

**Louisiana State University Health Sciences Center**

**School of Medicine**

**New Orleans**

**ANNUAL REPORT**

**2003-2004 ACADEMIC YEAR**

# **LSUHSC SCHOOL OF MEDICINE – NEW ORLEANS**

## **2003-2004 ANNUAL REPORT**

The Academic Year 2003-2004 was eventful for the LSUHSC School of Medicine – New Orleans. On January 1, 2004, Interim Dean, J. Patrick O’Leary, MD passed his responsibilities on to Larry H. Hollier, MD, who assumed the position of Dean. The year was characterized by continued efforts on the part of Dr. O’Leary to stabilize the financial circumstances of the school, transition to the leadership of Dr. Hollier, and active planning for continued academic excellence and for substantial growth in the research and clinical school enterprises. Both Drs. O’Leary and Hollier have emphasized openness and consistency in administrative affairs and the recent planning and projections undertaken for implementation of mission-based budgeting for 2005-2006 represent the most dramatic evidence of this operational model and management style. In a dynamic environment, such as our organization, it is sometimes difficult to place activities squarely within one academic or fiscal year, but this report will highlight the major accomplishments of 2003-2004 and sketch out the challenges for the future.

### **Overview**

On June 30, 2004 the School of Medicine was comprised of 647 active, full-time faculty members, 102 in basic science departments and 545 in clinical

departments. The size of the full-time faculty was stable during the academic year.

In addition to the recruitment of Dr. Hollier as Dean, there were a number of other significant faculty recruitments and administrative appointments. Donald Bergsma, MD was named as permanent Head of the Department of Ophthalmology and Sampath Parthasarthy, PhD was hired to direct a new Program in Oxidative Stress. Final negotiations were completed for the recruitment of Arthur Haas, PhD as Head of the Department of Biochemistry and Molecular Biology. R. Ranney Mize, PhD stepped down as Head of the Department of Cell Biology and Anatomy; Samuel McClugage, PhD was named as Interim Head of the department. Active searches were initiated for the Head of the Departments of Neurosurgery and Anesthesiology and the Gene Therapy Program Director. Noteworthy faculty accomplishments are attached as Appendix A.

There were 692 medical students enrolled (see below) and 510 residents and 110 fellows engaged in our training programs during the academic year.

The annual budget for the School of Medicine was \$260M. The sources for funding were clinical revenues (31%), state and local government, including state general funds and contracts for residency supervision and clinical services at the public hospitals (26%), federal grants and contracts (22%), tuition (3%), and other miscellaneous agencies (18%). Intensive planning for implementation of mission-based budgeting was initiated, outlining clear and consistent formulas for funding education of students and house officers, research, and department and

center or program administrative support. Dr. Hollier is committed to increasing revenues for the school budget, in particular by expanding the funding obtained through research grants and contracts and by increasing the intensity of activities in the clinical arena.

Faculty committees and school leadership were involved in many projects and initiatives during the year. As a consequence, modifications of the School of Medicine Guidelines and Criteria for Appointment and Promotions have been implemented, there has been refinement and expansion of the scope of application of the Research Space Policy, and a new policy has been developed to guide the Dean in the use of Faculty Office and Academic Support Space.

### **Academic Teaching and Training**

The School of Medicine remains successful in recruiting qualified candidates for admission and the matriculation rates for accepted candidates remain very high (80-85%). This high matriculation rate is attributed to many features and abundant resources available in our academic program, including the implementation of the new curriculum for the graduating class of 2005, the construction and avid use of the Learning Center with its simulators and small group teaching environment, continued assessment of clinical training component of the curriculum, the favorable statistics regarding USMLE performance, and the rich clinical experience afforded within the clerkships. This past academic year was characterized by heightened activity within the Office of Medical Education and Research and Development (OMERAD), planning for

additional change in the clinical third and fourth years of the curriculum, refinement of the Rural Track, and active planning for expansion of the Learning Center with anticipated construction late in academic year 2004-2005 or early 2005-2006.

