Mission

MISSION

It is the mission of the Indiana University School of Medicine to advance health in the State of Indiana and beyond by promoting innovation and excellence in education, research, and patient care.

Education

The School of Medicine strives to produce outstanding educators, physicians and scientists. We will do so by providing quality education to students, residents, post-doctoral trainees, practicing physicians and the public that integrates the latest research advances with the best clinical practices.

Research

The research mission of the Indiana University School of Medicine is to advance knowledge about health and behavior and to make discoveries leading to improved prevention and treatment of disease, including the education of caregivers and the delivery of health services. Research is the foundation of both medical education and clinical care.

Clinical Care

The School of Medicine will provide outstanding clinical care that incorporates the latest advances in scientific knowledge, to all of our patients and the citizens of the State of Indiana. The quality care we provide will be done in a manner that supports and advances education and research.

VISION

The Indiana University School of Medicine will be one of the nations premier medical schools based on our education, scientific investigation, and health care delivery.

Goals and Objectives

☐ Accountability for use of resources.

☐ Adopt objective, transparent, mission related system to allocate general fund budget to academic departments within IUSM. Campus Planning Theme: Best Practices
Secondary Goals:
Sub Unit:
Time Frame: FY 2007 and ongoing.

Actions taken for 2008-2009:

2008-09 was year two of a four year implementation of IUSM’s RC Budget Allocation Model
Distribution of the ICR budget allocation will be based on a three year rolling average of award credit across departments to help smooth fluctuations caused by shorter term changes in grant awards. Previously, it had been based on most recently completed fiscal year actual ICR collected.

Reconciliation reports have been developed to better assist department chairs and administrators in understanding and comparing the annual changes in the allocation model elements, such as the change in a department’s share of medical school tuition for a specific course based upon that department’s faculty time/effort spent teaching that course versus other departments’ faculty who may also participate in its teaching.

Evidence of Progress for 2008-2009:

There is now a more objective method of allocating the general fund budget to departments. This allocation model was reviewed and approved by the same steering committee of deans, department chairs, and directors who oversaw and approved 3D. Much time and effort was expended communicating this model to all chairs and directors, departmental faculty, and business administrators. Although the model is complicated, its’ principles are fairly well understood by these constituents. It has directly impacted how we in the School view resources, such as space and faculty time/effort, both how they are employed and their inherent value. Space in particular is now viewed at the department level as a resource which must paid for by the department. If that space is unproductive, or underproductive, it diminishes the department’s ability to meet its mission and must either be more productively or relinquished back to the school to be allocated to another department that will fully utilize it.

Activities planned for 2009-2010:

- More accurate data are now available for use in distributing both tuition and appropriation allocations for PhD programs.
- The model continues to be refined to account for new or changing circumstances. One example is a change made to ensure that all tuition revenue from expansion students is allocated to the regional medical campuses.

☑ Review IUSM administrative structures to reduce cost and maximize efficiency.

Campus Planning Theme: Best Practices
Secondary Goals:
Sub Unit:  
Time Frame: FY 2010 and ongoing

Actions taken for 2008-2009:

IUSM’s 3D project team was reformulated by Harold G. McDermott, MBA, CPA, the school’s new Executive Associate Dean (EAD) for Administration, Operations, and Finance. The team’s participation was broadened to include several academic department administrators. Its scope was expanded, and its name changed to the Business Improvement Team (BIT). Its charge is to proactively look for ways to reduce cost, streamline and improve support to faculty, with the aim of helping the school attain its goal of becoming a top ten public medical school.

Evidence of Progress for 2008-2009:

In November 2009 an administrative planning session was held by the EAD of Administration Operations and
Finance. This session brought together approximately 100 of the top administrators (professional staff) from across IUSM, representing almost all academic and administrative units. The outcome of the session was the identification of top priorities for administrative improvements and cost reduction.

Aggregating the priorities identified into categories, the EAD has organized workgroups of the same administrators to tackle the issues raised, both short-term issues that can be addressed and resolved now and those that are larger and more long-term in nature. Categories/workgroups include process improvement, human resources, research administration, finance and administration, information technologies, and going green.

