning environments. The quality and dedication of the faculty and academic support staff in providing effective teaching and insuring effective learning environments is evidenced by students’ satisfaction with their educational programs and positive student learning outcomes. It also became apparent that most educational facilities and support services at UAMS are very effective in supporting student learning and effective teaching. Assessment is pervasive, effective and integrated with quality improvement efforts. In short, UAMS academic programs demonstrate evidence of student learning and teaching effectiveness in fulfilling the University’s educational mission.

However, there is a strong sense that UAMS is ill-prepared for planned increases in enrollment with respect to classroom and library resources, and support services. The campus is undergoing a significant expansion, and the resultant problems with construction, space and parking are acute. And there was an almost universal concern about the quality of student life, lack of adequate student study space and lack of a Student Center. There was also a concern about the lack of a centralized student information system. These themes will reappear in the specific Core Component reports as well as in the Criterion Summary.

Methods and Approaches to Identifying, Collecting and Examining Evidence

The Criterion Three Committee began meeting in September 2005. From the beginning the Committee has enjoyed broad representation and participation from the UAMS community. The Committee includes members from each of the UAMS Colleges, the Graduate School (GS), a student representative from the Associated Student Government organization and representatives of the UAMS Library and the Office of Educational Development (OED). Following initial discussions, the Committee chose to identify and prioritize the evidence to be sought in determining how well UAMS met each of the Criterion Three Core Components using a nominal group process. This process allowed all members
to provide input into the development of the initial evidence list followed by an objective ranking of the relative importance of the evidence to be collected.

Primary sources for the evidence to be sought that were identified by the nominal group process included: comprehensive surveys of UAMS faculty and students, meetings with the associate deans for academic and student affairs from each of the Colleges and the Graduate School, meetings with representatives from the academic support units, and in meetings with the faculty from each of the UAMS academic units. In addition, the Committee decided to review UAMS institutional data to include academic publications (catalogs, handbooks and administrative guides), specialized accreditation and self-study reports, admissions and graduation data and outcomes data related to student and graduate performance.

Representatives of the Criterion Three Committee made presentations at faculty meetings of each of the Colleges and the Graduate School during the spring semester of 2006 to solicit faculty input. At these presentations, the faculty were told about the accreditation process and given contact information, should they desire additional information or wish to provide specific comments or questions.

Self-study surveys were developed to provide insight into the perceptions of the students and faculty on the educational environment at UAMS. Nine individuals with an interest and/or expertise in survey methods formed a work group to develop survey items reflecting the evidence list provided by the Committee. Other committees were also asked to submit questions relative to their reports. The surveys were administered using Perception, a Web-based survey tool, which captured survey responses anonymously.

The student survey was administered to the 2,240 enrolled students in all colleges and the Graduate School from March 29 to April 14 2006, a time period selected to maximize student responses. The student survey response rate was 41 percent. Detailed demographic information collected via the survey indicated that the student respondents mirrored the student population very well. Students were asked to rate UAMS facilities and services on a 1 to 5 scale (with 5 being the highest). Students answered Likert-type questions on their educational program, college and UAMS as an educational institution.

The faculty survey paralleled the student survey wherever appropriate to enable comparison of student and faculty perceptions about student learning and teaching effectiveness at UAMS. Additional survey items addressing faculty issues not covered in the student survey were included in the faculty survey. The faculty survey was available to faculty throughout August and September 2006. The faculty survey participation rate was 45 percent (339 of 752) of all core faculty.

Associate Deans from each college and the Graduate School were invited to a half-day retreat in June 2006 to review and discuss Criterion Three and its Core
Components. This forum afforded a venue for candid discussions of issues and concerns. A structured questionnaire was developed based on the Criterion Three Committee Evidence List and provided to participants in advance of the meeting so that they could caucus with colleagues to gather information at the college level. An audience response system was used to record responses to the structured questions. Moderators then probed further when answers indicated weakness, need for improvement or other concerns of participants. For those issues/questions where answers were definitively and unanimously positive, little follow-up discussion was elicited.

In August 2006, a focus group session was held to gather information and comments from representatives of each of the UAMS academic support units. Because this focus group took place after the surveys and Associate Deans Retreat, the support units had information from these sources before they met, and were able to address some of the issues gleaned from the surveys and retreat.

Following the above fact-finding activities, four subcommittees (one for each of the Criterion Three Core Components) were identified to evaluate the evidence, seek additional evidence as indicated and write the initial drafts addressing each core component. The drafts of each Core Component Subcommittee report were then reviewed by the entire Criterion Three Committee and assembled into its report.

Core Component 3a.

The organization’s goals for student learning outcomes are clearly stated for each educational program and make effective assessment possible.

Core Component Overview

Education of professionals in the health sciences is a continuum, beginning with development of attitudes and preparation for science during secondary school, and continuing through college, professional school, graduate health science education and formal continuing education. The demands of the health professions require orientation to lifelong learning outside of formally designed experiences. Educational programs at UAMS include undergraduate certificates and degrees, professional degree programs, graduate and advanced certificate and degree programs, residency programs, and professional continuing education. Core Component 3a. focuses on initial professional degrees and certificates, advanced certificates and graduate education to ensure that the learning outcomes for these programs are clearly stated and make effective assessment possible.
UAMS strives to achieve its mission of teaching through excellence in the education of health sciences professionals and scientists coming from its five colleges and Graduate School. Because of the close professional identification of the faculties and the specialized nature of the programs, UAMS has a strong tradition for making college-based (and profession-oriented) educational program decisions. Each UAMS academic unit has identified goals for student learning that dictate a continuous, multifaceted approach to assessment. The faculty has direct involvement in the development and maintenance of the assessment programs that operate within each academic unit. Each program has identified competency statements or expected outcomes, implemented assessment activities, collected and analyzed data, and implemented processes to use results to enhance learning experiences. The specific approaches to assessment of student academic achievement and institutional effectiveness in these programs nonetheless share a common philosophical framework stemming from the clear institutional mission and the regular interactions of the educational leadership.

A major learning outcome for the educational programs at UAMS is the preparation of competent professionals. In most programs, graduates will seek and obtain licensure or certification, and all programs are subject to rigorous specialized accreditation. The level of education ranges from post-secondary certificate programs to professional doctoral programs (Au.D., Dr.P.H., Pharm. D., M.D.), Master's degrees, and Doctor of Philosophy degrees. In addition, UAMS' Colleges of Medicine, Pharmacy, and Public Health have designed combined degree pathways leading to M.D./M.P.H. and Pharm.D./M.P.H degrees. Combination degree pathways between UAMS and the University of Arkansas at Little Rock (UALR) also exist. The UALR College of Business and the School of Law have combined degree programs with the Colleges of Medicine (M.D./M.B.A. and M.D./J.D.), College of Pharmacy (Pharm.D./M.B.A.), and College of Public Health (M.P.H./J.D.). The College of Public Health also has a combined degree program with the Clinton School of Public Service for the Master of Public Service (M.P.S.)/M.P.H. The combined degree pathways illustrate the commitment that UAMS has to building bridges between programs and integrating interdisciplinary education into current programs. This is being done through shared faculty appointments, interdisciplinary instruction, and efforts towards courses with students from the various health care professions.

In addressing Core Component 3a., the committee builds directly on the foundation laid in the 1995 document Assessment of Student Academic Achievement at the University of Arkansas for Medical Sciences – The Campus-Wide Framework, which was submitted as an accompaniment to the 1996-97 HLC/NCA self-study. The evidence for Core Component 3a. will be discussed from the campus level, as well as from the six academic units that make up UAMS.
Major Areas of Assessment

General and Preparatory Education

All programs are concerned with the total development of students. Upon entry to UAMS, students in most programs must have completed general education course work, including preparatory sciences, social sciences, communications, humanities, mathematics, and general knowledge at appropriate educational institutions, usually regionally accredited colleges or universities. Exceptions include the emergency medical technology, health information management, and surgical technology programs. Students in these programs may enter following high school, or with the completion of a minimum number of prerequisite courses. Required general education courses are regarded as either prerequisites or co-requisites. While concentrating assessment activities on core professional development, the colleges and Graduate School also assess general and preparatory education, both at the time of admission and as the need arises during professional education.

Spheres of Assessment of Student Learning in Professional Education

Because of the nature of health care, more than cognitive development must be considered. There are three essential components for professional development: knowledge, skills and attitudes. These multiple facets dictate the need to measure the success of students in developing clinical skills as well as academic achievement. Professional certification and/or licensure provides methods to assess educational outcomes of graduates in terms of knowledge and, in some cases skills, through the use of the objective structured clinical examination (OSCE) format. The use of standardized patients for teaching (role playing) and testing is becoming the standard in many programs for learning and assessment of skills, as well as knowledge. The attitudinal component, or ‘non-cognitive’ performance component, of professional development is critical in professional education, and attitudes of students, professional demeanor, reliability, integrity, and respect for patients are assessed as academic performance in all professional programs. In the practical portion of the students’ education in ‘real-world’ environments, working with preceptors or clinical instructors in one-on-one or one-on-two settings, the assessment of student learning includes assessment of all three of the essential components of professional competency. At all steps of this continuum summative and formative assessment is provided to the students to enhance their self-directed learning.
Methods of Program Assessment of Student Learning

Current means of assessment and evaluation include observation and narrative; metrics, such as examination scores, pass rates, publications, presentation rates, and grade point average (GPA); and stakeholders’ evaluation.

1. As a mainstay of routine knowledge assessment, there is a centralized and computerized testing and scoring analysis service through the Office of Educational Development (OED) and Academic Computing. All colleges make extensive use of this system, which provides feedback and item analysis. Other types of instruments are also used, as the occasion demands.

2. Formal clinical skills learning and assessment occurs in the Clinical Skills Center (CSC) and other skills and simulation laboratories across campus. These facilities come to life with controlled, standardized, real world learning and testing experiences for students. Further, in many programs, the student spends significant time immersed in the experiential setting, learning directly from practitioners in their given fields of study. These settings allow the student to practice and build upon the didactic and laboratory-based experiences provided through the individual program curricula.

3. In some programs, a modified portfolio approach is used. In particular, the Graduate School is concerned with active productivity of students and regularly surveys all students for documentation of publications, research meeting participation, seminars, and awards and honors. Some professional programs are implementing the use of student portfolios to enhance the experiential learning component of their curriculum and to instill a commitment to continuous professional development and lifelong learning through reflection and self-assessment.

4. Stakeholders include graduates, employers of graduates, instructors in post-graduate experiences, patients and the public. Input from stakeholders through program advisory committees, surveys and unsolicited feedback provides useful information to determine the effectiveness in practice of programs and affords the opportunity to make improvements.

Although these assessment methods relate principally to the assessment of student learning, this task cannot be completely separated from program evaluation and overall institutional effectiveness. Much of the data available for program evaluation stems from the evaluation of students. Further, data combined primarily for the process of program evaluation may be enlightening as to the validity of methods of assessment of student academic performance. Hence, the two components interact strongly, and this section addresses a combination of the two with a focus on student learning outcomes and assessment.
College of Medicine

General and Preparatory Education

Admission prerequisites are set by the College of Medicine (COM) Academic Standards Committee with the approval of the faculty of the College. The selection of matriculates is also the responsibility of the COM Admissions Committee, which uses a variety of metrics, including performance on a nationally standardized admissions examination (MCAT), undergraduate cumulative GPA, on-site interviews, and letters of reference. The final list of matriculates must be approved by the Dean of the COM before letters of acceptance are sent out.

Table 3-1
Mean MCAT Scores for First Year COM Students

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Reasoning</td>
<td>9.3</td>
<td>9</td>
<td>9</td>
<td>9.3</td>
<td>9.5</td>
<td>9.3</td>
</tr>
<tr>
<td>Physical Sciences</td>
<td>8.6</td>
<td>8</td>
<td>9</td>
<td>8.6</td>
<td>8.6</td>
<td>8.8</td>
</tr>
<tr>
<td>Biological Sciences</td>
<td>9.2</td>
<td>9</td>
<td>9</td>
<td>9.1</td>
<td>9.3</td>
<td>9.3</td>
</tr>
<tr>
<td>WS (Mode)</td>
<td>O</td>
<td>N</td>
<td>N</td>
<td>M</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

Table 3-2
Mean Pre-Medical GPA for First Year COM Students

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.53</td>
<td>3.59</td>
<td>3.62</td>
<td>3.66</td>
<td>3.6</td>
<td>3.62</td>
<td></td>
</tr>
</tbody>
</table>

The COM matriculation numbers for 2000-01 through 2005-06 are shown below. The COM believes that these data are acceptable but would prefer that all students complete the educational program leading to the Doctor of Medicine (M.D.) degree.
Table 3-3
Matriculation Data, First Year COM Students

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1st YR – New Students</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>Total</td>
<td>574</td>
<td>577</td>
<td>565</td>
<td>564</td>
<td>562</td>
<td>570</td>
</tr>
<tr>
<td>% withdrawn/dismissed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st YR Class</td>
<td>0.7</td>
<td>2.0</td>
<td>0.7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All Students</td>
<td>0.3</td>
<td>0.7</td>
<td>0.4</td>
<td>1.6</td>
<td>2.0</td>
<td>1.4</td>
</tr>
</tbody>
</table>

The COM offers a pre-matriculation program that is open to all newly accepted applicants. The function of this summer program that occurs prior to the freshman medical student orientation program is to better prepare students for the rigors of medical school and acclimatize them to the campus. The pre-matriculation program consists of a series of lectures in one or more of the freshman medical school courses and includes knowledge assessment and mentoring. This program is well attended every year and is held in high regard by the participants. The pre-matriculation program is headed by Dr. James Pasley, Assistant Dean for Educational Advancement.

**Spheres of Assessment of Student Learning in Professional Education**

**Knowledge**

Course grades are a reflection of a student's performance in the classroom and in the clinics and hospital. In the first two years of the curriculum, a student's grades are based primarily on objective data accrued as a function of didactic examinations and quizzes. Additionally, in the context of the Introduction to Clinical Medicine (ICM)-1 and ICM-2 courses (freshman and sophomore courses, respectively), clinical skills, attitudes and professionalism are assessed and evaluated. Indeed, freshman medical students are required to take an Objective Structured Clinical Examination (OSCE) near the end of the ICM-1 course and are required to pass an OSCE at the end of the sophomore year as a requisite for passing the ICM-2 course. In both of the aforementioned courses the OSCEs are both summative and formative and address the taking of a detailed patient history and the performance of a full-body physical examination.

It is also worth noting that the professionalism of freshman and sophomore students is evaluated outside of the ICM courses. The College of Medicine uses a professionalism metric called a scholastic non-cognitive performance evaluation instrument that utilizes the student expectations that underpin the student competency of professionalism.

**Criterion Three** Core Component 3a.
The performance of students is also assessed through the use of in-house examinations and by external metrics, including National Board Subject Examinations, in all required courses and clerkships, as well as the Step 1 and Step 2 United States Medical Licensing Examinations (USMLE).

Skills

In the junior and senior years, when students are interacting much more frequently with patients, their grades are determined by both objective and subjective criteria, with significant emphasis on subjective assessment. Resident and attending physicians evaluate all medical students subjectively via the submission of a narrative report to the dean's office. These reports, along with objective assessment data, are used to determine a student's final grade in a particular clerkship and become a significant part of the medical student evaluation letter (Dean's Letter) that goes to all of a student's prospective residency programs.

Students are also evaluated on their clinical acumen via the administration of in-house generated OSCEs in some of the junior clerkships. The OSCE that is given at the end of the sophomore year in the ICM-2 course serves as a gateway to the junior year and is designed to assess the capacity of medical students to perform an adequate patient history and a physical examination, so that when they get to the wards and clinics in their junior year they are better equipped to learn the specifics of a given clerkship rotation. All students must pass the USMLE Step 2 Examination, both the clinical knowledge component and the clinical skills component. The clinical knowledge component is a computer-based examination that assesses a student's ability to care for patients under the supervision of a licensed medical physician. The clinical skills component of the Step 2 Examination is essentially a comprehensive OSCE. It is clear that in-house OSCEs help to prepare students for the clinical skills portion of the Step 2 examination. Last year 100 percent of COM students passed this component of the Step 2 examination.

Students' clinical experiences during their junior year clinical rotations are monitored through the use of a patient log system in which students note the diseases of the patients that they are seeing along with student identifying information. The required number of patients that are to be seen for a given condition/disease is set by the clerkship director, with the types of patients being directly linked to the objectives of the clerkship. The patient logs are checked by the clerkship directors periodically to make sure that all students are seeing the proper mix of patients. Students who do not see the correct number of patients for a given disease receive remediation for such deficits.

It is the policy of the COM that students be told of their academic performance by at least half way through a clerkship or course, and be offered remediation for their deficit(s). The nature of the remediation is dependent on the nature of the
deficit(s). This ensures that students are learning appropriately, are acquiring essential skills in a timely manner and are offered formative feedback.

**Attitudes**

The attitudes of COM students are monitored throughout the full four years of their curriculum, but more so in the junior and senior clinical years of their education. In each of their clinical rotations students are graded subjectively, and a significant component of their subjective grading addresses attitudes. Along with attitude, students are evaluated on their professionalism. Students who display unprofessional behavior may, at the discretion of the faculty member, be given a negative scholastic non-cognitive performance evaluation (an evaluation of their professionalism). Receipt of one such report requires that the student meet with the Executive Associate Dean for Academic Affairs. Depending on the severity of the offense, the Associate Dean may determine that the student must appear before his/her Student Promotions Committee. This committee has a great deal of latitude, from written admonishment and stipulations for discipline should the student recidivate, to dismissal from medical school. It should be noted that at any time during medical school, if a student receives two negative scholastic non-cognitive performance evaluations, the student must appear before his/her Promotions Committee with the same aforementioned possible consequences.

**Methods of Program Assessment of Student Learning**

1. Summary statistics on entering students and exit performance data are reviewed.
2. All students are strongly encouraged to complete an exit questionnaire provided by the Association of American Medical Colleges.
3. Teaching faculty members are evaluated by students using a computer-based standard evaluation instrument, as well as departmentally generated instruments. Those teaching faculty judged by the students to be ineffective are offered assistance to improve their teaching through the Office of Faculty Development.
4. Required courses and clerkships are evaluated by all students using a computer-based standard evaluation instrument, which is developed and approved by the faculty of the College and administered through the Office of Educational Development.
5. Required courses and clerkships are evaluated by an outside content expert every seven years. This program is administered by the External Evaluation Subcommittee of the COM Curriculum Committee. Using a prescribed protocol, the evaluator is selected and is given self-study course/clerkship material, along with explicit instructions from the Subcommittee for carrying out the evaluation. When the evaluator arrives, he/she meets with the Course/Clerkship Director, the Chairman of the respective department, course/clerkship teaching faculty, medical students, the academic Deans of
the College, and with the Subcommittee in the context of an exit interview. He/she also attends didactic sessions for the course/clerkship that is being evaluated. The report is scrutinized and a report with suggestions for improvement is sent from the Subcommittee to the full curriculum committee. Upon approval, the Subcommittee’s report is sent to the Course/ Clerkship Director, the respective Chairman and the academic Deans. Areas of deficiency require that the Course/ Clerkship Director respond with a plan for improvement to the Subcommittee within six months.

6. The Evaluation Subcommittee of the COM Curriculum Committee is responsible for critiquing all standard student evaluations, all of its required courses and clerkships, the reports of the External Evaluation Subcommittee, the results of National Board of Medical Examiners Subject exams, the results of the USMLE Step 1 and 2 examinations, and the data received from the exit medical student survey of the Association of American Medical Colleges. The Subcommittee then submits a report to the Curriculum Committee noting positive and negative findings and trends. It is at the discretion of the Curriculum Committee as to the disposition of the Subcommittee’s findings. The data shown below for the Step 1 and Step 2 USMLEs indicate that the educational outcome metrics of the college are being achieved.

Table 3-4
United States Medical Licensure Examination (USMLE) Results

<table>
<thead>
<tr>
<th>Step 1</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>UAMS Number Examined</td>
<td>UAMS Percent Passing (%)</td>
<td>UAMS Mean Total Score</td>
<td>National Mean Total Score</td>
</tr>
<tr>
<td>2002</td>
<td>139</td>
<td>88</td>
<td>209</td>
<td>216</td>
</tr>
<tr>
<td>2003</td>
<td>140</td>
<td>79</td>
<td>203</td>
<td>216</td>
</tr>
<tr>
<td>2004</td>
<td>132</td>
<td>88</td>
<td>216</td>
<td>216</td>
</tr>
<tr>
<td>2005</td>
<td>136</td>
<td>90</td>
<td>209</td>
<td>217</td>
</tr>
<tr>
<td>2006*</td>
<td>140</td>
<td>94</td>
<td>214</td>
<td>NA</td>
</tr>
<tr>
<td>Step 2 Clinical Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002-03</td>
<td>131</td>
<td>93</td>
<td>210</td>
<td>216</td>
</tr>
<tr>
<td>2003-04</td>
<td>135</td>
<td>90</td>
<td>211</td>
<td>218</td>
</tr>
<tr>
<td>2004-05</td>
<td>127</td>
<td>90</td>
<td>212</td>
<td>220</td>
</tr>
<tr>
<td>Step 2 Clinical Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004-05</td>
<td>129</td>
<td>91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005-06</td>
<td>132</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Updated as of 6/28/06 with 140 of 147 scores reported.
7. All Course/Clerkship Directors are required to submit a critique of their course/clerkship to the Associate Dean for Undergraduate Medical Education at the end of their course/clerkship. The critiques, faculty teaching evaluation data, and the standard course/clerkship student evaluation data are discussed at annual meetings of the course/clerkship directors and their department Chairmen with the academic Deans of the COM.

8. The Associate Dean for Undergraduate Medical Education meets monthly with the basic science course directors to address course and curricular problems. When a problem is found, it is addressed in real time. As such, the COM has in place continuing monitoring of its basic science curriculum. The same process is carried out for all of the required clerkships through the auspices of the Executive Associate Dean for Academic Affairs.

9. Finally, it should be noted that the Associate Dean for Undergraduate Medical Education and the Assistant Dean for Curriculum meet with the freshman and sophomore class officers bi-weekly to address any concerns that the classes may have.

Table 3-5
Percentage of Senior Students Initially Matched to PGY-1 Programs in the NRMP

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-01</td>
<td>87%</td>
</tr>
<tr>
<td>2001-02</td>
<td>95%</td>
</tr>
<tr>
<td>2002-03</td>
<td>89%</td>
</tr>
<tr>
<td>2003-04</td>
<td>92%</td>
</tr>
<tr>
<td>2004-05</td>
<td>93%</td>
</tr>
<tr>
<td>2005-06</td>
<td>95%</td>
</tr>
</tbody>
</table>

Program Development through Stakeholder Input

Development of new programs in the College of Medicine requires a needs assessment of the stakeholders involved, that is, those affected by the new program. The nature of the stakeholders obviously varies with the nature of the new program. In the case of new educational programs, the Curriculum Committee, the Dean of the College of Medicine, Departmental Chairpersons, medical students and faculty are involved. New educational programs require a majority faculty vote before they can be implemented. New programs that involve patient care are addressed through the Dean of the College of Medicine, the Executive Associate Dean for Clinical Affairs, and the University Hospital Chief Administrator, as well as the Associate Dean for Graduate Medical Education and the Executive Associate Dean for Academic Affairs if the new program involves resident education or medical student education, respectively. In those cases where Little Rock Veteran’s Administration Hospital and/or the Arkansas Children’s Hospital is involved, the appropriate administrators are also involved. Importantly, the addition of new programs in the College of Medicine requires approval by its educational accrediting agencies, the Accreditation Council on Graduate Medical Education for resident education programs and the Liaison Committee on Medical Education for undergraduate medical education programs.
Construction of new clinical facilities involves a large number of stakeholders, including the public as health care consumers. It is a campus-wide process led by the Chancellor of UAMS.

College of Pharmacy

The assessment plan for the College of Pharmacy (COP) is being revised to include summative assessment of student learning at the end of each academic year, student experiential portfolios, and a more rigorous curriculum review process. The College offers the Doctor of Pharmacy (Pharm.D.) degree to traditional degree seeking students. The College's Non-Traditional Doctor of Pharmacy Program will graduate its last students in the summer of 2008. Enrollment in this program was closed on July 1, 2004 and the program currently has 79 students enrolled.

General and Preparatory Education

The admissions procedure requires a standardized entrance examination (PCAT) that includes a writing sample, personal interviews, letters of recommendation, and an acceptable grade point average. The prerequisite course work is a minimum of 65 semester credit hours through 2007 and 69 semester credit hours starting in 2008.

Table 3-6

<table>
<thead>
<tr>
<th>Admit Year</th>
<th>Number Admitted</th>
<th>Average GPA (4 point scale)</th>
<th>Average Total PCAT score (percentile)</th>
<th>Average Age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>85</td>
<td>3.66</td>
<td>86</td>
<td>22.2</td>
</tr>
<tr>
<td>2004</td>
<td>90</td>
<td>3.61</td>
<td>80</td>
<td>22.1</td>
</tr>
<tr>
<td>2005</td>
<td>105</td>
<td>3.64</td>
<td>77</td>
<td>21.5</td>
</tr>
<tr>
<td>2006</td>
<td>120*</td>
<td>3.48</td>
<td>77</td>
<td>23.2</td>
</tr>
</tbody>
</table>

*No further class expansion is anticipated.

Of the current student body (2006-2007, n=395), 13 percent had the minimum required prerequisite coursework, 40 percent had an undergraduate degree, and 47 percent had greater than two years of undergraduate coursework without a degree.
Spheres of Assessment of Student Learning in Professional Education

Knowledge

Knowledge is primarily measured through formative assessment within the standing didactic coursework that consists of written and practical examinations. The didactic curriculum is based on both the North American Pharmacist Licensure Examination (NAPLEX) blueprint and Appendix B of the Accreditation Council of Pharmacy Education’s (ACPE) Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. On average, 92.5 percent ± 3.3 (mean ± SD) of entering students will receive a Pharm.D. degree with approximately 88 percent of those being four year graduates (four year graduation rate 82.0 percent ± 3.5) and 12 percent taking up to six years.

The addition of the yearly summative assessment process will enhance the assessment of the students’ comprehensive knowledge base, particularly in the first two years of the curriculum. The basis for a summative assessment plan can be found in the ACPE’s Standards 2007. These standards were based on the Center for the Advancement of Pharmaceutical Education (CAPE) 2004 Advisory Panel on Educational Outcomes as well as the Future Vision of Pharmacy Practice 2015 by the Joint Commission of Pharmacy Practitioners. A formal plan for remediation will be developed and offered to all students whose performance does not meet the minimum acceptable levels.

Skills

Skill development begins in the laboratory and small group portions of Pharmaceutics (I & II), Dispensing, Therapeutics (I & II), and Pharmacy Practice (I, II, & III) components of the curriculum. In these courses students are introduced to many of the core skills necessary to become a pharmacist. Students are assessed in various ways in these courses. Case presentations and physical assessment utilize author derived dichotomous performance-based assessments of the skill. Formal testing for therapeutics I & II and physical assessment occurs in the Clinical Skills Center using standardized participants in an OSCE format. For the class of 2007, 88 percent of the class passed the OSCE finals of Therapeutics I and II, and 94 percent of the class passed the OSCE final for the physical assessment portion of Pharmacy Practice III.

In the practice setting, practice-based skills are also assessed. Students are required to complete approximately 300 contact hours (or seven credit hours) of introductory practice experiences and approximately 1440 contact hours (or 36 credit hours) of advanced practice experiences starting in 2007. Through the introductory and advanced practice settings, students undergo both formative and summative assessment by preceptors. Most of the introductory and all
of the advanced practice experiences are in practice environments where the faculty/preceptor to student ratio is no more than 1:2. Faculty have developed a rubric for the assessment of each student’s performance in the four-week early practice experience. The faculty is also developing a standard rubric for the use in all direct patient care and indirect patient care advanced practice four-week experiences. The summative assessment at the conclusion of years three and four will have a component of knowledge and skill assessment. The skill assessment will occur in the form of an OSCE. Faculty will be involved in the development of the examination. A formal plan for remediation will be developed for all students whose performance does not meet the minimum acceptable level. In addition to the summative assessment, the faculty are in the planning stage of the development of a student portfolio system to track practice skill development and enhance self-reflection and self-directed education.

**Attitudes**

During all four years, non-cognitive performance is evaluated on the basis of certain demonstrated attitudinal characteristics, including maturity, cooperation and demeanor. A formal grade of either outstanding or inadequate is issued when appropriate. The lack of either grade indicates that the student possesses a suitable attitude, or possibly that contact with the student is insufficient to crystallize the designation. During the experiential component of the curriculum, the evaluation includes assessment of student attitude and disposition, including a sense of responsibility, ethical considerations and professional judgment.

**Methods of Program Assessment of Student Learning**

Programmatic evaluation consists of the entering student statistics (PCAT & GPA), curriculum progression, Pre-NAPLEX examination (senior year), NAPLEX performance, senior exit survey results, and senior employment survey results. In addition, students participate in an ongoing program of evaluation of instructors and courses.

Matriculation rate through the curriculum is followed to determine trends and needs for interventions. The average on-time graduation rate (four years) from 1991 through 2002 admitted new students is 82 percent (range 75.3-86.7 percent) with a total percent graduation rate of entering students of 92.5 percent (range 87.0-97.5 percent) from 1991 through 2001 admitted new students. The following table outlines the last six years of complete data.
Table 3-7
COP Matriculation Rate, 1998 – 2002

<table>
<thead>
<tr>
<th>Entering Year</th>
<th>Number New Students</th>
<th>% 4 Year Graduates</th>
<th>% Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>77</td>
<td>83.1</td>
<td>92.2</td>
</tr>
<tr>
<td>1999</td>
<td>81</td>
<td>80.2</td>
<td>92.6</td>
</tr>
<tr>
<td>2000</td>
<td>80</td>
<td>86.3</td>
<td>97.5</td>
</tr>
<tr>
<td>2001</td>
<td>81</td>
<td>84.0</td>
<td>90.1</td>
</tr>
<tr>
<td>2002</td>
<td>83</td>
<td>86.7</td>
<td>NA</td>
</tr>
</tbody>
</table>

The entering student statistics and curriculum progression have been discussed above. The Pre-NAPLEX was added to the senior year of the Class of 2006 (n=76). The pass rate for the first year for this examination was 86 percent. The NAPLEX pass rate on the first examination as compared to the national average is as follows:

Table 3-8
COP NAPLEX Pass Rate, 2001 – 2005

<table>
<thead>
<tr>
<th>Year</th>
<th>UAMS Pass Rate (%)</th>
<th>National Pass Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>98.3</td>
<td>94.4</td>
</tr>
<tr>
<td>2002</td>
<td>100</td>
<td>96.7</td>
</tr>
<tr>
<td>2003</td>
<td>100</td>
<td>93.9</td>
</tr>
<tr>
<td>2004</td>
<td>98.5</td>
<td>97.4</td>
</tr>
<tr>
<td>2005</td>
<td>93.7</td>
<td>92.9</td>
</tr>
</tbody>
</table>

The COP has exceeded the national pass rate in nine of the last 10 years, and was below the national pass rate only once in that time (94.4 percent versus 94.9 percent).

The seniors complete two exit surveys. One survey is an assessment of their cumulative experience at the College, which includes questions on the curriculum, facilities, student services, student organizations and student-faculty relationships. The other survey is an employment survey that asks about their job selection, with questions regarding the type of practice setting, geographic location, salary and benefits. In addition, students evaluate instructors and courses each semester. These evaluations are reviewed with individual instructors at the department level and the in the Dean's office at the level of the Associate Dean for Academic Affairs. All the assessment data collected are reviewed in part and/or in whole by various faculty standing committees, the Executive Committee, and/or the College's administration and acted on accordingly.
Program Development through Stakeholder Input

Faculty, students and practitioners have various types of input into the assessment plan for the College. Faculty, students, and pharmacy practitioners serve as members of the College's Assessment and Curriculum Committees, whose primary charge is to ensure that the College has an effective curriculum that allows for student learning to flourish. The Assessment Committee is responsible for making recommendations to the faculty regarding a system to assess effective teaching and student learning. The Curriculum Committee is ultimately responsible for the curriculum of the College, and the committee works closely with the Assessment Committee to assure comprehensive recommendations to the Faculty. Informally, the Dean has an open door policy that encourages faculty, students and practitioners to provide input into the policies and business of the College. This type of input is routed to the appropriate committee for review and action.

These results are all reviewed in part and/or in whole by various faculty standing committees and acted on accordingly. The College's strategic plan helps manage the efforts and focus of the program.

College of Nursing

General and Preparatory Education

The UAMS College of Nursing (CON) is committed to scholarly excellence in (1) undergraduate and graduate nursing education; (2) research; and (3) service to the University, profession, and society. The CON offers a Bachelors of Science in Nursing (B.S.N.), a Master of Nursing Science (M.N.Sc.), and a Doctor of Philosophy with a major in Nursing Science (Ph.D.). Post-master’s work is available in all specialties offered in the master’s program. A B.S.N. to Ph.D. program is designed to prepare the applicant for a nursing career as an educator, a researcher, an administrator, or a clinician. Students pursuing graduate degrees in Nursing are considered to be students in the Graduate School but are taking courses offered by the faculty of the CON.

The baccalaureate program of the CON is approved by the Arkansas State Board of Nursing. The UAMS CON is accredited by the Commission on Collegiate Nursing Education (CCNE). A review in Spring 2006 resulted in 10 years of accreditation with no recommendations. The major purpose of the UAMS CON’s baccalaureate degree program is to prepare competent professional nurse generalists and provide a foundation for graduate study. The professional nurse generalist is prepared to provide health care to individuals, families, groups, and/or communities in a variety of settings. The graduate is prepared to manage nursing care, serve as client advocates, and collaborate with other health care professionals.
The admission requirements to the B.S.N program include successful completion of the specified 64 semester hours of general education prerequisite courses completed at any accredited college or university and a minimum cumulative grade point average of 2.5 on a 4.0 scale in all college courses attempted with a “C” or better in all prerequisite courses. The upper division professional requirements are completed at the UAMS main campus and at the University of Arkansas Community College at Hope, Ark., (UACCH) beginning in the summer following the completion of prerequisite courses. A graduate with an Associate Degree in Nursing or diploma in nursing who has achieved licensure as a registered nurse may apply for admission to the Web-based B.S.N. completion nursing program. Another route previously offered by the CON to obtain a B.S.N. is the Fast Track Accelerated Program. The B.S.N. Fast Program is designed to allow a student with a baccalaureate in another field who is not a licensed registered nurse to earn a Bachelor’s of Science in Nursing degree in one calendar year. The program involves an intense curriculum. This program is currently on hold pending future funding.

The CON offers a B.S.N. Honors Program, which is designed to cultivate the top 10 percent of B.S.N. students for graduate studies. The program has clear admission and curriculum requirements and includes a mentoring program. Potential honors students are identified during the fall semester of the junior year and are invited to consider participation in the program. During the fall semester, they are assigned to a faculty mentor who guides the student in completing the application for admission to the Honors Program.

After being admitted and before any nursing courses are completed, students take the Health Education Systems Inc. (HESI) Pre-admission Test to provide baseline assessment data on verbal, math and science knowledge of students. The statistics on the entering nursing class for the last four years are given here:

Table 3-9

<table>
<thead>
<tr>
<th>Year of Admission</th>
<th>Number Admitted</th>
<th>Average GPA (4 point scale)</th>
<th>Average Age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>122 (10 fast track)</td>
<td>3.24</td>
<td>26</td>
</tr>
<tr>
<td>2004</td>
<td>138 (10 fast track)</td>
<td>3.46</td>
<td>26</td>
</tr>
<tr>
<td>2005</td>
<td>143</td>
<td>3.40</td>
<td>26</td>
</tr>
<tr>
<td>2006</td>
<td>143</td>
<td>3.44</td>
<td>27</td>
</tr>
</tbody>
</table>
Spheres of Assessment of Student Learning in Professional Education

Knowledge

Course grades reflect the student’s performance in classroom, laboratory and clinical courses. Students are evaluated using faculty-determined criteria to measure classroom, laboratory and clinical performance for each course. To measure scholarship skills, students are evaluated in each course through projects, presentations and written papers.

The areas of critical thinking, communication and therapeutic nursing interventions are evaluated annually in juniors and seniors using standardized computer tests from Health Education Systems, Inc (HESI). The test is administered diagnostically to juniors after completion of foundation courses and at the end of junior and senior year. Students are allowed three attempts at testing after completion of junior and senior level courses to achieve a score of 850.

Table 3-10
Mean HESI Scores, CON

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Junior</th>
<th>Senior</th>
<th>Passing Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-2002</td>
<td>88.99</td>
<td>92.48</td>
<td>85.00</td>
</tr>
<tr>
<td>2002-2003</td>
<td>88.52</td>
<td>94.72</td>
<td>85.00</td>
</tr>
<tr>
<td>2003-2004</td>
<td>884</td>
<td>968</td>
<td>850</td>
</tr>
</tbody>
</table>

NOTE: Scoring methods were changed after the 2002-03 year.

Table 3-11
HESI Composite Scores Based on Competency Area, CON
2004- 2005

<table>
<thead>
<tr>
<th>Competency</th>
<th>Junior</th>
<th>Senior</th>
<th>Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>874</td>
<td>889</td>
<td>850</td>
</tr>
<tr>
<td>Communication</td>
<td>905</td>
<td>902</td>
<td>850</td>
</tr>
<tr>
<td>Therapeutic Nursing Interventions</td>
<td>880</td>
<td>889</td>
<td>850</td>
</tr>
</tbody>
</table>
Table 3-12
HESI Composite Scores Based on Competency Area, CON 2005-2006

<table>
<thead>
<tr>
<th>Competency</th>
<th>Junior</th>
<th>Senior</th>
<th>Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>917</td>
<td>932</td>
<td>850</td>
</tr>
<tr>
<td>Communication</td>
<td>911</td>
<td>964</td>
<td>850</td>
</tr>
<tr>
<td>Therapeutic Nursing Interventions</td>
<td>909</td>
<td>932</td>
<td>850</td>
</tr>
</tbody>
</table>

After completing the Nursing Care of Adults course, senior students take a National League of Nursing (NLN) exam. Results are analyzed by faculty for areas of weakness in preparing for the NCLEX. Supplemental information and seminars are presented to seniors on identified areas of weakness. The faculty completes end-of-course evaluations each semester. These reports include examples of student work for the performance criteria listed above. Students graduating from the baccalaureate program are prepared to write the NCLEX for Registered Nurses.

Skills

Students are evaluated according to the five criteria of the CON, which include critical thinking, communication, therapeutic nursing interventions, service and scholarship. Students formally demonstrate psychomotor skills through check-offs in their foundation courses. Skills reviews are performed in the senior courses. Students keep a record of skills performed that are signed off by faculty throughout their nursing courses. This skills form is required to be completed and turned in to the registrar prior to graduation.

Critical thinking ability is also evaluated in each course through course projects, papers and examinations. In each course, students are evaluated on communication skills through course projects, papers and clinical experience. Students’ service skills and commitment are monitored in appropriate courses through clinical practice and service projects. Performance criteria have been developed for each clinical course. Student performance is measured against these standards. Surveys are also sent to the employers of the one-and five-year graduates regarding the knowledge and skills of the graduates.

Attitudes

The CON has Non-Cognitive Performance Standards that students are required to adhere to in both the classroom and clinical settings. These responsibilities outlined in the College’s Student Handbook include attentiveness, demeanor, maturity, cooperation, inquisitiveness, responsibility, authority, personal
appearance, communication, professional role, judgment, ethics, and moral standards. Students failing to comply with standards face disciplinary action that may include dismissal from the program. Evaluation of attitudes and professional behavior occurs in each clinical course through the performance standards set by the faculty. Input regarding students’ attitudes and professional behavior is also obtained from clinical agencies where students have learning experiences, as well as from the employers of the graduates.

**Methods of Program Assessment of Student Learning**

2. HESI progression and mock NCLEX exams, as previously discussed.
3. Student evaluation by faculty-determined criteria to measure classroom, laboratory and clinical performance.
4. To provide valuable feedback to UAMS, students evaluate each course and all faculty members involved using standardized computerized forms.
5. Graduate and employer surveys are sent to one- and five-year graduates of the baccalaureate programs to obtain data regarding the preparation of the graduates to assume their roles after completion of the B.S.N program. These data are then used to guide changes in curriculum and teaching methods. These tools were combined into one tool beginning in the 2004-2005 academic year.

**Table 3-13**

B.S.N. Graduate Employment Survey Results

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response Rate</strong></td>
<td>97/116 = 84%</td>
<td>83/110 = 75%</td>
<td>88/136 = 65%</td>
<td>89/121 = 74%</td>
</tr>
<tr>
<td><strong>Education Background: A.D.N. - R.N.</strong></td>
<td>23 23.7</td>
<td>18 21.7</td>
<td>16 18.6</td>
<td>19.0 21.3</td>
</tr>
<tr>
<td><strong>+Education Background: Completed Required Prerequisites</strong></td>
<td>70 72.2</td>
<td>59 71.1</td>
<td>66 76.7</td>
<td>65.0 73.3</td>
</tr>
<tr>
<td><strong>Gender: Female</strong></td>
<td>91 93.8</td>
<td>77 92.8</td>
<td>75 85.2</td>
<td>81.0 90.6</td>
</tr>
<tr>
<td><strong>Gender: Male</strong></td>
<td>6 6.2</td>
<td>5 6.0</td>
<td>13 14.8</td>
<td>8.0 9.0</td>
</tr>
<tr>
<td><strong>Ethnic Origin: African-American</strong></td>
<td>8 8.2</td>
<td>9 10.8</td>
<td>4 4.5</td>
<td>7.0 7.8</td>
</tr>
<tr>
<td><strong>Ethnic Origin: Caucasian</strong></td>
<td>84 86.6</td>
<td>72 86.7</td>
<td>79 89.9</td>
<td>78.3 87.7</td>
</tr>
<tr>
<td><strong>Ethnic Origin: Asian</strong></td>
<td>0 0</td>
<td>0 0</td>
<td>2 2.3</td>
<td>0.67 0.77</td>
</tr>
</tbody>
</table>
From 2001-2004, the highest number of respondents were Caucasian (87.7 percent) females (90.6 percent). More than seven in ten (73.3 percent) began their studies at the CON with no previous nursing licensure. Follow up data showed that 87 percent were employed by hospitals. Data also showed that 70.6 percent remained in Arkansas for employment post B.S.N.

### Table 3-14
B.S.N. Graduate One-Year Follow-up Survey Results

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Rate</td>
<td></td>
<td>41/104 = 39%</td>
<td>32/108 = 30%</td>
<td>20/93 = 22%</td>
<td>31/102 = 30%</td>
</tr>
<tr>
<td>Program congruency with job requirements</td>
<td>Very Congruent</td>
<td>16</td>
<td>9</td>
<td>8</td>
<td>11.0</td>
</tr>
<tr>
<td></td>
<td>Pretty Congruent</td>
<td>14</td>
<td>16</td>
<td>9</td>
<td>13.0</td>
</tr>
</tbody>
</table>
A one-year post graduation survey of graduates was done using this tool until 2004. Overall satisfaction yielded a mean of 93.3 percent from 2001-2004 and 88.7 percent would recommend the CON to a colleague.

The August 2004, December 2004 and August 2005 graduates were given the new combined survey tool. The tool focused on demographics and included a comment section. Respondents felt competent and prepared by their strong educational background, which stressed professionalism and ethical behavior. Students felt they were given a diversity of the health care population.

Research was noted as a strong part of their education at the CON and prepared them for evidenced based practice.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response Rate</strong></td>
<td></td>
<td>41/104 = 39%</td>
<td>32/108 = 30%</td>
<td>20/93 = 22%</td>
<td>31/102 = 30%</td>
</tr>
<tr>
<td><strong>Rating</strong></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Able to engage in practice as prepared</td>
<td>Very Congruent</td>
<td>17</td>
<td>41.5</td>
<td>13</td>
<td>41.9</td>
</tr>
<tr>
<td></td>
<td>Pretty Congruent</td>
<td>18</td>
<td>43.9</td>
<td>17</td>
<td>54.8</td>
</tr>
<tr>
<td>Apply nursing process</td>
<td>Excellent</td>
<td>11</td>
<td>26.8</td>
<td>11</td>
<td>35.5</td>
</tr>
<tr>
<td></td>
<td>Very Good</td>
<td>17</td>
<td>41.5</td>
<td>14</td>
<td>45.2</td>
</tr>
<tr>
<td>Provide nursing care</td>
<td>Excellent</td>
<td>15</td>
<td>36.6</td>
<td>7</td>
<td>22.6</td>
</tr>
<tr>
<td></td>
<td>Very Good</td>
<td>16</td>
<td>39</td>
<td>17</td>
<td>54.8</td>
</tr>
<tr>
<td>Perform psychomotor skills</td>
<td>Excellent</td>
<td>13</td>
<td>31.7</td>
<td>3</td>
<td>9.7</td>
</tr>
<tr>
<td></td>
<td>Very Good</td>
<td>14</td>
<td>34.1</td>
<td>19</td>
<td>61.3</td>
</tr>
<tr>
<td>Apply theory to practice</td>
<td>Excellent</td>
<td>10</td>
<td>24.4</td>
<td>7</td>
<td>21.9</td>
</tr>
<tr>
<td></td>
<td>Very Good</td>
<td>13</td>
<td>31.7</td>
<td>13</td>
<td>40.6</td>
</tr>
<tr>
<td>Apply scientific/humanistic knowledge</td>
<td>Excellent</td>
<td>10</td>
<td>24.4</td>
<td>5</td>
<td>16.1</td>
</tr>
<tr>
<td></td>
<td>Very Good</td>
<td>16</td>
<td>39</td>
<td>13</td>
<td>41.9</td>
</tr>
<tr>
<td>Make independent nursing decisions</td>
<td>Excellent</td>
<td>14</td>
<td>34.1</td>
<td>11</td>
<td>35.5</td>
</tr>
<tr>
<td></td>
<td>Very Good</td>
<td>10</td>
<td>24.4</td>
<td>11</td>
<td>35.5</td>
</tr>
<tr>
<td>Overall satisfaction with program</td>
<td>Very Satisfied &amp; Satisfied</td>
<td>34</td>
<td>82.9</td>
<td>31</td>
<td>96.9</td>
</tr>
<tr>
<td>Recommend CON to a colleague</td>
<td>Strongly Recommend &amp; Recommend</td>
<td>33</td>
<td>80.5</td>
<td>29</td>
<td>90.6</td>
</tr>
</tbody>
</table>
6. Annual employer focus group discussion of one year post-graduation performance is held to invite input from employers regarding the readiness of graduates to assume roles as registered nurses. Summaries of these evaluations are formulated and disseminated to faculty via the Curriculum Committee and are utilized to guide teaching methods and curricular changes to meet the needs of the new graduates. The overall goal is to create a foundation for data driven decision making to improve educational preparation of graduates from the CON.

