

**ACADEMIC & STUDENT AFFAIRS COMMITTEE
OF THE BOARD OF VISITORS MINUTES
Tuesday, December 5, 2023**

PRESENT

George Faatz
Hon. Daun Hester (was initially present by but left
to join another committee meeting)
Blythe Scott, Esq
Bruce Waldholtz, MD (Rector)

EX OFFICIO PRESENT

Milton Brown, MD, PhD
C. Donald Combs, PhD
Frank Counselman, MD
Kimberly Dempsey, EdD, PA-C, DFAAPA
Anca Dobrian, PhD
Ronald Flenner, MD
Mekbib Gameda
Thomas Kimble, MD
Allison Knight, PhD
Katelyn Nicole Glover, MPA – HP rep
Atif Niaz – MD rep

ABSENT

Naved Jafri, MD (Chair)
Betty Bibbins, MD
Lisa Chandler
Jay Collins, MD
Keith Newby, MD

EX OFFICIO ABSENT

Ali Hosseini, MD

STAFF PRESENT

Ylonda Boatright
Christine Boswick

STAFF ABSENT

Julie Stoner, PhD

MEDIA SERVICES PRESENT

Vincent Liles

CALL TO ORDER

Dr. Waldholtz call the meeting to order. We are actually one short of a quorum of appointed members and talking to Stacy Purcell. That means we can have an informational meeting, but we cannot vote on it.

REPORT FROM THE VICE-DEAN FOR FACULTY AFFAIRS & PROFESSIONAL DEVELOPMENT

Dr. Anca Dobrian presented the faculty actions below for discussion and review on behalf of the General Faculty at EVMS. They come from school health professions. I'm happy to report that one of my master's students also he's on the list. I hope you will review and approve when we have a form. This will be approved at the big BOV.

REPORT FROM THE VICE PRESIDENT AND DEAN, SCHOOL OF HEALTH PROFESSIONS

Dr. Combs provided updates from the School of Health Professions.

Dr. Combs provided a follow up on information shared in June about the fact that we're not having a great year in terms of enrollment. And that's something that we're looking at very closely. He stated that he had basically knocked down the enrollment projections from what were predicted to be around 900 to a little over 800, and in fact, we ended up about a hundred of that. So enrollments are down about a hundred students and we were able to delay some hiring, do some operational cuts, use reserves across the institution to make up for the shortfall, but it just reiterates that we've got. As you know, we have no marketing budget and I think that that's one of the things that we've got to look at. We are hopeful with the merger, with Old Dominion University that at least on the on line courses, courses in our program. That's a high priority for them, and they've got mechanisms in place both to market and help grow.

A couple of particular programs which make up the largest 2 pieces of the shortfall in students, and therefore tuition are the medical master's program and we've had an extraordinarily successful post back program for students who were almost good enough to get into medical school, but not quite and so did a one year masters with us. We had somewhere over many years a long term, success rate of 70% to 80% of our students getting into medical schools after completing our program. And that's well above, as best we can tell what national averages are.

From a student point of view it's an excellent program, but it is more rigorous than other post-back programs where they're not required in other programs to take the MCAT. They've got a lighter course load than we put our students and we've elected to so far maintain the emphasis on quality and strength of our programs. But that's running head long into competition. A bunch of new programs that Liberty University went up at Shenandoah University, and a number of other places around the region and the country. To start up post-pack programs that are not as waiver hours and that they price considerably lower than ours. We price because it is essentially like a first year of medical school. And that's a good deal higher than most other programs. So we've got to really look at that program we used to. We have a one year program and a 2 year program at our peak for a number of years. We had a total enrollment of about a hundred students about 60 in the one year program and 20 in the 2 years of 2 year program. This year we're well down below that below 40, I think, overall this year in the applications. It's early, but they're looking up a little bit. But I think we've have to really ask the question of - Do we really want to just run a small program? And if so, then we have to forego the revenue that would come from a larger program. But it may be a matter of forgotten something.