**Undergraduate Enrollment and Related Concerns:**

- The typical medical school class is composed of 165 Louisiana residents, plus approximately five (or slightly more) additional out-of-state MD-PhD students and/or children of medical alumni residing out of state. In the next academic year (2005-2006) the class will be expanded further by the additional of up to 10 students entering the Rural Track program (see below.)
- The total medical student enrollment for 2003-2004 was 692, 364 men and 328 women, with the freshman class having 85 men and 85 women students. Four first year students were repeating the year; one other was repeating an upper level year. Three students were accepted with advanced standing into the second year (in conjunction with the joint DDS-MD-Oral maxillofacial surgery residency program) and one other student was accepted into the third year class.
- A total of 36 students were enrolled in joint academic programs: 11 in the MD/PhD program, 13 in the MD/MPH program, one in the MD/MBA program, and 11 in the MD/Oral Maxillofacial surgery residency program.
- Two students withdrew during the academic year (attrition), one for personal reasons and another because of poor academic standing.

- Twenty eight percent of the student body received scholarship support, totaling \$1,16M.
- Most senior students (166) received financial aid, with indebtedness ranging from \$8,500 to \$243,815 and with the typical student accumulating between \$112,548 (mean) and \$120,174 (median) in debt.
- 174 students completed Step 1 of the United States Medical Licensing Examination (USMLE), 90% passing on their first attempt and all of the remainder since passing. Over a multi-year perspective, our pass rate for Step I USMLE is at or slightly below the national mean, while our mean score is slightly below the national mean. On Step II USMLE our pass rate is slightly above the mean with our mean score also above the national mean. When interpreted in the context of admitting MCAT scores (which have been slightly below the national mean), class performance improves from admission through completion of the final licensing exam.
- In 2004 there were 161 graduates, 95 men and 66 women, with 157 graduating in four years, three in five or more years, because of academic difficulties, and one in five or more years who undertook a pathway for academic enrichment.
- The class of 2004 was the second class to receive transcript credit for community service participation; the 39 qualifying students completed at least 100 hours of community service in at least three different activities during three of the four years of school.

- The Rural Track, initiated three years ago and headed by Kim Edward LeBlanc, MD Head of the Department of Family Medicine, targets maldistribution of physicians and addresses the worsening shortage of primary care physicians in rural areas. The Rural Track selects students from rural Louisiana parishes; the students complete the first two years on campus in New Orleans and then most of the last two years at University Medical Center in Lafayette (UMC), which offers all clinical rotations to students. The participating students also a unique continuity experience in primary care, spending time each week in a rural outpatient practice. The Rural Track will graduate its first five participants in 2005; four of this five are likely to choose primary care residencies within Louisiana. Two students from the class of 2006 are enrolled in the program and we expect four or five students from the classes of 2007 and 2008 to join the program. The circumstances are anticipated to change, beginning with the Class of 2009 as we have arranged for a tuition exemption for up to 10 students a year who enroll in the Rural Track.

**Residency Match Results for 2003-2004:**

- 169 of the 177 senior students participated in the National Residency Matching Program, with eight receiving positions outside of the match or matching with the military. Ninety-three percent of the 169 seniors received a match. Those who did not match participated in the scramble and obtained a training position within 24 hours. Ninety-four seniors were matched into first year programs located in Louisiana and 82 received

positions out of state, spread amongst 24 states and the District of Columbia. One senior chose not to enter residency training in 2004.

- A summary of residency match type for Class of 2004 is indicated below in the attached table, comparing LSU vs national averages as %age of graduating class.

	LSU (%age of graduating class)	National average (%age)
Family Medicine	6	9
Internal Medicine	13	19
Obstetrics & Gynecology	7	5
Orthopedics	5	4
Pediatrics	6	12
Radiology	1	1
Psychiatry	5	5
(Categorical) Surgery	9	7

- When viewed over 10 years the number of students remaining in Louisiana for residency training has fallen from over 70% to just over 50%. In addition, the percentage of the class training at MCLNO has fallen from 44% to 34%. Although it is not certain if either is causal for the other, general consensus is that for a large number of our students, MCLNO is a draw which helps keep the students in state; despite the relatively high opinion of graduating students regarding their overall medical education, the trend towards students choosing residency training outside the state is concerning. It is well known nationally that residents tend to practice close to where they train; consequently, students who leave Louisiana to do residency training are not nearly as likely to practice in Louisiana as those who train here.

