

# **VCU** School of Medicine

## **2008-09 Annual Report**



**August 2009**

**PART I**  
**SCHOOL OF MEDICINE**  
**2008-09**

## **Instruction and Enrollment**

The VCU School of Medicine continued to see increases in the applicant pool. There were 6222 applications for the first year class that began in August 2009. This was a high watermark which eclipsed the 6154 applications from the previous year, a record number. This growth occurred in the face of a flattening of the national pool. The Virginia pool represented 14% of the total, with 5347 applicants from other states. This year's pool was 47% female. The average MCAT score and GPA for those accepted to date are 29.4 MCAT and 3.6 GPA, respectively. In addition, 900 interviews were completed this cycle.

Virtual programs for recruiting were developed with the expert help of our in house webmaster to reduce expenses for redesigning the website and were well received by premedical students all over the country. The School was able to reach many more applicants through this online experience. Invitations to Virginia colleges have been extended for on campus visits and tours. A listserv of college pre-health advisors is being utilized to maintain close contact and communication. The School hopes to offer advice, answer questions, and provide faculty development for the advisors through this mechanism. Several guaranteed admissions programs were added last year, in addition to William & Mary's participation, and two students will begin medical School in 2011. Each school may select two students at the end of their sophomore years.

There were 130 applications for the guaranteed admission program with VCU and 20 applicants were chosen in March 2009. They are slated to start medical school in eight years. In June there were 17 applications from which 9 were chosen for the class of 2011.

Student recruitment in Virginia, North Carolina, Maryland, and Washington, D.C. were part of our efforts to identify the best applicants. The recruitment video developed last year was used heavily during recruitment trips and has continued to be a link on our website. In an effort to cut cost and go green, we have scanned many of the helpful documents for potential applicants on our website.

The Class of 2010 took Step 1 of the United States Medical Licensing Examination during the past academic year. The average score for the class was 223 with a pass rate on first attempt of 96% (compared to the national averages of 221 and 93%, respectively). This was the highest average ever for the School. Data for graduating students who took Step 2CK of the United States Medical Licensing Examination were in line with the national average with scores of 228 and 229, respectively.

The Class of 2009 had an extremely successful match into residency training positions. Nationally, the number of individuals applying for residency programs is growing exponentially while the number of training spots was flat lining. Despite this, 96% of our students matched into a residency program compared to

the national average of 93%. Over half (54%) of our students matched into their first choice program, and 82% of students matched into one of their top three ranked residencies. Fifty-six students entered primary care training programs, helping to address the predicted shortage in healthcare providers estimated by the American Association of Medical Colleges over the next 20 years.

International education maintained growth. We have continued to exchange medical students with the University of Messina, and this academic year, we sent students to the University of Cordoba for the first time. In addition, as part of a pilot, two M4 students went to Pontificia Univeridad Católica de Chile for an immersion experience in medical Spanish involving the large urban population of Santiago and rural outskirts. This year the Honduras Outreach Medical Brigada Relief Effort expanded. Students continued to focus on primary care and public health care and public health in caring for underserved communities in rural Honduras, and a site in the Dominican Republic was added. Twenty-three medical students participated under the supervision of School of Medicine faculty.

The International/Inner City/Rural Preceptorship Program, designed to increase the number of our students who pursue careers in primary care, has been reinvigorated this year. With the assistance of federal grant funding a new medical and educational director were selected and the largest number ever of first-year medical students have chosen to participate. New curricula have been developed that will help students integrate lessons learned abroad and domestically into a core skill set that will enhance students' abilities to care for underserved populations throughout the world.