So at any rate, we're looking at programs. We're concerned about tuition for the graduate programs. The notion is over. Some period of time is we? If we merge our programs. We will adopt the ODU tuition rate. But, not for PA programs, essay programs. But programs that are very typically graduate level programs like our Doctorate of health science doctorate of medical science, and so and so on. So there's a 2 step process going on for SACS to approve the merger. We have to assure them that there are no duplication of academic programs. So their Ph.D. In biomedical science and their public health program are going to fold into hours.

In the last 2 years the total enrollment between the 2 programs has been constant with historical averages of around 60 students a year. Oh, the problem is that 45 to 50 have been going to ODU in the last couple of years rather than coming over here. So they're aware of the program and the price difference in the program. Our tuition is about a thousand dollars a credit hour. There's is about 600. We've got to bring those together and merge the 2 programs next year and then following year. The intent is that we will create the one school of public health all of that will require careful tracking of budget, and I don't know what the implications are. It does seem to me in the aggregate that once we put the 2 together, we'll be back where we are, and then we can build on that.

We are continuing to develop new programs. Well, at any rate, we are have continued to work with Old Dominion to bring on 5 of the 8 degree programs that you all approved a year ago. We were just working on one final technical clarification Old Dominion decided not to develop 3 of the programs but all the others are moving for approval, and one of them is already started this year. The occupational therapy program with 9 students. They're expecting 40 students next year. I think that's a little rich but they should at least double, and I hope they hit 40. They seem to be in a good market.

I have one. How about the PA application? Those numbers stay stable because of other programs within the State and where we stand? Currently. I don't remember the numbers off the top of my head, but

they're relatively stable and in terms of the capacity to fill our class with good applicants. I want to say it's about 1,300 applications. We interview about 250 or so. And then to fill 80 slots 4 or 5 years ago, to fill 80 slots, we would essentially make 82 offers. I think now we're making more like 90 offers, but still you know, it's very competitive program. We've got the capacity, but it's a matter of having enough turn on one devices. Anyway, it's holding its own there is a concern about finding enough preceptors to either grow the program or to maintain it becomes increasingly difficult. The new office of community preceptors in Ron Shop is really come on board, and I think will be helpful to us, and obviously the PA faculty reach out. And we've been doing okay. We've been failing everybody. But that just like the Medical school. The challenge of finding preceptors is the biggest concern any other questions concerns.

Dr. Combs discussed an ask from Dr. Bibbins to look into a new Federal grant from the Federal Government to develop rural Residency tracks either in Family Medicine or Internal Medicine, or in OBGYN for the Eastern Shore rural health system, and with Riverside on the eastern shore. Our director of the family medicine and internal medicine residencies, and we're going to get together next week with kind of everybody around the table to see if there is interest in developing it. If there is, it could be something that's you know, it's a small niche that are interested in rural medicine, but it's there, and we may be able to take advantage of it. And there was an effort a couple of years ago to start a Residency program, and I think that fell apart because of the realization of the commitment of dollars. This is not a Residency program. Rather it is residency rotations that have to equal 50% of the time in the Residency. And so it's a little bit smaller hurdle to do. But it'll at the end of the day somebody's got to pick up the cost of the residence education. So anyway, we're exploring it, and it's also given us an opportunity to reopen the dialogue with the Eastern Shore rural health system.

REPORT FROM THE VICE DEAN FOR ACADEMIC AFFAIRS

Dr. Flenner provided updates from the School of Medicine.

LCME

Dr. Flenner provided updates on 2 things this.