Activities planned for 2009-2010:

Work continues for each of the workgroups, as well as for the BIT. Issues such as administrative organizational restructuring, enabling a single physician credentialing functions across IU, Wishard, and Clarian; maximization of intranet web-sites to assist faculty and administrators in communications and in sharing of resources for the greatest benefit to the entire school.

- Adopt mission-based management principles to identify IUSM faculty effort and funding by mission.
- Develop a mission-based management system that will work for IUSM.

Campus Planning Theme: Best Practices
Secondary Goals:
Sub Unit:
Time Frame: Ongoing.

Actions taken for 2008-2009:

IUSM has been using the Data Driven Decisions (3D) mission-based faculty effort reporting system, as it was originally designed, for four years. Much discussion, feedback, and analysis has occurred since its implementation in 2005. Based upon the data collected to-date, feedback from across IUSM, communication and comparison with other medical schools, IUSM is refocusing this system to better meet individual departmental needs.

Evidence of Progress for 2008-2009:

A school-wide design team, comprised mainly of faculty, has developed new reports that add quality measures and discretionary department collected datapoints. Most importantly, the new system does not calculate clinical FTE, but instead enables a department chair and faculty member to establish and record clinical activity benchmarks or expectations for that faculty member for the upcoming year.

Activities planned for 2009-2010:

The new, revised system and reports are being implemented in FY 2010.

- Conduct world-class research, scholarship, and creative activities relevant to Indianapolis, the state, and beyond.
- Establish state-of-the-art research economy within Indiana through collaboration among IUSM, IU, Purdue, Biocrossroads, IUPUI, IUPUI Lilly, and others.
Campus Planning Theme: Research, Scholarship and Creative Activity, Collaboration
Secondary Goals:
Sub Unit:

Actions taken for 2008-2009:

IUSM received the CTSA grant award and established the CTSI (see http://www.indianactsi.org/)

David S. Wilkes, M.D. was named Executive Associate Dean for Research Affairs, replacing Ora H. Pescovitz, M.D.

Joseph E. Walther Hall opened in April 2009.

Evidence of Progress for 2008-2009:

The Richard M. Fairbanks Foundation of Indianapolis awarded IUSM $2.4 million dollars over three years to support the Indiana Clinical and Translational Sciences Institute. The grant supplements the five-year, $25 million grant awarded to the Indiana CTSI in May by the National Institutes of Health.

The Indiana CTSI is a collaborative effort of Indiana and Purdue universities, Clarian Health, private industry, state and local government, BioCrossroads and others to implement a new program of translational research – the process of turning basic science discoveries into new medical treatments and business opportunities. The grant is one of several the Fairbanks Foundation has made in recent years to support Indianapolis-area health and life sciences initiatives and infrastructure.

The opening of the new IU Simon Cancer Center patient care building in August 2008 coincided with the renewal of the IU Simon Cancer Center's designation as a premier cancer center by the National Cancer Institute; a distinction first earned in 1999. The recognition includes a five-year, $6 million grant.

With the completion of Joseph E. Walther Hall in April 2009, IUSM capped a decade of investment in its scientific enterprise, creating a remarkable campus research corridor where the fundamental questions in basic science will be posed, potential new discoveries will be tested, and benefits of new treatments will be assessed. By itself the largest research facility on the IU Medical Center campus, at 238,371 gross square feet, Walther Hall links two research buildings at its east and west ends – Research II and the Cancer Research Institute – to form a three-building, 500,000-square-foot interconnected research complex.

Activities planned for 2009-2010:

In December 2009 IUSM received a $60 million grant from Lilly endowment to establish the Indiana Physician Scientist Initiative.

☐ Contribute to the local, national, and international stature of faculty affairs, faculty development, and diversity initiatives in healthcare.

☐ Recognition within the local, national, and international community as leaders in faculty development.