In the fall of 2008, 73% of our students applied for need-based aid. Of that number, 66% received grant and scholarship aid totaling \$3,544,390 (compared to \$3,624,557 the preceding year). Student debt at the time of graduation remained a problem. The class of 2008 had 21 graduates with no debt, compared to only 12 in the class of 2009. The following chart summarizes average debt at the time of graduation:

	<b>Class of 2008</b>	<b>Class of 2009</b>
<b>In-state Students</b>	\$136,690	\$143,413
<b>Out-of-state Students</b>	\$178,098	\$181,118
<b>Overall Average</b>	\$153,147	\$161,855

Curricular changes have been a major focus for the School during the 2008-09 year. In the summer of 2008, three faculty and two student focus groups were conducted to address the following questions related to the curriculum in the School of Medicine:

- What do we value as educational outcomes for our students?
- How might we best educate students?

- How do we assess student performance to determine whether faculty is teaching toward the valued outcomes?

Using qualitative analysis, eight valued outcomes were identified:

1. *Ability to identify, analyze, synthesize, and assess credibility of relevant information.*
2. *Be lifelong learners with intellectual curiosity.*
3. *Ability to integrate the scientific foundations of medicine.*
4. *Ability to self-assess learning needs (reflective practice).*
5. *Ability to function in systems and to teach each other (teams).*
6. *Demonstrate competence as outcomes.*
7. *Be active learners.*
8. *Emotional intelligence, able to deal with the whole patient and a love for the profession.*

These values set the compass for a redesign of the curriculum in the School of Medicine.

A committee of basic science and clinical faculty, housestaff, and medical students was formed in October 2008 and began meeting twice monthly. Initially, the committee reviewed innovative curricular changes made at other medical schools to see if they would address our valued outcomes given our unique circumstance (a University based School of Medicine with one of the largest enrollments in the United States). Then the committee developed the structure for an integrated contextual medical curriculum that incorporates the valued outcomes, tentatively referred to as the **C<sup>3</sup> Curriculum**:

- **C**entered on the individual needs of the learner.
- **C**ompetency driven to assure that our graduates are ready for the next phase of their education.
- **C**ontextually integrated to continuously apply the scientific foundations of medicine to clinical care.

As part of the new curriculum, matriculating students will complete educational testing and the Meyers-Briggs Type Indicator during the week prior to M1 orientation. This testing will allow assessment of learning styles/skills, metacognition, propensity for self-directed and active learning, and characteristics that may influence how successful a student will be in working within teams. The testing will become a part of an eportfolio for students where they may track their personal and professional development throughout the four years of medical school. The students will also be divided into four societies, each lead by 1-2 faculty. The faculty will meet with students individually to interpret the test results for them. They will also serve as the mentors in the societies throughout the four years of medical school.

The formal curriculum will begin in the fall semester of the medical students' first year. The first semester will be "The Scientific Foundations of Medicine," which will provide an introduction to the fundamental aspects of medicine including:

- Cell and molecular biology
- Principles of genetics/genomics
- Principles of biochemistry
- Cell signaling
- Principles of histology
- Principles of physiology
- Pathogenesis
- Principles of pharmacology
- Introduction to microbiology and immunology

Following the foundations segment, the students will advance into "The Applied Medical Sciences." These courses will be taught in groups of complimentary organ-systems, with lessons on normal function (e.g., gross and microscopic anatomy, histology, genetics, physiology, etc.) and then progressing to disease states and treatment. Blocks include:

- Hematology/Oncology/Musculoskeletal
- Cardiovascular/Pulmonary/Renal
- Endocrine/Gastrointestinal/Reproduction
- Brain and Behavior

Examinations will be case-based and cumulative. This period will run through the fall semester of the second year.

When the students return in the spring semester of the second year, they will participate in a two month integration period. This period is intended to use cumulative cases to review with the students all they have learned in the "Scientific Foundations" and "Applied Medical Sciences" phases and prepare them for taking Step 1 of the United States Medical Licensing Examination.

In March of the second year, the students will move into the "Core Clinical Components," which will last for thirteen months, with built in one-two week intercessions emphasizing general medical principles. This time period will also be constructed so that students may individualize their plan of study, vacation time and participate in electives at an earlier stage of their training.