**AAMC Graduation Questionnaire – Graduating Class of 2004:**

Each year students in graduating classes of medical schools across the country are asked to fill out a detailed questionnaire administered by the AAMC about their educational experiences. In nearly all questions the answers from LSU closely mirror the answers from students at medical schools from across the nation. Some responses from our graduates that differ or are of interest are listed in the following statements:

- 9.5 % of matriculants are Black, not of Hispanic origin, compared to 5.8% nationally.
- 49% of LSU students strongly agree they are satisfied with the quality of their medical education, compared to 39% nationally.
- 95% agree or strongly agree they have acquired the clinical skills to begin a residency, compared to 93% nationally.
- Sixty-nine percent of the class said they plan to practice in Louisiana; 24% plan to practice in an underserved community and of that number, 60% indicate that their practice will be in a rural area. Graduates also noted that they felt prepared to care for individuals from racial and ethnic backgrounds different from their own to a greater extent than the national cohort (70 vs 60%).
- In general, most of the class felt that the most important pursuit of medicine was relief of pain and suffering rather than simply cure of disease.

**Graduate Medical Education (GME):**

- In 2003-2004 the School of Medicine provided training for approximately 510 residents and 110 fellows in 20 accredited residency and 28 accredited fellowship programs, four combined residencies (such as Medicine-Pediatrics) and 18 additional fellowships that are recognized by various specialty boards, but not separately accredited. 209 of these trainees are in primary care programs. The GME Office also has some administrative responsibility for approximately 40 dental residents. Cumulatively, School of Medicine-related house officers account for 35% of all residents and fellows in training in Louisiana.
- The School of Medicine is administratively responsible for several programs outside of New Orleans, although they may be separately accredited as free standing and, if so, are functionally independent; these programs are important sources of primary care physicians for the state.
  - Earl K. Long in Baton Rouge sponsors approximately 70 residents in Internal Medicine and Emergency Medicine programs.
  - University Medical Center sponsors about 45 residents in Family Medicine and Internal Medicine.
  - The School of Medicine sponsors a Family Medicine residency program at Lake Charles Memorial Hospital.

There have been significant collaborative developments with the Tenet Health System, creating additional educational opportunities for our students and residents. These experiences provide exposure to the latest equipment and to

different types of patients. Currently, such activities are expanding at Lindy Boggs, Memorial Medical Center, and Kenner Regional Medical Center.

**Office of Medical Education / Office of Medical Education Research and Development (OME / OMERAD):**

OMERAD, established in October 2002, is responsible for developing educational research and development projects involving faculty professional development, developing educational scholarship, and stimulating educational innovation and enhancement.

- Substantial medical education research and development projects are underway that involve human patient simulation, simulation based teaching and/or learning and assessment in minimally invasive surgery skills, and projects targeting areas such as clinical reasoning, clinical performance evaluation, curriculum, department-based faculty professional development and professionalism development .
- Planning is underway for implementation of a Teaching Academy.
- Over the last 2 years OME and OMERAD have generated over \$2M in grants, contracts, and donations.

**Learning Center:**

- The Isidore Cohn, Jr, M.D. Student Learning Center, built using private donations from the Alumni Association, has exceeded expectations. In addition to being a state-of-the-art learning environment which serves as the center of student life the first two years, it has also served as a

learning laboratory allowing several developing partnerships with industry and a number of grants. In the short time since opening, we have generated more than twice the original construction costs in grant funding, contracts and donations. Faculty use of the center increased dramatically during the 2003-2004 academic year.

- In addition to having one of the few clinical skills programs in the country, we teach students advanced medical decision-making using full scale patient simulators. Traditional clinical training relies on randomly encountered experiences; simulator use for clinical training permits learning on cue and in a controlled environment. In the Learning Center, simulation scenarios are enacted and repeated as many times as necessary, retaining consistency and replicability of the scenario context and events. These conditions allow focused and timely feedback, both critical factors in promoting the development and maintenance of expertise. A major element of our use of the simulation models in our medical curriculum will be development of appropriate, valid, and reliable assessment and evaluation methodologies (OMERAD).
- One of our faculty members, Dr Valeriy Kozmenko, has filed a patent through the LSUHSC Technology Transfer Office on a significant enhancement of the simulator operating system.
- Through generous donations from Stryker Corporation and a medical alumnus we opened an advanced minimally invasive surgery operating room in the Learning Center. With this new simulator, students and

residents will learn team training and operating room crisis management and safety training.