7. Matriculation and graduation rates:

**Table 3-15**
Matriculation Data CON, 1998 – 2004

<table>
<thead>
<tr>
<th>Entering Year</th>
<th>Number New Students</th>
<th>Graduation Year</th>
<th>Number of Graduates</th>
<th>% Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>110</td>
<td>2000</td>
<td>76</td>
<td>69%</td>
</tr>
<tr>
<td>1999</td>
<td>107</td>
<td>2001</td>
<td>78</td>
<td>73%</td>
</tr>
<tr>
<td>2000</td>
<td>116</td>
<td>2002</td>
<td>98</td>
<td>84%</td>
</tr>
<tr>
<td>2001</td>
<td>132</td>
<td>2003</td>
<td>112</td>
<td>85%</td>
</tr>
<tr>
<td>2002</td>
<td>148</td>
<td>2004</td>
<td>117</td>
<td>79%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>includes 10 fast track May 2003 admission 8 fast track Jan 2004 admission</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>122 10 fast track May 2003</td>
<td>2005</td>
<td>149 includes 10 fast track May 2004 admission</td>
<td>113%*</td>
</tr>
<tr>
<td>2004</td>
<td>138</td>
<td>2006</td>
<td>156</td>
<td>113%*</td>
</tr>
</tbody>
</table>

* Out of sync students represented here
8. NCLEX pass rates:

**Table 3-16**

NCLEX RN Pass Rates
UAMS, Arkansas and the U.S., 2000-2006

<table>
<thead>
<tr>
<th>Category</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. CON Taking Exam</td>
<td>73</td>
<td>70</td>
<td>76</td>
<td>77</td>
<td>97</td>
<td>105</td>
<td>107</td>
</tr>
<tr>
<td>No. CON Passing Exam</td>
<td>64</td>
<td>65</td>
<td>72</td>
<td>74</td>
<td>90</td>
<td>95</td>
<td>98</td>
</tr>
<tr>
<td>Percent CON Passing Exam</td>
<td>87.7%</td>
<td>92.9%</td>
<td>94.7%</td>
<td>96.1%</td>
<td>92.8%</td>
<td>90%</td>
<td>92%</td>
</tr>
<tr>
<td>Arkansas % Passing BSN</td>
<td>85%</td>
<td>85.1%</td>
<td>89.3%</td>
<td>89.3%</td>
<td>83.1%</td>
<td>86.6%</td>
<td>85.2%</td>
</tr>
<tr>
<td>National % Passing BSN</td>
<td>83.9%</td>
<td>86%</td>
<td>86.7%</td>
<td>86.9%</td>
<td>84.8%</td>
<td>85.8%</td>
<td>87.2%</td>
</tr>
<tr>
<td>Arkansas % Passing all Programs</td>
<td>82.6%</td>
<td>84.7%</td>
<td>86.5%</td>
<td>87.9%</td>
<td>84.5%</td>
<td>87.3%</td>
<td>87.9%</td>
</tr>
<tr>
<td>National Taking % Passing all programs</td>
<td>83.8%</td>
<td>85.5%</td>
<td>86.6%</td>
<td>87%</td>
<td>85.3%</td>
<td>86.1%</td>
<td>87.5%</td>
</tr>
</tbody>
</table>

*Program Development through Stakeholder Input*

Faculty and students have input into the assessment plan of the College. Faculty and students serve as members of the CON Curriculum Committee, whose primary charge is to ensure that the College has an effective curriculum allowing students to progress. The Curriculum Committee is ultimately responsible for the curriculum in the courses of the CON and presenting concerns and recommendations to the faculty assembly. The Dean, Associate Deans, Program Director and Department Chairmen have open door policies that encourage faculty and students to provide input into the policies and business of the College. This type of input is routed to the appropriate committee or personnel for review and action. The College’s strategic plan helps manage the efforts and focus of the program.

**College of Health Related Professions**

*General and Preparatory Education*

The College of Health Related Professions (CHRP) offers programs in 17 different professional areas. Units within the college include the departments of audiology and speech pathology, dental hygiene, dietetics and nutrition, emergency medical sciences, genetic counseling, health information management, imaging and radiation sciences (diagnostic medical sonography, nuclear medicine technology, radiologic technology, radiation therapy and medical dosimetry), laboratory sciences (medical technology and cytotechnology), ophthalmic technologies, and respiratory and surgical technologies (respiratory care and surgical technology).
Certificate, associate, bachelors, professional master's (imaging sciences) and a professional doctoral degree (audiology) are offered within the college. In addition, two master of science degree programs (clinical nutrition and speech pathology) and a new consortium Ph.D. program (communication sciences) are jointly administered by the college and the graduate school. The college has extensive outreach and distance education programs in both Arkansas and several adjacent states. Fall 2006 enrollment, including graduate programs, was 639 students.

Prerequisite course requirements vary by program. Admission requirements include letters of recommendation, personal interviews, aptitude test scores and successful completion of prerequisite courses. Prerequisite courses (in programs which require prerequisite course completion prior to admission) must be completed at a regionally accredited college or university and include course work in the following areas: speech, English composition, fine arts, humanities, history, government, social science, mathematics and the sciences. In a few programs, students may enter without prior college experience and complete appropriate general education requirements concurrently. As UAMS does not offer general education courses, these must be completed at another regionally accredited college or university. Other programs require prerequisite course completion prior to entry, and graduate level programs require prior completion of an appropriate baccalaureate degree.

**Spheres of Assessment of Student Learning in Professional Education**

A major goal for CHRP professional programs is to prepare competent allied health practitioners to meet the health care workforce needs in Arkansas. The goals for student learning outcomes are clearly stated for each program and course and include the knowledge, skills and attitudes needed for successful practice.

*Knowledge*

Theory courses in each program are designed to provide students with the knowledge and the associated assessment and critical thinking skills necessary for safe, effective and competent practice. Course goals and objectives define the desired learning outcomes, and course examinations, papers, projects, discussion groups and other assignments provide assessment of students' achievement of these goals and objectives. Course grades reflect student performance in classroom, laboratory and clinical courses. Simulated licensure/registry examinations are administered in most programs to assess student preparation and competence. Many programs include an end-of-program competency assessment, and all programs survey graduates and employers to determine success in meeting the program goals and objectives. Board examination results are reviewed to include first-time and overall pass rates, program performance as...
compared to the national mean and graduate performance in specific examination content areas.

**Skills**

Performance criteria have been developed for the required clinical, laboratory and technical skills needed to demonstrate competence. Student performance is measured against these standards using checklists, rating scales and other measures of psychomotor performance. Students are evaluated in program teaching laboratories using models or volunteers for task and procedure performance prior to clinical practice in hospitals, clinics and other patient care areas. Clinical evaluations of student performance may include direct observation of task or procedure performance, care plan development, case presentations, participation in rounds and patient care conferences, and completion of written assignments. Graduates and employers are surveyed to determine if program goals and objectives are being achieved.

**Attitudes**

Students are routinely evaluated on their professional characteristics and affective skills in the classroom, laboratory and clinical environment. Graduates are surveyed to determine perceptions of their achievement of affective skills and professional characteristics to include participation in professional, community service, and continuing education activities. Employer surveys assess perceptions about graduates’ professional and affective skills. Some departments have developed surveys to assess patients’ perceptions of students’ affective skills as related to the quality of care provided, communication skills and patient interaction.

**Methods of Program Assessment of Student Learning**

The following methods are employed to assess students’ achievement of program goals for student learning outcomes:

1. Student performance on course written examinations
2. Student performance on other course assignments (e.g., projects, papers, discussion groups or presentations)
3. Student performance in laboratory courses (e.g., written examinations, laboratory assignment completion, laboratory task or procedure performance)
4. Student performance in clinical courses, rotations or assignments (e.g., written examinations, task or procedure performance assessment, care plans, written assignments, presentations or projects)
5. End-of-program comprehensive examinations and practice board examinations
6. Student grades in theory, laboratory and clinical or practicum courses
7. Student evaluations of classroom, laboratory and clinical courses, and instructors
8. Exit interviews of students
9. Surveys of graduates and employers
10. Graduate placement
11. Graduate success in professional practice, to include participation in leadership activities in the profession and promotion to supervisory or clinical leadership positions
12. Faculty evaluation by self, peers, and dean
13. Self-study review of academic programs
14. Specialized accreditation reviews and reports by the various professional program accrediting bodies

Table 3-17
CHRP Pass Rates for Licensure and Certification Examinations

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Information Management (RHIT)</td>
<td>100%</td>
<td>100%</td>
<td>72%</td>
<td>100%</td>
<td>100%</td>
<td>77%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Medical Dosimetry (MDCB)</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>67%</td>
<td>67%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Medical Technology (ASCP)</td>
<td>86%</td>
<td>86%</td>
<td>82%</td>
<td>88%</td>
<td>88%</td>
<td>83%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Medical Technology (NCA)</td>
<td>90%</td>
<td>90%</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
<td>77%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Nuclear Medicine (ARRT-N)*</td>
<td>100%</td>
<td>100%</td>
<td>92.6%</td>
<td>100%</td>
<td>100%</td>
<td>92.2%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Nuclear Medicine (NMTCB)*</td>
<td>100%</td>
<td>100%</td>
<td>82.6%</td>
<td>100%</td>
<td>100%</td>
<td>84.1%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Ophthalmic Medical Technology</td>
<td>100%</td>
<td>NA</td>
<td>59%</td>
<td>100%</td>
<td>NA</td>
<td>56%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Radiation Therapy (ARRT-T)*</td>
<td>100%</td>
<td>100%</td>
<td>86.4%</td>
<td>50%</td>
<td>50%</td>
<td>85.6%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Radiologic Technology (ARRT)</td>
<td>94%</td>
<td>100%</td>
<td>88.6%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------</td>
<td>----------------------</td>
<td>----------------------------------</td>
<td>-----------------------------</td>
<td>----------------------</td>
<td>----------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Respiratory Care (CRT)*</td>
<td>100%</td>
<td>100%</td>
<td>66%</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Respiratory Care (WRRT)</td>
<td>100%</td>
<td>100%</td>
<td>78%</td>
<td>100%</td>
<td>100%</td>
<td>76%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Respiratory Care (RRT-CSE)</td>
<td>80%</td>
<td>100%</td>
<td>64%</td>
<td>88.9%</td>
<td>100%</td>
<td>63%</td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>Respiratory Care (CRT) – Texarkana*</td>
<td>50%</td>
<td>100%</td>
<td>66%</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>88%</td>
<td>100%</td>
</tr>
<tr>
<td>Respiratory Care (WRRT) – Texarkana</td>
<td>100%</td>
<td>100%</td>
<td>78%</td>
<td>100%</td>
<td>100%</td>
<td>76%</td>
<td>78%</td>
<td>100%</td>
</tr>
<tr>
<td>Respiratory Care (RRT CSE) - Texarkana</td>
<td>66%</td>
<td>66%</td>
<td>64%</td>
<td>60%</td>
<td>100%</td>
<td>63%</td>
<td>56%</td>
<td>78%</td>
</tr>
<tr>
<td>Surgical Technology</td>
<td>100%</td>
<td>100%</td>
<td>NA</td>
<td>100%</td>
<td>100%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Speech Pathology – Praxis*</td>
<td>86%</td>
<td>100%</td>
<td>72.9%</td>
<td>94%</td>
<td>100%</td>
<td>79.2%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Audiology-Praxis*</td>
<td>75%</td>
<td>100%</td>
<td>78%</td>
<td>100%</td>
<td>100%</td>
<td>78%</td>
<td>80%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Required examination for state licensure

**Program Development through Stakeholder Input**

New program development in the college generally includes a needs assessment survey of prospective employers and students to ensure that any proposed programs will meet the needs of the State of Arkansas. New course offerings must be approved at the program level, by the CHRP Curriculum Committee, and the CHRP Dean. New programs and substantial alterations of existing programs require approval of the Arkansas Department of Higher Education and may require approval of the Arkansas Higher Education Coordinating Board. In addition, most CHRP programs use advisory committees made up of program stakeholders to provide advice and guidance to meet the needs of the program’s communities of interest and ensure the relevance and quality of the educational offerings. Typically, these advisory committees meet at least annually to review the program’s goals and standards, curriculum, clinical education, graduates’ board examination performance and program resources and make recommendations for improvement. The advisory committees often include representatives of employers (hospitals and other health care facilities),
students and graduates of the program. Some committees include a consumer representative.

College of Public Health

General and Preparatory Education

The requirements for admission to the College of Public Health (COPH) are given for each of the following degrees: Certificate in Public Health, Master of Public Health (M.P.H.), the Master of Health Services Administration (M.H.S.A), Master of Science (M.S.), the Doctor of Public Health (Dr.P.H.), and the Doctor of Philosophy (Ph.D.). For the M.P.H. degree, applicants must have a baccalaureate degree and take the Graduate Record Examination (GRE). In some circumstances, scores on a comparable graduate test may be considered in lieu of the GRE. Applicants who have completed a Master's degree or higher are exempt from the GRE requirement. Admission requirements for the Certificate in Public Health are the same as for the MPH, but the GRE is not required. For the M.H.S.A. degree, applicants must have a baccalaureate degree with a minimum grade point average of 2.75 (4.0 scale) or 3.0 in the last 60 hours of study and above average scores on either the GRE or the Graduate Management Admission Test (GMAT). For the M.S. degree, applicants must have a baccalaureate degree with a minimum grade point average of 3.0 (4.0 scale), above average scores on the GRE, and must have satisfactorily completed an undergraduate course in mathematics, chemistry (general and organic), physics, and biology.

For the Dr.P.H. degree, applicants must already possess either an M.P.H. or related master's degree or a terminal clinical/doctoral degree from a regionally accredited U.S. college or university, and must have completed with a grade of “B” or better at least one graduate-level course in each of the following areas: Biostatistics, Epidemiology, Health Behavior/Health Education, Health Management/Policy and Environmental and Occupational Health. Applicants who have completed only four of these courses but whose applications show exceptional potential for success in the Dr.P.H. program may be admitted conditionally to the Dr.P.H. program; however, they will be required to successfully complete the remaining course before progressing to the Public Health Sciences and Public Health Practice Cores of the Dr.P.H. program. For the Ph.D. degree in Health Promotion and Research, applicants must have an M.S. or equivalent degree in a health-related field, demonstrate competency in public health, behavioral science, research design, and statistical methods and have a combined score on the GRE of at least 1200, within five years of the time of application. For the Ph.D. degree in Health Systems Research, applicants must have a M.P.H. or related degree, experience working in the fields of health policy or health services, and have a combined score on the GRE of at least 1200, within five years of the time of application.
Spheres of Assessment of Student Learning in Professional Education

Knowledge

The College of Public Health (COPH) offers a variety of degrees, both professional (Post-Baccalaureate Certificate, M.P.H., M.H.S.A., Dr.P.H., J.D./M.P.H., M.D./M.P.H., Pharm.D./M.P.H.) and academic (M.S., Ph.D.). In addition, the M.P.H. is offered as either a generalist degree program or as a specialist degree program with concentration in one of the College’s five departments (Biostatistics, Environmental and Occupational Health, Epidemiology, Health Behavior and Health Education, Health Policy and Management). For each of these degree programs, COPH faculty develop learning objectives that are reviewed and approved by the Academic Standards Committee. Learning objectives for specialist degrees and department-specific degrees (e.g., M.S. and Ph.D. programs) are developed by departmental faculty, with an emphasis on the competencies needed to ensure scientifically sound skills in the knowledge sets, methodologies, analytic techniques and program implementation approaches necessary for specialized public health practice. Learning objectives are used to guide the formation of course-specific objectives within each degree program or specialty track. Prior to being approved by the Academic Standards Committee, all course syllabi must include clear identification of how each course objective is linked to overall degree objectives. Faculty are also strongly encouraged to link their course objectives to nationally recognized competencies, such as the Linkages Competencies or the Associations of Schools of Public Health (ASPH) Core Competencies, and demonstrate this connection in their course syllabi to facilitate students’ awareness of the programmatic objectives that are addressed throughout their curricula.

The relationship between individual courses and overall learning objectives is a cyclical one. As program objectives shift in response to changing state or national needs in public health practice or science, and as students provide feedback regarding course content and processes, course objectives may be modified to

Table 3-18

<table>
<thead>
<tr>
<th>Admit Year</th>
<th>Number Admitted</th>
<th>Average GPA (4 point scale)</th>
<th>% Employed in Public Health at Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003/04</td>
<td>33</td>
<td>3.30</td>
<td>72.2</td>
</tr>
<tr>
<td>2004/05</td>
<td>57</td>
<td>3.17</td>
<td>49.1</td>
</tr>
<tr>
<td>2005/06</td>
<td>51</td>
<td>3.24</td>
<td>62.8</td>
</tr>
<tr>
<td>2006*</td>
<td>33</td>
<td>3.42</td>
<td>24.2</td>
</tr>
</tbody>
</table>

*Fall 2006 only
ensure that overall training objectives are addressed. Similarly, as courses are modified to reflect state-of-the-art public health practice and science, faculty are expected to incorporate these shifts into departmental learning objectives. Learning objectives are made available to students in course syllabi and through student-advisor interactions, both with the COPH advisor and with faculty advisors. The objectives are also reviewed during the exit interview process for graduating students.

Student performance in achieving the objectives is evaluated in a number of ways, depending on the specific course and degree program. The evaluation process for each course is detailed in the course syllabus reviewed by the Academic Standards Committee, and normally includes traditional exams, presentations, papers and research projects, both individual and collaborative. In addition to monitoring student performance in courses, student progress is reviewed annually by faculty advisors. Students must maintain a 2.85 grade point average to maintain good standing and graduate from the program.

**Skills and Attitudes**

For the M.P.H. and Dr.P.H. programs, a practical preceptorship experience is required. For M.P.H. students, a minimum of 135 hours must be spent in the field, either at the preceptorship site or working on specifically assigned preceptorship tasks. For the Dr.P.H. preceptorship, the minimum requirement is 270 hours of field work. The faculty preceptorship advisor assists the student and site preceptor in formulating the preceptorship plan, including learning objectives, activities to address the learning objectives, required reports and other assessments. All students are required to complete a reflective paper at the conclusion of their preceptorship experiences, regardless of other assignments identified by the site preceptor and faculty advisor. In this paper, the student must address the ways in which they applied their course-based learning to the problems or issues encountered in the preceptorship, ways in which they were able to provide service to the preceptorship site, and new learning that occurred during the preceptorship. Additional assessments are conducted through qualitative evaluation forms provided to students, site preceptors and faculty at the mid-point and end of the preceptorship period.

Dr.P.H. students are evaluated based on the quality of their performance during the practicum and the quality of their written reports. The Faculty Course Advisor considers the Preceptor’s and Faculty Advisor’s evaluation of the student’s performance. The faculty course advisor discusses with students any difficulties during the field practicum, including failure to perform adequately, interpersonal problems, or other results of the working experience that might reflect on students’ potential professional development. Suggestions for additional course work (e.g., in technical areas that might further contribute to the student’s professional development and competence) are provided by the faculty so that appropriate electives can be selected.
Students in the M.H.S.A. program are required to complete either an administrative residency or a directed study project during their curriculum. These provide specific opportunities for students to apply their course work in a health administration practice setting. The administrative residency is a three-month summer experience in which students are paired with a preceptor organization. The student is oriented to the organization, observes leadership and communication activities within the organization, and rotates through departments within the organization to learn their function and activities. Students are assessed by their preceptor using preceptor evaluation forms, as well as faculty review of student residency diaries and a post-residency interview.

The directed study is a focused examination of a particular administrative problem or issue that will provide the student with exposure to operational issues in health institutions or agencies and support the development of specific problem-solving skills. The student works with a faculty member in the M.H.S.A. program and an institution or agency to identify a critical issue and develop a plan to address that issue. Assessment is jointly conducted by the faculty sponsor and the institutional preceptor and is based on written and oral reports provided by the student.

Methods of Program Assessment of Student Learning

In addition to carefully monitoring individual student performance and supporting student progress, the COPH monitors degree completion rates, average and range of time to degree, overall job placement, and public health-related job placement rates. Because the COPH opened to students in January 2002, and because over 90 percent of its students are part-time students who are employed full-time, data with respect to degree completion, time to degree, and job placement are limited. The table below reports degree completion rates, time to degree, job placement, and public health-related job placement for students by the academic year in which the student enrolled.

Table 3-19
COPH Student Retention and Graduation Rates, 2001-02 — 2005-06

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Students First Enrolled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NDS</td>
<td>11</td>
<td>39</td>
<td>37</td>
<td>23</td>
<td>31**</td>
</tr>
<tr>
<td>PBC</td>
<td>0</td>
<td>21</td>
<td>10</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>MPH</td>
<td>26</td>
<td>57</td>
<td>23</td>
<td>27</td>
<td>15</td>
</tr>
<tr>
<td>DrPH</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Criterion Three Core Component 3a.
### Students who Withdrew at Any Point During Degree

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NDS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PBC</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MPH</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DrPH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Students who have Graduated as of 12/22/2005

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PBC</td>
<td>NA</td>
<td>8 (38%)</td>
<td>1 (10%)</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>MPH</td>
<td>14 (54%)</td>
<td>20 (35%)</td>
<td>3 (13%)</td>
<td>2 (7%)</td>
<td>NA</td>
</tr>
<tr>
<td>DrPH</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Average Time to Degree

<table>
<thead>
<tr>
<th>Degree Program</th>
<th>PBC</th>
<th>MPH</th>
<th>DrPH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>12/22/2005</td>
<td>1.8 years (σ 0.37)</td>
<td>2 years (σ 0.00)</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>2.3 years (σ 0.47)</td>
<td>2.2 years (σ 0.57)</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>1.8 years (σ 1.0)</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Graduates Employed within 3 Months

<table>
<thead>
<tr>
<th>Degree Program</th>
<th>PBC</th>
<th>MPH</th>
<th>DrPH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>12/22/2005</td>
<td>8 (100%)</td>
<td>1 (100%)</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>19 (95%)</td>
<td>2 (67%)</td>
<td>2 (100%)</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Graduates in Public Health Related Employment

<table>
<thead>
<tr>
<th>Degree Program</th>
<th>PBC</th>
<th>MPH</th>
<th>DrPH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>12/22/2005</td>
<td>8 (100%)</td>
<td>1 (100%)</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>18 (90%)</td>
<td>2 (67%)</td>
<td>2 (100%)</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

* Students who start as PBC (Post-baccalaureate Certificate) but matriculate to MPH are counted as MPH.

** Does not include new non-degree seeking students who will begin Summer 2005-2006.

Evaluation and support of student progress and degree completion are critical activities, and procedures are in place for each degree program to ensure that students advance in a timely and productive manner towards completion of degree requirements and are well-equipped with the competencies needed by public health professionals. The COPH is committed to monitoring in a proactive manner the success of graduates not only within degree programs, but also as they obtain public health–related employment or placement in desired advanced–study academic programs. The first cohorts of graduating students have proven to be quite invested in the COPH’s development, and this information is now being utilized to address the COPH curriculum and ancillary services.

**Program Development through Stakeholder Input**

The COPH has a commitment to ensuring that its degree programs meet the needs of public health practice and science. Therefore, the Academic Standards Committee, along with departmental faculties, are encouraged to remain...
engaged with public health practitioners and scientists throughout their areas of specialization, and to maintain ongoing discussions about integrating new perspectives into the COPH learning objectives. This is accomplished by participation in national, regional and state public health-related associations, committees, forums and conferences. In addition, the COPH actively seeks input from practice-based faculty and students, community partners and external consultants. As one example, as the ASPH Core Competencies Development project identified and refined MPH-wide learning objectives, the Associate Dean for Academic Affairs led the teaching faculty in a retreat that had as its goals to review the ASPH Core Competencies, evaluate the extent to which the COPH MPH curriculum addressed these Competencies, and identify ASPH Core Competencies that should be further incorporated into the COPH MPH curriculum. Additionally, as the ASPH Education Committee discussed the Institute of Medicine report's recommendation to incorporate training in eight new content areas (informatics, genomics, ethics, communication, cultural competence, community-based participatory research, global health, and policy/law) into public health programs, the Associate Dean for Academic Affairs has brought these issues to the Academic Standards Committee, which continues to evaluate ways to include these areas in the COPH programs and to engage departmental faculty in discussing how learning objectives may be modified to include these areas, as appropriate. Additional teaching faculty retreats are planned annually in the Fall Semester to continue the process of reviewing and revising learning objectives for the MPH Core and the specialty tracks.

Student feedback is included in assessing the appropriateness of COPH learning objectives. First, student feedback on course evaluations regarding the appropriateness of course content and processes is provided every semester to faculty, department Chairmen, and COPH administration. In addition, the COPH has instituted exit interviews with graduating students, which include evaluation of their departmental learning objectives, the extent to which students feel that they achieved those objectives, and the relevance of those objectives to their anticipated work duties. This feedback is provided to the Academic Standards Committee and department Chairmen. As the COPH develops an alumni base, alumni surveys will also be utilized to evaluate perceptions of changing needs in public health practice and science.

Faculty carefully develop the learning objectives for each program with emphasis on ensuring that students develop skills in the scientific and practical aspects of public health within their degree program focus. The COPH has a strong commitment to maintaining degree programs that reflect state-of-the-art techniques in preparing students for high-quality public health practice, and has developed mechanisms not only to receive feedback from students, the practice community, and the ASPH, but also to incorporate that feedback into its learning objectives and programs.
Graduate School

General and Preparatory Education

The Graduate School occupies a unique niche in the University in that it serves an administrative role for graduate degree programs represented by all of the other five colleges. There are eight graduate programs housed in the College of Medicine, four housed in the College of Health Related Professions and College of Public Health, two housed in the College of Nursing, and one housed in the College of Pharmacy. As such, these programs span a very broad range of biomedical sciences, and preparatory requirements for admission into each of these programs is quite diverse. However, all applicants to the Graduate School are required to successfully complete an undergraduate degree, perform acceptably on the Graduate Record Exam, submit a writing sample and submit letters of recommendation. Individual programs review undergraduate academic performance and often conduct personal interviews.

Table 3-20
Entrance Test Scores of Graduate School Admissions

<table>
<thead>
<tr>
<th>Year</th>
<th>Mean GRE Scores of Admitted Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2005</td>
<td>659</td>
</tr>
<tr>
<td>Fall 2006</td>
<td>714</td>
</tr>
</tbody>
</table>

Spheres of Assessment of Student Learning in Professional Education

Knowledge

Knowledge assessment of student learning is accomplished predominantly through written examinations of didactic material. Laboratory and clinical knowledge are assessed using both written and practical examinations.

For students pursuing master’s degrees, a summative assessment is administered at the end of the program by written and/or oral examination. There are two formal summative assessments during doctoral training: during the candidacy exam following completion of didactic coursework (generally at the end of the second year) and during the dissertation defense. Depending on the program, these examinations are written, oral or both.

Students who are doctoral candidates (post-candidacy exam), and master’s students working on thesis research are assessed biannually by their respective major graduate advisor and Graduate Advisory Committee. These assessments
include oral presentations and satisfactory performance is required for progression.

Advanced professional degrees such as the M.N.Sc. include satisfactory performance on national and state licensure examinations as a measure of assessment as well.

Table 3-21
Advanced Nursing Licensure Examination Pass Rates, UAMS vs. US, 2004 and 2005

<table>
<thead>
<tr>
<th>Skills</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass Rate (%)</td>
<td>Pass Rate (%)</td>
<td></td>
</tr>
<tr>
<td>UAMS</td>
<td>National</td>
<td>UAMS</td>
</tr>
<tr>
<td>Graduate Nursing Students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Care Nurse Practitioner</td>
<td>80</td>
<td>87.63</td>
</tr>
<tr>
<td>Family Nurse Practitioner</td>
<td>80</td>
<td>88.06</td>
</tr>
<tr>
<td>Pediatric Nurse Practitioner</td>
<td>100</td>
<td>482</td>
</tr>
<tr>
<td>Gerontology Nurse Practitioner</td>
<td>67</td>
<td>73.93</td>
</tr>
<tr>
<td>Women's Health Nurse Practitioner</td>
<td>100</td>
<td>NA</td>
</tr>
</tbody>
</table>

Skills
Skills are assessed in research-based graduate degree programs continually by major graduate advisors and advisory committees through performance in the laboratory. Technical, cognitive and writing skills are also assessed through peer-reviewed journal publications. Over the last five years, UAMS doctoral students have averaged over three publications per dissertation project.

Attitudes
Attitude assessment, as with skills, is under continual review through the student's respective major graduate advisor and Graduate Advisory Committee. All graduate students are required to complete a course(s) in responsible conduct and ethics in research.

Methods of Program Assessment of Student Learning
The Committee on Assessment is charged by the bylaws to conduct periodic review of all Graduate programs. Self-study assessment is conducted for

10This information is not provided by the certification body.
each program at approximately four to five year intervals. The Committee has written *Guidelines for Internal Review of Graduate Programs*, asking for internal assessment under the headings of Goals, Curriculum, Students, Faculty, Enrichment, and Self Assessment.

At each monthly meeting of the Council, the Chairman of the Assessment Committee provides a report on the committee’s activities to include the status of any ongoing program assessments, the time frame for scheduling and /or completion of ongoing reviews, the methodology being utilized, and any other relevant issues regarding the committees work. The Chairman’s reports are noted in the minutes. Prior to submission to the Council of a completed review, the reviewed program is provided a copy of the report and given the opportunity to comment if they desire. The Council votes to accept the report and forwards it to the Dean, and the Dean in turn notifies the program of the outcome of the report. Copies of the self-study reports for each Graduate Program are available for review in the Graduate School Office.

*Program Development through Stakeholder Input*

The governing body of the Graduate School is the Graduate Council, which operates under bylaws that address faculty membership, curriculum review and ongoing program assessment. The Council is composed of representatives from all graduate programs, and has standing committees on faculty, curriculum and assessment. All members of the Council serve on one of these committees and each committee has a representative from every college.

The Committee on Curriculum reviews and makes recommendations to the Council on proposals for:

1. New courses for graduate credit
2. Changes to existing graduate courses such as alterations in title, description number, and prerequisites
3. Deletion of courses for graduate credit
4. New or revised graduate tracks leading to a degree
5. Merging or eliminating existing degree tracks
6. New or revised graduate degree programs
7. Merging or eliminating graduate degree programs

The Committee on Faculty reviews applications for membership in the graduate faculty and makes recommendations to the Graduate Council. Graduate faculty are nominated by members of the program faculty and the application is formally submitted by the Graduate Program Coordinator.

The Committee on Assessment reviews and recommends to the Graduate Council policies and procedures for ongoing, systematic program evaluation and oversees periodic program reviews as part of an assessment plan. During program review by the Committee on Assessment, interviews are conducted with program faculty
and students. Recommendations derived from these interviews are included in the final assessment report that is provided to the respective program and to the Graduate Council.

The actions of the committees and subsequent Council actions are contained in the minutes of the Graduate Council meetings, which are available to all members of the Graduate Faculty and other stakeholders through posting on the UAMS Graduate School Web site.

Self-Study Survey Results

In addition to information regarding each program, faculty and students were surveyed to gather their perceptions regarding Criterion Three issues (See Table 3-22). Students and faculty believe that goals for their educational programs are clearly stated. Within these programs the course objectives are generally consistent with these program goals, and that instruction — both didactic and experiential coursework — meets these objectives. Items looking primarily at assessment of student learning in the context of effective instruction were also presented for faculty and students to express their opinions. Both agreed that instruction is effective (83 percent-students and 86 percent-faculty either strongly agreed or agreed). Students believe to a greater extent than do faculty that assessment flows from the course objectives in the didactic portion of the curricula (91 percent of students and 85 percent of faculty either strongly agreed or agreed), and from the experiential portion of the curricula (85 percent of students and 78 percent of faculty either strongly agreed or agreed). Both groups believe that assessment accurately measures a student's knowledge and skills (77 percent of faculty and 71 percent of students either strongly agree or agree). Faculty and students also agreed that learning assessment was accomplished by multiple methods and that results of these assessments are provided to students in a timely fashion.

Students were asked if the program evaluations they complete (e.g., on instructors, courses) were used to improve the program. The majority of students responded that their input was used to improve the program (72 percent strongly agreed or agreed) with approximately 15 percent unsure. Faculty responded to three items related to their perceptions of their own impact on program improvement as well as students’ impact. Faculty generally felt that they have adequate avenues to seek program improvement, such as through committees (e.g., curriculum committees) or by working with faculty and administrators. The faculty also believe that student input through regular evaluations has had a positive impact on academic programs.

In general, both students and faculty responded positively about the availability of program goals and that instruction and courses fit well within this context. Both groups also agree that assessment of student learning appears to be consistent with learning objectives, multiple methods were employed and feedback was
timely. Finally, both groups believe that evaluation results were used to improve their programs.

Table 3-22
Student and Faculty Survey Results Relating to Criterion 3a.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Core Component</th>
<th>Responses</th>
<th>SA-A</th>
<th>Neither</th>
<th>DA-SDA</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals for my educational program are clearly stated</td>
<td>S</td>
<td>934</td>
<td>92.4%</td>
<td>4.4%</td>
<td>3.2%</td>
<td>3</td>
</tr>
<tr>
<td>Goals for the educational program are clearly stated</td>
<td>F</td>
<td>318</td>
<td>87.4%</td>
<td>7.6%</td>
<td>5.0%</td>
<td>16</td>
</tr>
<tr>
<td>Objectives for courses are generally consistent with the goals of my program</td>
<td>S</td>
<td>933</td>
<td>89.8%</td>
<td>7.1%</td>
<td>3.1%</td>
<td>4</td>
</tr>
<tr>
<td>Objectives for courses are generally consistent with the goals of the program</td>
<td>F</td>
<td>319</td>
<td>89.3%</td>
<td>8.6%</td>
<td>2.1%</td>
<td>28</td>
</tr>
<tr>
<td>Instructors provide instruction to achieve the course objectives</td>
<td>S</td>
<td>935</td>
<td>90.3%</td>
<td>4.7%</td>
<td>4.9%</td>
<td>3</td>
</tr>
<tr>
<td>Instruction meets course objectives</td>
<td>F</td>
<td>320</td>
<td>85.6%</td>
<td>12.6%</td>
<td>1.8%</td>
<td>42</td>
</tr>
<tr>
<td>Preceptors/clinical instructors provide learning experiences consistent with course objectives</td>
<td>S</td>
<td>935</td>
<td>86.8%</td>
<td>8.8%</td>
<td>4.4%</td>
<td>103</td>
</tr>
<tr>
<td>Preceptors/clinical instructors provide learning experiences consistent with course objectives</td>
<td>F</td>
<td>314</td>
<td>78.9%</td>
<td>16.6%</td>
<td>4.5%</td>
<td>91</td>
</tr>
<tr>
<td>Instructors provide effective instruction</td>
<td>S</td>
<td>932</td>
<td>83.3%</td>
<td>8.7%</td>
<td>8.0%</td>
<td>2</td>
</tr>
<tr>
<td>Instruction is effective</td>
<td>F</td>
<td>320</td>
<td>86.1%</td>
<td>11.8%</td>
<td>2.1%</td>
<td>40</td>
</tr>
<tr>
<td>I am assessed (e.g., tests, assignments) on my achievement of course objectives</td>
<td>S</td>
<td>931</td>
<td>91.1%</td>
<td>4.8%</td>
<td>4.1%</td>
<td>3</td>
</tr>
<tr>
<td>Student assessments (e.g., tests, assignments) are derived from course objectives</td>
<td>F</td>
<td>317</td>
<td>84.5%</td>
<td>11.7%</td>
<td>3.8%</td>
<td>52</td>
</tr>
<tr>
<td>Preceptors/clinical instructors assess my achievement of course objectives</td>
<td>S</td>
<td>932</td>
<td>85.0%</td>
<td>10.0%</td>
<td>5.0%</td>
<td>106</td>
</tr>
<tr>
<td>Preceptors/clinical instructors assess student achievement of course objectives</td>
<td>F</td>
<td>313</td>
<td>77.9%</td>
<td>16.6%</td>
<td>5.5%</td>
<td>96</td>
</tr>
<tr>
<td>Assessments accurately measure my knowledge and skills</td>
<td>S</td>
<td>932</td>
<td>70.6%</td>
<td>15.9%</td>
<td>13.4%</td>
<td>2</td>
</tr>
<tr>
<td>Assessments accurately measure the knowledge, skills, and attitudes of students</td>
<td>F</td>
<td>316</td>
<td>77.4%</td>
<td>17.4%</td>
<td>5.2%</td>
<td>46</td>
</tr>
<tr>
<td>My knowledge and skills are assessed using multiple methods (e.g., written exams, lab practicas, clinical skills, or OSCE)</td>
<td>S</td>
<td>935</td>
<td>87.2%</td>
<td>6.4%</td>
<td>6.4%</td>
<td>10</td>
</tr>
</tbody>
</table>
In addition to survey results from faculty and students, Associate Deans representing the colleges and Graduate School gathered to discuss and respond to a similar set of items derived from Criterion Three's List of Evidence. There were fourteen items representing Core Component 3a. (See Results from Associate Dean's Retreat). All items were scored positively (grand mean 4.7; range of means: 3.9-5, scale 1-5). With few exceptions, the Associate Deans felt strongly that the institution performs well in this area and viewed it as a major strength.

### Core Component Summary

UAMS' goals for student learning outcomes are clearly stated for each educational program and make effective assessment possible. All programs have made significant progress in developing comprehensive outcomes-based student learning assessment plans since the last institutional accreditation site visit.

There are two clearly identifiable strengths that have led to the development of excellence in assessment. The first strength is leadership within each program.
that is committed to developing comprehensive assessment programs. These assessment programs are designed to develop a dynamic educational program utilizing continuous quality improvement to raise the level of performance of its faculty and students.

Second, the campus is fortunate to have multidisciplinary facilities and services that support the educational missions of each academic unit in the area of assessment. The Clinical Skills Center and the development of simulation resources help the assessment of health care professional students prior to and during experiential/practical educational experiences.

In terms of areas of improvement, the campus is ill-equipped to carry out meaningful collection of institutional data without an institutional studies office or comprehensive system to manage student and faculty data. An investment in this area could pay significant dividends to the campus.

Core Component 3b.

The organization values and supports effective teaching.

Core Component Overview

Effective teaching is a hallmark of UAMS and is an essential characteristic of the University’s commitment to build premier educational programs. Each college and the Graduate School has a faculty review process and conducts annual faculty performance evaluations and has mechanisms in place to recognize excellence in teaching, research, scholarship and service. The value the organization places on effective teaching will also be examined from the perspective of college based professional development and recognition. In preparing this report, various surveys were carried out to address the question: Does the organization support and value effective teaching? In this section of the report, evidence will be provided that confirms that UAMS values and supports effective teaching.

Faculty Annual Review and Recognition of Excellence in Teaching, Research, Scholarship and Service

Recognition of Faculty Achievements

One of the highest levels of recognition for achievements is the endowing of a chair. An endowed chair is created when a minimum of $1 million dollars in private funding has been collected. The full principal is invested, and the income is used to support a faculty member or a research project in perpetuity. The chair holders are carefully selected and represent internationally recognized leaders in their fields of educational excellence, world class patient care and medical research. Across the five colleges at UAMS, there are currently 59 endowed chairs
of which 52 are currently occupied. Within the College of Medicine, there are 56 chairs, 50 of which are currently occupied. Seven are specifically designated for clinical research and one for basic science education. The remaining are awarded to faculty who provide exemplary medical care as well as undergraduate medical student and resident training. Within the College of Nursing, there are three endowed chairs for pediatrics, oncology and geriatrics. The pediatrics chair is currently unoccupied.

Faculty have been consistently recognized campus-wide as well as by each individual college as outlined in the following section. In 2005, the Chancellor’s Faculty Teaching Awards were established to recognize excellence in teaching throughout the five colleges as well as the Graduate School. Fifteen award recipients were recognized for their teaching accomplishments at a campus-wide ceremony.

Faculty Promotion and Tenure

Teaching excellence is an important consideration in the faculty hiring process, annual merit reviews, tenure and promotion reviews and post tenure reviews at UAMS. The promotion and tenure process is a valuable method to evaluate faculty. UA Board of Trustees policy 405.1 establishes a broad framework of guidelines from which each campus sets its own standards. Each college also establishes more specific requirements for faculty teaching performance at every rank and requirements to achieve tenure. Faculty are encouraged to spend time and effort on professional development including participation in professional associations to meet these guidelines.

Annual Review of Faculty

According to Arkansas statute and policies of the Arkansas Department of Higher Education (ADHE), all institutions of higher learning are required to conduct an annual review of each faculty member’s performance. ADHE is required to monitor the evaluation process and report findings to the Arkansas Higher Education Coordinating Board and the Legislative Council. The following details each of the Colleges’ faculty performance monitoring process and performance recognition.

College of Medicine

Faculty teaching effectiveness is evaluated within the College of Medicine (COM) by a variety of means. Students, using a computer-based system, evaluate instructors specified by each course and clerkship director. The evaluation data are sent to the respective course/clerkship directors and the respective chairmen. The Chairman of each department addresses teaching effectiveness during the annual review of each faculty member, even those faculty who were not evaluated by the students. Faculty members whose teaching is considered inadequate are
offered assistance by the course/clerkship director to improve their teaching. The campus offers the Teaching Scholars Program that addresses the science and the practice of effective teaching. Many faculty members from all of the colleges at UAMS have completed this program.

Each course or clerkship is also evaluated by students, and some of the core questions asked on the questionnaire address effective teaching. Students often comment, in an anonymous fashion, on those instructors they feel are either exemplary or deficient. Trends in data that suggest an instructor is deficient are taken into consideration by the course director and departmental chair for remediation.

The College of Medicine has various teaching awards and is in the process of increasing the number of such awards. Additionally, increasing numbers of faculty attend educational meetings within the context of their expertise. Furthermore, the COM has several faculty members who either serve on the Executive Board of Directors or are members of standing educational committees for the International Association of Medical Science Educators (IAMSE).

The Associate Dean for Undergraduate Medical Education and the Assistant Dean for Curriculum Development meet with the basic science course directors monthly and with the freshman and sophomore class officers bi-weekly to discuss the curriculum and any problems or issues that may occur. The problems and issues are addressed in real time, allowing for continuous course monitoring. Additionally, the Executive Associate Dean for Academic Affairs and the Associate Dean for Undergraduate Medical Education meet with the clerkship directors monthly to address various issues and problems. Finally, the quality of a faculty members’ teaching is taken into account in the deliberations of the Promotions and Tenure Committee.

As an external means of evaluating overall teaching effectiveness, the College monitors student performance on the National Board of Medical Examiners (NBME) Subject Examinations and on the United States Medical Licensing Examination (USMLE) Step 1 and Step 2 examinations. The performance of students on the aforementioned nationally standardized examinations is monitored by the College of Medicine Curriculum Committee. If students’ scores drop on these examinations, the curriculum committee institutes measures in concert with the basic science course directors to modify teaching strategies to promote more effective teaching and to assist students who encounter problems. This has proven effective in the past.

Based on the extensive manner in which the College of Medicine has defined its educational outcome measures (student competencies), and the multiplicity of its educational evaluative systems, one can readily see that the College supports effective teaching.
The COM has an extensive award process in place to recognize faculty excellence in classroom, clinical and research:

- Golden Apple Award for each level of curriculum
- Master Teacher Award
- Innovations in Medical Education Award
- Research in Medical Education Award
- Best Housestaff Directors Awards
- Claiborne Watkins Awards for Outstanding Faculty member in Introduction to Clinical Medicine I and II
- Caduceus Club Distinguished Faculty Award
- Distinguished Faculty Scholar Award
- Women's Faculty Development Caucus Outstanding Woman Faculty Member

**College of Pharmacy**

Instructors within the College of Pharmacy (COP) are evaluated annually by various mechanisms. Students evaluate each instructor at least annually with additional input given on course evaluations. Student-Instructor and Student-Course evaluations are reviewed for possible revisions annually, and in 2005 the COP Assessment Committee recommended to the faculty the acceptance of core items for both evaluations. These core items are used by all colleges on campus. The Senior Exit Survey that evaluates the curriculum and its delivery found that 85.7 percent of the students felt they had an adequate opportunity to evaluate faculty in each course. This number increased to 90.7 percent in 2006.

In addition to student input, faculty undergo peer evaluation annually or semiannually, and evaluation by the Office of Educational Development (OED) is conducted on an as needed basis. Peer evaluation consists of in-class observation with a written report to the faculty member. OED's evaluation consists of in-class observation of faculty members and one-on-one discussions with a faculty member. Individualized recommendations are made following the completion of the evaluation.

The faculty complete an annual self assessment that is shared directly with each faculty member’s department Chairman. In addition, the faculty annual self-assessment forms have been revised to include a section on academic citizenship, and in general mirror the promotion and tenure guideline requirements for the COP. The findings are used by the department Chairman to help direct salary decisions. The promotion and tenure process is driven by performance indicators in the areas of teaching, scholarship and service. Individual faculty members can seek additional consultation from COP administration regarding their teaching.

The effectiveness of faculty teaching is measured annually by comparison of UAMS COP students’ performance on the North American Pharmacist License
Exam (NAPLEX) with the national average. The COP Assessment Committee reviews the procedures and outcomes on an annual basis. Changes are discussed and implemented as needed. An educational consultant is available to the Committee.

The COP has a plan in place to award bonuses for excellence in teaching and research. There are four student faculty awards for teaching and/or clinical performance.

- Department of Biopharmaceutical Sciences Most Outstanding Faculty Member Award
- Department of Pharmacy Practice Most Outstanding faculty Member Award
- College of Pharmacy Teaching Award
- Preceptor of the Year Award

**College of Nursing**

Each faculty member in the College of Nursing (CON) is required to obtain an annual peer evaluation regarding teaching effectiveness. Students are required to evaluate each faculty member for each course in which they are enrolled each semester. Administrative evaluations are completed on each faculty member and are critiqued annually by the Associate Dean and Program Coordinator for teaching effectiveness each January. As part of their review process, faculty members complete an annual self-evaluation of their goals including the missions of teaching, service and research. New goals for the upcoming year are established and reviewed. The review process includes results of student surveys, articles published, presentations, grants funded and service projects. Annual teaching bonuses are available if criteria set by the CON are met as well as incentive programs for publications.

Faculty members are expected to meet promotion and/or tenure guidelines and the annual review process documents faculty members’ readiness to be recommended to the Appointment, Promotion and Tenure Committee for promotion and/or tenure.

In the CON, satisfaction with the overall process annual review by faculty in the college was 7.6 on a Likert Scale of 1 to 10, with 1 as the lowest and 10 as the highest.

A faculty incentive plan in the form of salary bonuses for grants, clinical or other revenue source and teaching excellence is in place. Additionally, there are annual faculty to faculty and student to faculty awards. These awards include:
Five faculty to faculty awards:

- Excellence in Leadership
- Excellence in Classroom Teaching
- Excellence in Clinical Teaching
- Excellence in Service
- Excellence in Research

Five graduating senior student to faculty awards:

- Most Outstanding Graduate Faculty
- Most Outstanding Undergraduate Classroom Faculty
- Most Outstanding Undergraduate Clinical Faculty
- Most Supportive Faculty
- Best Professional Role Model

**College of Health Related Professions**

Faculty review in the College of Health Related Professions (CHRP) involves peer, student, and departmental input. There is an annual departmental peer review for teaching. Students complete evaluations of courses and instructors each semester. These ratings tend to be very good to excellent. Other reflections of CHRP faculty effectiveness include student performance on national board examinations. Most programs are achieving at or near 100 percent pass rate each year.

The respective department chairmen evaluate each faculty member’s performance once a year in the four areas of teaching, research, scholarship and service. Through this process, faculty are given feedback on their performance and encouragement to improve their teaching effectiveness. Each department also uses the information gathered in promotion, tenure, and salary decisions.

In addition to the student, peer and departmental evaluations for particular courses and faculty, students complete exit interviews with program directors or their respective department chairmen prior to graduation. These provide another source of information that the faculty can use to improve teaching performance and effectiveness.

The CHRP Faculty Development and Services Committee found that overall satisfaction by faculty with the review process used in the College is high with an average of approximately eight points on a 10-point scale, where one was lowest and 10 was highest.

The CHRP offers an incentive plan with bonuses awarded to most of the core faculty for teaching activities, grants, enrollment and operational improvements and provision of continuing education. Each year, CHRP recognizes one faculty member with its Excellence in Teaching Award. Additional faculty awards from
students are in place in the Nuclear Medicine Imaging Sciences and Radiation Therapy Programs.

**College Of Public Health**

In addition to evaluation of teaching performance (conducted every academic term for all COPH courses via student evaluations), faculty are reviewed annually by department Chairmen. At the review, recommendations for improvement or additional professional development are made to individual faculty members. Annual planning retreats for teaching faculty offer an overall curriculum review. At the retreats, the national competencies in public health that are being developed by the Association of Schools of Public Health are addressed and ways of improving the assessment of students’ achievement relative to student competencies are discussed. During the annual review process of faculty,Chairmen address research productivity and service contributions. Minimum standards for research productivity, teaching, mentoring and community service are established by the Dean and the Executive Committee and are communicated to the faculty through their Department Chairmen. The COPH is currently developing its faculty mentoring program. This plan will support faculty development in teaching, research and service and provide workshops on teaching effectiveness to encourage critical self-evaluation and provide third year review by the Promotion and Tenure Committee to review progress towards promotion and/or tenure.

Student evaluations of faculty teaching and course evaluations are maintained by the Office of the Associate Dean for Academic Affairs. Results of these evaluations are shared with the faculty members by the Dean and respective department Chairman. Graduating students perform exit evaluations, which provide detailed evaluation of faculty performance with regard to the College’s identified learning objectives and national standards of competency in public health.

The College tracks research productivity, grant submission and awards, manuscripts published and presentations. These activities, with data regarding teaching service activities of the faculty, are compiled for semi-annual assessments by the RAND Corporation as part of the Master Tobacco Settlement Agreement and are used by the College’s administration to evaluate overall faculty productivity and success, and to identify needs for improvement.