The "Core Clinical Components" will consist of four blocks that are competency driven:

- Inpatient Objectives (16 weeks)
  - Surgery
  - Internal Medicine
  - Neurology
  - Gynecology

- Outpatient Objectives (16 weeks)
  - Family Medicine
  - Internal Medicine
  - Pediatrics
  - Neurology
  - Gynecology
  - Psychiatry
- Inpatient Psychiatry
  - Objectives (4 weeks)
  - Electives (4 weeks)
- Maternal-Child Objectives (8 weeks)
  - Obstetrics
  - Newborn Nursery
  - Inpatient Pediatrics

The “Core Clinical Components” will culminate in a one month integration period with advanced case-based review of basic sciences as applied to clinical science and preparations for taking the Clinical Knowledge and Clinical Skills subsets of Step 2 of the United States Medical Licensing Examination.

The final phase, which will cover the fall and spring semesters of the fourth year, will be the “Candidacy for a Doctor of Medicine Degree,” with the emphasis on advanced clinical concentration. All students will be expected to fulfill the following requirements:

- An acting internship in either Internal Medicine or Surgery
- An acting internship in their chosen specialty
- Three clinical electives related to the chosen specialty
- One clinical selective in a complementary area
- One advanced science elective
  - Advanced physiology/pathophysiology
  - Advanced anatomy/surgical anatomy
  - Advanced neuroscience
  - Advanced genetics/genomic and metabolism
- A teaching requirement will be a component of the basic science elective
- All students will be expected to complete a scholarly project (e.g., bench, case report, teaching project, health care policy, systems practice, etc.).

Throughout all four years of the curriculum, there will be longitudinal tracks that address:

- Clinical skills
- Communication skills
- Cultural competency
- Ethics and Professionalism
- The Doctor/Patient Relationship
- The Social and Behavioral Context of Health and Illness

- Evidenced Based Medicine and Understanding of Various Types of Research
- Population Medicine
- Knowledge Career Development
- Personal Career Development

In addition, during the “Scientific Foundations of Medicine” and “Applied Medical Sciences” blocks, the students will participate in continuity clinics. These clinics will allow the students to be assigned to a battery of patients covering the lifespan and with a variety of illnesses and conditions. This type of experience will enable the students to:

- Observe the natural development, progression and remission of illness.
- Understand the implications of illness on the patient and his/her family.
- Appreciate the social and behavioral context in which illness occurs.

The timeline for implementation of the new curriculum is as follows:

2009-2010	<ul style="list-style-type: none"> <li>• Implement educational testing, formation of societies, new evaluation tools to assist students and faculty to assess progress in meeting the valued outcomes;</li> <li>• Increase number of active learning educational sessions in the M1 and M2 years by 20-30%;</li> <li>• Complete a multi-site analysis for the reliability and validity of a newly developed instrument to assess self-learning;</li> <li>• Fully develop the detailed curriculum for the Scientific Foundations of Medicine and Applied Medical Sciences and the longitudinal curriculum.</li> </ul>
2010-2011	Implement the Scientific Foundations of Medicine and Applied Medical Sciences curriculum with the matriculating class and fully develop the detailed curriculum for the Core Clinical Components.

2011-2012	Implement the Core Clinical Components and fully develop the detailed curriculum for the Candidacy for Doctor of Medicine degree phase.
2012-2013	Implement all components of the new curriculum

There have been multiple development opportunities to prepare faculty for teaching in the new curriculum including:

- Use of the audience response system in the classroom.
- Creating small group experiences with large classes.
- Process oriented guided inquiry workshop.
- Using the eCurriculum to enhance and support teaching and learning.
- Learning how to teach complex subjects.
- Stanford Teaching Competencies workshop.

In addition, the Computer Based Instruction Library (CBIL) has been converted into the Curriculum Innovation Resource Center (CIRC). CIRC continued to provide students with study space, but has taken on additional responsibilities to work with faculty to develop innovative ideas in teaching and instructional technology.

Last, a committee of faculty and students have delineated competencies in teaching, evidence based medicine and technology to assist educators in their professional development.