- We also have established a collaborative agreement with Medtronic to provide education to physicians using a cardiac catheterization simulator designed by Medtronic and installed in the Learning Center. We will be one of a few centers in the country with this capacity and the only one using both the simulator and a virtual hospital setting as training components.

**Area Health Education Center (AHEC):**

AHEC, funded now for 17 years, has been supported by a combination of federal and state awards. It provides important financial and programmatic support to our educational programs.

- AHEC funds two coordinators for the new medical curriculum, as well as a substantial amount of the recurring costs of the Clinical Skills Lab and Simulation Center within the Learning Center.
- The sophomore class has adopted the popular AHEC program, Day with the Docs, as their class project. This program hosts high school students from around the state, stimulating interest in medical careers and exposing them to our campus resources.
- AHEC sponsors a one month rural primary care elective (PCE 120) after the first year of pre-clinical academic work.

- The AHECs have also been crucial to the start up of the Rural Track, assisting in the development of continuity primary care experiences and in the creation of meaningful clerkship experiences at UMC.

## **Research**

Over the past year there have been numerous developments that have had a favorable impact on research efforts at the School of Medicine, facilitating expansion of our research enterprise. These areas of accomplishment include the successful recruitment of a Head for the Department of Biochemistry and Molecular Biology, as well as other important faculty recruitments, the reallocation of research space in accordance with the School of Medicine Research Space policy, changes in Core Laboratory function, and continuation of the Research Enhancement Fund bridge grant program. Stabilization of the departmental leadership, both basic and clinical science, and the recruitment of a new permanent dean, committed to expansion of the research programs, has already resulted in enhanced success in terms of NIH funding and faculty recruitment.

### **Current Status and Future Outlook:**

- The LSUHSC ranking for NIH support has risen from 90 out of 125 academic health centers in the United States for FY02 to 84 of 121 for FY03. As four of the five open Department Head positions in the Basic Science Departments have been filled, faculty recruitment at both entry and advanced academic ranks has been brisk. As a consequence of

these recruitments, we anticipate that the relative ranking of the school will continue to improve.

- NIH grant support for the LSUSHC has increased from \$26.5M in FY03 to \$37.0M in FY04, representing a 40% increase. There was a 16% increase in the number of funded projects on campus between FY03 and FY04 and 3% increase in NIH grant submissions.
- Total campus research awards (from all sources) increased from \$44M to \$54.3M from FY03 to FY04. During this time grant submissions increased from 875 to 909, approximately 4%.
- A significant component of the School of Medicine NIH funding is associated with major NIH/NSF awards. In addition to COBRE grants (for faculty and programmatic development) awarded in 2002 and 2003 and the ongoing program project grant in gastric cancer, there have been several new and competing awards made to School of Medicine investigators. These awards account for about \$17M of the LSUHSC grant support. The following new and competing major NIH awards were funded over the last year:

<b>Prin. Investig.</b>	<b>Type of Project</b>	<b>Topic</b>	<b>Total Costs</b>
Correa, P.	Program Project	Gastric Cancer	\$1,188,984
Shellito, J.	Program Project	Host Defense and HIV	\$1,891,909
Jazwinski, S.M.	Program Project	Aging	\$2,017,033
Martin, D.	Cooperative Agreement	Sexually Transmitted Infections	\$2,121,639
Nelson, S.	Center Grant	Comprehensive Alcohol Res. Ctr.	\$2,168,425

- The School of Medicine Research Space Advisory Committee and the LSUHSC Research Council both have focused discussion on anticipated cuts to biomedical research funding through NIH and the potential impact

these cuts may have on our research programs. After a doubling of the NIH budget between 1999 and 2003, recent federal budgets for NIH have not kept pace with inflation. Competitiveness for grant awards is increasing and both groups have recommended that the school continue to invest in research, maintaining the research infrastructure for our investigators' success.