Periodic self-studies conducted for national accreditation by the Council on Education for Public Health (CEPH) require assessment of the level of preparation of the college’s faculty and their productivity in research, teaching and service. In the past year, on average, 51 percent of the COPH faculty salaries were funded by outside grants and contracts. This represents a very high level of productivity and a significant leveraging of state resources.
Student evaluations of faculty performance are also positive with a few exceptions. On a scale of 1 (lowest) to 5 (highest), the average score is 4.5 or higher. Student participation rates and the ability to include comments have been an issue but are being improved by the Academic Standards Committee with assistance from Academic Computing and the Office of Educational Development. Students, faculty, alumni and College administrators have identified a critical need to increase access to distance education. Overall, graduating students have reported very favorable employer responses regarding their training and educational preparation.

Overall, COPH faculty are satisfied with the current review process, with faculty registering an average rating of approximately eight points on a 10-point scale, where 1 was lowest and 10 highest.

COPH presents three awards to faculty with recognition in teaching research and service. The COPH Student Council presents awards to an excellent faculty and student. Additionally, one student, one faculty and one alumnus are inducted into the honorary society of public health annually.

**Professional Development and Faculty Support Services**

Numerous programs and services exist across the campus to accomplish the goal of advancing teaching and research excellence. Examples of campus-wide opportunities to enhance teaching excellence include the Dean's Distinguished Lecture Series (offered quarterly) and the Dean's Research Forum (offered monthly). These lectures present cutting edge technology and research findings. Another is the long-standing, successful UAMS Teaching Scholars program that offers four to five campus-wide seminars and 15 workshops each year for those UAMS faculty currently matriculating through the program. The COPH's weekly Health Policy/Prevention Conferences provide a forum for faculty to address issues affecting health care within Arkansas.

All five colleges offer a variety of continuing education opportunities that keep clinical and basic science faculty abreast of current developments in their respective fields. From 2004 to July, 2006, slightly over 400 UAMS professional development events have been attended by over 35,000 UAMS faculty. These continuing education opportunities are in the form of seminars, grand rounds, research forums, Teaching Scholars lectures and workshops, and UAMS-hosted workshops from professional organizations. Most events (other than workshops) are held either weekly or monthly, with an occasional bi-weekly or quarterly offering. There is ample opportunity for cross-fertilization of information as faculty from different departments within the same college, or from other colleges, often attend events sponsored outside of their own departments or colleges. Finally, departments and colleges offer campus-wide seminars and presentations where distinguished UAMS, national and international speakers present topics related to health issues and trends, education, research or clinical
Within each college, supported is given to faculty to participate in professional organizations related to their content expertise. In addition to on-campus educational opportunities for faculty, staff and students, departments within each of the five colleges encourage and provide support for their faculty to attend one or more of the professional society meetings or conferences. UAMS faculty are active participants at these regional, national and international professional meetings, and UAMS faculty often present lectures, abstracts, posters, and lead workshops and roundtable discussions at these meetings. Participation at these professional meetings enriches the faculty and UAMS as a whole, as the faculty bring back cutting edge information for use in the classroom, laboratory, and clinical settings.

**Survey Results on Instruction**

There was general agreement among the faculty, students, and Associate Deans that instructors at UAMS provide effective instruction. An interesting dichotomy was apparent as students rated the instructors’ use of educational and distance technologies more highly than the faculty rated use of technology. Both faculty and students indicated that instructors are accessible to students. Three-quarters of both the faculty respondents and student respondents strongly agreed or agreed that students are given opportunities to identify excellent instructors.

<table>
<thead>
<tr>
<th>Table 3-23</th>
<th>Student and Faculty Survey Results: Instruction in Colleges and Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responses</strong></td>
<td>SA-A</td>
</tr>
<tr>
<td>Instructors provide effective instruction</td>
<td>S</td>
</tr>
<tr>
<td>Instructors provide effective instruction</td>
<td>F</td>
</tr>
<tr>
<td>There are a sufficient number of instructors in my program</td>
<td>S</td>
</tr>
<tr>
<td>There are a sufficient number of instructors in my program</td>
<td>F</td>
</tr>
<tr>
<td>Instructors are accessible to students (have time for students)</td>
<td>S</td>
</tr>
<tr>
<td>Instructors are accessible to students (have time for students)</td>
<td>F</td>
</tr>
<tr>
<td>Instructors care about my academic success</td>
<td>S</td>
</tr>
<tr>
<td>Instructors care about my academic success</td>
<td>F</td>
</tr>
<tr>
<td>Student evaluations are used to improve the program</td>
<td>S</td>
</tr>
</tbody>
</table>
When asked, student survey respondents perceived that there are sufficient instructors in their program, as 82 percent strongly agreed or agreed, while a lower proportion of faculty agreed (60 percent). At their retreat, the Associate Deans concurred with the faculty’s concern about the number of instructors, but the Associate Deans expressed even greater concern about the future pressure that the colleges and their faculty will feel as the class sizes increase even more in the near future.

Both remediation availability and counseling/academic advisement are possible concerns for students. Faculty agreed that remediation availability is a concern.
Faculty results concerning remediation were somewhat college specific. It should be noted that while the level of positive agreement with remediation and counseling questions was perhaps less than ideal (60 – 68 percent), the percentage responding neither was approximately one-quarter of respondents. Less than one-third of the students and faculty rated the campus-wide tutoring programs through the Office of Educational Development, but among those students familiar with the program, 78 percent rated it positively. A similar proportion of faculty respondents indicated satisfaction with the program. However, faculty rated counseling/academic advisement very highly: 87 percent strongly agreed or agreed that counseling and academic advisement in their respective colleges are helpful. Unfortunately, fewer of the student respondents rated counseling and academic advisement helpful (60 percent).

Table 3-24
Faculty Survey Results: Institutional Support for Teaching

<table>
<thead>
<tr>
<th>_aspect</th>
<th>Responses</th>
<th>SA-A</th>
<th>Neither</th>
<th>DA-SDA</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>UAMS encourages attendance at programs and events (e.g. Teaching Scholars, workshops) designed to improve teaching quality</td>
<td>320</td>
<td>80.3%</td>
<td>12%</td>
<td>7.7%</td>
<td>10</td>
</tr>
<tr>
<td>UAMS provides the necessary resources to assist faculty with course development</td>
<td>316</td>
<td>55.8%</td>
<td>28%</td>
<td>15.7%</td>
<td>42</td>
</tr>
<tr>
<td>UAMS provides an effective course and instructor evaluation system</td>
<td>319</td>
<td>55.4%</td>
<td>25%</td>
<td>19.9%</td>
<td>32</td>
</tr>
<tr>
<td>Training in effective use of educational technology is readily available</td>
<td>317</td>
<td>64.9%</td>
<td>22%</td>
<td>12.6%</td>
<td>32</td>
</tr>
<tr>
<td>There is adequate support for the development of online/computer-based tests</td>
<td>319</td>
<td>48.5%</td>
<td>35%</td>
<td>16.3%</td>
<td>92</td>
</tr>
<tr>
<td>New instructors are given adequate orientation to teaching at UAMS</td>
<td>321</td>
<td>28.6%</td>
<td>29.3%</td>
<td>42.0%</td>
<td>38</td>
</tr>
<tr>
<td>UAMS supports innovations that enhance student learning and strengthen teaching effectiveness</td>
<td>315</td>
<td>65.1%</td>
<td>22.8%</td>
<td>12.1%</td>
<td>26</td>
</tr>
<tr>
<td>UAMS supports partnerships between programs and/or colleges that enhance student learning and strengthen teaching effectiveness</td>
<td>318</td>
<td>59.6%</td>
<td>23.4%</td>
<td>17.0%</td>
<td>36</td>
</tr>
</tbody>
</table>

SA-A=Strongly Agree-Agree; Neither=Neither Agree nor Disagree; DA-SDA=Disagree-Strongly Disagree; NA=Not Applicable

The faculty survey contained several questions about the support that UAMS and the colleges give to teaching faculty. Faculty responses were mixed. When asked if UAMS encourages faculty to attend workshops and events, such as Teaching Scholars, over 80 percent strongly agreed and agreed. However, less than 60 percent responded positively when asked about an effective course and instructor
evaluation system, support for development of online/computer based tests, and provision of necessary resources to assist faculty with course development. The greatest concern indicated on this area of the faculty survey was a very negative rating that new instructors are given adequate orientation to teaching at UAMS (42 percent strongly disagreed or disagreed while only 27 percent strongly agreed or agreed).

Table 3-25
Faculty Survey Results: UAMS as an Educational Institution

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Responses</th>
<th>SA-A</th>
<th>Neither</th>
<th>DA-SDA</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>UAMS budgeting priorities reflect a commitment to teaching and learning</td>
<td>320</td>
<td>30.5%</td>
<td>24.7%</td>
<td>44.9%</td>
<td>28</td>
</tr>
<tr>
<td>UAMS strategic planning reflects the expansion and addition of academic programs</td>
<td>319</td>
<td>56.2%</td>
<td>26.2%</td>
<td>17.6%</td>
<td>29</td>
</tr>
<tr>
<td>UAMS strategic planning is attentive to the increasing student population</td>
<td>319</td>
<td>58.1%</td>
<td>20.8%</td>
<td>21.1%</td>
<td>35</td>
</tr>
<tr>
<td>UAMS supports innovations that enhance student learning and strengthen teaching effectiveness</td>
<td>315</td>
<td>65.1%</td>
<td>22.8%</td>
<td>12.1%</td>
<td>26</td>
</tr>
<tr>
<td>My college has effective academic leadership</td>
<td>319</td>
<td>71.9%</td>
<td>15.8%</td>
<td>12.3%</td>
<td>9</td>
</tr>
<tr>
<td>UAMS has effective campus-wide academic leadership</td>
<td>317</td>
<td>58.4%</td>
<td>24.3%</td>
<td>17.2%</td>
<td>21</td>
</tr>
</tbody>
</table>

SA-A=Strongly Agree-Agree; Neither=Neither Agree nor Disagree; DA-SDA=Disagree-Strongly Disagree; NA=Not Applicable

The lowest ratings were received in the areas of budgetary priorities, planning, and leadership. On the whole, this set of questions had a large number of neither agree nor disagree responses, and a significant proportion of disagree or strongly disagree (negative) responses. Some 58 percent of the faculty strongly agreed or agreed that UAMS has effective campus-wide academic leadership, while 17 percent strongly disagreed or disagreed. Some 25 percent responded that they neither agreed nor disagreed. When faculty members were asked if their college has effective academic leadership, 72 percent responded in the affirmative. Fifty-six percent of faculty respondents strongly agreed or agreed that UAMS’ strategic planning reflects the expansion and addition of academic programs, 18 percent disagreed/strongly disagreed and 27 percent neither agreed nor disagreed. Finally, 45 percent of faculty respondents strongly disagreed or disagreed that UAMS budgeting priorities reflect a commitment to teaching and learning, while 30 percent strongly agreed or agreed. Notably, one in four respondents (25 percent) replied neither. These conclusions were largely mirrored by responses from the Associate Deans’ Retreat and at the academic support units focus group sessions.

Sixty-eight percent of the faculty respondents strongly agreed or agreed with the overarching statement that UAMS as an educational institution supports
effective teaching. Fourteen percent of the faculty respondents disagreed or strongly disagreed with that statement. Student respondents were more positive about UAMS valuing and supporting effective teaching as 87 percent of student respondents strongly agreed or agreed, with five percent in disagreement.

Core Component Summary

To summarize, faculty and student respondents were in agreement that UAMS faculty provided effective instruction. Student respondents also positively evaluated UAMS’ support of effective teaching, whereas faculty respondents cited several areas of weakness in the areas of budgetary priorities, planning for expansion of programs and increased class sizes, number of instructors in their programs, and effective campus-wide academic leadership.

Core Component 3c.

The organization creates effective learning environments.

Core Component 3d.

The organization's learning resources support student learning and effective teaching.

Core Component Overview

Effective learning environments are dependent on the resources to support student learning and effective teaching. Because of this interdependency, the committee has chosen to combine the report for these two core components. While the emphasis of Component 3c. is on the learning environment itself and Component 3d. is on the use of learning resources to support learning and teaching, the fact is that the facilities, services, technology and resources that create and sustain the various environments are critically intertwined and not easily separated.

In order to address core components 3c. and 3d., this section of the report will be organized around a theme of the four environments in which students and teachers interact for learning:

- Physical Environment: the classrooms, laboratories, study areas, meeting rooms and similar spaces where learning occurs, along with the equipment, furnishings and technological support necessary for educational activities.
- **Academic Environment**: the structure and major components of the organizational support system for students and faculty to assist them in the educational process.

- **Virtual Environment**: the systems, practices, equipment and related support elements employed for the distance learning process in which the educational work is conducted outside the standard classroom and laboratory setting. This includes access from any location to class materials and library resources for all students. Since technology in education is also covered in Core Component 2b., in this section, virtual environment will be addressed specifically as it related to distance learning.

- **Supportive Environment**: the elements of campus organization and practice that go beyond the normal academic support system to provide assistance and encouragement as needed for students and faculty.

### Physical Environment

**Classrooms**

UAMS continues to meet successfully the educational classroom needs for its students and teachers under the management of the Office of Academic Services (OAS). The OAS scheduled over 53,000 hours of classroom time in the most recent academic year, not including classroom usage for the newly formed College of Public Health, which is outside OAS responsibility. There are a total of 58 rooms on campus formally designated as classrooms, teaching laboratories or auditoria, with half having seating capacity of less than 35, another 30 percent with a capacity of 36-90 students, and the remaining eleven auditoria seating over 90 students. These totals do not include a substantial number of conference rooms that are commonly used for smaller classes and classroom space that was added in the COPH building to accommodate COPH classes. The past year also saw completion of a process begun in 2001 of placing ceiling-mounted data projectors in every classroom, with the total number of data projectors increasing 135 percent in that period. The classroom use for teaching purposes is well-distributed between the various colleges, as seen in the following table of scheduled room usage, by college.
Table 3-26  Classroom Use by College

<table>
<thead>
<tr>
<th>College</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Medicine</td>
<td>29%</td>
</tr>
<tr>
<td>College of Pharmacy</td>
<td>20%</td>
</tr>
<tr>
<td>College of Nursing</td>
<td>27%</td>
</tr>
<tr>
<td>College of Health Related Professions</td>
<td>22%</td>
</tr>
<tr>
<td>College of Public Health</td>
<td>2%</td>
</tr>
</tbody>
</table>

In 2003, UAMS added 128,225 square feet of educational and academic administrative area with the addition of the Fay W. Boozman College of Public Health building. Also included in the building are offices for faculty and staff in the Colleges of Nursing and Pharmacy, the Clinical Skills Center, the UAMS Fitness Center, and a 173-seat general purpose lecture hall.

Detailed plans are currently being developed for a new education building, which will be financed through a recently-approved bond program. This building is tentatively conceived to contain two large auditorium classrooms (with over 200 seats each), two more large classrooms for 70 students each, and 14 smaller conference/seminar rooms seating 20 to 30 students each. The large auditoria and classrooms are expected to meet critical needs for expanding class sizes. Another addition to the educational infrastructure will be the renovation of the current State Hospital building, which when completed will consolidate the programs in the College of Health Related Professions into a central location.

Though current classroom needs are being met and educational technology has been continually updated, scheduling has become increasingly difficult in some cases. Also, some of the teaching space is in need of updating. The additions mentioned above should be a significant help in the alleviation of the space problem.

**Computer Labs and Technologies**

Academic Computing (AC) and OAS work together to ensure an adequate supply of computer workstations in classrooms and teaching labs. The number of computers available in classrooms and computer labs is up by 126 percent since 2001, with most having been replaced as part of a continuous program of updating the computers. There are now 168 computer work stations available for student use in the teaching and testing labs. The capacity has been recently increased in order to accommodate the College of Medicine freshman class size of 160 students for 2006-2007. Fifty computers were also recently replaced to update ones, which were put into service in the summer of 2002. AC and OAS are investigating classroom management software (CMS) for implementation in the computer labs. These packages would enable varying levels of control of the...
student PCs to be exercised from the instructor’s PC. The primary objective is to provide screen sharing so that the students can view the screen of the instructor’s PC directly on their PCs.

An additional 125 computers are available to students for self-study and self-assessments. The Library Learning Resource Center’s 48 computers, including a Testing Room and Instructional Room, are frequently utilized for computer-based testing or as additional computer classroom space is needed. This is especially useful doing evening and weekend hours. These areas were reserved 379 times in 2005-06 for group computer use.

UAMS features both central, shared facilities and technology, and college-based support, typically more specialized, computer-based education applications. COPH classrooms include a computer lab providing 32 student PCs, an instructor laptop PC, and two data projectors. The gross anatomy lab administered by the College of Medicine’s Department of Neurobiology and Developmental Sciences includes 24 Macintosh workstations for use during lab instruction and general student use of educational resources. The Colleges of Pharmacy, Nursing, and Health Related Professions also provide at least one computer lab for instruction and student use. Colleges also provide personnel to assist and provide technical support for computer operations and college-specific computer-based programs. For example, in the College of Nursing full-time professional staff work to maintain technological capabilities and manage assistance and support for students. The CON program features computer-based education modules that are available to all students as a supplement to their regular studies and resources.

**Clinical Skills Center**

The Clinical Skills Center (recently renamed the Center for Clinical Skills Education) is a state-of-the-art facility for case development consultations, assessment, and teaching of clinical skills. It serves four colleges involved in teaching clinical practitioners. It also serves as a training facility for standardized patients.

The center has 14 fully equipped patient examination rooms for real time, face-to-face interaction between student and patient. Four additional rooms will be added in the near future. Each room is equipped with dual cameras and two-way audio response systems. Each room has two doors, one for students that opens into a central corridor and the other for Standardized Patients (SP), which leads to an outside hallway. This allows the SP to leave the room during a break and prevents chance encounters with a student. Instructors listen to and view an encounter unobserved by the student, digitally record the exam video and audio, and communicate with the students from a monitoring station in the central observation room. The observation room has ten stations for simultaneous monitoring and recording sessions in each exam room. Standardized Patients or instructors use tablet PC’s to score students electronically.
The Clinical Skills Center and the Standardized Patient Program are integral to the educational objectives of each of the four participating colleges. For example:

- **COM** — Introduction to Clinical Medicine courses, first and second years, and of the College of Medicine curriculum, instruction and tests such as Step 2 examination preparation, and student practice time.
- **COP** — Required courses in both the second and the third years of the College of Pharmacy curriculum. Also, the Pharmacy Clinical Encounters Program (PCEP) was the first to utilize the Center in the United States, and remains the leading program of its type. It is also notable for its innovative collaboration with the College of Medicine and Pharmacy.
- **CON** — Interviewing, history taking, and physical examination skills, and final nursing clinical examination.
- **CHRP** — The Dietetic Internship program conducts practice dietetic counseling sessions, and students in the Audiology and Speech Pathology program learn to screen for aphasia.

In addition to its use of the central Clinical Skills Center, the College of Nursing has a center for practical clinical skills training for both undergraduate and graduate nursing students. This facility includes 15 hospital beds with full-body manikins, task training equipment for specialized skill instruction, six clinic exam rooms and three human patient simulators (adult, pediatric and obstetric).

The campus plans to build on the success of the center by establishing true simulation capability in a new center. In 2006 an exploratory committee — the Committee on Medical Simulation — was appointed to pursue this goal. The committee is chaired by the Director of the Clinical Skills Center and includes representatives from COM, COP and CHRP. With the prospect of a new classroom education building and a windfall of funding from Higher Education Bond Initiative, plans for a simulation center for the campus may take shape very quickly.

**Laboratories**

For a medical sciences campus, the quality of teaching laboratories is a critical element in quality education. College evaluations of laboratories are conducted each fall and spring semester. The Office of Academic Services conducts a satisfaction survey of the colleges each semester concerning all aspects of the laboratory operations, including:

- Physical Facilities: Overall quality of the facilities in the teaching labs
- Equipment: Proper type, quantity, condition and availability
- Supplies: Proper type, quality, condition and availability
- Personnel: Knowledge of equipment, procedures and skill in setting up labs.
For the three most recent years for which data are available, each category received unanimous ratings of excellent or good. Comments added by those responding are also favorable.

The HLC/NCA Student and Faculty Surveys also found general agreement that the quality of educational facilities in general are good to excellent. Student ratings of classrooms, teaching laboratories (including the clinical skills laboratory), Library Learning Resource Center, clinical education sites, and technology in classrooms/laboratories were very positive: responses averaged 94 percent, with none falling below 90 percent. For the same categories, faculty ratings were a slightly lower 88 percent average. The faculty generally support the statements that UAMS provides access to resources (e.g. research laboratories, library, clinical practice sites, classrooms, clinical skills laboratories) necessary to support teaching and learning (84 percent agreed or strongly agreed), and that “UAMS provides the necessary staffing and support for its teaching and learning facilities” (72 percent agreed or strongly agreed).

The faculty was more critical of the availability of classroom and teaching laboratory space than the quality of existing space, reflecting the pressure of increasing class sizes, but there was still a substantial majority of 76 percent who characterized availability as excellent, very good or good.

The Library is discussed below as part of the academic environment, but a survey asking about the Library facilities themselves found strong support with students (95 percent) and faculty (98 percent) rating the facility positively (excellent, very good or good). A slightly lower rating was the given when asked about library study areas: 86% responded favorably.

The Associate Deans were less positive about UAMS’ educational resources and related infrastructure, identifying selected areas that are under-funded. While the quality of the Library and the Clinical Skills Center were considered very good, administrators registered concern about future resources for these and other educational support services. In particular, there was concern over a perceived lack of a planning to increase infrastructure and support commensurate with planned class size increases and new program development.

**Academic Environment**

While there is substantial coordination among the colleges and the Graduate School regarding campus issues and policies, they are autonomous units with distinct administrations, admissions requirements and admissions personnel, curricula, and registrars. Their administrative functions and processes as well as their educational formats and practices vary.

- The College of Health Related Professions provides a large number of professional programs. In some disciplines this includes multiple levels
of completion (e.g. certificate and degree options). Several of CHRP's programs and courses are also available at other approved sites and/or through distance education.

- The College of Nursing provides several possible entry levels and completion pathways leading to undergraduate and graduate degrees in nursing. The college teaches class to distant sites through use of interactive video and Web-based instruction to meet distant student needs.

- For the Bachelor of Science in Nursing degree and several of the bachelor's level CHRP programs, the general education requirements must be completed at another institution. The completion of these requirements is reflected in the UAMS academic records. In the case of CHRP programs if, upon completion of the health professions coursework the general education requirements have not been fulfilled, then an associate's degree (Associate of Science) would be awarded instead of a bachelor's degree.

- Non-degree seeking students are admitted in the Colleges of Public Health, Nursing, and Health Related Professions and in the Graduate School.

- Graduate programs in the Colleges of Health Related Professions, Nursing, and Public Health are jointly administered by the Graduate School and the respective college.

- Some programs are oriented towards or include provisions for participation by nontraditional students. One such program is the COP Nontraditional Pharm.D. program, which enables licensed pharmacists with undergraduate pharmacy degrees to pursue completion of the Doctor of Pharmacy degree.

- Clinical and practical course components are fundamental to the programs of study in medicine, nursing, pharmacy, and a number of the CHRP programs. Depending on the program, these experiential training components may be conducted on-campus or at any of a number of other locations including the UAMS Area Health Education Centers located around the state.

- A number of combined degrees have been developed, including: the M.D./Ph.D. degree program offered by the College of Medicine and the Graduate School, the M.D./M.P.H. program offered by the Colleges of Medicine and Public Health, and the Pharm.D./M.P.H. program offered by the Colleges of Pharmacy and Public Health. Combined degrees pathways have also been established between the Colleges of Medicine and Public Health and with the UALR School of Law, between the College of Pharmacy and the UALR College of Business and between the College of Public Health and the Clinton School of Public Service.

- UAMS colleges have increasingly worked with institutions in Arkansas and in other states to establish joint health sciences programs. Among these are the Nuclear Medicine Technology and Genetic Counseling programs in CHRP. The UAMS Graduate School collaborates with
the University of Arkansas at Little Rock to offer a joint program in Bioinformatics. The College of Public Health is the UAMS representative in a consortium of three schools providing curricular components for the new University of Arkansas Clinton School of Public Service.

This variety of programs, completion pathways, and modes of delivery reflect the commitment of the UAMS colleges and Graduate School not only to provide high quality health sciences education, but also to adapt the modes of educational availability and experience to the variable needs of students and the health care marketplace.

Library

The UAMS Library is a key component of the academic environment of the campus, providing essential services to faculty and students alike. The Library provides online access to nearly 3,600 journals, over 3,000 books, and many reports, Web sites, and other online resources, as well as many print resources. The Library licenses various databases covering health sciences, clinical and biosciences literature databases. Needed materials not owned by the Library are borrowed from other libraries and are usually made available electronically within 24 hours. The Library provides an electronic document delivery service for UAMS personnel, which includes pulling and scanning of older journal articles not available online and delivering them to requestors through e-mail. The Historical Research Center collects and manages the archives for UAMS, and houses a collection of books, photographs, artifacts and other materials related to the history of the health sciences in Arkansas.

The Library provides orientations, presentations, classes and other resources on a number of topics to faculty. Students are introduced to the appropriate information resources throughout their programs through orientations, tours, classes, and individual consultations. Library liaisons are assigned to various units across campus and work extensively to ensure that the faculty are well supported in their use of information resources. Librarians provide classes in PubMed, Web of Science, evidence-based medicine, nursing and health related professions databases, public health resources, and other tools to support faculty and students. Faculty take advantage of the expert searching skills of the librarians through free consultation and mediated search services.

The Library works with the colleges and individual instructors to develop the most efficient and effective ways to use library resources to support effective teaching and student learning, including Web-based learning. Much of the Library’s extensive collections of books, periodicals, and other learning resources and all of the databases and Web-based information services are available to faculty and students both on and off-campus.
One of the Library’s services is an eReserves system that enables instructors to make course and supplementary materials available online to their students. In the most recent fiscal year, more than 1,000 items (used nearly 86,000 times) were placed on the system. To assist the faculty with troublesome issues of copyright and fair use, the Library maintains a copyright Web page and provides expert assistance on an individual basis or as a presentation.

Computer workstations are available on every floor of the Library. The continued increase in student use of the Library’s computers has recently necessitated the addition of eight more carrels with computers for a total of 45 workstations. Four wireless-enabled laptop computers can be checked out for use within the Library, and additional purchases of laptops are expected. The Library Learning Resource Center (LRC) works with faculty to ensure that students have access to computers and computer-based instructional programs related to the curriculum of the colleges. The LRC has approximately 80 computers in various locations and layouts, including a classroom with 12 computers and an instructor workstation, a computer-based testing room with 11 computers, small group viewing rooms with computer and audiovisual viewing equipment, and a 24-hour-a-day, seven-days-a-week, 16-computer lab accessible via card swipe. A syncing station and other resources for PDA users and scanners for student use are available. The colleges use the LRC for computer-based or online tests, including ‘window of opportunity’ testing at any time the Library is open. The LRC provides oversight during student testing and records student completion of assignments. In addition, the LRC staff assists faculty in the development of tests, quizzes, surveys and evaluations, as needed.

The HLC/NCA surveys indicated that both students and faculty are very well satisfied with the library facilities and services, with 98 percent of faculty and 95 percent of students rating the Library overall as good to excellent. Ratings for individual aspects of Library operations are similarly high, with the highest rating given on the faculty survey being library staff assistance (99 percent good to excellent) and the highest student approval going to the Learning Resource Center (96 percent good to excellent). The faculty was also very positive toward such essential services as interlibrary loan and access to Library resources from outside, and the Library education, training, and awareness offerings. Though only about half of the faculty chose to rate the Teaching Resource Center, those who did were near unanimous in their approval (95 percent good to excellent).

As noted in the Physical Environment discussion, the Associate Deans are concerned that Library assets, though well-managed, are being stretched to meet current needs and will be inadequate to accommodate future growth without the infusion of new resources of space and funding. Typical comments from the faculty survey stated: “The Library and OED are run by outstanding professionals. They do the best they can with the budget they have” and “The Library and OED offer exemplary services. They do an incredible amount of work on a very limited budget.”
The Teaching with Technology Committee

This committee was formed to meet the special needs of teachers using educational technology. This committee, formed of technology leaders from each of the colleges as well as from support services, provides regular faculty training sessions on the applications of current educational tools. The Friday @ Noon series, sponsored by the Teaching with Technology Committee and the Library, gave a total of 18 presentations during 2005/06, which were attended by 338 participants. The committee also recently sponsored a one-day conference on educational technology at UAMS attended by over two hundred teachers and support staff from UAMS and other state educational institutions.

The Teaching and Technology Resource Center

This center is a resource provided by the Teaching and Technology Committee (TRC) in cooperation with the Library to encourage effective teaching at UAMS by providing teachers with specialized equipment and software. For faculty who want to incorporate technology into their presentations or develop computer-based instructional materials, the TRC provides state-of-the-art equipment and technical assistance. The center offers faculty an assortment of specialized equipment and software for educational technology tasks. There are six different stations to meet the user’s needs with help and guidance from skilled staff members. The most common functions are digital video editing, scanning and digital image editing, Web development, and desktop publishing, but a variety of other equipment and software is available to meet many teaching-technology needs. The facility is located in the Library and is available to UAMS faculty and their staff during the hours the Library is open. An average of eight hundred faculty uses have been logged in each of the last two years.

Office of Educational Development

The Office of Educational Development (OED) assists faculty and students with their educational needs and programs. The OED serves as a consultative service in curriculum development, implementation, student assessment and evaluation. Faculty depend on staff in OED for assistance with instructional design, development of teaching and learning skills, and educational research. The Learning Assistance Program (LAP), offered by the OED to students, focuses on studying, learning and test taking skills. Additionally, oversight and planning for campus use and support of the Web-based course management system, WebCT (now BlackBoard Learning System) is from OED. Assistance, instructional design, and technical implementation of Web-based courses are provided by OED staff. The Teaching Scholars program (described below) is also part of OED.
Teaching Scholars Program

The Teaching Scholars Program is a campus-wide faculty development program with a primary goal of improving the educational skills of faculty. The program is in its eleventh year, with a new class of Scholars beginning each September who are expected to continue their own education in health professions education, mentor and educate other faculty in the methods of educational excellence, seek funding for educational research, and disseminate their scholarly work on education through presentations and publications. In addition to selected workshops provided by local experts, there are four workshops conducted each academic year by visiting scholars who are authorities in health professions education. The visiting scholars also present lectures that are open to all faculty and are well attended. To date, 52 faculty have completed projects and 112 have participated in the program.

Academic Computing

Effective teaching by the faculty is supported by the UAMS academic computing services unit. In addition to providing student computer laboratory support, academic computing assists faculty with student registration, student information systems and records, examination scoring, computer based-learning and testing resources, and on-line course and faculty evaluations.

The student and faculty surveys asked several questions relative to instructional support. Students felt that “Instructors are prepared to use the appropriate educational technologies” and that “Instructors use distance technology successfully to enhance the learning experience” (85 percent agreed or strongly agreed). However, faculty are somewhat less positive about their training and support for teaching development. Only 56 percent agreed or strongly agreed that UAMS provides the necessary resources to assist faculty with course development, although a much stronger 80 percent agreed or strongly agreed that attendance at traditional teaching improvement programs like Teaching Scholars is encouraged.

In the educational technology area, 62 percent agreed or strongly agreed that attendance at programs for effective use of educational technology is encouraged and 65 percent agreed that training in effective use of educational technology is readily available. Although generally satisfied with the condition of educational technology equipment (77 percent agreed or strongly agreed) and that support personnel have the necessary expertise in educational technology to meet faculty needs (67 percent agreed or strongly agreed), faculty were less convinced of the adequacy of the numbers of support personnel (only 48 percent agreed or strongly agreed).

When considering issues related to the academic environment, the Associate Deans indicated concern in the areas of (1) funding and resources for academic support units (Library, OED, Academic Computing, Academic Services, Clinical Skills Center, etc.); and (2) lack of progress in implementing interdisciplinary programs, both within and among colleges.
The quality of services provided by academic support were rated highly by faculty when surveyed. Assistance from library staff was the most highly rated service on the faculty survey with 99 percent of faculty respondents rating the assistance they received as good to excellent. Library education, awareness programs and training were also rated as good to excellent by 93 percent by faculty respondents. The Office of Educational Development consultant services for design/development of educational programming and WebCT assistance and training was viewed as good to excellent by 91 percent of the faculty responders. Other resources on campus, such as the off-campus access to course materials like WebCT and eReserves, the Teaching Resource Center and program evaluation, all received 90 percent or higher ratings as good to excellent.

The academic environment also includes concern for professional behavior and the practice of academic integrity, both of which were given strong support in the student and faculty surveys. A full discussion of professionalism and academic integrity is found in section Core Component 4d section (Criterion Four) of this self-study. That examination finds that both students and faculty find that professionalism is clearly defined, and that, on the whole, students faculty and administrators do practice academic integrity. Data also show that faculty are positive role models for students.

Virtual Environment

WebCT, the campus learning management system used for delivery of Web-based teaching materials, was first used at UAMS in the late 1990s. It has rapidly grown to become a vital part of the educational mission at UAMS. An essential element to WebCT is the support for faculty using the system provided by the Office of Educational Development. The primary mechanism for faculty development and instructional design in Web-based course development and presentation are regular workshops taught by OED staff, one of whom has received formal WebCT instruction and certification as a WebCT specialist. The most recent OED annual report lists the following one-year workshop statistics and outcomes.

Table 3-27
WebCT Workshop Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th># / %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Participants</td>
<td>140</td>
</tr>
<tr>
<td>Total Workshop Hours</td>
<td>80</td>
</tr>
<tr>
<td>Total Contact Time</td>
<td>551</td>
</tr>
<tr>
<td>Rated Workshop Quality as Excellent</td>
<td>87%</td>
</tr>
<tr>
<td>Rated Workshop Quality as Good</td>
<td>12%</td>
</tr>
<tr>
<td>Return of Evaluations</td>
<td>90%</td>
</tr>
</tbody>
</table>
In addition to providing the workshops, OED staff have produced instructional materials and handouts on the design and use of WebCT, organized and led user groups, and have extensive one-on-one consultations to many faculty. One of the most significant impacts on faculty efficiency and productivity comes in the form of just-in-time support and troubleshooting via telephone and e-mail by Web-based learning support personnel in OED. During the 2004–2005 year, statistics were kept on calls for assistance for Web-based learning. The two Web-based learning staff in OED answered approximately 2,300 requests for assistance via phone calls and e-mails.

Close coordination between OED and Academic Computing (AC) ensures that Web-based learning functions as a cooperative unit. Academic Computing provides server support and management of the global database for WebCT in addition to user support and licensing.

**Growth of Web-based Learning in the Past Four Years**

There has been a tremendous increase in the use of Web-based learning and WebCT at UAMS. This includes growth in the number of courses offering Web-based components to their courses, the number of students and staff participating in Web-based courses, and in the number of faculty members who have begun to use WebCT for various purposes.

**Table 3-28**

WebCT Census Counts, Fall 2003 – 2006

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td># Courses</td>
<td>419</td>
<td>587</td>
<td>713</td>
<td>826</td>
</tr>
<tr>
<td># User Seats</td>
<td>7,883</td>
<td>11,708</td>
<td>23,654</td>
<td>29,734</td>
</tr>
</tbody>
</table>

Course = WebCT Course which could be a UAMS credit course, CE course, or IRB course.
User seat = 1 participant in 1 course = 1; 1 participant in 2 courses = 2.

The above growth in WebCT usage has occurred without any additional changes in support personnel. As the Associate Deans noted in the Focus Group, UAMS is in danger of overextending existing support personnel.

**Distance Learning in the Colleges**

The UAMS campus leader in distance education is the College of Health Related Professions. The CHRP offered 108 courses in 2004-2005 using distance technology to 1,356 students. The method of delivery varied with offerings using the Internet (online), compressed (interactive) video, and videotapes or CD's. There were seven CHRP programs offering these classes, and the combined enrollment represented over 60 percent of the total student headcount for both undergraduate and graduate students.
The College of Nursing has also been actively using distance learning technology and faculty are encouraged to develop WebCT and Internet modules for integration into their courses. For the most recent reporting period, course offerings via Internet were 15 with 243 registrants (undergraduate), 30 with 596 registrants (masters) and three with 28 registrants (doctoral). At the master’s level, at least 50 percent of graduate classes used some form of distance technology appropriate to the individual course.

The College of Public Health has also made a commitment to making courses available throughout the state using distance education. It has recently developed a curriculum for a Master of Public Health degree (generalist track) which uses a variety of distance accessible education mechanisms including on-line courses, weekend executive courses, and a combination of other approaches that permit students to minimize travel to the central campus while completing required coursework. For the current academic year, nine courses are being offered primarily by distance accessible means, with four of the six core courses offered at least once per year in a distance accessible format, and a fifth core course will transition to a distance-accessible format in the coming year. Many other courses in the college use some elements of online instruction as a supplement to traditional classroom education.

The College of Pharmacy uses WebCT to help support the delivery of its professional Doctor of Pharmacy degree program. Fifteen of the required 26 didactic courses use WebCT in some capacity from self-directed tutorials, in-class lecture materials, class assignments, to proctored examinations. There are plans to move additional required didactic coursework to WebCT in the near future. Each student must complete eight credit hours of electives, usually two credit hours apiece. Six of the available electives are offered solely in an on-line format. More electives in the on-line format are planned for the future.

WebCT is also increasingly used by faculty in the College of Medicine. Fourteen of the 22 required courses in the first three years of medical education now incorporate WebCT into their instruction.

Graduate Medical Education is increasingly dependent upon Web-based learning because of its flexibility in scheduling for the residents. There are currently three ACGME (Accreditation Council for Graduate Medical Education) Core Competency Courses online (Ethics, Medical Legal, Systems Based Practice), with a fourth course on fatigue to be added soon. In addition, several residency specialties have courses for their own residents. The internal reviews leading up to site visits for the 52 residency specialties for which UAMS is accredited were placed in WebCT and saved approximately 400 man hours per year over the previous system. More than 500 residents take an annual survey using WebCT to evaluate UAMS as a whole and each specialty area. and there is also a duty hours survey to help identify areas of concern for compliance with ACGME requirements.
An internal review process placed in WebCT automated the program to save many man-hours. The following table shows the time savings.

Table 3-29
Production Time Comparisons Before and After Internal Review Report

<table>
<thead>
<tr>
<th>Task</th>
<th>2003-2004</th>
<th>2004-2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Produce Questionnaire</td>
<td>3-4 hours</td>
<td>0.5 hours</td>
</tr>
<tr>
<td>Download Results</td>
<td>1 hour</td>
<td>0.5 hours</td>
</tr>
<tr>
<td>Process Results by AC</td>
<td>N/A</td>
<td>2 minutes</td>
</tr>
<tr>
<td>Produce Reports - Robin</td>
<td>20-30 hours</td>
<td>&lt;1 hour (printing &amp; collating)</td>
</tr>
<tr>
<td>Modify Reports - Ann N.</td>
<td>6-10 hours</td>
<td>N/A</td>
</tr>
<tr>
<td>Total hours/Internal Review</td>
<td>30-45</td>
<td>2</td>
</tr>
<tr>
<td># Programs This year</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Time Comparison</td>
<td>600-900* hours</td>
<td>40 hours</td>
</tr>
</tbody>
</table>

* Estimate based on original model used to produce reports this year.

The virtual environment is an essential resource for the seven Area Health Education Centers (AHEC) around the state, which use the UAMS TeleMedical/Distance Education Network to connect with a growing number of central campus UAMS sites, three colleges, and 27 affiliated rural hospitals, community health centers, and rural health clinics. This network has two-way video and audio interactive television capabilities for educational and medical purposes. The UAMS Network can also connect with other educational institutions through V-NET (the statewide cooperative network for interactive television users). The Rural Hospital Program continues to expand the programming available to rural practitioners through online continuing education. Over five hundred continuing education programs have been completed through this online program, and there are currently 20 programs available for online completion.

The IRB (Internal Review Board) training and certification is in WebCT as well. This includes over 2,600 individuals since 2004 in one of three different courses: Human Subject Protection Behavioral, Human Subject Protection Biomedical, and HIPAA for Research. The WebCT server administrator programmed automated enrollment into these courses so that individuals are able to enroll via the Internet at any hour or day.

One of the critical elements of being able to offer online courses is the availability of library resources. The Library’s Web site serves as the gateway to its online products and services, and the online catalog provides links to many online resources as well as information about online and print materials, which are accessible through the AHEC libraries. Many information resources are made
easily accessible online, and special procedures have been designed to help faculty and students access materials from off-campus. Cooperative relationships exist with the AHEC and Arkansas Children’s Hospital libraries to provide services. The Access Grid facility is also available to support distance education activities.

There are additional Web-based courses that are unaccounted for in this report. A fundamental weakness in the online programs is the lack of a formalized, central coordinating system, which would allow this program to function in a more efficient manner, especially as enrollment in the colleges and Graduate School grows. Enrollments in Web-based courses have more than quadrupled in the last four years with no new support personnel. The number of courses online in 2000 was 75; currently that number is well over 750, though without a centralized coordinating system among the colleges, or a student information system, it is difficult to know which of these courses is active each semester. With the addition of the new satellite campus, UAMS will increasingly depend on Web-based learning resources for curriculum needs. It is essential that UAMS be able to keep up with the growing demands in this area.

The 2006 Student Survey revealed general satisfaction with WebCT and other technologies related to the delivery of education programs, as the survey data listed below illustrate.

**Table 3-30**

<table>
<thead>
<tr>
<th>Item</th>
<th>S (%)</th>
<th>F (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to course materials from off-campus (Web CT, eReserves)</td>
<td>96.0%</td>
<td></td>
</tr>
<tr>
<td>Access to course materials from off-campus (Web CT, eReserves)</td>
<td>91.7%</td>
<td></td>
</tr>
<tr>
<td>Access to Library resources from Off-Campus</td>
<td>93.0%</td>
<td></td>
</tr>
<tr>
<td>Access to Library resources from Off-Campus</td>
<td>92.4%</td>
<td></td>
</tr>
<tr>
<td>Teleconference/Compressed Video Facilities</td>
<td>93.0%</td>
<td></td>
</tr>
<tr>
<td>Teleconference/Compressed Video Facilities</td>
<td>82.2%</td>
<td></td>
</tr>
<tr>
<td>WebCT Assistance</td>
<td>93.0%</td>
<td></td>
</tr>
<tr>
<td>WebCT Assistance</td>
<td>90.8%</td>
<td></td>
</tr>
</tbody>
</table>

S=Student; F=Faculty

The Faculty Survey also revealed general satisfaction with distance technology.
Table 3-31
Student and Faculty Survey Results: Distance Technology

<table>
<thead>
<tr>
<th>Instructors using distance technology (e.g. WebCT, videoconferencing) use this technology to successfully enhance the learning experience</th>
<th>Responses</th>
<th>SA-A</th>
<th>Neither</th>
<th>DA-SDA</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>931</td>
<td>80.2%</td>
<td>12.9%</td>
<td>7.0%</td>
<td>99</td>
</tr>
<tr>
<td>F</td>
<td>319</td>
<td>67.5%</td>
<td>25.3%</td>
<td>7.2%</td>
<td>82</td>
</tr>
</tbody>
</table>

S=Student; F=Faculty
SA-A=Strongly Agree-Agree; Neither=Neither Agree nor Disagree; DA-SDA=Disagree-Strongly Disagree; NA=Not Applicable

Survey data show a high degree of agreement between faculty and students regarding the access and effective use of technology. One exception is on the use of WebCT to successfully enhance the learning experience, where there was a 12 point gap: 80 percent of students responded positively, as opposed to 68 percent of faculty. Perhaps this difference is because faculty are in a position to know the additional capabilities of the technology that are not being fully realized. This difference — between what is available to be used and what is actually being used — probably explains the slight divergence in opinion between the two groups.

The Associate Deans Retreat revealed concerns among that group regarding funding and adequate support for the virtual environment. Additional resources are needed to support the current increase in class enrollments as well as the expected increase in additional programs of distance learning. As faculty are expected to add more Web-based components to their courses, sustaining current development needs presents a challenge to academic support units and education leaders. The retreat also highlighted concerns over the tremendous workload placed on the support units due to increasing class sizes and use of technology, without a commensurate increase in resources.

Supportive Environment

Residence Hall

In the fall 2006, UAMS opened its new Residence Hall, a facility featuring 177 residential units. Students may choose from dormitory or apartment style units. The Residence Hall is the first element in the current $280 million campus expansion. The previous facility was imploded in December 2005 to make room for the new hospital and parking deck, to be erected on the southwest corner of campus. Amenities of the hall include computer network lines and wireless network access, washers and dryers in the apartments as well as laundry facilities.
for dorm-style room residents, common areas, in-room kitchen facilities, private or semi-private bath facilities, restricted access and resident parking. This facility is operated by the Student Activities and Housing department of the Academic Affairs and Research Administration division, which is charged with providing central academic and student support for all of the colleges and their students.

While in the 1997 self-study, site visitors were perplexed by the relative satisfaction of dormitory residents, a later study revealed that satisfaction remained high among tenants until the end. A 2004 survey of dorm residents found that a substantial majority were satisfied with their overall dormitory life, largely due to the efforts of the management of the building and related services. One problem with the previous dormitory noted in the survey was lack of access to computer networks. With the completion of the new Residence Hall, that problem has now been remedied as each room and apartment provides direct access to the University computer network.

**Financial Aid Office**

Student financial aid services at UAMS are provided by two separate offices. There is the *UAMS Financial Aid Office*, which processes financial aid for the Graduate School, Colleges of Pharmacy, Nursing, Public Health, and Health Related Professions. Then there is a second office housed within the College of Medicine — the *COM Financial Aid Office* — that processes financial aid only for students in the College of Medicine. The two offices have an excellent working relationship, and cooperate fully in all relevant areas of processing and reporting.

The growth in the larger Financial Aid Office function has paralleled the growth in campus enrollment as evidenced by the following data:

**Table 3-32**
Five Year Trend for the Number of Financial Aid Recipients

<table>
<thead>
<tr>
<th>Year</th>
<th># Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-02</td>
<td>748</td>
</tr>
<tr>
<td>2002-03</td>
<td>819</td>
</tr>
<tr>
<td>2003-04</td>
<td>937</td>
</tr>
<tr>
<td>2004-05</td>
<td>989</td>
</tr>
<tr>
<td>2005-06</td>
<td>1,055</td>
</tr>
</tbody>
</table>

The office administers student financial aid for programs ranging from certificates and associate degrees to professional doctorates and Ph.D.s. Unlike comprehensive campuses that will normally deal with a small number of
financial aid budgets, such as undergraduate/graduate and in-state/out of state, the UAMS Financial Aid Office has a total of 57 in-state budgets across 17 programs. In 2005-06, the office administered funds totaling $11,813,344. Within these programs are differing tuition and fees schedules and differing academic calendars. In this arrangement, the office must work with five separate free-standing registrar offices, which provide input on admissions, academic progression and standing, along with appropriate tuition and fees. Each college at UAMS has a separate arena style registration, and there is no online registration. With such a complex structure, particularly within the College of Health Related Professions, there are unique challenges contained in the award and delivery process.

However, the greatest challenge facing the office is the lack of a unified student information system crossing college lines that will provide students online access to the exact status of their financial aid and their student account. Lack of a system to integrate the college registrar functions and Treasurer's Office functions with the Financial Aid Office in a seamless manner, combined with conducting five separate arena style registrations each semester, brings into question the continued viability of the present structure. Assuming continued growth, failure to adopt an online registration system and concomitant financial aid efficiencies, it is inevitable that the quality of Student Financial Aid services will decline.

To date, the office has met these challenges as evidenced by the data contained in the student survey. A total of 487 respondents answered questions about Student Financial Aid. Of those, 84 percent (411) rated the office as either good, very good, or excellent.

The College of Medicine Student Financial Aid Office served 546 recipients in 2005-06. Due to the nature of their enrollment and admissions this figure has remained relatively steady over the years. In 2005-06 the office administered funds totaling $17,479,220. Of a total of 272 College of Medicine students responding to the Student Survey, 88 percent rated the office as either good, very good, or excellent.

The Student Financial Services Office, contained within the UAMS Treasurer’s Office, processes the collection of tuition and fees for all colleges and works with both financial aid offices. As evidenced by the 260 students who responded to the question about the office in its student survey, 98 percent (254) had either a good, very good, or excellent opinion.