**Center for Human Simulation and Patient Safety**

The Center for Human Simulation and Patient Safety moved into VCUHS Main Hospital 6<sup>th</sup> floor in March 2009, in space that previously served as a neonatal intensive care unit. This move allowed the Center to consolidate staff and simulation equipment into one location for the first time. Simulation activity has increased rapidly with consolidation of staff and resources. Plans call for the Center to move into 5,000 square feet of renovated space on North 2, in the former burn unit, in spring 2010.

**Key Activities:**

- The Center hosted a Simulation Primer for VCU faculty and staff on Feb. 27, 2009. Speakers included Diane Wayne, MD and William McGaghie, PhD, both from Northwestern University School of Medicine, as well as Shawna Perry, MD, and Greg Christiansen, DO, from VCU. The target audience was program and clerkship directors.

- More than 95% of evaluators agreed or strongly agreed that the content of the Simulation Primer would enhance their educational practice and that the information provided would improve their learner outcomes
- Comments included: outstanding speakers; the interactive format was excellent; excellent overview of evidence-based reasons for simulation in learning; good clinical, real world relevance
- Major instructional equipment was purchased including :
  - iStan- high fidelity full body wireless simulation purchased with HEETF funding
  - EMS MobilSim digital capture equipment
  - SimNewB – high fidelity newborn simulation used for neonatal resuscitation training
  - Laparoscopic trainer boxes for Fundamentals of Laparoscopic Surgery from SAGES (2)
  - SurgicalSIM LTS – laparoscopic training simulator
  - Enema/Catheterization task trainers (2)
  - NG Tube and Trach simulator
  - Intramuscular injection manikin
  - Pelvic exam simulator
  - Breast models
- SOM faculty developed and implemented a simulation based curriculum, including:
  - Surgical skills and acute care skills for M3 update and M4 workshop week
  - Code team training
  - Anesthesia training in pharmacokinetics of anesthesia induction agents and complications of anesthesia induction
- Investments in faculty development were made by sending faculty for training in the use of our high fidelity manikins, and to outside CME opportunities in simulation education instruction.

### **Graduate Education Programs**

For the 2008-09 academic year, the School's enrollment was up 9%, and the fall 2008 headcount enrollment of 543 overall student population exceeded last year's headcount of 500 again for the second year. The School conferred the following numbers of degrees: 37 Ph.D. degrees, 78 Masters degrees, and 52 post-baccalaureate certificates. The number of Ph.D. and Master's degrees awarded (115) is the highest total recorded.

In the fall of 2008, a novel on-line program awarding an M.S. in Addiction Studies enrolled 8 students. The program partnered VCU with the University of Adelaide and King's College (London) in awarding a "triple-badged" degree. Other new programs and initiatives included: a consolidated Pre-Medical Basic Health Sciences Certificate program; approval of the Ph.D. in Social and Behavioral Health; the Ph.D. in Neuroscience has been submitted to SCHEV with approval anticipated in the fall 2009 term; and the Ph.D. and M.S. programs in Medical Physics will be transferred to the School of Medicine during the upcoming academic year. To meet the compliance standards for the SACS review, revised standards and practices for advanced degree programs were implemented.

The School of Medicine also hosted the Hubert H. Humphrey Fellowship program in Substance Abuse Prevention and Treatment. This program provided a university-wide experience that included many opportunities for contact with all of the VCU programs in the substance abuse field. The key participating units were the Office of International Education, the Department of Epidemiology and Community Health, the Institute for Drug and Alcohol Studies as well as local government and community-based organizations.

For the fall of 2009, supported new Ph.D. programs have an average undergraduate GPA of 3.53 and GRE (VQA) scores of 563, 712 and 4.1.

A new NIH training grant that supports graduate students in lipidomics was awarded.

## **Faculty**

The Office of Faculty Affairs coordinated and facilitated a number of key initiatives in the School in addition to its traditional support of departments and faculty in support of their teaching, research and service missions.