Campus Planning Theme: Civic Engagement
Secondary Goals:
Sub Unit:
Actions taken for 2008-2009:

- Partner with off-campus community to strengthen and support diversity initiatives: Indiana Area Health Education Centers (AHEC), Crispus Attucks, Pre-Rawls Program, Mapping Education Toward Achievement (META), and collaborate with the local international schools.
- Hosted two Aesclapian Medical Society Meetings
- Recruited new Associate Dean for Diversity
- Published annual report on state of the faculty
- Conducted focus groups with select groups of faculty

Evidence of Progress for 2008-2009:

- State of the Faculty report (see: http://faculty.medicine.iu.edu/)
- Flexibility in the Tenure Clock: Why the Time is Right to Adopt a 10-Year Tenure Probationary Period at the IUSM

Activities planned for 2009-2010:

Develop a research agenda on issues related to faculty affairs and professional development

Development and retention of quality faculty enthusiastic about their role as educators.

Create a faculty development program for IUSM that will provide education and support for teaching career development, teaching methods, peer review, integration of emerging technologies, and opportunities for scholarship and external funding.

Campus Planning Theme: Teaching and Learning

Secondary Goals:

Sub Unit:

Time Frame: 2002-03 and ongoing.

Actions taken for 2008-2009:

- IUSM Office of Faculty Affairs and Professional Development Strategic Plan
- History of Women at IUSM
- IUSM Speakers Bureau Catalog
- Academy of Medical Education Scholars
- Leadership in Academic Medicine Program (LAMP)
- Faculty Enrichment and Education Development program (FEED)
- Sponsor annual “Diversity Week”
- “Stepping Stones of Women in Leadership” luncheons, providing women physicians and researchers with the opportunity to network with women leaders.
- New Faculty resources
- Host annual Women’s Leadership Conference
- Provide support for women faculty to attend national career and leadership development workshops sponsored by AAMC.
Partner with the IUPUI Center for Teaching and Learning (CTL), coordinating joint programs, eliminating duplicate efforts, and participating in design and production of new offerings

Formation of the IUSM Women’s Advisory Council

Evidence of Progress for 2008-2009:

- Rolled out the first phase of the Academy.
- Created online modules on teaching skills
- Sponsored teaching skills workshops and seminars including a summer teaching workshop, teaching skills workshop for basic science, and additional scholarship of teaching workshops and support
- Completed and publicized online and in person workshops on peer review of teaching

Activities planned for 2009-2010:

- Determine appropriate ways to use Simulation Center for faculty development and prepare faculty to use Simulation Center for teaching
- Institutionalize culture of success by establishing cohort of faculty who will legitimize teaching and learning as an academic pursuit
- Professional standards process and committee

☐ Enhance civic activities, partnerships, and patient and client services.

☐ Enhance the Indiana University-Moi University partnership.

**Campus Planning Theme:** Teaching and Learning, Research, Scholarship and Creative Activity, Civic Engagement, Collaboration

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** Ongoing.

Actions taken for 2008-2009:

This partnership continues to be one of the strongest, longest running collaborations between medical schools in post-industrial and emerging societies. It provides a model that other institutions have begun to emulate.

Evidence of Progress for 2008-2009:

The **Indiana University-Kenya Partnership** was selected by the National Institutes of Health to join the Global Network for Women’s and Infant’s Health Research. A five-year, $5 million grant will allow Indiana University School of Medicine and Moi University School of Medicine faculty to conduct research to demonstrate the feasibility and effectiveness of simple, community-based health-care interventions such as protein supplementation for infants and training of traditional birth attendants in the proper care of obstetrical and neonatal emergencies.

**AMPATH**, a program that grew out of this partnership, received a 5-year, $60-million grant to prevent and treat HIV/AIDS in Kenya in November 2007. The IU School of Medicine will augment this with $6 million over the 5 years of the grant.
International health research received a boost with an NIH grant to create a bioethics master’s degrees at Indiana and Moi Universities. The IU-Kenya Partnership received $940,000 from the NIH Fogarty International center to create the partnership. Led by Eric M. Meslin, Ph.D., at IU and Duncan Ngare, DrPH, at Moi, the team will develop and launch parallel master’s degree programs.