Wellness and Student Health

UAMS increasingly devotes resources to improving the health of its faculty, staff and students. Since the last accreditation visit, UAMS has established a Student Mental Health service. Students from every college and the Graduate School are offered free, confidential help for a range of issues typically related
to student life: depression, anxiety, grief, relationship and marital counseling, and many other issues that could impede student performance and adjustment. Counseling is provided by faculty from the UAMS Department of Psychiatry. The service is widely advertised through student handbooks, student orientation sessions and through Web sites. Utilization statistics indicate that awareness of the service among students is very high, as 328 students in the 2005-06 academic year received counseling, typically with multiple visits. Since the service was first established by the College of Medicine, utilization is highest in that college with an average of 25 percent – 33 percent of COM enrolled students using the service at least once. The service is supported by a student health fee with additional support provided by the college ($90,000 per year), and by the Chancellor's Office. The model has proven so successful that in 2005-06 the College of Medicine elected to begin offering similar services to its faculty.

Preventive health services are provided through the Student and Employees Health Service, which is administered by the Department of Family and Preventive Medicine. Most preventive services are free for students with more comprehensive medical services available through the Family Medical Center. According to UA Board of Trustees policy, all UAMS students are required to have health insurance, defraying students' out of pocket expenses for clinic visits.

Support among students and faculty for wellness programs, both mental and physical, is generally positive according to accreditation survey data. Mental health services was rated as good to excellent by about 90 percent of students and faculty, as was the campus fitness center.

As part of the new University Get Healthy campus wellness initiative, UAMS opened a state-of-the-art fitness center for students, faculty, staff and their families. Open 24/7, the Center is equipped with a wide assortment of exercise and fitness equipment, and also offers group exercise classes, health risk appraisals, special programs on nutrition and diet, access to personal trainers, and a campus newsletter. Participation has exceeded expectations, with membership quickly climbing to over 1,500 in its first months, where it has remained since. Of the 1,500 members, almost 500 are students.

Annual, voluntary, no-cost wellness screenings are available to all employees as part of the Get Healthy program. In 2006, screenings were given to 1,288 participants, a significant increase from the 979 participants in 2005. The screening includes height/weight, blood pressure, waist to hip ratio, body fat percentage, and complete blood work. Also available through the wellness program are cancer screenings, bone density screenings, nutrition/weight loss programs, random blood pressure screenings, walking programs, and lunch & learn programs focusing on health-conscious topics.

One concern is, however, that wellness screening for students is not currently available through this program, in spite of the fact that students perform most of the screening duties related to the program.
Diversity

UAMS is committed to the idea that the active recruitment, training and support for minority students and faculty is important to the educational process of the institution as well as the health care improvement of all Arkansans. The Center for Diversity Affairs (CDA), has broadened its scope of concern to include all underrepresented minorities (URM), including African American, Hispanic, American Indian, Native Alaskan, Native Hawaiian or Pacific Islander, and Asian. The CDA also now has an expanded role to include URM faculty recruitment and retention. Its programs include initiatives designed to identify, nurture, and support student participation in summer enrichment programs from the early stages in their educational development through professional school. These initiatives are intended to help students build the requisite educational background and academic skills that will expose them to the opportunities offered by a career in one of the health care professions, and prepare them for the rigors of the scientific educational process necessary to begin that career. In addition to the programs intended for URM student nurturing, the Faculty Diversity and Community Outreach (FDCO) program established in 2002 is designed to substantially increase and retain minority faculty at UAMS through networking, mentoring, research opportunities, and skills-building.

Access to Educational Resources

The Library maintains open seating areas, group study rooms and a Learning Resource Center for all students of all colleges; and also provides easy online access to many information resources and educational materials. The Library also provides access to learning technologies such as computers, computer-based instructional programs, scanners, laptops, PDA workstations and assistance with these technologies so that lack of access to and lack of training in equipment and software does not hinder student study. Fundamentally, the Library’s services are free to all faculty and students with the exception of interlibrary loan; otherwise only fees are applied for misuse of materials.

The Office of Academic Services accommodates disabled students on campus and works with the Physical Plant to make sure buildings and classrooms are accessible. Colleges have comprehensive policies in place for accommodating student disabilities, which comply fully with provisions of the Americans with Disabilities Act. For those students who are not coming on campus for their courses, the use of WebCT emphasizes different learning styles of individuals and gives all students opportunities for improved learning. Incorporation of distributed learning systems also ensures that documents are available in universal formats.
Campus Life and Student Activities

For a campus such as UAMS, without common student experiences such as shared academic programs, athletics or intramural sports programs, or regular cultural activities, it is perhaps inevitable that some aspects of the supportive environment will be less than desirable. When surveyed, students and faculty tended to agree that student activities and campus life are concerns, with over half of faculty who responded rating these areas as fair or poor compared to about 40 percent of students. In both cases, however, the response rates were low for these questions. An even higher percentage of faculty (62 percent) also rated faculty campus life activities and facilities fair or poor.

Parking, Walkways and Security

Other elements of the supportive environment, such as campus safety and security, parking and walkways were also addressed in the survey. Both students and faculty voiced general approval of campus safety and security (ratings of good to excellent from approximately 85 percent of respondents). The adequacy of campus walkways and student parking came under significant criticism, however, with 75 percent of students and 81 percent of faculty rating parking as fair or poor, and 48 percent of students and 33 percent of faculty rating parking as fair or poor. However, it should be noted that these surveys were taken at a time of significant physical disruption on campus due to several major construction projects.

Student Organizations

Another aspect of the supportive environment is the opportunity to participate in campus governance and enjoy structured interaction with other students, faculty and administrators. These opportunities are afforded to all students at UAMS through a number of campus organizations for students. Some of the major organizations are listed below and are described in respective handbooks of the colleges.

Campus-wide Organizations

- Associated Student Government

College of Medicine

- Rural Medicine Student Leadership Association - sponsored by UAMS AHEC Program and Arkansas Farm Bureau
- Student Advocacy Council (SAC)
- Arkansas Medical Society Medical Student Section
Organization of Student Representatives (OSR) of the Association of American Medical Colleges (AAMC)
Student National Medical Association (SNMA)
College of Medicine Student Council

**College of Pharmacy**

- UAMS Chapter, PHI DELTA CHI / Beta Eta Chapter, South Central Region
- Student National Pharmaceutical Association
- Academy of Student Pharmacists (ASP) of the Arkansas Pharmacists Association
- Rho Chi National Honor Society
- Phi Lambda Sigma
- Kappa Epsilon

**College of Nursing**

- Arkansas State Nursing Student Association
- Sigma Theta Tau

**College of Health Related Professions**

- Student Council
- Program Student Organizations (often lead by a class president and class officers)

**College of Public Health**

- Arkansas Public Health Association
- College of Public Health Student Council
- College of Public Health Honors Council

**Graduate School**

- Graduate Student Association
Core Component Summary

To summarize with respect to Core Components 3c. and 3d., the committee believes that the organization creates effective learning environments and that the organization’s learning resources support student learning and effective teaching. The campus is fortunate to have multidisciplinary facilities and services that support the educational missions of each academic unit. The Clinical Skills Center and the development of simulation resources are helping create learning environments that are ideal for the assessment of health care professional students prior to and during experiential/practical educational experiences. The heavy emphasis on experiential/practical education places significant importance on the use of standardized patients and simulation to provide objective skill assessment in a controlled environment. The Library, Academic Computing, Office of Academic Services (OAS), and OED serve a vital role in supporting the academic units in accomplishing their goals as they relate to effective teaching and student learning. Both students and faculty tended to evaluate the quality of these services very positively.

With advancing class size and programmatic expansion, the limitation of central resources in the areas of student learning and assessment may affect the long-term outcomes that are desired by each program. Increased financial resources will be needed to allow for facility expansion and technology upgrades to accommodate planned program growth and greater numbers of students. Additional resources will also be needed in the areas of educational assessment, technology support and faculty development with program expansion and increased class size of existing programs. Development of an additional campus in northwest Arkansas will require additional funding for the central support services that are critical for academic unit success.

Criterion Three Summary

Strengths

After careful review of the evidence collected, the Criterion Three Committee concluded that UAMS has six major strengths with respect to Criterion Three - Student Learning and Effective Teaching:

1. High Quality of Educational Programs Offered. Faculty, students, support staff and the academic Associate Deans all share the perception that the quality of the educational programs offered at UAMS is very good to excellent. Educational outcomes, including graduates’ board examination performance, employer satisfaction with graduates, graduates’ satisfaction with their programs and external reviews by specialized accreditation agencies all indicate that the quality of the educational programs is a major strength of the institution.
2. **Quality of The Faculty And Support Staff.** It is clear that University teaching faculty and academic support staff highly value effective teaching and use appropriate learning resources to create successful learning environments.

3. **Quality Assessment is Pervasive, Effective and Integrated With Quality Improvement Efforts.** Programs collect and review many outcome measures, including course and instructor evaluations, student performance on standardized tests, certification and licensure examination results, employer surveys, graduate surveys and the results of specialized accreditation activities conducted for all professional programs in each college. The results of these evaluations of teaching and learning are routinely used to improve program quality.

4. **Students' Satisfaction With Educational Programs.** Student surveys, student course and instructor evaluations and specialized accreditation reviews all indicate a high level of student satisfaction with the quality of the educational programs offered at UAMS.

5. **Positive Student Learning Outcomes.** Graduates' success on licensure and certification board examinations, high rates of job placement, employer satisfaction with graduates and graduates' satisfaction with their programs provide evidence of this strength.

6. **Quality Facilities and Effective Support.** Most educational facilities and support services are very effective in supporting student learning and effective teaching. Notwithstanding needed improvements in selected areas, the educational facilities and related support services at UAMS (e.g., clinical skills lab, classrooms, teaching laboratories, classroom technology, clinical education sites, teleconference facilities, WebCT, the UAMS Library, library access from off campus, learning resource center, student computers, prematriculation programs, student wellness services, student financial aid services, IT help desk, fitness center, accommodations for handicapped students), have been very successful in meeting the needs of faculty and students in supporting learning and effective teaching.

**Weaknesses**

The Criterion Three Committee identified several challenges with respect to Criterion Three - Student Learning and Effective Teaching. Where appropriate, the Committee also has included specific recommendations for improvement.

1. **Student and Campus Life.** UAMS lacks adequate venues for students to engage fully in student and campus life activities. Academic health center campuses are often different from more traditional colleges and universities in that many students already have college degrees, are typically older, and often live off campus. In these respects, UAMS is similar to other academic
health centers; however, a suitable culture of campus life should be created appropriate to the UAMS student body.

**Recommendation:** A new education building is in the early planning stages to accommodate planned increases in enrollment. A student center should be included in this new building, or in another area on campus.

2. **Lack of a Central Student Information System.** Currently, UAMS relies on several internally developed computer applications for student registration, scheduling of courses, course rosters, posting of grades, student records and transcripts. These applications are not integrated across colleges and do not provide for easy access to, or tracking of, information.

**Recommendation:** The Committee recommends that to the University continue to pursue implementation of a comprehensive student information system.

3. **Additional Resources for Academic Support Units (space, budget, personnel and related resources).** The Committee identified areas where additional resources and planning will be needed by some support units in order to meet needs associated with planned increases in student enrollment. Specific and selected needs exist in the Library, Office of Educational Development (OED), Academic Services, Academic Computing, WebCT and Financial Aid. Resources needed include budget increases, space and integration into academic planning processes.

**Recommendation:** A task force should be established to review resources and the resource allocation process in the academic support areas and to make recommendations in terms of resources, establishing priorities and participation in the planning process.

4. **Availability of Classroom and Education Space.** Some concerns were voiced to the Criterion Three Committee regarding the need for additional classroom space to ease current scheduling difficulties and to meet increased enrollments. Providing classroom and instructional space is a top priority for the campus. A $250 million higher education bond package on the Arkansas general election ballot to fund higher education needs throughout the state was passed on Nov. 7, 2006. UAMS will receive approximately $16 million for a new education building for the campus, renovation and conversion of the Arkansas State Hospital into classroom, laboratory and office space for the College of Health Related Professions, and for other renovations related to education. These additions will help provide sufficient classroom, instructional and study space on campus.
Additional Observations

1. **Student Parking.** Student parking received among the lowest scores of all items rated in the Student Survey. The Committee is sympathetic to student concerns regarding parking since the Campus Expansion has caused some disruption of the campus and loss of parking space. Completion of the new parking garage and other construction projects part of the campus expansion will greatly improve the parking situation. UAMS does provide free parking to all students in the War Memorial Stadium parking lot west of campus along with two shuttle buses to campus at no charge.

   The University is working toward other improvements as well. Campus Operations has in place an internal committee and a campus committee dedicated to looking at campus parking problems and formulating recommendations for improvement. Options include buying additional lots of adjacent land, negotiating with area shopping centers for extra surface lot spaces, working with shuttles and carpool services to improve access to UAMS for employees and students, and putting in place incentives to encourage carpooling, mass transportation and other options to reduce parking needs on campus.

   The Committee also suggests that lighted and safe walkways from War Memorial Stadium and the main student lot should be installed as part of the campus’ overall construction/expansion plan. Future building and site improvement plans should include attention to student access issues.

2. **Student Health Insurance and Student Wellness.** The Committee acknowledges that the student health insurance plan is not well received by some students. At the same time, education leaders are bound by UA Board policy — by both spirit and letter— to make available a health insurance plan that works to protect students from bad-to-worst-case scenarios that could destroy their future careers, health or both. Improved communications about the need for the program might improve student perceptions; however, the favored alternative is the establishment of a student health service that offers first aid, primary care and referral services. Such a service would significantly lower the cost of the existing health insurance plan and could be paid for (at least partially) with student fees.

   While the Get Healthy UAMS program has done an outstanding job of organizing annual employee screenings, these do not include student health screenings, even though students provide most of the labor. Students from CON, CHRP and COP actually perform the screenings and client consultations. This is encouraged as a learning opportunity for the students, and the Committee endorses its educational value. Nonetheless, the Committee suggests that officials consider extending this benefit to students as well as employees.
Conclusion

The Criterion Three Committee obtained and reviewed extensive evidence related to effective teaching and student learning at UAMS. This review included surveys of all core faculty and currently enrolled students, an Associate Deans Retreat for academic unit administrators, a focus group session with representatives of the academic support units, review of college and program publications and outcomes data, review of institutional data, meetings with faculty of each college and the Graduate School and frequent committee meetings to review and discuss the findings. The findings of the Committee are well supported by the evidence and are summarized below.

First, the high quality of the educational programs provided in each of the academic units at UAMS is apparent. UAMS academic programs demonstrate clear evidence of student learning and effective teaching in fulfilling the University’s educational mission. This supports the conclusion that UAMS values and supports effective teaching and creates effective learning environments. The quality and dedication of the faculty and academic support staff is evidenced by perceptions of students, faculty and support staff. Most importantly, the Committee found evidence of clear goals for student learning, that the quality of instruction and instructional support is high, and that student learning outcomes are positive. Effective methods of assessment of student performance are a constant among the University’s educational programs. Assessment results are then successfully integrated with quality improvement efforts.

Second, the educational facilities and academic support services at UAMS provide the physical facilities and expertise needed to maintain effective learning environments. Both students and faculty reported a high level of satisfaction with most of the facilities and support services, including the Library access from off campus, classrooms, classroom technology, teaching laboratories, clinical skills laboratory, learning resource center, student computer access, clinical education sites, teleconference facilities and WebCT. Academic support services that were highly rated included those services offered by the UAMS Library, Office of Educational Development, financial aid/services, prematriculation programs, student health services and accommodations for handicapped students. These findings further support the Committee’s conclusion that the learning environment at UAMS is highly functional and well-supported.

There is a sense that UAMS is not fully prepared for planned increases in enrollment with respect to classroom and learning resources, and academic support services. As has been noted, the campus is undergoing a significant expansion, resulting in problems related to construction, space and parking. There are also concerns about the quality of student life, lack of adequate student study space, lack of a Student Center and an outdated student information system. Additional classroom and academic program facilities are planned, and work has progressed on purchase of a new student information system. This report suggests
the establishment of a task force to review the resources and structure available to academic support services, make recommendations in terms of additional resources and priorities and assist in the planning process. A second task force, with student and faculty representatives, is recommended to review campus life at UAMS and make recommendations for improvement.

In conclusion, the quality of the educational programs offered at UAMS is a major strength. Faculty are well prepared and provide well qualified instruction. Faculty and staff in academic support units are similarly capable of executing their responsibilities. Resources and infrastructure are provided in adequate measure to ensure excellent teaching and student learning outcomes. Goals for student learning outcomes are clearly stated and understood by the student body. All of these factors converge to form the foundation on which the Committee's final conclusion is based: that UAMS meets or exceeds the standards set out in Criterion Three with respect to student learning and effective teaching.
CRITERION FOUR — ACQUISITION, DISCOVERY & APPLICATION OF KNOWLEDGE

The organization promotes a life of learning for its faculty, administration, staff, and students by fostering and supporting inquiry, creativity, practice, and social responsibility in ways consistent with its mission.

Criterion Overview

In first considering the parameters of Criterion Four, committee members recognized that a discussion of acquisition, discovery and application is tantamount to research and scholarship. More typically, a review of the University’s research program and accomplishments is centered solely on its faculty. However, in speaking to the Core Components of Criterion Four, the committee began drawing the connection between UAMS’ educational programs and activities that support discovery and scholarship. By doing so, it revisited the ancient academic agenda of educating for the purposes of instilling potential for critical and objective thought, which in turn enables discovery of new knowledge. And by incorporating ethical considerations into the academic setting, academia can help ensure that new forms of knowledge are applied in a way that is responsible to scientific peers, the University and to society. Further, as part of the academic process, perhaps the true realization of academic principals is to impart a practice of intellectual life that lasts beyond the student experience, that is, that students come to view learning as an opportunity for exploration, and life as an experiential journey.

As a major research University, the committee interpreted its obligation for self-examination as the need to focus largely on the process of discovery, i.e., research
and scholarly pursuits, as a culminating point of academic preparation. Evidence
to support the effectiveness of these activities was identified and collected by
committee members, and is presented in this chapter in the framework of four
Core Components:

- Core Component 4a. demonstrates that UAMS values research and
  scholarship by presenting evidence of a growing research enterprise and
  infrastructure
- Core Component 4b. offers an examination of how UAMS’ educational
  programs support and are responsive to, its commitment to research and
  scholarship.
- Core Component 4c. presents evidence that the curricula are useful in
  preparing students to productive members of a professional workforce
  and society, and
- Core Component 4d. provides evidence that the University is dedicated to
  assuring responsible research and scholarship by its faculty and students
  and that related accountability measures to ensure integrity are in place.

**Core Component 4a.**

*The organization promotes a life of learning for its faculty, administration, staff and students by fostering and supporting inquiry, creativity, practice, and social responsibility in ways consistent with its mission.*

**Core Component Overview**

In its four-fold Mission Statement (To Teach, To Heal, To Search, To Serve),
UAMS declares its fundamental commitment to scientific discovery, one of the
sentinels of scholarship among academic institutions.

**To Search**

*The University of Arkansas for Medical Sciences conducts pioneering research that leads to new knowledge with application and integration into the health care disciplines, systems of care, public policy, and economic progress for all people.*

All higher education institutions in Arkansas are required to keep on file a current Role and Scope document to the Arkansas Department of Higher Education. In its 2006 document, UAMS renewed its commitment to the ideals of research by identifying itself as:

> "a principal biological research center and has the major responsibility in Arkansas for research in the medical sciences. Applied and basic research in these disciplines and in the sciences fundamental to health care are an important expectation of faculty members along with their teaching and public service duties."
“UAMS seeks to stimulate and support scholarly inquiry for faculty and students aimed at maintaining and preserving knowledge and making discoveries that address health care needs of the state, nation, and world. Opportunities for cooperative research programs with other researchers from the National Center for Toxicological Research provide opportunities for developing a unique concentration of research efforts in central Arkansas. The Biomedical Biotechnology Center services promote technology transfer and collaborative efforts with industry.”

Research and discovery are essential components of scholarship at any University. As an academic medical center, UAMS faculty realize an added urgency regarding the research outcomes: the treatment and prevention of disease, sickness and injury. While falling within the traditional parameters of academic discovery to “contribute to the generalized body of knowledge” about a given subject, research at UAMS — including biomedical, psychosocial, educational and health sciences research — is also tied to its patient care and service missions. Research not only fortifies the knowledge base of the educators and students, it endows the current (faculty) and future (student) patient care provider with a new range of more immediate knowledge for successful patient care. Likewise, the service mission of outreach is clarified and distilled through its education, research and patient care goals. This integration of purposes reinforces each individually and the institution collectively.

The nature of pure research is complemented with the priorities, privileges and culture attendant in academia. Primary among these is academic freedom and the right to free and open inquiry. The University’s commitment to academic freedom is manifested in UA Board Policy 405.1, which guarantees academic freedom for faculty with respect to appointment and reappointment to faculty positions, research and publications, instruction methods and course materials, and in community roles and activities outside the University. The institution holds strong to the traditions of scientific integrity (leading to numerous innovations such as peer-review) and the advancement of knowledge for its own sake. As one of the state’s leading research universities — and its leading center of biological and health sciences research — UAMS upholds those traditions well. Tenets of academic freedom and the protections afforded UAMS faculty are stated as part of the University’s policies on faculty appointments, (Policy #405.1 Appointments, Promotion, Tenure, Non-reappointment and Dismissal of Faculty, Section IV.A., item 13, page 8), which establishes the right of all UAMS faculty to academic freedoms.

The institution’s commitment to research and discovery is echoed by its individual colleges, especially in the College of Medicine, where most of the campus’ funded principal investigators are housed (COM faculty account for 87 percent of funded research). Each college and Center of Excellence speaks individually to the critical role of discovery in its goals and objectives, as well as overall service structure.
Mission and/or Vision Statements, planning and guidance documents highlight formal research programs as the chief method of scholarship and discovery. Since the last Higher Learning Commission accreditation in 1997, UAMS has aggressively pursued its research mission and has been buoyed by numerous successes and steadfast growth in extramural funding, programs and infrastructure, along with the faculty and administrative leadership to manage that growth. All are described in the following sections, along with an introduction to major areas of research emphasis for each of the five colleges, the Graduate School and the Centers of Excellence.

**Campus Perspectives – Overview**

At the time of the last accreditation visit in 1997, UAMS had a total of $53.6 million in research funding across all units including the VA and the Arkansas Children’s Hospital Research Institute (ACHRI). For fiscal year 2004-05 that total was $112.7 million, more than double the resources in the last accreditation year. In addition, the 2004-05 total funding from the NIH was composed of 52 percent R01 type grants, 21 percent P01 and the remaining 27 percent through other mechanisms.

Clearly, the UAMS efforts and activities in the research enterprise continue to grow at a substantial rate, adding a tremendous value of wealth, academic, scientific and clinical perspectives to the totality of health care services in Arkansas and the region.

The scope of research activities at UAMS is demonstrated by the fact that during the 2005 fiscal year, faculty members submitted more than 900 grant proposals for review by the Office of Research Administration, and that over $87 million in grant and contract awards were processed. Another indicator is the total number of active IRB protocols, which in 2005 totaled over 13,000 (including exempt, expedited, full review and continuing review). In addition, 171 IND/IDE maintenance activities were submitted to the FDA along with an additional 62 FDA consultations.

Focused and highly visible areas of research expertise are maintained and continue to grow at UAMS through its Centers of Excellence. The Center of Excellence structure at UAMS represents a multidisciplinary and collaborative approach to delivery of the University’s mission areas: education, patient care, research and service. At the last Higher Learning Commission visit, there were three Centers of Excellence. In the intervening decade, UAMS has designated three more: the Myeloma Institute for Research and Therapy (MIRT), the Jackson T. Stephens Spine and Neurosciences Institute and the Psychiatric Research Institute.

For the past 20 years UAMS has been a leader in cancer research through its Arkansas Cancer Research Center. For 17 years the MIRT has been an
international leader in providing cutting-edge treatment for patients with multiple myeloma. Today, the MIRT treats more multiple myeloma patients than any other hospital or clinic in the country. The Jones Eye Institute has operated since 1994 as one of a handful of such centers in the country that offers the highest level of care and discovery for the common and uncommon problems of vision. The Reynolds Institute on Aging was initiated in 1996 and has grown to one of the most comprehensive and productive programs of research on campus, and the Stephens Spine and Neurosciences Institute, with particular interests in development of translational research programs. The Psychiatric Research Institute is the newest member of the family of focused research institutes, and will be one of only nine institutes in the country that combine psychiatric research with education and patient care.

The full impact of the changes in research at UAMS can only be appreciated by contrasting data from 1985 with that of 2005. Between 1985 and 2005, a total of 12 major new buildings were constructed and an additional two purchased. The total gross square footage is now in excess of 2,130,000. Three of the 12 were entirely for research, and five more contained both research and clinical space.

UAMS employees number over 9,300 with over 1,200 faculty in one of five colleges. Of these faculty, roughly 35 percent are involved in research to a moderate or great extent. In 2005, the faculty received over $60,000,000 in NIH grants on the UAMS campus alone. The total annual research funding from all sources of all UAMS faculty, including those at Arkansas Children's Hospital and the Central Arkansas Veterans Health Care System, was more than $112,000,000. Even discounting for a cumulative inflation rate (1985-2005) of 81.5 percent, the 1000 percent increase in NIH funding is a remarkable achievement by any standard (Figure 4-1).

**Figure 4-1**
20 Year Extramural Funding Growth UAMS/VA/ACHRI Combined

![Graph showing 20 Year Extramural Funding Growth UAMS/VA/ACHRI Combined](image)
Equally significant is that by 2004, the College of Medicine ranked 68th out of 125 colleges nationally, and the College of Nursing ranked 37th out of 96 against their counterparts. Figure 4-2 below illustrates the total grant and contract funding for these and other UAMS colleges for the 2004-05 reporting year.

**Figure 4-2**
FY05 UAMS Total Awards by Division

Faculty at UAMS have dramatically increased their market share of federal research funds to Arkansas. Since approximately 80 percent of these grant funds are salaries, the result is that UAMS research contributed nearly $100,000,000 to the payrolls of central Arkansas in 2005, as well as the economic benefits of the visits by out-of-state patients who participated in clinical research and the availability of those studies to Arkansans without means to travel elsewhere.

**Campus Perspectives – Leadership for the Research Enterprise**

**Office of the Vice Chancellor for Academic Affairs and Research Administration**

The chief science officer for the UAMS campus is the Vice Chancellor for Academic Affairs and Research Administration, Larry D. Milne, Ph.D. The Vice Chancellor reports directly to the Chancellor, the campus’ chief executive, and maintains sufficient authority to carry out his duties related to research administration. Dr. Milne provides leadership to key administrative units of
the Office of Research and Sponsored Programs, Institutional Review Board, Research and Regulatory Affairs, Research Pharmacy, and the Conflict of Interest Committee. These units collectively form the administrative backbone of research support for the five colleges and Graduate School.

**Figure 4-3**

Academic Affairs and Research Administration Division

---

**Office of the Vice Chancellor for Institutional Compliance**

Several units on campus with regulatory compliance responsibilities report (solely or jointly) to the Vice Chancellor for Institutional Compliance. This is a new position, created in 2006 in response to the ever-growing responsibility of the University to ensure compliance in a number of specific regulatory areas and to provide a centralized, comprehensive and proactive approach to institutional responsibility. Existing research-related units that are affected include those of the Human Research Protection Program — the Office of Research and Sponsored Programs, the Institutional Review Board, and the Office of Research Compliance. Non-research units include medical billing, HIPAA, and hospital compliance.

The Vice Chancellor for Institutional Compliance reports directly to the Chancellor with dual reporting responsibility to the UA Board of Trustees, and is a member of the Chancellor’s Cabinet, the chief policy-making body for the campus. The Vice Chancellor coordinates and monitors the efforts and programs of the campus in order to ensure that its employees and actions are compliant with all aspects of federal, state and local laws and regulations, in addition to University policies. Specifically, the Vice Chancellor’s duties are to:
Identify University functions and routine business practices requiring compliance oversight.

Take reasonable steps to achieve compliance with standards, procedures and codes of conduct by all employees and other agents, including oversight responsibilities, employee training, monitoring and auditing, enforcement and discipline, and response and prevention that meet unique needs of the campus.

Effectively communicate such standards, procedures and codes of conduct to the campus through education and training.

Manage, direct and coordinate Hospital, Faculty Group Practice and Research Compliance functions and build compliance infrastructure where appropriate.

Coordinate investigation of reports of alleged wrongdoing.

For those units not directly managed by the Vice Chancellor for Institutional Compliance, UAMS established a dual reporting structure, leaving overall management and administration within original units, but overlaying a new reporting line to the Vice Chancellor for Institutional Compliance, who provides focused expertise on legal and regulatory issues through a centralized structure, and coordination of campus interests. An illustration of the dual reporting structure for the Human Subject Protection Program is provided in Figure 4-4.

Figure 4-4
Human Subject Protection Program

Criterion Four Core Component 4a.
Research Council

The UAMS Research Council is chaired by Robert E. (Bobby) McGehee, Jr., Ph.D., Dean of the Graduate School and Professor in the Department of Pediatrics. The group acts as a bridge between investigators and administration at the University and college levels. It operates as an advocacy group to support and improve the research environment at UAMS, and an advisory group to officials on policy issues. The Research Council also offers organizational support for campus activities relating to research, including workshops, core facility recommendations and evaluation, and acts as ombudsman for support units critical to investigators, such as the Library. The Research Council and Graduate School also worked to help a group of postdoctoral fellows establish the Postdoctoral Society in 2006.

Campus Perspectives – Resources and Infrastructure

Facilities and Space

The current expansion of UAMS facilities is an extension of dramatic growth that dates to 1980, when the campus had seven buildings and when Arkansas Children's Hospital constructed the first of numerous inpatient, outpatient, and research facilities. In 1984, a massive VA Medical Center with extensive research facilities opened next to UAMS. An ensuing wave of construction produced 26 buildings with two million total square-feet by 2005. Four of these buildings are devoted entirely to research; three have both research and clinical facilities, for a total research space of approximately 225,000 square-feet. One research facility, the Arkansas BioVentures Building (constructed using Tobacco Settlement monies), houses a biotechnology program for incubator companies. Adjacent buildings with enclosed bridge or tunnel connections facilitate collaboration and interdisciplinary research (see map in Background section).

UAMS campus-level leadership has developed a long-term facilities plan through 2013, with the previous expansion continuing at a similar or greater pace. Initial phases of the plan, stretching through 2008, are now underway, and the UAMS Chancellor has pledged that the Institute for Clinical and Translational Science (ICTS) will be an important consideration in further developmental stages of campus expansion.

Once completed, the ICTS will provide 20,000 square feet of renovated space will be available for the ICTS. Final decision-making authority for the design and layout of the space will reside with the Planning Team and the Executive Board. The Institute will also be supported by additional clinical and translational research facilities that will be constructed from 2008 to 2013. These include a new tower (300,000 square feet) to house an expansion of the Arkansas Cancer Research Center and the Myeloma Institute for Research and Therapy and an additional four floors (60,000 square feet) in the Reynolds Institute on Aging. Both additions will contain extensive clinics, laboratories, and support space.
to house clinical and translational research. A third Biomedical Research Tower (Biomed 3) is planned for construction in 2010. This building will house translational research including an annex for new BSL-3 containment laboratories.

**Research Support and Services**

**General Clinical Research Center**

Supported by the National Institutes of Health's (NIH) National Center for Research Resources, the General Clinical Research Center (GCRC) provides resources to support clinical research. The program also serves as a bridge of collaboration between basic and clinical scientists. The center includes a six-bed inpatient facility and an outpatient clinic accommodating approximately 3,500 visits annually. The bionutrition component of the GCRC provides constant metabolic diets and nutritional counseling. The on-site core lab can accommodate specimen handling and routine tests. The nursing staff includes six research nurses, cross-trained in both pediatric and adult care. Other services include data and safety monitoring, statistical development and analysis, and database design and storage. The GCRC also provides educational programs and grants in support of new investigators. All funded investigators from UAMS are eligible to use the Center’s services, as are investigators from the Central Arkansas Veterans Healthcare System and Arkansas Children’s Hospital.

**Office for Clinical Trials**

The Office for Clinical Trials (OCT) identifies industry-sponsored clinical trials for UAMS faculty investigators and acts as a liaison between industry sponsors, Contract Research Organizations (CROs), Site Management Organizations (SMOs), and institutional investigators. Significant progress has been made in the following areas:

- Processing of confidentiality agreements
- Developing master agreements with study sponsors
- Assisting in the development of a clinical trials module for the Automated Research Information System (ARIA)

The total number of industrial clinical trials listed in ARIA in February 2005 was 132, increased from 109 in February 2004. The 2005 total, which included ACHRl and CAVHS, was 17 percent above the three-year running average of 112. Of these, 85 were actively contributing monies during 2004-2005, providing $7,329,934 in direct funds and $1,918,937 in indirect funds, for a potential total of $9,248,871 for the year. Clinical trial activity and income at UAMS represent a relatively small part of all campus extramural support. However, the University has established a goal to expand its clinical trial activity in the future as part of its larger focus on translational research. Establishment of the Committee
for Clinical Research, development of the ARIA Clinical Research Module and reorganization of the research administration in the College of Medicine with the appointment of an Associate Dean for Translational Research are all measures which will contribute to UAMS’ capacity to conduct more clinical trials in the future.

Office of Research and Sponsored Programs

The Office of Research and Sponsored Programs (ORSP) administers pre-award processes related to all UAMS grants, contracts, subcontracts and industry-sponsored research agreements. ORSP’s most important responsibility is the protection of the University’s research program. ORSP communicates the laws, regulations, rules and policies designed to protect the University, the investigator and the funding agency. In its Grantsmanship Handbook, the office communicates and clarifies rules, regulations and guidelines related to the proposal/grant review and award process.

ORSP supports investigators and study staff in the application process while ensuring compliance with University policies; state, local and federal laws; and provisions of regulatory agencies. Support services include assistance with: (1) identifying funding sources, (2) budget preparation, (3) grant and contract negotiation and (4) subcontract preparation. The office also acts as the University liaison to funding agencies for no-cost extensions, budget revisions and requests for additional funds.

ORSP also works with persons engaged in non-research projects and programs—functions such as outreach programs, training and fellowships — which have an equally important impact on funding within the UAMS community. The office serves as a primary source of information on grant programs, sponsored programs, funding and research news, and medical fellowships. Funding is often contingent on approval of research protocols overseen by the UAMS Institutional Review Board, a division of ORSP, which is described below.

Institutional Review Board

The UAMS Institutional Review Board (IRB) operates administratively from within the Office of Research and Sponsored Programs, although it is an institutional-level board. In addition to reviewing proposed research from faculty, staff and students at UAMS, it also operates as the IRB of record for the Central Arkansas Veteran’s Healthcare System, Arkansas Children’s Hospital, Arkansas Children’s Hospital Research Institute and the Arkansas Department of Health and Human Services.

Its purpose is to guarantee that the rights and welfare of research subjects are protected throughout the informed consent, discovery and reporting phases of research. Mandated by federal regulations and guidelines, the IRB serves an important quality control and monitoring role for the University since reviews
not only entail review of compliance with University standards and legal and regulatory requirements, but also for scientific review of the proposed research, with respect to the potential significance of the research to contribute to a body of knowledge. Review also encompasses assessment of methodological aspects of the proposed protocols, including medical efficacies.

**Office of Research Compliance**

The primary purpose of the Office of Research Compliance is to support those activities that protect human research subjects and elevate the general level of research through systematic evaluation of research activities. Functions of the ORC include auditing, education and advisory consultation efforts that promote research compliance and integrity. As such, the ORC functions as the auditing and compliance body for the UAMS IRB and is a component of the campus Human Research Protections Program (HRPP). The ORC reports primarily to the Vice Chancellor for Institutional Compliance, but also maintains a secondary reporting relationship to the senior campus research official, the Vice Chancellor for Academic Affairs and Research Administration.¹¹

**Automated Research Information Administrator (ARIA)**

The overall objective of the Automated Research Information Administrator (ARIA) is to provide an integrated, automated information system to connect protocol and grant information to appropriate units throughout the institution (e.g., ORSP, IRB, Office for Clinical Trials, Institutional Animal Care and Use Committee and Biosafety Committees), and to outside institutions for whom the UAMS committee is the IRB of record. ARIA is designed to be a major component of a comprehensive solution for the information technology needs of those working toward the University’s research mission, whether investigators, administrators, staff or partner institutions, with an emphasis on quality assurance and compliance.

ARIA began as a collaborative project by UAMS units to automate IRB operations. Its aim was to provide a system for electronic submission of research protocols to the IRB for review and approval through digital signatures. Because of the success of the IRB project, additional modules have been designed and implemented which further improve the research information infrastructure.

The pre-award grant module has been implemented for ORSP and is complete. UAMS is working with Grants.gov on an interface so that investigators do not have to submit to two separate sites. The post-award grant module is being rolled out to departments campus-wide.

¹¹As a result of the creation of the new Office of the Vice Chancellor for Institutional Compliance, the University reorganized some of its compliance-specific units into the new office, including the Office of Research Compliance.
and is currently being used internally by the Grants Accounting Office. With its full implementation, a fluid processes between pre- and post-award grants will provide a way to quickly set up accounts and will also provide a realistic mechanism to review time and effort commitments from grant awards.

The Clinical Research Module's purpose is to enhance ARIA by facilitating the standardization of all UAMS Clinical Research and the associated research processes. The Clinical Research module will encompass all research performed on human subjects. Through interaction with current systems, the Clinical Research module will be designed to automate:

- Contracts approval process
- Online submission of clinical research budget
- Notification to ancillary departments
- Identification of procedures as research vs. third party
- Bill reconciliation prior to processing
- Determination/calculation of cost of trial per patient
- Tracking and reporting in a timely manner

The scope of the project reaches across the institution and includes budget submission, contract tracking, research billing, hospital compliance, institutional reporting, ancillary services notification and clinical research tracking.

The Clinical Research module is largely completed. Its implementation is planned as part of a larger process currently being formulated for institutional review of research, beyond the scope of the IRB. Currently, this initiative is embodied in the approval of the Committee for Clinical Research, which was approved by the Chancellor’s Cabinet in June 2006. Its purpose is to provide broad oversight and approval for research activities at UAMS, and to provide necessary assistance to those projects receiving approval for efficient navigation through University, governmental and sponsor rules.

ARIA received support from the National Center for Research Resources of the National Institutes of Health in 2004-2006. The grant ended August 31, 2006. Grant funding was primarily awarded in order to push the technology out from the University’s main campus to the eight Area Health Education Centers, including on-site orientation and training to AHEC personnel.

The project team was also awarded grant support for two years, which included funds to install a 50-inch flat screen plasma television with high quality interactive video capability between the Institutional Review Board and selected AHECs, in order to increase AHEC participation on the IRB Committee, and make appearances in front of the IRB (to present and justify protocols) more feasible and convenient. The overall goal of this effort was to engage more fully the larger UAMS family into the University’s research mission. In order to support...
this goal, access to research support and infrastructure (IRB, information systems) is necessary. Through implementation of ARIA and ongoing development of its functionality, researchers have been provided a supporting infrastructure to engage more productively in activities that support the research mission.

Division of Laboratory Animal Medicine (DLAM)

Research in an academic medical center involves the use of animal and human subjects. UAMS is committed to the proper and respectful use of animals, using them only when necessary to gain significant knowledge and minimizing any pain, discomfort, or suffering the animal might experience. The institution has clearly defined policies and procedures that meet all national standards for such research.

The Division of Laboratory Animal Medicine (DLAM) at UAMS provides research support and collaboration to the 150-plus scientific investigators at UAMS, and also provides selected assistance and support to the DLAM facility at Arkansas Children’s Hospital. The division is staffed with veterinarians, a veterinary technician, a facility manager, animal care technicians, a business manager and administrative personnel who provide animal husbandry and care to several species of animals that include mice, rats, guinea pigs and pigeons in a vivarium with a daily inventory of 8,000 animals.

Office of Grants & Scientific Publications (OGSP)

Originally established in 1995 by the College of Medicine, OGSP now provides the campus with experienced science editors who are also skilled in document design and production. A scientific writing resource for investigators and grant writers, the mission of OGSP is to increase extramural funding and strengthen research. Services include:

- Editorial and grant preparation
- Manuscript preparation
- Grant writing training, including a grant writing internship program
- Electronic grant forms and submission assistance

A wide range of editorial services are available, all of which seek to ensure responsiveness with funding goals of the grant program, and thereby improve UAMS’ competitive position in the increasingly difficult task of securing research grant funding.
Core Instrumentation Facilities

Currently, 20 different instrumentation core laboratory facilities exist at UAMS to provide consistent and highly technical expertise to investigators throughout the research enterprise. Generally these facilities are charged fees on a use or hourly basis with the collections used to provide support for the core facility and its equipment. Since 2001, more than $4.5 million has been allotted to create and improve instrumentation and scientific core labs. These facilities include:

1. Flow Cytometry
2. DNA Sequencing
3. DNA Microarray
4. Proteomics
5. Small Molecule Mass Spectrometry (Metabolomics)
6. Musculoskeletal Imaging
7. Protein Biomarkers (SELDI)
8. Biomechanics
9. Histology
10. In Vivo Imaging and Luminescence System (IVIS)
11. Digital and Confocal Microscopy
12. Electron Microscope
13. Experimental Pathology
14. Animal Angiography
15. General Clinical Research Center (GCRC)
16. Tissue Array Facility (breast cancer)
17. Autonomic Nervous System Laboratory
18. Genomic Facility (ACHRI)
19. Flow Cytometry (MIRT)
20. Molecular Interactions

Major Research Programs

Arkansas Biosciences Institute

The Arkansas Biosciences Institute (ABI) is an agricultural and biomedical research consortium of Arkansas institutions dedicated to discoveries related to tobacco-related disease. The ABI was created as the major research component of the Tobacco Settlement Proceeds Act of 2000, which was approved by Arkansas voters in a general election.

The consortium is made up of five member organizations: Arkansas Children’s Hospital, Arkansas State University, the University of Arkansas Division of Agriculture, the University of Arkansas at Fayetteville and the University of Arkansas for Medical Sciences. ABI scientists focus on agricultural, basic and clinical scientific research that will lead to prevention, diagnosis and treatment of
diseases commonly associated with tobacco use. As part of its enabling legislation, ABI has five research areas:

- Agricultural research with medical implications
- Bioengineering research that expands genetic knowledge and creates new potential applications in the agricultural-medical fields
- Tobacco-related research that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas
- Nutrition and other research that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions
- Other areas which are related to primary ABI-supported programs

As a result of the seed money and research collaborations fostered by ABI, Arkansas has been able to attract more researchers and scientists to the state, stimulate research activity and productivity at UAMS and its partner institutions, encourage industry partnerships for new economic development, and work faster and harder to improve the health of Arkansans.

Arkansas Biomedical Research Infrastructure Network (BRIN) and the Arkansas IDeA Network of Biomedical Research Excellence (Arkansas INBRE)

The BRIN was established in 2001 through an NIH NCRR grant, which was competitively renewed in 2005 as the Arkansas INBRE, to create a state network linking Arkansas institutions of higher education to build a collective infrastructure to support basic biomedical research. Focus for the project is on interdisciplinary research about cellular signaling, growth, and differentiation, though not to the exclusion of opportunities in other disciplines. Lead institutions for the Arkansas INBRE are UAMS and its sister UA campuses, the University of Arkansas at Fayetteville (UAF) and the University of Arkansas at Little Rock (UALR). The Network seeks to increase biomedical research activity of Arkansas faculty and students by underwriting inter-institutional collaborations. Efforts include cooperation on undergraduate and graduate research, stimulating research grant submissions and developing expertise in disciplines critical for future growth: bioinformatics, genomics, proteomics, and digital microscopy. BRIN played a key role in developing a collaborative research program in bioinformatics between UAMS and UALR. The office has also established successful student and undergraduate mentor programs and summer research fellowship programs, which work to increase both the number of students entering biomedical sciences fields and the number of undergraduate faculty with active, funded research programs.
Following the success of the BRIN, new and continuing goals of the Arkansas INBRE are to:

- Expand and strengthen the biomedical research infrastructure of the lead and partner institutions by developing a multidisciplinary research network united by the scientific theme of Cellular Signaling, Growth, and Differentiation.
- Increase the biomedical research base in Arkansas by providing research support to the partner undergraduate institutions so they can obtain independent extramural funding for their biomedical research projects.
- Provide mentored research opportunities for faculty and undergraduate students statewide.
- Enhance the science and technology base of Arkansas’s future workforce by developing a cadre of trained scientists, especially those with expertise in biomedical research and bioinformatics, and provide resources to stimulate growth of biotechnology industries in Arkansas.

One measure of success for the program is leveraged funding for agricultural and biomedical research. Extramural funding totals for FY06 were reported in August. As the chart below shows, extramural funding continues to increase while funding from the Tobacco Settlement Act continues to decrease. The five ABI member institutions reported that extramural funding from agencies and foundations such as the National Institutes of Health, the National Science Foundation, the U.S. Department of Agriculture, and the American Cancer Society totaled $39.2 million for FY06.

**Figure 4-5**
ABI and Extramural Funding

ABI member institutions provided funding for 115 projects in FY06, covering the five research areas listed above. Of that group, 24 were collaborative research projects involving researchers from two or more ABI institutions. ABI funding was used to recruit five new scientists to the state in 2005-06. Since its beginning in 2002, ABI funding has been used to help recruit 46 experienced scientists.
to Arkansas. ABI funding is used to support mini-symposia, seminars, and workshops to stimulate collaborative research. In addition, the ABI sponsors research symposia. The Fall Research Symposium was held on October 26 in Little Rock, with more than 140 ABI-supported scientists and others in attendance. The symposium included a poster session highlighting 35 ABI-funded research projects, and included Dr. Frank Waxman, Professor, Microbiology and Immunology, University of Oklahoma Health Sciences Center, as the keynote speaker.

Translation and Transfer of Research Discovery

UAMS has made a significant commitment to the discovery of new knowledge and to the process of developing this knowledge into finished products and useful applications.

Biotechnology Center and BioVentures

The UAMS Biomedical Biotechnology Center (BBC) was established as a formal outgrowth of the interest in promoting Arkansas’ biotechnology industry. UAMS established the BBC to maximize industrial interaction with the University of Arkansas faculty, facilitate technology transfer and the creation of startup biotech companies, and contribute to Arkansas’ economic development. The BBC is the hub that connects intensive basic research carried out by University scientists to the marketplace. The BBC’s specific objectives include:

- Creation of an infrastructure to support both technology transfer and startup company development, preferably in Arkansas
- Support for faculty investigators in identifying, disclosing, patenting and licensing their inventions, and participation in startup biotechnology companies in Arkansas
- Develop a formal system of collaboration, the Arkansas Research Alliance, which includes UAMS and other research institutions, specifically the University of Arkansas System campuses, Arkansas State University, the FDA’s National Center for Toxicology Research, and the USDA’s Aquaculture Station in Stuttgart, as well as biotech companies in the region. This Research Alliance focuses on the following primary areas to capitalize on Arkansas’ strongest economic attributes: agricultural medicine, bioengineering, aquaculture, bioremediation, and molecular genetics
- Serve as a contact point of reference for Arkansas’ biotechnology resources
- Develop an interactive network between research institutions and industry, and support the success of the Arkansas Biotechnology Association
Create state-of-the-art education and training programs that promote both biotechnology in Arkansas, and maintain an information server accessing many high technology databases.

An important aspect of the program is UAMS BioVentures, which serves as a mechanism for bringing together venture capital sources, entrepreneurs and corporations with inventions and related intellectual property developed by UAMS investigators for the purpose of further commercialization. BioVentures provides a University-sponsored business incubator as part of the University’s effort to participate in the state and community’s economic development. Out of this effort, 22 start-up or incubator companies have been founded and seven of those have graduated to a fully independent status.

**UAMS Patent and Copyright Committee**

Critical to the management of intellectual property is the disclosure of potentially patentable and commercial technology by UAMS investigators. The UAMS Patent and Copyright Committee implements the University of Arkansas Patent and Copyright Policy (Board Policy 210.1) and provides a review process for disclosures of patent, copyright, and other intellectual property developed by members of the UAMS community. The Committee evaluates the market potential and feasibility of obtaining patent or other protection for submitted disclosures, as well as any patent obligations to research sponsors outside of the University. Recommendations by the Patent Committee are submitted to the Chancellor, who consults with the General Counsel's office in considering the application. On an annual basis, the Committee reviews between 18 and 35 invention disclosures submitted by faculty investigators.