New Chairs were recruited to the departments of Pediatrics, Otolaryngology, Legal Medicine, Neurology, Epidemiology and Community Health, and Public Health Management and Policy. Two new Chair recruitments were initiated with incumbents remaining in place until new chairs are on board (Internal Medicine and Obstetrics and Gynecology). The Massey Cancer Center had ongoing recruitments for clinical and research initiatives, which included the Chair of Hematology/Oncology as well as one hundred Affiliate faculty appointments were also made in 2008-09.

The School of Medicine continued to experience success in recruiting faculty to the University in an increasingly competitive marketplace. The Faculty Affairs Office provided support to departments for coordination of all phases of the recruitment process. The success of FY 09 recruitment efforts is listed below:

<b>Campus</b>	<b>Number FTE</b>
<b>MCV</b>	91
Teaching/Research	33
MD Clinical	53
Non MD	9
<b>INOVA</b>	49
<b>VAMC</b>	10
<b>Total</b>	<b>150</b>

Although recruitment has been successful, there was attrition of faculty in 2009 due to retirements and departures. Of the 60 faculty total departures, 7 were anticipated and 11 were related to retirement. Overall, the faculty attrition rate in the School of Medicine is 5% which is below the national average of 12%. The School of Medicine continued to match or exceed national benchmarks in terms of representation of women and minorities in faculty and leadership positions.

The Promotion and Tenure Committee evaluated 42 applications for promotion and/or Tenure with a success rate of 92%.

<b>Number of Faculty</b>	<b>Promotion Action</b>
9	Assistant Professor
8	Associate Professor
5	Associate Professor with Tenure
2	Tenure
15	Professor

The Office coordinated the *Ad Hoc* committee of the faculty that reviewed and made recommendations for revision of the School of Medicine **Guidelines on Faculty Promotion and Tenure**. The University Promotion and Tenure Policy Committee approved the recommendations and the revised guidelines became effective in April 2009. An *Ad Hoc* committee of the faculty also made recommendations to the Dean on the **Teaching and Research Compensation Salary Plan** which enhanced the clarity of the document, and were approved.

Faculty Affairs sponsored numerous seminars, conferences and consultations to over 200 faculty that enhanced faculty career development and mentoring. The Annual SOM Faculty Excellence Awards and New Faculty Orientation programs continued to be successful and well-attended events by the faculty. The Faculty Affairs website was updated and expanded to provide a wealth of resources, contacts and information for faculty: <http://www.medschool.vcu.edu/facultyaffairs>.

Among the significant national honors received by School of Medicine Faculty, Joseph Ornato, M.D., Chair of Emergency Medicine, was elected to membership in the Institute of Medicine, National Academies of Science, and Richard Wenzel, M.D.,M.Sc., Chair of the Department of Internal Medicine, was notified that he

will receive the 2010 Maxwell Finland Award from the National Foundation for Infectious Diseases.

For the upcoming year, the Office of Faculty Affairs will focus more intently on the recruitment of faculty in strategic areas, including cancer research and care, OB/GYN, Internal Medicine and Critical Care.

## Research

The School of Medicine passed its halfway point of the Six-Year Research Strategic Plan and continued to expand its research capacity in FY 2009 as the new Molecular Medicine Research Building was opened and dedicated on April 24, 2009. The School of Medicine received \$117,366,399 in total award dollars (\$91,929,425 in direct costs and \$25,436,974 in indirect costs) in FY 2009, a 15% increase over FY 2008. This included \$71,175,489 from the NIH (an increase of 22% over FY 2008), \$13,147,498 from industry (a decrease of 16% from FY 2008), \$3,568,215 from the Department of Defense, (a 287% increase over FY 2008) and \$2,165,705 from foundations (a 7% increase over FY 2008).

Among the larger (>500,000 / year) new NIH awards were: Vaginal Microbiome: Disease, Genetics, and the Environment (1UH2AI083263); A Genome-Wide Association Study of Schizophrenia in Ireland (1R01MH083094); and the Appraisal and Diagnostic Delay in Colon Cancer (5R01CA124607). In addition, several large protein projects and core grants were competitively reviewed.