NIH, Gates Foundation to support Riley Hospital and Moi University Program for Woman and Infant Health Research. The Indiana University-Kenya Partnership was selected by the National Institutes of Health to join the Global Network for Women’s and Infant’s Health Research. A five-year, $5 million grant will allow IU and Moi University medical school faculty to conduct research to demonstrate the feasibility and effectiveness of simple, community-based health-care interventions such as protein supplementation for infants and training of traditional birth attendants in the proper care of obstetrical and neonatal emergencies.

Activities planned for 2009-2010:

Ongoing activities.

- Improve educational programs/processes AND high quality outcomes.

- Improve educational programs/processes
  - Campus Planning Theme: Teaching and Learning
  - Secondary Goals:
    - Sub Unit:
    - Time Frame: Ongoing

Actions taken for 2008-2009:

After a year of preparation, in November 2008 IUSM underwent an accreditation site visit by the Liaison Committee on Medical Education (LCME). Preliminary feedback was quite positive.

IUSM continued its medical student enrollment and program expansion.

Starting with an educational retreat in September 2008, IUSM began the process of developing an educational strategic plan.

Eight medical students who entered IUSM-Terre Haute in August 2008 were enrolled in a four-year medical school program with a curriculum focused on rural patient care. It’s one of the school’s answers to addressing a physician shortage in underserved areas of Indiana. The new group brought the total to 21 students in the IUSM Rural Health Program. [http://www.terrehaute.medicine.iu.edu](http://www.terrehaute.medicine.iu.edu)

Evidence of Progress for 2008-2009:

On June 22, 2009 IUSM received notification from the LCME that it had received accreditation for the full eight year term.

IUSM Graduate Medical Education Unit recently received notification from the Institutional Review Committee of the Accreditation Council for Graduate Medical Education (ACGME) that it achieved the most sought after outcome of a 5-Year Reaccreditation Cycle.
year accreditation cycle. Additionally, ACGME Institutional Review Committee commended the institution for its demonstrated substantial compliance with the ACGME’s Institutional Requirements without citation.

IUSM enrolled an additional 14 medical students in FY 2009, year two of six of the expansion. The Northwest and South Bend campuses developed 3rd year clerkships at clinical venues in the area in preparation for hosting 3rd year learners at those campuses in FY 2010. Other campuses continued to explore these opportunities with their local healthcare communities.

The strategic plan has been developed and is awaiting the start of an new executive associate dean for educational affairs.

Activities planned for 2009-2010:

In July 2009 the new, state-of-the-art clinical education simulation center opened in Fairbanks Hall.

IUSM continues work on curriculum revisions to the medical student program to enhance clinical skills evaluation and ensure the highest degree of quality and consistency in education across all IUSM campuses.

Begin to host 3rd year clerkships at some of the regional medical campuses across the state.

A new Executive Associate Dean for Educational Affairs has been named to replace Stephen B. Leapman, M.D., who retired in June 2009. Mary Ellen Gusic, M.D., will begin her duties as EAD in summer 2010.

Infrastructure to support research mission.

☑️ Development of a Clinical Translational Sciences Institute and achieving an NIH CTSA grant award.

**Campus Planning Theme:** Research, Scholarship and Creative Activity, Collaboration

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** FY 2007-08 and ongoing.

Actions taken for 2008-2009:

In May 2008 The National Institutes of Health awarded a five-year Clinical and Translational Science Award (CTSA) of $25 million to the IU School of Medicine, which will fund CTSI activities at IU and Purdue. A total of $56 million will be invested in the Indiana CTSI by IU and Purdue, the state of Indiana and Eli Lilly and Co., which is underwriting the cost of a senior faculty position for three years.

The NIH created the clinical and translational science awards as a high priority effort to improve the process by which basic science laboratory discoveries are transformed into new medical treatments and products – a process called translational research.

The CTSI will implement the NIH initiative in Indiana with new programs to accelerate translational research, train new translational researchers, interact with community health-care professionals and the public, build research resources and technologies, and leverage Hoosier resources with health care, business, government and foundation partnerships.