### **Recruitments of Faculty with Productive Research Programs:**

In addition to recruitments into key school leadership positions, which have been outlined previously, there have been several senior faculty members recruited with ongoing research programs. Some of the noteworthy recruits include:

- Dr. Arthur Haas, recruited as Head of the Department of Biochemistry and Molecular Biology, technically arrived in 2004-2005, but the impact of his presence was felt as soon as he committed to the position. He has an active NIH-funded research program of his own; additionally, he is planning to recruit several new investigators in the areas of structural biology and cell regulation.
- The Department of Pathology recruited Dr. Sampath Parthasarathy, previously on the Emory faculty, as a Professor and Director of the Program of Oxidative Stress. As part of this program, Dr. Parthasarathy has already recruited an additional faculty member with interests in reactive oxygen. Both have NIH awards supporting their research.
- The Department of Pharmacology has recruited Dr. Pamela Lucchesi, Associate Professor, and much of her investigative team from University

of Alabama in Birmingham. She currently holds two NIH-funded research grants.

- In conjunction with the Stanley S. Scott Cancer Center, the Department of Genetics has hired Dr. Rathna Vladamudi, Associate Professor. He holds a research grant from the National Cancer Institute.

### **Support of the Research Infrastructure:**

The School of Medicine has initiated or maintained several programs that support the research infrastructure at the school and on campus more broadly. These areas include (1) use of the School of Medicine Research Space Policy, (2) expansion and coordination of Core Laboratories, and (3) continued use of the REF bridge grant program.

- Research Space Policy - The Research Space Policy, modified in 2003-2004 at Dr. Hollier's request to outline more challenging metrics for space allocation and reallocation, is actively used as a guide for the more efficient use of research space and the development of research programs at the School of Medicine. This policy allocates space according to a \$260 MTDC per sq. ft. benchmark for research programs funded by NIH and other sources providing 42% F&A recovery, and \$300 MTDC per sq. ft. for grants carrying a lower F&A. These benchmarks are being used to allocate space to newly hired, funded faculty and also to guide space redistribution among departments, permitting expansion of space allocations for successful programs.

- Expansion and coordination of Core Laboratories - A second area of infrastructure support includes the expansion and development of Core Laboratories on campus. Core Laboratories are an essential component of the research enterprise at any research intensive organization and such facilities are viewed as critical infrastructure in investigators' quest for extramural research grants. Core Laboratories also serve as an important recruitment tool. Faculty input to the school and campus administration indicated that the Core Laboratories needed to better serve the research faculty; consequently, we have begun the process of restructuring the Core Laboratory operations and financial processes (recharge capabilities for services, etc). More extensive changes are expected with the anticipated recruitment of a Core Laboratory Director, planned to be a senior faculty appointment; final negotiations for this recruit are underway and the leading candidate has considerable experience in the operation and funding of Core Laboratory facilities.
- New Core Facilities – A proteomics core opened in 2003-2004. This facility will permit the identification and quantification of thousands of proteins in a single sample, which is an important aspect in identifying the proteins in an organism that are affected during disease processes.
- The Research Enhancement Fund (REF) – The Dean has continued to support research and our investigators through the REF, which provides modest financial support to investigators who have led extramurally funded research programs and who are in the process of getting their

funding renewed through the competitive process. Because of the time-attenuated process inherent in grant submission and review, investigators submitting competing continuations of their research projects commonly experience a period without funding, especially if the grant proposal requires revision. REF grants support valuable research in these periods of funding gaps, allowing programs to continue and investigators to retain valuable employees. Over the seven year timeframe of this program, more than 80% of the investigators applying for REF awards have subsequently acquired extramural funding to continue their research programs. The REF will likely become even more important with the decreases in the NIH budget.