The School had a banner year in the number of grant dollars awarded (per Info Ed):

Award Sponsors	Grant Dollars Awarded	
	FY 2008	FY 2009
NIH Awards	\$58,429,807	\$71,175,489
Industry Awards	\$15,581,837	\$13,147,498
All Other Awards	\$27,993,812	\$33,043,412
<b>Total Grant Awards</b>	<b>\$102,005,456</b>	<b>\$117,366,359</b>

In 2008-09, nine doctoral students were recipients of NIH individual fellowships (F30 or F31). Doctoral student and postdoctoral training were supported by eleven NIH training grants. In addition, the 25<sup>th</sup> Annual Daniel T. Watts Research Poster Symposium had over 150 participants which was a record level of participation. Specific inclusion of postdoctoral fellows was initiated.

The CTSA application received a very positive review, but at this time, the NIH officials recommended a revised application for the October 2009 competition.

## Development

In 2008-09, the School of Medicine Development Office focused on its outreach programs to donors and potential donors. The Dean continued to reach out to the School's alumni and events for alumni were held last year in Florida, Charlottesville, and San Antonio. Gifts through the School's phone-a-thon program decreased by 32% over the prior year, an anticipated result given this economy. The number of new donors to the Annual Fund was flat at 62 this year versus 69 in 2008. The third year for the class reunion gift program in 2008-09 brought in \$92,600 along with \$36,855 from the Grand Alumni for a total of \$129,455, which will likely represent about a third of the total Annual Fund. Overall, the 2008-09 academic year was lower than previous years for private giving to the School of Medicine, but this was again not unexpected given national giving trends.

Gifts and pledges to the School of Medicine for the fiscal year ending June 30, 2009 totaled \$19.4 M with \$ 7.3 M from the VCU Health System and \$12.1 M from private sources. The goal for private source gifts for the 2009 fiscal year was \$20 M, exclusive of Health System transfers. It is a testament to the momentum of the development program that the School came in shy of the goal by only \$600,000 given that the economy had the worst downturn this past year possibly since the 1930's.

A five year history of Gifts and Pledges are listed below in Table 1 and the history for the School of Medicine Annual Fund is listed in Table 2:

**Table 1: Gifts and Pledges**

<b>Fiscal Year</b>	<b>VCUHS</b>	<b>Private Sources</b>	<b>Total</b>
FY05	\$7.1M	\$6.2M	\$13.3M
FY06	\$17.5M	\$14.1M	\$31.6M
FY07	\$.8M	\$10.7M	\$11.5M
FY08	\$40.4M	\$14.4M	\$54.8M
FY09	\$7.3M	\$12.1 M**	\$19.4 M

\*\*Includes \$1,388,751 held in a suspense account at the MCV Foundation designated for "medical research" from the Blick Estate as well as another \$151,585 in gifts received during FY 09 designated for Medicine that are in suspense accounts as of June 30, 2009.

**Table 2: School of Medicine Annual Fund**

<b>Fiscal Year</b>	<b>Annual Donations</b>	<b>Society Members</b>
FY 05	\$290,596	113
FY 06	\$330,966	126
FY 07	\$409,745	142
FY 08	\$406,546	160
FY 09	\$395,341	not available

## **Facilities**

The School of Medicine continued to pursue an aggressive renovation and capital construction program for its educational and research facilities. In FY 2009, the School continued the programming and planning phases for the new School of Medicine Building. The \$100 million facility will provide dedicated space for medical education, clinical training, and research and will accommodate our growing class size. A. D. Williams Hospital is being demolished to make way for the new School of Medicine. The demolition is scheduled to begin in March 2010. To accommodate current occupants in A.D. Williams, the School and Health System are renovating space in West Hospital, Sanger Hall, and Nelson Clinic.