The Indiana CTSI’s statewide collaboration involves university scientists in Indianapolis, Lafayette and Bloomington. However, the initiative also includes community partners such as Clarian Health, Eli Lilly and Co., BioCrossroads, Cook Group, Roche, WellPoint, the Indiana Economic Development Corp., the Indiana Department of Health and the
Marion County Health Department.

Anantha Shekhar, MD, PhD, professor of psychiatry at IUSM and IU assistant vice president for life sciences, has been named director of the Indiana CTSI. Connie Weaver, PhD, head of the Department of Foods and Nutrition at Purdue, has been named deputy director of the CTSI at Purdue. Bennett Bertenthal, PhD, dean of the IU College of Arts and Sciences, has been named deputy director for the IU Bloomington campus.

Evidence of Progress for 2008-2009:

See http://www.indianactsi.org/ for details.

Activities planned for 2009-2010:

The CTSI has been established, including the administrative office that will oversee this program, under the direction of Dr. Shekhar. Activities are underway.

☑ Increase funding available to support administrative and facilities infrastructure of IUSMs research mission.

Campus Planning Theme: Research, Scholarship and Creative Activity

Secondary Goals:

Sub Unit:


Actions taken for 2008-2009:

Since 2003-04 IUSM has received a total of $10.9 million of state research infrastructure support appropriations. Of this amount, $2.1 million supports the CTSA grant institutional match. Another $417,000 was used to create a base budget for the administrative operation of the grant, the Clinical Translational Sciences Institute (CTSI), headed by Dr. Anantha Shekhar. $3.36 million of these funds have been used to fund IUSM’s direct-billed building operating costs for the HITS building and for Research Institute III. $2.25 million enabled IUSM to continue funding research space rent at Wishard, internal grant award programs for pilot projects and start-up funding and pre-award grant administration and support after the FY 2006 state operating appropriation cut. Finally, the balance of these funds went to expand IUSM’s Laboratory Resources Center (LARC), research facilities and equipment support functions, and other research infrastructure in support of the goal expanding research at IUSM and becoming a top ten public medical school in terms of NIH ranking.

Evidence of Progress for 2008-2009:

Without this investment by the State it would not be possible to operate these research facilities, and IU would not have been awarded the CTSA grant by NIH, only one of eight nation-wide.

Activities planned for 2009-2010:

- Research Institute III opened spring 2009, adding 254,000 new gross square feet of research space.
- O’Hara Fine Arts Building being acquired in fall 2009.
- Quick Eye Institute ground breaking occurred in fall 2009.
- South Bend Cancer Research Center ground breaking has occurred.
- In December 2009 IUSM received a $60 million grant from Lilly Endowment for the Indiana Physician Scientist Initiative, to develop intellectual capital for translational research.
- A committee was formed in fall 2009 to develop an IUSM 20 year capital improvement plan focused primarily on identifying both research space needs and the requisite funding for developing that space, required for IUSM to reach its goal of achieving top ten public medical school status.

To promote a diverse and inclusive environment where all members of the community can succeed to their highest potential.

Establish a prominent and visible presence for diversity and multicultural affairs.

**Campus Planning Theme:** Teaching and Learning, Research, Scholarship and Creative Activity, Campus Climate for Diversity

**Secondary Goals:**

**Sub Unit:**

**Time Frame:** Ongoing

Actions taken for 2008-2009:

The formal Office of Multicultural Affairs was established in June of 2007 to further advance the campus-wide diversity effort at IUSM. Diversity efforts at IUSM are a long held practice and passion of individuals and departments, and the development of a dedicated office provides the centralization, continuity, and resources necessary to maintain such a robust portfolio of diversity programs established by past champions of diversity. The Office serves as both a clearinghouse for existing programs geared toward diversity, but also as an office to create and implement new strategies, programs, and policy which promote diversity at IUSM. See [http://faculty.medicine.iu.edu/offices/da/index.html](http://faculty.medicine.iu.edu/offices/da/index.html)

Krystal Ardayfio is the director of this office. Strategic goals and objectives were established for diversity affairs as part of the strategic plan for IUSM’s Office of Faculty Affairs and Professional Development.