**Private Support for Research**

Any discussion regarding the impact of philanthropy resources on the quality of UAMS programs would be incomplete without the inclusion of the innovative Medical Research Endowment Fund (MRE), the first fundraising initiative of the UAMS Foundation Fund Board. Established in 1982 to stimulate research programs of UAMS faculty, Foundation Fund Board members solicited private contributions from individuals, corporations and foundations throughout Arkansas and the nation, with the goal of awarding seed money to scientifically significant research with potential to leverage extramural funding in the future. Each year the Foundation Fund Board, the Chancellor, Deans, and invited department Chairmen convene for presentations by competitively selected UAMS scientists. The MRE team then ranks the most promising full-time faculty investigators to receive MRE awards. From 1982 to 1996, 126 investigators received $836,121 in support; from 1996 to 2006, the total number of supported investigators increased nearly 70 percent to 204 scientists who received $1,704,367. Since the inception of the MRE Fund, investigators supported by this...
program have generated more than $35 million in new extramural funding to UAMS, representing an outstanding return on investment for education and research.

Core Component 4b.

The organization demonstrates that acquisition of a breadth of knowledge and skills and exercise of intellectual inquiry are integral to its educational programs.

Core Component Overview

Colleges at UAMS strive to provide a breadth of learning appropriate to each degree designation. Depth, variety and diversity of learning experiences are provided via the development of novel techniques for teaching clinical skills, active student mentoring and continuing revisions of curricula to enhance student performance and preparedness. Additionally, distance learning programs in each college take advantage of technological advances to foster interaction among faculty and students throughout the state of Arkansas and the United States. Finally, a strong component of graduate education at UAMS is the range and quality of research opportunities. The significant increase in extramural funding at UAMS over the last decade provides resources for the development of modern research laboratories in both clinical and basic sciences. Graduate students are given more opportunities to participate in high quality research. These research programs are of vital importance to the educational mission of the Graduate School, for many graduates will pursue career opportunities at research institutions. Those who choose other paths will benefit from exposure to the rigorous training that competitive research provides.

A life of learning implies active involvement in professional activities. The HLC/NCA Student Survey provided information on whether students at UAMS are encouraged to participate in professional activities related to their academic programs. Additional inquiries were made as to whether 1) students were members of a related professional organization; 2) they attended professional meetings; 3) they presented research findings at professional meetings; and 4) they were authors or coauthors of published abstracts and/or manuscripts related to their professions. The results were broken down by college and by the number of years spent in each program. Details are provided below for each college. In general, the majority of students thought they were encouraged to participate in professional activities, most belonged to professional organizations and attended meetings, and involvement in professional activities, like research dissemination, increased with years in the program.
**Technologies in Student Learning**

In the Clinical Skills Center (CSC), student learning is enhanced by combining new technology with active mentoring. The Clinical Skills Center in the COM integrates clinical information, technology and active mentoring by retired physicians to both educate students and model the process of a life of learning. The Clinical Skills Center has developed a collection of clinical cases that utilize standardized patients to assess medical, pharmacy and nursing students, as well as health related professionals, in taking a history, performing a physical exam, communicating with the patient, determining a differential diagnosis and developing a treatment plan. As such the CSC is used by all of the clinically oriented specialties in the COM, COP, CON, and the CHRP. A major area of interest is the patient and health professional relationship with detailed feedback on the adequacy of these skills. This approach to assessment can be tailored to match the needs of other professionals.

Teaching activities concentrate on the use of standardized patients and video technology. Skills are taught vertically, from first-year medical student to senior residents. The program utilizes WebSP, a Web-based assessment program used to score Objective Structured Clinical Examinations (OSCEs) and other tests administered at the Clinical Skills Center. Over 3,650 students, 1,799 standardized patients, 714 campus-wide college faculty and 300 visitors logged approximately 800 hours of training, teaching and testing in the Clinical Skills Center in 2005 alone. The Clinical Skills Web site contains educational information for students 24 hours a day wherever they have access to an Internet enabled computer.

A variety of teaching approaches are used in the laboratory. The Standardized Patient Program continues to be an integral part of the ICM I and II courses, both in terms of instruction and testing opportunities. Simulators are also used to enhance teaching. Teaching curriculum was enhanced by two new pieces of teaching equipment, an electrocardiogram machine and SAM (Student Auscultation Mannequin), which enables students to listen to heart and lung sounds. Students in the ICM 2 class and the third-year internal medicine clerkship used SAM monthly. Finally, through the Wisdom Project, 10 retired physicians helped first-year students with basic physical exams and six senior students served one month in the Clinical Skills Center as teachers for medical education. The Wisdom Project provides a model for students that learning and teaching are integral to their future work as physicians.
The Learning Environment and Intellectual Inquiry

Student Learning: College of Medicine (COM)

Policies and Initiatives

The COM educational curriculum focuses on both learning and research and how one complements the other. Research and clinical experiences work hand in hand and provide new insights on how the human body works that will lead to advances in both diagnosis and treatment. The technology-rich environment supports the core educational resource – the faculty. Their passion for excellence in medicine, love for teaching and dedication to service provides students with an opportunity for learning in all arenas of medical and scientific professions.

The COM supports student learning through policies in its Five-Year Vision Plan. The plan aims to improve student learning by supporting teaching efforts of faculty with a financial incentive plan and modified tenure and promotion guidelines that reward teaching. The vision plan also seeks to enhance the medical education curriculum through emphasis on recruiting top students, ensuring that students are taught the latest information on medical technology, and encouraging participation in joint degree programs to instill breadth. The plan aims to increase diversity in the student population by doubling the enrollment of minority students. Emphasis is also placed on increasing analytical thinking and problem solving by encouraging students to develop interest in the basic sciences. The latter objective will be achieved by direct invitations to students to attend faculty lectures and seminars and by working to develop a medical scientist training program at UAMS. Regarding clinical education, the vision plan seeks to enhance the quality, depth and breadth of clinical departments through the following:

1. Develop clinical magnet areas in 50 percent of medical departments
2. Develop a major solid organ transplant program
3. Develop a comprehensive cancer program
4. Develop a comprehensive cardiovascular/heart program
5. Improve outpatient and inpatient services
6. Develop business opportunities via telemedicine and other ventures

Several initiatives have been approved by the College of Medicine Executive Committee, which are designed to increase the breadth of medical training and to improve academic performance. These initiatives prepare students for a life of learning as scholars and practitioners. They model the need to seek guidance from mentors and colleagues, and to obtain balance by addressing personal health/stress issues and planning for the future. Specifically, the committee has made provisions for the development of faculty tutors for medical students, for counseling students through the offices of Educational Development and Student
Mental Health Services, and for modifying course schedules to give students more time to prepare for the National Board of Medical Examiners (NBME) Subject Examinations.

Breadth in Student Learning: The 10th Block Course

Another example of a course designed to prepare students for their complex role in society as a person, physician, scholar and citizen is the 10th Block Course. The first week of the course addresses issues such as money management, investments, residency, purchase of a home, risk management, medical malpractice, the physician as a courtroom witness, legal documents that physicians should know, and foundation insurance information that all doctors should understand. During the second week, all of the students receive certification in ACLS. The third week of the course addresses public health issues and bioterrorism. The specific areas covered during the third week are as follows: health disparities in Arkansas, pronouncing death, organ transplantation, health status of Arkansas, obesity, supermarket tours, radiological emergencies, acupuncture, the mind of a terrorist, bioterrorism historic parallels and modern challenges, small pox and zoonotic diseases. During the fourth week of the course, groups of 10 students present a “morning report case” in one of three areas of self-selection: pediatrics, surgery or general medicine, with the help of a clinical faculty advisor.

Computers in Medical Education

Students at UAMS have access to the most recent technological advances concerning medical and health informatics. To help students learn how to manage and use information, the Computers in Medical Education Subcommittee of the College of Medicine Curriculum Committee instituted a medical informatics curriculum. Sessions in performing information searches are now given in several of the freshman courses and serve as a foundation for literature searches in the clinical years of the curriculum.

Research Opportunities

The COM also offers students a Summer Research Program, an Honors in Research Program to qualified students, and an M.D./Ph.D. degree program for selected students. These programs expose students to the cutting-edge of basic and applied biomedical research, and stress the link between medicine and science.

Results of Student Survey

The majority of COM students (77 percent) agreed that students are encouraged to participate in professional activities related to medicine. Further, over 93 percent of students responding to the survey belonged to a professional
organization. Seventy percent had attended a professional meeting at some point during their time as a UAMS student. When asked if they had been included as author of a published abstract or paper, the vast majority (88 percent), replied no. As they progressed in their studies, however, students were more likely to be involved in academic activities, including working on academic papers.

Table 4-1
College of Medicine Student Survey Results

<table>
<thead>
<tr>
<th>Item</th>
<th>Percent Agree/Yes</th>
<th>Percent Disagree/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are encouraged to participate in professional activities related to my academic program</td>
<td>77%</td>
<td>7%</td>
</tr>
<tr>
<td>I am a member of a professional organization related to my academic program</td>
<td>93%</td>
<td>7%</td>
</tr>
<tr>
<td>As a student, I have attended a professional meeting related to my academic program</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>I have given a presentation at a professional meeting related to my academic program</td>
<td>13%</td>
<td>87%</td>
</tr>
<tr>
<td>I have been included as an author on a published abstract of paper related to my academic program</td>
<td>12%</td>
<td>88%</td>
</tr>
</tbody>
</table>

**Student Learning: College of Pharmacy (COP)**

The mission of the UAMS College of Pharmacy is to provide excellent education in a stimulating environment where delivery of superb pharmaceutical care is integrated with nationally and internationally recognized research. In order to achieve this mission, the COP applies innovative and proven educational methods to produce pharmacists who possess the skills and knowledge they need to serve their patients in an ethical and professional manner. The college's mission is also served through faculty who conduct competitive basic, clinical and social and administrative sciences research that translates into improved patient care and public policy. Thus, students learn via interaction with faculty that the purpose of their education is to prepare them for a journey in which new learning is necessary each step of the way.

**Interdisciplinary Training**

New programs offered by the COP recognize the value of interdisciplinary training, evaluation and policy, and diversity training. These include:

- Pharmaceutical Sciences Ph.D. Track (in collaboration with COM’s Department of Pharmacology).
Approval of a Pharmaceutical Evaluation and Policy track within the existing M.S. in Pharmaceutical Sciences degree program with the goal of developing a Ph.D. track.

- Experiential component of the Pharm.D. curriculum.
- Advanced Practice experiences emphasize both clinical and administrative skills.
- Early Practice experiences in rural hospitals and community pharmacies.
- Combined Pharm.D./M.B.A. pathway has been established with UALR as a partner.
- A combined Pharm.D./M.P.H. pathway with the College of Public Health is nearing completion.

**Student Support/Mentoring**

Responsibility for student support and mentoring lies with the Associate Dean for Student Affairs, the Registrar and the Assistant Dean for Diversity, who has responsibility for assistance to students from historically underrepresented groups. The Dean and Associate Deans communicate opportunities to students via the college Catalog, Student Handbook, college calendar, class schedules, room and laboratory schedules, which they compile and produce. Students who experience academic difficulty participate in the Learning Assistance Program offered by the Office of Educational Development (OED). They have access to individual faculty for tutorial support. In addition, many faculty provide review sessions prior to examinations or provide study questions to their classes. OED also makes tutors available to students who need supplemental instruction.

Students are encouraged to participate in curriculum development and governance. Student representation includes full privileges on the Curriculum, Assessment and Student-Faculty Affairs committees of the college. The Academy of Students of Pharmacy (ASP) serves as the student body organization of the college, and the President of ASP is considered the student body president. Another method the students use to voice their opinions to the college administration is the Student Leadership Luncheon, which promotes frank interchange with the Dean. The Dean, Associate Deans and all faculty maintain an open-door policy for students.

The COP offers regular summer research opportunities for students, including the Nelson Voldeng Award Program. Interested students can become involved in faculty research as research assistants. The COP also offers elective courses in independent study for students who wish to explore research interests.
Distance Education and Technology in Teaching

- Nontraditional Pharm.D. Pathway (NTPDP)
  - This program offers practicing pharmacists who hold a Bachelor of Science degree in Pharmacy a means to earn the Doctor of Pharmacy (Pharm.D.) degree.
  - All didactic coursework is provided via distance education courses based on proven WebCT media.
  - The remaining 12 hours of the curriculum are taught as four experiential rotations, during which students work one-on-one with faculty preceptors.
  - Presently NTPDP enrolls 79 students.
  - Enrollment in this program was closed on July 1, 2004 and is no longer accepting new students.

- Nuclear Education Online (NEO)
  - This program offers participating Colleges of Pharmacy access to WebCT-based courses in nuclear pharmacy.
  - The UAMS College of Pharmacy is one of three colleges in the U.S. offering Nuclear Pharmacy as an option within its Pharm.D. curriculum.
  - Students who complete this program graduate from college pre-qualified for the federal certification required for employment in Nuclear Pharmacy.
  - Enrollment will vary, since courses are not necessarily semester-based. NEO may soon be made available to physicians working in Nuclear Medicine, and to technicians.
  - NEO presently enrolls 34 students.
  - In this academic year, 86 students have completed NEO coursework.

Results of Student Survey

An overwhelming majority (98 percent) of COP students participating in the survey (82 respondents) agreed that students are encouraged to participate in professional activities. The same proportion (98 percent) reported belonging to a professional organization. Seventy-seven percent had attended a professional meeting related to their academic program. Only 10 percent of respondents in any year had presented at a professional meeting, and only 12 percent had authored a publication. However, among fourth year students, 20 percent had authored a professional publication. In general, involvement in professional activities tended to increase with year in the program.
Table 4-2
College of Pharmacy Student Survey Results

<table>
<thead>
<tr>
<th>Item</th>
<th>Percent Agree/Yes</th>
<th>Percent Disagree/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are encouraged to participate in professional activities related to my academic program</td>
<td>98%</td>
<td>2%</td>
</tr>
<tr>
<td>I am a member of a professional organization related to my academic program</td>
<td>98%</td>
<td>2%</td>
</tr>
<tr>
<td>As a student, I have attended a professional meeting related to my academic program</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>I have given a presentation at a professional meeting related to my academic program</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>I have been included as an author on a published abstract of paper related to my academic program</td>
<td>12%</td>
<td>88%</td>
</tr>
</tbody>
</table>

**Student Learning: College of Nursing (CON)**

As a leader in the preparation of nurses for advanced health care, the College of Nursing collaborates with Area Health Education Centers, other colleges of nursing and the health care community to provide degree and continuing education programs. The college enhances access to education in this rural, agrarian state by offering programs for nurses through distance education.

Nursing education prepares students to practice within the established professional guidelines and standards and to engage in the continuous development and revision of knowledge. The teaching/learning process fosters intellectual and personal growth; stimulates inquiry, critical thinking, and synthesis of knowledge; and helps the individual value and pursue lifelong learning.

Baccalaureate nursing education builds upon a liberal arts and science foundation and provides the basis for the practice of professional nursing as a generalist. Baccalaureate education prepares students to think critically and to make clinical judgments that promote, restore and maintain health. The nurse generalist is prepared for beginning-level professional practice in a variety of settings.

Graduate education includes masters and doctoral study. Building upon the baccalaureate nursing foundation, UAMS’ Master’s nursing program prepares nurses for specialization in advanced practice roles in a variety of settings. The curriculum prepares advanced practice nurses to synthesize knowledge regarding health care systems and theoretical, scientific and clinical knowledge from nursing and other disciplines for application to practice.

Master’s education provides the foundation for doctoral study. UAMS’ Doctor of Philosophy with a major in Nursing Science (Ph.D.) was approved by the Arkan-
sas Department of Higher Education in the fall of 1995 and was implemented in the fall of 1997. Graduates of the doctoral program are prepared to advance the art and science of nursing through research and scholarship. They are expected to assume leadership positions in academic and health care settings and to influence nursing practice, health care delivery, and the social awareness of nursing’s contributions to the health care arena.

**B.S.N. Honors Program**

In fall 2001, the College of Nursing initiated an Honors Program for B.S.N. generic students. The B.S.N. Honors program is designed to cultivate the top 10 percent of B.S.N. students for graduate studies, including the option of entering the B.S.N. to Ph.D. program in Nursing. Potential B.S.N. Honors students are identified in the fall semester of their junior year and are assigned to a faculty member who guides the student in completing the Honors Program application. Students enroll in a total of ten graduate semester hours.

**Distance Learning: B.S.N. Completion and Articulated B.S.N./M.N.Sc. Program**

During the 2004-05 academic year the B.S.N. Completion and Articulated B.S.N./M.N.Sc. Program continued to be offered at Batesville and Area Health Education Center (AHEC) outreach sites in El Dorado, Texarkana, Helena and Fayetteville. Fifty-six distance education courses were offered by Internet; enrollment totaled 922. Since 1990, of the 440 graduates from this program, 207 (47 percent) have been admitted to the master’s program, and 121 (42 percent) have graduated with a master’s degree. The traditional M.N.Sc. program also offers the majority of core and support courses through interactive video and/or Internet with a goal of educating nurses in their community so they will continue to reside there upon graduation.

**Educational Grants**

During the 2004-05 academic year, education programs in the College of Nursing were greatly assisted by a number of external education grants to students. Seven education grants were submitted and all were funded, for a total of $987,621.

**Student Research Funding**

The John A. Hartford Center for Excellence in Geriatric Nursing provides opportunities for pre-doctoral and post-doctoral funding for faculty with an interest in geriatric nursing. Eight doctoral and post-doctoral students received grants totaling $242,886. One doctoral student received a pre-doctoral traineeship from the John Hartford Foundation for $100,000. Three doctoral students
received College of Nursing stipends totaling $47,500, and 13 doctoral students received a total of $132,150 through the Arkansas Graduate Nursing Education Loan/Scholarship Programs to support their education.

**Results of Student Survey**

The majority of students (196 respondents) of the CON agreed that students are encouraged to participate in professional activities (93 percent). The percentage of students who belonged to a professional organization was 72 percent and 86 percent had attended a professional meeting. Fifty percent had presented at a professional meeting. Only 14 percent had authored a professional publication. In general, involvement in professional activities increased with years in the program.

**Table 4-3**
College of Nursing Student Survey Results

<table>
<thead>
<tr>
<th>Item</th>
<th>Percent Agree/Yes</th>
<th>Percent Disagree/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are encouraged to participate in professional activities related to my academic program</td>
<td>93%</td>
<td>2%</td>
</tr>
<tr>
<td>I am a member of a professional organization related to my academic program</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>As a student, I have attended a professional meeting related to my academic program</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>I have given a presentation at a professional meeting related to my academic program</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>I have been included as an author on a published abstract of paper related to my academic program</td>
<td>14%</td>
<td>86%</td>
</tr>
</tbody>
</table>

**Student Learning: College of Health Related Professions**

In fulfilling its mission, the College of Health Related Professions offers education and training opportunities for students of the allied health professions to prepare them as graduates to assume the roles of the professional. The college curricula coordinate the professional course work with the arts, humanities and basic and social sciences into a total educational experience that emphasizes lifelong learning in the allied health professions.

Patient and public health education is an important part of the mission of the College of Health Related Professions. In its public service role, programs in the college render patient care services as part of their educational efforts under the supervision of faculty. Technical advice and consultative services are available from the college to institutions and agencies throughout the state. The
professional service mission of the college includes the offering of continuing education courses to practitioners to enhance teaching, administration and professional skills.

The research mission of the college involves the quest for new information that addresses the health and health care educational needs of the state, and the sharing of this information with the scientific community.

Program and Curriculum Development

Course initiatives in the CHRP seek to prepare students for the hybridization of degrees and technologies, in addition to expanding the curriculum with new programs in Medical Dosimetry, an extension of the Diagnostic Medical Sonography program; the Master of Science degree in genetic counseling, and a new joint program in Communication Sciences and Disorders in cooperation with UALR and UCA. Two new graduate programs, the Master of Imaging Sciences (M.I.S.) with a professional concentration (track) for the radiologist assistant (R.A.) and the professional Doctorate in Audiology (Au.D.), are being offered. In addition, the Divisions of Nuclear Medicine Imaging Sciences (NMIS; formerly nuclear medicine technology) and Radiologic Imaging Sciences (RIS) within the newly created Department of Imaging and Radiation Sciences are continuing to develop a professional concentration (track) for the combined use of Positron Emission Tomography (PET) and Computed Tomography (CT). This newly emerging area of diagnostic imaging is being offered to students in both the NMIS and RIS programs and as professional continuing education to current practitioners in both disciplines.

Student Support/Mentoring

Most CHRP programs recognize the importance of modeling interactions among colleagues by providing extensive student support and mentoring. In addition, many programs use the UAMS Office of Educational Development (OED) to provide students with peer tutors and assistance with study and examination skills and related academic support.

Distance Education and Technology in Teaching

An important component of the learning experience in the CHRP is community teaching and outreach. These programs not only provide access to students in the entire state and region but also model the global nature of education and interaction. In addition to the home campus in Little Rock, many CHRP programs offer classes at sites throughout the state including:

- The Health Information Management (HIM) program, is offered to students in El Dorado, Fayetteville, Fort Smith, Hope, Jonesboro, Mountain Home, Pine Bluff and Texarkana using distance education.
The Medical Technology program offers distance education classes and clinical practice experiences to students in Batesville, Bentonville, Conway, Fayetteville, Fort Smith, Heber Springs, Magnolia, Mountain Home, Murfreesboro, Russellville, Searcy and Texarkana.

The Nuclear Medicine Imaging Sciences program offers distance education classes online to students anywhere in Arkansas and to students in a variety of locations in Illinois, Louisiana, Nebraska, Oklahoma and Texas. Clinical education in this program occurs in both Arkansas and in the states listed above.

The Radiologic Imaging Sciences and Diagnostic Medical Sonography programs offer classes to students in Fayetteville, Little Rock, and Texarkana.

The Respiratory Care program offers classes to students in Little Rock and Texarkana.

Results of Student Survey

The majority of CHRP students (85 percent) agreed that students are encouraged to participate in professional activities related to medicine. Further, over 61 percent of students responding to the survey belonged to a professional organization. Fifty two percent had attended a professional meeting at some point during their time as a UAMS student. When asked if they had been included as author of a published abstract or paper, the vast majority (93 percent), replied no. As they progressed in their studies, however, students were more likely to be involved in academic activities, including working on academic papers.

Table 4-4
College of Health Related Professions Student Survey Results

<table>
<thead>
<tr>
<th>Item</th>
<th>Percent Agree/Yes</th>
<th>Percent Disagree/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are encouraged to participate in professional activities related to my academic program</td>
<td>85%</td>
<td>2%</td>
</tr>
<tr>
<td>I am a member of a professional organization related to my academic program</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>As a student, I have attended a professional meeting related to my academic program</td>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>I have given a presentation at a professional meeting related to my academic program</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>I have been included as an author on a published abstract of paper related to my academic program</td>
<td>7%</td>
<td>93%</td>
</tr>
</tbody>
</table>
The goal of a degree in public health is to prepare students for a life of learning, particularly as it relates to public service. The statement that “we believe that, at its core, public health is about social justice, what’s best for all of us, not just a few,” is an integral part of the college’s mission. As a result, the college recognizes service learning as a means of having students apply what they have learned by participating in community research and service activities. Students are encouraged to explore and share the college’s philosophy and values as they are seen within the University and the community at large and to explore how such values play out in their professional roles and in individual communities where public health services are taught and practiced. The importance of community outreach and service as a public health value or end, not just education in the narrower classroom context, is a primary college goal.

The preceptorship for the college’s professional degree programs (M.P.H., M.H.S.A., Dr.P.H.) is one of the central experiences within required curricula that allows students to explore in some depth the connections between public health practice and community-based participatory approaches as applied to the core concepts and principles of the profession. Service learning in this context creates a win-win situation in which students derive a great deal of knowledge they might not have gained otherwise, while the community benefits from the services provided. Service learning experiences implemented by students within communities through the preceptorship include demonstrations to children that combine community gardening techniques with nutrition education; development of a family and healthy sexuality curriculum for teen mothers in an after-school program and day care center; obesity prevention education for Latina children and parents at a local farmer’s market within the Latino community; telephone counseling sessions for smoking cessation to clients throughout Arkansas; presentations to elementary-aged children about poison control and prevention; and the planning, implementation and evaluation of health fairs throughout Arkansas (e.g. Lake Village, Fordyce, Helena, Texarkana).

Moreover, the COPH Student Council conducts two annual community service activities. They have partnered with the UAMS Staff Nurse Advisory Council to assist Hurricane Katrina evacuees living in Arkansas. The combined effort produced four truckloads of food, bottled water, toiletries, clothes, toys and household items that were distributed to community agencies. Student Council members volunteered at La Casa, a community-based public health organization, to assist in surveying the health needs of local residents by conducting health screenings and health appraisals. Benefits expressed by students about community experiences were that they increased problem solving abilities, social responsibility and empathy, and fostered communication and management skills.

Alumni who have graduated from the college are engaged in various services and community collaborations to stimulate public health awareness throughout
Arkansas. La Casa, Catherine's House, Heifer International, Arkansas Center for Health Improvement and government entities such as the Division of Health and Human Services and the Arkansas Legislature, are just some examples of where graduates are converting their academic background into public health practice within communities. The alumni in many instances have a reciprocal relationship with current students by acting as mentors and in some cases preceptors to the students.

**Student Recruitment/Student Support/Mentoring**

The college's Student Services Department has developed a recruitment initiative that includes meeting directly with students at Arkansas colleges and universities through College Fairs and through a Speakers Bureau formed by college graduates, targeting hospitals, health department employees and county health units.

**Distance Education and Technology in Teaching**

Since its inception, the college has prepared three distance learning courses using compressed video and Web-based methods. The compressed video courses have been downloaded to 13 sites around the state. Presently the college is focusing more on a distance accessible M.P.H. program to ensure that public health training is available in all regions of the state. Under the leadership of the Associate Dean for Student and Academic Affairs, college faculty are working diligently to put together a curriculum and a variety of courses that will allow the college to offer a Generalist M.P.H. that is accessible to students through a variety of distance education mechanisms. The college envisions the use of a variety of distance-accessible education mechanisms, including courses taught on-line that use both synchronous and asynchronous formats, weekend executive formats and other types of flexible formats.

In the Fall 2004-2005 semester, the college appointed a Distance Learning Coordinator to assist faculty with making courses or coursework (including continuing education courses) available on the Internet or by other distance learning technologies. The COPH is also a member of the Association of Schools of Public Health Distance Learning Committee. In Fall 2005, the College created an Office of Educational Technology as part of the Dean's Office to further develop and support technological approaches to both distance as well as on-site educational programs.

**Results of Student Survey**

Most students (64 respondents) of the COPH agreed that students are encouraged to participate in professional activities (84 percent). Of the students who responded, 44 percent belong to a professional organization. Thirty-three percent had attended a professional meeting. Only 11 percent had presented at
a professional meeting, whereas the majority of students (89 percent) had not. Sixteen percent had authored a professional publication, and 84 percent had not. In general, involvement in professional activities did not appear to depend on year in the program with the exception of publications.

Table 4-5
College of Public Health Student Survey Results

<table>
<thead>
<tr>
<th>Item</th>
<th>Percent Agree/Yes</th>
<th>Percent Disagree/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are encouraged to participate in professional activities related to my academic program</td>
<td>84%</td>
<td>4%</td>
</tr>
<tr>
<td>I am a member of a professional organization related to my academic program</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>As a student, I have attended a professional meeting related to my academic program</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>I have given a presentation at a professional meeting related to my academic program</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>I have been included as an author on a published abstract of paper related to my academic program</td>
<td>16%</td>
<td>84%</td>
</tr>
</tbody>
</table>

Student Learning: the Graduate School

Of all the colleges, the Graduate School may be the most susceptible to the potentially detrimental effects of increased specialization at the graduate level. In contrast, interactions among colleagues and participation in governance are encouraged in the Graduate School through student associations. The Graduate School at UAMS also attempts to instill breadth in training via consortium and interdisciplinary programs and courses. Faculty mentoring, particularly in research, is a major priority in the Graduate School.

Student Associations

The Graduate Student Association serves to promote the graduate program at the UAMS campus, promote among its members fellowship and sharing of ideas in research and teaching, represent the graduate students in campus organizations, and act as a means of communication between the Graduate School office, UAMS Administration and students.

The purpose of the UAMS - Postdoctoral Society (UAMS-PS) is to create, nourish and sustain an academic community for postdoctoral scholars at UAMS, thereby fostering recognition and positive change. Membership shall include all scholars with a doctorate degree who do not currently hold a permanent full-time faculty position at UAMS. Specifically, persons holding such titles as postdoctoral trainee,
postdoctoral fellow, research fellow, research associate, or medical center fellow are eligible for membership. The goals include, but are not limited to:

- Providing a forum for social gatherings and scholarly camaraderie
- Providing information to new and existing postdocs (e.g. welcoming committees, foreign visas, grant opportunities, housing locations)
- Providing a forum for discussion of postdoctoral issues (e.g. career development, scientific writing, conferences and funding)
- Connecting UAMS postdocs with national organizations, such as the National Postdoctoral Society, American Association for the Advancement of Science, ScienceCareers.org and Sigma Xi

Translational and Interdisciplinary Programs

The Graduate School offers Master of Science and doctoral degrees in a variety of basic science and health related disciplines. The school's doctoral degrees are offered in traditional basic science programs: Biochemistry and Molecular Biology, Microbiology and Immunology, Neurobiology and Developmental Sciences, Pharmacology and Toxicology, and Physiology and Biophysics. To better prepare students in clinical and translational research, an Interdisciplinary Biomedical Sciences Program encompassing all basic science departments was initiated in Fall 2005. Students in this program and in traditional discipline-based programs take a common core curriculum their first year, and during the second year they move into interdisciplinary tracks with track-specific electives. The Interdisciplinary Biomedical Sciences Program currently offers tracks in aging biology, cancer biology, cell biology, cellular and molecular immunology/immunopathology, infectious diseases and pathogenesis and neuroscience.

The average number of full-time doctoral students is 110, with 13 to 18 graduates annually. Program strengths are that 30 students receive institutional stipends and tuition support each year and the graduate advisors for the doctoral students are federally funded. Over the past eight years, graduates averaged 3.2 peer-reviewed manuscripts per year. During the past five years, there were 70 post-doctoral fellows per year and 11 NIH or VA Career Development Awardees.

The Graduate School currently enrolls 34 doctoral students in its Ph.D. in nursing science degree program, and 13 are full-time. Program strengths are the availability of federally funded faculty mentors and funding of tuition and stipends for 19 students annually. Since its inception in 1997, the program has had 11 graduates; four (36 percent) of them are conducting clinical research as faculty and two (18 percent) are federally funded. During the past five years, six students received pre-doctoral funding to work with funded faculty mentors on their clinical research and eight post-doctoral nursing fellows were funded through NIH, VA, or John A. Hartford Foundation, and three faculty received NIH or VA Career Development Awards. Pre- and post-doctoral fellows and career development awardees participate in monthly interdisciplinary research
seminars sponsored by the VA Geriatric Research Education and Clinical Center, the NIA-funded Alzheimer’s Disease Center and the NINR-funded Center for Research on Tailored Biobehavioral Interventions. These seminars have fostered 15 funded interdisciplinary clinical research projects, totaling more than $4.0 million, among pre- and post- doctoral scholars.

UAMS has had an M.D./Ph.D. program for several years and has made great strides in improving it during the past three years. This program currently has 17 students (12 in the first two years of training), and five to seven full M.D./Ph.D. scholarships are offered annually. Student interaction with clinical science faculty and exposure to research begins immediately through a series of monthly lunch meetings. The agendas for these interactions are largely student-driven. Group members frequently present on topics such as their own research or M.D./Ph.D. survival skills, or receive guidance on writing pre-doctoral grants.

The Graduate School and a Graduate Council with representatives from every program provide oversight for all Master of Science and doctoral programs. Although faculty have primary appointments in their respective colleges, they also must receive approval for graduate faculty status through the Graduate Council. All Master of Science and doctoral courses, curricula and programs require Graduate Council approval. Through these programmatic interactions and faculty, the Graduate School is uniquely poised to bridge the various colleges at UAMS and to serve as an ideal conduit for interdisciplinary clinical and translational science research programs.

**Student Learning Through Faculty Mentoring in Research**

The annual Student Research Week at UAMS in 2006 attracted the most entries ever, with students showcasing work on topics ranging from breast cancer to hepatitis. More than 60 presentations from graduate students, medical students, postdoctoral fellows and medical residents were on display in the atrium of the Biomedical Research Building at UAMS. The student researchers were present to discuss their experiments and work with visitors, as well as anonymous judges. The presentations were part of a week’s activities that included a scientific trade show and visiting speakers.

Publications are the single most important means by which students enter the global community of scientists, educators and practitioners. Publications typically represent the outcome of a creative, interactive process occurring between faculty and students. Therefore, student publications authored jointly with faculty are evidence of effective student mentoring.

During the past year, students enrolled in UAMS graduate degree programs:

- Made 60 research presentations at UAMS
- Made 38 research presentations at regional and national meetings
- Published 78 research papers
Specific Student Awards in the Graduate School in 2006 were:

- **Nursing Program**
  - Pre-doctoral fellowship from the National Institute of Nursing Research (NINR) Children's Quality of Life Post Cardiac Transplantation
  - Research Grant from the Society of Pediatric Nurses
  - Mentee of the National Coalition of Ethnic Minority Nurses

- **Microbiology and Immunology Program**
  - International Symposium on Molecular Biology, Evolution, Immunology and Pathogenesis of Nidoviruses Travel Award
  - American Society for Virology Travel Award

- **Pharmaceutical Sciences Program**
  - Outstanding Poster Presentation PharmForum 2005 American Association of Pharmaceutical Sciences
  - Outstanding Podium Presentation PharmForum 2005 American Association of Pharmaceutical Scientists – Southern Region Discussion Group

- **Physiology and Biophysics Program**
  - Experimental Biology Travel Award
  - Annual CEMB Symposium 3rd place poster award
  - Quest Diagnostics Young Investigator Travel G
  - Larry Ewing Memorial Trainee Travel Fund (LEMTTF) Awardee, Society for the Study of Reproduction
  - Burroughs Welcome Fund Travel Awardee, Society for the Study of Reproduction
  - Alice L. Jee Young Investigator Travel Award

- **Biochemistry and Molecular Biology Program**
  - Minority Supplement Award

- **Neurobiology and Developmental Sciences Program**
  - 2006 American Society for Neurochemistry Young Investigator Travel Award
  - 2006 American Academy of Allergy, Asthma and Immunology National Meeting Travel Award

**Results of Student Survey**

Most students (108 respondents) of the graduate school agreed that students are encouraged to participate in professional activities (75 percent). The percent of students who belonged to a professional organization was 56 percent. Over half of the students had both attended and presented at a professional meeting (62 percent and 54 percent respectively). Forty-four percent of the students reported authorship on a professional publication.
Table 4-6
Graduate School Student Survey Results

<table>
<thead>
<tr>
<th>Item</th>
<th>Percent Agree/Yes</th>
<th>Percent Disagree/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are encouraged to participate in professional activities related to my academic program</td>
<td>75%</td>
<td>10%</td>
</tr>
<tr>
<td>I am a member of a professional organization related to my academic program</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>As a student, I have attended a professional meeting related to my academic program</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>I have given a presentation at a professional meeting related to my academic program</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>I have been included as an author on a published abstract of paper related to my academic program</td>
<td>44%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Core Component 4c.

*The organization assesses the usefulness of its curricula to students who will live and work in a global, diverse, and technological society.*

Core Component Overview

Because committee members recognized that discovery and application of knowledge at UAMS is tantamount to research and scholarship, members assembled evidence that specifically focuses on research curricula and co-curricular activities to provide evidence for Core Component 4c. By matching creative applications of research programs and scholarly activities to the needs of the environment, both short-term and permanent, UAMS serves the needs of students who will enter an increasingly global, diverse, and technological society. The committee’s approach supports the concept that the most effective curricula unite the traditional focus of higher learning (the life of the mind) with that of professional training (the life of work).

Evidence of Student Learning

As the committee approached the objectives of this Core Component, it realized that several issues were being simultaneously addressed in other areas of this or other chapters of the self-study. Specifically, Criterion Three Committee’s report (Core Component 3a.) addresses how the curricula in each college is reviewed and assessed, as part of its larger discussion on assessing student outcomes and learning. The evidence shows that in each college and the Graduate School the curriculum is routinely reviewed for relevancy in terms of knowledge,
and attitudes. The success of this process is evident in the outstanding student performance results the Colleges and Graduate School have achieved. Further, in the previous section of this chapter (Core Component 4b.), evidence was presented on the ability of academic units to integrate elements of discovery and scholarship into their educational programs.

Finally, in the following chapter, “Engagement and Service” (Core Component 5b.), the Criterion Five Committee discusses how the University bridges the educational curriculum with its service and outreach mission. The section explains how service and outreach elements are built into the core competencies and requirements of degree programs, and how students are provided opportunities to engage in voluntary service; in some cases using their learned skills but in others, using attitudes of professionalism (respect, compassion), advocated by their respective programs.

Given the work and findings of other self-study committee findings, Criterion Four Committee elected to prepare this Core Component section to include evidence of scholarship through co-curricular aspects of student life, and evidence that research, discovery and scholarship are part of students’ overall learning experience.

**Co-curricular Scholarship Life: Student Survey Results**

Student Survey data below suggest that students not only affirm the quality of classroom instruction (see Criterion Three, Core Component 3b.), but also that students enjoy a larger academic life within their respective colleges.

**Table 4-7**

<table>
<thead>
<tr>
<th>Item</th>
<th>Responses</th>
<th>SA - A</th>
<th>Neither</th>
<th>SD - D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in leadership activities is encouraged in my college or program</td>
<td>928</td>
<td>76.1%</td>
<td>17.3%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Student volunteer activities and community service are considered important in my college or program</td>
<td>926</td>
<td>73.4%</td>
<td>16.8%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Considers diversity to be important at UAMS (e.g. cultural, racial, ethnic, age)</td>
<td>923</td>
<td>81.0%</td>
<td>15.1%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Students are encouraged to participate in professional activities related to my academic program</td>
<td>933</td>
<td>84.3%</td>
<td>11.4%</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

SA-A=Strongly Agree or Agree; Neither=Neither Agree nor Disagree; SD-D= Strongly Disagree or Disagree; NA=Not Applicable.
College breakdowns of survey data were provided in the previous section (Core Component 4b.). Aggregate Student Survey data also show that when viewed as a whole, a majority of all UAMS students most students enjoy scholarship opportunities outside the classroom, as most reported in Table 4-8.

**Table 4-8**

Student Participation in Professional Organizations

<table>
<thead>
<tr>
<th>Item</th>
<th>Responses</th>
<th>% Yes</th>
<th>% No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a member of a professional organization related to my academic program</td>
<td>933</td>
<td>74.0%</td>
<td>26.0%</td>
</tr>
<tr>
<td>As a student, I have attended a professional meeting related to my academic program</td>
<td>935</td>
<td>66.6%</td>
<td>33.4%</td>
</tr>
</tbody>
</table>

**Evidence That Research Programs Enhance Student Learning**

As described in detail in Core Element 4a., research infrastructure expanded at UAMS in response to increased research activity at UAMS. This growth will continue and student learning will be enhanced in this culture of excellence. For example, since 2002, approximately $4,500,000 of Tobacco Settlement funds have been used to develop College of Medicine core resources. Additional examples of projects already underway are the expansion of the Laboratory Animal Medicine vivarium and the hiring of additional writers in the Office of Grants and Scientific Publications. These improvements provide an enhanced environment for research learning to take place.

Part of the process of teaching principles of discovery and scholarship that is incorporated into the student experience is the participation in the University’s research enterprise. The University requires that students who engage in research and scholarship learn the practical requirements of such activity, so that students must meet and follow standards in place for all investigators and scholars on campus. For example, the University requires that students satisfactorily complete training programs in HIPAA regulations as well as the protection of human subjects in biomedical and social science research. A total of 4,356 students, faculty and staff completed these training modules in the 2005 – 2006 fiscal year. According to evaluation data (see the following table), this training is considered of high quality and useful. Importantly, mean ratings for all presentations were above 4 on a 5-point scale.
Table 4-9
Research Training Evaluation Data

<table>
<thead>
<tr>
<th>Item</th>
<th>HIPAA Training — Mean Score</th>
<th>Behavioral Human Subjects Protection Training — Mean Score</th>
<th>Biomedical Human Subjects Protection Training — Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate the quality of training material?</td>
<td>4.2</td>
<td>4.2</td>
<td>4.3</td>
</tr>
<tr>
<td>How would you rate the clarity of the information?</td>
<td>4.2</td>
<td>4.1</td>
<td>4.4</td>
</tr>
<tr>
<td>How would you rate your comfort level with HIPAA /HSP requirements?</td>
<td>4.3</td>
<td>4.2</td>
<td>4.5</td>
</tr>
<tr>
<td>You can take this information and appropriately apply it to your job?</td>
<td>4.4</td>
<td>4.4</td>
<td>4.6</td>
</tr>
<tr>
<td>What is your overall grade for this class?</td>
<td>4.3</td>
<td>4.4</td>
<td>4.4</td>
</tr>
</tbody>
</table>

Means are based on a 5-point scale; with 1=lowest and 5=highest

**Partners in Research Program (PIR)**

PIR is a 10-week summer research experience in oncology that targets both undergraduate and graduate students from around the state, including pharmacy students. PIR has been funded since 1988 by grants from the National Cancer Institute. Most of the mentoring faculty are members of UAMS' Arkansas Cancer Research Center. Students complete a research project under the direction of a mentor, attend two oncology related lectures each week, shadow a clinical oncologist for a minimum of two hours per week and present an oral presentation of their research on student research day. Over the past six years, the PIR program has enrolled 155 students, 83 of them being medical students. Students participate in a research symposium that is part of Student Research Week.

**Undergraduate Student Mentoring Program**

The Arkansas IDeA Network of Biomedical Research Excellence (Arkansas INBRE, described in earlier in Core Component 4a.), offers paid summer research fellowships through its Undergraduate Student Mentoring Program to undergraduate students who will be juniors or seniors by the Fall Semester 2005. Students with an undergraduate science major can apply for fellowships to work on a project relevant to human health in a laboratory with a faculty member at either UAMS or its sister institutions, the University of Arkansas or the University of Arkansas at Little Rock.

Students with an undergraduate major in computer sciences, mathematics or a related discipline are encouraged to apply for a fellowship in Bioinformatics.
The Bioinformatics fellowships are designed for students who are interested in learning more about how to apply their mathematics and/or computer skills to biomedical research problems and who are considering advanced training in the rapidly growing discipline of bioinformatics/computational biology.

These examples of expanding UAMS research infrastructure provide evidence that this organization strives to create culture for faculty, administration, staff, and students that values and supports the acquisition, discovery and application of knowledge. Selected evidence from colleges and the graduate school follows.

**College of Medicine**

*Honors in Research*

In addition to numerous opportunities for research projects completed in the course of graduate study and participating in the ongoing work of faculty, the COM offers students a Summer Research Program and Honors in Research Program to qualified students, and an M.D./Ph.D. degree program for selected students. These programs expose students to the cutting-edge of basic and applied biomedical research, and stress the link between medicine and science.

*Student Research Week*

The College of Medicine Class of 1955 has been the sponsor of Student Research Week for the past few years. These alumni recognize the importance of this activity and have provided funding to bring a nationally recognized speaker and carry out other activities during the week. The 2006 annual Student Research Week at UAMS attracted the most entries ever, with students showcasing work on topics ranging from breast cancer to hepatitis. During the week of April 3-7, more than 60 presentations from graduate students, medical students, postdoctoral fellows and medical residents were on display in the atrium of the Biomedical Research Building at UAMS. The student researchers were present to discuss their experiments and work with visitors as well as anonymous judges. Each research poster was evaluated by judges and prizes were awarded. The overall poster winner and each division first place received a $300 cash prize. Travel awards of $500 also were provided to cover travel expenses for students to present their work at research conferences.

**College of Pharmacy**

*Student Research Committee*

The college maintains a Student Research Committee to ensure quality research opportunities for its students. This committee maintains oversight of the Honors in Research Program and the selection of recipients of various student research fellowships funded by the College of Pharmacy. Each department in the college
elects three members to the committee and serve three-year staggered terms to ensure continuity for students participating in the Honors in Research Program. The Dean or the Dean's designee is an ex officio member.

**College of Nursing**

The College of Nursing (CON) sponsors an annual Nursing Research Day. The event in Spring of 2006 attracted 236 paid registrants, the largest group of attendees in its history. The annual offering is jointly sponsored by the UAMS College of Nursing, the Gamma Xi Chapter of Sigma Theta Tau (National Nursing Honor Society), UAMS Medical Center, Central Arkansas Veterans Healthcare System Nursing Service, and Arkansas Children's Hospital. Dr. Diane Mahoney, a nationally known leader in Aging Services Technology Research and faculty member from Harvard Medical School's Division on Aging, delivered the keynote address. The remainder of the day consisted of breakout sessions where the results of original research carried out by faculty and graduate students were presented. Poster sessions throughout the day featured the work of local clinicians and undergraduate nursing students.

In addition to showcasing student research efforts at the Annual College of Nursing Research Day, there are opportunities for students to learn about research while being mentored by a senior researcher in the College. The college's SILO program awards student recipients with funding to support their research interests while receiving mentoring from faculty members.

**College of Health Related Professions**

Graduate students in Imaging Sciences, Clinical Nutrition, Communicative Disorders, Genetic Counseling and Audiology reflect the viability and success of the undergraduate health professions programs. The undergraduate and graduate students prepare, in part, for global, diverse, and highly technological careers through research or project focused courses and courses that investigate current practice issues and emerging advances within the professions. Employer and graduate surveys consistently validate satisfaction with program outcomes, and the learning outcomes in the College of Health Related Professions are impressive as demonstrated by consistently high pass rates from all appropriate certification agencies.

**College of Public Health**

The Research Committee (RC) within the COPH is charged with the responsibility of reviewing and improving the quality and the quantity of research within the COPH. It is composed of a representative from each department, who is nominated by the Department Chairman, and a representative from each interdisciplinary program, who is nominated by the respective program directors. At the discretion of the Student Council, two students may be elected to the RC.
Student members serve without a vote. The RC assesses research needs, including infrastructure needs, to assist in research development in the COPH and makes recommendations to the Dean's Executive Committee (DEC) and the Dean concerning the establishment of additional COPH interdisciplinary programs. Decisions and recommendations of the RC are submitted to the DEC and the Dean for final action.

The Graduate School

Research and scholarship are the hallmarks of graduate education, and as with any research university, graduate students represent both a major resource and stimulus to the intellectual environment at UAMS. The research components of Graduate School curricula are carefully planned, individualized, and evaluated to the goals of the student with his/her advisor. Students who are doctoral candidates (post candidacy exam) and master’s students working on thesis research are assessed biannually by their respective major graduate advisor and graduate advisory committee. These assessments include oral presentations, and satisfactory performance is required for progression. Technical, cognitive and writing skills are assessed through publication of student papers in peer-reviewed journals. Over the last five years, UAMS doctoral students have averaged more than three publications per dissertation project.

Graduate School students operate in the same research environment as faculty: they must adhere to the same IRB and research compliance standards, and comply with all other institutional requirements regarding research, grant awards and grant accounting and reporting. By participating in the real research environment in this way, students are prepared to operate independently and successfully upon graduation from their respective programs.

Funds are made available by the Graduate School to support research that constitutes part of student degree requirements. These funds are administered through the Committee for Allocation of Graduate Student Research, which is charged with review of applications for research funding. This Committee has a representative from all Graduate Programs and is a separate entity from the Graduate Council. Applications are reviewed three times a year and application forms are available on the Web site. At present, maximum award amounts are $2,500 per year, and in the previous academic year a total of $33,500 in awards were granted to 15 students.

The Graduate School assists in supporting the travel costs of graduate students who attend national or international meetings to present their research in poster or podium format. The Graduate School will pay up to $120 per day for a maximum of five days contingent upon the program paying the remainder of the student's travel expenses. The Dean of the Graduate School recognizes outstanding Graduate Student research at an annual reception where students are recognized. There is also a poster prepared listing all student publications in all Graduate School programs.
Core Component 4d.