Significant improvements to existing research space in FY 2009 included completion of renovations to the 3<sup>rd</sup> floor of Sanger Hall for the Department of Physiology and laboratory improvements for new faculty recruits, and design and construction of a new stem cell research space in Sanger Hall.

The University also undertook improvement projects to provide crucial safety updates to School of Medicine space. Specifically, the eye wash stations are being modernized in every lab in Sanger Hall and the entire building is undergoing an update to the fire safety systems. Both of these projects are still in progress but remain on schedule.

The latter part of FY 2009 brought about several projects born out of the potential to obtain stimulus money from the NIH for renovation of existing research space. Renovations to the 4<sup>th</sup> and 7<sup>th</sup> floors of Sanger Hall have been proposed. These projects would provide updated BSL2 lab space for researchers in the Department of Pharmacology and Toxicology and in the Division of Pulmonary Medicine in the Department of Internal Medicine, respectively. There is also a proposal to renovate the 9<sup>th</sup> floor of Sanger Hall to expand the University's Microscopy Core facility.

March of 2009 brought the opening of the new Molecular Medical Research Building. This building provided researchers with six floors of new research space and supporting office space, a new vivarium for the campus, as well as

new classroom/ assembly space. This space offered an open plan for the laboratories which will foster collaborative relationships between the researchers. The new \$71.5 million research facility will be fully occupied by August 2009.

The School of Medicine has completed the designs for a new building to include 150,000 gross square feet of academic space that will support curricular changes in undergraduate medical education and allow for the expansion of the entering class size from its current level of 200 up to 250, if needed, to meet the expected physician shortage facing the Commonwealth of Virginia. A portion of the new academic space will also be dedicated to the Center for Human Simulation and Patient Safety. Lastly, in addition to the academic programs slated for this building, the new building is also expected to contain 50,000 gross square feet of space dedicated for cancer research.

### **Clinical Activities**

The School's clinical faculty had another strong year. Once again, the VCU Health System was ranked by U.S. News as one of America's Best Hospitals in 2009, making VCU the only medical center in Central Virginia to be ranked three years consecutively. The medical center received specific recognition for its excellence in rehabilitation (ranked 20<sup>th</sup> in the country); heart and heart surgery (44<sup>th</sup>); treatment of kidney disorders (ranked 44<sup>th</sup>); and orthopaedics (45<sup>th</sup>).

Operationally, the School of Medicine has been instrumental in several key clinical initiatives this year. Faculty have worked with hospital leadership to decrease hospital-acquired infection rates, to improve capacity and throughput, to continue the Health System's track record of leading the nation in heart attack response and treatment measures, and to achieve two new Certifications from the Joint Commission for Primary Stroke Center and Ventricular Assist Device (VAD). Additionally, faculty have been integral in working alongside health system leaders to launch the *Safety First, Every Day* initiative, which brings the science of safety to healthcare in support of VCU's vision to become America's Safest Health System.

### **Community and Public Service**

In cooperation with the Center for Health Disparities (CHD), the School continued to expand the outreach programs to enhance the diversity of our student populations. The Center initiated proposals to address underrepresented populations through a spectrum of programs with specific partnering with regional historically black colleges and universities (HBCU) institutions.

The Center established the Community Connections for Health Committee in the summer of 2008 with the goal of supporting the development of communities to manage and improve their health. The committee used Community-Based

Participatory Research principles to help underserved communities identify the issues that most influence their health and to develop strategic responses.

Currently, the Center's efforts are focused on improving birth outcomes for African-American women living in the Greater Richmond area. The Center for Excellence in Research is a partnership between the School of Medicine and CHD to submit grant proposals to the NIH in support for the examination of adverse pregnancy outcomes in African-American women and potential interventions to prevent them. Also, the Racial and Ethnic Approaches to Community Health U.S. (Reach US) grant was awarded in November 2007 through Center of Disease Control (CDC). This is a five year grant to support efforts to address infant mortality and prenatal awareness among economically disadvantaged African American populations in the Greater Richmond area.