### **Clinical Service**

Dr. Hollier is committed to expanding the scope and increasing the profitability of the clinical practice over the next five years. The clinical practice will continue strong presence within the LSU Health Care Services Division (HCSO) public hospital system, including the Medical Center of Louisiana in New Orleans (MCLNO) and will also continue to pursue activity in the private community. Our private collaborations include long-standing relationships with Children's Hospital in New Orleans, the Tenet System, the Veterans Administration Medical Center of New Orleans, and Touro Hospital. Expansion of our relationship with the Tenet System was formalized this year in a set of intensive negotiations, culminating in a new multi-year contract that is now under final review by the LSU System

Office and the LSU Board of Supervisors. As a consequence of our clinical involvement in both the public and private arenas and, in part because of our outreach programs, School of Medicine students, house officers and faculty members are active in multiple venues throughout the southern part of the State of Louisiana. Notable clinical events or circumstances are outlined below.

- During 2003-2004, there were substantial budget cuts within the HCSD, mandating reduced services at the flagship facility, the Medical Center of Louisiana (MCLNO). These cuts, resulting in operating room and bed closures and reduced the number of operative procedures and admissions for some services up to 33%. Other services were also curtailed with several major programmatic initiatives being either reduced or completely eliminated. The number of hours waited by an individual patient to be seen in clinics and in the emergency room increased at the same time that the desertion rate in the emergency room substantially increased. The time between scheduling and the appointment for non-emergent clinic visits substantially increased with some clinics showing a lag to appointment time in excess of one year. The waiting list for certain services, especially cardiac surgery, substantially increased and, at one time, there were almost 100 patients on the list waiting for their heart procedure. The impact of these cuts on training programs is being actively studied and efforts are being undertaken to reverse decisions that have had an obvious adverse effect on training and/or patient care.
- Negotiations with Tenet continued through 2003-2004, in an effort to

- expand the existing Affiliation Agreement. Central to these discussions was a plan to consolidate the majority of inpatient and, ideally, outpatient, activity at one Tenet campus site. Additionally, there was a proposal that Tenet purchase rights to use the trademarked entities of *Tiger Care* and *Tiger Link* as a part of the corporate endeavor. During these negotiations, Tenet split the Memorial Medical Center back into two separate facilities and the Mercy campus is now known as the Lindy Boggs Medical Center.
- Refinement and comprehensive implementation of the “boiler-plate agreements” for negotiations with Tenet occurred in 2003-2004. These template agreements can be applied to Relocation Agreements, Resident Supervision Agreements, Resident Stipend Agreements, Directorships, and Clinical Coverage Agreements.
  - The School of Medicine and Tenet embarked on a joint clinical endeavor where patients covered by the Office of Group Benefits (OGB) would be capitated for surgical intervention for severe obesity. In this partnership, professional fees and hospital costs were put “at risk.” As of June 30, 2004, the project had been appropriately endorsed with signatures from all participants and implementation was about to begin.
  - The LSU Healthcare Network (LSUHN) celebrated its sixth anniversary during the academic year and it continued to actively support the school through management of its clinical practice. During the 2003-2004 year it focused on growth, service, and satisfaction (patient, physician, and employee). Gross revenue for the LSUHN was \$48.2M, with \$3.1M

supporting school programs broadly and with \$21.5M supporting faculty physician compensation. A major 10 year agreement was negotiated to out-source the “back end” of the organization’s billing and collection activities to IDX; transitioning of these activities began in June 2004. Contraction of billing and collection services internally allowed the LSUHN to reduce its workforce by approximately 25%. Future developments of this project will include electronic hand-held device charge capture at the site of service.

- Significant recruitments were consummated in surgery (Dr. Claudie Sheehan – vascular, Dr. Malachi Sheehan - vascular, Dr. Ernest Chiu – plastic surgery, Dr. Ana Po – ENT, Dr. James Riccardi - orthopaedics), radiology (Dr. David Graham), and pediatrics (Dr. Flavia Jung – nephrology).

## **Community Service**

### **Medical Student Community:**

The medical student body was active in multiple community service projects, some having greater campus and public visibility than others. Highlights of student service are listed below.

- Camp Tiger, initiated by the first year class in 1985, is a one week, day camp experience for community children with physical and/or mental handicaps taking place in the early summer. Each camper participant is assigned to a first year student counselor for the week. A variety of

activities including visits to the zoo, picnics, aquarium, roller skating rinks etc. are planned and funded by donations solicited by the class.