The organization provides support to ensure that faculty, students, and staff acquire, discover and apply knowledge responsibly.

Core Component Overview

The University of Arkansas for Medical Sciences defines a life of learning as the integration of basic and applied research, scholarship, scholarly academic pursuits, freedom of inquiry and professional development for administrators, faculty, staff and students. As a core feature of UAMS’ mission, every person engaged in discovery is expected to perform with integrity and to uphold the policies set out by the institution, as well as observe state and local laws, federal regulations, and the standards associated with good industry practice. Policies, practices, and academic standards will be presented in this section that show that the University’s leadership values integrity and the responsible exercise of knowledge. Offices with key responsibility to support integrity and compliance will also be presented, demonstrating that sufficient resources are devoted to upholding those principles the institution values. Finally, selected portions of the Student Survey and Faculty Survey will be presented that reflect faculty and student perceptions and experiences related to professionalism and academic integrity.

Institutional Policies on Integrity

As an indication of the institution’s commitment to responsible discovery and application of knowledge, several institutional policies provide clear guidance to faculty, staff and students involved in research and the process of discovery:

*Ethical Standards in Research and Procedure* (UAMS Administrative Guide, #12.1.04). This policy focuses on establishing and maintaining the credibility of UAMS faculty, staff and students as they conduct research, with the primary goal of assuring the integrity of every step in the research and reporting phases of discovery. Operational definitions of scientific misconduct are established, along with institutional processes for review and evaluation of alleged misconduct. The policy also outlines possible consequences for those found in violation of the policy.

*Policy on Conflict of Interest and Conflict of Commitment* (Administrative Memorandum). This institutional policy addresses the potential for conflicts of interest and conflict of commitment in terms of a number of institutional contexts, including instruction, research, technology transfer, and administration. The policy expands a traditional definition of conflict of interest that focuses on potential financial conflicts, and adds those represented by non-financial relationships or commitments. This broadened definition raises the bar with respect to the University’s standards toward, and tolerance for, professional
conflicts of interest. The major provisions of the policy serve to:

- Define conflicts of interest and conflict of commitment in terms of a number of institutional contexts, including instruction, research, technology transfer and administration.
- Outline a process for institutional review of questionable actions or decisions through the Conflict of Interest Committee.
- Provide a framework and a process for appeals, as well as disciplinary actions for those found in violation of its tenets.
- Establish a standardized reporting system for UAMS employees to document potential sources of future conflict, in terms of a number of institutional contexts, including instruction, research, technology transfer and administration. All employees are required to disclose finances and relationships that present — or appear to present — a potential conflict on an annual basis. Disclosures are in writing, and are maintained by the Vice Chancellor for Academic Affairs and Research Administration (VCAA/RA).

The VCAA/RA is reviewing the original Conflict of Interest and Conflict of Commitment policy to update provisions and ensure that the policy is relevant to current issues facing the University’s leaders, faculty and staff. The revised policy will be put in the form of an Administrative Guide policy, to be included in the campus governance document and more easily accessible to members of the campus community.

**Policy on Institutional Conflict.** In addition, the VCAA/RA is drafting, in cooperation with the Vice Chancellor for Institutional Compliance, a policy on Institutional Conflict of Interest. This policy will focus more on conflicts that exist at the institutional or college level, rather than on an individual level, for example, major institutional affiliations and contract negotiations and/or major supply purchasing contracts.

**Responsibilities of Central Administration** (Administrative Policy 12.1.02). This policy, in combination with the companion policy below (12.1.03), serves to delineate responsibilities of the Central Administration (central oversight and coordinating functions), and the Principal Investigator who is actually responsible for the conduct of research. Central Administration functions focus on financial, budgetary and reporting accountability.

**Responsibilities of Principal Investigators** (Administrative Policy 12.1.03) delegates administrative authority for fulfilling grant and contract requirements to the individual investigators, or their superiors, who are awarded extramural funds. This policy serves to enforce personal accountability for those who engage in research, including writing protocols, seeking approval from the Institutional Review Board, and reporting to funding agencies and sponsors.
Mandatory Education Policy for Investigators/Study Personnel Participating in Human Subject Research Projects (Administrative Policy 12.1.06). This policy was adopted to provide mandatory ethics and compliance training for those involved in research for all UAMS faculty, staff and students, or those who have contact with human subjects, data or specimens. Certification (accomplished by completion of the education program) is required before any person can conduct research at UAMS, and recertification is required every two years. A database located in the Office of Research Compliance maintains educational records of all UAMS employees and issues renewal notifications.

Health Insurance Portability and Accountability Act (HIPAA). After the enactment of this federal law, UAMS responded with a series of policies and mandatory training for all UAMS employees to ensure compliance. The UAMS HIPAA office and campus officials worked together to formulate dozens of policies and procedures – and to incorporate those documents effectively into appropriate work flow processes. HIPAA information and training has been systematically incorporated into campus life for faculty, staff and employees. Awareness of, and compliance with, HIPAA regulations on campus is high. There are two categories of HIPAA policies, institutional and research. For the purposes of this report, HIPAA policies will be considered as belonging to two major categories: (1) those related to research and (2) those that deal with more global privacy and confidentiality issues of the institution.

- HIPAA as related to research — The IRB portal to HIPAA (www.uams.edu/irb/HIPAA.asp) links resources, training, guidelines and policies that directly relate to research. Specifically, the purpose of Administrative Policy 3.1.27 is to protect the privacy and confidentiality of medical records and identifying information for all human subjects, living or deceased. Every employee involved in research is required to document completion of HIPAA training before the IRB approves research proposals involving that person. Investigators are responsible for completing the de-identifying process and insuring compliance with the provisions of the privacy rule as part of the approval process. UAMS has also designated a HIPAA Research Privacy Officer for the campus, Timothy N. Atkinson, M.Ed., director of the Office of Research and Sponsored Programs.

- Institutional HIPAA policies are at http://hipaa.uams.edu/. The HIPAA home page connects UAMS employees to all privacy and confidentiality resources, guidelines, policies, and initiatives. This comprehensive Web site provides quick and easy access to HIPAA-related information and to contacts for further clarification, assistance and reporting of privacy related concerns.

UAMS Institutional Policy on the Use of Copyrighted Materials (Administrative Policy 12.0.2) provides declarative guidelines for the proper and legal use of
copyrighted materials. This policy can be found on its own Web site maintained by the UAMS Library. The site contains the policy in full, along with guidelines for UAMS faculty, staff and students using copyrighted material in an educational environment, with links to the actual copyright codicils. The site also contains specific guidelines prepared for College of Medicine students and faculty on the proper use of copyrighted material. All course syllabi include an academic integrity statement referencing this policy.

Patent and Copyright Policy (UA Board Policy 210.1). This policy establishes ownership of patents and copyrights of UA faculty and staff by the UA Board of Trustees. Guidelines in this policy delineate the process for allocating the royalties and license fees between the University and the investigators that result from the successful transfer of intellectual property into the marketplace.

Patent and Copyright Committee. This institutional, standing committee functions to implement the University of Arkansas Patent and Copyright Policy (Board Policy 210.1) at UAMS. The Committee provides a review process for disclosures of patent, copyright and other intellectual property developed by members of the UAMS community. The Committee evaluates from an institutional perspective the likelihood of and desirability of obtaining a patent. The Committee also assesses whether any patent obligations exist to research sponsors outside of the University. Recommendations by the Committee are submitted to the Chancellor to decide whether the University will pursue protections of its intellectual property.

Research Oversight and Accountability

AAHRPP Accreditation

UAMS’ Human Subject Protection Program includes the offices of Research and Sponsored Programs (ORSP), the Institutional Review Board (IRB) and Research Compliance (ORC), described earlier in section 4a. UAMS was awarded full accreditation for its human research subject protection program by the American Association for Human Research Protection Programs (AAHRPP) in June 2005. Objectives of the accreditation were to:

- Meet and exceed existing standards for protection of human subjects
- Educate investigators, study staff, and student investigators across the University of the ethical and legal provisions attached to the process of discovery
- Embark upon a process of quality improvement to meet future challenges related to human research

The accreditation is also institutionally-based, meaning that elements of the University’s governance, structure and management, resources and administrative
capacity were also reviewed as part of the evaluating the protection program. AAHRPP's human research performance standards surpass the threshold of state and federal requirements. Accreditation by AAHRPP demonstrates that UAMS regards the safety of those participating in its research studies paramount, and that despite an ever-larger research agenda by its researchers and physicians, UAMS has proven that everything possible is being done to ensure the safety of those who volunteer to participate.

**Office of Research and Sponsored Programs**

The UAMS Office of Research and Sponsored Programs (ORSP) administers the pre-award grants, contracts, subcontracts and industry-sponsored agreements process. Applications for external funding must be processed through ORSP. All investigators and other applying for extramural funds must complete a Blue Sheet, an electronic form that documents approval for the application from the appropriate Department Chairman and Dean. This ensures that appropriate administrators are aware of funding proposals submitted by faculty. ORSP review also ensures that funding requests fall within institutional guidelines, and comply with University regulations.

**Institutional Review Board (IRB)**

As stated in Core Component 4.a., the Institutional Review Board (IRB) at UAMS exists to guarantee that the rights and welfare of research subjects are protected throughout the research and reporting phases of discovery. In its guiding policy, Principles Governing the Committee (IRB Policy # 1.1), the principles which guide the IRB are set out: that all employees, faculty, students and any institution or individual using the UAMS IRB will be guided by the ethical principles according to the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (the “Belmont Report”). These principles are inviolate, regardless of whether the research is subject to federal regulation, or with whom conducted, or the source of support (i.e., sponsorship or funding).

The IRB Committee comprises representatives from a variety of disciplines at UAMS and its affiliate institutions (Arkansas Children's Hospital and the Central Arkansas Veterans Healthcare System), as well as lay representatives from the at-large community. The authority of the IRB is detailed in IRB Policy # 1.2. which establishes the IRB to operate as an independent, fully-endowed entity, with authority to approve, disapprove, or require modifications to all human research activities.

No research can be approved by any official or even the University of Arkansas Board of Trustees without the approval of the IRB, assuring that there are no institutional conflicts of interest. In addition, all research projects involving human subjects must be submitted to the IRB through use of the electronic forms established in ARIA (Automated Research Information Administrator),
prior to initiation of the research. The use of a central processing system ensures adherence to institutional rules, and enables accurate monitoring and reporting of active research projects. The IRB maintains a set of current Policy and Procedures Guide that contains dozens of policies that provide comprehensive guidance to the conduct of research involving human subjects for all investigators, whether faculty, staff, students, or any other agent of the University.

Office of Research Compliance (ORC)

The ORC functions as the auditing and compliance body for the UAMS Institutional Review Board, and reports directly to the Vice Chancellor for Institutional Compliance, with a secondary reporting role under the Vice Chancellor for Academic Affairs and Research Administration. The Office of Research Compliance delivers educational modules mandated by UAMS Policy 12.1.06 for all persons involved in human subject research. There are two courses, one for biomedical personnel and one for researchers involved in behavioral and social sciences. ORC also delivers a Web-based program for HIPAA issues in human subject research, live educational forums for investigators and coordinators (Q & A’s), and one-on-one educational sessions. Its Web-based education modules are evaluated by recipients. Annual average scores for 2005-06 ranged between 4.2 and 4.6 on a five point scale. In 2006, Chancellor Wilson approved funding for new units within ORC to carry out newly delineated regulatory and compliance function, including a Quality Assurance Unit, Regulatory Affairs Division, and a Monitoring Division.

Division of Laboratory Animal Medicine /Institutional Animal Care and Use Committee (IACUC)

All investigators, technicians, and students involved in animal research must review institutional policy and receive training in the proper use of laboratory animals available through the Division of Laboratory Animal Medicine and Animal Use Committee. The policy and procedures for reporting violations of animal welfare policies is given to every researcher. The Animal Care and Use Program in the DLAM continues to be fully accredited by the Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC). The program also has an approved assurance from the National Institutes of Health (NIH) and total compliance with the Animal Welfare Act as monitored by the United States Department of Agriculture. The Animal Care Program and facilities were last inspected in early 2006.

Radiology Committee

The Radiology Committee oversees all interventions performed in the radiology department as part of a human research protocol in accordance with hospital, departmental and IRB guidelines. Interventions include, but are not limited
to, radiological procedures, administration of investigational drugs, use of an investigational device, or specimen collection performed as part of a human research study protocol. Prior to initiation of research procedures, all protocols involving the Department of Radiology are reviewed by the Radiology Research Committee and/or by Radiology Research Quality Assurance/Quality Improvement (QA/QI). A written agreement specifying who will perform each aspect of care for the research subject is required prior to the initiation of any research procedures, with study-specific equipment, supplies, training, and staff provided by the referring department. Each subject participating in a clinical research protocol that involves the UAMS Department of Radiology receives treatment according to the procedures outlined in established policy. All interventions are documented as required by the study protocol, institution policy, and the relevant Standard Operating Procedures (SOPs). Radiology personnel participating in the care of the research subject must document training regarding human subject protection, HIPAA, and protocol specific training, and no treatment may be conducted without documentation of the subject's informed consent in the permanent record. The Radiology Chief Financial Officer reviews and approves the research billing procedure for interventions performed by Radiology prior to the initiation of any research procedure.

**Vice Chancellor for Institutional Compliance**

A new level of oversight and coordination of myriad ethical, regulatory and legal issues was established with the creation of the position of the Vice Chancellor for Institutional Compliance. The new Vice Chancellor, Bob Bishop, Esq., was installed in the Spring 2006. This new position was presented in some detail in Section 4.a. of this report. The creation of this Cabinet-level, policy-making position is evidence of the University's assurance that it conduct all of its affairs at the highest level of responsibility and accountability.
Integrity and Ethics Related to Student Scholarship

More and more attention is being paid to ethics-based education throughout higher education. Health sciences are no exception. The need to educate health professionals who are prepared to lead or participate in health care teams or work to guide community or state health care policy for a body of citizens must have a firm footing in attendant ethical and moral issues related to the profession.

UAMS, its colleges and Graduate School recognize the responsibility to instill ethical values and professional behaviors into graduates. Students must follow strict codes of conduct and are evaluated on their ethical and professional conduct as students according to established standards of non-cognitive performance.

Professional ethics is also being addressed in the curriculum. As one example, the College of Medicine has integrated an NIH ethics course into its curriculum for first-year students, focusing on issues related to human subject research issues. This course is required by one of the college's accrediting bodies, the Licensing Commission for Medical Education (LCME).

The Office of Research Compliance offers a course in the fall through the Graduate School titled "Responsible Research Environment and Culture" is for three semester credits. This course focuses on ethics in research and the processes required for conducting responsible research in the academic environment. Courses or parts of courses taught in other colleges also reiterate these objectives.

Professionalism

Professionalism is a non-cognitive performance standard established for all UAMS students, which includes requirements along several behavioral dimensions, including appropriate professional conduct, respect for others, and the ethical collection and application of knowledge. Each college articulates its standards for professionalism and non-cognitive behaviors in official documents, which are readily available to all students. As mentioned earlier in Section 4.b. of this report, Criterion Three Committee's Student Survey of students found that the majority (90 percent) of students surveyed report that professionalism is clearly defined in their respective colleges. (Also see Table 4-10 for a full distribution of survey responses for this section).
Table 4-10  
Student and Faculty Opinions on  
Professionalism, Integrity and Grievance Policies

<table>
<thead>
<tr>
<th>Opinions</th>
<th>Agreement</th>
<th>Disagreement</th>
<th>Neither</th>
<th>Total Percent (Responses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism is clearly defined in my college or program</td>
<td>S</td>
<td>89.9%</td>
<td>3.5%</td>
<td>6.6% 100% (935)</td>
</tr>
<tr>
<td>Professionalism is clearly defined in my college or program</td>
<td>F</td>
<td>81.0%</td>
<td>7.0%</td>
<td>12.0% 100% (318)</td>
</tr>
<tr>
<td>Unprofessional student behavior has defined consequences in my college or program</td>
<td>S</td>
<td>79.5%</td>
<td>8.3%</td>
<td>12.2% 100% (897)</td>
</tr>
<tr>
<td>Unprofessional student behavior has defined consequences in my college or program</td>
<td>F</td>
<td>70.1%</td>
<td>14.0%</td>
<td>15.9% 100% (316)</td>
</tr>
<tr>
<td>Unprofessional faculty behavior has defined consequences in my college</td>
<td>S</td>
<td>63.3%</td>
<td>13.8%</td>
<td>22.9% 100% (319)</td>
</tr>
<tr>
<td>Faculty/Instructors receive instruction, or other appropriate guidance, on professional behavior</td>
<td>F</td>
<td>64.1%</td>
<td>14.6%</td>
<td>21.3% 100% (317)</td>
</tr>
<tr>
<td>Students receive instruction on professional behavior</td>
<td>S</td>
<td>81.6%</td>
<td>4.1%</td>
<td>14.3% 100% (318)</td>
</tr>
<tr>
<td>Students display professionalism</td>
<td>F</td>
<td>68.8%</td>
<td>12.0%</td>
<td>19.2% 100% (316)</td>
</tr>
<tr>
<td>Instructors display professionalism</td>
<td>S</td>
<td>90.2%</td>
<td>2.0%</td>
<td>7.8% 100% (316)</td>
</tr>
<tr>
<td>Administrators display professionalism</td>
<td>F</td>
<td>85.6%</td>
<td>4.7%</td>
<td>9.7% 100% (318)</td>
</tr>
<tr>
<td>Instructors are positive role models</td>
<td>S</td>
<td>89.9%</td>
<td>1.4%</td>
<td>8.7% 100% (316)</td>
</tr>
<tr>
<td>Administrators are positive role models</td>
<td>F</td>
<td>78.1%</td>
<td>5.4%</td>
<td>16.5% 100% (317)</td>
</tr>
<tr>
<td>Students in my college practice academic integrity</td>
<td>S</td>
<td>87.4%</td>
<td>3.8%</td>
<td>8.8% 100% (933)</td>
</tr>
<tr>
<td>Students in my college practice academic integrity</td>
<td>F</td>
<td>75.0%</td>
<td>8.7%</td>
<td>16.3% 100% (316)</td>
</tr>
<tr>
<td>Formal student grievance procedures are clearly communicated in my college</td>
<td>S</td>
<td>74.0%</td>
<td>8.9%</td>
<td>17.1% 100% (875)</td>
</tr>
<tr>
<td>Formal student grievance procedures are clearly communicated in my college</td>
<td>F</td>
<td>86.1%</td>
<td>3.8%</td>
<td>10.1% 100% (316)</td>
</tr>
<tr>
<td>Formal student grievance procedures are fair in my college or program</td>
<td>S</td>
<td>68.3%</td>
<td>5.7%</td>
<td>26.0% 100% (826)</td>
</tr>
<tr>
<td>Formal student grievance procedures are followed</td>
<td>F</td>
<td>86.4%</td>
<td>1.6%</td>
<td>12.0% 100% (316)</td>
</tr>
</tbody>
</table>

S=Student; F=Faculty
Faculty responses mirror those of students, as 81 percent agreed or strongly agreed regarding students. When asked whether their fellow faculty members behave professionally, 90.2 percent agreed/strongly agreed, and 85.6 percent agreed that administrators did the same.

Similarly, 75 percent of students surveyed agreed or strongly agreed that colleges do outline a clear set of consequences for breaches in professional conduct. For faculty, when asked the same question, most also indicated that such standards had been made clear (81 percent agreed or strongly agreed). Plainly, college policies on acceptable behaviors are being clearly communicated to the student population at UAMS. (Also see Table 4-10).

Both groups indicated that they were aware that there are consequences for violating established standards of professionalism, with 79.5 percent of students and 70.1 percent of faculty in agreement. Representatives of both groups confirm that the University has done a good job in making both students and faculty aware that they must be responsible for their own good conduct.

The least positive response resulted when faculty were asked about instruction and guidance given to faculty/instructors on appropriate behavior. Almost two-thirds of faculty agreed/strongly agreed (64.1 percent) such guidance is given. While still a high percent, it is lower than the other questions in this series. Further, 14.6 percent disagreed/strongly disagreed, and 21.3 percent replied neither — both higher than related questions. This indicates that faculty are unaware of instruction and guidance that is part of a regular faculty orientation. This conclusion is reinforced by the finding that when faculty were asked about instructions for students, the percentages change noticeably: 81.6 percent agreed/strongly agreed, 4.1 percent disagreed/strongly disagreed, and 14.3 percent said neither.

A final note on the effectiveness of UAMS’ policies on professionalism is that students describe both faculty (89.9 percent) and administrators (78.1 percent) as positive role models.

**Academic Integrity**

When asked about the practices of students in their respective colleges, 77 percent of student respondents strongly agreed or agreed that students do practice academic integrity. Faculty concurred, as three in four of those surveyed agreed or strongly agreed (75.0 percent) that students practice academic integrity. Perhaps as important, only 3.5 percent of students and 8.7 percent of faculty disagreed or strongly disagreed. Although it is impossible to infer causality, the outcome is an academic environment where academic integrity prevails.
**Grievance Procedures**

Student Code of Conduct, Grievance and Disciplinary procedures exist within each of the colleges and the Graduate School. Specific policies are located in each college's respective Student Handbook, at a minimum. Policies define what constitutes actionable grievances, describe specific processes and guidelines for students to lodge grievances and complaints, and outline measures for appeal. Grievance procedures can also be found on each college's Web site, assuring that all students have ready access to this important information.

Survey responses (Table 4-10) indicate that these policies are clearly communicated, as affirmed by clear majorities of both students (74.0 percent) and faculty (86.1 percent) survey respondents. Less than one in ten of either survey group disagreed. On the whole students also judged the grievance policies in their respective colleges to be fair (68.3 percent), with only 5.7 percent disagreeing. Perhaps more noteworthy is the fact that more than one in four (26 percent) replied that they could neither agree nor disagree, indicating an unfamiliarity with the policy and procedures. Since the vast majority of students will never be involved in a grievance procedure, it is perhaps not unexpected that this proportion would not be familiar with the documents.

Having established that the written student grievance procedures are fair, faculty survey respondents were asked a related follow-up question: whether the written procedures are actually observed and followed in practice within their college. Again, a decisive majority of those polled indicated in the affirmative, as more than 86 percent of faculty agreed or strongly agreed.

By examining the survey data, Committee Four reached the following conclusions regarding academic integrity:

- Standards of student and faculty professionalism are clearly stated and consequences for failing to observe those standards are also clearly understood.
- Majorities of both groups agree that instruction and guidance on standards and rules related to professionalism are provided by their respective college.
- A convincing majority of both students and faculty observe that students at UAMS practice academic integrity.
- Faculty similarly report that their peers in the professoriate and administration also demonstrate academic integrity in their work.
- Both groups agree that student grievance procedures are fair, and that education officials in the colleges execute grievance processes with adherence to written policies.

The only area of improvement indicated is that colleges might communicate with faculty regarding established standards and guidance of professional behavior, as a significant minority seemed unaware that formalized standards exist.
Criterion Four Summary

Strengths

1. **Productive Faculty Investigators.** Research activity among the faculty at UAMS has grown tremendously over the past two decades, with research funding doubling every five years, to over $100 million in the last two years. Planning is being carried out to ensure continued growth in the future. Based on this record, the University clearly has the capacity to plan for, and support, an ever-growing program of research and discovery.

2. **Institutional Commitment to Research.** The University has provided adequate leadership, support and infrastructure to support the research enterprise, even as it has expanded at a rapid pace. New and expanded support programs and personnel — along with increases in dedicated space and facilities — are admirable and speak to UAMS’ steadfast commitment to discovery over time.

3. **Vice Chancellor for Research.** The University is in the final stages of creating a position for a Vice Chancellor for Research, which will oversee or jointly manage critical research resources such as core facilities and the Research Council and selected support units such as the Biosafety Committee, Patent and Copyright Committee and Institute for Clinical and Translational Science (ICTS). The Vice Chancellor also will have a high level of interaction with other key members of the Cabinet managing related areas, including the Vice Chancellor for Academic Affairs, the Dean of Medicine/Vice Chancellor, the Vice Chancellor of Information Technology and the Vice Chancellor for Institutional Compliance.

4. **UAMS Values Innovation and Embraces Change.** The University has demonstrated that it is able to adapt quickly to new realities in the internal and external research environments. For example, its research agenda expanded to include the new public health goals related to the establishment of the new College of Public Health. In a few short years, the College has rapidly become a center of new research initiatives. In 2004-05 (the year of analysis for this report), the COPH was awarded approximately $2 million in research and grant funds. For the current year, that amount grew to $3.4 million, second only to the College of Medicine in total awards for the year. The organization’s research environment — although growing — has remained agile and responsive enough to adapt to new opportunities of discovery.

5. **The University Creates an Environment of Scholarship.** Education programs do an excellent job of incorporating scholarship and research into various curricula and for preparing students with the critical skills of objective thought and reasoning, along with the artful tradition of academic discourse.
UAMS’ education programs also work to instill students with values consistent with a life of learning. Educational experiences at UAMS are rich with lessons that will transfer from the academic setting to post-graduate lives and careers: lessons about opportunity, diversity, mentorship, exploration and discovery, and the never-ending nature of learning.

6. **Academic Integrity and Responsible Use of Knowledge.** UAMS has demonstrated its commitment to ethics and professional standards through a significant investment in programs designed to ensure legal and regulatory compliance of its programs. The culmination of these efforts is the creation of the position of Vice Chancellor for Institutional Compliance in 2006. Ethics have been well integrated into the curricula of the colleges and strict codes of conduct are in place. Students and faculty survey responses confirm professional standards and grievance policies are clearly articulated, and that academic integrity is practiced by students, faculty and administrators.

7. **The Institute for Clinical and Translational Science.** The committee endorses UAMS’ recent plans to pursue clinical and translational research, believing that this focus will allow the effective integration of the clinical and research missions of the University. Acquisition of a planning grant and its goal to develop a center for translational research speak well of the University’s ability to strategically adapt to the new realities in the modern research environment.

8. **The Automated Research Information Administrator.** ARIA represents a significant investment of the University’s resources to improve research-related processes and information for the Institutional Review Board, sponsored programs and grants accounting functions, and for clinical trials tracking and budgeting. Successful development and implementation of this system illustrates the ability of the University to meet new challenges through the successful application of technology.

**Weaknesses**

1. The Committee finds that communication about, and coordination of, the research enterprise should be improved. Understanding of campus research, research facilities and basic operations varied significantly among faculty of various colleges. Misunderstanding and misinformation about fundamentals, such as who may use the research core facilities and the role of the Research Council, are common among faculty. For example, in some non-COM colleges, faculty believe that it is not permissible for them to access core research facilities, while COM information declares that they may. Also, in a survey of its research faculty, COM found that many scientists share frustration over the lack of an effective communication network for investigators on the campus.
Recommendation: The Committee is confident that the creation of the position of Vice Chancellor for Research is an excellent opportunity to ameliorate some existing concerns regarding inter-college communication and coordination. The Committee anticipates that the infusion of this new leadership will result in an even more dynamic research enterprise.

In a 2006 survey of COM research faculty, respondents provided open-ended responses on ways to improve communications. Some of those responses were to: conduct regularly scheduled surveys of investigators, hold periodic research meetings; establish an email/communication mechanism targeting researchers (as opposed to campus-wide announcements); establish a research Web site; and establish a database of current research activity that researchers can access for information.

The recently established Research Communities Link Web site, designed to unite researchers at higher education institutions throughout the state, might be used to improve communications and interaction of UAMS investigators.

Conclusion

The Criterion Four Committee finds that UAMS provides students with the knowledge, skills and experiences necessary to go forward and be successful in life, to be productive team members in the workplace, capable professionals who are prepared to deal with the demands of a complex discipline in a complex world, and members of society who will continue to learn and adapt throughout the course of their lives.

While meetings are held now, respondents noted dissatisfaction with the way in which the meetings are formatted or organized.
CRITERION FIVE — ENGAGEMENT & SERVICE

As called for by its mission, the organization identifies its constituencies and analyzes its capacity to serve their needs and expectations.

Criterion Overview

The University of Arkansas for Medical Sciences’ (UAMS) four-fold mission — to teach, to heal, to search and to serve — engages constituents at many levels. UAMS is committed to learning from the communities and constituents it serves, and to the development of well-rounded students who understand their strengths, their relationship to society and their responsibility to the world.

UAMS engages faculty and staff through a governance process that identifies needs, as well as the solutions to address those needs. UAMS serves Arkansans through a variety of collaborative efforts targeted to respond to specific state and community needs, including efforts to enhance the Arkansas workforce and provide a source of unique medical and health expertise to individuals, communities and the state as a whole. As a public research University, UAMS also serves the region, the nation and the global community through a variety of educational and research endeavors. Efforts to serve constituents are designed in response to a variety of formal and informal needs assessments, in collaboration with constituents.

UAMS’ commitment to public service is best demonstrated by discussing how various units engage with, and respond to, its constituents in diverse ways that emerge naturally from its unique expertise and capacity to serve.

While recognizing its broad-reaching responsibility, UAMS also recognizes that it best serves its constituencies when focusing on those outreach activities
most consistent with its mission, and which it is in a unique position to deliver. Regional Programs (comprised of the Area Health Education Centers and Rural Hospital Programs) is the division charged with coordinating UAMS’ outreach efforts. Regional Programs are specifically established on the foundational premise of community-academic partnerships and the promotion of collaboration among local providers, educational institutions and health related organizations.

The establishment of the Fay W. Boozman College of Public Health, working in partnership with the Arkansas Department of Health of Human Services (DHHS) and particularly the DHHS Division of Health, opens entirely new avenues for improving health and promoting prevention among all Arkansas communities. Students, faculty and staff are major internal constituents of UAMS. The many ways that the University engages these groups and responds to their needs are addressed at several levels throughout the self-study. Criterion Five’s focus, however, are the various aspects relating to the University’s outward focus, both in terms of providing services and interacting with key stakeholders. The Criterion Five chapter, then, seeks to discover how the University engages its external constituencies and how engaging external audiences intersects with internal groups.

**Approach to the Criterion**

The Criterion Five Committee began its work by considering its definition of outreach and public service. In the UAMS Strategic Plan, outreach is defined as all activities and services delivered off of the main facilities of the University, including continuing education programs. Next, the committee turned to the task of identifying major constituent groups. As a public health sciences campus, with a four-fold mission and statewide scope, the number of separate groups served/engaged could be extensive, depending on the level of specificity desired. The committee quickly realized that defining UAMS’ constituencies in a way that would allow it to conduct a fair examination of performance with respect to the Criterion was essential. Therefore, the committee established broad categories of both constituent groups and broad categories of service(s) delivered.

<table>
<thead>
<tr>
<th>Constituent Group(s)</th>
<th>Category of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>Pre-college development and recruitment programs</td>
</tr>
<tr>
<td>Medically underserved communities</td>
<td>Statewide outreach and research programs</td>
</tr>
<tr>
<td>Rural, isolated, underrepresented and vulnerable populations</td>
<td>Programs for diverse communities and populations</td>
</tr>
<tr>
<td>Patients, physicians and health care professionals</td>
<td>Distance clinical and educational programs</td>
</tr>
<tr>
<td>Health care professionals and lay public</td>
<td>Training, continuing education and professional development</td>
</tr>
</tbody>
</table>
Having established the constituency groups to address in the report, the committee then began to develop a report outline that included the features that addressed the Core Component requirements, served as an appropriate framework for the constituency groups identified, and illustrated the University’s depth and breadth of commitment to serving through outreach.

The committee next developed its own list of evidence — or documents, evidence and data — to support the established framework. Members divided analysis and writing assignments for each of the four core components.

As part of the need outlined in Core Component 5d., to demonstrate UAMS’ success (performance) in delivering outreach services, the committee elected to ask a sampling of constituent groups for letters documenting that performance. Logistical difficulties and time and budget constraints left the option of conducting a series of surveys impractical. There is not a formal evaluation system for all outreach services, nor could there be in practical terms. For this reason, the committee concluded that documentation of the satisfaction of those constituents was an appropriate measure of success.

**Core Component 5a.**

_The organization learns from the constituencies it serves and analyzes its capacity to serve their needs and expectations._

**Core Component Overview**

The University of Arkansas for Medical Sciences’ commitment to its constituents is reflected in the mission to teach, to heal, to search and to serve. The unique role of UAMS in each of its four mission areas is highlighted in the list of resources and the activities in this section. As the only health science center in the state, engagement and outreach activities are an integral part in meeting the needs of its constituents and promoting effective connections with communities. This segment describes some of the affiliations and partners and how these community-academic partnerships are meeting the needs of the state.

**Service and Outreach as an Institutional Strategy**

As a public institution established as a corporate entity under the Arkansas Constitution, the University of Arkansas has long understood its duty to contribute to the common good of the state. As part of a system of campuses and services with a declarative service mission, UAMS acknowledges its duty and its privilege to serve.

UAMS is a public, state-assisted University, receiving approximately 11 percent of its total funding from state appropriations. While this proportion has remained
stable over time, the amount in absolute dollars has increased annually, indicating continued support by the state's lawmakers for UAMS services. However, income from other sources have increased at an even faster rate\textsuperscript{13}, so that the smaller rate of growth in state funding is overshadowed as a proportion of the total.

Both the gubernatorial and legislative branches of state and local government have direct access to the Chancellor. In addition, Chancellor Wilson created the Office of the Vice Chancellor of Administration to oversee the Governmental Affairs office. The office's specific purpose is to maintain a dialogue and assure responsiveness between UAMS and public policy-makers. This Cabinet-level post reports directly to the Chancellor, works with the Chancellor on all government-related initiatives, and acts as a liaison between other members of the University and government officials.

UAMS as a Unique Resource

While part of the higher education community in Arkansas and a sister campus within the University of Arkansas System, UAMS maintains a unique role in each of its four mission areas.

Education

In education, that role is as the state's only comprehensive health sciences campus, dedicated exclusively to training health professionals. Most students at UAMS attend one-of-a-kind classes that cannot be found elsewhere in the state.

In turn, the majority of those trained at UAMS stay in Arkansas to work, bringing the relationship between UAMS and the state full circle. Approximately 60 percent of College of Nursing graduates and 80 percent of College of Medicine graduates stay in the state to practice medicine. Even higher proportions of graduates from the Colleges of Pharmacy (85 percent), Public Health (91 percent), and Health Related Professions (84 percent) remain in Arkansas.

Research

UAMS is the center of basic and applied biomedical, behavioral, public health sciences and health services research in Arkansas. No other institution, public or private, has the capacity and expertise to carry out the variety of NIH and other federally-funded research conducted by UAMS each year. In FY 2004-05, UAMS researchers earned more than $107 million in extramural funding for programs in cancer, multiple myeloma, aging, psychiatry and public health sciences, among others.

\textsuperscript{13}For example, in extramural and sponsored research, funding has doubled approximately every five years over the past 20 years.
Clinical Care

While there are certainly other medical centers in the state, UAMS serves a special niche as a provider of tertiary care and offers more clinical specialists and sub-specialists, in more disciplines, than any other health care provider in state. Because of this depth of talent, UAMS serves as a major referral center for some of the most seriously ill patients from throughout the state. UAMS offers several one-of-a-kind patient care services in Arkansas, such as its multiple myeloma, liver transplant, and skull-based surgery programs. The first liver transplant in Arkansas was performed at UAMS in May 2005. The UAMS Liver Transplant Program, headed by Dr. Youmin Wu, plans to conduct 20 to 30 liver transplants a year, with around 100 Arkansans currently on a waiting list. With the addition of the Liver Transplant Program to UAMS, Arkansans will no longer have to travel out of state for this complex and life saving surgery.

Outreach and Service

Perhaps what makes UAMS so unique in the state, however, is its role in reaching out to the state’s leaders and citizenry to provide medical and health-based services. The panoply of services and programs and initiatives in which faculty, staff and students are engaged cannot be adequately documented. The culture of service is so pervasive, ubiquitous and intertwined into other missions that it is not discrete enough for accurate measurement. In the way that colors mix to become new colors, outreach becomes an underlying color that brightens all aspects of study, training, care and discovery. Regional Programs and the College of Public Health are two units at the highest level of the institution with a major outreach objective.

UAMS Constituencies: Affiliations and Partners

Arkansas Children’s Hospital

Arkansas Children’s Hospital (ACH) is one of the largest pediatric health care centers in the nation and the only facility in Arkansas dedicated exclusively to children. It is one of UAMS’ major teaching affiliates and houses the offices and faculty of the Department of Pediatrics.

There is extensive interaction between the leadership of UAMS and that of ACH. The UAMS Chancellor and College of Medicine (COM) Dean are members of the ACH Inter-institutional Committee, and in 2006, a COM Dean’s branch office was established on the ACH campus with a full-time administrator. The ACH Medical Director serves as the Associate Dean for Children’s Affairs in the UAMS College of Medicine. The COM Dean and the Associate Dean for Children’s Affairs meet regularly to discuss operational issues, and UAMS and ACH leaders also meet to discuss short- and long-term planning for both institutions. The ACH CEO
participates in both the Chancellor's and College of Medicine's strategic planning retreats, and the COM Dean is a member of the Board of Directors for the Arkansas Children's Hospital Research Institute (ACHRI).

Many clinical services and programs provided by the staff at ACH are an extension of the COM and support the UAMS service mission. UAMS faculty physicians provide outpatient services, including emergency medicine, general pediatric clinics and a variety of subspecialty pediatric clinics at ACH. Clinics are located in the Dennis Developmental Center in Little Rock, the Schmieding Developmental Center in Springdale, genetics clinics at the Arkansas Cancer Research Center, and regional outreach clinics in eight subspecialties in more than 35 locations around Arkansas.

**Arkansas Children's Hospital Research Institute**

The Arkansas Children's Hospital Research Institute (ACHRI) is owned by Arkansas Children's Hospital (ACH). Because research is a major component of the missions for both UAMS and ACH, an agreement between them was established in 1991. The ACHRI provides a research environment on the ACH campus which meets the needs of faculty at UAMS. The strengths of UAMS and ACH as two major institutions in the state have enhanced the capabilities of the ACHRI. Researchers bring in over $17 million yearly in grants and contracts from federal and private agencies and industry and from philanthropic donations and professional organizations.

**Central Arkansas Veterans Healthcare System**

The Central Arkansas Veterans Healthcare System (CAVHS) is one of the most active in the country, admitting more patients than any other Veterans Affairs (VA) hospital in the nation. UAMS has maintained a long and close relationship with the VA. The Chief of Staff of the CAVHS is a COM Associate Dean, and the leaders of the CAVHS and UAMS meet regularly. The CAVHS is a major teaching facility for the UAMS COM; the main VA hospital is located adjacent to the UAMS campus. The large and diverse patient population served by CAVHS benefits every teaching program for medical students in the COM. In addition to on-site cooperative clinical programs, through Regional Programs, UAMS sponsors two satellite VA outpatient clinics (in El Dorado and Jonesboro) and a third is scheduled to open in Pine Bluff in 2007. The CAVHS is also an important research facility for COM faculty. Several departments have faculty whose main research space is in the VA Hospital.
Arkansas Department of Health and Human Services, Division of Health

The DHHS Division of Health (DOH) is a leader in public health that creates partnerships and customizes solutions to meet community needs. The College of Public Health has many collaborations with the DOH, including co-funding of positions (in fact, the current DOH Director holds a primary faculty appointment as Professor and Chair in the College's Department of Health Policy and Management) and collaborative programs in research, service, and continuing education. Other UAMS/DOH collaborations also exist. For instance, the DOH administers the Breast Care program, which provides breast cancer screening and treatment for income-eligible women in Arkansas. The UAMS/ACRC Modular Mammography Program (MMP) collaborates with DOH in identifying primary care clinics for enrollment in the Breast Care program. DOH may be a source of leveraged funding for breast and cervical cancer education and screening for Arkansas Cancer Community Network (AR-CCN) through annual mini-grants for local Cancer Councils.

Arkansas Foundation for Medical Care

The Arkansas Foundation for Medical Care (AFMC) was incorporated in 1972 as a private, nonprofit educational organization to promote excellence in health care through evaluation and education. It has a membership of more than 1,500 physicians and a governing board consisting of physicians, hospitals, business and consumer representatives. AFMC has collaborated with AR-CCN and the Witness Project to offer Healthy Family Jubilees, a series of events to make mammograms more accessible to women in the Arkansas Delta. AFMC is in a position to assist AR-CCN with statistics and other mutual initiatives as a source of information, research and education on Medicare and Medicaid in Arkansas.

Arkansas State Hospital

The Arkansas State Hospital (ASH) is a statewide referral service and is Arkansas’ only state psychiatric hospital. Its facilities are located adjacent to the UAMS campus and include a bed capacity of just over 200. COM Psychiatry Department residents and fellows train at the facility, and there is a great deal of crossover among personnel; for example, UAMS faculty are also staff in ASH’s Arkansas Mental Health Research and Training Institute.

Arkansas Center for Health Improvement

The Arkansas Center for Health Improvement (ACHI) — established in 1998 — is a nonpartisan, non-profit organization that operates under the auspices of UAMS. The ACHI Mission is “To be a catalyst for improving the health of Arkansans through evidence-based research, public issue advocacy, and collaborative
program development.” The Arkansas Department of Health and Human Services (DHHS) and Arkansas BlueCross BlueShield (BCBS) joined as additional sponsoring organizations of ACHI, and major financial support has also been provided by the Winthrop Rockefeller Charitable Trust. ACHI coordinates, deploys and organizes existing personnel in existing programs to meet specific health promotion or health policy challenges and opportunities — for example, the research and education expertise of UAMS and the experience of DHHS in health policy, promotion and prevention, as well as familiarity with the state and federal regulatory environments. Efforts are not limited to sponsoring institutions, but include — on an as-needed basis — any constituent groups with interest and/or expertise in pursuing health improvement in Arkansas. One of the best examples of the Center’s efforts is related to its public policy role. The Center established a public policy plan that focuses on health promotion, disease prevention and health care financing. Of particular note are the following pieces of legislation that have been enacted into state law:

- Tobacco Master Settlement: Initiated Act 1 — Established the plan for distributing Arkansas’ share of the federal settlement with tobacco companies. Funds were dedicated completely to programs and projects dedicated to improving health.
- Smoking Ban for Hospitals Act — Prohibits the use of tobacco in all medical facilities around the state.
- Clean Indoor Air Act — Prohibits smoking in all public areas, including restaurants.
- Childhood Obesity Act — Established a program of measuring and parental reporting body mass index of children enrolled in Arkansas public schools.

**University of Arkansas at Little Rock**

UAMS and the University of Arkansas at Little Rock (UALR) have a solid record of successful partnership that allows UAMS to do more to serve the state of Arkansas. They joined together to create the only certified Audiology program in Arkansas, combining the resources of a traditional University with a health sciences campus. Beginning in Summer 2005, the UALR College of Business and UAMS College of Medicine began to offer students the opportunity to complete a combined M.D./M.B.A degree. Similar dual degree opportunities exist with other UAMS colleges including the College of Pharmacy.

UALR and UAMS are partners in two formal, federally-funded research programs: the Biomedical Research Information Network (BRIN) and the Arkansas IDeA Network of Biomedical Research Excellence (Arkansas INBRE). Both projects also involve the University of Arkansas at Fayetteville and operate to link research faculty and infrastructure in the state for the purpose of increasing biomedical education and research at graduate and undergraduate institutions.
UALR, in cooperation with UAMS, operates the public radio station, KUAR-FM, a Public Broadcasting System (PBS) station. While UALR is the lead sponsor, UAMS contributes support and vital programming, including the program “Here’s to Your Health,” which is broadcast three times daily, Monday through Friday. “Here’s to Your Health” can also be heard online on the UAMS Web site (where written transcripts of the programs are also available), and on other public radio stations around the state.

**UALR Bowen School of Law**

The UALR Bowen School of Law and UAMS are located only a few miles apart in Little Rock. Together they offer two joint degree programs: Juris Doctor/Master of Public Health (J.D./M.P.H.) and Juris Doctor/Medical Doctor (J.D./M.D.).

The J.D./M.P.H. program is offered in collaboration with UAMS’ College of Public Health. This combined degree program provides skills to its students in the areas of public health programs and interaction between public health and legal policy development. Both the UALR Bowen School of Law and the UAMS College of Public Health recognize the interrelationship between the legal system and the delivery of health care services.

The J.D./M.D. program began in Summer 2005, and the degree is offered with the UAMS College of Medicine. Students have the opportunity to obtain their medical degree while also studying to obtain a Juris doctorate J.D. with a focus on health law.

**University of Arkansas Clinton School of Public Service (UACS)**

University of Arkansas Clinton School of Public Service (UACS), located at the Clinton Presidential Center in Little Rock, was established in 2004 as a collaboration of three of the University of Arkansas' System campuses: UAMS, the University of Arkansas at Fayetteville (UAF) and the University of Arkansas at Little Rock (UALR). The UACS Council, comprised of the three campuses’ vice chancellors for academic affairs and the UACS dean, report directly to UA System President B. Alan Sugg. President Bill Clinton has an office at the Clinton Presidential Center and is an occasional guest lecturer at the school. The school’s faculty members have primary appointments at UAMS, UAF, UALR, or at other institutions in the state. The UAMS College of Public Health and the UACS have also recently developed the combined Master of Public Service/Master of Public Health (M.P.S./M.P.H.PS/M.P.H.) degree program.
Environmental Scanning and Analysis

Workforce Survey

In 2003, UAMS conducted a workforce survey indicating that shortages in key health care professions would double in Arkansas over the next five years unless changes occur in training, recruitment and retention of health workers. UAMS surveyed hospitals, nursing homes, county health departments and many clinics across the state about their current and anticipated vacancies in 79 health care occupations. The study was the first of its kind in Arkansas. Current and anticipated vacancies were reported in many medical and health professions. These workforce studies provide direction for ongoing assessment and revision of UAMS training programs, which are continuously being adapted and refined to ensure that they meet future health care workforce needs throughout the state.

Bioterrorism Preparedness

In response to world events since September 11, 2001, UAMS began exploring potential avenues with many partners across the state to help identify ways that the people and health professionals in Arkansas could become better equipped to respond to both natural disasters and terrorist attacks. UAMS led that charge by pursuing and receiving a two-year, $3 million Health Research Services Administration grant to provide continuing education on bioterrorism preparedness for health professionals in Arkansas. The AHECs and cooperating Community Health Centers have offered 241 continuing education activities, reaching an audience of 13,768 from July 2004 to August 2006. Through a broad-based partnership with the Arkansas Division of Health, the Department of Emergency Management, the Arkansas Hospital Association and the FBI, the first annual Statewide Preparedness Conference was held in July 2004 for 362 attendees; the second was in July 2005 for 487 attendees; and the third conference, in August 2006, drew 401 attendees. These conferences bring together health and public health professionals along with first responders, law enforcement, fire professionals, EMS services and leaders of local governments and state agencies.

Medical Reserve Corp

The idea of the Western Arkansas River Valley’s Medical Reserve Corp (MRC) began at the July 2005 statewide Bioterrorism Conference held in Little Rock, and was led by AHEC Fort Smith. The Medical Reserve Corp is a volunteer group that seeks to organize and coordinate training for medical response to emergency situations. The MRC program seeks affiliation with local, state and national emergency response organizations in order to coordinate efforts in context of larger planning, and also to act as a communication link among agencies and organizations. Leaders began by conducting a community needs assessment. Based on results of this assessment, leaders began to focus future efforts on the protection of local hospitals and their emergency departments.
When Arkansas received an estimated 70,000 evacuees from Hurricanes Katrina and Rita, the first MRC Team formed by AHEC Fort Smith shortly after the second Statewide Preparedness Conference jumped into action. This MRC Team provided medical services for 12,000 persons transported to Fort Chaffee, with assistance from AHEC Northwest and AHEC Pine Bluff. MRC Teams are now being formed at all AHECs and in Pulaski County.

**Hurricane Katrina**

From providing medical care to evacuees in shelters and nursing homes around central Arkansas to supplying preemie-sized bottles and diapers for an infant at a DeWitt shelter, UAMS employees responded to help those affected by Hurricane Katrina. Donations from UAMS employees also allowed shipments of medications for diabetes and other conditions, as well as household supplies and personal hygiene items, to go to shelters in Mississippi. Thousands of evacuees from hurricane-affected areas in Louisiana and Mississippi were cared for in shelters and other facilities across the state, with UAMS physicians, nurses and other health care professionals volunteering their time. Patient needs ranged from prescription medications to cancer treatments, and kidney dialysis to high-risk pregnancies. The UAMS Donald W. Reynolds Institute on Aging treated many evacuees on an outpatient basis while Department of Geriatrics physicians made rounds to visit evacuees staying in several nursing homes in the area. UAMS physicians also assisted the staff at the VA Hospital in treating patients there. Teams of UAMS physicians made regular visits to some of the evacuee shelters in central Arkansas. UAMS mobilized its seven Area Health Education Centers across the state to provide aid to Hurricane Katrina evacuees. In addition to the UAMS Disaster Fund, UAMS faculty, staff and students collected several truckloads of food, bottled water, toiletries, clothes and toys for local agencies gathering items for the displaced.