Evidence of Progress for 2008-2009:

George Rausch, EdD, was named associate dean for diversity affairs at IUSM. Dr. Rausch also accepted a joint appointment as an associate professor of clinical family medicine.

Most recently, Dr. Rausch was associate dean of multicultural affairs at Saint Louis University School of Medicine. He founded that office in 1996 and has implemented numerous programs to increase diversity in the health professions. He also served as director of the Multicultural Initiative for New Doctors (MIND) program and was an assistant professor in the school’s Department of Community and Family Medicine where he was active in curriculum development. Dr. Rausch is a founding member of the National Association of Medical Minority Educators. A $662,000 five-year grant from the [Howard Hughes Medical Institute](http://www.hhmi.org) will allow the Indiana University School of Medicine to encourage underrepresented minority students to pursue careers in science.

Activities planned for 2009-2010:

Dr. Rausch began his new duties in June 2009. Since that time he has begun developing an organizational structure, plan and budget to support diversity office within IUSM.
One of the initiatives Dr. Rausch has established already is the DOCS, or the Diversity Outreach Comprehensive Science Initiative. DOCS will be a comprehensive educational pipeline program designed to motivate, encourage, enhance, and sustain the interest of underrepresented and disadvantaged students in pursuit of a medical career as they progress along the educational pathway. It is designed to provide grade and age specific activities and track underrepresented and disadvantaged students from elementary level through the undergraduate years and into professional school. Frederick H. Hamilton, M.Ed., has been named director of the DOCS Initiative.

**Fiscal Health**

In FY 2009 IUSM's total gross general fund revenue was up $7.1 million over FY 2008 due to a $4.3 million tuition revenue increase related to an 8% resident rate increase, as well as increased enrollment due to the medical school expansion program. State appropriations increased in FY 2009 due to a 2.0% operating appropriation increase, or $1.99 million, and a $2.1 million increase in state research infrastructure support. Finally, indirect cost recoveries increased by $2.35 million over the previous year. Offsetting that was a $4.1 million increase in campus assessments. General Fund balance decreased by $7.1 million in FY 2009 as transfers out of excess ICR over budget was used to create start-up and bridge funding reserves. Ending fund balance reserves were 5%, above the required 3% level. Ending fund balance for all other fund groups equalled 100% of FY 2009 general fund net revenues.

In FY 2010 IUSM has absorbed a $4.08 million base reduction and a $3 317 million cash reduction. Much of these reductions have been absorbed by freezing vacant staff positions or slowing the hiring cycle in order to create savings. The end result has been the redistribution of workload to remaining staff. In some cases this has increased efficiency by filing excess capacity. In other cases it has further strained already overburdened administrative resources. There is concern that essential support to faculty in teaching and grant proposal preparation could be harmed. IUSM administrators are working in teams to identify organizational opportunities across all units within the school. The goal is to optimize administrative infrastructure as much as possible; doing more with less. IUSM projects ending FY 2010 at break-even.

**Reallocation Plan**

In FY 2009 IUSM received $500,000 of reallocation funding to support life sciences. These funds contributed to the institutional match for the CTSA grant and toward funding expansion of the medical school programs at the regional medical campuses. In addition, IUSM received $250,000 of reallocation funding to be used in assisting the Department of Public Health build its academic programs and position itself to achieve school status and accreditation. Richard Gundersen, M.D. received $2,000 in base salary as a new Herman Lieber award recipient. Finally, $5,000 Chancellor's Professorships were awarded to both Tatiana Foroud, Ph.D., in Medical and Molecular Genetics and Janice S. Bhum, Ph.D., in Microbiology and Immunology.

In FY 2010 IUSM received an additional $750,000 toward the building the Department of Public Health into a School of Public Health. In addition, John Nurnberger, M.D., received $5,000 as a recipient of the Glenn W. Irwin award and Kurt Kroenke, Ph.D, received the Chancellor’s Professor award of $5,000.

**Other Question(s)**

1) How are you dealing with the projected base budget reductions for 2009-10 and 2010-11?