- Student-run homeless clinics in Obstetrics and Gynecology, Adult Medicine, and Pediatrics are in operation on Saturdays throughout the year. Students from all classes volunteer at the clinics, supervised by a physician, often a School of Medicine faculty member.
- Emergency Medicine Interest Group trains L1s and L2s in Basic Life Support (BLS) as instructors, provide instruction in BLS to ninth graders in Orleans Parish public schools.
- Docs Oughta Care is a program that instructs junior high school students about different aspects of their health and the detrimental effects of drugs on their health. The program is affiliated with the medical student section of AMA.
- Tar Wars is an anti-smoking educational program given to 5<sup>th</sup> graders in New Orleans. Over 900 children have been reached in this program.
- Day with the Docs, already mentioned above in the AHEC section, is a second year class project for high school students from schools located throughout the state. Students spend a day at the medical school participating in small group learning, hands-on problem solving activities, and observing medical education real time.

**Office of Community and Minority Health Education (CMHE):**

The Mission of the Office of Community & Minority Health Education is to increase access and improve the quality of care for all Louisiana residents, especially the poor, the minority, and the underserved.

The CMHE goals are three-fold:

- To increase minority and disadvantaged interest in the sciences at the grade school level in order to encourage more students to become physicians and other healthcare professionals;
- To recruit more minorities and disadvantaged into the medical profession; and,
- To provide a supportive environment for minorities and disadvantaged in medical school to ensure retention and graduation.

Individual programs are offered each academic year that serve each of the three specific goals and target offices. Some program highlights for 2003-2004 include:

- Science Clubs in the New Orleans Public Schools – In 2003-2004 CMHE recruited 525 students from 17 LSU K-12 Science Clubs
- Summer Science Program (SSP) - The 2004 SSP, held in June and July, had 71 participants (40 graduates, 31 seniors). A total of 86 students (40 from SSP 2004 and 46 from SSP 2003) graduated from high school. All 86 (100%) enrolled in college.
- In addition to regular visits to college campus around the state and to extensive admissions counseling, the CMHE holds a MCAT Review Course. The 10 week 2004 LSU MCAT Review for 40 disadvantaged

college students was held in the early spring. Exam baseline and final tests scores improved by 19%.

- The Summer Prematriculation Program and Counseling and Academic Monitoring Programs offered by CMHE are primarily targeted at minority and disadvantaged medical students. On the other hand, the Cultural Competency Workshops offered by CMHE are given to the entire freshman medical school class.

### **Alumni Affairs:**

The Medical Alumni Association continues to support the broad mission and initiatives of the School of Medicine. Its Board of Directors meets regularly and frequently, at least four times a year. It, and the Office of Alumni Affairs, represents the primary liaison with the medical alumni, providing information to the alumni and coordinating fund-raising and other programmatic efforts.

- During the 2003-2004 academic year, the Medical Alumni Association received formal notification from the Internal Revenue Service recognizing it as a 501(C) 3 organization. Moreover, the Alumni Association received in transfer the Institute of Professional Education, previously a subsidiary of the LSUHSC Foundation.
- During 2003-2004 the IPE staged 11 programs for 1,730 paying participants with a gross revenue of \$1,147,064.00. It also accredited nine departmental grand rounds programs.
- The Alumni Association staged reunions for 12 classes. It dedicated the Trail Superchair of Head of Neck Surgery and completed the pledge drive

- for the Drez Chair in Orthopaedic Sports Medicine.
- The Alumni Association also raised the funds needed for the Rosenbaum Professorship of Pediatrics, the Coulson Professorship of Biochemistry, and the Levy Professorship of Research Cardiology.
  - It dedicated the Stryker Corporation Minimally Invasive Operating Room and the Lahasky Foundation Surgical Simulation Equipment at the Isidore Cohn Jr. MD Student Learning Center. It started two new scholarships funds and augmented many others.
  - It published MediciNews, the Honor Roll and Holiday Greetings and sent each to over 7,500 alumni and friends.

## **SUMMARY**

The academic year 2003-2004 was an important and successful one for the School of Medicine. It has an accomplished faculty, qualified student body, and talented house officer staff. Moreover, it has well defined goals for the future, goals that mesh with its mission statement and reinforce its commitment to education, advancement of science, and service in to the citizens of the State of Louisiana.