**Engagement with the Community**

**Advisory Groups**

UAMS engages both its internal and external constituents through many advisory councils and committees. These groups usually include a diverse group of members, such as UAMS faculty or administrators, community leaders, business owners, physicians or other health care professionals, and many others. The specific purpose of each group varies, but all are focused on improving all or some part of UAMS’ four-part mission. Advisory committees and councils for each college, the Graduate School and Regional Programs illustrate the interchange between UAMS and external groups while planning and implementing academic programs.
**UAMS Consortium**

The UAMS Consortium was established in 1995 as an advisory council affiliated with the UAMS Foundation Fund Board of Directors. UAMS Consortium members serve as ambassadors, advocates, liaisons, advisors and facilitators on behalf of UAMS. By building strong relationships between UAMS and the community, they strive to meet four primary functions:

- Facilitate a relationship between UAMS and the community
- Increase community awareness of the mission of UAMS
- Develop informed leadership to be aware of health care issues and serve as an advocate for positive health care changes in Arkansas
- Raise funds for the benefit of UAMS and projects supported by UAMS, through public and social events

**Regional Programs Advisory Council**

The Regional Programs Advisory Council consults on various aspects of planning and implementation for the AHEC Program and the Rural Hospital Program from a statewide perspective. The Council is comprised of the Chairman and Vice Chairman of the Advisory Councils of each of the seven AHECs and several partner members representing statewide organizations that support and work with Regional Programs to achieve its statewide mission. The Council has adopted bylaws and elects a Chairman and Vice Chairman from the membership to lead the organization. An internal advisory council also offers valuable input from various departments within the institution.

**College of Medicine**

**CME Advisory Committee**

The CME Advisory Committee provides guidance and strategic leadership to manage the college's CME program. Members serve as departmental representatives, and as CME liaisons and advocates within the COM and medical community. The members include COM faculty and health professionals from other institutional units who are involved in medical education and have a particular interest in CME. Members are appointed annually by the Dean of the College of Medicine and serve indefinitely. The committee meets quarterly.

**Arkansas Premedical Advisory Group**

The College of Medicine conducts an annual Arkansas Premedical Advisory Meeting. The COM Admissions Committee, premedical advisors from colleges throughout Arkansas, as well as major “feeder schools” outside of the state (i.e., Rhodes, Vanderbilt, Baylor) are invited to attend. Through this conference COM
officials are able to share information about medical training at UAMS with educators and advisors from hundreds of colleges and universities around the country, assuring that accurate and comprehensive information about the UAMS medicine education program is in the hands of those (1) in a position to advise and inform college students about medical education; and (2) educators who have curricular input or decision-making authority.

**College of Nursing**

*Employer Focus Group*

The Employer Focus Group consists of employers of the College of Nursing’s Baccalaureate and Masters degree graduates. Their purpose is to provide feedback to the CON as to the quality of education provided by these two programs.

*College of Nursing Doctoral Advisory Board*

The Doctoral Advisory Board provides feedback on what it would like to see offered in the College of Nursing doctoral program. This board consists of individuals who are chairmen of various nursing departments through the state.

*College of Nursing Practitioner Specialty Advisory Boards*

The College of Nursing offers several nurse practitioner programs. Each program has a Nurse Practitioner Special Advisory Board that consists of former students, APN’s, and physicians with knowledge of the role and content in a given specialty. They consult on issues related to the specific program to meet the needs of the CON’s constituents.

*College of Nursing Hartford Community Advisory Board*

The Hartford Community Advisory Board gives input to the College of Nursing to help increase the capacity of nursing to provide expert geriatric care through research, leadership, and education. This board consists of a diverse group that includes business owners, CPAs, retired CEOs, licensed nursing home administrators, a retired Southwestern Bell Corporation account executive, a nurse and community volunteers.

**College of Pharmacy**

*Dean's Advisory Council*

The Dean's Advisory Council of the UAMS College of Pharmacy (COP) is a group of high-level leaders from both public and private sectors whose purpose is to provide a channel of communication between the professional and business
communities and the College, and to assist with advocacy, philanthropy, and general advancement of the College. In order to achieve its goals, the members of the Dean’s Advisory Council will individually and collectively:

- Serve as ongoing consultants to the College in the development and revision of strategy and programs
- Offer insight into the external environment – from legislative to industry trends – which impacts the College's mission and strategic plan
- Engage in, assist, and support the fundraising efforts of the College
- Advocate for the College relative to its strategic plan
- Provide valuable contacts for faculty and students of the College as they pursue their professional goals
- Encourage exceptional students in Council members’ communities to consider enrolling in the College of Pharmacy
- Serve as a liaison between the College and community in order to promote mutual understanding and cooperation.

Members of the Dean’s Advisory Council are accomplished professionals from the academic, health care and business communities who are willing to donate their time, talent, and resources to assist the Dean in enhancing the College and serving as advocates of its programs. The Council consists of up to 25 members, invited and appointed by the Dean of the College of Pharmacy. The Dean, Associate Deans, Department Chairmen, and the College of Pharmacy Development Officer serve as *ex-officio* members of the Dean’s Advisory Council.

**Assessment Committee**

The Assessment Committee develops a system for assessing effectiveness in instruction and student learning in the COP. This includes forms and procedures for gathering needed data, and also guidelines for applying data as one element of annual performance review. The committee is composed of 13 members. This committee is comprised of three COP faculty members and two student members. The Dean also appoints one member from the COP faculty and two practitioners representing different areas of pharmacy. In addition, the Associate Dean for Academic Affairs or Dean’s designee and the Assessment Coordinator from the Office of Education Development shall serve as *ex officio*, non-voting members of the committee.

**Curriculum Committee**

The Curriculum Committee is responsible for preparing recommendations of coursework (both pre-professional and professional) required for completion of the professional degree offered by the College of Pharmacy. In accordance with accreditation guidelines and other recognized standards, the committee recommends the courses required, the academic credit for each course, the broad outline of the subject matter of each course, and the appropriate place in the
curriculum for each course. In addition, the committee monitors the outcome of the curriculum. The committee receives, solicits and acts on information and proposals from faculty, students, alumni and others with an interest in the curriculum, and responds proactively to changes in pharmaceutical theory and practice. The committee is composed of three faculty members elected by each department, two students, one elected from each incoming junior and senior class in April, and two practitioners representing different areas of pharmacy appointed annually by the Dean.

Admissions Committee

The Admissions Committee is composed of ten members of the College of Pharmacy faculty, with five being elected from each department of the College. Up to five practitioners, actively engaged in practice and representing a cross-section of the state, including geographic, cultural and practice site diversity, are appointed by the Dean. This committee reviews, evaluates and selects candidates for admission to the COP in accordance with the admissions standards determined by faculty; and faculty prepares an annual report to the faculty of applications, admissions, qualifications of those admitted, and other trends, tendencies or such matters as the committee deems necessary or as may be requested by the faculty.

Ad Hoc Committee on Diversity

The College of Pharmacy Ad Hoc Committee on Diversity solidifies the efforts of the COP to build a more diverse student body and to build and retain a culturally diverse faculty. This committee serves the Dean in an advisory fashion regarding efforts to achieve a culture sensitive to diversity. Membership of the committee consists of faculty and community-based practitioners.

College of Health Related Professions

The College of Health Related Professions (CHRP) supports 10 departments representing 17 professions and 23 programs, nearly all of which have an advisory committee. The role of advisory committees is to provide advice and counsel to the Department faculty and the College of Health Related Professions administration regarding long-term planning and evaluation of the educational program as it relates to meeting the needs of the student body, the Department alumni, employers of graduates, the community, and the state.

Membership on the advisory boards is quite broad and represents a variety of outside interests and perspectives in the education of allied health professionals. Examples of membership type other than program faculty, physician directors, or CHRP administration are as follows:
Regional representation: e.g., dentists and dental hygienists from all regions of the state
- Department directors who might be expected to employ graduates
- Physicians who might be expected to employ graduates
- Students
- Alumni
- Clinical faculty of clinical affiliates
- Representatives of higher education, such as advisors from UALR or UCA
- Student recruiters
- Public member at large
- Health Department representatives

**College of Public Health**

**Joint Leadership Council**

The Joint Leadership Council (JLC) acts as the strategic planning and coordinating body to identify, support, and recommend interactions between the COPH and the Department of Health and Human Services' Division of Health (DOH). The Council promotes new collaborations in the areas of educational opportunities, research opportunities, clinical/service opportunities, and management opportunities. The JLC uses measurable outcomes to track progress. The Council is charged with reviewing the equity and fairness of all such collaborations and re-reviewing all existing collaborations to ensure equity and fairness and to resolve any concerns that develop. Subcommittees are appointed by the Council on an ad hoc basis to facilitate co-institutional planning and strategy formulation on specific topics or issues. The Joint Leadership Council consists of the following individuals: the Dean of COPH and the Director of the DHHS Division of Health (DOH), Permanent Co-Chairmen; members of the Dean's Executive Committee as nominated by the Dean; and members of the DOH Executive Council as nominated by the DOH Director. All members of the JLC serve at the pleasure of their nominator.

**Community-Based Public Health Committee**

The Community-Based Public Health (CBPH) Committee consists of one member from each of the academic departments, appointed on an annual basis by the Department Chairman. Members of the CBPH Committee serve at the pleasure of the Chairman. The Director of the Office for CBPH serves as a permanent member of the committee. Members annually elect the Chairman from their membership during the first meeting of the Committee at the beginning of the academic year. The purpose of this Committee is to advance the College's interests in developing demonstration centers for community-driven public health. The Committee monitors and facilitates collaboration among the CBPH partners: the community (community-based organizations, in most instances), public health practitioners from the DHHS Division of Health, and faculty from the COPH. It is the Committee's charge to encourage broad-based

Criterion Five  Core Component 5a.
engagement by the demonstration communities not only in service, but also in research and educational activities. All recommendations that grow out of the Committee's deliberations shall be reported simultaneously to the Dean, to the Dean's Executive Committee and to the community consortia.

**Alumni Associations**

The Colleges of Medicine, Nursing, Pharmacy and Public Health each have individual active alumni associations.

**College of Medicine**

The College of Medicine alumni are hosted through the UAMS Office of Alumni Affairs. This organization is made up of physicians practicing in Arkansas, current and former house officers, current and former faculty, and friends of the College.

The programs supported by the Office of Alumni Affairs include:

- **For Students**
  - Provide student loans — 60 currently in force — and full-tuition scholarships for two freshman students each year
  - Assist with College of Medicine Family Weekend (in cooperation with the Parents Club)
  - Underwrite Scholarship Donor Recognition Dinner
  - Provide for students in crisis (funded by Alumni Class of 1972 endowment)
  - Underwrite the White Coat Ceremony (funded by Alumni Class of 1951 endowment)

- **For Alumni and Other Members**
  - Host Alumni Weekend annually
  - Make available a membership directory of all members
  - Mail updates to alumni regularly
  - Send newsletters to all members
  - Present Distinguished Alumnus/a Awards
  - Respond to individual requests by letter or telephone daily
  - Work with individual alumni and other individuals, major clinics, alumni classes and others to obtain more scholarships and gift endowments for the benefit of students

- **For the College of Medicine and Faculty**
  - Assist with the 125th anniversary celebration of the College of Medicine
  - Work with students and the Dean to coordinate all planning and activities for the College of Medicine Phonathon
  - Assist in recruitment of students and faculty
  - Solicit funds and acknowledge gifts
  - Prepare statistical studies for the Legislature, the University and the Association of American Medical Colleges

---

14This office is in transition to become the UAMS Medical Alumni Association.
Write articles for UAMS and College of Medicine publications
Recognize and thank annually those who have made permanent gifts

**College of Nursing**

The Nursing Alumni Association (NAA) is an organization of nurses who are alumni of the College of Nursing. According to their by-laws, the purpose of the NAA "shall be to strengthen relationships between and among the alumni and the College of Nursing, and to undertake mutual endeavors for the advancement of nursing and nursing education through these relationships."

The specific objectives of the organization, stemming from these overall purposes, are as follows:

- To foster affiliation between and among the alumni and the College of Nursing
- To provide a mechanism for interaction of alumni of the College of Nursing through:
  - Reunions and special events of interest to alumni
  - Written communication and news about the alumni and current College of Nursing activities
  - Participation in continuing education opportunities provided through collaborative planning with the College of Nursing
  - Maintenance of current addresses and information to assist alumni in continuing contact with each other
- To foster the continued growth and development of the College of Nursing through:
  - Assistance with recruitment of qualified students and faculty
  - Fund raising
  - Identification of career opportunities for graduates of the College of Nursing
  - Public relations activities which highlight alumni, students, and faculty
- To participate in the advancement of nursing and nursing education through:
  - Input of alumni of the College of Nursing on the role of nursing in Arkansas
  - Assistance with the compilation of the history of the College of Nursing
  - Assisting in the assessment of the impact of the graduates of the College of Nursing on nursing and health careers
College of Pharmacy

The College of Pharmacy promotes 3,000 alumni of the College through its Alumni Association. This association promotes camaraderie, support for the College of Pharmacy and an environment of life-long learning.

The goals of this organization are to:

- Promote the interests and standing of the College of Pharmacy for the mutual benefit of faculty, students, and alumni.
- Promote the art and science of pharmacy by stimulating communication among its members.
- Encourage gifts of time, talent and financial resources that benefit the growth and development of the college.

College of Public Health

The College of Public Health (COPH) is in the early stages of organizing an alumni association. Currently, 66 alumni occupy various roles in public health throughout the state. The completion of association set-up, including bylaws and election of officers, is in preparation. The COPH plans to begin this association by identifying and adopting a volunteer program, as well as initiating the Alumni Association of Public Health in Arkansas scholarship for a COPH student in memory of Dr. Fay Boozman.

Core Component 5b.

*The organization has the capacity and the commitment to engage with its identified constituencies and communities.*

Core Component Overview

UAMS’ service mission is to provide leadership and service in the health care disciplines and in public health policy for the benefit of the citizens and communities of Arkansas. UAMS has realized this mission since its earliest beginnings in 1879. Since then, UAMS has evolved and continued to realize this mission by developing new programs and services, recruiting leaders dedicated to its service mission — who in turn recruit dedicated professionals — and maintaining dialogue with Arkansas’ communities.

Because of its unique role in the state and the distinctive knowledge and skill set of its employees, UAMS faculty, staff and students have a tremendous role to play in the public arena. That role may become even more important in the future, as UAMS stands shoulder-to-shoulder with its public and private partners to face challenges related to the uninsured and underinsured; significant
demographic shifts in the state’s population; a possible health crisis triggered by the unprecedented increases in obesity and diabetes; and, recognizing that the 21st century is an insecure and unpredictable place, a focus on institutional responsibility to respond in times of local, state, regional or national emergency. UAMS will continue to realize its outreach mission as it adapts its ability to provide clinical care, scientific discovery, health education to the emerging needs of the future.

Institutional Capacity for Outreach: Structure and Leadership

UAMS’ organizational structure accurately reflects its four missions, including outreach and service to the state. The institution is led by a Chancellor who directs the educational programs for professional degrees in many of the life sciences. The Chancellor is supported by one Executive Vice Chancellor, seven Vice Chancellors, six Deans and six Center/Institute Directors. These individuals ensure that the necessary infrastructure and resources are available to support the University so that it may realize its missions.

Centers of Excellence

The University is home to six nationally or world-renowned institutes in cancer, aging, ophthalmology, multiple myeloma, the neurosciences, and psychiatry. Collectively, these Centers of Excellence, combined with the University Hospital, have elevated UAMS among the nation’s best hospitals for more than a decade. Each institute is headed by a Director who is among the world’s leading experts in each field. Each Director provides leadership to ensure that each Institute supports the UAMS service mission by searching for cures, caring for the ill, and teaching the next generation of those who will search and care through innovative clinical programs, public and professional education, community outreach and research.

Colleges

The University’s academic units are led by executive Deans who oversee the academic, scholarly and outreach programs of the respective health care disciplines and ensure the academic units support the missions of UAMS.

The Deans of the respective academic units all seek to achieve their College’s mission and thereby support the missions of UAMS. To this end their leadership is aimed at providing exemplary and comprehensive educational programs and achieving excellence in research and service to the University, their respective health care professions and society. To carryout their respective missions and facilitate outreach activities, the academic units all have their unique organizational structures.
Clinical Programs

The University is also known for the clinical programs within the UAMS Medical Center, its $103 million plus dollar program of research and other grants, and its community service outreach projects throughout Arkansas. Each of the academic units serve the citizens of Arkansas by training the future health care practitioners in nursing, pharmacy, medicine, public health, and health related professions, and engaging in outreach programs that provide access to care and improve the health of Arkansas citizens.

While all units participate in pursuing the campus’ outreach mission, two units have a strong service or outreach orientation: Regional Programs and the College of Public Health. Both are led by senior executives who sit on the Chancellor’s Cabinet: the Vice Chancellor for Regional Programs and the Dean of the College of Public Health. Regional Programs focuses primarily on direct delivery of health care and health education to the state’s citizens in all seven major regions. The College of Public Health focuses on service through its educational and research programs, which focus on discovery and validation of new models of public health promotion as well as community-based participatory research and research to eliminate racial health disparities in the state. In addition, the College works to fulfill its commitment to provide technical public health expertise to public health practitioners, leaders, and communities in Arkansas.

Regional Programs

The Regional Programs includes the Area Health Education Centers, the Rural Hospital Program and the Telehealth Program. These programs provide rural outreach to the state through continuing education for health care professionals; clinical and didactic training for residents, nurses, health related professions; health careers programs for junior high (CHAMPS) and high school (M*A*S*H) (http://rpweb.uams.edu/healthcareers/default.asp) students, and the Telemedicine Program.

Area Health Education Centers (AHECs)

The AHEC program was founded as the primary educational outreach effort of UAMS and the principal means of decentralizing medical and other health professions education throughout the state. Seven teaching centers in Arkansas communities (http://rpweb.uams.edu/AHEC/ArkAHECDir.asp) serve as training sites for students in medicine, nursing, pharmacy, and various allied health professions, as well as for residents specializing in family medicine. Each AHEC is led by a Director who serves to extend the outreach programs of each respective AHEC into a multiple county service area, making programs and services accessible to more patients, potential students and rural providers. The AHEC program and its importance to the service mission of UAMS have been outlined.
above, and its highlights can be reviewed at [http://rpweb.uams.edu/AHEC/ProgramHighlights.asp](http://rpweb.uams.edu/AHEC/ProgramHighlights.asp).

**Rural Hospital Program**

The Rural Hospital Program is dedicated to serving rural hospitals throughout the state and surrounding areas. Through this unique program, Arkansans receive and participate in technology-based education. Through the Interactive Television System, residents, practitioners, students and community members across the state can access information and programming from the states’ leading health experts in their own community hospitals and clinics. The Rural Hospital Program ([http://rhp.uams.edu/mission/](http://rhp.uams.edu/mission/)) provides rural hospitals with resources from UAMS as well as University Hospital.

**The College of Public Health**

The mission of the College of Public Health (COPH) at UAMS is to “improve health and promote well-being of individuals, families, and communities in Arkansas through education, research, and service.” To fulfill this Mission, the COPH adopted a community-based health promotion orientation. The COPH views three primary means of realizing its mission through: 1) meeting the public health workforce needs for the future and thereby contributing to improving the health and well-being of Arkansans; 2) establishing research programs to address the health issues of Arkansas and establish demonstration projects to assist in disseminating health promotion programs throughout the state; and 3) providing technical expertise to public health practitioners and communities in Arkansas.

Early strategic planning for the COPH also identified the large proportion of Arkansans with unhealthy lifestyles and risky health practices that accelerated the development of chronic diseases, rates of which are among the highest in the nation. Public health research has long established that “top-down” approaches to changing lifelong cultural practices are less effective than approaches that involve individuals, families, and communities in developing approaches to encourage change. Thus, from the COPH’s initial development, faculty and COPH leaders were cognizant of the importance of the cultural environment and envisioned that faculty, staff and students would work to combine scholarly/intellectual interests with relevant and effective community-based practice. Since a major focus of the COPH is to develop research and teaching programs that have direct relevance to fulfilling its mission, the COPH views service as one of its essential components, and a number of its policies, procedures and practices have been specifically structured to support and encourage service. The COPH’s collaborations with its many partners directly and indirectly benefit the population. Direct service results when the partnership clearly affects the health of the population. Indirect service to communities can also result, such as when programs improve knowledge and skills of health care and/or public health practitioners, thereby presumably benefiting the population. Methods that produce indirect results include (1) work
with partners to educate public health practitioners and allied health professionals about public health issues, typically through continuing medical education (CME) and/or continuing education (CE) programs, (2) provision of technical assistance to public health practitioners, legislators or other leaders, and communities on a variety of public health issues, and (3) the large number of research programs conducted by the COPH that address significant public health problems faced by the state.

Resources to Support Outreach Activities

Infrastructure

The infrastructure for outreach to UAMS’ constituent communities is tightly interwoven with the infrastructure for other aspects of its mission. In addition to the UAMS Hospital complex and its associated outpatient clinics, the statewide presence of the Area Health Education Centers, Centers on Aging, and KIDS FIRST provides citizens throughout Arkansas with access to a variety of services, as well as space for community activities. The Area Health Education Centers and Centers on Aging locations throughout the state not only provide space for UAMS-specific activities, but also for activities conducted by community agencies in the various regions. Similarly, classrooms and meeting space on the main UAMS campus are available for community partners’ use when not scheduled for UAMS activities. The UAMS Library is open to the community during its regular operating hours, and has “branch” libraries in the regional AHEC centers that serve thousands of patrons, including health professionals, students and residents throughout the state. Of course, additional infrastructure is dedicated to multiple other UAMS outreach programs, including the Arkansas CARES program.

Technology

Because UAMS is located in the central part of a relatively small state, many of the state’s residents can easily reach the main campus. UAMS has also made a substantial investment in technologies that further support and ease the delivery of outreach activities and community service to its constituents. UAMS’ Interactive Video Network and a few examples of the ways in which UAMS uses technology to deliver outreach are described below.

Interactive Video Network

UAMS operates its Interactive Video Network as part of a larger system of telemedical communications, which is a video network made up of a number of institutions and campuses throughout the state. About 278 compressed interactive video sites are operating within the state. The medical network consists of 64 sites, including 54 rural hospitals and seven AHECs. The UAMS network is also capable of connecting to other states and countries throughout the world. UAMS
uses this network to deliver telemedical outreach initiatives, such as teleconsults with members of UAMS’ Rural Hospital Program and its ANGELS Program. The network is also used to deliver conferences to physicians and health care practitioners around the state. For example, UAMS’ Division of Cardiovascular Medicine recently announced a schedule of six conferences for 2005-06. UAMS has previously broadcast conferences in areas of high risk obstetrics/gynecology, psychiatry, dietetics, dermatology, genetics, orthopedics, psychology, pharmacy, prenatal care and speech pathology.

UAMS Library/National Network of Libraries of Medicine

The UAMS Library, the state’s largest health sciences library, is an active participant in the National Library of Medicine’s National Network of Libraries of Medicine program. This program designates the UAMS Library as the resource library for Arkansas, and as such, it provides backup health sciences information resources and services, including electronic resources, to the AHEC Libraries, hospital libraries throughout the state, and individual health professionals.

Specific outreach programs that use and/or incorporate technologies are described more fully in the following section, Core Component 5c.

Budget

As an academic health center serving not only the entire state of Arkansas but also patients, families, and communities throughout the region, the nation and the world, UAMS integrates service into many of its functions to an extent that makes it difficult to determine a specific amount that is expended on “service activities.” The investment made by UAMS in its service and outreach to its constituent communities is substantial – the budget for the UAMS Hospital alone, which served patients and their families from 49 states plus Washington, D.C. and 23 foreign nations last year, has an annual budget of over $300 million. The budget for UAMS’ Regional Programs office alone was over $43 million, while the College of Public Health was budgeted for approximately $2 million. Other funds are committed by the individual units (typically colleges and centers/ institutes) directly, such as the satellite aging centers established throughout the state (funded through the Institute on Aging) and the Witness Project for breast cancer detection (sponsored by the College of Medicine). Further, these amounts do not include extramural support for specific outreach-related projects. Data show that UAMS faculty and staff received $13.3 million dollars for “public service/community service” projects.
Employees

UAMS employees reside in 70 of Arkansas’ 75 counties, making UAMS a truly state-spanning institution. It is difficult to capture the number of UAMS employees who are dedicated specifically to outreach and service. As with the budget information provided above, the interweaving of UAMS’ multiple missions makes the separation of this type of information somewhat artificial. In addition, UAMS actively promotes a culture of outreach and service among all of its employees and students. Although UAMS employees are engaged year-around in volunteer and outreach activities, both in their roles as UAMS staff and in their personal lives, UAMS staff often come together in the face of critical incidents that affect the citizens of the state of Arkansas and beyond. When Hurricane Katrina devastated the Gulf Coast, thousands of evacuees came to Arkansas. UAMS staff mobilized quickly to collect donations to send to the Louisiana and Mississippi residents who were affected by the storm, and to support the evacuees. Student groups from every UAMS College organized collection drives, organizing and facilitating literally truckloads of donated blankets, clothing, water, and nonperishable food to send to these communities. UAMS employees also volunteered to spend their non-working hours collecting monetary donations – this effort was spearheaded by a challenge to all UAMS faculty and staff from the Chancellor and resulted in collection of over $16,000 from direct employee contributions, as well as an additional $9,000 from the Chancellor on behalf of UAMS employees, that was donated to organizations serving those affected by Katrina.

Regional/Local Presence throughout the State

The following map is an outreach map often used in presentations given by the Chancellor. It shows the reach of UAMS’ formal outreach programs throughout the state. Through these formal programs, such as the AHEC program, regional Centers on Aging and the Rural Hospital Program, UAMS reaches its service and support activities into every corner of the state. However, even this underestimates the connection that UAMS has to its constituent communities. There are many ways in which UAMS’ activities respond to the communities it serves; this includes an active process in every UAMS College to bridge the educational curricula of its various degree programs to the community.
Bridging the Curriculum to the Community

UAMS is dedicated to training the health and wellness professionals who will ultimately serve Arkansas and the surrounding region. UAMS faculty and administrators understand that, in order to achieve this goal, its educational programs must be intimately connected to its community and constituents. Indeed, the hallmark of UAMS is the interconnections among its various missions of teaching, healing, searching and serving. None of these missions can be successful without the others. Students are educated using state-of-the-art approaches (often discovered by UAMS faculty who are active researchers), so that they may deliver health care, prevention or educational programs (i.e., healing, caring) to all citizens of the state and beyond. Thus, the curricula of UAMS’ educational programs includes a substantial emphasis on ensuring that graduates are prepared to take on these roles as servants to the community: as healers, educators, health professionals, and scientists. This is achieved in multiple ways, including clerkships, internships and residencies in the community; service learning opportunities within degree programs; and cultivation of a service orientation among students.

Clerkships, Internships and Residencies

Students in most UAMS degree programs are training to become service providers – physicians, nurses, pharmacists, allied health professionals, and public health professionals. Without opportunities for community practice, students cannot develop the skills they need to effectively connect with and
serve their constituents. Thus, most degree programs at UAMS that train health providers and professionals include clerkship, internship, practicum, residence, and other community-based training requirements. These also ensure that Arkansas benefits directly from the educational programs at UAMS – these training activities engage students who have the most current knowledge in their respective disciplines with other health professionals in the community setting and the patients or clients they treat.

As part of their required Early Practice Experiences, second-year pharmacy students complete a four-week clerkship in an institutional or community-based pharmacy practice setting in the state. This clerkship is designed to introduce the student to the process of integrating basic pharmacy-related concepts with patient care using an educator/practitioner as a role model. Fourth-year pharmacy students are required to complete the Advance Practice Experiential Program. This 36-week experiential program is designed to guide the student in the process of integrating basic pharmacy-related concepts with patient care in specific areas of pharmacy practice. Using an educator/practitioner as a role model, emphasis is placed on the contributions pharmacists can make toward patient care. These clerkships take place in pharmacy practice settings throughout the state.

The second two years for the medical school student involve them directly with patients and medical staff. Junior clerkships provide the students with clinical involvement in almost every major aspect of medicine. These clerkships are primarily in-patient oriented, and students are assigned as members of patient care teams with an intern, resident, and attending physician. Emphasis is on bedside teaching and students are expected to assume significant responsibility for their patients.

The College of Nursing requires students to participate in clinical experiences throughout all of their programs. Many of the courses offered by the College include some type of clinical experience. Clinical placements are sought throughout the state in the students’ area of residence. Interactive video facilitates delivery of theoretical content.

All programs offered by the College of Health Related Professions have some type of clinical or practicum requirement, including clinics, rehab facilities, and acute care hospitals and other health care faculties.

The College of Public Health requires students in its masters’ and doctoral level professional degree programs (MPH, MHSA, and DrPH) to complete a practicum experience in which students engage in public health practice in a community setting. Students are explicitly required during the practica to document the ways in which their work serves not only as a learning experience for them, but also as a service to the agency or community with which they are working. Examples of practicum sites for COPH students in the past year include (but are not limited to): the Arkansas Division of Health, the VA Medical Center, the Arkansas
AIDS Foundation, Arkansas Baptist College’s Student Health Center, Dunbar Community Gardens/Heifer International, the Arkansas State Legislature, and the Arkansas Cooperative Extension Service.

**Service Learning and Community Skills Training within Degree Programs**

In addition to specific practicum, clerkship, or residency requirements for degree programs, as described above, many colleges incorporate service learning throughout their curricula, provide training for their students in how to work effectively with diverse communities throughout the state, or both. By fully integrating community perspectives into their degree programs, the colleges of UAMS ensure that their graduates are fully prepared to provide the high-quality outreach to its constituent communities both before and after graduation. Examples of service learning and community skills training opportunities for students in the various UAMS degree programs are provided below.

The Clinical Skills Center (CSC) provides supervised and structured training for working with patients and clients for students in the Colleges of Medicine, Nursing, Pharmacy, and Health Related Professions, and for nursing programs in the Graduate School. By working with students in the relatively controlled environment of the CSC, faculty can provide students with training in essential skills, such as history-taking from diverse clients, managing challenging care situations and communication skills. The College of Public Health embraces the principles of community-based public health in its cornerstone values. Because of this focus, the curricula of the COPH degree programs include many courses in community-based public health skills, minority health disparities, and public health practice to diverse communities (in addition to the practicum requirements described above). Examples of courses that support student learning in serving diverse communities include Community-Based Public Health, Social Epidemiology, Health Communication, Health Education in the School Setting and Health Promotion in the Workplace.

**Cultivating a Service Orientation among Students**

The culture of community service that is evident among UAMS faculty and staff, as described above, extends to UAMS students as well. The UAMS Associated Student Government often coordinates campus-wide volunteer activities, including an organized response to Hurricane Katrina and its aftermath. In addition, the UAMS Colleges each have student organizations that routinely engage in outreach and service activities.

For example, the College of Nursing Wellness program engages students, working with faculty, in providing primary nursing services for older residents at Campus Towers, Bowker House, Heritage House, and other assisted-living facilities in the

---

Criterion Five  Core Component 5b.
state. The Student Nursing Association and the UAMS chapter of Sigma Theta Tau (the nursing honor society) provide educational and screening services to North Heights Elementary School and Chicot Elementary School, and also coordinated fund-raising programs to purchase school supplies, backpacks, socks and underwear for under-resourced students in these schools.

The COM chapter of the Student National Medical Association staffs health fairs throughout the state and provides information about health careers to elementary school and junior high school students, with an emphasis on serving minority communities and schools. The sophomore class of the COM also conducts the Fighting AIDS through Education (FATE) program, which provides state-of-the-art information to teachers throughout the state on HIV infection and prevention, via a publicly-accessible Web site (http://rpweb.uams.edu/Fate/Index.asp).

The COPH Student Council coordinated a collection effort that yielded two truck loads of water, house wares, and clothing for Katrina victims and evacuees. The CHRP students participate in various health screenings throughout the state, including hearing, speech/language, oral cancer health, dental, public health and pulmonary health screenings.

The COP provides outreach to the citizens of Arkansas reach through their students. The UAMS student chapter of the American Pharmaceutical Association (APhA) is the largest student organization in the College and participates in many outreach activities. Some of these activities include sponsoring several Patient Care events, diabetes screenings and hypertension screenings for underserved patients at free health clinics in the Little Rock area, as well as patient education about heartburn and immunizations.

In addition, The UAMS student chapter of APhA is part of the Academy of Student Pharmacists (ASP) of the APhA. The ASP extends the service mission of the COP to the state by sponsoring several patient care health screenings including Operation Diabetes, Operation Immunization and Heartburn Awareness Challenge activities. They conduct health screenings specifically for diverse and underserved populations, at free health clinics and community based organizations such as La Cappella de Santa Teresita and La Casa, which are two community programs for Hispanics. Students screen for diabetes and hypertension, provide education about heartburn and immunizations, perform BMI's, body fat readings and cholesterol screenings, conduct Folic Acid Awareness campaigns to educate about folic acid’s role in preventing birth defects and distribute health literature in English and Spanish. ASP also participates in breast cancer awareness initiatives. The impact of each of these outreach activities is significant. For example through their immunization initiatives, the ASP educated many Arkansans and assisted in immunizing 10,916 patients.
Core Component 5c.

The organization demonstrates its responsiveness to those constituencies that depend on it for service.

Core Component Overview

UAMS responds to the needs of constituencies with a large number of services from across the institution. In this section, various services and programs will be highlighted as a sampling of the broad array of medical, health and education-based services provided by various units of the University. This description is in no way intended to be an exhaustive list, but is designed to give the reader a sense of the variety of efforts undertaken by colleges, centers/institutes and other units of the University.

Pre-College Development and Recruitment Programs

Recruitment Efforts

Success in any professional school is closely correlated with the academic preparedness of the student. Therefore, recruitment efforts are a year-around process. Many activities are part of the overall recruitment process: visiting undergraduate students at Arkansas colleges to contact and provide information to potential candidates, creating a database of students to facilitate follow-up, and establishing and enhancing relationships between parents and UAMS staff. Multiple visits are made to both four-year and two-year institutions. Registrars, counselors, teachers and science advisors are asked to pre-arrange meetings on their campuses with student groups, such as science clubs, pre-medical clubs, sororities, fraternities and debate clubs. Meetings are organized to facilitate formal UAMS staff presentations.

Each college also partners with area elementary, middle and high schools where faculty, staff and students participate in health fairs, career days and medical screening services. Colleges also rely more and more on professional recruiters, such as the position created in the Graduate School and jointly sponsored by the College of Medicine. Since this position was created, more direct recruitment activities have been organized and applications to Graduate School have increased.

Center for Diversity Affairs

One of the primary functions of the Center for Diversity Affairs (CDA) is the development and implementation of academic enrichment programs targeting students starting in Kindergarten and extending through undergraduate school. All levels of the curriculum are geared towards preparing students for the next
level in the academic pipeline. Over the past 10 years the CDA at UAMS has developed an extensive partnership with community-based organizations, local grade school and high schools, local Historically Black Colleges and Universities (HBCU’s) and all major undergraduate institutions in the state.

This has been done primarily through institutional support and federal funding from the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH) and the National Cancer Institute (NCI). The programs have not only provided an increasing number of students that are accepted and matriculate into UAMS degree programs, but it has also provided an important link to communities. In all programs there is a component that focuses on community input, either via direct participation of community leaders as mentors or speakers, or as members on the Program Advisory Board. Partnerships have been formed with local and Delta area communities, grade schools, middle schools and high schools.

As demonstrated in the following diagram, the CDA student pathway follows eight steps:

**Figure 5-2**
Center for Diversity Affairs Student Pathway

---

[Diagram showing the student pathway from Summer Science Discovery to HEALTH PROFESSIONAL SCHOOL]

---

Criterion Five
Core Component 5c.
The Summer Science Discovery Program

In 2002, the UAMS CDA developed the Summer Science Discover Program (SSDP), a math and science enrichment program targeting disadvantaged students in grades K–6. In its second year, through institutional support, the program expanded to accommodate students from five medically underserved (MUA) counties. In 2004, 93 of the 280 students that participated in the SSDP were from these MUAs. This allowed geographic extension of the program to include many disadvantaged students from surrounding Delta cities. The immediate goals of the program are to familiarize disadvantaged students with health career opportunities, provide students with exposure to specific health care professions, help students become academically prepared and career-focused in anticipation of a future in the health care professions, and improve overall academic readiness of students.

Students are transported into Little Rock for a week-long science enrichment program at the Arkansas Museum of Discovery. Providing transportation allows the program to include many more disadvantaged students from Delta cities. In addition, remote broadcasts to Craighead and Mississippi counties located in the northeast part of the state have been implemented. Plans are being made to extend broadcasts to more cities as a cost-effective way to extend the benefits of the program to the greatest number of students possible.

CDA Middle School Program

Each year, the CDA identifies 25 rising 7th and 8th grade students from economically disadvantaged backgrounds who are interested in pursuing a career in biomedical research or the health professions, and exposes them to a two-week summer academic curriculum that will help develop their math and literacy skills. All students who participate in summer programs are also exposed to primary care activities and — through a partnership with the National Cancer Institute — students will have opportunities to participate in various cancer screening programs throughout Arkansas.

The CDA has developed a number of additional relationships with secondary institutions with the ultimate purpose of developing student academic skills, increasing awareness of the science and health disciplines generally, and increasing educational opportunities at UAMS specifically. Activities include a range of formal and informal endeavors, from presentations to students, to teacher participation in workshops, to structured education sessions.
Table 5-1
Center for Diversity Affairs
Relationships with Secondary Institutions

| Henderson Health Sciences Magnet Middle School | - Students and teachers participated in a 1-week UAMS Health Sciences Summer Camp (25 students)
| - 10 students participated in the Learning Individual Freedom through Empowerment (LIFE) program
| - Two teachers participated in the Partners in Health Education program |
| Greater Friendship, Inc. (non-profit community service organization) | - Math and literacy enrichment provided to at-risk youth, grades K–12 |
| Parkview Arts and Science Magnet High School | - UAMS Bridge-the-Gap Program (10 students),
| - LIFE program (5 students) and
| - Two Parkview teachers taught classes in the high school summer program |
| Philander Smith College | - Facilitating entry activities at UAMS (18 students)
| - Five students from the Alliance for Minority Participation program participated in research projects at UAMS and Arkansas Children’s Hospital. |

M*A*S*H

The UAMS Office of Regional Programs sponsors the Medical Application of Science for Health (M*A*S*H), a two-week program that introduces and familiarizes rural students with various careers in the health care field. This program is open to high school students entering their junior or senior year and who live within driving distance of the nearest M*A*S*H site. At present, there are 26 M*A*S*H sites. The total number of students previously involved during the entire program period was approximately 390. Those students who move on to undergraduate school and are competitive (based on recommendations and GPA) are encouraged to apply to Health Careers Opportunity Programs (HCOP)-sponsored programs.

Partners in Research

Partners in Research (PIR) is a long-standing program sponsored by the National Cancer Institute. The program targets both undergraduate and graduate students from around the state to participate in a 10-week program of instruction in basic research. Students work in labs alongside basic science researchers and also must complete their own research project and present the findings at a research symposium. Projects are competitively judged.
Statewide Services and Programs

Area Health Education Centers

As described previously, the Arkansas Area Health Education Center (AHEC) serve as the primary educational effort of UAMS and the principal means of decentralizing medical and other health profession education throughout the state. The AHEC training approach emphasizes primary care, which covers general health education and basic medical care for the whole family. Each AHEC extends its programs into a multiple county service area, making programs and services accessible to more potential students and rural providers. Quality training experiences in community settings away from the academic medical center expose students and residents to practice opportunities and realities in underserved rural communities, helping to encourage rural practice choices.

Community partnerships, specifically collaborations with federally qualified Community Health Centers (CHCs), emphasize the preparation of health care providers for practice in rural and medically underserved areas. All AHECs incorporate rural clinical sites as an integral part of their training experiences.

One of the center pieces of AHEC outreach is the Rural Preceptorship Program, which is a rural training program that takes place in small towns.

In addition, a network of seven regional senior health centers has been developed through the Arkansas Aging Initiative, in partnership with the UAMS Donald W. Reynolds Institute on Aging and the AHECs, guaranteeing quality health care for the state’s older population.

Figure 5-3
UAMS AHEC Regions in Arkansas
The Arkansas Cancer Research Center

The Arkansas Cancer Research Center (ACRC) is the primary cancer research institution in the state. The ACRC is a leader in the fight against cancer in Arkansas through research, education, prevention, outreach, and patient care. The ACRC has been ranked by the *US News & World Report* as one of the top cancer centers in the United States. ACRC also has cooperative agreements to participate in patient care, education, and research with ACH, Central Arkansas Radiation Therapy Institute (CARTI), and the Central Arkansas Veteran's Healthcare System (CAVHS). Through these agreements, the ACRC can serve Arkansans throughout the state, often near their hometowns. The ACRC reaches out to patients and the public by bringing scientific discoveries and educational opportunities into the community.

The ACRC supports several programs that aim to increase cancer awareness, education, and prevention in Arkansas, as well as providing opportunities for the public to learn about its research, including: the Arkansas Cancer Community Network (AR-CCN), the ACRC Cancer Control Outreach Center, the Ottenheimer Cancer Education Center, and the Witness Project. Of note, the Witness Project is an educational and outreach program that is a culturally competent, community-based, breast and cervical cancer education outreach program, through which cancer survivors and lay health advisors increase awareness, knowledge, access to screening and early detection in the African American population in an effort to reduce mortality and morbidity from cancer.

The Arkansas Cancer Community Network was created in 1999 with the overall goal of improving access to cancer interventions in communities with cancer health disparities.

Recognizing the importance of beneficial primary and secondary prevention programs, the Cancer Network developed infrastructure and cancer control models to address cancer health disparities in Arkansas. These models include the Cancer Education Awareness Program (CEAP), Community Cancer Councils, Summer Science Discovery Program, Faculty Diversity and Community Outreach Program and the Clinical Trials Education Series Train-the-Trainer Program. A second phase of the program was development of community-based participatory research and training programs.

In addition, the ACRC hosts special events for the public to educate and increase awareness of cancer and cancer research. These programs include various seminars on cancer, tours of the center, and providing cancer education resources to other organizations, schools, and communities statewide.
Arkansas Poison Control Center

The COP established the Arkansas Poison Control Center, (APCC) as the Arkansas Poison Control and Drug Information Center in 1973 as a service to the citizens of the state. In 1991 then-Governor Bill Clinton signed legislation that formally solidified and funded the center that exists today. The center is still operated, managed and directed by the COP.

The APCC is the only poison center in the state and it may be reached toll-free from anywhere, including the National Poison Hotline. In 2004, the APCC responded to 30,301 phone calls, of which nearly 20,000 were poisoning exposures and about 10,000 were non-emergent information calls. The vast majority of these calls were received from callers in Arkansas, with significant representation from every county in the state. Of these emergency exposure calls, roughly 15,000 of them were received from callers calling from private residencies, and nearly 3,000 calls were from health care facilities. The remaining incoming calls (just over 1000) were received from various businesses, schools, and public areas.

The non-emergent information calls were similarly distributed. In roughly that same time period the center distributed a total of approximately 250,000 items of educational material, including 74,000 newsletters and almost 80,000 stickers displaying the poison center phone number. The number of calls rose slightly in 2005 (30,572) but the breakdown was similar to 2004 data.

In 2005, the continued high level of service led to the granting of full regional certification to the APCC by the Board of Directors for the American Association of Poison Control Centers (AAPCC). This distinction recognizes that through the APCC the COP has demonstrated excellence in poison prevention, education, research, and treatment under the AAPCC guidelines.

With certification, the Center will continue to receive federal funding, but it also allows the APCC to compete for other federal grants funded under the Poison Control Stabilization Act. Based on the Institute of Medicine report “Forging a Poison Prevention and Control System,” certification by a governing body of peers is a must for the long-term survivability of any center. Thus receiving this distinction and based on its geographic location, the APCC is well-positioned to provide quality health care and education to the citizens and health care professionals of the State of Arkansas for the foreseeable future.

Arkansas Drug Information Center

The Arkansas Drug Information Center (ADIC) was originally established in conjunction with the APCC in 1973. In 2000 ADIC was separated into its own center. As a service unit of the COP the ADIC serves the state’s health professionals to support their efforts in providing quality health care to Arkansas
citizens. The primary function of the ADIC is to provide non-emergency drug information expertise to Arkansas health care professionals who utilize this service. On average, the ADIC fields 512 drug information calls each month. The ADIC is open only during the daytime hours, Monday through Friday, and is staffed by COP faculty members and senior pharmacy students who work under the direct supervision of the faculty members. Staff members use the extensive print and computer drug information resources available in the ADIC and in the UAMS Library.

The Evidenced-Based Prescription Drug Program

The Evidenced-Based Prescription Drug Program (EBRx) was established by the COP in 2005. The mission of EBRx is to use published clinical evidence to drive the creation of a preferred drug list for the Arkansas Medicaid Program and other clients. Through the use of the most clinically effective medications, the Medicaid patients of Arkansas receive the most efficacious prescription medications available. This program has been highly effective in controlling costs and may ultimately result in improving outcomes of Arkansas Medicaid recipients.

Programs for Underserved, At-Risk and Vulnerable Populations

Head Start

In 1998, UAMS assumed responsibility for the Pulaski County Head Start with support from community organizations and agencies, chiefly the Little Rock School District (LRSD). Many of the Head Start Programs are housed in LRSD grade schools. UAMS agreed to administer the program in demonstration of an institutional commitment to children's education and health. Roughly 10 percent of the more than 10,000 Head Start children in Arkansas are in the UAMS-administered programs. The children receive education, health screenings and evaluations, direct health care, and are included in model health programs. Other community partners for the program are the cities of Little Rock and North Little Rock, Pulaski County School Districts, Arkansas CARES, UALR, Philander Smith College, Centers for Youth and Families, the Urban League, Centra Hispano, St. Francis House, Katherine's House, Little Rock and North Little Rock Housing Authorities, the Arkansas Department of Health and Easter Seals.

KIDS FIRST

UAMS serves children in eleven strategically located centers in communities around the state through KIDS FIRST, a network of day programs for children. KIDS FIRST is a comprehensive, early intervention program for infants and young children (ages 6 weeks to 4 years) who are at risk for developmental delays due to medical concerns. Children diagnosed as having a medical condition
known to place them at risk for developmental delays and disabilities receive
intensive intervention based on individual patient needs. These interventions
include developmental skills, nutrition, behavioral therapy, social services for the
family, and coordination of specialized services from other agencies. Operated
by the UAMS Department of Pediatrics, the primary goal of KIDS FIRST is
to address preventive health care and long-term developmental achievement
through a program integrating medical and therapeutic components.

Arkansas CARES — Center for Addictions Research,
Education & Services

The Arkansas Center for Addictions Research, Education & Services (CARES)
is a non-profit residential prevention and treatment program within the UAMS
Department of Psychiatry, for mothers affected by substance abuse. The program
is unique because children are allowed to stay in residence with their mothers.
Now in its 11th year, the program has sites (off the UAMS campus) in Little
Rock and North Little Rock. The four-to-six month program provides women
with substance abuse treatment and rehabilitation, in addition to parenting,
relationship, family and communication and job skills education. Other life skills
and support are also coordinated through the program, such as bringing in a
financial counselor to assist with managing personal finances.

Center for Addiction Research

The new UAMS Center for Addiction Research is a collaborative effort between
the Colleges of Medicine and Public Health to further the understanding of the
addiction process and find ways to break the cycle. The Center for Addiction
Research will allow the UAMS Department of Psychiatry to increase its cutting-
edge research that will provide the basis for future treatments for addiction and
mental illness. The Center is looking at ways to increase treatment, especially in
rural areas, by using information technology, and otherwise extending the reach
of programs to provide better access. CAR is also involved in developing tobacco
research programs, primarily through the College of Public Health.