- Obviously, we submitted 2 documents to the LCME accreditation from the schools. One was change governance or ownership form related to the integration merger with Old Dominion. The decision of the LCME was the resources appear adequate to support those change, and they didn't require any additional information related to the proposed version with it being delayed until July. They also don't have any need for additional information unless there's a substantive change in resources. So from their perspective, they actually don't deny or approve the merger, they just ensure that the resources appear adequate. If there any concerns that they precipitate a visit on the part of the LCME. But their decision was that resources to look here are adequate.
- Second document that was submitted on August 1st related to the areas where we were not compliant with elements, and there were 3 of those one was related to community of scholars, research opportunities for our students.
 - Second, was a student space within their clinical sites. Study and storage based call room specifically at primarily more for general, that being the flagship clinical training site. The third related to financially debt management, satisfaction counseling that they receive related to indebtedness in that area. We have change from unsatisfactory to satisfactory thanks to all the hard work of Dr. Kimble and his team so that is no longer on the radar, related LCME.
 - But we are unsatisfactory, and the other 2 elements for research and study lounge based call rooms within clinical sites to address those deficiencies. We have established a student research program with Josh Edwards leading that and a team that's available to help

students identify research opportunities to be coordinated through centralized office with the clearing house of opportunities, and Dr. Brown also has an idea that is going to be discussing with research folks or any project that requires approval, and the opportunities for student involvement will be posted and available for students to proceed.

- As it relates to the study space and lounge space and clinical site and clinical sites. We have identified space within Hofheimer Hall on the 7th floor. That will be dedicated exclusively to use by students for them to use whenever they're rotating at clinical sites at Norfolk General Hospital. So plans are underway to dedicate that space to use by students exclusively. And then there's a meeting either later this week or next week, with the leadership that's Sentara to identify a space, probably on the fifth floor more for general, that will be for use by students as well as residents to revamp the areas there, because it's also been a deficiency identified by the residents that that as well. So we're working to address both of those deficiencies. And a report is due August 2025, it's pretty high stakes, though, because if we're deemed to be unsatisfactory, yeah, they could really trigger take some action on the part of the LCME, that would not be favorable for the school. So everyone's taking this seriously. And we're working hard to address those.
- Otherwise, students seem to be doing well. The fourth year are in the midst of interviews which have become, I think, more and more competitive each year. As I'm speaking with them, you know, in the past, they said fourth year was pretty relaxing and easy no longer. The case associated with the disappointing numbers interviews that they're receiving. So it's no longer as easy as it once was with the stressors that are associated with increasing competition for residency positions for students.

ADMISSIONS AND ENROLLMENT

MD Admissions 2024 Entering Class (Class of 2028)

- 7648 applications as of 12-04-2023 (up 477 applications from last year)
 - 90 accepted and confirmed as of 12-04-2023
 - 18 unconfirmed (These are applicants who received an acceptance but who have not yet responded. Note that a bulk of acceptances went out 12-1-23)
 - 6 withdrawn after acceptance
 - 106 on waitlist
 - 852 Recommend Medical Masters Program + 26 Recommend Med Masters Denied Interview
- Averages
 - Average MCAT: 513.5
 - Average Undergraduate BCPM: 3.68
 - Average Total GPA: 3.75
- Demographics
 - Female: 53 Male: 36 Non-Binary/Not Specified: 1
 - VA: 45
 - Hampton Roads: 19
 - Military: 2
 - URM: 37
 - Black: 25
 - Hispanic: 10
 - Native American: 2
 - Native Hawaiian/Pacific Islander: 1
- Socioeconomic Indicators
 - FAP (AMCAS Fee Assistance Program): 16

- SES (SocioEconomic Status): 22
- First Generation: 8
- Rural: 2
- Medical Masters
 - MM1: Acceptances April 2024
 - MM2: Acceptances April 2024
 - FMM: 9

REPORT FROM THE VICE DEAN FOR GRADUATE MEDICAL EDUCATION

Dr. Counselman gave update on Graduate Medical Education.

- Interviews will be virtual with no hybrid – this is a huge cost savings
- Programs prefer virtual interview – we will continue to follow AAMC lead
- Currently exploring the following residencies/fellowships
 - Anesthesiology
 - Neurology
 - GI – Fellowship
 - Cardiology – Fellowship
- MD student representative ask “What do they look at in determining residency candidate since Step 1 is PASS/FAIL”? Dr. Counselman stated that they look at letters of recommendations.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business

ADJOURNMENT

There being no further business, the meeting adjourned at 12:00noon.

Ylonda Boatright
Recording Secretary