- How will the projected base reductions affect your ability to deliver your current level of service to students and faculty? Will some planned initiatives related to teaching and learning, research and scholarship, and civic engagement have to be delayed or terminated?
- If your unit experienced enrollment increases during the Summer II and/or fall term, how have you used the additional revenue?

IUSM's share of the campus base reduction of $10.6 million was $4.08 million. IUSM was able to utilize increases in tuition and indirect cost recovery to meet its obligations on the Indiana fee charge for FY 2010. Although an ed
tion and indirect cost recoveries to meet its obligations on the Indianapolis campus for FY 2010. Although no salary increases were granted in FY 2010, no positions were eliminated due to this reduction, and on-going academic programs and initiatives have so far not been sacrificed. However, to-date there has been almost $500,000 eliminated from the base travel budget, over $800,000 from supplies and expense budgets, and $850,000 in base funding eliminated from staff compensation. Although this does not directly cut into academic programs, it further erodes the school’s administrative infrastructure and its ability to provide critical services, such as pre-award grant proposal support, to faculty.

Perhaps far more significant is the issue of funding for the medical school expansion. FY 2010 is the third year of this 30% expansion of medical student enrollment. The purpose of this expansion is to train more physicians in Indiana to fill a growing shortfall, particularly in rural and other underserved areas of the state. Studies show that the majority of physicians practice in or close to the communities in which they trained as either students or residents. Because of this, the enrollment expansion has been taking place primarily at the eight regional medical campuses around the state. This 30% expansion would increase class size from 280 to 364, at the rate of 14 additional students per year for each of six years. Total enrollment would increase from 1,120 up to 1,456 at total implementation. FY 2010 marks the halfway point with 322 first year students admitted in August 2009.

Significant time and funds have been invested in this initiative. In spring 2009 the Indiana General Assembly appropriated approximately $3 million of base funding to the State Budget Agency to fund this program. Due to the state’s current fiscal crisis this funding now appears to be in jeopardy and IUSM is evaluating how many students it will be able to afford to admit in 2010 if funding is not forthcoming.

Because of the medical school expansion program, there have been additional revenues earned. These revenues are being directed to the budgets of the regional medical campuses and the central educational support units, but are not enough to cover the increased costs related to the expansion.

2) To achieve the campus goal of doubling the numbers of undergraduate students completing baccalaureate degrees, and to increase the number graduating in four years, what changes have you implemented or planned to implement in course scheduling, curriculum, student support etc.?

IUSM has around 330 undergraduate students. The issues addressed in this question have not been problems for IUSM’s undergraduate programs.

3) Do you currently have

- school-based space and
- centrally-scheduled space

   to support an increase in credit hours without a significant investment? Are you investigating methods to use space more effectively
   a. on Fridays and weekends?
   b. with online/hybrid/distance education course offerings?
   c. by developing larger classrooms?

As mentioned in Question 1 above, IUSM’s increase in credit hours has been from the medical school expansion which has taken place almost entirely on the regional medical campuses. Gross Anatomy teaching laboratories have been expanded and additional anatomy tables added where necessary to accommodate the expansion students. The South Bend and Ft. Wayne campuses have new buildings, with more than adequate space.

In terms of Indianapolis based undergraduate programs, space is adequate. However, in terms of medical student teaching, as well as research and administrative space on the Indianapolis campus, IUSM is at or beyond capacity and badly in need of additional space.

4) What are your priorities for student technology support, and what progress has been made as you have worked with UITS staff this year to implement your technology plans?
IUSM generally manages student technology issues within the school, rather than through UITS. Priorities for FY 2010 (i.e. spending plan) includes:

**Total** anticipated recurring expenses: **$104,875** (pagers, half of CERTTS position, hardware/software support for Mediasite system, etc.)

**Anticipated AV upgrade – MS 122A, MS 326, MS B13 and MS B14**

  Total estimated cost: **$173,864**

Screen filters for the testing center: **$13,920**

Cable locks and surge suppressors for the testing center computers: **$5225**

AV upgrade for histology labs (MS 109-117): **$70,000**

Planning is underway for these projects.