Center for Children at Risk

The Center for Children at Risk is an integrated medical, social and psychological
health care system for the whole family that has experienced child abuse. The
Center for Children at Risk consists of two functional components, both of which
incorporate teaching, clinical research and community service. They are the Team
for Children at Risk and the Family Treatment Program.

15In January 2007, administration of this successful program was transferred to the Methodist
Children's Home. UAMS will continue to partner with the program's sponsors to provide
needed services.
The Center for Effective Parenting

The Center for Effective Parenting is a collaborative program of the Jones Center for Families (in Springdale), UAMS and ACH. The Center’s mission is to improve parenting skills. The Center focuses its efforts on service, training and research, utilizing a multi-targeting method to broadly disseminate information, support and training activities. In doing so, the Center attempts to incorporate innovative approaches, emerging technologies and traditional approaches to parenting education.

The Center for Health Promotion

The Center for Health Promotion was established to advance the health of children statewide through advocacy, program development, education for professionals and the general public, and community outreach. The Center has advanced its mission by focusing on three major areas: Unintentional Injury; Substance Abuse and Tobacco Avoidance; and Obesity Prevention, including Nutrition and Physical Activity, which are preventable and have great impact on children’s lives and health.

Partners for Inclusive Communities

The mission of the Partners of Inclusive Communities is to support individuals with disabilities and families of children with disabilities so they may fully and meaningfully participate in community life, effect systems change, prevent disabilities and promote healthy lifestyles. In doing so this program advances the UAMS service mission by offering person-centered programs that promote independence, integration, productivity, advocacy, and health of persons with disabilities and their families.

Arkansas Aging Initiative — Donald W. Reynolds Institute on Aging

The Donald W. Reynolds Institute on Aging (IOA) was established with the mission “to deliver quality health care to older persons, conduct research on aging and age-related diseases, provide educational programs on aging for health care professionals and the public, and to influence public policy on aging issues.” In its quest to deliver world-class clinical care, research, and educational programs, the IOA partners with the academic units of UAMS, CAVHS, the Geriatric Research Education and Clinical Center (GRECC), the Memory Research Center and the Arkansas Geriatric Education Center.

The IOA supports the service mission of UAMS by engaging in significant outreach activities. Among its most notable outreach initiatives is the Arkansas Aging Initiative (AAI). Beginning in 2001, the Reynolds Institute created the
Arkansas Aging Initiative (AAI), which is a partnership with the UAMS AHEC program, local/regional hospitals, Area Agencies on Aging, local colleges and universities, and local communities that seeks to improve health outcomes of older Arkansans through interdisciplinary clinical care and innovative education programs, and to influence health policy at the state and national levels with emphasis on care of rural older adults. This Initiative is a network of seven satellite Centers on Aging located geographically across the state with approximately $1.3 to $1.6 million annually from the state's portion of the master tobacco settlement. These Centers place older Arkansans and their families, many who reside in rural areas, live in poverty, and suffer from poor health, within a 60 mile radius of expert interdisciplinary geriatric care and world class education.

Expert interdisciplinary geriatric health care is made possible through the establishment of senior health clinics by the local/regional hospitals. All sites have certified staff, including geriatricians, advanced practice nurses, geriatric medical social workers, pharmacists, nutritionists, and neuropsychologists. Each center provides innovative educational programming in all counties of its region to health professionals, students, older adults and their families, and the community. Two of the Centers have satellite centers, thereby increasing access to consumers living in the more rural areas of the state.

The AAI also provides outreach by addressing other policy issues, including glaring deficits in the geriatric workforce, engaging the community in building partnerships and programs crucial to maximizing their limited resources, and identifying opportunities to change reimbursement mechanisms for care of the growing number of older adults.

Programs for Diverse Communities and Populations

A large percentage of Arkansas’ population is both economically and educationally disadvantaged. As is true in many states, underrepresented minorities (African Americans, Hispanics, American Indians and Asians) make up a large portion of those considered to be disadvantaged. The two largest minority groups in Arkansas are African Americans and Hispanics, making up approximately 17 percent and 8 percent, respectively, of the population. Due to the prominence of agriculture in the state, Arkansas has a rapidly growing population of transient workers who are mostly Latino. A large number of communities in the Delta and in the northwest corner of the state are recognizing the health needs of this evolving population. AHECs are located in these regions, which emphasize primary care that covers general health education and basic medical care for the whole family.

Medical Interpreting Training Programs

In response to an increasing need for services to address the state’s rapidly growing Hispanic population, UAMS AHEC programs have sought to equip and
certify medical interpreters in Arkansas through Medical Interpreting Training Programs (MITP). To this end, the AHECs offer training and certification programs in this field and have hired regional coordinators, trained medical interpreters, and offered educational programming to rural hospitals and AHEC residency programs that address communication with non-English speaking individuals. A unique aspect of this course is its treatment of cultural competency as an integral part of communication. Ultimately, the training will contribute to better health outcomes by helping to eliminate health disparities by building linguistic and cultural capacity, enhancing communication between providers and their patients, improving organizational support for linguistic and culturally appropriate medical services, increasing providers’ and patients’ satisfaction, and reducing legal risks. Using trained and certified interpreters rather than family members and friends ensures confidentiality, prevents conflict of interest and ensures that medical terms are interpreted correctly.

**Enhancing Nursing Success**

The College of Nursing Enhancing Nursing Success (ENS) Project develops, implements and evaluates strategies that enable the CON to graduate an increased number of educationally and financially disadvantaged individuals from the generic baccalaureate program, and to ensure that more of these individuals become registered nurses. Individuals who complete the ENS program will be prepared to join the workforce as professional nurses, with some practicing in rural, medically underserved areas of Arkansas.

The project focuses on six components of the Public Health Service Act of Title VIII. Specific components the ENS Project will address are: (1) the identification, recruitment and selection of disadvantaged individuals; (2) facilitation of their entry into the UAMS College of Nursing baccalaureate program; (3) provision of counseling and other assistance that will enable them to successfully complete their nursing education; (4) provision of preliminary education that will help them successfully complete the regular course of education; (5) payment of stipends during their period of nursing education; and (6) provision of training, information and advice to the College of Nursing faculty with respect to encouraging disadvantaged individuals to complete their nursing education. As a result of this project, there will be an increase in the number of registered nurses from disadvantaged backgrounds who are prepared to provide care to citizens in rural and urban areas of Arkansas.

**Arkansas Center for Stuttering Research and Treatment**

The College of Health Related Professions provides technical advice and consultative services to institutions and agencies throughout the state. One example of these efforts is the services provided by Arkansas Center for Stuttering Research and Treatment (ACSRT), which provides specialized assessment and treatment for children and adolescents who stutter, and their families. It
also provides education, training, and support for clinicians who work with individuals who stutter. Little Rock native and world middleweight boxing champion Jermaine Taylor is a former client of this successful program.

**Center for the Study of Tobacco**

Tobacco use is the most prevalent preventable risk factor for morbidity and mortality in Arkansas as it is throughout the nation. While much has been accomplished in recent years, new approaches are needed to lower smoking prevalence by preventing initiation of tobacco use and promoting cessation among high-risk age, gender, income, and ethnic groups. Researchers collaborate with experts from epidemiology, health education, maternal and child health, environmental health, statistics, and health policy to address a more integrative and innovative approach to tobacco prevention and control. This work is done in collaboration with the DOH Tobacco Prevention and Control Program, the Center for Addictions Research (CAR), Centers for Mental Healthcare Research, the Department of Pharmacology and Toxicology in the College of Medicine, the Arkansas Cancer Research Center, the Arkansas Center for Health Improvement, and the Arkansas Cancer Coalition. Warren Bickel, Ph.D., directs the Tobacco Center within the CIPH and also serves as the Director for the CAR, providing an overarching umbrella for the study of addictive behaviors, which spans the Colleges of Medicine and Public Health and collaborates with other entities both within and outside of UAMS.

**Center for the Study of Obesity**

Obesity is the second leading cause of preventable morbidity and mortality. Delia Smith West, PhD, heads the Center for the Study of Obesity, which is developing a core group of investigators focusing on behavior change and policy approaches. This Center houses the newly-created Governor Sidney S. McMath Professorship in Obesity Prevention, which was endowed through a health-related, multi-state legal settlement. The professorship will support recruitment of a senior faculty member with a focus on control and prevention of obesity; enable the professor to work with the college to develop an obesity prevention curriculum; and allow the college to better serve the state, governor and legislature as a resource and advocate for public health.

**Center for the Study of Maternal and Child Health Issues**

Substantial public health issues of mothers and their children exist in Arkansas and constitute a substantial focus of the DOH, as they do for all state health departments. At the same time, the Arkansas Children’s Hospital is one of the 10 largest children’s hospitals in the country and is where the UAMS Department of Pediatrics faculty, residents, fellows, and other health care staff practice. Since DOH staff and pediatrics faculty are substantially involved through secondary
and adjunct appointments and as students in the COPH, a center for maternal and child health issues recently evolved (formed in January 2006) as a strategic priority in the College. The Center plans to focus programs on maternal and child issues in meeting the College’s mission and to provide a vehicle to ensure linkage to existing programs and resources. Originally organized as a Department of Maternal and Child Health in the COPH, it became clear that College resources were insufficient to allow the development of a viable department while meeting the core function development and other priorities of the new College. To maintain a focus on developing maternal and child health-related research and service programs, as the college is doing with tobacco and obesity, a Center for MCH was developed. Richard Nugent, M.D., M.P.H., serves as the director of this center in addition to serving as Chief of the Family Health Branch of the Center for Health Advancement in the DOH.

Technology-Based Outreach Programs

**Antenatal and Neonatal Guidelines, Education and Learning System (ANGELS)**

Arkansas historically and persistently has suffered from some of the highest infant mortality rates in the nation. The Antenatal and Neonatal Guidelines, Education and Learning System (ANGELS) is an innovative consultative service for a wide range of physicians including family practitioners, obstetricians, neonatologists and pediatricians in Arkansas. With significant support from the Arkansas Medicaid Program, ANGELS provides evidence-based guidelines for maternal-fetal and neonatal care. The Maternal-Fetal Medicine and Neonatology Divisions develop these guidelines in collaboration with physicians across Arkansas. Utilizing interactive compressed video, weekly telemedicine conferences enable physicians to confer with maternal-fetal medicine specialists in real time about individual cases. In addition, ultrasounds can be read in real time, and ANGELS staff offers assistance in training local technicians. Clinical telemedicine consultations are available that allow patients, local physicians and UAMS physicians to talk together and see each other, bringing subspecialty support directly to hometowns. ANGELS also provides a call center that offers 24-hour support for physicians who need to consult with maternal-fetal medicine and neonatal specialists regarding patient management issues. Women seeking support for concerns related to their pregnancy, labor and delivery, or postpartum course can also utilize the services of the call center.

**The Center for Distance Health**

The Center for Distance Health (CDH) is a new, innovative Center within the COM that will allow the UAMS to respond to the demands for dynamic, contemporary health care. The center coordinates clinical, educational telehealth and outreach services to extend important UAMS resources and services out into
rural areas of the state that would not otherwise be available to rural Arkansas residents. CDH is not only the logical integration of clinical and educational telehealth services at UAMS, but also an organized research and outreach network. Although the CDH is newly formed, it is developing several clinical programs, such as the Correctional Telehealth program, which will be delivered to Arkansas’ women’s prisons and provide high-risk obstetrical support for inmates; and the Pediatrics in Schools program, which will focus on using telehomecare to treat and monitor childhood obesity, diabetes, asthma, and behavioral problems among students in rural Arkansas. The center will promote the University’s objective of reducing health disparities in Arkansas through expanded delivery of UAMS services.

**Nontraditional Pharm.D. Pathway**

The Nontraditional Pharm.D. Pathway (NTPDP) of the COP offers practicing pharmacists who hold a Bachelor in Science degree in Pharmacy a means to earn a Doctor of Pharmacy (Pharm.D.) degree. All didactic coursework represents distance education courses based on proven WebCT media. The remaining 12 hours of the curriculum are taught as four experiential rotations, during which students work one-on-one with faculty preceptors. Although the program is being phased out (need for the program has diminished since the vast majority of practicing pharmacists in the state now have the Pharm.D. degree), all 73 students presently enrolled will be able to complete their degree requirements.

**Nuclear Education Online Degree**

The Radiopharmacy education and training program is open to pharmacy students, pharmacists and technologists across the country and throughout the world. The Nuclear Education Online (NEO) program is designed to provide the education and training required by the Nuclear Regulatory Commission to be an Authorized Nuclear Pharmacist or an “authorized user” of radioactive materials. The program consists of 10 weeks of didactic coursework combined with structured experiential training. Before and after completing this didactic coursework, students are required to complete eight additional weeks of structured experiential training, bringing the length of the entire program to 18 weeks. The program is geared toward pharmacy students interested in a career as a radiopharmacist, pharmacists interested in a career change, as well as others seeking this education and training. The NEO program has been designed to include traditional educational and student-centered, problem based learning (PBL) environments. The student is largely in charge of the learning process. Students have access to lecture notes, reading assignments, group discussions, exams and homework, similar to that found in a traditional classroom, as well as a student-centered, problem-driven framework to apply didactic knowledge to real-life situations.
This program offers participating colleges of pharmacy access to WebCT-based courses in nuclear pharmacy. The UAMS College of Pharmacy is one of three colleges in the U.S. offering Nuclear Pharmacy as an option within its Pharm. D. curriculum. Students who complete this program graduate from college pre-qualified for the federal certification required for employment in nuclear pharmacy. Enrollment will vary, since courses are not necessarily semester-based. Recently, as part of a grant from the Department of Education, NEO became available to physicians working in nuclear medicine, and to technicians. To date, NEO has trained over 400 health professionals in nuclear education.

**SeniorNet**

The nonprofit SeniorNet program provides adults who are 50 years old and older access to and education about computer technology and the Internet. Computer training classes are held in the Donald W. Reynolds Institute on Aging at UAMS, providing one-on-one instruction in basic computer usage, word processing, e-mailing, and using the World Wide Web.

**Arkansas Statewide Tobacco Programs and Services (Arkansas Stops)**

The AR Stops program is a comprehensive set of tobacco cessation programs operated by the College of Public Health as part of the Center for the Study of Tobacco. Funded by the Arkansas Division of Health, the program includes a toll-free phone hotline for individuals who wish to stop using tobacco products, telephone-based counseling program, a network of trained counselors available for face-to-face counseling at all of the AHECs and affiliated hospitals, a Web-based counseling program currently being tested for full-scale Web implementation, a worksite assistance program to help worksites develop and implement effective smoke-free policies, a fax-back referral system for tobacco-cessation counseling, and a provider education program for training all varieties of health care providers in Arkansas to counsel and refer patients for tobacco-cessation programs.

**ARHealthLink**

The ARHealthLink Web site (www.arhealthlink.org) provides access to consumer health information resources for the public and provides information services for health professionals throughout the state. This resource permits every resident of the state with access to the Internet (including via public-access computers) to gain access to the resources of the UAMS Library and its collections of health science and health care information.
Continuing Education

UAMS interprets its mission to include serving a wide variety of different constituents in the general area of continuing education. For UAMS this ranges from accredited professional education for all health practitioners in the state, to accredited professional development for Pre K-12 teachers statewide, to educational programs in the health sciences for middle and high school students and the lay public.

Each college plans and organizes an annual program of continuing education (CE) programs. CE outreach offered by UAMS can be divided into two major categories: formal and informal. Formal CE programs are those typically offered by each college to its professional constituents, as is the usual situation for professional schools across the nation. Informal CE activities are those events targeting special audiences, such as PreK-12 teachers and students, as well as the general public.

**Formal Continuing Education Programs**

All colleges at UAMS have a commitment to the respective health professionals practicing in the state, whether they are UAMS graduates or not. Therefore, all UAMS colleges offer continuing professional education approved by the necessary accrediting body. In some cases, a CE offering is approved for CE credit for physicians, pharmacists, nurses and allied health professionals. Table 5-2 summarizes formal UAMS CE programs from 2004 to 2006.

Clearly, UAMS colleges are extremely active in sponsoring and presenting a wide variety of continuing education opportunities for both its internal (faculty and students), and external (health and health care practitioners) constituents. Over the two-year period, UAMS faculty presented more than 5,200 hours of continuing education that were attended by more than 51,000 participants.
Table 5-2
CE Activities for All Colleges, 2004-05 and 2005-06

<table>
<thead>
<tr>
<th>College</th>
<th># of Hours Offered</th>
<th>Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2004-2005</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College of Medicine</td>
<td>1,325.0</td>
<td>1,5026</td>
</tr>
<tr>
<td>College of Nursing</td>
<td>379.1</td>
<td>275</td>
</tr>
<tr>
<td>College of Pharmacy</td>
<td>81.5</td>
<td>1599</td>
</tr>
<tr>
<td>College of Public Health</td>
<td>78</td>
<td>3,042</td>
</tr>
<tr>
<td>College of Health Related Professions</td>
<td>399.0</td>
<td>422</td>
</tr>
<tr>
<td><strong>Sub-Total 2004-05</strong></td>
<td>2,262.6</td>
<td>2,0364</td>
</tr>
<tr>
<td><strong>2005-2006</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College of Medicine</td>
<td>1,795.5</td>
<td>23,253</td>
</tr>
<tr>
<td>College of Nursing</td>
<td>567.1</td>
<td>318</td>
</tr>
<tr>
<td>College of Pharmacy</td>
<td>71.5</td>
<td>4783</td>
</tr>
<tr>
<td>College of Public Health</td>
<td>74</td>
<td>2989</td>
</tr>
<tr>
<td>College of Health Related Professions</td>
<td>461.5</td>
<td>846</td>
</tr>
<tr>
<td><strong>Sub-Total 2005-06</strong></td>
<td>2,969.6</td>
<td>32,189</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,232.2</td>
<td>52,553</td>
</tr>
</tbody>
</table>

Notes: (1) “Participant” does not mean different individuals since one person can attend multiple events. (2) College of Medicine CE has pharmacists, advanced practice nurses and other professionals attending in addition to physicians. For the COM CE events, 31,800 participants were physicians vs. 6,479 non-physician participants (20 percent). (3) Many of these CE events used distance technology to involve participants.

It is also noteworthy that there was a significant increase in attendance between 2004-05 and 2005-06, from 20,171 to more than 31,000, while the number of activities remained relatively static (259 vs. 283). Thus, activities in the most recent year (05-06) are averaging larger attendances: 112 vs. 78 in 2005-06 and 2004-05, respectively.

**Informal Continuing Education**

**Partners in Health Sciences Program**

The Arkansas Department of Education requires that the state’s teachers annually accrue a number of certified hours of CE to maintain their teaching licenses. This base requirement can be expanded upon by different school districts. For example, whereas the state requires a minimum of 30 hours of CE, the Little Rock School District requires that its teachers obtain 60 hrs of CE and that at least six of
those hours be in some kind of technology. UAMS has responded to the need for science teachers to obtain quality CE training in the health sciences.

The College of Medicine is perhaps unique in that it has two nationally recognized PreK-12 outreach programs in the health/life sciences: the parent Partners in Health Sciences (PIHS) program, which began in 1991, and its daughter, the Partners in Behavioral Health Sciences (PIBHS), which began in 2001. PIHS and PIBHS have provided approved (Arkansas Department. of Education, Office of Professional Development) professional development for the state's PreK-12 teachers, and offer multiple educational outreach activities involving grade 7-12 students.

The PIHS program has eight program components:

1. Summer mini-courses (1, 2 and 3-day) for teachers/school nurses, school counselors
2. Interactive television outreach to grade 7-14 students
3. Computer-assisted instruction workshops for teachers
4. Student field trips to the UAMS campus
5. Evening lecture series for students and parents at a science magnet high school
6. Community requested presentations (PTA, for example)
7. College credit opportunities for both undergraduate and graduate students in
8. Professional development training specifically designed for Pre-K teachers

Professional development for teachers recorded 112 different health science topics taught by 202 different UAMS faculty from all colleges. In every case of professional development involving teachers, each trainee received a training syllabus and a resource kit of supplies for use in the student classroom, e.g. animal hearts, kidneys, brains, eyes; molecular biology equipment/supplies such as mini-power supplies, electrophoresis chambers and DNA restriction enzymes. Outreach activities directed at grade 7-12 students has reached 9,569 participants and reached students in California, Louisiana, Florida, Montana, New York, Texas, West Virginia and Taiwan. As of July 1, 2006, PIHS had a provided 66,482 hours of education, training and professional development to 17,004 participants.

A number of internal and external sponsors have recognized the benefit and quality of the PIHS program and provided funding to support its objectives, including 1) Dean of the College of Medicine, 2) UAMS Chancellor, 3) Arkansas Department of Higher Education, 4) The Kellogg Foundation, 5) The American Physiological Society, 6) the Arkansas Cancer Coalition, 7) the Arkansas Prostate Cancer Foundation and 8) a major (seven-year) Science Education Partnership Award (SEPA) from the National Center for Research Resources (NCRR) of the National Institutes of Health (NIH).
Results from the experiences learning in the PIHS program have been analyzed and disseminated through publications, as well as many presentations at professional meetings, such as:

1. Kirchner, JE, Yoder MC, Kramer, TL, Lindsey, MS and Thrush, CR. 2000 “Development of an educational program to increase school personnel’s awareness about child and adolescent depression.” *Education* 121:235-246.


The PIBHS program began as a component of the PIHS program that offers training focused on behavioral science and mental health issues. PIBHS then received its own SEPA grant from the NCRR-NIH.

PIBHS has five program components:

1. Professional development workshops for teachers/school personnel
2. ITV outreach to grade 7-12 students
3. Student field trips to UAMS campus and to the AR Museum of Discovery
4. High school student summer internships
5. Community requested presentations

Unlike its parent, the PIHS program, PIBHS focused on eight content areas and repeatedly offered these on an annual basis: Attention Deficit Hyperactivity Disorder (ADHD), alcohol use disorders, autism spectrum disorders, depression, eating disorders, tobacco use disorders, violence and its impact, and careers in behavioral health science (student program only). Through the end of 2005, PIBHS has recorded 5,573 participants who have consumed 36,722 hours of training and education.

Uniquely, PIBHS has developed an interactive exhibit titled *Mysteries of the Mind – Pathways to Hope* in collaboration with the Arkansas Museum of Discovery, where the exhibit is permanently located. This exhibit utilizes a new cartoon character, Nicky Neuron, to tell the biopsychosocial story of mental health to module participants. The PIBHS team has also developed the Depression Teaching Toolkit, which is an eight-lesson, standards-based supplemental curriculum targeting high school students. Two examples of how work on this program has been translated into scholarship (and contributed to a greater body of knowledge), are:
Mini Medical School

The COM began offering Mini Medical School (MMS) sessions to the general public in 1995. At that point in time, UAMS was only the second medical school in the nation to have a Mini Medical School program. Attendance records were not kept for MMS activities between 1995 and 1999. However, between 2000 and 2005, 4,341 participants attended Mini Medical School (many were repeat attendees). The typical MMS consists of two one-hour lectures, one evening per week, for four to six weeks. Citizens attending 70 percent of the sessions in any MMS received a graduation certificate. Each year an organ or organ system was selected to highlight throughout the course. Sessions would begin by creating an understanding of fundamental anatomy and physiology, then move to the abnormal and end with a strong focus from a clinical perspective.

One result of Mini Medical School's success is that many clinical departments have organized their own smaller, discipline-specific versions of MMS. Similarly, the programs are designed to inform the lay public by presenting information on diagnosis and treatment. Attendance records are not available, but organizers report that these sessions were consistently well attended.

Core Component 5d.
Internal and external constituencies value the services the organization provides.

Core Component Overview

In several preceding sections, the many constituencies served by UAMS were identified, both internal and external. Measuring how well UAMS serves them is an important evaluative process, one that is recognized by nearly all the specialty accreditation organizations in the health care professions, including those that make up the UAMS campus. Educational programs must define how they will assess their outcomes and, furthermore, demonstrate that the services they provide are valued and are of benefit to the community. UAMS assesses its programs and services on a regular and frequent basis, and actively involves its constituents in the evaluative process. As detailed in the following section, UAMS' programs and services are well received and highly valued by its many communities. Most importantly, these programs fulfill a critical need for well educated health professionals who not only provide high quality health care
but also work to improve the health and well-being of individuals, families and communities in Arkansas.

**Satisfaction of External Constituencies**

**Satisfaction with Graduates**

Health care practitioners and providers throughout the state are among the most important external constituents. Many practitioners are graduates of one or more UAMS program, and it is important that they and their employers be satisfied with the education received at UAMS. Nearly all programs within the colleges have advisory committees with membership from various constituencies around the state. Members may be clinical faculty and representatives of clinical affiliates, employers, program graduates, practicing professionals, educational institutions, and/or health care agency representatives. Advisory committee members have valuable insights as to the skills and knowledge needed by professionals in the workplace. They provide feedback on program graduates and assist program officials in anticipating future needs of the health care workplace.

Assessment of satisfaction with the graduates of UAMS is measured in many ways, some of which are detailed in other sections of this report (see especially Criterion Three, Core Component 3a.). Such measures include exit surveys of new graduates, surveys of graduates after practicing in the field for a period of time, surveys of program directors who accept graduates into medical residency programs, and surveys by employers as to the academic and clinical preparation of the UAMS graduate.

Each year the College of Medicine (COM) surveys residency program directors who take UAMS graduates, conducting the survey approximately one year after graduation. On the survey completed for the graduating class of 2005, scores averaged 3.9 out of five (with five being the best) in categories such as the graduates’ communication skills, data gathering, diagnostic skills, interpersonal skills and so forth. The highest rating received for these graduates was in professionalism, and many program directors wrote very positive comments about the UAMS graduates.

The College of Nursing (CON) measures the value placed on its graduates in several ways. The administration and faculty have identified a number of stakeholders that influence and participate in the continuing evaluation of the undergraduate and graduate programs. They have clearly identified communities of interest with a diversity of perspectives, backgrounds, ethnicities and values that are served by the CON and its graduates. Survey results of graduates of the various CON programs indicate that graduates are meeting the health care needs of the citizens in both the urban and rural areas of the state. In addition to exit surveys and one-year post-graduation surveys, the CON conducts employer focus groups each year. Invitations are sent to major employers in the state such
as UAMS, Arkansas Children’s Hospital, Baptist Medical Center, St. Vincent’s Hospital, St. Joseph’s Regional Health Center, and the Arkansas Department of Health. The focus groups provide an opportunity for nurse educators and employers to exchange perceptions of the working environment and educational experiences essential for preparation of the graduates. Overall, the employers are complimentary about new UAMS graduates and provide valued feedback. In summary, satisfaction with program outcomes continues to be high for both students and employers, and survey results indicate that students feel adequately and appropriately prepared to meet employer expectations at the time of graduation and one-year post-graduation.

The College of Health Related Professions (CHR P) has incorporated into its strategic plan strategies for collecting data that demonstrate high quality instructional programs as measured by student, graduate and employer evaluations. Furthermore, the CHRP has outlined stringent benchmarks as measures of success. At least 90 percent of exit evaluations, graduate surveys and employer surveys are expected to yield an overall evaluation of 4 on a 5-point scale. Annual surveys by all programs represented in the college indicate that most have met or exceeded the CHRP benchmarks.

The College of Pharmacy (COP) does not routinely survey employers but conducts two senior exit surveys. One assesses students’ cumulative experience in the college, and includes questions on the curriculum, facilities, student services, student organizations and student-faculty relationships. The other survey focuses on post-graduation issues, such as job and career plans.

In the most recently published survey, graduates consistently rated their educational experiences highly and reported that UAMS had prepared them well to enter the workplace. Graduates also completed a salary survey in which 96 percent had accepted a position by the time of graduation, with 88 percent of them describing their employment opportunities to be excellent or good. Over 70 percent of the graduates surveyed were employed in Arkansas.

In addition to student and faculty input, the College of Pharmacy seeks input from external individuals and constituent groups, with an emphasis on practitioners in the field. As described previously, pharmacy practitioners serve as members of the college’s Assessment and Curriculum Committees, the primary bodies in the college for assessing the quality of education programs and the college’s curriculum, respectively.

The COP Dean has an open door policy that encourages practitioners and others from the community to provide input. For example, the college is active in the Arkansas Pharmacists Association (APA) — the only organization in the state dedicated to the pharmacy professions. The COP has worked cooperatively with the APA for years on many activities, such as the coordination of the association’s preceptor program. This close relationship has led to an agreement that the
college will provide the continuing education program for the association’s members. A letter of recommendation is attached to this chapter from the association’s Executive Director, Mark Riley.

The College of Public Health is still fairly new to the UAMS campus and has only recently had the opportunity to evaluate graduate success in the workplace. Graduate surveys were initiated in 2004 to ascertain how well the coursework and fieldwork were linked to course objectives. Already the COPH works closely with the Arkansas DHHS Division of Health and other major employers of College graduates to obtain qualitative feedback of their satisfaction with graduates and input into curriculum design, and a formal evaluation of employer satisfaction and feedback program is in development, but the College has not yet implemented a formal system.

**Response to Workforce Needs**

Not only it is important that external constituencies value the quality of UAMS graduates and programs, but the programs themselves must be designed to meet the workforce needs within the state. Various programs and colleges routinely assess the need for new types of professionals, new methods of delivering education, and new clinical programs.

In 2002, UAMS conducted a workforce study to assess vacancies for 80 health professions in Arkansas by type of health care facility, and by the AHECs regions in Arkansas and Pulaski County. Vacancies were assessed in hospitals, nursing homes, mental health clinics, mental health hospitals, county health departments, rural health and private clinics, community health centers, and AHEC clinics.

Results from this survey and others were used by UAMS to create programs and services needed within the state. The CON proposed two new master’s programs, one in community health nursing in coordination with the COPH, and one in family psychiatric/mental health nursing, which was approved and funded for three years by the Health Resources and Services Administration (HRSA) beginning in August 2004.

The CHRP has also initiated several new professional programs in the past five years. A baccalaureate degree in medical dosimetry accepted its first class for fall 2004. The exiting nuclear medicine imaging sciences program extended classes to students in northwest Arkansas, northeast Arkansas and Texarkana in the fall of 2003, and the diagnostic medical Sonography (D.M.S.) program extended classes in northwest Arkansas in fall 2004. Two new graduate programs, the Master of Imaging Sciences (M.I.S.) with a professional concentration (track) for the radiologist assistant (RA) and the professional doctorate in Audiology (Au.D.), were approved by the Arkansas Higher Education Coordinating Board (AHECB) in August 2004 and took students in fall 2005. The Master of Science in Genetic Counseling took students beginning in 2006, as did the new doctoral program in Communicative Sciences and Disorders.
Due to an older-than-average population and lower-than-average health statistics, Arkansas will need more health care professionals from all five colleges. To that end, UAMS is examining the possibility of establishing a satellite campus in northwest Arkansas that would work to support increased clinical and experiential requirements of enlarged class sizes. Other recent major investments in the workforce needs throughout the state include the new College of Public Health and new or expanded degree programs designed specifically in response to state workforce needs, especially in the COM, COP and CHRP. New doctoral-level degree programs have been initiated, including some innovative joint or combination degrees. Expansion of the Area Health Education Center (AHEC) system has led to a new facility in Helena. The Institute on Aging satellite programs have expanded around the state. These examples are the direct result of input from constituencies throughout the state.

Although the College of Public Health was not yet fully developed in 2002 when the comprehensive workforce study was conducted, the College has worked closely with major employers in the development of its educational programs to meet the anticipated workforce needs in Arkansas public health practice and research. This has led to the development of 15 different versions of post-baccalaureate certificate, master’s, combined degree, and doctoral educational programs based on the College’s Mission and anticipated workforce needs. As with all health care professions, the aging of the workforce is anticipated as leading to many needs in the public health practice and research. These examples illustrate the willingness and ability of the University to respond to emerging needs of the state.

Quality Control for Continuing Education Programs

After graduation, most practicing professionals are required to attend continuing education courses regularly in order to maintain professional certification and/or licensure. UAMS is a major provider of these types of activities. In the previous section it was noted that total attendance at UAMS-sponsored continuing education events was more than 30,000 for the last year alone. In order to be able to offer continuing education credit, each of the programs and courses are subject to review by a national continuing education agency. For example, in the College of Medicine — the largest provider of CE — this agency is the Accreditation Council for Continuing Medical Education (ACCME). The college must ensure that all its sponsored CME activities meet the ACCME’s accreditation criteria for CME planning and design, and that they follow the ACCME’s Standards for Commercial Support to prevent conflicts of interest. All UAMS sponsored continuing education programs are regulated in the same manner, so that the programs must meet or exceed established professional standards.
Satisfaction of Patients, Their Families and Referring Health Care Providers

Not only does UAMS provide educational programs, but also clinical programs and services that are valued by its constituents. Constituents include patients, referring physicians, clinical affiliates, and many clinical programs associated with UAMS throughout the state. UAMS’ Clinical Programs, which includes University Hospital and the Outpatient Center made up of dozens of clinics and clinical services, is accredited through the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO). One of the largest hospital accrediting agencies in the U.S., the Commission evaluates and accredits nearly 15,000 health care organizations and programs in the United States. The Commission employs a comprehensive review process that focuses on improving the quality and safety of care provided by health care organizations. JCAHO accreditation is granted for three years.

Clinical Programs at UAMS employs a process of continuous quality improvement to manage its operations. Part of that initiative is achieved by working with the Press-Ganey company to conduct quarterly patient surveys. In the past, surveys were conducted on inpatient and emergency room patients only; however, in the future outpatients will also be surveyed. Over time, these surveys have consistently shown high levels of satisfaction with the quality of clinical care received at UAMS. Physicians, nurses and allied health care professionals are viewed as highly qualified and effective, as well as compassionate.

Areas that have been rated poorly have been related to customer service, guest relations and billing. From difficulty in finding parking and navigating the campus, to poor customer service skills of clerical personnel, patients have been consistently rated non-medical service issues as unsatisfactory. Improving satisfaction of patients, their families and referring health care providers with clinical services is a valuable benchmark and is mentioned in the UAMS strategic plan. Developing measurable outputs and institutionalizing the collection of data is a key strategy in the most recently updated strategic plan. Key components for assessing constituency satisfaction are as follows:

- Develop a patient satisfaction plan that involves all caregivers of UAMS Medical Center and focuses on improvement areas identified by the surveys.
- Conduct quarterly patient satisfaction surveys of inpatients, outpatients and Emergency Department patients. The results will be used to set priorities for training and other corrective actions. The goal is to be above the Press Ganey mean score for other University hospitals.
- Make regular visits to the offices of physicians and other health professionals who refer patients. Utilize feedback (surveys and office
visits) from referring health providers to improve their relationship with UAMS Medical Center.

- Implement a benchmarking tool for outpatient clinics.

The Criterion Two report summarized efforts currently underway by Clinical Programs officials to improve satisfaction with guest relations through its CARE (Compassion, Attitude, Respect and Excellence) quality improvement program. This program includes improved monitoring and reporting, training, employee-recognition events, and the establishment of a CARE Advisory Board.

In its most recent self-study, the COM identified as one of its strengths its positive relationships with clinical affiliates. Arkansas Children’s Hospital is the only pediatric hospital in the state and one of the largest in the country. The Central Arkansas Veterans Healthcare System (CAVHS) admits more patients than any other VA hospital in the nation. In addition to these major affiliates, students in all the colleges are educated in hundreds of clinical sites throughout the state and the region.

**Satisfaction of Internal Constituencies**

Students, residents, faculty, medical staff, and employees constitute the important internal constituencies who value the services UAMS provides. Recent surveys of these members of the UAMS family, along with regularly acquired surveys for other purposes, indicate that UAMS is considered a highly desirable place to work and attend school.

**Students and Faculty Survey Data**

The HLC/NCA Student Surveys conducted as part of this self-study found that both students and faculty are satisfied with UAMS as an educational institution. These results are presented in detail in the Criterion Three section. To summarize more overall, salient findings:

Among students, 87 percent believe that UAMS values and supports effective teaching. The same percent agree that the University creates effective learning environments. Eighty-eight percent agree that adequate learning resources are provided; 79 percent believe the University values student wellness; and 81 percent believe it considers diversity to be important.

Among faculty survey respondents, 68 percent strongly agree or agree that UAMS values and supports effective teaching. Seventy-seven percent believe UAMS creates an effective learning environment, and 76 percent felt that UAMS provides adequate learning resources to support student learning and effective teaching. Seventy-six percent of those surveyed believe that student wellness is valued. Seventy-eight percent of the faculty believe that cultural, racial, ethnic, and age diversity is important at UAMS.
While some areas of concern were identified in these surveys, the overall responses from students and faculty reveal a great level of satisfaction with the University among these groups. Further, systems are in place that routinely gathered feedback from students, graduates and employers regarding education programs and overall experiences. While generally positive, colleges use these data to further refine and plan improvements for educational programs.

Graduate medical education to residents at UAMS was highly rated in a 2004 Institutional Review for accreditation by the ACGME. The COM is fully accredited by the ACGME and received two commendations for best practices and no citations in its last review. The COM currently sponsors a total of 550 residents and fellows in ACGME-accredited training programs. Programs have made steady improvements in the composition, organization and leadership and are closely monitored through progress reports to the GMEC. Currently only one residency program is on probation, and issues cited in the programs latest ACGME review are being rectified.

Facilities, equipment, faculty supervision and patients for training both medical students and residents are considered to be adequate by program directors, residents, and students. UAMS has just opened a new, state-of-the-art Center for Clinical Skills Education. Additionally, UAMS and ACH are continuing to look for more opportunities to present clinical skills and simulation center training to students and residents. Patient populations in the three major teaching hospitals are thought to be adequate for the training of both students and residents. Support services are adequate most of the time at University Hospital, ACH, and during weekdays at the VA Hospital. Because residents are extremely important in student teaching, formal training sessions are held to help the residents fulfill their role as educators.

**Employees**

Two years ago, UAMS developed and implemented a Web-based exit interview process available to all faculty, administrators and staff through a link on the Human Resources Web site. Employees — whether faculty or staff — are encouraged to complete the survey as part of the employee exit process, where they are allowed the opportunity to provide vital feedback on their experiences working at the University. Responses to the interviews are used to prepare executive reports to campus leaders.

In 2002, the hospital initiated an employee opinion survey, administered by Morehead Associates, which captured responses from 1,614 clinical programs employees, or 60 percent of the target population. In the 2004 and 2006 surveys, the target populations on campus were expanded to include campus operations personnel in areas involving the Physical Plant, security, construction and Information Technology. Despite impressive response rates from the targeted populations (95 percent in 2006); the survey still does not include the educational
units, that is, the colleges and Academic Affairs division. Since the survey is currently set up as a voluntary process for which each major unit must pay to participate, the academic units have not participated. Efforts are currently under way to include the rest of the University in the next round of surveys. Concerning findings, overall the survey conveys a positive assessment of UAMS by its employees. Areas showing the greatest improvement in the last two years (between the 2004 and 2006 surveys) were:

- Perception of greater focus on quality improvement
- Satisfaction with benefits
- Perceived respect, feedback received from managers
- Communication throughout the organization.
- Areas that showed a negative shift in improvement included organizational support for work-life balance
- Career development opportunities
- Involvement in decision-making
- Climate of trust within the work unit
- Use of the survey information to improve operations

In its own survey of employees, the Criterion Two Committee found that despite areas of needed improvement in communication and space (including parking), the vast majority of employees at UAMS — 78 percent — are satisfied with their jobs. This echoes the findings of the Employee Opinion Survey.

**Letters of Support from Constituents**

In this section, the Criterion Five Committee has addressed ways in which its constituents value the services UAMS provides. In addition to other information, the Criterion Five Committee gathered letters from selected constituents which provide first hand accounts of satisfaction with UAMS as a community partner. Letters were collected from a sampling of organizations and agencies intended to show the diversity and range of both UAMS' services, partnerships and stakeholders, and include:

- Clinton School of Public Service
- The Arkansas Pharmacists Association
- Arkansas Department of Health and Human Services, Division of Child Care and Early Childhood Education
- Arkansas Department of Health, Office of the Director and State Health Officer
- Arkansas Minority Health Commission
- Ouachita Valley Health Systems
- Mena Regional Health Systems (Mena, Arkansas)
- Ozark Health, Inc. (Clinton, Arkansas)
- White River Medical Center (Batesville, Arkansas)
- Stuttgart Regional Medical Center (Stuttgart, Arkansas)
- Arkansas Cancer Coalition
Paris Towers, Cumberland Towers and Powell Towers Senior Centers
(Little Rock, Arkansas)
Arkansas CARES
The Albert Pike Residence Hotel

Criterion Five Summary

Strengths

1. **Clarity of Service Mission.** The Criterion Five Committee finds that the University’s service and outreach mission are clearly stated in its mission documents, and that mission is understood by faculty, staff and students throughout the University. UAMS has a long tradition of service to the state, and as a state-assisted, public institution the University accurately perceives its role in the state as both unique and vital. Acknowledgement of UAMS’ service mission permeates the organization, in its administration, faculty, staff and students, as evidenced in both their actions and their stated perceptions. Surveys conducted as part of the self-study process confirm that the University is successful in imparting a sense of its outreach mission.

2. **Variety and Volume of Service Activities.** The number and variety of outreach services is impressive at every level in the institution and among internal constituent groups: faculty, staff and students. Two Cabinet level units — the COPH and Regional programs — provide a central core around which large portions of the outreach effort are organized. These units provide a great deal of organizational structure, leadership and capacity (resources) to carry out an ambitious service agenda. While these units are centerpieces, the service mission is also distributed across all entities of the University, especially the colleges and centers/institutes, with many notable programs in each. As a result, outreach activities are diverse and touch nearly all citizens of Arkansas and range from ongoing, permanent programs (such as the Rural Hospital Program or Head Start), to ad hoc technical assistance with information systems, and from NIH-funded community research projects to health screenings at public schools and health fairs. The Committee also finds that not only has UAMS demonstrated that it can respond equally well to long-range needs that require thoughtful and deliberative planning, but also to emergent needs — such as Hurricane Katrina relief.

3. **Public Policy Role.** UAMS has become engaged in the public policy arena and has proven an effective partner with health agency officials and law- and policy-makers in formulating, implementing and evaluating health policy for the state of Arkansas. Witness UAMS’ role — tied to the role of its partner, Arkansas Center for Health Improvement (ACHI) — in formulating and passing major smoking prevention and childhood obesity legislation.
4. **Working Well With Others.** UAMS has historically maintained strong relationships with external partners and constituents, for example with its long-time affiliates Arkansas Children’s Hospital and the Central Arkansas Veterans Healthcare System. As the University grows, it is also branching out into new and innovative relationships, such as sponsorship of new semi-autonomous entities, such as the Arkansas Center for Health Improvement. Relationships are also evolving with constituents, including health care providers in northwest Arkansas in light of plans to expand professional education programs in that area of the state. Since the last accreditation visit, significant resources and personnel to support dialogue and cooperation with constituents have been added that enhance the University’s ability to maintain and develop relationships, including:

- Office of Vice Chancellor for Administration and Governmental Affairs
- Office of Vice Chancellor for Communications and Marketing
- Reorganization of the Office of Development and Alumni Affairs, along with the resources to plan and carry out a multiple-year Comprehensive Campaign to raise funds for the campus

5. **Engaging a Growing Body of Constituents.** Colleges, divisions and centers/institutes have also added personnel with responsibilities that look to maintain successful external relationships, such as development and alumni professionals, diversity/minority programs officials and recruiters in the colleges, a physician referral service, volunteer services and a guest relations office in University Hospital, to name a few. UAMS constantly seeks new ways to engage constituents and welcomes the appropriate participation of, and feedback from, external audiences in developing and assessing its programs and services.

**Weaknesses**

1. **Lack of a reporting system.** The lack of a system to document and report outreach programs is a disservice to the hundreds of dedicated men and women who deliver these services. The lack of such information diminishes its efforts and constrains awareness in both internal and external communities about the University’s efforts. Increased public awareness of UAMS’ service mission would serve to bolster efforts to raise private funds for outreach programs through the campus’ Capital Campaign. The outreach mission is a perfect foil for messages designed to encourage private gifts to the University. Lack of public awareness may dilute access to existing programs by those constituents who need them or by those at UAMS who may deliver them. Further, lack of awareness in the general community and among community leaders may inhibit the suggestion of future partnerships by members of the community.

**Recommendation.** The Committee endorses recent efforts to coordinate database development among units to design an appropriate institutional
reporting system. The Committee believes that this process should involve not only the existing Steering Committee — made up largely of executive level administrators — but subcommittee(s) or other representation by program level professionals as well. Summary level information from this database can then be used to shape communications strategies for the state.

Additional Observations

Just as the University has measured its economic impact to the Arkansas economy, a measure of the contributions that UAMS makes to the state and community through its outreach programs would be desirable. When put into measurable terms, the success and the importance of UAMS’ service role would be quantifiable and therefore more readily appreciated. The Criterion Five Committee realizes, however, that producing such an index would be very complicated because of the variety and scope of services involved and because it will require the kind of data and information that will be available only when the planned outreach database is implemented. Perhaps the greatest use for the index in the short-term would be as a guide for developing the database that could create it, that is, as an ultimate goal around which to base database design and methodological decisions.

Conclusion

The Criterion Five Committee has found that the mission, mission document and programs of UAMS exhibit a profound commitment to outreach and public service. This commitment is echoed in the words of the campus’ chief executive, Chancellor Wilson, who asserted that “outreach is what we do best” in a recent interview. Under fully engaged yet discerning leadership, planning and resources needed to meet the University’s outreach obligations have been secured both for the present and future. Based on its examination of a range of evidence, the Committee concludes that UAMS meets the requirements of each Core Component of Criterion Five, Engagement and Service.
REQUEST FOR ACCREDITATION

The past decade has been a time of unprecedented growth at UAMS. By virtually any standard, the common experience among the four missions of the University has been growth and expansion. In education, not only has enrollment increased substantially but new education programs have been developed to meet evolving needs, chiefly the Fay W. Boozman College of Public Health. A variety of new programs, including professional and doctoral programs, have also been added including a number of dual pathway degrees that require partnering with colleges or other institutions of higher learning.

The number of research proposals submitted and awarded has grown three-fold since the last HLC/NCA site visit; the number of inpatients and outpatients has also grown exponentially and is forecast to remain on its current trajectory. Outreach and service efforts grow as well, as the long-standing Area Health Education Centers have added a new Center in the Arkansas Delta, and the University meets more and more of its service mission through new distance technologies.

This growth has not come at the expense of quality, however. To the contrary, education programs, clinical programs, research activities and outreach efforts have been strengthened and become more and more competitive within their respective regional, national and international markets.

While difficult to balance the demands of the four elements of its mission, UAMS has done so successfully, resulting in distributed growth in all areas. It is a fundamental understanding of, and allegiance to, its mission (to teach, to heal, to search, to serve), that enables the clarity of vision necessary to allow each area to prosper.

That vision has been articulated clearly and frequently by the University’s leaders, especially the campus’ chief executive, Chancellor Wilson. UAMS’ mission is in constant view of all of the University’s constituents, its employees and students foremost among them. As demonstrated in the self-study, the leaders of the University have successfully established a shared vision with faculty, staff and students of its mission that enables a shared commitment to its future.
The underpinning of this era of growth has been disciplined leadership, which has provided a stable financial foundation to support the institution's current and future growth. Leaders have also successfully anticipated and responded to needs for organizational change, as witnessed by the establishment of new services and installment of new officials, for example the Vice Chancellor for Institutional Compliance and the anticipated Vice Chancellor for Research.

Managing growth and change is the greatest challenge of any leader since this is the time of greatest threat, as well as opportunity. While fiscal responsibility and administrative acumen are necessary, perhaps what is most imperative in successfully managing growth is a strong ethical core: a genuine dedication to doing what is best and what is right for the institution, without regard to expediency, the pressures of time, or fear of potential discord. From the top echelon of the University throughout each level of the organization, administrators, faculty, staff and students are expected to conduct themselves responsibly and adhere to the highest professional and academic standards. With few exceptions, these expectations are met fully.

UAMS believes that it has demonstrated its education programs are of superior quality; that it successfully pursues its defined mission; that its resource management and planning mechanisms function to secure the University's future; that scholarship and research abound in terms of faculty achievements and student learning; and that the University recognizes and responds to its constituents, providing distinctive and valuable services. Based on these conclusions, the University of Arkansas for Medical Sciences respectfully requests accreditation from the Higher Learning Commission of the North Central Association of Schools and Colleges for the period 2007 – 2016.